

# SB3521



## 104TH GENERAL ASSEMBLY

### State of Illinois

2025 and 2026

SB3521

Introduced 2/5/2026, by Sen. Laura Ellman

#### SYNOPSIS AS INTRODUCED:

720 ILCS 570/318

Amends the Illinois Controlled Substances Act. Provides that, in relation to the prescriber and dispenser inquiry system, "one-to-one secure link" includes any communications exchange platform that aligns with widely adopted standards, including, but not limited to, the Prescription Monitoring Information Exchange standard, which facilitates the secure transfer of prescription monitoring program data across state lines.

LRB104 19704 RLC 33153 b

A BILL FOR

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 318 as follows:

6 (720 ILCS 570/318)

7 Sec. 318. Confidentiality of information.

8 (a) Information received by the central repository under  
9 Section 316 and former Section 321 is confidential.

10 (a-1) To ensure the federal Health Insurance Portability  
11 and Accountability Act and confidentiality of substance use  
12 disorder patient records rules that mandate the privacy of an  
13 individual's prescription data reported to the Prescription  
14 Monitoring Program received from a retail dispenser under this  
15 Act, and in order to execute the duties and responsibilities  
16 under Section 316 of this Act and rules for disclosure under  
17 this Section, the Clinical Director of the Prescription  
18 Monitoring Program or his or her designee shall maintain  
19 direct access to all Prescription Monitoring Program data. Any  
20 request for Prescription Monitoring Program data from any  
21 other department or agency must be approved in writing by the  
22 Clinical Director of the Prescription Monitoring Program or  
23 his or her designee unless otherwise permitted by law.

1 Prescription Monitoring Program data shall only be disclosed  
2 as permitted by law. Confidential information received from  
3 opioid treatment programs or confidential information  
4 otherwise protected under federal confidentiality of substance  
5 use disorder patient records regulations under 42 CFR Part 2  
6 shall not be included in the information shared.

7 (a-2) As an active step to address the current opioid  
8 crisis in this State and to prevent and reduce substance use  
9 disorders resulting from a sports injury or an accident, the  
10 Prescription Monitoring Program and the Department of Public  
11 Health shall coordinate a continuous review of the  
12 Prescription Monitoring Program and the Department of Public  
13 Health data to determine if a patient may be at risk of opioid  
14 use disorder. Each patient discharged from any medical  
15 facility with an International Classification of Disease, 10th  
16 edition code related to a sport or accident injury shall be  
17 subject to the data review. If the discharged patient is  
18 dispensed a controlled substance, the Prescription Monitoring  
19 Program shall alert the patient's prescriber as to the risk of  
20 developing a substance use disorder and urge each to follow  
21 the Centers for Disease Control and Prevention guidelines or  
22 his or her respective profession's treatment guidelines  
23 related to the patient's injury. This subsection (a-2), other  
24 than this sentence, is inoperative on or after January 1,  
25 2024.

26 (b) The Department must carry out a program to protect the

1 confidentiality of the information described in subsection  
2 (a). The Department may disclose the information to another  
3 person only under subsection (c), (d), or (f) and may charge a  
4 fee not to exceed the actual cost of furnishing the  
5 information.

6 (c) The Department may disclose confidential information  
7 described in subsection (a) to any person who is engaged in  
8 receiving, processing, or storing the information.

9 (d) The Department may release confidential information  
10 described in subsection (a) to the following persons:

11 (1) A governing body that licenses practitioners and  
12 is engaged in an investigation, an adjudication, or a  
13 prosecution of a violation under any State or federal law  
14 that involves a controlled substance.

15 (2) An investigator for the Consumer Protection  
16 Division of the office of the Attorney General, a  
17 prosecuting attorney, the Attorney General, a deputy  
18 Attorney General, or an investigator from the office of  
19 the Attorney General, who is engaged in any of the  
20 following activities involving controlled substances:

21 (A) an investigation;

22 (B) an adjudication; or

23 (C) a prosecution of a violation under any State  
24 or federal law that involves a controlled substance.

