



# **SENATE JOURNAL**

**STATE OF ILLINOIS**

**ONE HUNDRED FOURTH GENERAL  
ASSEMBLY**

**80TH LEGISLATIVE DAY**

**WEDNESDAY, MARCH 4, 2026**

**12:09 O'CLOCK P.M.**

**SENATE**  
**Daily Journal Index**  
**80th Legislative Day**

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The Senate met pursuant to adjournment.  
Senator Omar Aquino, Chicago, Illinois, presiding.  
Prayer by Reverend Jim Sporleder, Hillside Church of Faith, Effingham, Illinois.  
Senator Johnson led the Senate in the Pledge of Allegiance.

Senator Glowiak Hilton moved that reading and approval of the Journal of Tuesday, March 3, 2026, be postponed, pending arrival of the printed Journal.  
The motion prevailed.

**LEGISLATIVE MEASURE FILED**

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

Amendment No. 1 to Senate Bill 2279

**REPORTS RECEIVED**

The Secretary placed before the Senate the following reports:

Reporting Requirement of 50 ILCS 707/20 (Law Enforcement Camera Grant Act), submitted by the River Forest Police Department.

Reporting Requirement of 50 ILCS 707/20 (Law Enforcement Camera Grant Act), submitted by the Schiller Park Police Department.

The foregoing reports were ordered received and placed on file in the Secretary's Office.

**MESSAGES FROM THE PRESIDENT**

**OFFICE OF THE SENATE PRESIDENT  
DON HARMON  
STATE OF ILLINOIS**

327 STATE CAPITOL  
SPRINGFIELD, ILLINOIS 62706  
217-782-2728

160 N. LASALLE ST., STE. 720  
CHICAGO, ILLINOIS 60601  
312-814-2075

March 4, 2026

Mr. Tim Anderson  
Secretary of the Senate  
Room 403 State House  
Springfield, IL 62706

Dear Mr. Secretary:

Pursuant to Rule 3-2(c), I hereby appoint Senator Laura Ellman to temporarily replace Senator Sara Feigenholtz as a member of the Senate Pensions Committee. This appointment will expire upon adjournment of the Senate Pensions Committee on March 4, 2026.

Sincerely,  
s/Don Harmon  
Don Harmon

[March 4, 2026]

Senate President

cc: Senate Republican Leader John F. Curran

**OFFICE OF THE SENATE PRESIDENT  
DON HARMON  
STATE OF ILLINOIS**

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March 4, 2026

Mr. Tim Anderson  
Secretary of the Senate  
Room 403 State House  
Springfield, IL 62706

Dear Mr. Secretary:

Pursuant to Rule 3-2(c), I hereby appoint Senator Celina Villanueva to temporarily replace Senator Rachel Ventura as a member of the Senate Financial Institutions Committee. This appointment will expire upon adjournment of the Senate Financial Institutions Committee on March 4, 2026.

Sincerely,  
s/Don Harmon  
Don Harmon  
Senate President

cc: Senate Republican Leader John F. Curran

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March 4, 2026

Mr. Tim Anderson  
Secretary of the Senate  
Room 403 State House  
Springfield, IL 62706

Dear Mr. Secretary:

Pursuant to Rule 3-2(c), I hereby appoint Senator Bill Cunningham to temporarily replace Senator Laura Fine as a member of the Senate Judiciary Committee. This appointment will expire upon adjournment of the Senate Judiciary Committee on March 4, 2026.

Sincerely,  
s/Don Harmon  
Don Harmon  
Senate President

[March 4, 2026]

cc: Senate Republican Leader John F. Curran

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DON HARMON  
STATE OF ILLINOIS**

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March 4, 2026

Mr. Tim Anderson  
Secretary of the Senate  
Room 403 State House  
Springfield, IL 62706

Dear Mr. Secretary:

Pursuant to Rule 3-2(c), I hereby appoint Senator Mike Porfirio to temporarily replace Senator Rachel Ventura as a member of the Senate Local Government Committee. This appointment will expire upon adjournment of the Senate Local Government Committee on March 4, 2026.

Sincerely,  
s/Don Harmon  
Don Harmon  
Senate President

cc: Senate Republican Leader John F. Curran

**OFFICE OF THE SENATE PRESIDENT  
DON HARMON  
STATE OF ILLINOIS**

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March 4, 2026

Mr. Tim Anderson  
Secretary of the Senate  
Room 403 State House  
Springfield, IL 62706

Dear Mr. Secretary:

Pursuant to Rule 3-2(c), I hereby appoint Senator Mary Edley-Allen to temporarily replace Senator Emil Jones III as a member of the Senate Local Government Committee. This appointment will expire upon adjournment of the Senate Local Government Committee on March 4, 2026.

Sincerely,  
s/Don Harmon  
Don Harmon  
Senate President

cc: Senate Republican Leader John F. Curran

[March 4, 2026]

**COMMUNICATION FROM THE MINORITY LEADER**

SPRINGFIELD OFFICE  
108 STATE HOUSE  
SPRINGFIELD, ILLINOIS 62706  
PHONE: 217/782-9407

DISTRICT OFFICE  
1011 STATE ST.  
SUITE 205  
LEMONT, ILLINOIS 62706  
PHONE: 630.914.5733  
SENATORCURRAN@GMAIL.COM

ILLINOIS STATE SENATE  
**JOHN CURRAN**  
SENATE REPUBLICAN LEADER  
41ST SENATE DISTRICT

March 4, 2026

Mr. Tim Anderson  
Secretary of the Senate  
403 State House  
Springfield, IL 62706

Dear Mr. Secretary:

Pursuant to Rule 3-5 (c), I hereby temporarily appoint **Senator Seth Lewis** to replace **Senator Jason Plummer** as the **Minority Spokesperson** of the **Senate Financial Institutions Committee**. This appointment is effective March 4, 2026, and will automatically expire upon adjournment of the **Senate Financial Institutions Committee** on Wednesday, March 4, 2026.

Sincerely,  
s/John F. Curran  
John F. Curran  
Illinois Senate Republican Leader  
41st District

Cc: Senate President Don Harmon  
Assistant Secretary of the Senate Scott Kaiser

SPRINGFIELD OFFICE  
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ILLINOIS STATE SENATE  
**JOHN CURRAN**  
SENATE REPUBLICAN LEADER  
41ST SENATE DISTRICT

March 4, 2026

Mr. Tim Anderson  
Secretary of the Senate  
403 State House  
Springfield, IL 62706

[March 4, 2026]

Dear Mr. Secretary:

Pursuant to Rule 3-5 (c), I hereby temporarily appoint **Senator Li Arellano Jr.** to replace **Senator Neil Anderson** as the **Minority Spokesperson** of the **Senate Pension Committee**. This appointment is effective March 4, 2026, and will automatically expire upon adjournment of the **Senate Pension Committee** on Wednesday, March 4, 2026.

Sincerely,  
s/John F. Curran  
John F. Curran  
Illinois Senate Republican Leader  
41st District

Cc: Senate President Don Harmon  
Assistant Secretary of the Senate Scott Kaiser

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ILLINOIS STATE SENATE  
**JOHN CURRAN**  
SENATE REPUBLICAN LEADER  
41ST SENATE DISTRICT

March 4, 2026

Mr. Tim Anderson  
Secretary of the Senate  
403 State House  
Springfield, IL 62706

Dear Mr. Secretary:

Pursuant to Rule 3-5 (c), I hereby temporarily appoint **Senator Don DeWitte** to replace **Senator Neil Anderson** as a member of the **Senate Executive Committee**. This appointment is effective March 4, 2026, and will automatically expire upon adjournment of the **Senate Executive Committee** on Wednesday, March 4, 2026.

Sincerely,  
s/John F. Curran  
John F. Curran  
Illinois Senate Republican Leader  
41st District

Cc: Senate President Don Harmon  
Assistant Secretary of the Senate Scott Kaiser

[March 4, 2026]

## PRESENTATION OF RESOLUTIONS

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

### SENATE RESOLUTION NO. 648

WHEREAS, Guardians ad Litem (GALs) serve a vital role in Illinois courts by representing the best interests of children in family law and juvenile proceedings, frequently making recommendations that significantly affect a child's health, safety, welfare, stability, and long-term future; and

WHEREAS, A well-trained GAL serves as the impartial eyes and ears of the court by conducting thorough and independent investigations, interviewing children and relevant parties, reviewing pertinent records, and providing objective recommendations free from parental bias or conflict, thereby assisting the court in prioritizing the needs of the child over the competing interests of adults involved in disputes concerning allocation of parental responsibilities, parenting time, abuse, neglect, and other matters affecting child welfare; and

WHEREAS, Matters involving children's medical needs, including chronic medical conditions and treatment compliance, require careful evaluation and a clear understanding of the distinction between legitimate medical advocacy and parental conflict that may be framed as a medical concern; and

WHEREAS, Appropriate training is essential to ensure that GALs are equipped to consult appropriately with treating medical professionals, understand treatment adherence and associated risks, recognize the ethical boundaries governing the expression of medical opinions, and avoid incomplete or biased assessments that may adversely affect a child; and

WHEREAS, Consistent, high-quality training for GALs promotes more informed recommendations, strengthens judicial decision-making, and enhances outcomes for children and families throughout Illinois; and

WHEREAS, The Administrative Office of the Illinois Courts, through the Illinois Judicial College, is the primary entity responsible for providing continuing legal education and professional development for judges, court personnel, and attorneys practicing before Illinois courts, including GALs; therefore, be it

RESOLVED, BY THE SENATE OF THE ONE HUNDRED FOURTH GENERAL ASSEMBLY OF THE STATE OF ILLINOIS, that we encourage the Administrative Office of the Illinois Courts, acting through the Illinois Judicial College, to develop, approve, and offer a continuing legal education program for GALs serving in family law and juvenile matters that includes, at a minimum:

- (1) Instruction regarding chronic medical conditions affecting children;
- (2) Training addressing the distinction between medical advocacy and parental conflict;
- (3) Guidance on appropriate consultation with treating medical professionals;
- (4) Education concerning treatment adherence and risk assessment; and
- (5) Instruction regarding the ethical limits of a GAL's medical opinions; and be it further

RESOLVED, That we encourage the Administrative Office of the Illinois Courts to promote participation in such training to GALs statewide and to communicate this recommendation to the Chief Judge of each judicial circuit for consideration in appointment and continued service determinations; and be it further

RESOLVED, That suitable copies of this resolution be delivered to the Director of the Administrative Office of the Illinois Courts and the Director of the Illinois Judicial College.

