



SENATE JOURNAL

STATE OF ILLINOIS

**ONE HUNDRED THIRD GENERAL
ASSEMBLY**

130TH LEGISLATIVE DAY

SUNDAY, JANUARY 5, 2025

11:32 O'CLOCK A.M.

SENATE
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130th Legislative Day

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The Senate met pursuant to adjournment.
Senator Bill Cunningham, Chicago, Illinois, presiding.
Prayer by Pastor Stephen Lawrence, Exodus Church, Springfield, Illinois.
Senator Johnson led the Senate in the Pledge of Allegiance.

Senator Hunter moved that reading and approval of the Journal of Saturday, January 4, 2025, be postponed, pending arrival of the printed Journal.
The motion prevailed.

LEGISLATIVE MEASURES FILED

The following Floor amendments to the House Bills listed below have been filed with the Secretary and referred to the Committee on Assignments:

Amendment No. 2 to House Bill 817
Amendment No. 1 to House Bill 5397

The following Committee amendment to the House Bill listed below has been filed with the Secretary and referred to the Committee on Assignments:

Amendment No. 1 to House Bill 4828

PRESENTATION OF CELEBRATION OF LIFE RESOLUTION

SENATE RESOLUTION NO. 1349

Offered by Senator Joyce and all Senators:
Mourns the death of Ellen K. Schwab of Reddick.

By unanimous consent, the foregoing resolution was referred to the Resolutions Consent Calendar.

PRESENTATION OF RESOLUTION

Senator Koehler offered the following Senate Resolution, which was referred to the Committee on Assignments:

SENATE RESOLUTION NO. 1350

RESOLVED, BY THE SENATE OF THE ONE HUNDRED THIRD GENERAL ASSEMBLY OF THE STATE OF ILLINOIS, that a Committee of three members of the Senate be appointed, two members to be appointed by the President and one member to be appointed by the Minority Leader, to approve the final Journals of the Senate of the One Hundred Third General Assembly where such journals have not, prior to the adjournment sine die, been approved by the body as a whole.

At the hour of 11:45 o'clock a.m., the Chair announced that the Senate stands at ease.

AT EASE

At the hour of 11:53 o'clock a.m., the Senate resumed consideration of business.
Senator Hunter, presiding.

REPORT FROM COMMITTEE ON ASSIGNMENTS

Senator Cunningham, Vice-Chair of the Committee on Assignments, during its January 5, 2025 meeting, reported the following Legislative Measures have been assigned to the indicated Standing Committee of the Senate:

Executive: **House Bill No. 4410; Floor Amendment No. 2 to House Bill 817; Floor Amendment No. 2 to House Bill 2474; Floor Amendment No. 1 to House Bill 2547; Committee Amendment No. 1 to House Bill 4828; Floor Amendment No. 1 to House Bill 5164; Floor Amendment No. 1 to House Bill 5367; Floor Amendment No. 1 to House Bill 5397.**

Senator Cunningham, Vice-Chair of the Committee on Assignments, during its January 5, 2025 meeting, reported that the following Legislative Measure has been approved for consideration:

Senate Resolution No. 1350

The foregoing resolution was placed on the Senate Calendar.

LEGISLATIVE MEASURE FILED

The following Floor amendment to the House Bill listed below has been filed with the Secretary and referred to the Committee on Assignments:

Amendment No. 2 to House Bill 2547

POSTING NOTICES WAIVED

Senator Castro moved to waive the six-day posting requirement on **House Bills numbered 4410 and 4828** so that the measures may be heard in the Committee on Executive that is scheduled to meet January 5, 2025.

The motion prevailed.

Senator Aquino asked and obtained unanimous consent to recess for the purpose of a Democrat caucus.

Senator McClure asked and obtained unanimous consent to recess for the purpose of a Republican caucus.

COMMITTEE MEETING ANNOUNCEMENTS

The Chair announced the following committee to meet at 1:15 o'clock p.m.:

Executive in Room 212

At the hour of 12:00 o'clock p.m., the Chair announced that the Senate stands at recess subject to the call of the Chair.

AFTER RECESS

At the hour of 3:38 o'clock p.m., the Senate resumed consideration of business.
Senator Lightford, presiding.

[January 5, 2025]

REPORT FROM STANDING COMMITTEE

Senator Castro, Chair of the Committee on Executive, to which was referred the Motion to Concur with House Amendment to the following Senate Bill, reported that the Committee recommends do adopt:

Motion to Concur in House Amendment No. 1 to Senate Bill 3180

Under the rules, the foregoing motion is eligible for consideration by the Senate.

Senator Castro, Chair of the Committee on Executive, to which was referred **House Bill No. 4410**, reported the same back with the recommendation that the bill do pass.

Under the rules, the bill was ordered to a second reading.

Senator Castro, Chair of the Committee on Executive, to which was referred **House Bill No. 4828**, reported the same back with amendments having been adopted thereto, with the recommendation that the bill, as amended, do pass.

Under the rules, the bill was ordered to a second reading.

Senator Castro, Chair of the Committee on Executive, to which was referred the following Senate floor amendments, reported that the Committee recommends do adopt:

Senate Amendment No. 2 to House Bill 817

Senate Amendment No. 2 to House Bill 2474

Senate Amendment No. 1 to House Bill 2547

Senate Amendment No. 1 to House Bill 5164

Senate Amendment No. 1 to House Bill 5367

Under the rules, the foregoing floor amendments are eligible for consideration on second reading.

LEGISLATIVE MEASURE FILED

The following Floor amendment to the House Bill listed below has been filed with the Secretary and referred to the Committee on Assignments:

Amendment No. 2 to House Bill 4828

HOUSE BILLS RECALLED

On motion of Senator Villanueva, **House Bill No. 2547** was recalled from the order of third reading to the order of second reading.

Senator Villanueva offered the following amendment and moved its adoption:

AMENDMENT NO. 1 TO HOUSE BILL 2547

AMENDMENT NO. 1. Amend House Bill 2547 by replacing everything after the enacting clause with the following:

"Section 1. Short title. This Act may be cited as the Warehouse Worker Protection Act.

Section 5. Definitions. As used in this Act:

"Adverse employment action" means an action that a reasonable employee would find materially adverse.

"Aggregated work speed data" means a compilation of employee work speed data for multiple employees, in summary form, assembled in full or in another form such that the data cannot be identified with any individual.

[January 5, 2025]

"Controlled group of corporations" has the meaning given to that term under Section 1563 of the Internal Revenue Code, 26 U.S.C. 1563, except that "fifty percent" shall be substituted for "eighty percent" where "eighty percent" is specified in that definition.