25 (3) A law enforcement officer who is:

26 (A) authorized by the Illinois State Police or the

1 office of a county sheriff or State's Attorney or  
2 municipal police department of Illinois to receive  
3 information of the type requested for the purpose of  
4 investigations involving controlled substances; or

5 (B) approved by the Department to receive  
6 information of the type requested for the purpose of  
7 investigations involving controlled substances; and

8 (C) engaged in the investigation or prosecution of  
9 a violation under any State or federal law that  
10 involves a controlled substance.

11 (4) Select representatives of the Department of  
12 Children and Family Services through the indirect online  
13 request process. Access shall be established by an  
14 intergovernmental agreement between the Department of  
15 Children and Family Services and the Department of Human  
16 Services.

17 (e) Before the Department releases confidential  
18 information under subsection (d), all of the following must be  
19 demonstrated in writing to the Department by the applicant:

20 (1) the applicant has reason to believe that a  
21 violation under any State or federal law that involves a  
22 controlled substance has occurred;

23 (2) the requested information is reasonably related to  
24 the investigation, adjudication, or prosecution of the  
25 violation described in subdivision (1); and

26 (3) the applicant has a valid court order or subpoena,

1 or an administrative subpoena issued by the Department of  
2 Financial and Professional Regulation, for the  
3 confidential information requested.

4 (f) The Department may receive and release confidential  
5 prescription record information collected under Sections 316  
6 and 321 (now repealed) that identifies vendors or  
7 practitioners, or both, who are prescribing or dispensing  
8 large quantities of Schedule II, III, IV, or V controlled  
9 substances outside the scope of their practice, pharmacy, or  
10 business, as determined by the Advisory Committee created by  
11 Section 320, to:

12 (1) a governing body that licenses practitioners;

13 (2) an investigator for the Consumer Protection  
14 Division of the office of the Attorney General, a  
15 prosecuting attorney, the Attorney General, a deputy  
16 Attorney General, or an investigator from the office of  
17 the Attorney General;

18 (3) any Illinois law enforcement officer who is:

19 (A) authorized to receive the type of information  
20 released; and

21 (B) approved by the Department to receive the type  
22 of information released; or

23 (4) prescription monitoring entities in other states  
24 per the provisions outlined in subsection (g) and (h)  
25 below.

26 (f-5) In accordance with a confidentiality agreement

1 entered into with the Department, a medical director, or a  
2 public health administrator and their delegated analysts, of a  
3 county or municipal health department or the Department of  
4 Public Health shall have access to data from the system for any  
5 of the following purposes:

6 (1) developing education programs or public health  
7 interventions relating to prescribing trends and  
8 controlled substance use; or

9 (2) conducting analyses and publish reports on  
10 prescribing trends in their respective jurisdictions.

11 At a minimum, the confidentiality agreement entered into  
12 with the Department shall:

13 (i) prohibit analysis and reports produced under  
14 subparagraph (2) from including information that  
15 identifies, by name, license, or address, any  
16 practitioner, dispenser, ultimate user, or other person  
17 administering a controlled substance; and

18 (ii) specify the appropriate technical and physical  
19 safeguards that the county or municipal health department  
20 must implement to ensure the privacy and security of data  
21 obtained from the system. The data from the system shall  
22 not be admissible as evidence, nor discoverable in any  
23 action of any kind in any court or before any tribunal,  
24 board, agency, or person. The disclosure of any such  
25 information or data, whether proper or improper, shall not  
26 waive or have any effect upon its confidentiality,

1 non-discoverability, or non-admissibility.

2 (g) The information described in subsection (f) may not be  
3 released until it has been reviewed by an employee of the  
4 Department who is licensed as a prescriber or a dispenser and  
5 until that employee has certified that further investigation  
6 is warranted. Upon review and approval by a licensed  
7 prescriber or dispenser, or trained designee, the Prescription  
8 Monitoring Program may release information described in  
9 subsection (f). However, failure to comply with this  
10 subsection (g) does not invalidate the use of any evidence  
11 that is otherwise admissible in a proceeding described in  
12 subsection (h).

