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1 AMENDMENT TO HOUSE BILL 5367

2 AMENDMENT NO. _____. Amend House Bill 5367 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The Substance Use Disorder Act is amended by
5 changing Sections 1-5, 1-10, 5-5, 5-10, 5-20, 10-10, 10-15,
6 15-5, 15-10, 20-5, 25-5, 25-10, 30-5, 35-5, 35-10, 50-40,
7 55-30, and 55-40 as follows:

8 (20 ILCS 301/1-5)

9 Sec. 1-5. Legislative declaration. Substance use and
10 gambling disorders, as defined in this Act, constitute a
11 serious public health problem. The effects on public safety
12 and the criminal justice system cause serious social and
13 economic losses, as well as great human suffering. It is
14 imperative that a comprehensive and coordinated strategy be
15 developed under the leadership of a State agency. This
16 strategy should be implemented through the facilities of

1 federal and local government and community-based agencies
2 (which may be public or private, volunteer or professional).
3 Through local prevention, early intervention, treatment, and
4 other recovery support services, this strategy should empower
5 those struggling with these ~~substance use~~ disorders (and, when
6 appropriate, the families of those persons) to lead healthy
7 lives.

8 The human, social, and economic benefits of preventing
9 these ~~substance use~~ disorders are great, and it is imperative
10 that there be interagency cooperation in the planning and
11 delivery of prevention, early intervention, treatment, and
12 other recovery support services in Illinois.

13 The provisions of this Act shall be liberally construed to
14 enable the Department to carry out these objectives and
15 purposes.

16 (Source: P.A. 100-759, eff. 1-1-19.)

17 (20 ILCS 301/1-10)

18 Sec. 1-10. Definitions. As used in this Act, unless the
19 context clearly indicates otherwise, the following words and
20 terms have the following meanings:

21 "Case management" means a coordinated approach to the
22 delivery of health and medical treatment, substance use
23 disorder treatment, gambling disorder treatment, mental health
24 treatment, and social services, linking patients with
25 appropriate services to address specific needs and achieve

1 stated goals. In general, case management assists patients
2 with other disorders and conditions that require multiple
3 services over extended periods of time and who face difficulty
4 in gaining access to those services.

5 "Crime of violence" means any of the following crimes:
6 murder, voluntary manslaughter, criminal sexual assault,
7 aggravated criminal sexual assault, predatory criminal sexual
8 assault of a child, armed robbery, robbery, arson, kidnapping,
9 aggravated battery, aggravated arson, or any other felony that
10 involves the use or threat of physical force or violence
11 against another individual.

12 "Department" means the Department of Human Services.

13 "DUI" means driving under the influence of alcohol or
14 other drugs.

15 "Designated program" means a category of service
16 authorized by an intervention license issued by the Department
17 for delivery of all services as described in Article 40 in this
18 Act.

19 "Early intervention" means services, authorized by a
20 treatment license, that are sub-clinical and pre-diagnostic
21 and that are designed to screen, identify, and address risk
22 factors that may be related to problems associated with a
23 substance use or gambling disorder ~~substance use disorders~~ and
24 to assist individuals in recognizing harmful consequences.
25 Early intervention services facilitate emotional and social
26 stability and involve ~~involves~~ referrals for treatment, as

1 needed.

2 "Facility" means the building or premises are used for the
3 provision of licensable services, including support services,
4 as set forth by rule.

5 "Gambling disorder" means persistent and recurrent
6 problematic gambling behavior leading to clinically
7 significant impairment or distress. ~~recurring maladaptive~~
8 ~~gambling behavior that disrupts personal, family, or~~
9 ~~vocational pursuits.~~

10 "Gambling" means the risking of money or other items of
11 value in games of chance, including video gaming, sports
12 betting, and other games of chance.

13 "Gaming" means the action or practice of playing video
14 games.

15 "Holds itself out" means any activity that would lead one
16 to reasonably conclude that the individual or entity provides
17 or intends to provide licensable substance-related disorder
18 intervention or treatment services. Such activities include,
19 but are not limited to, advertisements, notices, statements,
20 or contractual arrangements with managed care organizations,
21 private health insurance, or employee assistance programs to
22 provide services that require a license as specified in
23 Article 15.

24 "Informed consent" means legally valid written consent,
25 given by a client, patient, or legal guardian, that authorizes
26 intervention or treatment services from a licensed

1 organization and that documents agreement to participate in
2 those services and knowledge of the consequences of withdrawal
3 from such services. Informed consent also acknowledges the
4 client's or patient's right to a conflict-free choice of
5 services from any licensed organization and the potential
6 risks and benefits of selected services.

7 "Intoxicated person" means a person whose mental or
8 physical functioning is substantially impaired as a result of
9 the current effects of alcohol or other drugs within the body.

10 "Medication assisted treatment" means the prescription of
11 medications that are approved by the U.S. Food and Drug
12 Administration and the Center for Substance Abuse Treatment to
13 assist with treatment for a substance use disorder and to
14 support recovery for individuals receiving services in a
15 facility licensed by the Department. Medication assisted
16 treatment includes opioid treatment services as authorized by
17 a Department license.

18 "Off-site services" means licensable services are
19 conducted at a location separate from the licensed location of
20 the provider, and services are operated by an entity licensed
21 under this Act and approved in advance by the Department.

22 "Person" means any individual, firm, group, association,
23 partnership, corporation, trust, government or governmental
24 subdivision or agency.

25 "Prevention" means an interactive process of individuals,
26 families, schools, religious organizations, communities and

1 regional, state and national organizations whose goals are to
2 reduce the prevalence of substance use or gambling disorders,
3 prevent the use of illegal drugs and the abuse of legal drugs
4 by persons of all ages, prevent the use of alcohol by minors,
5 reduce the severity of harm in gambling by persons of all ages,
6 build the capacities of individuals and systems, and promote
7 healthy environments, lifestyles, and behaviors.

8 "Recovery" means a process of change through which
9 individuals improve their health and wellness, live a
10 self-directed life, and reach their full potential.

11 "Recovery support" means services designed to support
12 individual recovery from a substance use or gambling disorder
13 that may be delivered pre-treatment, during treatment, or post
14 treatment. These services may be delivered in a wide variety
15 of settings for the purpose of supporting the individual in
16 meeting his or her recovery support goals.

17 "Secretary" means the Secretary of the Department of Human
18 Services or his or her designee.

19 "Substance use disorder" means a spectrum of persistent
20 and recurring problematic behavior that encompasses 10
21 separate classes of drugs: alcohol; caffeine; cannabis;
22 hallucinogens; inhalants; opioids; sedatives, hypnotics and
23 anxiolytics; stimulants; and tobacco; and other unknown
24 substances leading to clinically significant impairment or
25 distress.

26 "Treatment" means the broad range of emergency,

1 outpatient, and residential care (including assessment,
2 diagnosis, case management, treatment, and recovery support
3 planning) ~~may be extended~~ to individuals ~~with substance use~~
4 ~~disorders~~ or to the families of those persons.

5 "Withdrawal management" means services designed to manage
6 intoxication or withdrawal episodes (previously referred to as
7 detoxification), interrupt the momentum of habitual,
8 compulsive substance use and begin the initial engagement in
9 medically necessary substance use disorder treatment.
10 Withdrawal management allows patients to safely withdraw from
11 substances in a controlled medically-structured environment.

12 (Source: P.A. 100-759, eff. 1-1-19.)

13 (20 ILCS 301/5-5)

14 Sec. 5-5. Successor department; home rule.

15 (a) The Department of Human Services, as successor to the
16 Department of Alcoholism and Substance Abuse, shall assume the
17 various rights, powers, duties, and functions provided for in
18 this Act.

19 (b) It is declared to be the public policy of this State,
20 pursuant to paragraphs (h) and (i) of Section 6 of Article VII
21 of the Illinois Constitution of 1970, that the powers and
22 functions set forth in this Act and expressly delegated to the
23 Department are exclusive State powers and functions. Nothing
24 herein prohibits the exercise of any power or the performance
25 of any function, including the power to regulate, for the

1 protection of the public health, safety, morals and welfare,
2 by any unit of local government, other than the powers and
3 functions set forth in this Act and expressly delegated to the
4 Department to be exclusive State powers and functions.

5 (c) The Department shall, through accountable and
6 efficient leadership, example and commitment to excellence,
7 strive to reduce the incidence of substance use or gambling
8 disorders by:

9 (1) Fostering public understanding of substance use
10 disorders and how they affect individuals, families, and
11 communities.

12 (2) Promoting healthy lifestyles.

13 (3) Promoting understanding and support for sound
14 public policies.

15 (4) Ensuring quality prevention, early intervention,
16 treatment, and other recovery support services that are
17 accessible and responsive to the diverse needs of
18 individuals, families, and communities.

19 (Source: P.A. 100-759, eff. 1-1-19.)

20 (20 ILCS 301/5-10)

21 Sec. 5-10. Functions of the Department.

22 (a) In addition to the powers, duties and functions vested
23 in the Department by this Act, or by other laws of this State,
24 the Department shall carry out the following activities:

25 (1) Design, coordinate and fund comprehensive

1 community-based and culturally and gender-appropriate
2 services throughout the State. These services must include
3 prevention, early intervention, treatment, and other
4 recovery support services ~~for substance use disorders~~ that
5 are accessible and address the needs of at-risk
6 individuals and their families.

