



102ND GENERAL ASSEMBLY

State of Illinois

2021 and 2022

HB4640

Introduced 1/21/2022, by Rep. Deb Conroy

SYNOPSIS AS INTRODUCED:

New Act

20 ILCS 2305/2

from Ch. 111 1/2, par. 22

410 ILCS 535/24

from Ch. 111 1/2, par. 73-24

720 ILCS 570/318

Creates the Access to Public Health Data Act. Provides that the Department of Public Health, the Department of Human Services, and the Department of Children and Family Services shall, at the request of a local health department in Illinois, make any and all public health data related to residents of that local health department's jurisdiction available to that local health department for the purposes of preventing or controlling disease, injury, or disability. Provides that the Department of Public Health, the Department of Human Services, and the Department of Children and Family Services may adopt any rules necessary to implement the Act. Contains other provisions. Amends the Department of Public Health Act. Provides that emergency access to medical or health information, records, or data shall include access to electronic health records, provided that the local health authority shall be unable to alter the electronic health records. Provides that a person, facility, institution, or agency providing information under the provisions may withhold a patient's mental or behavioral health history. Amends the Vital Records Act. Provides that no rule adopted by the Department of Public Health shall be construed as restricting access to vital records by any municipality, county, multicounty, public health district, or regional health officer recognized by the Department for the purposes described in specified provisions. Amends the Illinois Controlled Substances Act. Provides that the Department of Public Health may release specified confidential information to a certified local health department engaged in the performance of epidemiological studies, the application of data science methods, or other analytic models that protect and promote public health. Makes other changes.

LRB102 22205 CPF 31335 b

1 AN ACT concerning health.

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

4 Section 1. Short title. This Act may be cited as the Access
5 to Public Health Data Act.

6 Section 5. Definitions. As used in this Act, "public
7 health data" includes, but is not limited to, birth and death
8 certificate data, hospital discharge data, adverse pregnancy
9 outcomes reporting system (APORS) data, cancer registry data,
10 pregnancy risk assessment monitoring system (PRAMS) data,
11 syndromic surveillance data, and prescription monitoring
12 program (PMP) data.

13 Section 10. Access to public health data; local health
14 departments.

15 (a) Notwithstanding any other provision of State law to
16 the contrary, the Department of Public Health, the Department
17 of Human Services, and the Department of Children and Family
18 Services shall, at the request of a local health department in
19 this State, make any and all public health data related to
20 residents of that local health department's jurisdiction
21 available to that local health department for the purposes of
22 preventing or controlling disease, injury, or disability. The

1 commissioner, executive director, chief operating officer,
2 chief medical officer, or equivalent executive leader of a
3 local health department has express authority to request and
4 receive such data.

5 (b) The Department of Public Health, the Department of
6 Human Services, the Department of Children and Family
7 Services, and the requesting local health department shall
8 apply appropriate safeguards to ensure the privacy and
9 security of the data.

10 Section 15. Data use agreements. The Department of Public
11 Health, the Department of Human Services, the Department of
12 Children and Family Services, and the requesting local health
13 department may enter into data use agreements to ensure
14 appropriate, effective, and efficient use of data requested by
15 the local health department, though no data use agreement
16 shall restrict local health department access to any public
17 health data available to the Department of Public Health, the
18 Department of Human Services, or the Department of Children
19 and Family Services, nor shall it require indemnification as a
20 prerequisite to access.

21 Section 20. Standard request data forms. Within 60 days
22 after the effective date of this Act, the Department of Public
23 Health, the Department of Human Services, and the Department
24 of Children and Family Services shall develop a standard data

1 request form for use by local health departments, the terms of
2 which shall be limited to data content, format, method of
3 transfer, analytic and statistical methods, scope of use, and
4 requirements for safeguarding the data.

5 Section 25. Latest available data. The Department of
6 Public Health, the Department of Human Services, and the
7 Department of Children and Family Services must provide the
8 latest available data for each local health department request
9 within 90 business days after receiving the data request form.

