



## 104TH GENERAL ASSEMBLY

### State of Illinois

2025 and 2026

**HB4834**

by Rep. Kelly M. Cassidy

#### SYNOPSIS AS INTRODUCED:

720 ILCS 570/316  
720 ILCS 570/316.2 new

Amends the Illinois Controlled Substances Act. Provides that the Prescription Monitoring Program does not apply to testosterone, mifepristone, misoprostol, GnRH analogues, or estrogen. Provides that the Department of Human Services shall purge from the records of the Prescription Monitoring Program all existing information concerning the prescribing or dispensing of testosterone, including any such information contained in the central repository or database, on or before January 1, 2027, and shall ensure that no further records concerning the prescribing and dispensing of testosterone are created or maintained by the Prescription Monitoring Program. Provides that the Department shall update and adopt rules consistent with the provision no later than January 1, 2027. Effective immediately.

LRB104 19323 RLC 32769 b

1 AN ACT concerning criminal law.

2 **Be it enacted by the People of the State of Illinois,**  
3 **represented in the General Assembly:**

4 Section 5. The Illinois Controlled Substances Act is  
5 amended by changing Section 316 and by adding Section 316.2 as  
6 follows:

7 (720 ILCS 570/316)

8 Sec. 316. Prescription Monitoring Program.

9 (a) The Department must provide for a Prescription  
10 Monitoring Program for Schedule II, III, IV, and V controlled  
11 substances, except testosterone, that includes the following  
12 components and requirements:

13 (1) The dispenser must transmit to the central  
14 repository, in a form and manner specified by the  
15 Department, the following information:

16 (A) The recipient's name and address.

17 (B) The recipient's date of birth and gender.

18 (C) The national drug code number of the  
19 controlled substance dispensed.

20 (D) (Blank).

21 (E) The quantity of the controlled substance  
22 dispensed and days supply.

23 (F) The dispenser's United States Drug Enforcement

1 Administration registration number.

2 (G) The prescriber's United States Drug  
3 Enforcement Administration registration number.

4 (H) The dates the controlled substance  
5 prescription is filled.

6 (I) The payment type used to purchase the  
7 controlled substance (i.e. Medicaid, cash, third party  
8 insurance).

9 (J) The patient location code (i.e. home, nursing  
10 home, outpatient, etc.) for the controlled substances  
11 other than those filled at a retail pharmacy.

12 (K) Any additional information that may be  
13 required by the department by administrative rule,  
14 including but not limited to information required for  
15 compliance with the criteria for electronic reporting  
16 of the American Society for Automation and Pharmacy or  
17 its successor.

18 (2) The information required to be transmitted under  
19 this Section must be transmitted not later than the end of  
20 the business day on which a controlled substance is  
21 dispensed, or at such other time as may be required by the  
22 Department by administrative rule.

23 (3) A dispenser must transmit electronically, as  
24 provided by Department rule, the information required to  
25 be transmitted under this Section.

26 (3.5) The requirements of paragraphs (1), (2), and (3)

1 of this subsection also apply to opioid treatment programs  
2 that are licensed or certified by the Department of Human  
3 Services' Division of Substance Use Prevention and  
4 Recovery and are authorized by the federal Drug  
5 Enforcement Administration to prescribe Schedule II, III,  
6 IV, or V controlled substances for the treatment of opioid  
7 use disorders. Opioid treatment programs shall attempt to  
8 obtain written patient consent, shall document attempts to  
9 obtain the written consent, and shall not transmit  
10 information without patient consent. Documentation  
11 obtained under this paragraph shall not be utilized for  
12 law enforcement purposes, as proscribed under 42 CFR 2, as  
13 amended by 42 U.S.C. 290dd-2. Treatment of a patient shall  
14 not be conditioned upon his or her written consent.

15 (4) The Department may impose a civil fine of up to  
16 \$100 per day for willful failure to report controlled  
17 substance dispensing to the Prescription Monitoring  
18 Program. The fine shall be calculated on no more than the  
19 number of days from the time the report was required to be  
20 made until the time the problem was resolved, and shall be  
21 payable to the Prescription Monitoring Program.