7 (2) Act as the exclusive State agency to accept,
8 receive and expend, pursuant to appropriation, any public
9 or private monies, grants or services, including those
10 received from the federal government or from other State
11 agencies, for the purpose of providing prevention, early
12 intervention, treatment, and other recovery support
13 services for substance use or gambling disorders.

14 (2.5) In partnership with the Department of Healthcare
15 and Family Services, act as one of the principal State
16 agencies for the sole purpose of calculating the
17 maintenance of effort requirement under Section 1930 of
18 Title XIX, Part B, Subpart II of the Public Health Service
19 Act (42 U.S.C. 300x-30) and the Interim Final Rule (45 CFR
20 96.134).

21 (3) Coordinate a statewide strategy for the
22 prevention, early intervention, treatment, and recovery
23 support of substance use or gambling disorders. This
24 strategy shall include the development of a comprehensive
25 plan, submitted annually with the application for federal
26 substance use disorder block grant funding, for the

1 provision of an array of such services. The plan shall be
2 based on local community-based needs and upon data
3 including, but not limited to, that which defines the
4 prevalence of and costs associated with these substance
5 ~~use~~ disorders. This comprehensive plan shall include
6 identification of problems, needs, priorities, services
7 and other pertinent information, including the needs of
8 marginalized communities ~~minorities~~ and other specific
9 priority populations in the State, and shall describe how
10 the identified problems and needs will be addressed. For
11 purposes of this paragraph, the term "marginalized
12 communities ~~minorities~~ and other specific priority
13 populations" may include, but shall not be limited to,
14 groups such as women, children, persons who use
15 intravenous drugs ~~intravenous drug users~~, persons with
16 AIDS or who are HIV infected, veterans, ~~African Americans,~~
17 ~~Puerto Ricans, Hispanics, Asian Americans,~~ the elderly,
18 persons in the criminal justice system, persons who are
19 clients of services provided by other State agencies,
20 persons with disabilities and such other specific
21 populations as the Department may from time to time
22 identify. In developing the plan, the Department shall
23 seek input from providers, parent groups, associations and
24 interested citizens.

25 The plan developed under this Section shall include an
26 explanation of the rationale to be used in ensuring that

1 funding shall be based upon local community needs,
2 including, but not limited to, the incidence and
3 prevalence of, and costs associated with, these substance
4 ~~use~~ disorders, as well as upon demonstrated program
5 performance.

6 The plan developed under this Section shall also
7 contain a report detailing the activities of and progress
8 made through services for the care and treatment of these
9 ~~substance use~~ disorders among pregnant women and mothers
10 and their children established under subsection (j) of
11 Section 35-5.

12 As applicable, the plan developed under this Section
13 shall also include information about funding by other
14 State agencies for prevention, early intervention,
15 treatment, and other recovery support services.

16 (4) Lead, foster and develop cooperation, coordination
17 and agreements among federal and State governmental
18 agencies and local providers that provide assistance,
19 services, funding or other functions, peripheral or
20 direct, in the prevention, early intervention, treatment,
21 and recovery support for substance use or gambling
22 disorders. This shall include, but shall not be limited
23 to, the following:

24 (A) Cooperate with and assist other State
25 agencies, as applicable, in establishing and
26 conducting these substance use disorder services among

1 the populations they respectively serve.

2 (B) Cooperate with and assist the Illinois
3 Department of Public Health in the establishment,
4 funding and support of programs and services for the
5 promotion of maternal and child health and the
6 prevention and treatment of infectious diseases,
7 including but not limited to HIV infection, especially
8 with respect to those persons who are high risk due to
9 intravenous injection of illegal drugs, or who may
10 have been sexual partners of these individuals, or who
11 may have impaired immune systems as a result of a
12 substance use disorder.

13 (C) Supply to the Department of Public Health and
14 prenatal care providers a list of all providers who
15 are licensed to provide substance use disorder
16 treatment for pregnant women in this State.

17 (D) Assist in the placement of child abuse or
18 neglect perpetrators (identified by the Illinois
19 Department of Children and Family Services (DCFS)) who
20 have been determined to be in need of substance use
21 disorder treatment pursuant to Section 8.2 of the
22 Abused and Neglected Child Reporting Act.

23 (E) Cooperate with and assist DCFS in carrying out
24 its mandates to:

25 (i) identify substance use and gambling
26 disorders among its clients and their families;

1 and

2 (ii) develop services to deal with such
3 disorders.

4 These services may include, but shall not be limited
5 to, programs to prevent or treat substance use or
6 gambling disorders with DCFS clients and their
7 families, identifying child care needs within such
8 treatment, and assistance with other issues as
9 required.

10 (F) Cooperate with and assist the Illinois
11 Criminal Justice Information Authority with respect to
12 statistical and other information concerning the
13 incidence and prevalence of substance use or gambling
14 disorders.

15 (G) Cooperate with and assist the State
16 Superintendent of Education, boards of education,
17 schools, police departments, the Illinois State
18 Police, courts and other public and private agencies
19 and individuals in establishing substance use or
20 gambling disorder prevention programs statewide and
21 preparing curriculum materials for use at all levels
22 of education.

23 (H) Cooperate with and assist the Illinois
24 Department of Healthcare and Family Services in the
25 development and provision of services offered to
26 recipients of public assistance for the treatment and

1 prevention of substance use or gambling disorders.

2 (I) (Blank).

3 (5) From monies appropriated to the Department from
4 the Drunk and Drugged Driving Prevention Fund, reimburse
5 DUI evaluation and risk education programs licensed by the
6 Department for providing indigent persons with free or
7 reduced-cost evaluation and risk education services
8 relating to a charge of driving under the influence of
9 alcohol or other drugs.

10 (6) Promulgate regulations to identify and disseminate
11 best practice guidelines that can be utilized by publicly
12 and privately funded programs as well as for levels of
13 payment to government funded programs that provide
14 prevention, early intervention, treatment, and other
15 recovery support services for substance use or gambling
16 disorders and those services referenced in Sections 15-10
17 and 40-5.

18 (7) In consultation with providers and related trade
19 associations, specify a uniform methodology for use by
20 funded providers and the Department for billing and
21 collection and dissemination of statistical information
22 regarding services related to substance use or gambling
23 disorders.

24 (8) Receive data and assistance from federal, State
25 and local governmental agencies, and obtain copies of
26 identification and arrest data from all federal, State and

1 local law enforcement agencies for use in carrying out the
2 purposes and functions of the Department.

3 (9) Designate and license providers to conduct
4 screening, assessment, referral and tracking of clients
5 identified by the criminal justice system as having
6 indications of substance use disorders and being eligible
7 to make an election for treatment under Section 40-5 of
8 this Act, and assist in the placement of individuals who
9 are under court order to participate in treatment.

10 (10) Identify and disseminate evidence-based best
11 practice guidelines as maintained in administrative rule
12 that can be utilized to determine a substance use or
13 gambling disorder diagnosis.

14 (11) (Blank).

15 (11.5) Make grants with funds appropriated to the
16 Department as provided in Section 50 of the Video Gaming
17 Act and subsection (c) of Section 13 of the Illinois
18 Gambling Act.

19 (12) Make grants with funds appropriated from the Drug
20 Treatment Fund in accordance with Section 7 of the
21 Controlled Substance and Cannabis Nuisance Act, or in
22 accordance with Section 80 of the Methamphetamine Control
23 and Community Protection Act, or in accordance with
24 subsections (h) and (i) of Section 411.2 of the Illinois
25 Controlled Substances Act, or in accordance with Section
26 6z-107 of the State Finance Act.

1 (13) Encourage all health and disability insurance
2 programs to include substance use and gambling disorder
3 treatment as ~~a~~ covered services ~~service~~ and to use
4 evidence-based best practice criteria as maintained in
5 administrative rule and as required in Public Act 99-0480
6 in determining the necessity for such services and
7 continued stay.

8 (14) Award grants and enter into fixed-rate and
9 fee-for-service arrangements with any other department,
10 authority or commission of this State, or any other state
11 or the federal government or with any public or private
12 agency, including the disbursement of funds and furnishing
13 of staff, to effectuate the purposes of this Act.

14 (15) Conduct a public information campaign to inform
15 the State's Hispanic residents regarding the prevention
16 and treatment of substance use or gambling disorders.

17 (b) In addition to the powers, duties and functions vested
18 in it by this Act, or by other laws of this State, the
19 Department may undertake, but shall not be limited to, the
20 following activities:

21 (1) Require all organizations licensed or funded by
22 the Department to include an education component to inform
23 participants regarding the causes and means of
24 transmission and methods of reducing the risk of acquiring
25 or transmitting HIV infection and other infectious
26 diseases, and to include funding for such education

1 component in its support of the program.

2 (2) Review all State agency applications for federal
3 funds that include provisions relating to the prevention,
4 early intervention and treatment of substance use or
5 gambling disorders in order to ensure consistency.

6 (3) Prepare, publish, evaluate, disseminate and serve
7 as a central repository for educational materials dealing
8 with the nature and effects of substance use or gambling
9 disorders. Such materials may deal with the educational
10 needs of the citizens of Illinois, and may include at
11 least pamphlets that describe the causes and effects of
12 fetal alcohol spectrum disorders.