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

[March 4, 2026]

**SENATE RESOLUTION NO. 649**

WHEREAS, Genetic counselors empower patients and their families with vital healthcare information, guidance, and emotional support to help them understand their family history, evaluate genetic testing options, and make informed choices based on test results; and

WHEREAS, There are more than 150 certified genetic counselors working in prenatal, fertility, pediatric, metabolic, cardiovascular, neurological, and cancer care in Illinois; and

WHEREAS, Many people benefit from increased genetic sequencing research and genetic counseling, including individuals with a condition linked to a specific gene or those who have a family history of an inherited disease; and

WHEREAS, The 5,000 genetic counselors across the country streamline the healthcare industry by ensuring the right tests are being ordered, avoiding costly and unnecessary expenses and tests, by helping patients and providers understand complex test results and how to best use this information, by helping consult with potential parents on the intimidating prospect of passing on inherited diseases, by sharing information with family members, and by providing recommendations for community support services; therefore, be it

RESOLVED, BY THE SENATE OF THE ONE HUNDRED FOURTH GENERAL ASSEMBLY OF THE STATE OF ILLINOIS, that we declare November 12, 2026 as Genetic Counselor Appreciation Day in the State of Illinois; and be it further

RESOLVED, That we recognize that the sequencing of the human genome is one of the most significant scientific accomplishments in the past 100 years and express our support for genetic counselors, who are using this research to improve the lives of many throughout the State.

**REPORTS FROM STANDING COMMITTEES**

Senator Cervantes, Chair of the Committee on Criminal Law, to which was referred **Senate Bill No. 3942**, reported the same back with the recommendation that the bill do pass.

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

Senator Cervantes, Chair of the Committee on Criminal Law, to which was referred **Senate Bill No. 3545**, 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 Loughran Cappel, Chair of the Committee on Education, to which was referred **Senate Bills Numbered 3255, 3331, 3641, 3774 and 3913**, reported the same back with the recommendation that the bills do pass.

Under the rules, the bills were ordered to a second reading.

Senator Loughran Cappel, Chair of the Committee on Education, to which was referred **Senate Bills Numbered 2761, 2918, 3051, 3226 and 3361**, reported the same back with amendments having been adopted thereto, with the recommendation that the bills, as amended, do pass.

Under the rules, the bills were ordered to a second reading.

Senator Loughran Cappel, Chair of the Committee on Education, to which was referred the following Senate floor amendment, reported that the Committee recommends do adopt:

Senate Amendment No. 1 to Senate Bill 2909

Under the rules, the foregoing floor amendment is eligible for consideration on second reading.

Senator Morrison, Vice-Chair of the Committee on Health and Human Services, to which was referred **Senate Bills Numbered 3365, 3739 and 3967**, reported the same back with the recommendation that the bills do pass.

Under the rules, the bills were ordered to a second reading.

Senator Morrison, Vice-Chair of the Committee on Health and Human Services, to which was referred **Senate Bill No. 3071**, 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 Collins, Chair of the Committee on Child Welfare, to which was referred **Senate Bill No. 2895**, 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 Morrison, Chair of the Committee on Insurance, to which was referred **Senate Bills Numbered 2872, 3295, 3508 and 3815**, reported the same back with the recommendation that the bills do pass.

Under the rules, the bills were ordered to a second reading.

Senator Morrison, Chair of the Committee on Insurance, to which was referred **Senate Bills Numbered 2921 and 3029**, reported the same back with amendments having been adopted thereto, with the recommendation that the bills, as amended, do pass.

Under the rules, the bills were ordered to a second reading.

Senator Edly-Allen, Chair of the Committee on Higher Education, to which was referred **Senate Bills Numbered 3698, 3737 and 3912**, reported the same back with the recommendation that the bills do pass.

Under the rules, the bills were ordered to a second reading.

Senator Martwick, Chair of the Committee on Pensions, to which was referred **Senate Bills Numbered 1454, 2802, 2818, 3403 and 4010**, reported the same back with the recommendation that the bills do pass.

Under the rules, the bills were ordered to a second reading.

Senator Walker, Chair of the Committee on Financial Institutions, to which was referred **Senate Bill No. 3903**, reported the same back with the recommendation that the bill do pass.

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

Senator Porfirio, Chair of the Committee on Veterans Affairs, to which was referred **Senate Bills Numbered 3352 and 3818**, reported the same back with the recommendation that the bills do pass.

Under the rules, the bills were ordered to a second reading.

## INTRODUCTION OF BILL

**SENATE BILL NO. 4166.** Introduced by Senator Lightford, a bill for AN ACT concerning public employee benefits.

The bill was taken up, read by title a first time, ordered printed and referred to the Committee on Assignments.

## ANNOUNCEMENT

The Chair announced that the deadline to file Senate Committee Amendments is Friday, March 6, 2026 at 3:00 o'clock p.m.

## READING BILLS OF THE SENATE A SECOND TIME

On motion of Senator Morrison, **Senate Bill No. 2749** having been printed, was taken up, read by title a second time.

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

### AMENDMENT NO. 1 TO SENATE BILL 2749

AMENDMENT NO. 1. Amend Senate Bill 2749 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, 15-10, 15-20, 20-5, 25-5, 30-5, 35-5, 35-10, 40-10, 50-5, 50-25, 50-30, 50-35, 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 substance use and gambling 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 and 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.

[March 4, 2026]

"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 and gambling disorders and to assist individuals in recognizing harmful consequences. Early intervention services facilitate emotional and social stability and involve 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" means the activity of betting or wagering on uncertain outcomes, including, but not limited to, betting or wagering activity regulated by the Illinois Gaming Board.

"Gambling disorder" means a condition characterized by a persistent and recurring pattern of problematic ~~maladaptive~~ gambling behavior, leading to significant psychological distress and impairment in health and mental functioning. Classified under substance use disorders in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), gambling disorder shares similarities with drug abuse, as both activate reward systems in the brain and produce comparable behavioral symptoms that disrupts personal, family, or vocational pursuits.

"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 and 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 and co-occurring substance use and gambling disorders or to the families of those persons.

"Video gaming" means the action or practice of playing video games.

"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 and gambling disorders by:

(1) Fostering public understanding of substance use and gambling 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 and 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 and 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 ~~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, substance use and gambling 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 substance use and gambling 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 and 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 and gambling 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 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 and 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 and gambling disorders.

(G) Cooperate with and assist ~~local 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 instructional resources ~~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 and gambling disorders.

(H-5) Collaborate with the State Board of Education to the extent the Board develops instructional resources for substance use or gambling disorder prevention and awareness that may be used by school districts.

(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 and 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 and 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 and gambling disorder diagnosis.

(11) (Blank).

(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 ~~50-35 of this 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 and 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 and 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 and 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 and 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 and 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 and 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, institutions of higher education organizations, 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 and 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 and gambling disorders by building an awareness of the family's role in preventing substance use and gambling ~~problems 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 video 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. 103-8, eff. 6-7-23; 104-2, eff. 6-16-25.)

(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 ~~as a result of~~ gambling disorders.

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

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

(4) Conducting studies, and other innovative means, to 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, support 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 the 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, gambling 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 and gambling 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 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 and 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 301/15-10)

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 service 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. Treatment for a gambling disorder, as defined in Section 1-10 and in accordance with standards developed by the Department may also be added as an adjunct to any of the treatment levels of care as defined in this Section.

(b) Intervention: Categories of 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 disorder. Gambling disorder, as defined in Section 1-10 and in accordance with standards developed by the Department, may also be added as an adjunct to a recovery home intervention license. Harm reduction is another service authorized by an intervention licensure that can be issued if and when legal authorization is adopted to allow for this service and upon adoption of administrative or funding rules that govern the delivery of the service.

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 301/15-20)

Sec. 15-20. Fees. The Department shall charge a reasonable fee, as determined by rule, for each licensure category at each site at which activities requiring licensure are to be conducted. No fee shall be required for off-site services, or for services provided by a unit of government. The Department may, under procedures developed by rule, waive all or part of the licensure fee which would otherwise be due from providers funded by the Department. All license fees collected under this Act shall be deposited into the General Revenue Fund.

(Source: P.A. 88-80.)

(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 and gambling 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 and 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 301/30-5)

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 and 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 and 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 and gambling 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 subordinate 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 and 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 and 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 and 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 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, gambling, 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, gambling, 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, gambling, and other 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, gambling, 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 and gambling disorder who is pregnant.

(c) (Blank).

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

(20 ILCS 301/40-10)

Sec. 40-10. Treatment as a condition of probation.

(a) If a court has reason to believe that an individual who is charged with or convicted of a crime suffers from a substance use or gambling disorder and the court finds that he or she is eligible to make the election provided for under Section 40-5, the court shall advise the individual that he or she may be sentenced to probation and shall be subject to terms and conditions of probation under Section 5-6-3 of the Unified Code of Corrections if he or she elects to participate in treatment and is accepted for services by a designated program. The court shall further advise the individual that:

- (1) If he or she elects to participate in treatment and is accepted he or she shall be sentenced to probation and placed under the supervision of the designated program for a period not to exceed the maximum sentence that could be imposed for his or her conviction or 5 years, whichever is less.
- (2) During probation he or she may be treated at the discretion of the designated program.
- (3) If he or she adheres to the requirements of the designated program and fulfills the other conditions of probation ordered by the court, he or she will be discharged, but any failure to adhere to the requirements of the designated program is a breach of probation.

The court may require an individual to obtain treatment while on probation under the supervision of a designated program and probation authorities regardless of the election of the individual if the assessment, as specified in subsection (b), indicates that such treatment is medically necessary.