13 (h) An investigator or a law enforcement officer receiving  
14 confidential information under subsection (c), (d), or (f) may  
15 disclose the information to a law enforcement officer or an  
16 attorney for the office of the Attorney General for use as  
17 evidence in the following:

18 (1) A proceeding under any State or federal law that  
19 involves a controlled substance.

20 (2) A criminal proceeding or a proceeding in juvenile  
21 court that involves a controlled substance.

22 (i) The Department may compile statistical reports from  
23 the information described in subsection (a). The reports must  
24 not include information that identifies, by name, license or  
25 address, any practitioner, dispenser, ultimate user, or other  
26 person administering a controlled substance.

1 (j) Based upon federal, initial and maintenance funding, a  
2 prescriber and dispenser inquiry system shall be developed to  
3 assist the health care community in its goal of effective  
4 clinical practice and to prevent patients from diverting or  
5 abusing medications.

6 (1) An inquirer shall have read-only access to a  
7 stand-alone database which shall contain records for the  
8 previous 12 months.

9 (2) Dispensers may, upon positive and secure  
10 identification, make an inquiry on a patient or customer  
11 solely for a medical purpose as delineated within the  
12 federal HIPAA law.

13 (3) The Department shall provide a one-to-one secure  
14 link and encrypted software necessary to establish the  
15 link between an inquirer and the Department. Technical  
16 assistance shall also be provided. As used in this  
17 paragraph (3), "one-to-one secure link" includes any  
18 communications exchange platform that aligns with widely  
19 adopted standards, including, but not limited to, the  
20 Prescription Monitoring Information Exchange standard,  
21 which facilitates the secure transfer of prescription  
22 monitoring program data across state lines.

23 (4) Written inquiries are acceptable but must include  
24 the fee and the requester's Drug Enforcement  
25 Administration license number and submitted upon the  
26 requester's business stationery.

1           (5) As directed by the Prescription Monitoring Program  
2           Advisory Committee and the Clinical Director for the  
3           Prescription Monitoring Program, aggregate data that does  
4           not indicate any prescriber, practitioner, dispenser, or  
5           patient may be used for clinical studies.

6           (6) Tracking analysis shall be established and used  
7           per administrative rule.

8           (7) Nothing in this Act or Illinois law shall be  
9           construed to require a prescriber or dispenser to make use  
10          of this inquiry system.

11          (8) If there is an adverse outcome because of a  
12          prescriber or dispenser making an inquiry, which is  
13          initiated in good faith, the prescriber or dispenser shall  
14          be held harmless from any civil liability.

15          (k) The Department shall establish, by rule, the process  
16          by which to evaluate possible erroneous association of  
17          prescriptions to any licensed prescriber or end user of the  
18          Illinois Prescription Information Library (PIL).

19          (l) The Prescription Monitoring Program Advisory Committee  
20          is authorized to evaluate the need for and method of  
21          establishing a patient specific identifier.

22          (m) Patients who identify prescriptions attributed to them  
23          that were not obtained by them shall be given access to their  
24          personal prescription history pursuant to the validation  
25          process as set forth by administrative rule.

26          (n) The Prescription Monitoring Program is authorized to

1 develop operational push reports to entities with compatible  
2 electronic medical records. The process shall be covered  
3 within administrative rule established by the Department.

4 (o) Hospital emergency departments and freestanding  
5 healthcare facilities providing healthcare to walk-in patients  
6 may obtain, for the purpose of improving patient care, a  
7 unique identifier for each shift to utilize the PII system.

8 (p) The Prescription Monitoring Program shall  
9 automatically create a log-in to the inquiry system when a  
10 prescriber or dispenser obtains or renews his or her  
11 controlled substance license. The Department of Financial and  
12 Professional Regulation must provide the Prescription  
13 Monitoring Program with electronic access to the license  
14 information of a prescriber or dispenser to facilitate the  
15 creation of this profile. The Prescription Monitoring Program  
16 shall send the prescriber or dispenser information regarding  
17 the inquiry system, including instructions on how to log into  
18 the system, instructions on how to use the system to promote  
19 effective clinical practice, and opportunities for continuing  
20 education for the prescribing of controlled substances. The  
21 Prescription Monitoring Program shall also send to all  
22 enrolled prescribers, dispensers, and designees information  
23 regarding the unsolicited reports produced pursuant to Section  
24 314.5 of this Act.