13 (4) Develop and coordinate, with regional and local
14 agencies, education and training programs for persons
15 engaged in providing services for persons with substance
16 use or gambling disorders, which programs may include
17 specific HIV education and training for program personnel.

18 (5) Cooperate with and assist in the development of
19 education, prevention, early intervention, and treatment
20 programs for employees of State and local governments and
21 businesses in the State.

22 (6) Utilize the support and assistance of interested
23 persons in the community, including recovering persons, to
24 assist individuals and communities in understanding the
25 dynamics of substance use or gambling disorders, and to
26 encourage individuals with these ~~substance use~~ disorders

1 to voluntarily undergo treatment.

2 (7) Promote, conduct, assist or sponsor basic
3 clinical, epidemiological and statistical research into
4 substance use or gambling disorders and research into the
5 prevention of those problems either solely or in
6 conjunction with any public or private agency.

7 (8) Cooperate with public and private agencies,
8 organizations, institutions of higher education, and
9 individuals in the development of programs, and to provide
10 technical assistance and consultation services for this
11 purpose.

12 (9) (Blank).

13 (10) (Blank).

14 (11) Fund, promote, or assist entities dealing with
15 substance use or gambling disorders.

16 (12) With monies appropriated from the Group Home Loan
17 Revolving Fund, make loans, directly or through
18 subcontract, to assist in underwriting the costs of
19 housing in which individuals recovering from substance use
20 or gambling disorders may reside, pursuant to Section
21 50-40 of this Act.

22 (13) Promulgate such regulations as may be necessary
23 to carry out the purposes and enforce the provisions of
24 this Act.

25 (14) Provide funding to help parents be effective in
26 preventing substance use or gambling disorders by building

1 an awareness of the family's role in preventing these
2 ~~substance use~~ disorders through adjusting expectations,
3 developing new skills, and setting positive family goals.
4 The programs shall include, but not be limited to, the
5 following subjects: healthy family communication;
6 establishing rules and limits; how to reduce family
7 conflict; how to build self-esteem, competency, and
8 responsibility in children; how to improve motivation and
9 achievement; effective discipline; problem solving
10 techniques; healthy gaming and play habits; appropriate
11 financial planning and investment strategies; how to talk
12 about gambling and related activities; and how to talk
13 about substance use or gambling ~~drugs and alcohol~~. The
14 programs shall be open to all parents.

15 (15) Establish an Opioid Remediation Services Capital
16 Investment Grant Program. The Department may, subject to
17 appropriation and approval through the Opioid Overdose
18 Prevention and Recovery Steering Committee, after
19 recommendation by the Illinois Opioid Remediation Advisory
20 Board, and certification by the Office of the Attorney
21 General, make capital improvement grants to units of local
22 government and substance use prevention, treatment, and
23 recovery service providers addressing opioid remediation
24 in the State for approved abatement uses under the
25 Illinois Opioid Allocation Agreement. The Illinois Opioid
26 Remediation State Trust Fund shall be the source of

1 funding for the program. Eligible grant recipients shall
2 be units of local government and substance use prevention,
3 treatment, and recovery service providers that offer
4 facilities and services in a manner that supports and
5 meets the approved uses of the opioid settlement funds.
6 Eligible grant recipients have no entitlement to a grant
7 under this Section. The Department of Human Services may
8 consult with the Capital Development Board, the Department
9 of Commerce and Economic Opportunity, and the Illinois
10 Housing Development Authority to adopt rules to implement
11 this Section and may create a competitive application
12 procedure for grants to be awarded. The rules may specify
13 the manner of applying for grants; grantee eligibility
14 requirements; project eligibility requirements;
15 restrictions on the use of grant moneys; the manner in
16 which grantees must account for the use of grant moneys;
17 and any other provision that the Department of Human
18 Services determines to be necessary or useful for the
19 administration of this Section. Rules may include a
20 requirement for grantees to provide local matching funds
21 in an amount equal to a specific percentage of the grant.
22 No portion of an opioid remediation services capital
23 investment grant awarded under this Section may be used by
24 a grantee to pay for any ongoing operational costs or
25 outstanding debt. The Department of Human Services may
26 consult with the Capital Development Board, the Department

1 of Commerce and Economic Opportunity, and the Illinois
2 Housing Development Authority in the management and
3 disbursement of funds for capital-related projects. The
4 Capital Development Board, the Department of Commerce and
5 Economic Opportunity, and the Illinois Housing Development
6 Authority shall act in a consulting role only for the
7 evaluation of applicants, scoring of applicants, or
8 administration of the grant program.

9 (c) There is created within the Department of Human
10 Services an Office of Opioid Settlement Administration. The
11 Office shall be responsible for implementing and administering
12 approved abatement programs as described in Exhibit B of the
13 Illinois Opioid Allocation Agreement, effective December 30,
14 2021. The Office may also implement and administer other
15 opioid-related programs, including but not limited to
16 prevention, treatment, and recovery services from other funds
17 made available to the Department of Human Services. The
18 Secretary of Human Services shall appoint or assign staff as
19 necessary to carry out the duties and functions of the Office.

20 (Source: P.A. 102-538, eff. 8-20-21; 102-699, eff. 4-19-22;
21 103-8, eff. 6-7-23.)

22 (20 ILCS 301/5-20)

23 Sec. 5-20. Gambling disorders.

24 (a) Subject to appropriation, the Department shall
25 establish a program for public education, research, and

1 training regarding gambling disorders and the treatment and
2 prevention of gambling disorders. Subject to specific
3 appropriation for these stated purposes, the program must
4 include all of the following:

5 (1) Establishment and maintenance of a toll-free
6 hotline and website ~~"800" telephone number~~ to provide
7 crisis counseling and referral services for ~~to~~ families
8 experiencing difficulty related to a ~~as a result of~~
9 gambling disorder ~~disorders~~.

10 (2) Promotion of public awareness regarding the
11 recognition and prevention of gambling disorders.
12 Promotion of public awareness to create a gambling
13 informed State regarding the impact of gambling disorders
14 on individuals, families, and communities and the stigma
15 that surrounds gambling disorders.

16 (3) Facilitation, through in-service training,
17 certification promotion, and other innovative means, of
18 the availability of effective assistance programs for
19 gambling disorders.

20 (4) Conducting studies to, and through other
21 innovative means, identify adults and juveniles in this
22 State who have, or who are at risk of developing, gambling
23 disorders.

24 (5) Utilize screening, crisis intervention, treatment,
25 public awareness, prevention, in-service training, and
26 other innovative means, to decrease the incidents of

1 suicide attempts related to a gambling disorder or
2 gambling issues.

3 (b) Subject to appropriation, the Department shall either
4 establish and maintain the program or contract with a private
5 or public entity for the establishment and maintenance of the
6 program. Subject to appropriation, either the Department or
7 the private or public entity shall implement the hotline and
8 website ~~toll-free telephone number~~, promote public awareness,
9 conduct research, fund treatment and recovery services, and
10 conduct in-service training concerning gambling disorders.

11 (c) The Department shall determine a statement regarding
12 obtaining assistance with a gambling disorder which each
13 licensed gambling establishment owner shall post and each
14 master sports wagering licensee shall include on the master
15 sports wagering licensee's portal, Internet website, or
16 computer or mobile application. Subject to appropriation, the
17 Department shall produce and supply the signs with the
18 statement as specified in Section 10.7 of the Illinois Lottery
19 Law, Section 34.1 of the Illinois Horse Racing Act of 1975,
20 Section 4.3 of the Bingo License and Tax Act, Section 8.1 of
21 the Charitable Games Act, Section 25.95 of the Sports Wagering
22 Act, and Section 13.1 of the Illinois Gambling Act, and the
23 Video Gaming Act.

24 (d) Programs; gambling disorder prevention.

25 (1) The Department may establish a program to provide
26 for the production and publication, in electronic and

1 other formats, of gambling prevention, recognition,
2 treatment, and recovery literature and other public
3 education methods. The Department may develop and
4 disseminate curricula for use by professionals,
5 organizations, individuals, or committees interested in
6 the prevention of gambling disorders.

7 (2) The Department may provide advice to State and
8 local officials on gambling disorders, including the
9 prevalence of gambling disorders, programs treating or
10 promoting prevention of gambling disorders, trends in
11 gambling disorder prevalence, and the relationship between
12 gaming and gambling disorders.

13 (3) The Department may support gambling disorder
14 prevention, recognition, treatment, and recovery projects
15 by facilitating the acquisition of gambling prevention
16 curriculums, providing trainings in gambling disorder
17 prevention best practices, connecting programs to health
18 care resources, establishing learning collaboratives
19 between localities and programs, and assisting programs in
20 navigating any regulatory requirements for establishing or
21 expanding such programs.

22 (4) In supporting best practices in gambling disorder
23 prevention programming, the Department may promote the
24 following programmatic elements:

25 (A) Providing funding for community-based
26 organizations to employ community health workers or

1 peer recovery specialists who are familiar with the
2 communities served and can provide culturally
3 competent services.

4 (B) Collaborating with other community-based
5 organizations, substance use disorder treatment
6 centers, or other health care providers engaged in
7 treating individuals who are experiencing gambling
8 disorder.

9 (C) Providing linkages for individuals to obtain
10 evidence-based gambling disorder treatment.

11 (D) Engaging individuals exiting jails or prisons
12 who are at a high risk of developing a gambling
13 disorder.