10 Section 30. Rules. The Department of Public Health, the
11 Department of Human Services, and the Department of Children
12 and Family Services may adopt any rules necessary to implement
13 this Act.

14 Section 35. The Department of Public Health Act is amended
15 by changing Section 2 as follows:

16 (20 ILCS 2305/2) (from Ch. 111 1/2, par. 22)

17 Sec. 2. Powers.

18 (a) The State Department of Public Health has general
19 supervision of the interests of the health and lives of the
20 people of the State. It has supreme authority in matters of
21 quarantine and isolation, and may declare and enforce
22 quarantine and isolation when none exists, and may modify or

1 relax quarantine and isolation when it has been established.
2 The Department may adopt, promulgate, repeal and amend rules
3 and regulations and make such sanitary investigations and
4 inspections as it may from time to time deem necessary for the
5 preservation and improvement of the public health, consistent
6 with law regulating the following:

7 (1) Transportation of the remains of deceased persons.

8 (2) Sanitary practices relating to drinking water made
9 accessible to the public for human consumption or for
10 lavatory or culinary purposes.

11 (3) Sanitary practices relating to rest room
12 facilities made accessible to the public or to persons
13 handling food served to the public.

14 (4) Sanitary practices relating to disposal of human
15 wastes in or from all buildings and places where people
16 live, work or assemble.

17 The provisions of the Illinois Administrative Procedure
18 Act are hereby expressly adopted and shall apply to all
19 administrative rules and procedures of the Department of
20 Public Health under this Act, except that Section 5-35 of the
21 Illinois Administrative Procedure Act relating to procedures
22 for rule-making does not apply to the adoption of any rule
23 required by federal law in connection with which the
24 Department is precluded by law from exercising any discretion.

25 All local boards of health, health authorities and
26 officers, police officers, sheriffs and all other officers and

1 employees of the state or any locality shall enforce the rules
2 and regulations so adopted and orders issued by the Department
3 pursuant to this Section.

4 The Department of Public Health shall conduct a public
5 information campaign to inform Hispanic women of the high
6 incidence of breast cancer and the importance of mammograms
7 and where to obtain a mammogram. This requirement may be
8 satisfied by translation into Spanish and distribution of the
9 breast cancer summaries required by Section 2310-345 of the
10 Department of Public Health Powers and Duties Law (20 ILCS
11 2310/2310-345). The information provided by the Department of
12 Public Health shall include (i) a statement that mammography
13 is the most accurate method for making an early detection of
14 breast cancer, however, no diagnostic tool is 100% effective
15 and (ii) instructions for performing breast self-examination
16 and a statement that it is important to perform a breast
17 self-examination monthly.

18 The Department of Public Health shall investigate the
19 causes of dangerously contagious or infectious diseases,
20 especially when existing in epidemic form, and take means to
21 restrict and suppress the same, and whenever such disease
22 becomes, or threatens to become epidemic, in any locality and
23 the local board of health or local authorities neglect or
24 refuse to enforce efficient measures for its restriction or
25 suppression or to act with sufficient promptness or
26 efficiency, or whenever the local board of health or local

1 authorities neglect or refuse to promptly enforce efficient
2 measures for the restriction or suppression of dangerously
3 contagious or infectious diseases, the Department of Public
4 Health may enforce such measures as it deems necessary to
5 protect the public health, and all necessary expenses so
6 incurred shall be paid by the locality for which services are
7 rendered.

8 (b) Subject to the provisions of subsection (c), the
9 Department may order a person or group of persons to be
10 quarantined or isolated or may order a place to be closed and
11 made off limits to the public to prevent the probable spread of
12 a dangerously contagious or infectious disease, including
13 non-compliant tuberculosis patients, until such time as the
14 condition can be corrected or the danger to the public health
15 eliminated or reduced in such a manner that no substantial
16 danger to the public's health any longer exists. Orders for
17 isolation of a person or quarantine of a place to prevent the
18 probable spread of a sexually transmissible disease shall be
19 governed by the provisions of Section 7 of the Illinois
20 Sexually Transmissible Disease Control Act and not this
21 Section.