(b) If the individual elects to undergo treatment or is required to obtain treatment, the court shall order an assessment by a designated program to determine whether he or she suffers from a substance use or gambling disorder and is likely to be rehabilitated through treatment. The designated program shall report to the court the results of the assessment and, if treatment is determined medically necessary, indicate the diagnosis and the recommended initial level of care. If the court, on the basis of the report and other information, finds that such an individual suffers from a substance use disorder and is likely to be rehabilitated through treatment, the individual shall be placed on probation and under the supervision of a designated program for treatment and under the supervision of the proper probation authorities for probation supervision unless, giving consideration to the nature and circumstances of the offense and to the history, character, and condition of the individual, the court is of the opinion that no significant relationship exists between the substance use disorder of the individual and the crime committed, or that his or her imprisonment or periodic imprisonment is necessary for the protection of the public, and the court specifies on the record the particular evidence, information, or other reasons that form the basis of such opinion. However, under no circumstances shall the individual be placed under the supervision of a designated program for treatment before the entry of a judgment of conviction.

(c) If the court, on the basis of the report or other information, finds that the individual suffering from a substance use disorder is not likely to be rehabilitated through treatment, or that his or her substance use disorder and the crime committed are not significantly related, or that his or her imprisonment or periodic imprisonment is necessary for the protection of the public, the court shall impose sentence as in other cases. The court may require such progress reports on the individual from the probation officer and designated program as the court finds necessary. Case management services, as defined in this Act and as further described by rule, shall also be delivered by the designated program. No individual may be placed under treatment supervision unless a designated program accepts him or her for treatment.

(d) Failure of an individual placed on probation and under the supervision of a designated program to observe the requirements set down by the designated program shall be considered a probation violation. Such failure shall be reported by the designated program to the probation officer in charge of the individual and treated in accordance with probation regulations.

(e) Upon successful fulfillment of the terms and conditions of probation the court shall discharge the person from probation. If the person has not previously been convicted of any felony offense and has not previously been granted a vacation of judgment under this Section, upon motion, the court shall vacate the judgment of conviction and dismiss the criminal proceedings against him or her unless, having considered the nature and circumstances of the offense and the history, character and condition of the individual, the court finds that the motion should not be granted. Unless good cause is shown, such motion to vacate must be filed at any time from the date of the entry of the judgment to a date that is not more than 60 days after the discharge of the probation.

(Source: P.A. 99-574, eff. 1-1-17; 100-759, eff. 1-1-19.)

(20 ILCS 301/50-5)

Sec. 50-5. Prevention and Treatment of Alcoholism and Substance Abuse Block Grant Fund. Monies received from the federal government under the Block Grant for the Prevention and Treatment of Alcoholism and Substance Abuse shall be deposited into the Prevention and Treatment of Alcoholism and Substance Abuse Block Grant Fund which is hereby created as a special federal trust fund in the State treasury. Monies in this fund shall be appropriated to the Department and expended for the purposes and activities specified by federal law or regulation.

(Source: P.A. 104-2, eff. 6-16-25.)

(20 ILCS 301/50-25)

(Section scheduled to be repealed on January 1, 2027)

Sec. 50-25. Youth Alcoholism and Substance Abuse Prevention Fund. There is hereby created in the State treasury a special Fund to be known as the Youth Alcoholism and Substance Abuse Prevention Fund. Monies in this Fund shall be appropriated to the Department and expended for the purpose of helping support and establish community-based alcohol and other drug abuse prevention programs. ~~On June 30, 2026, or as soon thereafter as practical, the State Comptroller shall direct and the State Treasurer shall transfer the remaining balance from the Youth Alcoholism and Substance Abuse Prevention Fund into the General Revenue Fund. Upon completion of the transfer, the Youth Alcoholism and Substance Abuse~~

~~Prevention Fund is dissolved, and any future deposits due to that Fund and any outstanding obligations or liabilities of that Fund shall pass to the General Revenue Fund. This Section is repealed on January 1, 2027. (Source: P.A. 104-2, eff. 6-16-25.)~~

~~(20 ILCS 301/50-30)~~

~~(Section scheduled to be repealed on January 1, 2027)~~

~~Sec. 50-30. Youth Drug Abuse Prevention Fund.~~

~~(a) There is hereby established the Youth Drug Abuse Prevention Fund, to be held as a separate fund in the State treasury. Monies in this fund shall be appropriated to the Department and expended for grants to community-based agencies or non-profit organizations providing residential or nonresidential treatment or prevention programs or any combination thereof.~~

~~(b) (Blank).~~

~~(b-5) There shall be deposited into the Youth Drug Abuse Prevention Fund such monies as may be received under the income tax checkoff provided for in subsection (b) of this Section. There shall also be deposited into this fund such monies as may be received under:~~

~~(1) subsection (a) of Section 10.2 of the Cannabis Control Act;~~

~~(2) subsection (a) of Section 413 of the Illinois Controlled Substances Act;~~

~~(3) subsection (a) of Section 5.2 of the Narcotics Profit Forfeiture Act; or~~

~~(4) Section 5-9-1.2 of the Unified Code of Corrections.~~

~~(c) (Blank). On June 30, 2026, or as soon thereafter as practical, the State Comptroller shall direct and the State Treasurer shall transfer the remaining balance from the Youth Drug Abuse Prevention Fund into the Drug Treatment Fund. Upon completion of the transfer, the Youth Drug Abuse Prevention Fund is dissolved, and any future deposits due to that Fund and any outstanding obligations or liabilities of that Fund shall pass to the Drug Treatment Fund.~~

~~(d) (Blank). This Section is repealed on January 1, 2027.~~

~~(Source: P.A. 104-2, eff. 6-16-25.)~~

~~(20 ILCS 301/50-35)~~

~~Sec. 50-35. Drug Treatment Fund.~~

~~(a) There is hereby established the Drug Treatment Fund, to be held as a separate fund in the State treasury. There shall be deposited into this fund such amounts as may be received under subsections (h) and (i) of Section 411.2 of the Illinois Controlled Substances Act, under Section 80 of the Methamphetamine Control and Community Protection Act, and under Section 7 of the Controlled Substance and Cannabis Nuisance Act, or under Section 6z-107 of the State Finance Act. The Drug Treatment Fund is hereby established as a special fund within the State treasury. There shall be deposited into this fund such amounts as may be provided by law.~~

~~(b) Monies in this fund shall be appropriated to the Department for the purposes and activities set forth in subsections (h) and (i) of Section 411.2 of the Illinois Controlled Substances Act, or in Section 7 of the Controlled Substance and Cannabis Nuisance Act, or in Section 6z-107 of the State Finance Act. Moneys in this fund shall be appropriated to the Department for grants to community-based agencies or nonprofit organizations providing residential or nonresidential treatment or prevention programs or any combination of those programs or as otherwise provided by law.~~

~~(Source: P.A. 104-2, eff. 6-16-25.)~~

~~(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 or drug-free or gambling 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 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 recovery-oriented, gambling free sober, safe, and healthy living environment that promotes recovery from alcohol and other drug use, gambling disorder, 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 and drug free housing options with~~ like-minded residents who are committed to a recovery-oriented life ~~alcohol 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 99. Effective date. This Act takes effect upon becoming law."

There being no further amendments, the foregoing Amendment No. 1 was ordered engrossed, and the bill, as amended, was ordered to a third reading.

On motion of Senator Joyce, **Senate Bill No. 2756** having been printed, was taken up, read by title a second time.

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

#### AMENDMENT NO. 1 TO SENATE BILL 2756

AMENDMENT NO. 1. Amend Senate Bill 2756 by replacing everything after the enacting clause with the following:

"Section 5. The Wildlife Code is amended by changing Sections 2.25, 2.26, and 2.33 as follows:

(520 ILCS 5/2.25) (from Ch. 61, par. 2.25)

Sec. 2.25. It shall be unlawful for any person to take deer except (i) with a shotgun, centerfire handgun, centerfire revolver, single shot centerfire rifle, or muzzleloading rifle or (ii) as provided by administrative rule, with a bow and arrow, during the open season of not more than 14 days which will be set annually by the Director between the dates of November 1st and December 31st, both inclusive, or a special 3-day, youth-only season between the dates of September 1 and October 31. For the purposes of this Section, legal handguns and rifles are limited to centerfire revolvers, centerfire handguns capable of holding not more than 3 rounds in the magazine and chamber combined, that are either a single shot or revolver and centerfire rifles that are capable of holding not more than 3 rounds in the magazine and chamber combined ~~single shot.~~ If a centerfire handgun or centerfire rifle is capable of holding more than 3 rounds, it shall be fitted with a one-piece plug that is irremovable without dismantling the handgun or rifle or it shall be otherwise altered to render it incapable of holding more than 3 rounds in the magazine and chamber combined without dismantling the handgun or rifle. The only legal ammunition for a centerfire handgun or

rifle is a bottleneck centerfire cartridge of .30 caliber or larger with a case length not exceeding one and two-fifths inches, or a straight-walled centerfire cartridge of .30 caliber or larger, both of which must be available as a factory load with the published ballistic tables of the manufacturer showing a capability of at least 500 foot pounds of energy at the muzzle. The barrel of a handgun shall be at least 4 inches. Full metal jacket bullets may not be used to harvest deer. Any other standards and specifications for use of guns, ammunition, and bow and arrow for deer hunting shall be established by administrative rule.

No person may have in his or her possession any firearm not authorized by administrative rule for a specific hunting season when taking deer unless in accordance with the Firearm Concealed Carry Act.

The Department shall make administrative rules concerning management restrictions applicable to the firearm and bow and arrow season.

It shall be unlawful for any person to take deer except with a bow and arrow during the open season for bow and arrow set annually by the Director between the dates of September 1st and January 31st, both inclusive.

It shall be unlawful for any person to take deer except with (i) a muzzleloading rifle or (ii) bow and arrow during the open season for muzzleloading rifles set annually by the Director.

The Director shall cause an administrative rule setting forth the prescribed rules and regulations, including bag and possession limits and those counties of the State where open seasons are established, to be published in accordance with Sections 1.3 and 1.13 of this Act.

The Department may establish separate harvest periods for the purpose of managing or eradicating disease that has been found in the deer herd. This season shall be restricted to gun or bow and arrow hunting only. The Department shall publicly announce, via statewide news release, the season dates and shooting hours, the counties and sites open to hunting.