14 (E) Providing education and training to
15 community-based organizations who work directly with
16 individuals who are experiencing gambling disorders
17 and those individuals' families and communities.

18 (F) Providing education and training on gambling
19 disorder prevention and response to the judicial
20 system.

21 (G) Informing communities of the impact gambling
22 disorder has on suicidal ideation and suicide attempts
23 and the role health care professionals can have in
24 identifying appropriate treatment.

25 (H) Producing and distributing targeted mass media
26 materials on gambling disorder prevention and

1 response, and the potential dangers of gambling
2 related stigma.

3 (e) Grants.

4 (1) The Department may award grants, in accordance
5 with this subsection, to create or support local gambling
6 prevention, recognition, and response projects. Local
7 health departments, correctional institutions, hospitals,
8 universities, community-based organizations, and
9 faith-based organizations may apply to the Department for
10 a grant under this subsection at the time and in the manner
11 the Department prescribes.

12 (2) In awarding grants, the Department shall consider
13 the necessity for gambling disorder prevention projects in
14 various settings and shall encourage all grant applicants
15 to develop interventions that will be effective and viable
16 in their local areas.

17 (3) In addition to moneys appropriated by the General
18 Assembly, the Department may seek grants from private
19 foundations, the federal government, and other sources to
20 fund the grants under this Section and to fund an
21 evaluation of the programs supported by the grants.

22 (4) The Department may award grants to create or
23 support local gambling treatment programs. Such programs
24 may include prevention, early intervention, residential
25 and outpatient treatment, and recovery support services
26 for gambling disorders. Local health departments,

1 hospitals, universities, community-based organizations,
2 and faith-based organizations may apply to the Department
3 for a grant under this subsection at the time and in the
4 manner the Department prescribes.

5 (Source: P.A. 100-759, eff. 1-1-19; 101-31, eff. 6-28-19.)

6 (20 ILCS 301/10-10)

7 Sec. 10-10. Powers and duties of the Council. The Council
8 shall:

9 (a) Advise the Department on ways to encourage public
10 understanding and support of the Department's programs.

11 (b) Advise the Department on regulations and licensure
12 proposed by the Department.

13 (c) Advise the Department in the formulation,
14 preparation, and implementation of the annual plan
15 submitted with the federal Substance Use Disorder Block
16 Grant application for prevention, early intervention,
17 treatment, and other recovery support services for
18 substance use disorders.

19 (d) Advise the Department on implementation of
20 substance use and gambling disorder education and
21 prevention programs throughout the State.

22 (e) Assist with incorporating into the annual plan
23 submitted with the federal Substance Use Disorder Block
24 Grant application, planning information specific to
25 Illinois' female population. The information shall

1 contain, but need not be limited to, the types of services
2 funded, the population served, the support services
3 available, and the goals, objectives, proposed methods of
4 achievement, service projections and cost estimate for the
5 upcoming year.

6 (f) Perform other duties as requested by the
7 Secretary.

8 (g) Advise the Department in the planning,
9 development, and coordination of programs among all
10 agencies and departments of State government, including
11 programs to reduce substance use and gambling disorders,
12 prevent the misuse of illegal and legal drugs by persons
13 of all ages, prevent gambling and gambling behaviors while
14 gaming by minors, and prevent the use of alcohol by
15 minors.

16 (h) Promote and encourage participation by the private
17 sector, including business, industry, labor, and the
18 media, in programs to prevent substance use and gambling
19 disorders.

20 (i) Encourage the implementation of programs to
21 prevent substance use and gambling disorders in the public
22 and private schools and educational institutions.

23 (j) Gather information, conduct hearings, and make
24 recommendations to the Secretary concerning additions,
25 deletions, or rescheduling of substances under the
26 Illinois Controlled Substances Act.

1 (k) Report as requested to the General Assembly
2 regarding the activities and recommendations made by the
3 Council.

4 (Source: P.A. 100-759, eff. 1-1-19.)

5 (20 ILCS 301/10-15)

6 Sec. 10-15. Qualification and appointment of members. The
7 membership of the Illinois Advisory Council may, as needed,
8 consist of:

9 (a) A State's Attorney designated by the President of
10 the Illinois State's Attorneys Association.

11 (b) A judge designated by the Chief Justice of the
12 Illinois Supreme Court.

13 (c) A Public Defender appointed by the President of
14 the Illinois Public Defender Association.

15 (d) A local law enforcement officer appointed by the
16 Governor.

17 (e) A labor representative appointed by the Governor.

18 (f) An educator appointed by the Governor.

19 (g) A physician licensed to practice medicine in all
20 its branches appointed by the Governor with due regard for
21 the appointee's knowledge of the field of substance use
22 disorders.

23 (h) 4 members of the Illinois House of
24 Representatives, 2 each appointed by the Speaker and
25 Minority Leader.

1 (i) 4 members of the Illinois Senate, 2 each appointed
2 by the President and Minority Leader.

3 (j) The Chief Executive Officer of the Illinois
4 Association for Behavioral Health or his or her designee.

5 (k) An advocate for the needs of youth appointed by
6 the Governor.

7 (l) The President of the Illinois State Medical
8 Society or his or her designee.

9 (m) The President of the Illinois Hospital Association
10 or his or her designee.

11 (n) The President of the Illinois Nurses Association
12 or a registered nurse designated by the President.

13 (o) The President of the Illinois Pharmacists
14 Association or a licensed pharmacist designated by the
15 President.

16 (p) The President of the Illinois Chapter of the
17 Association of Labor-Management Administrators and
18 Consultants on Alcoholism.

19 (p-1) The Chief Executive Officer of the Community
20 Behavioral Healthcare Association of Illinois or his or
21 her designee.

22 (q) The Attorney General or his or her designee.

23 (r) The State Comptroller or his or her designee.

24 (s) 20 public members, 8 appointed by the Governor, 3
25 of whom shall be representatives of substance use or
26 gambling disorder treatment programs and one of whom shall

1 be a representative of a manufacturer or importing
2 distributor of alcoholic liquor licensed by the State of
3 Illinois, and 3 public members appointed by each of the
4 President and Minority Leader of the Senate and the
5 Speaker and Minority Leader of the House.

6 (t) The Director, Secretary, or other chief
7 administrative officer, ex officio, or his or her
8 designee, of each of the following: the Department on
9 Aging, the Department of Children and Family Services, the
10 Department of Corrections, the Department of Juvenile
11 Justice, the Department of Healthcare and Family Services,
12 the Department of Revenue, the Department of Public
13 Health, the Department of Financial and Professional
14 Regulation, the Illinois State Police, the Administrative
15 Office of the Illinois Courts, the Criminal Justice
16 Information Authority, and the Department of
17 Transportation.

18 (u) Each of the following, ex officio, or his or her
19 designee: the Secretary of State, the State Superintendent
20 of Education, and the Chairman of the Board of Higher
21 Education.

22 The public members may not be officers or employees of the
23 executive branch of State government; however, the public
24 members may be officers or employees of a State college or
25 university or of any law enforcement agency. In appointing
26 members, due consideration shall be given to the experience of

1 appointees in the fields of medicine, law, prevention,
2 correctional activities, and social welfare. Vacancies in the
3 public membership shall be filled for the unexpired term by
4 appointment in like manner as for original appointments, and
5 the appointive members shall serve until their successors are
6 appointed and have qualified. Vacancies among the public
7 members appointed by the legislative leaders shall be filled
8 by the leader of the same house and of the same political party
9 as the leader who originally appointed the member.

10 Each non-appointive member may designate a representative
11 to serve in his place by written notice to the Department. All
12 General Assembly members shall serve until their respective
13 successors are appointed or until termination of their
14 legislative service, whichever occurs first. The terms of
15 office for each of the members appointed by the Governor shall
16 be for 3 years, except that of the members first appointed, 3
17 shall be appointed for a term of one year, and 4 shall be
18 appointed for a term of 2 years. The terms of office of each of
19 the public members appointed by the legislative leaders shall
20 be for 2 years.

21 (Source: P.A. 102-538, eff. 8-20-21.)

22 (20 ILCS 301/15-5)

23 Sec. 15-5. Applicability.

24 (a) It is unlawful for any person to provide treatment for
25 substance use or gambling disorders or to provide services as

1 specified in subsections (a) and (b) of Section 15-10 of this
2 Act unless the person is licensed to do so by the Department.
3 The performance of these activities by any person in violation
4 of this Act is declared to be inimical to the public health and
5 welfare, and to be a public nuisance. The Department may
6 undertake such inspections and investigations as it deems
7 appropriate to determine whether licensable activities are
8 being conducted without the requisite license.

9 (b) Nothing in this Act shall be construed to require any
10 hospital, as defined by the Hospital Licensing Act, required
11 to have a license from the Department of Public Health
12 pursuant to the Hospital Licensing Act to obtain any license
13 under this Act for any substance use disorder treatment
14 services operated on the licensed premises of the hospital,
15 and operated by the hospital or its designated agent, provided
16 that such services are covered within the scope of the
17 Hospital Licensing Act. No person or facility required to be
18 licensed under this Act shall be required to obtain a license
19 pursuant to the Hospital Licensing Act or the Child Care Act of
20 1969.

21 (c) Nothing in this Act shall be construed to require an
22 individual employee of a licensed program to be licensed under
23 this Act.