22 (c) Except as provided in this Section, no person or a
23 group of persons may be ordered to be quarantined or isolated
24 and no place may be ordered to be closed and made off limits to
25 the public except with the consent of the person or owner of
26 the place or upon the prior order of a court of competent

1 jurisdiction. The Department may, however, order a person or a
2 group of persons to be quarantined or isolated or may order a
3 place to be closed and made off limits to the public on an
4 immediate basis without prior consent or court order if, in
5 the reasonable judgment of the Department, immediate action is
6 required to protect the public from a dangerously contagious
7 or infectious disease. In the event of an immediate order
8 issued without prior consent or court order, the Department
9 shall, as soon as practical, within 48 hours after issuing the
10 order, obtain the consent of the person or owner or file a
11 petition requesting a court order authorizing the isolation or
12 quarantine or closure. When exigent circumstances exist that
13 cause the court system to be unavailable or that make it
14 impossible to obtain consent or file a petition within 48
15 hours after issuance of an immediate order, the Department
16 must obtain consent or file a petition requesting a court
17 order as soon as reasonably possible. To obtain a court order,
18 the Department, by clear and convincing evidence, must prove
19 that the public's health and welfare are significantly
20 endangered by a person or group of persons that has, that is
21 suspected of having, that has been exposed to, or that is
22 reasonably believed to have been exposed to a dangerously
23 contagious or infectious disease including non-compliant
24 tuberculosis patients or by a place where there is a
25 significant amount of activity likely to spread a dangerously
26 contagious or infectious disease. The Department must also

1 prove that all other reasonable means of correcting the
2 problem have been exhausted and no less restrictive
3 alternative exists. For purposes of this subsection, in
4 determining whether no less restrictive alternative exists,
5 the court shall consider evidence showing that, under the
6 circumstances presented by the case in which an order is
7 sought, quarantine or isolation is the measure provided for in
8 a rule of the Department or in guidelines issued by the Centers
9 for Disease Control and Prevention or the World Health
10 Organization. Persons who are or are about to be ordered to be
11 isolated or quarantined and owners of places that are or are
12 about to be closed and made off limits to the public shall have
13 the right to counsel. If a person or owner is indigent, the
14 court shall appoint counsel for that person or owner. Persons
15 who are ordered to be isolated or quarantined or who are owners
16 of places that are ordered to be closed and made off limits to
17 the public, shall be given a written notice of such order. The
18 written notice shall additionally include the following: (1)
19 notice of the right to counsel; (2) notice that if the person
20 or owner is indigent, the court will appoint counsel for that
21 person or owner; (3) notice of the reason for the order for
22 isolation, quarantine, or closure; (4) notice of whether the
23 order is an immediate order, and if so, the time frame for the
24 Department to seek consent or to file a petition requesting a
25 court order as set out in this subsection; and (5) notice of
26 the anticipated duration of the isolation, quarantine, or

1 closure.

2 (d) The Department may order physical examinations and
3 tests and collect laboratory specimens as necessary for the
4 diagnosis or treatment of individuals in order to prevent the
5 probable spread of a dangerously contagious or infectious
6 disease. Physical examinations, tests, or collection of
7 laboratory specimens must not be such as are reasonably likely
8 to lead to serious harm to the affected individual. To prevent
9 the spread of a dangerously contagious or infectious disease,
10 the Department may, pursuant to the provisions of subsection
11 (c) of this Section, isolate or quarantine any person whose
12 refusal of physical examination or testing or collection of
13 laboratory specimens results in uncertainty regarding whether
14 he or she has been exposed to or is infected with a dangerously
15 contagious or infectious disease or otherwise poses a danger
16 to the public's health. An individual may refuse to consent to
17 a physical examination, test, or collection of laboratory
18 specimens. An individual shall be given a written notice that
19 shall include notice of the following: (i) that the individual
20 may refuse to consent to physical examination, test, or
21 collection of laboratory specimens; (ii) that if the
22 individual consents to physical examination, tests, or
23 collection of laboratory specimens, the results of that
24 examination, test, or collection of laboratory specimens may
25 subject the individual to isolation or quarantine pursuant to
26 the provisions of subsection (c) of this Section; (iii) that