"Defined time period" means any unit of time measurement equal to or less than the duration of an employee's shift, including hours, minutes, seconds, and any fraction thereof.

"Director" means the Director of Labor.

"Employee" means a nonadministrative employee who is not exempt from the overtime and minimum wage requirements of the federal Fair Labor Standards Act of 1938, as amended, who works at a warehouse distribution center, and who is subject to a quota as defined in this Section. "Employee" does not include a driver or courier to or from a warehouse distribution center.

"Employee work speed data" means information an employer collects, stores, analyzes, or interprets relating to an individual employee's performance of a quota, including, but not limited to, quantities of tasks performed, quantities of items or materials handled or produced, rates or speeds of tasks performed, measurements or metrics of employee performance in relation to a quota, and time categorized as performing tasks or not performing tasks. "Employee work speed data" does not include itemized wage statements or data that does not relate to the performance of a quota, except for any content of those records that includes employee work speed data.

"Employer" means a person who directly or indirectly, or through an agent or any other person, including through the services of a third-party employer, temporary services or staffing agency, independent contractor, or any similar entity, employs or exercises control over the wages, hours, or working conditions of 250 or more employees at a single warehouse distribution center in the State or 1,000 or more employees at one or more warehouse distribution centers in the State. For the purposes of this definition, all employees of a controlled group of corporations shall be counted in determining the number of employees employed at a single warehouse distribution center or at one or more warehouse distribution centers in the State.

"Person" means an individual, corporation, partnership, limited partnership, limited liability partnership, limited liability company, business trust, estate, trust, association, joint venture, agency, instrumentality, or any other legal or commercial entity, whether domestic or foreign.

"Quota" means a work performance standard under which an employee is assigned or required to perform at a specified productivity speed or a quantified number of tasks or to handle or produce a quantified amount of material within a defined time period and under which the employee may suffer an adverse employment action if the employee fails to complete or meet the performance standard.

"Warehouse distribution center" means an establishment as defined by any of the following North American Industry Classification System (NAICS) codes, however such establishment is denominated:

- (1) 493 for Warehousing and Storage, but does not include 493130 for Farm Product Warehousing and Storage;
- (2) 423 for Merchant Wholesalers, Durable Goods;
- (3) 424 for Merchant Wholesalers, Nondurable Goods, but does not include 424510 for Grain and Field Bean Merchant Wholesalers, 424520 for Livestock Merchant Wholesalers, and 424590 for Other Farm Product Raw Material Wholesalers; or
- (4) 454110 for Electronic Shopping and Mail-Order Houses.

Section 10. Disclosure of quotas. Each employer shall provide to each employee, upon hire or within 30 days after the effective date of this Act, whichever is later, a written description of each quota to which the employee is subject, including the quantified number of tasks to be performed or materials to be produced or handled within the defined time period, and any potential adverse employment action that could result from failure to meet the quota. Each time the quota changes thereafter, the employer shall provide an updated written description of each quota to which the employee is subject within 5 business days of the quota change. If an employer takes an adverse employment action against an employee based on a quota, the employee has a right to request, and the employer shall provide, a written explanation regarding the manner in which the employee failed to perform, including the applicable quota and comparison of the employee's work performance in relation to that quota. If an employee requests a written description of the quotas to which the employee was subject and a copy of the employee's own personal work speed data pursuant to this Section, the employer shall comply with this request as soon as practicable, but no later than 7 calendar days after the date of the request.

Section 15. Protection from quotas. An employee shall not be required to meet a quota that prevents compliance with meal or rest periods or use of bathroom facilities, including reasonable travel time to and from bathroom facilities. An employer shall not take adverse employment action against an employee for failure to meet a quota that does not allow a worker to comply with meal and rest periods or for failure to meet a quota that has not been disclosed to the employee pursuant to Section 10.

Section 20. Time on task. Consistent with existing law, paid and unpaid breaks shall not be considered productive time for the purpose of any quota or monitoring system unless the employee is required to remain on call.

Section 25. Recordkeeping. Each employer shall establish, maintain, and preserve for 3 years contemporaneous, true, and accurate records to ensure compliance with employee and Director requests for data. Nothing in this Section shall require an employer to keep such records if such employer does not use quotas or monitor work speed data as a performance standard that leads to an adverse employment action. An employer is not obligated to produce data that does not constitute employee work speed data.

Section 30. Employee's right to request records.

(a) A current employee has the right to request a written description of each quota to which the employee is subject. If a current or former employee believes that the current or former employee has received an adverse employment action as the result of failing to meet a quota, or that meeting a quota caused a violation of the employee's right to a meal or rest period or use of bathroom facilities, the current or former employee has the right to request, and the employer shall provide, a written description of each quota to which the employee is subject, a copy of the most recent 90 days of the employee's own personal work speed data, and a copy of the aggregated work speed data for similar employees at the same establishment for the same time period.

(b) Requested records under this Section shall be provided at no cost to the current or former employee.

(c) Nothing in this Section shall require an employer to use quotas or monitor work speed data. An employer that does not monitor this data has no obligation to provide it.

(d) The rights afforded under this Section are independent of any other right afforded to an employee or former employee under any State or federal law, including, but not limited to, the Personnel Records Review Act, to access documents maintained by an employer.

Section 35. Unlawful retaliation. For purposes of this Act, there shall be a rebuttable presumption of unlawful retaliation if an employer takes any adverse employment action against an employee within 90 days of the employee doing either of the following:

(1) initiating the employee's first request in a calendar year for information about a quota or personal work speed data pursuant to Section 30 of this Act; or

(2) making a complaint related to a quota alleging any violation of Sections 10, 15, or 20 of this Act, inclusive, to the Director, the Department, or the employer.

Section 40. Notice to employees. Every employer covered by this Act shall post and keep posted, in conspicuous places on the premises of the employer where notices to employees are customarily posted, a notice, to be prepared or approved by the Director of Labor, regarding employees' rights under this Act, including what constitutes a permissible quota and employees' right to request quota and work speed data information, and making a complaint to various State authorities regarding a violation of an employee's quota rights under this Act.

Section 45. Enforcement. The Department of Labor shall adopt rules to implement and enforce this Act. The Director shall be authorized to enforce this Act and to assess damages payable to the employee and civil penalties.

Section 50. Workplace inspections. If a particular work site or employer that uses quotas as a performance standard to determine adverse employment actions and is subject to this Act is found to have an annual employee injury rate of at least 1.5 times as high as the warehousing industry's average annual injury rate as published by the Bureau of Labor Statistics' most recent fatal and non-fatal occupational

injuries and illnesses data, the Director shall determine whether an investigation of violations pursuant to this Act, if relevant to the Director's authority, is appropriate.