24 (d) Nothing in this Act shall be construed to require any
25 private professional practice, whether by an individual
26 practitioner, by a partnership, or by a duly incorporated

1 professional service corporation, that provides outpatient
2 treatment for substance use disorders to be licensed under
3 this Act, provided that the treatment is rendered personally
4 by the professional in his own name and the professional is
5 authorized by individual professional licensure or
6 registration from the Department of Financial and Professional
7 Regulation to provide substance use disorder treatment
8 unsupervised. This exemption shall not apply to such private
9 professional practice that provides or holds itself out, as
10 defined in Section 1-10, as providing substance use disorder
11 outpatient treatment. This exemption shall also not apply to
12 licensable intervention services, research, or residential
13 treatment services as defined in this Act or by rule.

14 Notwithstanding any other provisions of this subsection to
15 the contrary, persons licensed to practice medicine in all of
16 its branches in Illinois shall not require licensure under
17 this Act unless their private professional practice provides
18 and holds itself out, as defined in Section 1-10, as providing
19 substance use disorder outpatient treatment.

20 (e) Nothing in this Act shall be construed to require any
21 employee assistance program operated by an employer or any
22 intervenor program operated by a professional association to
23 obtain any license pursuant to this Act to perform services
24 that do not constitute licensable treatment or intervention as
25 defined in this Act.

26 (f) Before any violation of this Act is reported by the

1 Department or any of its agents to any State's Attorney for the
2 institution of a criminal proceeding, the person against whom
3 such proceeding is contemplated shall be given appropriate
4 notice and an opportunity to present his views before the
5 Department or its designated agent, either orally or in
6 writing, in person or by an attorney, with regard to such
7 contemplated proceeding. Nothing in this Act shall be
8 construed as requiring the Department to report minor
9 violations of this Act whenever the Department believes that
10 the public interest would be adequately served by a suitable
11 written notice or warning.

12 (Source: P.A. 100-759, eff. 1-1-19.)

13 (20 ILCS 301/15-10)

14 Sec. 15-10. Licensure categories and services. No person
15 or program may provide the services or conduct the activities
16 described in this Section without first obtaining a license
17 therefor from the Department, unless otherwise exempted under
18 this Act. The Department shall, by rule, provide requirements
19 for each of the following types of licenses and categories of
20 service:

21 (a) Treatment: Categories of treatment service for a
22 substance use or gambling disorder ~~authorized by a~~
23 ~~treatment license~~ are Early Intervention, Outpatient,
24 Intensive Outpatient/Partial Hospitalization, Subacute
25 Residential/Inpatient, and Withdrawal Management.

1 Medication assisted treatment that includes methadone used
2 for an opioid use disorder can be licensed as an adjunct to
3 any of the treatment levels of care specified in this
4 Section.

5 (b) Intervention: Categories of intervention service
6 ~~authorized by an intervention license~~ are DUI Evaluation,
7 DUI Risk Education, Designated Program, and Recovery Homes
8 for persons in any stage of recovery from a substance use
9 or gambling disorder. Harm Reduction Services is another
10 category of intervention licensure that may be issued if
11 and when legal authorization is adopted to allow for
12 services and upon adoption of administrative or funding
13 rules that govern the delivery of these services.

14 The Department may, under procedures established by rule
15 and upon a showing of good cause for such, exempt off-site
16 services from having to obtain a separate license for services
17 conducted away from the provider's licensed location.

18 (Source: P.A. 100-759, eff. 1-1-19.)

19 (20 ILCS 301/20-5)

20 Sec. 20-5. Development of statewide prevention system.

21 (a) The Department shall develop and implement a
22 comprehensive, statewide, community-based strategy to reduce
23 substance use and gambling disorders and prevent the misuse of
24 illegal and legal drugs by persons of all ages, and to prevent
25 the use of alcohol by minors. The system created to implement

1 this strategy shall be based on the premise that coordination
2 among and integration between all community and governmental
3 systems will facilitate effective and efficient program
4 implementation and utilization of existing resources.

5 (b) The statewide system developed under this Section may
6 be adopted by administrative rule or funded as a grant award
7 condition and shall be responsible for:

8 (1) Providing programs and technical assistance to
9 improve the ability of Illinois communities and schools to
10 develop, implement and evaluate prevention programs.

11 (2) Initiating and fostering continuing cooperation
12 among the Department, Department-funded prevention
13 programs, other community-based prevention providers and
14 other State, regional, or local systems or agencies that
15 have an interest in substance use disorder prevention.

16 (c) In developing, implementing, and advocating for this
17 statewide strategy and system, the Department may engage in,
18 but shall not be limited to, the following activities:

19 (1) Establishing and conducting programs to provide
20 awareness and knowledge of the nature and extent of
21 substance use and gambling disorders and their effect on
22 individuals, families, and communities.

23 (2) Conducting or providing prevention skill building
24 or education through the use of structured experiences.

25 (3) Developing, supporting, and advocating with new
26 and existing local community coalitions or

1 neighborhood-based grassroots networks using action
2 planning and collaborative systems to initiate change
3 regarding substance use and gambling disorders in their
4 communities.

5 (4) Encouraging, supporting, and advocating for
6 programs and activities that emphasize alcohol-free and
7 other drug-free lifestyles.

8 (5) Drafting and implementing efficient plans for the
9 use of available resources to address issues of substance
10 use disorder prevention.

11 (6) Coordinating local programs of alcoholism and
12 other drug abuse education and prevention.

13 (7) Encouraging the development of local advisory
14 councils.

15 (d) In providing leadership to this system, the Department
16 shall take into account, wherever possible, the needs and
17 requirements of local communities. The Department shall also
18 involve, wherever possible, local communities in its statewide
19 planning efforts. These planning efforts shall include, but
20 shall not be limited to, in cooperation with local community
21 representatives and Department-funded agencies, the analysis
22 and application of results of local needs assessments, as well
23 as a process for the integration of an evaluation component
24 into the system. The results of this collaborative planning
25 effort shall be taken into account by the Department in making
26 decisions regarding the allocation of prevention resources.

1 (e) Prevention programs funded in whole or in part by the
2 Department shall maintain staff whose skills, training,
3 experiences and cultural awareness demonstrably match the
4 needs of the people they are serving.

5 (f) The Department may delegate the functions and
6 activities described in subsection (c) of this Section to
7 local, community-based providers.

8 (Source: P.A. 100-759, eff. 1-1-19.)

9 (20 ILCS 301/25-5)

10 Sec. 25-5. Establishment of comprehensive treatment
11 system. The Department shall develop, fund and implement a
12 comprehensive, statewide, community-based system for the
13 provision of early intervention, treatment, and recovery
14 support services for persons suffering from substance use or
15 gambling disorders. The system created under this Section
16 shall be based on the premise that coordination among and
17 integration between all community and governmental systems
18 will facilitate effective and efficient program implementation
19 and utilization of existing resources.

20 (Source: P.A. 100-759, eff. 1-1-19.)

21 (20 ILCS 301/25-10)

22 Sec. 25-10. Promulgation of regulations. The Department
23 shall adopt regulations for licensure, certification for
24 Medicaid reimbursement, and to identify evidence-based best

1 practice criteria that can be utilized for intervention and
2 treatment services, taking into consideration available
3 resources and facilities, for the purpose of early and
4 effective treatment of substance use and gambling disorders.

5 (Source: P.A. 100-759, eff. 1-1-19.)

6 (20 ILCS 301/30-5)

7 Sec. 30-5. Patients' rights established.

8 (a) For purposes of this Section, "patient" means any
9 person who is receiving or has received early intervention,
10 treatment, or other recovery support services under this Act
11 or any category of service licensed as "intervention" under
12 this Act.

13 (b) No patient shall be deprived of any rights, benefits,
14 or privileges guaranteed by law, the Constitution of the
15 United States of America, or the Constitution of the State of
16 Illinois solely because of his or her status as a patient.

17 (c) Persons who have substance use or gambling disorders
18 who are also suffering from medical conditions shall not be
19 discriminated against in admission or treatment by any
20 hospital that receives support in any form supported in whole
21 or in part by funds appropriated to any State department or
22 agency.

23 (d) Every patient shall have impartial access to services
24 without regard to race, religion, sex, ethnicity, age, sexual
25 orientation, gender identity, marital status, or other

1 disability.

2 (e) Patients shall be permitted the free exercise of
3 religion.

4 (f) Every patient's personal dignity shall be recognized
5 in the provision of services, and a patient's personal privacy
6 shall be assured and protected within the constraints of his
7 or her individual treatment.

8 (g) Treatment services shall be provided in the least
9 restrictive environment possible.

10 (h) Each patient receiving treatment services shall be
11 provided an individual treatment plan, which shall be
12 periodically reviewed and updated as mandated by
13 administrative rule.

14 (i) Treatment shall be person-centered, meaning that every
15 patient shall be permitted to participate in the planning of
16 his or her total care and medical treatment to the extent that
17 his or her condition permits.

18 (j) A person shall not be denied treatment solely because
19 he or she has withdrawn from treatment against medical advice
20 on a prior occasion or had prior treatment episodes.

21 (k) The patient in residential treatment shall be
22 permitted visits by family and significant others, unless such
23 visits are clinically contraindicated.