1 if the individual refuses to consent to physical examination,
2 tests, or collection of laboratory specimens and that refusal
3 results in uncertainty regarding whether he or she has been
4 exposed to or is infected with a dangerously contagious or
5 infectious disease or otherwise poses a danger to the public's
6 health, the individual may be subject to isolation or
7 quarantine pursuant to the provisions of subsection (c) of
8 this Section; and (iv) that if the individual refuses to
9 consent to physical examinations, tests, or collection of
10 laboratory specimens and becomes subject to isolation and
11 quarantine as provided in this subsection (d), he or she shall
12 have the right to counsel pursuant to the provisions of
13 subsection (c) of this Section. To the extent feasible without
14 endangering the public's health, the Department shall respect
15 and accommodate the religious beliefs of individuals in
16 implementing this subsection.

17 (e) The Department may order the administration of
18 vaccines, medications, or other treatments to persons as
19 necessary in order to prevent the probable spread of a
20 dangerously contagious or infectious disease. A vaccine,
21 medication, or other treatment to be administered must not be
22 such as is reasonably likely to lead to serious harm to the
23 affected individual. To prevent the spread of a dangerously
24 contagious or infectious disease, the Department may, pursuant
25 to the provisions of subsection (c) of this Section, isolate
26 or quarantine persons who are unable or unwilling to receive

1 vaccines, medications, or other treatments pursuant to this
2 Section. An individual may refuse to receive vaccines,
3 medications, or other treatments. An individual shall be given
4 a written notice that shall include notice of the following:

5 (i) that the individual may refuse to consent to vaccines,
6 medications, or other treatments; (ii) that if the individual
7 refuses to receive vaccines, medications, or other treatments,
8 the individual may be subject to isolation or quarantine
9 pursuant to the provisions of subsection (c) of this Section;
10 and (iii) that if the individual refuses to receive vaccines,
11 medications, or other treatments and becomes subject to
12 isolation or quarantine as provided in this subsection (e), he
13 or she shall have the right to counsel pursuant to the
14 provisions of subsection (c) of this Section. To the extent
15 feasible without endangering the public's health, the
16 Department shall respect and accommodate the religious beliefs
17 of individuals in implementing this subsection.

18 (f) The Department may order observation and monitoring of
19 persons to prevent the probable spread of a dangerously
20 contagious or infectious disease. To prevent the spread of a
21 dangerously contagious or infectious disease, the Department
22 may, pursuant to the provisions of subsection (c) of this
23 Section, isolate or quarantine persons whose refusal to
24 undergo observation and monitoring results in uncertainty
25 regarding whether he or she has been exposed to or is infected
26 with a dangerously contagious or infectious disease or

1 otherwise poses a danger to the public's health. An individual
2 may refuse to undergo observation and monitoring. An
3 individual shall be given written notice that shall include
4 notice of the following: (i) that the individual may refuse to
5 undergo observation and monitoring; (ii) that if the
6 individual consents to observation and monitoring, the results
7 of that observation and monitoring may subject the individual
8 to isolation or quarantine pursuant to the provisions of
9 subsection (c) of this Section; (iii) that if the individual
10 refuses to undergo observation and monitoring and that refusal
11 results in uncertainty regarding whether he or she has been
12 exposed to or is infected with a dangerously contagious or
13 infectious disease or otherwise poses a danger to the public's
14 health, the individual may be subject to isolation or
15 quarantine pursuant to the provisions of subsection (c) of
16 this Section; and (iv) that if the individual refuses to
17 undergo observation and monitoring and becomes subject to
18 isolation or quarantine as provided in this subsection (f), he
19 or she shall have the right to counsel pursuant to the
20 provisions of subsection (c) of this Section.