Section 55. Private right of action. A current or former employee may bring an action for injunctive relief to obtain compliance with Sections 10, 15, 20, and 30 and may, upon prevailing in the action, recover costs and reasonable attorney's fees in such action. In any action involving a quota that prevented the compliance with applicable regulations on workplace safety and health or meal or rest break requirements, the injunctive relief shall be limited to suspension of the quota and any adverse action that resulted from its enforcement by the employer.

Section 60. Attorney General; powers. The Attorney General, pursuant to the authority under Section 6.3 of the Attorney General Act, may initiate or intervene in a civil action in the name of the People of the State in any circuit court to obtain all appropriate relief for violations established under this Act.

Section 97. Severability. The provisions of this Act are severable under Section 1.31 of the Statute on Statutes.

Section 99. Effective date. This Act takes effect January 1, 2026."

The motion prevailed.

And the amendment was adopted and ordered printed.

Floor Amendment No. 2 was referred to the Committee on Assignments earlier today.

There being no further amendments, the bill, as amended, was ordered to a third reading.

On motion of Senator Collins, **House Bill No. 2474** was recalled from the order of third reading to the order of second reading.

Senator Collins offered the following amendment and moved its adoption:

AMENDMENT NO. 2 TO HOUSE BILL 2474

AMENDMENT NO. 2. Amend House Bill 2474, AS AMENDED, by replacing everything after the enacting clause with the following:

"Section 5. The Nursing Home Care Act is amended by changing Sections 3-209 and 3-602 and by adding Sections 2-120 and 3-125 as follows:

(210 ILCS 45/2-120 new)

Sec. 2-120. Prohibition on retaliatory action against residents.

(a) In this Section, "retaliatory action" means an action that is taken in retaliation for a resident's involvement in one or more of the protected activities described in paragraphs (1) through (8) of subsection (b) and that interferes with a resident's quality of life at the facility or results in either the imposition of selective restrictions or the resident's neglect or reduced access to services.

(b) No facility, licensee of a facility, or employee of a facility shall threaten to take or take a retaliatory action against a resident of the facility because the resident does any one or more of the following:

(1) complains, discloses, or threatens to disclose, to a supervisor, a public body, including, but not limited to, the Office of the State Long Term Care Ombudsman, or any other person with regulatory authority, an activity, inaction, policy, or practice implemented by a licensee or facility that the resident reasonably believes violates a law, rule, or regulation;

(2) provides information to or testifies before a public body conducting an investigation, hearing, or inquiry into a violation of a law, rule, or regulation by an administrator of the facility;

(3) assists or participates in a proceeding to enforce the provisions of this Act, including a grievance procedure under Section 2-112;

(4) seeks assistance for the resident to transition to independent living or another setting outside of the resident's current facility;

(5) makes a request of the facility related to the resident's care;

(6) becomes a member of a residents' advisory council as described in Section 2-203, a resident union, or a similar organization;

(7) engages in activity protected in Section 3-608; or

(8) takes any other good faith action in support of any other right or remedy provided by law.

(c) A resident of a facility who alleges a violation of subsection (b) by a facility, the licensee of a facility, or an employee of a facility may bring a civil action for damages against the facility, the licensee who is responsible for the facility, or both, within 2 years after the date of the last violation of subsection (b) that is alleged in the resident's complaint. A violation of subsection (b) may be established upon a finding that (i) the facility, the licensee of the facility, or the employee of the facility engaged in conduct described in subsection (b) and (ii) this conduct was a contributing factor in the retaliatory action alleged by the resident.

(d) For each claimed violation of subsection (b) by a facility, a licensee of a facility, or an employee of a facility, the facility, the licensee who is responsible for the facility, or both may also be liable to the resident for additional damages in an amount equal to the average monthly billing rate for Medicaid recipients in the facility.

(e) A copy of any complaint filed under this Section shall be filed with the Department.

(f) To ensure compliance with the requirements of this Section, each licensee shall annually provide to the residents of its facility and their next of kin, a document containing a description of the retaliation complaint procedures and remedies established under this Act. The licensee shall file this document in the resident's document file. This document shall also be made available to the resident, the resident's representative, the Department, or the Office of the State Long Term Care Ombudsman upon request.

(210 ILCS 45/3-125 new)

Sec. 3-125. Retaliation-prevention training. The administrators of a facility licensed under this Act shall ensure that all staff of the facility receive annual in-service training designed to prevent retaliatory actions from being taken against residents of the facility. Administrators shall ensure that the person who conducts the in-service training at a facility is familiar with the specific needs of the resident population at the facility. With the advice and consent of the Office of the State Long Term Care Ombudsman, the Department shall adopt rules that set forth the training parameters and subjects which will ensure that the in-service training conducted by administrators under this Section includes, at a minimum, a discussion of the following topics:

(1) a resident's right to file complaints and voice grievances in the event of retaliation;

(2) examples of what might constitute retaliation against a resident; and

(3) methods of preventing employee retaliation against residents and alleviating a resident's fear of retaliation.

(210 ILCS 45/3-209) (from Ch. 111 1/2, par. 4153-209)

Sec. 3-209. Required posting of information.

(a) Every facility shall conspicuously post for display in an area of its offices accessible to residents, employees, and visitors the following:

(1) Its current license;

(2) A description, provided by the Department, of complaint procedures established under this Act and the name, address, and telephone number of a person authorized by the Department to receive complaints;

(3) A copy of any order pertaining to the facility issued by the Department or a court;

(4) A list of the material available for public inspection under Section 3-210;

(5) Phone numbers and websites for rights protection services must be posted in common areas and at the main entrance and provided upon entry and at the request of residents or the resident's representative in accordance with 42 CFR 483.10(j)(4); and

(6) The statement "The Illinois Long-Term Care Ombudsman Program is a free resident advocacy service available to the public."; and-

(7) A description of the retaliation complaint procedures and the remedies established under this Act.

In accordance with F574 of the State Operations Manual for Long-Term Care Facilities, the administrator shall post for all residents and at the main entrance the name, address, and telephone number of the appropriate State governmental office where complaints may be lodged in language the resident can understand, which must include notice of the grievance procedure of the facility or program as well as addresses and phone numbers for the Office of Health Care Regulation and the Long-Term Care Ombudsman Program and a website showing the information of a facility's ownership. The facility shall

include a link to the Long-Term Care Ombudsman Program's website on the home page of the facility's website.