24 (l) A patient in residential treatment shall be allowed to
25 conduct private telephone conversations with family and
26 friends unless clinically contraindicated.

1 (m) A patient in residential treatment shall be permitted
2 to send and receive mail without hindrance, unless clinically
3 contraindicated.

4 (n) A patient shall be permitted to manage his or her own
5 financial affairs unless the patient or the patient's
6 guardian, or if the patient is a minor, the patient's parent,
7 authorizes another competent person to do so.

8 (o) A patient shall be permitted to request the opinion of
9 a consultant at his or her own expense, or to request an
10 in-house review of a treatment plan, as provided in the
11 specific procedures of the provider. A treatment provider is
12 not liable for the negligence of any consultant.

13 (p) Unless otherwise prohibited by State or federal law,
14 every patient shall be permitted to obtain from his or her own
15 physician, the treatment provider, or the treatment provider's
16 consulting physician complete and current information
17 concerning the nature of care, procedures, and treatment that
18 he or she will receive.

19 (q) A patient shall be permitted to refuse to participate
20 in any experimental research or medical procedure without
21 compromising his or her access to other, non-experimental
22 services. Before a patient is placed in an experimental
23 research or medical procedure, the provider must first obtain
24 his or her informed written consent or otherwise comply with
25 the federal requirements regarding the protection of human
26 subjects contained in 45 CFR Part 46.

1 (r) All medical treatment and procedures shall be
2 administered as ordered by a physician and in accordance with
3 all Department rules.

4 (s) Every patient in treatment shall be permitted to
5 refuse medical treatment and to know the consequences of such
6 action. Such refusal by a patient shall free the treatment
7 licensee from the obligation to provide the treatment.

8 (t) Unless otherwise prohibited by State or federal law,
9 every patient, patient's guardian, or parent, if the patient
10 is a minor, shall be permitted to inspect and copy all clinical
11 and other records kept by the intervention or treatment
12 licensee or by his or her physician concerning his or her care
13 and maintenance. The licensee or physician may charge a
14 reasonable fee for the duplication of a record.

15 (u) No owner, licensee, administrator, employee, or agent
16 of a licensed intervention or treatment program shall abuse or
17 neglect a patient. It is the duty of any individual who becomes
18 aware of such abuse or neglect to report it to the Department
19 immediately.

20 (v) The licensee may refuse access to any person if the
21 actions of that person are or could be injurious to the health
22 and safety of a patient or the licensee, or if the person seeks
23 access for commercial purposes.

24 (w) All patients admitted to community-based treatment
25 facilities shall be considered voluntary treatment patients
26 and such patients shall not be contained within a locked

1 setting.

2 (x) Patients and their families or legal guardians shall
3 have the right to present complaints to the provider or the
4 Department concerning the quality of care provided to the
5 patient, without threat of discharge or reprisal in any form
6 or manner whatsoever. The complaint process and procedure
7 shall be adopted by the Department by rule. The treatment
8 provider shall have in place a mechanism for receiving and
9 responding to such complaints, and shall inform the patient
10 and the patient's family or legal guardian of this mechanism
11 and how to use it. The provider shall analyze any complaint
12 received and, when indicated, take appropriate corrective
13 action. Every patient and his or her family member or legal
14 guardian who makes a complaint shall receive a timely response
15 from the provider that substantively addresses the complaint.
16 The provider shall inform the patient and the patient's family
17 or legal guardian about other sources of assistance if the
18 provider has not resolved the complaint to the satisfaction of
19 the patient or the patient's family or legal guardian.

20 (y) A patient may refuse to perform labor at a program
21 unless such labor is a part of the patient's individual
22 treatment plan as documented in the patient's clinical record.

23 (z) A person who is in need of services may apply for
24 voluntary admission in the manner and with the rights provided
25 for under regulations promulgated by the Department. If a
26 person is refused admission, then staff, subject to rules

1 promulgated by the Department, shall refer the person to
2 another facility or to other appropriate services.

3 (aa) No patient shall be denied services based solely on
4 HIV status. Further, records and information governed by the
5 AIDS Confidentiality Act and the AIDS Confidentiality and
6 Testing Code (77 Ill. Adm. Code 697) shall be maintained in
7 accordance therewith.

8 (bb) Records of the identity, diagnosis, prognosis or
9 treatment of any patient maintained in connection with the
10 performance of any service or activity relating to substance
11 use or gambling disorder education, early intervention,
12 intervention, training, or treatment that is regulated,
13 authorized, or directly or indirectly assisted by any
14 Department or agency of this State or under any provision of
15 this Act shall be confidential and may be disclosed only in
16 accordance with the provisions of federal law and regulations
17 concerning the confidentiality of substance use disorder
18 patient records as contained in 42 U.S.C. Sections 290dd-2 and
19 42 CFR Part 2, or any successor federal statute or regulation.

20 (1) The following are exempt from the confidentiality
21 protections set forth in 42 CFR Section 2.12(c):

22 (A) Veteran's Administration records.

23 (B) Information obtained by the Armed Forces.

24 (C) Information given to qualified service
25 organizations.

26 (D) Communications within a program or between a

1 program and an entity having direct administrative
2 control over that program.

3 (E) Information given to law enforcement personnel
4 investigating a patient's commission of a crime on the
5 program premises or against program personnel.

6 (F) Reports under State law of incidents of
7 suspected child abuse and neglect; however,
8 confidentiality restrictions continue to apply to the
9 records and any follow-up information for disclosure
10 and use in civil or criminal proceedings arising from
11 the report of suspected abuse or neglect.

12 (2) If the information is not exempt, a disclosure can
13 be made only under the following circumstances:

14 (A) With patient consent as set forth in 42 CFR
15 Sections 2.1(b)(1) and 2.31, and as consistent with
16 pertinent State law.

17 (B) For medical emergencies as set forth in 42 CFR
18 Sections 2.1(b)(2) and 2.51.

19 (C) For research activities as set forth in 42 CFR
20 Sections 2.1(b)(2) and 2.52.

21 (D) For audit evaluation activities as set forth
22 in 42 CFR Section 2.53.

23 (E) With a court order as set forth in 42 CFR
24 Sections 2.61 through 2.67.

25 (3) The restrictions on disclosure and use of patient
26 information apply whether the holder of the information

1 already has it, has other means of obtaining it, is a law
2 enforcement or other official, has obtained a subpoena, or
3 asserts any other justification for a disclosure or use
4 that is not permitted by 42 CFR Part 2. Any court orders
5 authorizing disclosure of patient records under this Act
6 must comply with the procedures and criteria set forth in
7 42 CFR Sections 2.64 and 2.65. Except as authorized by a
8 court order granted under this Section, no record referred
9 to in this Section may be used to initiate or substantiate
10 any charges against a patient or to conduct any
11 investigation of a patient.

12 (4) The prohibitions of this subsection shall apply to
13 records concerning any person who has been a patient,
14 regardless of whether or when the person ceases to be a
15 patient.

16 (5) Any person who discloses the content of any record
17 referred to in this Section except as authorized shall,
18 upon conviction, be guilty of a Class A misdemeanor.

19 (6) The Department shall prescribe regulations to
20 carry out the purposes of this subsection. These
21 regulations may contain such definitions, and may provide
22 for such safeguards and procedures, including procedures
23 and criteria for the issuance and scope of court orders,
24 as in the judgment of the Department are necessary or
25 proper to effectuate the purposes of this Section, to
26 prevent circumvention or evasion thereof, or to facilitate

1 compliance therewith.

2 (cc) Each patient shall be given a written explanation of
3 all the rights enumerated in this Section and a copy, signed by
4 the patient, shall be kept in every patient record. If a
5 patient is unable to read such written explanation, it shall
6 be read to the patient in a language that the patient
7 understands. A copy of all the rights enumerated in this
8 Section shall be posted in a conspicuous place within the
9 program where it may readily be seen and read by program
10 patients and visitors.

11 (dd) The program shall ensure that its staff is familiar
12 with and observes the rights and responsibilities enumerated
13 in this Section.

14 (ee) Licensed organizations shall comply with the right of
15 any adolescent to consent to treatment without approval of the
16 parent or legal guardian in accordance with the Consent by
17 Minors to Health Care Services Act.

18 (ff) At the point of admission for services, licensed
19 organizations must obtain written informed consent, as defined
20 in Section 1-10 and in administrative rule, from each client,
21 patient, or legal guardian.

22 (Source: P.A. 102-813, eff. 5-13-22.)

23 (20 ILCS 301/35-5)

24 Sec. 35-5. Services for pregnant women and mothers.

25 (a) In order to promote a comprehensive, statewide and

1 multidisciplinary approach to serving pregnant women and
2 mothers, including those who are minors, and their children
3 who are affected by substance use or gambling disorders, the
4 Department shall have responsibility for an ongoing exchange
5 of referral information among the following:

6 (1) those who provide medical and social services to
7 pregnant women, mothers and their children, whether or not
8 there exists evidence of a substance use or gambling
9 disorder. These include any other State-funded medical or
10 social services to pregnant women.

11 (2) providers of treatment services to women affected
12 by substance use or gambling disorders.

13 (b) (Blank).

14 (c) (Blank).

15 (d) (Blank).

16 (e) (Blank).

17 (f) The Department shall develop and maintain an updated
18 and comprehensive directory of licensed providers that deliver
19 treatment and intervention services. The Department shall post
20 on its website a licensed provider directory updated at least
21 quarterly.