The Department is authorized to establish a separate harvest period at specific sites within the State for the purpose of harvesting surplus deer that cannot be taken during the regular season provided for the taking of deer. This season shall be restricted to gun or bow and arrow hunting only and shall be established during the period of September 1st to February 15th, both inclusive. The Department shall publicly announce, via statewide news release, the season dates and shooting hours, and the counties and sites open to hunting. The Department shall publish suitable prescribed rules and regulations established by administrative rule pertaining to management restrictions applicable to this special harvest program. The Department shall allow unused gun deer permits that are left over from a regular season for the taking of deer to be rolled over and used during any separate harvest period held within 6 months of the season for which those tags were issued at no additional cost to the permit holder subject to the management restrictions applicable to the special harvest program.

If the Department is using its sharpshooting program to manage chronic wasting disease in a deer herd that is found in a county in the State and if no cases of that disease have been identified in that herd in the preceding 3 calendar years, then the Department shall end the use of that program to manage chronic wasting disease in that county. However, the program may be reinstated within the county if chronic wasting disease is again identified in that herd.

Beginning July 1, 2019, and on an annual basis thereafter, the Department shall provide a report to the General Assembly providing information regarding deer management programs established by the Code or by administrative rule that includes: (1) the number of surplus deer taken during each separate harvest season; (2) the number of deer found to have a communicable disease or other abnormality; and (3) what happens to the deer taken during each separate harvest season.

(Source: P.A. 104-58, eff. 1-1-26.)

(520 ILCS 5/2.26) (from Ch. 61, par. 2.26)

Sec. 2.26. Deer hunting permits. Any person attempting to take deer shall first obtain a "Deer Hunting Permit" issued by the Department in accordance with its administrative rules. Those rules must provide for the issuance of the following types of resident deer archery permits: (i) a combination permit, consisting of one either-sex permit and one antlerless-only permit, (ii) a single antlerless-only permit, and (iii) a single either-sex permit. The fee for a Deer Hunting Permit to take deer with either bow and arrow or gun shall not exceed \$25 for residents of the State. The Department may by administrative rule provide for non-resident deer hunting permits for which the fee will not exceed \$300 in 2005, \$350 in 2006, and \$400 in 2007 and thereafter except as provided below for non-resident landowners and non-resident archery hunters. The Department may by administrative rule provide for a non-resident archery deer permit consisting of not more than 2 harvest tags at a total cost not to exceed \$325 in 2005, \$375 in 2006, and \$425 in 2007 and thereafter. The fees for a youth resident and non-resident archery deer permit shall be the same.

The Department shall create a pilot program during the special 3-day, youth-only deer hunting season to allow for youth deer hunting permits that are valid statewide, excluding those counties or portions of counties closed to firearm deer hunting. The Department shall adopt rules to implement the pilot program. Hunters qualifying to participate in a youth-only deer season shall be eligible for one either-sex permit and one antlerless-only permit. Nothing in this paragraph shall be construed to prohibit the Department from issuing Special Hunt Area Permits for the youth-only deer hunting season or establishing, through administrative rule, additional requirements pertaining to the youth-only deer hunting season on Department-owned or Department-managed sites, including site-specific quotas or drawings. The provisions of this paragraph are inoperative on and after January 1, 2023.

~~The standards and specifications for use of guns and bow and arrow for deer hunting shall be established by administrative rule.~~

~~No person may have in his or her possession any firearm not authorized by administrative rule for a specific hunting season when taking deer unless in accordance with the Firearm Concealed Carry Act.~~

Persons having a firearm deer hunting permit shall be permitted to take deer only during the period from 1/2 hour before sunrise to 1/2 hour after sunset, and only during those days for which an open season is established for the taking of deer by use of shotgun, handgun, rifle, or muzzle loading rifle.

Persons having an archery deer hunting permit shall be permitted to take deer only during the period from 1/2 hour before sunrise to 1/2 hour after sunset, and only during those days for which an open season is established for the taking of deer by use of bow and arrow.

It shall be unlawful for any person to take deer by use of dogs, horses, automobiles, aircraft, or other vehicles, or by the use or aid of bait or baiting of any kind. For the purposes of this Section, "bait" means any material, whether liquid or solid, including food, salt, minerals, and other products, except pure water, that can be ingested, placed, or scattered in such a manner as to attract or lure white-tailed deer. "Baiting" means the placement or scattering of bait to attract deer. An area is considered as baited during the presence of and for 10 consecutive days following the removal of bait. Nothing in this Section shall prohibit the use of a dog to track wounded deer. Any person using a dog for tracking wounded deer must maintain physical control of the dog at all times by means of a maximum 50-foot lead attached to the dog's collar or harness. Tracking wounded deer is permissible at night, but at no time outside of legal deer hunting hours or seasons shall any person handling or accompanying a dog being used for tracking wounded deer be in possession of any firearm or archery device. Persons tracking wounded deer with a dog during the firearm deer seasons shall wear blaze orange or solid blaze pink color as required. Dog handlers tracking wounded deer with a dog are exempt from hunting license and deer permit requirements so long as they are accompanied by the licensed deer hunter who wounded the deer.

It shall be unlawful to possess or transport any wild deer which has been injured or killed in any manner upon a public highway or public right-of-way of this State unless exempted by administrative rule.

Persons hunting deer must have the gun unloaded and no bow and arrow device shall be carried with the arrow in the nocked position during hours when deer hunting is unlawful.

It shall be unlawful for any person, having taken the legal limit of deer by gun, to further participate with a gun in any deer hunting party.

It shall be unlawful for any person, having taken the legal limit of deer by bow and arrow, to further participate with bow and arrow in any deer hunting party.

The Department may prohibit upland game hunting during the gun deer season by administrative rule.

The Department shall not limit the number of non-resident, either-sex archery deer hunting permits to less than 20,000.

Any person who violates any of the provisions of this Section, including administrative rules, shall be guilty of a Class B misdemeanor.

For the purposes of calculating acreage under this Section, the Department shall, after determining the total acreage of the applicable tract or tracts of land, round remaining fractional portions of an acre greater than or equal to half of an acre up to the next whole acre.

For the purposes of taking white-tailed deer, nothing in this Section shall be construed to prevent the manipulation, including mowing or cutting, of standing crops as a normal agricultural or soil stabilization practice, food plots, or normal agricultural practices, including planting, harvesting, and maintenance such as cultivating or the use of products designed for scent only and not capable of ingestion, solid or liquid, placed or scattered, in such a manner as to attract or lure deer. Such manipulation for the purpose of taking white-tailed deer may be further modified by administrative rule.

(Source: P.A. 104-361, eff. 1-1-26; 104-417, eff. 8-15-25.)

(520 ILCS 5/2.33)

Sec. 2.33. Prohibitions.

(a) It is unlawful to carry or possess any gun in any State refuge unless otherwise permitted by administrative rule.

(b) It is unlawful to use or possess any snare or snare-like device, deadfall, net, or pit trap to take any species, except that snares not powered by springs or other mechanical devices may be used to trap fur-bearing mammals, in water sets only, if at least one-half of the snare noose is located underwater at all times.

(c) It is unlawful for any person at any time to take a wild mammal protected by this Act from its den by means of any mechanical device, spade, or digging device or to use smoke or other gases to dislodge or remove such mammal except as provided in Section 2.37.

(d) It is unlawful to use a ferret or any other small mammal which is used in the same or similar manner for which ferrets are used for the purpose of frightening or driving any mammals from their dens or hiding places.

(e) (Blank).

(f) It is unlawful to use spears, gigs, hooks, or any like device to take any species protected by this Act.

(g) It is unlawful to use poisons, chemicals, or explosives for the purpose of taking any species protected by this Act.

(h) It is unlawful to hunt adjacent to or near any peat, grass, brush, or other inflammable substance when it is burning.

(i) It is unlawful to take, pursue or intentionally harass or disturb in any manner any wild birds or mammals by use or aid of any vehicle, conveyance, or unmanned aircraft as defined by the Illinois Aeronautics Act, except as permitted by the Code of Federal Regulations for the taking of waterfowl; except that nothing in this subsection shall prohibit the use of unmanned aircraft in the inspection of a public utility facility, tower, or structure or a mobile service facility, tower, or structure by a public utility, as defined in Section 3-105 of the Public Utilities Act, or a provider of mobile services as defined in Section 153 of Title 47 of the United States Code. It is also unlawful to use the lights of any vehicle or conveyance, any light connected to any vehicle or conveyance, or any other lighting device or mechanism from inside or on a vehicle or conveyance in any area where wildlife may be found except in accordance with Section 2.37 of this Act; however, nothing in this Section shall prohibit the normal use of headlamps for the purpose of driving upon a roadway. For purposes of this Section, any other lighting device or mechanism shall include, but not be limited to, any device that uses infrared or other light not visible to the naked eye, electronic image intensification, active illumination, thermal imaging, or night vision. Striped skunk, opossum, red fox, gray fox, raccoon, bobcat, and coyote may be taken during the open season by use of a small light which is worn on the body or hand-held by a person on foot and not in any vehicle.

(j) It is unlawful to use any shotgun larger than 10 gauge while taking or attempting to take any of the species protected by this Act.

(k) It is unlawful to use or possess in the field any shotgun shell loaded with a shot size larger than lead BB or steel T (.20 diameter) when taking or attempting to take any species of wild game mammals (excluding white-tailed deer), wild game birds, migratory waterfowl or migratory game birds protected by this Act, except white-tailed deer as provided for in Section 2.26 and other species as provided for by subsection (l) or administrative rule.

(l) It is unlawful to take any species of wild game, except white-tailed deer and fur-bearing mammals, with a shotgun loaded with slugs unless otherwise provided for by administrative rule.

(m) It is unlawful to use any shotgun capable of holding more than 3 shells in the magazine or chamber combined, except on game breeding and hunting preserve areas licensed under Section 3.27 and except as permitted by the Code of Federal Regulations for the taking of waterfowl. If the shotgun is capable of holding more than 3 shells, it shall, while being used on an area other than a game breeding and shooting preserve area licensed pursuant to Section 3.27, be fitted with a one-piece plug that is irremovable without dismantling the shotgun or otherwise altered to render it incapable of holding more than 3 shells in the magazine and chamber, combined.

(n) It is unlawful for any person, except persons who possess a permit to hunt from a vehicle as provided in this Section and persons otherwise permitted by law, to have or carry any gun in or on any vehicle, conveyance, or aircraft, unless such gun is unloaded and enclosed in a case, except that at field trials authorized by Section 2.34 of this Act, unloaded guns or guns loaded with blank cartridges only may

be carried on horseback while not contained in a case, or to have or carry any bow or arrow device in or on any vehicle unless such bow or arrow device is unstrung or enclosed in a case, or otherwise made inoperable unless in accordance with the Firearm Concealed Carry Act.