(b) A facility that has received a notice of violation for a violation of the minimum staffing requirements under Section 3-202.05 shall display, during the period of time the facility is out of compliance, a notice stating in Calibri (body) font and 26-point type in black letters on an 8.5 by 11 inch white paper the following:

"Notice Dated:

This facility does not currently meet the minimum staffing ratios required by law. Posted at the direction of the Illinois Department of Public Health."

The notice must be posted, at a minimum, at all publicly used exterior entryways into the facility, inside the main entrance lobby, and next to any registration desk for easily accessible viewing. The notice must also be posted on the main page of the facility's website. The Department shall have the discretion to determine the gravity of any violation and, taking into account mitigating and aggravating circumstances and facts, may reduce the requirement of, and amount of time for, posting the notice.

(Source: P.A. 101-10, eff. 6-5-19; 102-1080, eff. 1-1-23.)

(210 ILCS 45/3-602) (from Ch. 111 1/2, par. 4153-602)

Sec. 3-602. The licensee shall pay the actual damages and costs and attorney's fees to a facility resident whose rights, as specified in Part 1 of Article II of this Act, including, but not limited to, the rights under Section 2-120, are violated.

(Source: P.A. 89-197, eff. 7-21-95.)".

The motion prevailed.

And the amendment was adopted and ordered printed.

There being no further amendments, the bill, as amended, was ordered to a third reading.

READING BILL FROM THE HOUSE OF REPRESENTATIVES A THIRD TIME

On motion of Senator Collins, **House Bill No. 2474** having been printed as received from the House of Representatives, together with all Senate Amendments adopted thereto, was taken up and read by title a third time.

And the question being, "Shall this bill pass?" it was decided in the affirmative by the following vote:

YEAS 48; NAYS 2.

The following voted in the affirmative:

Anderson	Feigenholtz	Lightford	Toro
Aquino	Fine	Loughran Cappel	Turner, D.
Belt	Fowler	Martwick	Turner, S.
Bryant	Glowiak Hilton	McClure	Ventura
Castro	Halpin	Morrison	Villa
Cervantes	Harriss, E.	Murphy	Villanueva
Collins	Hastings	Peters	Villivalam
Cunningham	Holmes	Porfrio	Walker
Curran	Hunter	Preston	Mr. President
DeWitte	Johnson	Rezin	
Edly-Allen	Joyce	Simmons	
Ellman	Koehler	Sims	
Faraci	Lewis	Stadelman	

The following voted in the negative:

Chesney

[January 5, 2025]

Stoller

This bill, having received the vote of a constitutional majority of the members elected, was declared passed, and all amendments not adopted were tabled pursuant to Senate Rule No. 5-4(a).

Ordered that the Secretary inform the House of Representatives thereof and ask their concurrence in the Senate Amendments adopted thereto.

HOUSE BILL RECALLED

On motion of Senator Villivalam, **House Bill No. 5164** was recalled from the order of third reading to the order of second reading.

Senator Villivalam offered the following amendment and moved its adoption:

AMENDMENT NO. 1 TO HOUSE BILL 5164

AMENDMENT NO. 1. Amend House Bill 5164 on page 5, immediately below line 22, by inserting:

"(c) If a court grants a motion to impound the file under this Section, it is still required under subsection (d) of Section 21-101 that the name change be reported to the Illinois State Police, and the Illinois State Police must update any criminal history transcript or offender registration for each person 18 years of age or older to include the change of name as well as the person's former name."; and

on page 5, immediately below line 25, by inserting the following:

"Section 99. Effective date. This Act takes effect March 1, 2025."

The motion prevailed.

And the amendment was adopted and ordered printed.

There being no further amendments, the bill, as amended, was ordered to a third reading.

READING BILL FROM THE HOUSE OF REPRESENTATIVES A THIRD TIME

On motion of Senator Villivalam, **House Bill No. 5164** having been printed as received from the House of Representatives, together with all Senate Amendments adopted thereto, was taken up and read by title a third time.

And the question being, "Shall this bill pass?" it was decided in the affirmative by the following vote:

YEAS 33; NAYS 16.

The following voted in the affirmative:

Aquino	Fine	Loughran Cappel	Ventura
Castro	Glowiak Hilton	Martwick	Villa
Cervantes	Halpin	Morrison	Villanueva
Collins	Hastings	Murphy	Villivalam
Cunningham	Holmes	Peters	Walker
Edly-Allen	Hunter	Porfirio	Mr. President
Ellman	Johnson	Preston	
Faraci	Koehler	Simmons	
Feigenholtz	Lightford	Sims	

The following voted in the negative:

Anderson	Fowler	Plummer	Wilcox
Bryant	Harriss, E.	Rezin	
Chesney	Joyce	Stoller	

Curran
DeWitte

Lewis
McClure

Syverson
Turner, S.

This bill, having received the vote of a constitutional majority of the members elected, was declared passed, and all amendments not adopted were tabled pursuant to Senate Rule No. 5-4(a).

Ordered that the Secretary inform the House of Representatives thereof and ask their concurrence in the Senate Amendment adopted thereto.

Senator Toro asked and obtained unanimous consent for the Journal to reflect her intention to have voted in the affirmative on **House Bill No. 5164**.

HOUSE BILL RECALLED

On motion of Senator Castro, **House Bill No. 5367** was recalled from the order of third reading to the order of second reading.

Senator Castro offered the following amendment and moved its adoption:

AMENDMENT NO. 1 TO HOUSE BILL 5367

AMENDMENT NO. 1 . Amend House Bill 5367 by replacing everything after the enacting clause with the following:

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

(20 ILCS 301/1-5)

Sec. 1-5. Legislative declaration. Substance use and gambling disorders, as defined in this Act, constitute a serious public health problem. The effects on public safety and the criminal justice system cause serious social and economic losses, as well as great human suffering. It is imperative that a comprehensive and coordinated strategy be developed under the leadership of a State agency. This strategy should be implemented through the facilities of federal and local government and community-based agencies (which may be public or private, volunteer or professional). Through local prevention, early intervention, treatment, and other recovery support services, this strategy should empower those struggling with these substance use disorders (and, when appropriate, the families of those persons) to lead healthy lives.

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

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

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

(20 ILCS 301/1-10)

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

"Case management" means a coordinated approach to the delivery of health and medical treatment, substance use disorder treatment, gambling disorder treatment, mental health treatment, and social services, linking patients with appropriate services to address specific needs and achieve stated goals. In general, case management assists patients with other disorders and conditions that require multiple services over extended periods of time and who face difficulty in gaining access to those services.

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

"Department" means the Department of Human Services.