22 (g) As a condition of any State grant or contract, the
23 Department shall require that any treatment program for women
24 with substance use or gambling disorders provide services,
25 either by its own staff or by agreement with other agencies or
26 individuals, which include but need not be limited to the

1 following:

2 (1) coordination with any program providing case
3 management services to ensure ongoing monitoring and
4 coordination of services after the addicted woman has
5 returned home.

6 (2) coordination with medical services for individual
7 medical care of pregnant women, including prenatal care
8 under the supervision of a physician.

9 (3) coordination with child care services.

10 (h) As a condition of any State grant or contract, the
11 Department shall require that any nonresidential program
12 receiving any funding for treatment services accept women who
13 are pregnant, provided that such services are clinically
14 appropriate. Failure to comply with this subsection shall
15 result in termination of the grant or contract and loss of
16 State funding.

17 (i) (1) From funds appropriated expressly for the purposes
18 of this Section, the Department shall create or contract with
19 licensed, certified agencies to develop a program for the care
20 and treatment of pregnant women, mothers and their children.
21 The program shall be in Cook County in an area of high density
22 population having a disproportionate number of women with
23 substance use and other disorders and a high infant mortality
24 rate.

25 (2) From funds appropriated expressly for the purposes of
26 this Section, the Department shall create or contract with

1 licensed, certified agencies to develop a program for the care
2 and treatment of low income pregnant women. The program shall
3 be located anywhere in the State outside of Cook County in an
4 area of high density population having a disproportionate
5 number of low income pregnant women.

6 (3) In implementing the programs established under this
7 subsection, the Department shall contract with existing
8 residential treatment or recovery homes in areas having a
9 disproportionate number of women with substance use and other
10 disorders who need residential treatment. Priority shall be
11 given to women who:

12 (A) are pregnant, especially if they are intravenous
13 drug users,

14 (B) have minor children,

15 (C) are both pregnant and have minor children, or

16 (D) are referred by medical personnel because they
17 either have given birth to a baby with a substance use
18 disorder, or will give birth to a baby with a substance use
19 disorder.

20 (4) The services provided by the programs shall include
21 but not be limited to:

22 (A) individual medical care, including prenatal care,
23 under the supervision of a physician.

24 (B) temporary, residential shelter for pregnant women,
25 mothers and children when necessary.

26 (C) a range of educational or counseling services.

1 (D) comprehensive and coordinated social services,
2 including therapy groups for the treatment of substance
3 use disorders; family therapy groups; programs to develop
4 positive self-awareness; parent-child therapy; and
5 residential support groups.

6 (5) (Blank).

7 (Source: P.A. 100-759, eff. 1-1-19.)

8 (20 ILCS 301/35-10)

9 Sec. 35-10. Adolescent Family Life Program.

10 (a) The General Assembly finds and declares the following:

11 (1) In Illinois, a substantial number of babies are
12 born each year to adolescent mothers between 12 and 19
13 years of age.

14 (2) A substantial percentage of pregnant adolescents
15 have substance use disorders or live in environments in
16 which substance use disorders occur and thus are at risk
17 of exposing their infants to dangerous and harmful
18 circumstances.

19 (3) It is difficult to provide substance use disorder
20 counseling for adolescents in settings designed to serve
21 adults.

22 (b) To address the findings set forth in subsection (a),
23 and subject to appropriation, the Department may establish and
24 fund treatment strategies to meet the developmental, social,
25 and educational needs of high-risk pregnant adolescents and

1 shall do the following:

2 (1) To the maximum extent feasible and appropriate,
3 utilize existing services and funding rather than create
4 new, duplicative services.

5 (2) Include plans for coordination and collaboration
6 with existing perinatal substance use disorder services.

7 (3) Include goals and objectives for reducing the
8 incidence of high-risk pregnant adolescents.

9 (4) Be culturally and linguistically appropriate to
10 the population being served.

11 (5) Include staff development training by substance
12 use and other disorder counselors.

13 As used in this Section, "high-risk pregnant adolescent"
14 means a person at least 12 but not more than 18 years of age
15 with a substance use or other disorder who is pregnant.

16 (c) (Blank).

17 (Source: P.A. 100-759, eff. 1-1-19.)

18 (20 ILCS 301/50-40)

19 Sec. 50-40. Group Home Loan Revolving Fund.

20 (a) There is hereby established the Group Home Loan
21 Revolving Fund, referred to in this Section as the "fund", to
22 be held as a separate fund within the State Treasury. Monies in
23 this fund shall be appropriated to the Department on a
24 continuing annual basis. With these funds, the Department
25 shall, directly or through subcontract, make loans to assist

1 in underwriting the costs of housing in which there may reside
2 individuals who are recovering from substance use or gambling
3 disorders, and who are seeking an alcohol-free, gambling-free,
4 or drug-free environment in which to live. Consistent with
5 federal law and regulation, the Department may establish
6 guidelines for approving the use and management of monies
7 loaned from the fund, the operation of group homes receiving
8 loans under this Section and the repayment of monies loaned.

9 (b) There shall be deposited into the fund such amounts
10 including, but not limited to:

11 (1) All receipts, including principal and interest
12 payments and royalties, from any applicable loan agreement
13 made from the fund.

14 (2) All proceeds of assets of whatever nature received
15 by the Department as a result of default or delinquency
16 with respect to loan agreements made from the fund,
17 including proceeds from the sale, disposal, lease or
18 rental of real or personal property that the Department
19 may receive as a result thereof.

20 (3) Any direct appropriations made by the General
21 Assembly, or any gifts or grants made by any person to the
22 fund.

23 (4) Any income received from interest on investments
24 of monies in the fund.

25 (c) The Treasurer may invest monies in the fund in
26 securities constituting obligations of the United States

1 government, or in obligations the principal of and interest on
2 which are guaranteed by the United States government, or in
3 certificates of deposit of any State or national bank which
4 are fully secured by obligations guaranteed as to principal
5 and interest by the United States government.

6 (Source: P.A. 100-759, eff. 1-1-19.)

7 (20 ILCS 301/55-30)

8 Sec. 55-30. Rate increase.

9 (a) The Department shall by rule develop the increased
10 rate methodology and annualize the increased rate beginning
11 with State fiscal year 2018 contracts to licensed providers of
12 community-based substance use and gambling disorders ~~disorder~~
13 intervention or treatment, based on the additional amounts
14 appropriated for the purpose of providing a rate increase to
15 licensed providers. The Department shall adopt rules,
16 including emergency rules under subsection (y) of Section 5-45
17 of the Illinois Administrative Procedure Act, to implement the
18 provisions of this Section.

19 (b) (Blank).

20 (c) Beginning on July 1, 2022, the Division of Substance
21 Use Prevention and Recovery shall increase reimbursement rates
22 for all community-based substance use disorder treatment and
23 intervention services by 47%, including, but not limited to,
24 all of the following:

25 (1) Admission and Discharge Assessment.

- 1 (2) Level 1 (Individual).
- 2 (3) Level 1 (Group).
- 3 (4) Level 2 (Individual).
- 4 (5) Level 2 (Group).
- 5 (6) Case Management.
- 6 (7) Psychiatric Evaluation.
- 7 (8) Medication Assisted Recovery.
- 8 (9) Community Intervention.
- 9 (10) Early Intervention (Individual).
- 10 (11) Early Intervention (Group).

11 Beginning in State Fiscal Year 2023, and every State
12 fiscal year thereafter, reimbursement rates for those
13 community-based substance use disorder treatment and
14 intervention services shall be adjusted upward by an amount
15 equal to the Consumer Price Index-U from the previous year,
16 not to exceed 2% in any State fiscal year. If there is a
17 decrease in the Consumer Price Index-U, rates shall remain
18 unchanged for that State fiscal year. The Department shall
19 adopt rules, including emergency rules in accordance with the
20 Illinois Administrative Procedure Act, to implement the
21 provisions of this Section.

22 As used in this Section, "Consumer Price Index-U" means
23 the index published by the Bureau of Labor Statistics of the
24 United States Department of Labor that measures the average
25 change in prices of goods and services purchased by all urban
26 consumers, United States city average, all items, 1982-84 =

1 100.

2 (d) Beginning on January 1, 2024, subject to federal
3 approval, the Division of Substance Use Prevention and
4 Recovery shall increase reimbursement rates for all ASAM level
5 3 residential/inpatient substance use disorder treatment and
6 intervention services by 30%, including, but not limited to,
7 the following services:

8 (1) ASAM level 3.5 Clinically Managed High-Intensity
9 Residential Services for adults;

10 (2) ASAM level 3.5 Clinically Managed Medium-Intensity
11 Residential Services for adolescents;

12 (3) ASAM level 3.2 Clinically Managed Residential
13 Withdrawal Management;

14 (4) ASAM level 3.7 Medically Monitored Intensive
15 Inpatient Services for adults and Medically Monitored
16 High-Intensity Inpatient Services for adolescents; and

17 (5) ASAM level 3.1 Clinically Managed Low-Intensity
18 Residential Services for adults and adolescents.