22 (a-5) Notwithstanding subsection (a), a licensed  
23 veterinarian is exempt from the reporting requirements of this  
24 Section. If a person who is presenting an animal for treatment  
25 is suspected of fraudulently obtaining any controlled  
26 substance or prescription for a controlled substance, the

1 licensed veterinarian shall report that information to the  
2 local law enforcement agency.

3 (b) The Department, by rule, may include in the  
4 Prescription Monitoring Program certain other select drugs  
5 that are not included in Schedule II, III, IV, or V. The  
6 Prescription Monitoring Program does not apply to  
7 testosterone, mifepristone, misoprostol, GnRH analogues,  
8 estrogen, or controlled substance prescriptions as exempted  
9 under Section 313.

10 (c) The collection of data on select drugs and scheduled  
11 substances by the Prescription Monitoring Program may be used  
12 as a tool for addressing oversight requirements of long-term  
13 care institutions as set forth by Public Act 96-1372.  
14 Long-term care pharmacies shall transmit patient medication  
15 profiles to the Prescription Monitoring Program monthly or  
16 more frequently as established by administrative rule.

17 (d) The Department of Human Services shall appoint a  
18 full-time Clinical Director of the Prescription Monitoring  
19 Program.

20 (e) (Blank).

21 (f) It is the responsibility of any new, ceased, or  
22 unconnected healthcare facility and its selected Electronic  
23 Health Records System or Pharmacy Management System to make  
24 contact with and ensure integration with the Prescription  
25 Monitoring Program. As soon as practicable after the effective  
26 date of this amendatory Act of the 103rd General Assembly, the

1 Department shall adopt rules requiring Electronic Health  
2 Records Systems and Pharmacy Management Systems to interface,  
3 by January 1, 2024, with the Prescription Monitoring Program  
4 to ensure that providers have access to specific patient  
5 records during the treatment of their patients. The Department  
6 shall identify actions to be taken if a prescriber's  
7 Electronic Health Records System and Pharmacy Management  
8 Systems does not effectively interface with the Prescription  
9 Monitoring Program once the Prescription Monitoring Program is  
10 aware of the non-integrated connection.

11 (g) The Department, in consultation with the Prescription  
12 Monitoring Program Advisory Committee, shall adopt rules  
13 allowing licensed prescribers or pharmacists who have  
14 registered to access the Prescription Monitoring Program to  
15 authorize a licensed or non-licensed designee employed in that  
16 licensed prescriber's office or a licensed designee in a  
17 licensed pharmacist's pharmacy who has received training in  
18 the federal Health Insurance Portability and Accountability  
19 Act and 42 CFR 2 to consult the Prescription Monitoring  
20 Program on their behalf. The rules shall include reasonable  
21 parameters concerning a practitioner's authority to authorize  
22 a designee, and the eligibility of a person to be selected as a  
23 designee. In this subsection (g), "pharmacist" shall include a  
24 clinical pharmacist employed by and designated by a Medicaid  
25 Managed Care Organization providing services under Article V  
26 of the Illinois Public Aid Code under a contract with the

1 Department of Healthcare and Family Services for the sole  
2 purpose of clinical review of services provided to persons  
3 covered by the entity under the contract to determine  
4 compliance with subsections (a) and (b) of Section 314.5 of  
5 this Act. A managed care entity pharmacist shall notify  
6 prescribers of review activities.

7 (Source: P.A. 102-527, eff. 8-20-21; 102-813, eff. 5-13-22;  
8 103-477, eff. 8-4-23.)

9 (720 ILCS 570/316.2 new)

10 Sec. 316.2. Information concerning testosterone. The  
11 Department shall purge from the records of the Prescription  
12 Monitoring Program, as established by Section 316 of this Act,  
13 all existing information concerning the prescribing or  
14 dispensing of testosterone, including any such information  
15 contained in the central repository or database created under  
16 Section 317 of this Act, on or before January 1, 2027, and  
17 shall ensure that no further records concerning the  
18 prescribing and dispensing of testosterone are created or  
19 maintained by the Prescription Monitoring Program. The  
20 Department shall update and adopt rules consistent with this  
21 Section no later than January 1, 2027.

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