(o) (Blank).

(p) It is unlawful to take game birds, migratory game birds or migratory waterfowl with a rifle, pistol, revolver, or air rifle.

(q) It is unlawful to fire a rifle, pistol, revolver, or air rifle on, over, or into any waters of this State, including frozen waters.

(r) It is unlawful to discharge any gun or bow and arrow device along, upon, across, or from any public right-of-way or highway in this State.

(s) It is unlawful to use a silencer or other device to muffle or mute the sound of the explosion or report resulting from the firing of any gun.

(t) It is unlawful for any person to take or attempt to take any species of wildlife or parts thereof, or allow a dog to hunt, within or upon the land of another, or upon waters flowing over or standing on the land of another, or to knowingly shoot a gun or bow and arrow device at any wildlife physically on or flying over the property of another without first obtaining permission from the owner or the owner's designee. For the purposes of this Section, the owner's designee means anyone who the owner designates in a written authorization and the authorization must contain (i) the legal or common description of property for which such authority is given, (ii) the extent that the owner's designee is authorized to make decisions regarding who is allowed to take or attempt to take any species of wildlife or parts thereof, and (iii) the owner's notarized signature. Before enforcing this Section, the law enforcement officer must have received notice from the owner or the owner's designee of a violation of this Section. Statements made to the law enforcement officer regarding this notice shall not be rendered inadmissible by the hearsay rule when offered for the purpose of showing the required notice.

(u) It is unlawful for any person to discharge any firearm for the purpose of taking any of the species protected by this Act, or hunt with gun or dog, or allow a dog to hunt, within 300 yards of an inhabited dwelling without first obtaining permission from the owner or tenant, except that while trapping, hunting with bow and arrow, hunting with dog and shotgun using shot shells only, or hunting with shotgun using shot shells only, or providing outfitting services under a waterfowl outfitter permit, or on licensed game breeding and hunting preserve areas, as defined in Section 3.27, on federally owned and managed lands and on Department owned, managed, leased, or controlled lands, a 100 yard restriction shall apply.

(v) It is unlawful for any person to remove fur-bearing mammals from, or to move or disturb in any manner, the traps owned by another person without written authorization of the owner to do so.

(w) It is unlawful for any owner of a dog to allow his or her dog to pursue, harass, or kill deer, except that nothing in this Section shall prohibit the tracking of wounded deer with a dog in accordance with the provisions of Section 2.26 of this Code.

(x) It is unlawful for any person to wantonly or carelessly injure or destroy, in any manner whatsoever, any real or personal property on the land of another while engaged in hunting or trapping thereon.

(y) It is unlawful to hunt wild game protected by this Act between one-half hour after sunset and one-half hour before sunrise, except that hunting hours between one-half hour after sunset and one-half hour before sunrise may be established by administrative rule for fur-bearing mammals.

(z) It is unlawful to take any game bird (excluding wild turkeys and crippled pheasants not capable of normal flight and otherwise irretrievable) protected by this Act when not flying. Nothing in this Section shall prohibit a person from carrying an uncased, unloaded shotgun in a boat, while in pursuit of a crippled migratory waterfowl that is incapable of normal flight, for the purpose of attempting to reduce the migratory waterfowl to possession, provided that the attempt is made immediately upon downing the migratory waterfowl and is done within 400 yards of the blind from which the migratory waterfowl was downed. This exception shall apply only to migratory game birds that are not capable of normal flight. Migratory waterfowl that are crippled may be taken only with a shotgun as regulated by subsection (j) of this Section using shotgun shells as regulated in subsection (k) of this Section.

(aa) It is unlawful to use or possess any device that may be used for tree climbing or cutting while hunting fur-bearing mammals, excluding coyotes. However, coyotes may not be hunted utilizing these devices during open season for deer except by properly licensed deer hunters.

(bb) It is unlawful for any person, except licensed game breeders, pursuant to Section 2.29 to import, carry into, or possess alive in this State any species of wildlife taken outside of this State, without obtaining permission to do so from the Director.

(cc) It is unlawful for any person to have in his or her possession any freshly killed species protected by this Act during the season closed for taking.

(dd) It is unlawful to take any species protected by this Act and retain it alive except as provided by administrative rule.

(ee) It is unlawful to possess any rifle while in the field during gun deer season except as provided in Sections 2.25 and 2.26 and administrative rules.

(ff) It is unlawful for any person to take any species protected by this Act, except migratory waterfowl, during the gun deer hunting season in those counties open to gun deer hunting, unless he or she wears, when in the field, a cap and upper outer garment of a solid blaze orange color or solid blaze pink color, with such articles of clothing displaying a minimum of 400 square inches of blaze orange or solid blaze pink color material.

(gg) It is unlawful during the upland game season for any person to take upland game with a firearm unless he or she wears, while in the field, a cap of solid blaze orange color or solid blaze pink color. For purposes of this Act, upland game is defined as Bobwhite Quail, Hungarian Partridge, Ring-necked Pheasant, Eastern Cottontail, and Swamp Rabbit.

(hh) It shall be unlawful to kill or cripple any species protected by this Act for which there is a bag limit without making a reasonable effort to retrieve such species and include such in the bag limit. It shall be unlawful for any person having control over harvested game mammals, game birds, or migratory game birds for which there is a bag limit to wantonly waste or destroy the usable meat of the game, except this shall not apply to wildlife taken under Sections 2.37 or 3.22 of this Code. For purposes of this subsection, "usable meat" means the breast meat of a game bird or migratory game bird and the hind ham and front shoulders of a game mammal. It shall be unlawful for any person to place, leave, dump, or abandon a wildlife carcass or parts of it along or upon a public right-of-way or highway or on public or private property, including a waterway or stream, without the permission of the owner or tenant. It shall not be unlawful to discard game meat that is determined to be unfit for human consumption.

(ii) This Section shall apply only to those species protected by this Act taken within the State. Any species or any parts thereof, legally taken in and transported from other states or countries, may be possessed within the State, except as provided in this Section and Sections 2.35, 2.36, and 3.21.

(jj) (Blank).

(kk) Nothing contained in this Section shall prohibit the Director from issuing permits to paraplegics or to other persons with disabilities who meet the requirements set forth in administrative rule to shoot or hunt from a vehicle as provided by that rule, provided that such is otherwise in accord with this Act.

(ll) Nothing contained in this Act shall prohibit the taking of aquatic life protected by the Fish and Aquatic Life Code or birds and mammals protected by this Act, except deer and fur-bearing mammals, from a boat not camouflaged or disguised to alter its identity or to further provide a place of concealment and not propelled by sail or mechanical power. However, only shotguns not larger than 10 gauge nor smaller than .410 bore loaded with not more than 3 shells of a shot size no larger than lead BB or steel T (.20 diameter) may be used to take species protected by this Act.

(mm) Nothing contained in this Act shall prohibit the use of a shotgun, not larger than 10 gauge nor smaller than a 20 gauge, with a rifled barrel.

(nn) It shall be unlawful to possess any species of wildlife or wildlife parts taken unlawfully in Illinois, any other state, or any other country, whether or not the wildlife or wildlife parts are indigenous to Illinois. For the purposes of this subsection, the statute of limitations for unlawful possession of wildlife or wildlife parts shall not cease until 2 years after the possession has permanently ended.

(oo) It is unlawful while deer hunting: ~~(1) to possess, or be in close proximity to a rifle that is not centerfire; or (2) be in close proximity to, or to be in possession of or in close proximity to a magazine that is capable of making a rifle not a single shot.~~ use a rifle, handgun, revolver, or muzzleloading rifle or a magazine that is not in compliance with Section 2.25 or administrative rules adopted pursuant to this Act.

(Source: P.A. 102-237, eff. 1-1-22; 102-837, eff. 5-13-22; 102-932, eff. 1-1-23; 103-154, eff. 6-30-23.)

(520 ILCS 5/1.2bb rep.)

Section 10. The Wildlife Code is amended by repealing Section 1.2bb."

There being no further amendments, the foregoing Amendment No. 1 was ordered engrossed, and the bill, as amended, was ordered to a third reading.

On motion of Senator Joyce, **Senate Bill No. 2769** having been printed, was taken up, read by title a second time.

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

**AMENDMENT NO. 1 TO SENATE BILL 2769**

AMENDMENT NO. 1 . Amend Senate Bill 2769 on page one, line 5, by deleting "and by adding Section 11-80-30"; and

by deleting line 23 on page 26 through line 12 on page 27.

There being no further amendments, the foregoing Amendment No. 1 was ordered engrossed, and the bill, as amended, was ordered to a third reading.

On motion of Senator Joyce, **Senate Bill No. 2770** having been printed, was taken up, read by title a second time.

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

**AMENDMENT NO. 1 TO SENATE BILL 2770**

AMENDMENT NO. 1 . Amend Senate Bill 2770 by replacing everything after the enacting clause with the following:

"Section 5. The Counties Code is amended by changing Section 5-1069 as follows:  
(55 ILCS 5/5-1069)

Sec. 5-1069. Group life, health, accident, hospital, and medical insurance.

(a) The county board of any county may arrange to provide, for the benefit of employees of the county, group life, health, accident, hospital, and medical insurance, or any one or any combination of those types of insurance, or the county board may self-insure, for the benefit of its employees, all or a portion of the employees' group life, health, accident, hospital, and medical insurance, or any one or any combination of those types of insurance, including a combination of self-insurance and other types of insurance authorized by this Section, provided that the county board complies with all other requirements of this Section. The insurance may include provision for employees who rely on treatment by prayer or spiritual means alone for healing in accordance with the tenets and practice of a well recognized religious denomination. The county board may provide for payment by the county of a portion or all of the premium or charge for the insurance with the employee paying the balance of the premium or charge, if any. If the county board undertakes a plan under which the county pays only a portion of the premium or charge, the county board shall provide for withholding and deducting from the compensation of those employees who consent to join the plan the balance of the premium or charge for the insurance.

(b) If the county board does not provide for self-insurance or for a plan under which the county pays a portion or all of the premium or charge for a group insurance plan, the county board may provide for withholding and deducting from the compensation of those employees who consent thereto the total premium or charge for any group life, health, accident, hospital, and medical insurance.