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

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

"Early intervention" means services, authorized by a treatment license, that are sub-clinical and pre-diagnostic and that are designed to screen, identify, and address risk factors that may be related to

problems associated with substance use or gambling disorder ~~substance use disorders~~ and to assist individuals in recognizing harmful consequences. Early intervention services facilitate emotional and social stability and involve ~~involves~~ referrals for treatment, as needed.

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

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

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

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

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

"Informed consent" means legally valid written consent, given by a client, patient, or legal guardian, that authorizes intervention or treatment services from a licensed organization and that documents agreement to participate in those services and knowledge of the consequences of withdrawal from such services. Informed consent also acknowledges the client's or patient's right to a conflict-free choice of services from any licensed organization and the potential risks and benefits of selected services.

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

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

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

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

"Prevention" means an interactive process of individuals, families, schools, religious organizations, communities and regional, state and national organizations whose goals are to reduce the prevalence of substance use or gambling disorders, prevent the use of illegal drugs and the abuse of legal drugs by persons of all ages, prevent the use of alcohol by minors, reduce the severity of harm in gambling by persons of all ages, build the capacities of individuals and systems, and promote healthy environments, lifestyles, and behaviors.

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

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

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

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

"Treatment" means the broad range of emergency, outpatient, and residential care (including assessment, diagnosis, case management, treatment, and recovery support planning) ~~may be extended~~ to individuals ~~with substance use disorders~~ or to the families of those persons.

"Withdrawal management" means services designed to manage intoxication or withdrawal episodes (previously referred to as detoxification), interrupt the momentum of habitual, compulsive substance use and begin the initial engagement in medically necessary substance use disorder treatment. Withdrawal

management allows patients to safely withdraw from substances in a controlled medically-structured environment.

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

(20 ILCS 301/5-5)

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

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

(b) It is declared to be the public policy of this State, pursuant to paragraphs (h) and (i) of Section 6 of Article VII of the Illinois Constitution of 1970, that the powers and functions set forth in this Act and expressly delegated to the Department are exclusive State powers and functions. Nothing herein prohibits the exercise of any power or the performance of any function, including the power to regulate, for the protection of the public health, safety, morals and welfare, by any unit of local government, other than the powers and functions set forth in this Act and expressly delegated to the Department to be exclusive State powers and functions.

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

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

(2) Promoting healthy lifestyles.

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

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

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

(20 ILCS 301/5-10)

Sec. 5-10. Functions of the Department.

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

(1) Design, coordinate and fund comprehensive community-based and culturally and gender-appropriate services throughout the State. These services must include prevention, early intervention, treatment, and other recovery support services ~~for substance use disorders~~ that are accessible and address the needs of at-risk individuals and their families.

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

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

(3) Coordinate a statewide strategy for the prevention, early intervention, treatment, and recovery support of substance use or gambling disorders. This strategy shall include the development of a comprehensive plan, submitted annually with the application for federal substance use disorder block grant funding, for the provision of an array of such services. The plan shall be based on local community-based needs and upon data including, but not limited to, that which defines the prevalence of and costs associated with these substance use disorders. This comprehensive plan shall include identification of problems, needs, priorities, services and other pertinent information, including the needs of marginalized communities ~~minorities~~ and other specific priority populations in the State, and shall describe how the identified problems and needs will be addressed. For purposes of this paragraph, the term "marginalized communities ~~minorities~~ and other specific priority populations" may include, but shall not be limited to, groups such as women, children, persons who use intravenous drugs ~~intravenous drug users~~, persons with AIDS or who are HIV infected, veterans, African Americans, Puerto Ricans, Hispanics, Asian Americans, the elderly, persons in the criminal justice system, persons who are clients of services provided by other State agencies, persons with disabilities and such other specific populations as the Department may from time to time identify. In

developing the plan, the Department shall seek input from providers, parent groups, associations and interested citizens.

The plan developed under this Section shall include an explanation of the rationale to be used in ensuring that funding shall be based upon local community needs, including, but not limited to, the incidence and prevalence of, and costs associated with, these substance use disorders, as well as upon demonstrated program performance.

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

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

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

(A) Cooperate with and assist other State agencies, as applicable, in establishing and conducting these substance use disorder services among the populations they respectively serve.

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

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

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

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

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

(ii) develop services to deal with such disorders.

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

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

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

(H) Cooperate with and assist the Illinois Department of Healthcare and Family Services in the development and provision of services offered to recipients of public assistance for the treatment and prevention of substance use or gambling disorders.

(I) (Blank).

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

(6) Promulgate regulations to identify and disseminate best practice guidelines that can be utilized by publicly and privately funded programs as well as for levels of payment to government funded programs that provide prevention, early intervention, treatment, and other recovery support

services for substance use or gambling disorders and those services referenced in Sections 15-10 and 40-5.

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

(8) Receive data and assistance from federal, State and local governmental agencies, and obtain copies of identification and arrest data from all federal, State and local law enforcement agencies for use in carrying out the purposes and functions of the Department.

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

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

(11) (Blank).

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

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

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

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

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

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

(1) Require all organizations licensed or funded by the Department to include an education component to inform participants regarding the causes and means of transmission and methods of reducing the risk of acquiring or transmitting HIV infection and other infectious diseases, and to include funding for such education component in its support of the program.

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

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

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

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

(6) Utilize the support and assistance of interested persons in the community, including recovering persons, to assist individuals and communities in understanding the dynamics of substance use or gambling disorders, and to encourage individuals with these ~~substance use~~ disorders to voluntarily undergo treatment.

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

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

(9) (Blank).

(10) (Blank).

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

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

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

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

(15) Establish an Opioid Remediation Services Capital Investment Grant Program. The Department may, subject to appropriation and approval through the Opioid Overdose Prevention and Recovery Steering Committee, after recommendation by the Illinois Opioid Remediation Advisory Board, and certification by the Office of the Attorney General, make capital improvement grants to units of local government and substance use prevention, treatment, and recovery service providers addressing opioid remediation in the State for approved abatement uses under the Illinois Opioid Allocation Agreement. The Illinois Opioid Remediation State Trust Fund shall be the source of funding for the program. Eligible grant recipients shall be units of local government and substance use prevention, treatment, and recovery service providers that offer facilities and services in a manner that supports and meets the approved uses of the opioid settlement funds. Eligible grant recipients have no entitlement to a grant under this Section. The Department of Human Services may consult with the Capital Development Board, the Department of Commerce and Economic Opportunity, and the Illinois Housing Development Authority to adopt rules to implement this Section and may create a competitive application procedure for grants to be awarded. The rules may specify the manner of applying for grants; grantee eligibility requirements; project eligibility requirements; restrictions on the use of grant moneys; the manner in which grantees must account for the use of grant moneys; and any other provision that the Department of Human Services determines to be necessary or useful for the administration of this Section. Rules may include a requirement for grantees to provide local matching funds in an amount equal to a specific percentage of the grant. No portion of an opioid remediation services capital investment grant awarded under this Section may be used by a grantee to pay for any ongoing operational costs or outstanding debt. The Department of Human Services may consult with the Capital Development Board, the Department of Commerce and Economic Opportunity, and the Illinois Housing Development Authority in the management and disbursement of funds for capital-related projects. The Capital Development Board, the Department of Commerce and Economic Opportunity, and the Illinois Housing Development Authority shall act in a consulting role only for the evaluation of applicants, scoring of applicants, or administration of the grant program.