19 (e) Beginning in State fiscal year 2025, and every State
20 fiscal year thereafter, reimbursement rates for licensed or
21 certified substance use disorder treatment providers of ASAM
22 Level 3 residential/inpatient services for persons with
23 substance use disorders shall be adjusted upward by an amount
24 equal to the Consumer Price Index-U from the previous year,
25 not to exceed 2% in any State fiscal year. If there is a
26 decrease in the Consumer Price Index-U, rates shall remain

1 unchanged for that State fiscal year. The Department shall
2 adopt rules, including emergency rules, in accordance with the
3 Illinois Administrative Procedure Act, to implement the
4 provisions of this Section.

5 (Source: P.A. 102-699, eff. 4-19-22; 103-102, eff. 6-16-23;
6 103-588, eff. 6-5-24.)

7 (20 ILCS 301/55-40)

8 Sec. 55-40. Recovery residences.

9 (a) As used in this Section, "recovery residence" means a
10 sober, safe, and healthy living environment that promotes
11 recovery from alcohol and other drug use and associated
12 problems. These residences are not subject to Department
13 licensure as they are viewed as independent living residences
14 that only provide peer support and a lengthened exposure to
15 the culture of recovery.

16 (b) The Department shall develop and maintain an online
17 registry for recovery residences that operate in Illinois to
18 serve as a resource for individuals seeking continued recovery
19 assistance.

20 (c) Non-licensable recovery residences are encouraged to
21 register with the Department and the registry shall be
22 publicly available through online posting.

23 (d) The registry shall indicate any accreditation,
24 certification, or licensure that each recovery residence has
25 received from an entity that has developed uniform national

1 standards. The registry shall also indicate each recovery
2 residence's location in order to assist providers and
3 individuals in finding alcohol, gambling, and drug free
4 housing options with like-minded residents who are committed
5 to alcohol, gambling, and drug free living.

6 (e) Registrants are encouraged to seek national
7 accreditation from any entity that has developed uniform State
8 or national standards for recovery residences.

9 (f) The Department shall include a disclaimer on the
10 registry that states that the recovery residences are not
11 regulated by the Department and their listing is provided as a
12 resource but not as an endorsement by the State.

13 (Source: P.A. 100-1062, eff. 1-1-19; 101-81, eff. 7-12-19.)

14 Section 10. The Illinois Gambling Act is amended by
15 changing Sections 5.4 and 9 as follows:

16 (230 ILCS 10/5.4)

17 Sec. 5.4. Retired investigators and sworn law enforcement
18 personnel ~~Retiring investigators; purchase of service firearm~~
19 ~~and badge.~~

20 (a) The Board shall establish a program to allow an
21 investigator appointed under paragraph (20.6) of subsection
22 (c) of Section 4 who is honorably retiring in good standing to
23 purchase either one or both of the following: (1) any badge
24 previously issued to the investigator by the Board; or (2) if

1 the investigator has a currently valid Firearm Owner's
2 Identification Card, the service firearm issued or previously
3 issued to the investigator by the Board. The badge must be
4 permanently and conspicuously marked in such a manner that the
5 individual who possesses the badge is not mistaken for an
6 actively serving law enforcement officer. The cost of the
7 firearm shall be the replacement value of the firearm and not
8 the firearm's fair market value.

9 (b) The Board shall:

10 (1) allow sworn law enforcement personnel employed by
11 the Board who retire in good standing to keep their
12 previously issued Board identification cards. The Board
13 shall stamp in red lettering "RETIRED" recognizing their
14 retired status; or

15 (2) issue photographic identification cards to sworn
16 law enforcement personnel employed by the Board who retire
17 in good standing that indicate their separation from
18 service and identify the person as having been employed by
19 the Board as sworn law enforcement personnel.

20 If a Board-issued identification card described in this
21 subsection is lost or stolen, the Board shall immediately
22 re-issue a replacement identification card that meets the
23 requirements of paragraph (1) or (2) upon written request by
24 the retired sworn law enforcement personnel.

25 (Source: P.A. 102-719, eff. 5-6-22.)

1 (230 ILCS 10/9) (from Ch. 120, par. 2409)

2 Sec. 9. Occupational licenses.

3 (a) The Board may issue an occupational license to an
4 applicant upon the payment of a non-refundable fee set by the
5 Board, upon a determination by the Board that the applicant is
6 eligible for an occupational license and upon payment of an
7 annual license fee in an amount to be established. To be
8 eligible for an occupational license, an applicant must:

9 (1) be at least 21 years of age if the applicant will
10 perform any function involved in gaming by patrons. Any
11 applicant seeking an occupational license for a non-gaming
12 function shall be at least 18 years of age;

13 (2) not have been convicted of a felony offense, a
14 violation of Article 28 of the Criminal Code of 1961 or the
15 Criminal Code of 2012, or a similar statute of any other
16 jurisdiction if the applicant will perform any function
17 involved in gaming by patrons;

18 (2.5) not have been convicted of a crime, other than a
19 crime described in paragraph item (2) of this subsection
20 (a), involving dishonesty or moral turpitude if the
21 applicant will perform any function involved in gaming by
22 patrons, except that the Board may, in its discretion,
23 issue an occupational license to a person who has been
24 convicted of a crime described in this paragraph item
25 (2.5) more than 10 years prior to the applicant's ~~his or~~
26 ~~her~~ application and has not subsequently been convicted of

1 any other crime;

2 (3) have demonstrated a level of skill or knowledge
3 which the Board determines to be necessary in order to
4 operate gambling aboard a riverboat, in a casino, or at an
5 organization gaming facility; and

6 (4) have met standards for the holding of an
7 occupational license as adopted by rules of the Board.
8 Such rules shall provide that any person or entity seeking
9 an occupational license to manage gambling operations
10 under this Act shall be subject to background inquiries
11 and further requirements similar to those required of
12 applicants for an owners license. Furthermore, such rules
13 shall provide that each such entity shall be permitted to
14 manage gambling operations for only one licensed owner.

15 (b) Each application for an occupational license shall be
16 on forms prescribed by the Board and shall contain all
17 information required by the Board. The applicant shall set
18 forth in the application: whether the applicant ~~he~~ has been
19 issued prior gambling related licenses; whether the applicant
20 ~~he~~ has been licensed in any other state under any other name,
21 and, if so, such name and the applicant's ~~his~~ age; and whether
22 or not a permit or license issued to the applicant ~~him~~ in any
23 other state has been suspended, restricted, or revoked, and,
24 if so, for what period of time.

25 (c) Each applicant shall submit with the ~~his~~ application,
26 on forms provided by the Board, 2 sets of the applicant's ~~his~~

1 fingerprints. However, an applicant hired exclusively to
2 perform functions that are not related in any way to gaming
3 operations may be licensed as an employee of an owners
4 licensee prior to the Board receiving a response to the
5 applicant's fingerprint submission. The Board shall charge
6 each applicant a fee set by the Illinois State Police to defray
7 the costs associated with the search and classification of
8 fingerprints obtained by the Board with respect to the
9 applicant's application. These fees shall be paid into the
10 State Police Services Fund.

11 (d) The Board may in its discretion refuse an occupational
12 license to any person: (1) who is unqualified to perform the
13 duties required of such applicant; (2) who fails to disclose
14 or states falsely any information called for in the
15 application; (3) who has been found guilty of a violation of
16 this Act or whose prior gambling related license or
17 application therefor has been suspended, restricted, revoked,
18 or denied for just cause in any other state; (4) who has a
19 background, including a criminal record, reputation, habits,
20 social or business associations, or prior activities, that
21 poses a threat to the public interests of this State or to the
22 security and integrity of gaming; or (5) for any other just
23 cause. When considering criminal convictions of an applicant,
24 the Board shall consider the following factors:

25 (1) the length of time since the conviction;

26 (2) the number of convictions that appear on the

1 conviction record;

2 (3) the nature and severity of the conviction and its
3 relationship to the safety and security of others or the
4 integrity of gaming;

5 (4) the facts or circumstances surrounding the
6 conviction;

7 (5) the age of the employee at the time of the
8 conviction; and

9 (6) evidence of rehabilitation efforts.

10 (e) The Board may suspend, revoke, or restrict any
11 occupational licensee: (1) for violation of any provision of
12 this Act; (2) for violation of any of the rules and regulations
13 of the Board; (3) for any cause which, if known to the Board,
14 would have disqualified the applicant from receiving such
15 license; ~~or~~ (4) for default in the payment of any obligation or
16 debt due to the State of Illinois; or (5) for any other just
17 cause.

18 (f) A person who knowingly makes a false statement on an
19 application is guilty of a Class A misdemeanor.

20 (g) Any license issued pursuant to this Section shall be
21 valid for a period of one year from the date of issuance.

22 (h) Nothing in this Act shall be interpreted to prohibit a
23 licensed owner or organization gaming licensee from entering
24 into an agreement with a public community college or a school
25 approved under the Private Business and Vocational Schools Act
26 of 2012 for the training of any occupational licensee. Any

1 training offered by such a school shall be in accordance with a
2 written agreement between the licensed owner or organization
3 gaming licensee and the school.

4 (i) Any training provided for occupational licensees may
5 be conducted either at the site of the gambling facility or at
6 a school with which a licensed owner or organization gaming
7 licensee has entered into an agreement pursuant to subsection
8 (h).

9 (Source: P.A. 102-538, eff. 8-20-21; 103-550, eff. 1-1-24.)

10 Section 99. Effective date. This Act takes effect upon
11 becoming law."