(c) The county board may exercise the powers granted in this Section only if it provides for self-insurance or, where it makes arrangements to provide group insurance through an insurance carrier, if the kinds of group insurance are obtained from an insurance company authorized to do business in the State of Illinois. The county board may enact an ordinance prescribing the method of operation of the insurance program.

(d) If a county, including a home rule county, is a self-insurer for purposes of providing health insurance coverage for its employees, the insurance coverage shall include screening by low-dose mammography for all patients 35 years of age or older for the presence of occult breast cancer unless the county elects to provide mammograms itself under Section 5-1069.1. The coverage shall be as follows:

(1) A baseline mammogram for patients 35 to 39 years of age.

(2) An annual mammogram for patients 40 years of age or older.

(3) A mammogram at the age and intervals considered medically necessary by the patient's health care provider for patients under 40 years of age and having a family history of breast cancer, prior personal history of breast cancer, positive genetic testing, or other risk factors.

(4) For a group policy of accident and health insurance that is amended, delivered, issued, or renewed on or after January 1, 2020 (the effective date of Public Act 101-580), a comprehensive ultrasound screening of an entire breast or breasts if a mammogram demonstrates heterogeneous or dense breast tissue or when medically necessary as determined by a physician licensed to practice medicine in all of its branches, advanced practice registered nurse, or physician assistant.

(4.5) For a group policy of accident and health insurance that is amended, delivered, issued, or renewed on or after January 1, 2026 (the effective date of Public Act 103-808), molecular breast imaging (MBI) and magnetic resonance imaging of an entire breast or breasts if a mammogram demonstrates heterogeneous or dense breast tissue or when medically necessary as determined by a physician licensed to practice medicine in all of its branches, advanced practice registered nurse, or physician assistant.

(5) For a group policy of accident and health insurance that is amended, delivered, issued, or renewed on or after January 1, 2020 (the effective date of Public Act 101-580), a diagnostic mammogram when medically necessary, as determined by a physician licensed to practice medicine in all its branches, advanced practice registered nurse, or physician assistant.

A policy subject to this subsection shall not impose a deductible, coinsurance, copayment, or any other cost-sharing requirement on the coverage provided; except that this sentence does not apply to coverage of diagnostic mammograms to the extent such coverage would disqualify a high-deductible health plan from eligibility for a health savings account pursuant to Section 223 of the Internal Revenue Code (26 U.S.C. 223).

For purposes of this subsection:

"Diagnostic mammogram" means a mammogram obtained using diagnostic mammography.

"Diagnostic mammography" means a method of screening that is designed to evaluate an abnormality in a breast, including an abnormality seen or suspected on a screening mammogram or a subjective or objective abnormality otherwise detected in the breast.

"Low-dose mammography" means the x-ray examination of the breast using equipment dedicated specifically for mammography, including the x-ray tube, filter, compression device, and image receptor, with an average radiation exposure delivery of less than one rad per breast for 2 views of an average size breast. The term also includes digital mammography.

(d-5) Coverage as described by subsection (d) shall be provided at no cost to the insured and shall not be applied to an annual or lifetime maximum benefit.

(d-10) When health care services are available through contracted providers and a person does not comply with plan provisions specific to the use of contracted providers, the requirements of subsection (d-5) are not applicable. When a person does not comply with plan provisions specific to the use of contracted providers, plan provisions specific to the use of non-contracted providers must be applied without distinction for coverage required by this Section and shall be at least as favorable as for other radiological examinations covered by the policy or contract.

(d-15) If a county, including a home rule county, is a self-insurer for purposes of providing health insurance coverage for its employees, the insurance coverage shall include mastectomy coverage, which includes coverage for prosthetic devices or reconstructive surgery incident to the mastectomy. Coverage for breast reconstruction in connection with a mastectomy shall include:

(1) reconstruction of the breast upon which the mastectomy has been performed;

(2) surgery and reconstruction of the other breast to produce a symmetrical appearance; and

(3) prostheses and treatment for physical complications at all stages of mastectomy, including lymphedemas.

Care shall be determined in consultation with the attending physician and the patient. The offered coverage for prosthetic devices and reconstructive surgery shall be subject to the deductible and coinsurance conditions applied to the mastectomy, and all other terms and conditions applicable to other benefits. When a mastectomy is performed and there is no evidence of malignancy then the offered coverage may be limited to the provision of prosthetic devices and reconstructive surgery to within 2 years after the date of the

mastectomy. As used in this Section, "mastectomy" means the removal of all or part of the breast for medically necessary reasons, as determined by a licensed physician.

A county, including a home rule county, that is a self-insurer for purposes of providing health insurance coverage for its employees, may not penalize or reduce or limit the reimbursement of an attending provider or provide incentives (monetary or otherwise) to an attending provider to induce the provider to provide care to an insured in a manner inconsistent with this Section.

(d-20) The requirement that mammograms be included in health insurance coverage as provided in subsections (d) through (d-15) is an exclusive power and function of the State and is a denial and limitation under Article VII, Section 6, subsection (h) of the Illinois Constitution of home rule county powers. A home rule county to which subsections (d) through (d-15) apply must comply with every provision of those subsections.

(d-25) If a county, including a home rule county, is a self-insurer for purposes of providing health insurance coverage, the insurance coverage shall include joint mental health therapy services for any member of the sheriff's office, including the sheriff, and any spouse or partner of the member who resides with the member.

The joint mental health therapy services provided under this subsection shall be performed by a physician licensed to practice medicine in all of its branches, a licensed clinical psychologist, a licensed clinical social worker, a licensed clinical professional counselor, a licensed marriage and family therapist, a licensed social worker, or a licensed professional counselor.

This subsection is a limitation under subsection (i) of Section 6 of Article VII of the Illinois Constitution on the concurrent exercise by home rule units of powers and functions exercised by the State.

(e) The term "employees" as used in this Section includes elected or appointed officials but does not include temporary employees.

(f) The county board may, by ordinance, arrange to provide group life, health, accident, hospital, and medical insurance, or any one or a combination of those types of insurance, under this Section to retired former employees and retired former elected or appointed officials of the county.

(g) Rulemaking authority to implement this amendatory Act of the 95th General Assembly, if any, is conditioned on the rules being adopted in accordance with all provisions of the Illinois Administrative Procedure Act and all rules and procedures of the Joint Committee on Administrative Rules; any purported rule not so adopted, for whatever reason, is unauthorized.

(h) If a county, including a home rule county, is a self-insurer for purposes of providing health insurance coverage for its employees, the insurance coverage shall include, on and after June 1, 2025, mental health counseling for any county employee who is a first responder without imposing a deductible, coinsurance, copayment, or any other cost-sharing requirement on the coverage provided, except that this subsection does not apply to the extent such coverage would disqualify a high-deductible health plan from eligibility for a health savings account pursuant to Section 223 of the Internal Revenue Code.

The requirement that mental health counseling be included in health insurance coverage as provided in this subsection is an exclusive power and function of the State and is a denial and limitation under Article VII, Section 6, subsection (h) of the Illinois Constitution of home rule county powers.

As used in this subsection:

"First responders" means police and corrections officers; deputy sheriffs; firefighters; emergency medical services personnel, as that term is defined in Section 3.5 of the Emergency Medical Services (EMS) Systems Act, dispatched pursuant to a 9-1-1 call; emergency medical dispatchers, as that term is defined in Section 3.70 of the Emergency Medical Services (EMS) Systems Act; public safety telecommunicators, as that term is defined in Section 2 of the Emergency Telephone System Act, and mental health professionals employed and dispatched by any unit of local government in response to emergency crisis calls received on public emergency service lines instead of or in conjunction with law enforcement; county medical examiners or coroners; and deputy county medical examiners or deputy coroners.

"Mental health counseling" means counseling therapy sessions provided by a clinical social worker, professional counselor, or licensed psychologist.

(Source: P.A. 103-808, eff. 1-1-26; 103-818, eff. 1-1-25; 103-1011, eff. 1-1-25; 104-417, eff. 8-15-25.)

Section 10. The Illinois Municipal Code is amended by changing Section 10-4-2.4 as follows:

(65 ILCS 5/10-4-2.4)

Sec. 10-4-2.4. Mental health counseling.

(a) As used in this Section:

"First responders" means police and corrections officers; deputy sheriffs; firefighters; emergency medical services personnel, as that term is defined in Section 3.5 of the Emergency Medical Services (EMS) Systems Act, dispatched pursuant to a 9-1-1 call; emergency medical dispatchers, as that term is defined in Section 3.70 of the Emergency Medical Services (EMS) Systems Act; public safety telecommunicators, as that term is defined in Section 2 of the Emergency Telephone System Act; ~~and~~ mental health professionals employed and dispatched by any unit of local government in response to emergency crisis calls received on public emergency service lines instead of or in conjunction with law enforcement; county medical examiners or coroners; and deputy county medical examiners or deputy coroners.

"Mental health counseling" means counseling therapy sessions provided by a clinical social worker, professional counselor, or licensed psychologist.

(b) If a municipality, including a home rule municipality, is a self-insurer for purposes of providing health insurance coverage for its employees, the insurance coverage shall include, on and after June 1, 2025, mental health counseling for any employee who is a first responder without imposing a deductible, coinsurance, copayment, or any other cost-sharing requirement on the coverage provided, except that this Section does not apply to the extent such coverage would disqualify a high-deductible health plan from eligibility for a health savings account pursuant to Section 223 of the Internal Revenue Code.

(c) The requirement that mental health counseling be included in health insurance coverage as provided in this Section is an exclusive power and function of the State and is a denial and limitation under Article VII, Section 6, subsection (h) of the Illinois Constitution of home rule powers. (Source: P.A. 103-1011, eff. 1-1-25)."

There being no further amendments, the foregoing Amendment No. 1 was ordered engrossed, and the bill, as amended, was ordered to a third reading.

On motion of Senator Murphy, **Senate Bill No. 2790** having been printed, was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Cervantes, **Senate Bill No. 2846** having been printed, was taken up, read by title a second time.

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

**AMENDMENT NO. 1 TO SENATE BILL 2846**

AMENDMENT NO. 1. Amend Senate Bill 2846 on page 1, line 5, by replacing "10, 13, 16.1," with "13,"; and

on page 4, by deleting lines 6 through 19; and

by deleting line 1 on page 7 through line 12 on page 9.