(c) There is created within the Department of Human Services an Office of Opioid Settlement Administration. The Office shall be responsible for implementing and administering approved abatement programs as described in Exhibit B of the Illinois Opioid Allocation Agreement, effective December 30, 2021. The Office may also implement and administer other opioid-related programs, including but not limited to prevention, treatment, and recovery services from other funds made available to the Department

of Human Services. The Secretary of Human Services shall appoint or assign staff as necessary to carry out the duties and functions of the Office.

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

(20 ILCS 301/5-20)

Sec. 5-20. Gambling disorders.

(a) Subject to appropriation, the Department shall establish a program for public education, research, and training regarding gambling disorders and the treatment and prevention of gambling disorders. Subject to specific appropriation for these stated purposes, the program must include all of the following:

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

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

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

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

(5) Utilize screening, crisis intervention, treatment, public awareness, prevention, in-service training, and other innovative means, to decrease the incidents of suicide attempts related to a gambling disorder or gambling issues.

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

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

(d) Programs; gambling disorder prevention.

(1) The Department may establish a program to provide for the production and publication, in electronic and other formats, of gambling prevention, recognition, treatment, and recovery literature and other public education methods. The Department may develop and disseminate curricula for use by professionals, organizations, individuals, or committees interested in the prevention of gambling disorders.

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

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

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

(A) Providing funding for community-based organizations to employ community health workers or peer recovery specialists who are familiar with the communities served and can provide culturally competent services.

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

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

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

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

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

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

(H) Producing and distributing targeted mass media materials on gambling disorder prevention and response, and the potential dangers of gambling related stigma.

(e) Grants.

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

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

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

(4) The Department may award grants to create or support local gambling treatment programs. Such programs may include prevention, early intervention, residential and outpatient treatment, and recovery support services for gambling disorders. Local health departments, hospitals, universities, community-based organizations, and faith-based organizations may apply to the Department for a grant under this subsection at the time and in the manner the Department prescribes.

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

(20 ILCS 301/10-10)

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

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

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

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

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

(e) Assist with incorporating into the annual plan submitted with the federal Substance Use Disorder Block Grant application, planning information specific to Illinois' female population. The information shall contain, but need not be limited to, the types of services funded, the population served, the support services available, and the goals, objectives, proposed methods of achievement, service projections and cost estimate for the upcoming year.

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

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

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

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

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

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

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

(20 ILCS 301/10-15)

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

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

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

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

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

(e) A labor representative appointed by the Governor.

(f) An educator appointed by the Governor.

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

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

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

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

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

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

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

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

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

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

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

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

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

(s) 20 public members, 8 appointed by the Governor, 3 of whom shall be representatives of substance use or gambling disorder treatment programs and one of whom shall be a representative of a manufacturer or importing distributor of alcoholic liquor licensed by the State of Illinois, and 3 public members appointed by each of the President and Minority Leader of the Senate and the Speaker and Minority Leader of the House.

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

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

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

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

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

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

(20 ILCS 301/15-5)

Sec. 15-5. Applicability.

(a) It is unlawful for any person to provide treatment for substance use or gambling disorders or to provide services as specified in subsections (a) and (b) of Section 15-10 of this Act unless the person is licensed to do so by the Department. The performance of these activities by any person in violation of this Act is declared to be inimical to the public health and welfare, and to be a public nuisance. The Department may undertake such inspections and investigations as it deems appropriate to determine whether licensable activities are being conducted without the requisite license.

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

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

(d) Nothing in this Act shall be construed to require any private professional practice, whether by an individual practitioner, by a partnership, or by a duly incorporated professional service corporation, that provides outpatient treatment for substance use disorders to be licensed under this Act, provided that the treatment is rendered personally by the professional in his own name and the professional is authorized by individual professional licensure or registration from the Department of Financial and Professional Regulation to provide substance use disorder treatment unsupervised. This exemption shall not apply to such private professional practice that provides or holds itself out, as defined in Section 1-10, as providing substance use disorder outpatient treatment. This exemption shall also not apply to licensable intervention services, research, or residential treatment services as defined in this Act or by rule.

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

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

(f) Before any violation of this Act is reported by the Department or any of its agents to any State's Attorney for the institution of a criminal proceeding, the person against whom such proceeding is contemplated shall be given appropriate notice and an opportunity to present his views before the Department or its designated agent, either orally or in writing, in person or by an attorney, with regard to such contemplated proceeding. Nothing in this Act shall be construed as requiring the Department to report minor violations of this Act whenever the Department believes that the public interest would be adequately served by a suitable written notice or warning.

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

(20 ILCS 301/15-10)

Sec. 15-10. Licensure categories and services. No person or program may provide the services or conduct the activities described in this Section without first obtaining a license therefor from the

Department, unless otherwise exempted under this Act. The Department shall, by rule, provide requirements for each of the following types of licenses and categories of service:

(a) Treatment: Categories of treatment service for a substance use or gambling disorder authorized by a treatment license are Early Intervention, Outpatient, Intensive Outpatient/Partial Hospitalization, Subacute Residential/Inpatient, and Withdrawal Management. Medication assisted treatment that includes methadone used for an opioid use disorder can be licensed as an adjunct to any of the treatment levels of care specified in this Section.

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

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

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

(20 ILCS 301/20-5)

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

(a) The Department shall develop and implement a comprehensive, statewide, community-based strategy to reduce substance use and gambling disorders and prevent the misuse of illegal and legal drugs by persons of all ages, and to prevent the use of alcohol by minors. The system created to implement this strategy shall be based on the premise that coordination among and integration between all community and governmental systems will facilitate effective and efficient program implementation and utilization of existing resources.

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

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

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

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

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

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

(3) Developing, supporting, and advocating with new and existing local community coalitions or neighborhood-based grassroots networks using action planning and collaborative systems to initiate change regarding substance use and gambling disorders in their communities.

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

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

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

(7) Encouraging the development of local advisory councils.