25 (q) A prescriber or dispenser may authorize a designee to  
26 consult the inquiry system established by the Department under

1 this subsection on his or her behalf, provided that all the  
2 following conditions are met:

3 (1) the designee so authorized is employed by the same  
4 hospital or health care system; is employed by the same  
5 professional practice; or is under contract with such  
6 practice, hospital, or health care system;

7 (2) the prescriber or dispenser takes reasonable steps  
8 to ensure that such designee is sufficiently competent in  
9 the use of the inquiry system;

10 (3) the prescriber or dispenser remains responsible  
11 for ensuring that access to the inquiry system by the  
12 designee is limited to authorized purposes and occurs in a  
13 manner that protects the confidentiality of the  
14 information obtained from the inquiry system, and remains  
15 responsible for any breach of confidentiality; and

16 (4) the ultimate decision as to whether or not to  
17 prescribe or dispense a controlled substance remains with  
18 the prescriber or dispenser.

19 The Prescription Monitoring Program shall send to  
20 registered designees information regarding the inquiry system,  
21 including instructions on how to log onto the system.

22 (r) The Prescription Monitoring Program shall maintain an  
23 Internet website in conjunction with its prescriber and  
24 dispenser inquiry system. This website shall include, at a  
25 minimum, the following information:

26 (1) current clinical guidelines developed by health

1 care professional organizations on the prescribing of  
2 opioids or other controlled substances as determined by  
3 the Advisory Committee;

4 (2) accredited continuing education programs related  
5 to prescribing of controlled substances;

6 (3) programs or information developed by health care  
7 professionals that may be used to assess patients or help  
8 ensure compliance with prescriptions;

9 (4) updates from the Food and Drug Administration, the  
10 Centers for Disease Control and Prevention, and other  
11 public and private organizations which are relevant to  
12 prescribing;

13 (5) relevant medical studies related to prescribing;

14 (6) other information regarding the prescription of  
15 controlled substances; and

16 (7) information regarding prescription drug disposal  
17 events, including take-back programs or other disposal  
18 options or events.

19 The content of the Internet website shall be periodically  
20 reviewed by the Prescription Monitoring Program Advisory  
21 Committee as set forth in Section 320 and updated in  
22 accordance with the recommendation of the advisory committee.

23 (s) The Prescription Monitoring Program shall regularly  
24 send electronic updates to the registered users of the  
25 Program. The Prescription Monitoring Program Advisory  
26 Committee shall review any communications sent to registered

1 users and also make recommendations for communications as set  
2 forth in Section 320. These updates shall include the  
3 following information:

4 (1) opportunities for accredited continuing education  
5 programs related to prescribing of controlled substances;

6 (2) current clinical guidelines developed by health  
7 care professional organizations on the prescribing of  
8 opioids or other drugs as determined by the Advisory  
9 Committee;

10 (3) programs or information developed by health care  
11 professionals that may be used to assess patients or help  
12 ensure compliance with prescriptions;

13 (4) updates from the Food and Drug Administration, the  
14 Centers for Disease Control and Prevention, and other  
15 public and private organizations which are relevant to  
16 prescribing;

17 (5) relevant medical studies related to prescribing;

18 (6) other information regarding prescribing of  
19 controlled substances;

20 (7) information regarding prescription drug disposal  
21 events, including take-back programs or other disposal  
22 options or events; and

23 (8) reminders that the Prescription Monitoring Program  
24 is a useful clinical tool.

25 (t) Notwithstanding any other provision of this Act,  
26 neither the Prescription Monitoring Program nor any other

1 person shall disclose any information in violation of the  
2 restrictions and requirements of paragraph (3.5) of subsection  
3 (a) of Section 316 as implemented under Public Act 102-527.  
4 (Source: P.A. 102-751, eff. 1-1-23; 103-881, eff. 1-1-25;  
5 103-1064, eff. 2-7-25.)