There being no further amendments, the foregoing Amendment No. 1 was ordered engrossed, and the bill, as amended, was ordered to a third reading.

On motion of Senator Faraci, **Senate Bill No. 2859** having been printed, was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Morrison, **Senate Bill No. 2878** having been printed, was taken up, read by title a second time.

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

**AMENDMENT NO. 1 TO SENATE BILL 2878**

AMENDMENT NO. 1. Amend Senate Bill 2878 on page 3, by replacing lines 9 through 19 with the following:

"(e) The insurer, dental service plan corporation, professional service corporation, insurance network leasing company, or other company or its contracted vendor shall comply with subsections (d) and (e) of Section 355.6."; and

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on page 3, line 20, by replacing "(g)" with "(f)"; and

on page 4, line 5, by replacing "(h)" with "(g)".

There being no further amendments, the foregoing Amendment No. 1 was ordered engrossed, and the bill, as amended, was ordered to a third reading.

On motion of Senator Cervantes, **Senate Bill No. 2879** having been printed, was taken up, read by title a second time.

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

**AMENDMENT NO. 1 TO SENATE BILL 2879**

AMENDMENT NO. 1. Amend Senate Bill 2879 by replacing everything after the enacting clause with the following:

"Section 5. The Assisted Living and Shared Housing Act is amended by changing Sections 15 and 150 as follows:

(210 ILCS 9/15)

Sec. 15. Assessment and service plan requirements. Prior to admission to any establishment covered by this Act, a comprehensive assessment that includes an evaluation of the prospective resident's physical, cognitive, and psychosocial condition shall be completed. At least annually, a comprehensive assessment shall be completed, and upon identification of a significant change in the resident's condition, including, but not limited to, a diagnosis of Alzheimer's disease or a related dementia, the resident shall be reassessed. The Department may by rule specify circumstances under which more frequent assessments of skin integrity and nutritional status shall be required. The comprehensive assessment shall be completed by a physician, a physician assistant, or an advanced practice registered nurse. Based on the assessment, the resident's interests and preferences, dislikes, and any known triggers for behavior that endangers the resident or others, a written service plan shall be developed and mutually agreed upon by the provider, the resident, and the resident's representative, if any. The service plan, which shall be reviewed annually, or more often as the resident's condition, preferences, or service needs change, shall serve as a basis for the service delivery contract between the provider and the resident. The resident and the resident's representative, if any, shall, upon request, be given a copy of the most recent assessment; a supplemental assessment, if any, completed by the establishment; and a service plan. Based on the assessment, the service plan may provide for the disconnection or removal of any appliance.

(Source: P.A. 104-191, eff. 1-1-26.)

(210 ILCS 9/150)

Sec. 150. Alzheimer and dementia programs.

(a) In addition to this Section, Alzheimer and dementia programs shall comply with all of the other provisions of this Act.

(b) No person shall be admitted or retained if the assisted living or shared housing establishment cannot provide or secure appropriate care, if the resident requires a level of service or type of service for which the establishment is not licensed or which the establishment does not provide, or if the establishment does not have the staff appropriate in numbers and with appropriate skill to provide such services.

(c) No person shall be accepted for residency or remain in residence if the person's mental or physical condition has so deteriorated to render residency in such a program to be detrimental to the health, welfare or safety of the person or of other residents of the establishment. The Department by rule shall identify a validated dementia-specific standard with inter-rater reliability that will be used to assess individual residents. The assessment must be approved by the resident's physician, physician assistant who has experience in geriatric dementia care, or advanced practice registered nurse who has experience in geriatric dementia care and shall occur prior to acceptance for residency, annually, and at such time that a change in the resident's condition is identified by a family member, staff of the establishment, or the resident's physician, physician assistant, or advanced practice registered nurse. Assessments completed annually or due to a change in the resident's condition must be signed by a physician.

(d) No person shall be accepted for residency or remain in residence if the person is dangerous to self or others and the establishment would be unable to eliminate the danger through the use of appropriate treatment modalities.

(e) No person shall be accepted for residency or remain in residence if the person meets the criteria provided in subsections (b) through (g) of Section 75 of this Act.

(f) An establishment that offers to provide a special program or unit for persons with Alzheimer's disease and related disorders shall:

(1) disclose to the Department and to a potential or actual resident of the establishment information as specified under the Alzheimer's Disease and Related Dementias Special Care Disclosure Act;

(2) ensure that a resident's representative is designated for the resident;

(3) develop and implement policies and procedures that ensure the continued safety of all residents in the establishment, including, but not limited to, those who:

(A) may wander; and

(B) may need supervision and assistance when evacuating the building in an emergency;

(4) provide coordination of communications with each resident, resident's representative, relatives and other persons identified in the resident's service plan;

(5) provide cognitive stimulation and activities to maximize functioning;

(6) provide an appropriate number of staff for its resident population, as established by rule;

(7) require the director or administrator and direct care staff to complete sufficient comprehensive and ongoing dementia and cognitive deficit training, the content of which shall be established by rule; and

(8) develop emergency procedures and staffing patterns to respond to the needs of residents.

(g) Individual residents shall be assessed prior to admission using assessment tools that are approved or recommended by recognized Alzheimer's and dementia care experts, ensuring that the tools are validated for accurately identifying and evaluating cognitive impairments related to Alzheimer's disease and other forms of dementia. These tools shall be reviewed and updated as needed to align with current best practices and clinical standards in dementia care.

(Source: P.A. 104-295, eff. 1-1-26.)

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

There being no further amendments, the foregoing Amendment No. 1 was ordered engrossed, and the bill, as amended, was ordered to a third reading.

On motion of Senator Morrison, **Senate Bill No. 2910** having been printed, was taken up, read by title a second time.

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

**AMENDMENT NO. 1 TO SENATE BILL 2910**

AMENDMENT NO. 1. Amend Senate Bill 2910 on page 1, line 6, by deleting "529.4,"; and

on page 2, line 15, by replacing "residential" with "~~residential~~"; and

on page 3, by deleting line 11; and

on page 3, line 12, by replacing "but not including" with "excluding"; and

on page 5, line 13, after "State", by inserting "or nonresidential real property at a fixed location in this State"; and

on page 5, line 17, by replacing "one successful attempt ~~3 attempts~~" with "3 unsuccessful attempts"; and

by replacing line 21 on page 5 through line 4 on page 6 with "~~Bureau~~"; and

on page 8, by deleting line 22; and

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on page 8, line 23, by replacing "but not including" with "excluding"; and

by replacing line 24 on page 8 through line 3 on page 9 with "the Association"; and

on page 13, by replacing lines 10 through 15 with the following:

"(6) (Blank)"; and

on page 14, by replacing lines 16 through 18 with the following:

"(1) Any applicant whose application is rejected, any policyholder whose policy is canceled or nonrenewed by the Association, and any insurer affected by an action of the Association or affected insurer has the right of appeal to the"; and

by deleting line 13 on page 17 through line 11 on page 18; and

on page 21, lines 20 and 21, by replacing "upon becoming law" with "January 1, 2027".

There being no further amendments, the foregoing Amendment No. 1 was ordered engrossed, and the bill, as amended, was ordered to a third reading.

On motion of Senator Joyce, **Senate Bill No. 3152** having been printed, was taken up, read by title a second time.

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

**AMENDMENT NO. 1 TO SENATE BILL 3152**

AMENDMENT NO. 1. Amend Senate Bill 3152 by replacing everything after the enacting clause with the following:

"Section 5. The Wildlife Code is amended by changing Section 2.33a as follows:

(520 ILCS 5/2.33a) (from Ch. 61, par. 2.33a)

Sec. 2.33a. Trapping.

(a) It is unlawful to fail to visit and remove all animals from traps staked out, set, used, tended, placed or maintained at least once each calendar day.

(b) It is unlawful for any person to place, set, use, or maintain a foothold ~~leghold~~ trap or one of similar construction on land, that has a jaw spread of larger than 6 1/2 inches (16.6 CM), or a body-gripping trap or one of similar construction having a jaw spread larger than 7 inches (17.8 CM) on a side if square and 8 inches (20.4 CM) if round. The diameter of traps shall be measured from the inside edges of the outer most portion of the jaws of the trap.

(c) It is unlawful for any person to place, set, use, or maintain a foothold ~~leghold~~ trap or one of similar construction in water, that has a jaw spread of larger than 8 1/2 inches (21.59 CM) ~~7 1/2 inches (19.1 CM)~~, or a body-gripping trap or one of similar construction having a jaw spread larger than 10 inches (25.4 CM) on a side if square and 12 inches (30.5 CM) if round. The diameter of traps shall be measured from the inside edges of the outer most portion of the jaws of the trap perpendicular to the hinges or frame at the widest point.

(d) It is unlawful to use any trap with saw-toothed, spiked, or toothed jaws.

(e) It is unlawful to destroy, disturb or in any manner interfere with dams, lodges, burrows or feed beds of beaver while trapping for beaver or to set a trap inside a muskrat house or beaver lodge, except that this shall not apply to individuals who are acting pursuant to the provisions of Section 2.37 or as provided for by administrative rule.

(f) It is unlawful to trap beaver or river otter with: (1) a foothold ~~leghold~~ trap or one of similar construction having an inside ~~a~~ jaw spread of less than 5 1/2 inches (13.9 CM) or more than 8 1/2 inches (21.59 CM) ~~7 1/2 inches (19.1 CM)~~, or (2) a body-gripping trap or one of similar construction having a jaw spread of less than 7 inches (17.7 CM) or more than 10 inches (25.4 CM) on a side if square and 12 inches (30.5 CM) if round, except that these restrictions shall not apply during the open season for trapping raccoons. The diameter of traps shall be measured from the inside edges of the outer most portion of the jaws of the trap perpendicular to the hinges or frame at the widest point.

(g) It is unlawful to set traps closer than 10 feet (3.05 M) from any hole or den which may be occupied by a game mammal or fur-bearing mammal except that this restriction shall not apply to water sets.

(h) It is unlawful to trap or attempt to trap any fur-bearing mammal with any colony, cage, box, or stove-pipe trap designed to take more than one mammal at a single setting.