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

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

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

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

(20 ILCS 301/25-5)

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

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

(20 ILCS 301/25-10)

Sec. 25-10. Promulgation of regulations. The Department shall adopt regulations for licensure, certification for Medicaid reimbursement, and to identify evidence-based best practice criteria that can be utilized for intervention and treatment services, taking into consideration available resources and facilities, for the purpose of early and effective treatment of substance use and gambling disorders.

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

(20 ILCS 301/30-5)

Sec. 30-5. Patients' rights established.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(z) A person who is in need of services may apply for voluntary admission in the manner and with the rights provided for under regulations promulgated by the Department. If a person is refused admission, then staff, subject to rules promulgated by the Department, shall refer the person to another facility or to other appropriate services.

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

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

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

- (A) Veteran's Administration records.
- (B) Information obtained by the Armed Forces.
- (C) Information given to qualified service organizations.

(D) Communications within a program or between a program and an entity having direct administrative control over that program.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(20 ILCS 301/35-5)

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

(a) In order to promote a comprehensive, statewide and multidisciplinary approach to serving pregnant women and mothers, including those who are minors, and their children who are affected by substance use or gambling disorders, the Department shall have responsibility for an ongoing exchange of referral information among the following:

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

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

(b) (Blank).

(c) (Blank).

(d) (Blank).

(e) (Blank).

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

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

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

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

(3) coordination with child care services.

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

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

(2) From funds appropriated expressly for the purposes of this Section, the Department shall create or contract with licensed, certified agencies to develop a program for the care and treatment of low income pregnant women. The program shall be located anywhere in the State outside of Cook County in an area of high density population having a disproportionate number of low income pregnant women.

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

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

(B) have minor children,

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

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

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

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

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

(C) a range of educational or counseling services.

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

(5) (Blank).

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

(20 ILCS 301/35-10)

Sec. 35-10. Adolescent Family Life Program.

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

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

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

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

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

- (1) To the maximum extent feasible and appropriate, utilize existing services and funding rather than create new, duplicative services.
- (2) Include plans for coordination and collaboration with existing perinatal substance use disorder services.
- (3) Include goals and objectives for reducing the incidence of high-risk pregnant adolescents.
- (4) Be culturally and linguistically appropriate to the population being served.
- (5) Include staff development training by substance use and other disorder counselors.

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

(c) (Blank).

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

(20 ILCS 301/50-40)

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

(a) There is hereby established the Group Home Loan Revolving Fund, referred to in this Section as the "fund", to be held as a separate fund within the State Treasury. Monies in this fund shall be appropriated to the Department on a continuing annual basis. With these funds, the Department shall, directly or through subcontract, make loans to assist in underwriting the costs of housing in which there may reside individuals who are recovering from substance use or gambling disorders, and who are seeking an alcohol-free, gambling-free, or drug-free environment in which to live. Consistent with federal law and regulation, the Department may establish guidelines for approving the use and management of monies loaned from the fund, the operation of group homes receiving loans under this Section and the repayment of monies loaned.

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

- (1) All receipts, including principal and interest payments and royalties, from any applicable loan agreement made from the fund.
- (2) All proceeds of assets of whatever nature received by the Department as a result of default or delinquency with respect to loan agreements made from the fund, including proceeds from the sale, disposal, lease or rental of real or personal property that the Department may receive as a result thereof.
- (3) Any direct appropriations made by the General Assembly, or any gifts or grants made by any person to the fund.
- (4) Any income received from interest on investments of monies in the fund.

(c) The Treasurer may invest monies in the fund in securities constituting obligations of the United States government, or in obligations the principal of and interest on which are guaranteed by the United States government, or in certificates of deposit of any State or national bank which are fully secured by obligations guaranteed as to principal and interest by the United States government.

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

(20 ILCS 301/55-30)

Sec. 55-30. Rate increase.

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

(b) (Blank).

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

- (1) Admission and Discharge Assessment.
- (2) Level 1 (Individual).
- (3) Level 1 (Group).
- (4) Level 2 (Individual).
- (5) Level 2 (Group).

- (6) Case Management.
- (7) Psychiatric Evaluation.
- (8) Medication Assisted Recovery.
- (9) Community Intervention.
- (10) Early Intervention (Individual).
- (11) Early Intervention (Group).

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

As used in this Section, "Consumer Price Index-U" means the index published by the Bureau of Labor Statistics of the United States Department of Labor that measures the average change in prices of goods and services purchased by all urban consumers, United States city average, all items, 1982-84 = 100.

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

- (1) ASAM level 3.5 Clinically Managed High-Intensity Residential Services for adults;
- (2) ASAM level 3.5 Clinically Managed Medium-Intensity Residential Services for adolescents;
- (3) ASAM level 3.2 Clinically Managed Residential Withdrawal Management;
- (4) ASAM level 3.7 Medically Monitored Intensive Inpatient Services for adults and Medically Monitored High-Intensity Inpatient Services for adolescents; and
- (5) ASAM level 3.1 Clinically Managed Low-Intensity Residential Services for adults and adolescents.

(e) Beginning in State fiscal year 2025, and every State fiscal year thereafter, reimbursement rates for licensed or certified substance use disorder treatment providers of ASAM Level 3 residential/inpatient services for persons with substance use disorders shall be adjusted upward by an amount equal to the Consumer Price Index-U from the previous year, not to exceed 2% in any State fiscal year. If there is a decrease in the Consumer Price Index-U, rates shall remain unchanged for that State fiscal year. The Department shall adopt rules, including emergency rules, in accordance with the Illinois Administrative Procedure Act, to implement the provisions of this Section.

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

(20 ILCS 301/55-40)

Sec. 55-40. Recovery residences.

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

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

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

(d) The registry shall indicate any accreditation, certification, or licensure that each recovery residence has received from an entity that has developed uniform national standards. The registry shall also indicate each recovery residence's location in order to assist providers and individuals in finding alcohol, gambling, and drug free housing options with like-minded residents who are committed to alcohol, gambling, and drug free living.

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

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

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

Section 10. The Illinois Gambling Act is amended by changing Sections 5.4 and 9 as follows:
(230 ILCS 10/5.4)

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

(a) The Board shall establish a program to allow an investigator appointed under paragraph (20.6) of subsection (c) of Section 4 who is honorably retiring in good standing to purchase either one or both of the following: (1) any badge previously issued to the investigator by the Board; or (2) if the investigator has a currently valid Firearm Owner's Identification Card, the service firearm issued or previously issued to the investigator by the Board. The badge must be permanently and conspicuously marked in such a manner that the individual who possesses the badge is not mistaken for an actively serving law enforcement officer. The cost of the firearm shall be the replacement value of the firearm and not the firearm's fair market value.