(i) It is unlawful for any person to set or place any trap designed to take any fur-bearing mammal protected by this Act during the closed trapping season. Proof that any trap was placed during the closed trapping season shall be deemed prima facie evidence of a violation of this provision.

(j) It is unlawful to place, set, or maintain any foothold ~~leghold~~ trap or one of similar construction within thirty (30) feet (9.14 m) of bait placed in such a manner or position that it is not completely covered and concealed from sight, except that this shall not apply to underwater sets. Bait shall mean and include any bait composed of mammal, bird, or fish flesh, fur, hide, entrails or feathers.

(k) (Blank).

(l) It is unlawful for any person to place, set, use or maintain a snare trap or one of similar construction in water, that has a loop diameter exceeding 15 inches (38.1 CM) or a cable or wire diameter of more than 1/8 inch (3.2 MM) or less than 5/64 inch (2.0 MM), that is constructed of stainless steel metal cable or wire, and that does not have a mechanical lock, anchor swivel and stop device to prevent the mechanical lock from closing the noose loop to a diameter of less than 2 1/2 inches (6.4 CM).

(m) It is unlawful to trap muskrat or mink with (1) a foothold ~~leghold~~ trap or one of similar construction or (2) a body-gripping trap or one of similar construction unless the body-gripping trap or similar trap is completely submerged underwater when set. These restrictions shall not apply during the open season for trapping raccoons.

(Source: P.A. 103-37, eff. 6-9-23.)

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

There being no further amendments, the foregoing Amendment No. 1 was ordered engrossed, and the bill, as amended, was ordered to a third reading.

On motion of Senator Johnson, **Senate Bill No. 3325** having been printed, was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Guzmán, **Senate Bill No. 3340** having been printed, was taken up, read by title a second time.

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

#### **AMENDMENT NO. 1 TO SENATE BILL 3340**

AMENDMENT NO. 1 . Amend Senate Bill 3340 on page 8, by replacing lines 6 through 25 with the following:

"(c) Lodging customer identification. Protective medical equipment shall be briefly removed by the medical device wearer upon request by an operator of an inn, motel, or other place of lodging to verify identification upon check-in.

(f) Reasonable confirmation of identity. For applicable situations under subsections (c), (d), and (e), a person wearing protective medical equipment may continue to do so if clear window masks or other forms of protective medical equipment allow an operator to reasonably confirm the individual's facial features without removal of the protective medical equipment.

(1) Determination of whether identity can be reasonably confirmed shall be at the discretion of the operator, consistent with State and federal law.

(2) If the operator cannot reasonably confirm the individual's identity while the protective equipment remains in place, the operator may request that the individual briefly remove the equipment solely for the purpose of visual identification.

(3) An operator shall not be liable for refusing to sell, provide, or deliver any product, service, guest accommodation, or room if:

(A) verification of identity or age is required by State or federal law; or

(B) the operator, in good faith, determines that identity cannot be reasonably confirmed while the protective medical equipment remains in place, and the individual refuses to comply

with a reasonable request to briefly remove protective medical equipment for visual identification.

(4) Nothing in this Act shall be construed to require an operator to complete a sale, furnish a service, or provide access to guest accommodations to any individual who declines to comply with such a reasonable request."; and

on page 8, line 26, by replacing "(f)" with "(g)".

There being no further amendments, the foregoing Amendment No. 1 was ordered engrossed, and the bill, as amended, was ordered to a third reading.

On motion of Senator Glowiak Hilton, **Senate Bill No. 3496** having been printed, was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Hunter, **Senate Bill No. 3524** having been printed, was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Balkema, **Senate Bill No. 3620** having been printed, was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Joyce, **Senate Bill No. 3640** having been printed, was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Porfirio, **Senate Bill No. 3643** having been printed, was taken up, read by title a second time.

Committee Amendment No. 1 was held in the Committee on Assignments.

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

**AMENDMENT NO. 2 TO SENATE BILL 3643**

AMENDMENT NO. 2 . Amend Senate Bill 3643 by replacing everything after the enacting clause with the following:

"Section 5. The Nuclear Safety Law of 2004 is amended by adding Section 95 as follows:

(20 ILCS 3310/95 new)

Sec. 95. Right of entry.

(a) As used in this Section, "disaster" and "incident" have the meanings given to those terms in Section 4 of the Illinois Emergency Management Agency Act.

(b) IEMA-OHS has the right to enter on public and private property in order to take environmental samples in response to a disaster or incident that causes, or threatens to cause, radioactive contamination consistent with the regulatory requirements of the U.S. Nuclear Regulatory Commission.

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

There being no further amendments, the foregoing Amendment No. 2 was ordered engrossed, and the bill, as amended, was ordered to a third reading.

On motion of Senator Porfirio, **Senate Bill No. 3645** having been printed, was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Villivalam, **Senate Bill No. 3565** having been printed, was taken up, read by title a second time.

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

**AMENDMENT NO. 1 TO SENATE BILL 3565**

AMENDMENT NO. 1. Amend Senate Bill 3565 by replacing everything after the enacting clause with the following:

"Section 5. The Illinois Public Aid Code is amended by changing Section 9-15 as follows:

(305 ILCS 5/9-15)

Sec. 9-15. Township food pantries. In addition to financial aid provided to persons eligible therefor under Article VI of this Code, in a county under township organization, a township may provide, from moneys received and collected for public aid to all persons eligible therefor under Article VI of this Code, funds, may establish and administer food banks, food pantries, and programs for providing in-kind aid in meeting basic maintenance requirements, including, but not limited to, food, paper goods, toiletries, and clothing, to persons who are poor, indigent, homeless, or in need of immediate assistance regardless of their eligibility, ~~in addition to financial aid provided~~ under this Code.

(Source: P.A. 101-309, eff. 1-1-20)."

There being no further amendments, the foregoing Amendment No. 1 was ordered engrossed, and the bill, as amended, was ordered to a third reading.

At the hour of 12:33 o'clock p.m., the Chair announced that the Senate stands at ease.

**AT EASE**

At the hour of 12:38 o'clock p.m., the Senate resumed consideration of business.  
Senator Hunter, presiding.

**REPORTS FROM COMMITTEE ON ASSIGNMENTS**

Senator Cunningham, Vice-Chair of the Committee on Assignments, during its March 4, 2026 meeting, reported the following Legislative Measures have been assigned to the indicated Standing Committees of the Senate:

Agriculture: **Senate Bill No. 2891; Floor Amendment No. 1 to Senate Bill 3512.**

Criminal Law: **Senate Bills Numbered 2892, 3333 and 3880; Committee Amendment No. 1 to Senate Bill 2991; Committee Amendment No. 1 to Senate Bill 3636.**

Education: **Committee Amendment No. 1 to Senate Bill 2948.**

Energy and Public Utilities: **Committee Amendment No. 2 to Senate Bill 3104; Committee Amendment No. 1 to Senate Bill 3660.**

Environment and Conservation: **Committee Amendment No. 1 to Senate Bill 3556.**

Executive: **Senate Bills Numbered 3657 and 3707; Committee Amendment No. 1 to Senate Bill 3571.**

Health and Human Services: **Committee Amendment No. 1 to Senate Bill 3434.**

Judiciary: **Committee Amendment No. 1 to Senate Bill 2748; Committee Amendment No. 1 to Senate Bill 3183.**

Labor: **Committee Amendment No. 1 to Senate Bill 2828.**

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Licensed Activities: **Committee Amendment No. 1 to Senate Bill 2940.**

Local Government: **Senate Bill No. 4025; Committee Amendment No. 1 to Senate Bill 2829.**

Public Health: **Committee Amendment No. 1 to Senate Bill 3049.**

Revenue: **Senate Bill No. 1750; Committee Amendment No. 1 to Senate Bill 1750; Committee Amendment No. 1 to Senate Bill 2750.**

State Government: **Floor Amendment No. 1 to Senate Bill 3016.**

Transportation: **Senate Bill No. 2824; Committee Amendment No. 3 to Senate Bill 2972; Committee Amendment No. 2 to Senate Bill 3149; Committee Amendment No. 1 to Senate Bill 3164.**

Senator Cunningham, Vice-Chair of the Committee on Assignments, during its March 4, 2026 meeting, reported that the following Legislative Measure has been approved for consideration:

**Senate Resolution No. 626**

The foregoing resolution was placed on the Congratulatory Consent Calendar.

Pursuant to Senate Rule 3-8 (b-1), the following amendment will remain in the Committee on Assignments: **Committee Amendment No. 1 to Senate Bill 3104.**

At the hour of 12:40 o'clock p.m., Senator Aquino, presiding.

**READING BILLS OF THE SENATE A SECOND TIME**

On motion of Senator Halpin, **Senate Bill No. 2816** having been printed, was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Halpin, **Senate Bill No. 3379** having been printed, was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Halpin, **Senate Bill No. 3512** having been printed, was taken up, read by title a second time.

Floor Amendment No. 1 was referred to the Committee on Agriculture earlier today. There being no further amendments, the bill was ordered to a third reading.

On motion of Senator Ellman, **Senate Bill No. 3676** having been printed, was taken up, read by title a second time and ordered to a third reading.

**COMMITTEE MEETING ANNOUNCEMENTS**

The Chair announced the following committees to meet at 1:30 o'clock p.m.:

Executive in Room 212  
Licensed Activities in Room 400  
State Government in Room 409

The Chair announced the following committees to meet at 3:30 o'clock p.m.:

Judiciary in Room 400

Local Government in Room 409

**LEGISLATIVE MEASURES FILED**

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

Amendment No. 1 to Senate Bill 3295

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

- Amendment No. 1 to Senate Bill 2891
- Amendment No. 1 to Senate Bill 2892
- Amendment No. 1 to Senate Bill 2912
- Amendment No. 1 to Senate Bill 2952
- Amendment No. 1 to Senate Bill 3084
- Amendment No. 1 to Senate Bill 3120
- Amendment No. 1 to Senate Bill 3268
- Amendment No. 1 to Senate Bill 3494
- Amendment No. 1 to Senate Bill 3517
- Amendment No. 1 to Senate Bill 3669
- Amendment No. 1 to Senate Bill 3729

At the hour of 12:47 o'clock p.m., the Chair announced that the Senate stands adjourned until Thursday, March 5, 2026, at 12:00 o'clock p.m.