(b) The Board shall:

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

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

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

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

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

Sec. 9. Occupational licenses.

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

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

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

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

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

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

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

(c) Each applicant shall submit with the his application, on forms provided by the Board, 2 sets of the applicant's his fingerprints. However, an applicant hired exclusively to perform functions that are not related

in any way to gaming operations may be licensed as an employee of an owners licensee prior to the Board receiving a response to the applicant's fingerprint submission. The Board shall charge each applicant a fee set by the Illinois State Police to defray the costs associated with the search and classification of fingerprints obtained by the Board with respect to the applicant's application. These fees shall be paid into the State Police Services Fund.

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

- (1) the length of time since the conviction;
- (2) the number of convictions that appear on the conviction record;
- (3) the nature and severity of the conviction and its relationship to the safety and security of others or the integrity of gaming;
- (4) the facts or circumstances surrounding the conviction;
- (5) the age of the employee at the time of the conviction; and
- (6) evidence of rehabilitation efforts.

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

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

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

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

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

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

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

The motion prevailed.

And the amendment was adopted and ordered printed.

There being no further amendments, the bill, as amended, was ordered to a third reading.

READING BILL FROM THE HOUSE OF REPRESENTATIVES A THIRD TIME

On motion of Senator Castro, **House Bill No. 5367** having been printed as received from the House of Representatives, together with all Senate Amendments adopted thereto, was taken up and read by title a third time.

And the question being, "Shall this bill pass?" it was decided in the affirmative by the following vote:

YEAS 51; NAYS None.

The following voted in the affirmative:

[January 5, 2025]

Anderson	Feigenholtz	Lightford	Stadelman
Aquino	Fine	Loughran Cappel	Syverson
Belt	Fowler	Martwick	Toro
Bryant	Glowiak Hilton	McClure	Turner, D.
Castro	Halpin	Morrison	Turner, S.
Cervantes	Harriss, E.	Murphy	Ventura
Collins	Hastings	Peters	Villa
Cunningham	Holmes	Plummer	Villanueva
Curran	Hunter	Porfirio	Villivalam
DeWitte	Johnson	Preston	Walker
Edly-Allen	Joyce	Rezin	Wilcox
Ellman	Koehler	Simmons	Mr. President
Faraci	Lewis	Sims	

This bill, having received the vote of a constitutional majority of the members elected, was declared passed, and all amendments not adopted were tabled pursuant to Senate Rule No. 5-4(a).

Ordered that the Secretary inform the House of Representatives thereof and ask their concurrence in the Senate Amendment adopted thereto.

CONSIDERATION OF HOUSE AMENDMENTS TO SENATE BILL ON SECRETARY'S DESK

On motion of Senator Castro, **Senate Bill No. 3180**, with House Amendment No. 1 on the Secretary's Desk, was taken up for immediate consideration.

Senator Castro moved that the Senate concur with the House in the adoption of their amendment to said bill.

And on that motion, a call of the roll was had resulting as follows:

YEAS 38; NAYS 15.

The following voted in the affirmative:

Aquino	Fine	Loughran Cappel	Toro
Belt	Glowiak Hilton	Martwick	Turner, D.
Castro	Halpin	Morrison	Ventura
Cervantes	Hastings	Murphy	Villa
Collins	Holmes	Peters	Villanueva
Cunningham	Hunter	Porfirio	Villivalam
Edly-Allen	Johnson	Preston	Walker
Ellman	Joyce	Simmons	Mr. President
Faraci	Koehler	Sims	
Feigenholtz	Lightford	Stadelman	

The following voted in the negative:

Anderson	DeWitte	McClure	Syverson
Bryant	Fowler	Plummer	Turner, S.
Chesney	Harriss, E.	Rezin	Wilcox
Curran	Lewis	Stoller	

The motion prevailed.

And the Senate concurred with the House in the adoption of their Amendment No. 1 to **Senate Bill No. 3180**.

Ordered that the Secretary inform the House of Representatives thereof.

READING BILLS FROM THE HOUSE OF REPRESENTATIVES A SECOND TIME

On motion of Senator Villa, **House Bill No. 4410** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Peters, **House Bill No. 4828** having been printed, was taken up and read by title a second time.

The following amendment was offered in the Committee on Executive, adopted and ordered printed:

AMENDMENT NO. 1 TO HOUSE BILL 4828

AMENDMENT NO. 1. Amend House Bill 4828 on page 1, line 14, by replacing "January" with "July"; and

on page 3, line 9, by replacing "January" with "July"; and

on page 3, line 15, by replacing "January" with "July".

Floor Amendment No. 2 was referred to the Committee on Assignments earlier today.
There being no further amendments, the bill, as amended, was ordered to a third reading.

READING BILL FROM THE HOUSE OF REPRESENTATIVES A THIRD TIME

On motion of Senator Villanueva, **House Bill No. 2547** having been printed as received from the House of Representatives, together with all Senate Amendments adopted thereto, was taken up and read by title a third time.

And the question being, "Shall this bill pass?" it was decided in the affirmative by the following vote:

YEAS 35; NAYS 15.

The following voted in the affirmative:

Aquino	Feigenholtz	Lightford	Stadelman
Belt	Fine	Loughran Cappel	Turner, D.
Castro	Halpin	Martwick	Ventura
Cervantes	Hastings	Murphy	Villa
Collins	Holmes	Peters	Villanueva
Cunningham	Hunter	Porfirio	Villivalam
Edly-Allen	Johnson	Preston	Walker
Ellman	Joyce	Simmons	Mr. President
Faraci	Koehler	Sims	

The following voted in the negative:

Anderson	DeWitte	McClure	Syverson
Bryant	Fowler	Plummer	Turner, S.
Chesney	Harriss, E.	Rezin	Wilcox
Curran	Lewis	Stoller	

This bill, having received the vote of a constitutional majority of the members elected, was declared passed, and all amendments not adopted were tabled pursuant to Senate Rule No. 5-4(a).

Ordered that the Secretary inform the House of Representatives thereof and ask their concurrence in the Senate Amendment adopted thereto.

LEGISLATIVE MEASURES FILED

The following Floor amendments to the House Bills listed below have been filed with the Secretary and referred to the Committee on Assignments:

- Amendment No. 1 to House Bill 297
- Amendment No. 1 to House Bill 2840
- Amendment No. 1 to House Bill 4410

At the hour of 4:37 o'clock p.m., the Chair announced that the Senate stands adjourned until Monday, January 6, 2025, at 10:00 o'clock a.m.