21 (g) To prevent the spread of a dangerously contagious or
22 infectious disease among humans, the Department may examine,
23 test, disinfect, seize, or destroy animals or other related
24 property believed to be sources of infection. An owner of such
25 animal or other related property shall be given written notice
26 regarding such examination, testing, disinfection, seizure, or

1 destruction. When the Department determines that any animal or
2 related property is infected with or has been exposed to a
3 dangerously contagious or infectious disease, it may agree
4 with the owner upon the value of the animal or of any related
5 property that it may be found necessary to destroy, and in case
6 such an agreement cannot be made, the animals or related
7 property shall be appraised by 3 competent and disinterested
8 appraisers, one to be selected by the Department, one by the
9 claimant, and one by the 2 appraisers thus selected. The
10 appraisers shall subscribe to an oath made in writing to
11 fairly value the animals or related property in accordance
12 with the requirements of this Act. The oath, together with the
13 valuation fixed by the appraisers, shall be filed with the
14 Department and preserved by it. Upon the appraisal being made,
15 the owner or the Department shall immediately destroy the
16 animals by "humane euthanasia" as that term is defined in
17 Section 2.09 of the Humane Care for Animals Act. Dogs and cats,
18 however, shall be euthanized pursuant to the provisions of the
19 Humane Euthanasia in Animal Shelters Act. The owner or the
20 Department shall additionally, dispose of the carcasses, and
21 disinfect, change, or destroy the premises occupied by the
22 animals, in accordance with rules prescribed by the Department
23 governing such destruction and disinfection. Upon his or her
24 failure so to do or to cooperate with the Department, the
25 Department shall cause the animals or related property to be
26 destroyed and disposed of in the same manner, and thereupon

1 the owner shall forfeit all right to receive any compensation
2 for the destruction of the animals or related property. All
3 final administrative decisions of the Department hereunder
4 shall be subject to judicial review pursuant to the provisions
5 of the Administrative Review Law, and all amendments and
6 modifications thereof, and the rules adopted pursuant thereto.
7 The term "administrative decision" is defined as in Section
8 3-101 of the Code of Civil Procedure.

9 (h) To prevent the spread of a dangerously contagious or
10 infectious disease, the Department, local boards of health,
11 and local public health authorities shall have emergency
12 access to medical or health information or records or data
13 upon the condition that the Department, local boards of
14 health, and local public health authorities shall protect the
15 privacy and confidentiality of any medical or health
16 information or records or data obtained pursuant to this
17 Section in accordance with federal and State law. Emergency
18 access to medical or health information, records, or data
19 shall include access to electronic health records, provided
20 that the local public health authority shall be unable to
21 alter the electronic health records. A person, facility,
22 institution, or agency providing information under this
23 subsection may withhold a patient's mental or behavioral
24 health history. Additionally, any such medical or health
25 information or records or data shall be exempt from inspection
26 and copying under the Freedom of Information Act. Other than a

1 hearing for the purpose of this Act, any information, records,
2 reports, statements, notes, memoranda, or other data in the
3 possession of the Department, local boards of health, or local
4 public health authorities shall not be admissible as evidence,
5 nor discoverable in any action of any kind in any court or
6 before any tribunal, board, agency, or person. The access to
7 or disclosure of any of this information or data by the
8 Department, a local board of health, or a local public
9 authority shall not waive or have any effect upon its
10 non-discoverability or non-admissibility. Any person,
11 facility, institution, or agency that provides emergency
12 access to health information and data under this subsection
13 shall have immunity from any civil or criminal liability, or
14 any other type of liability that might otherwise result by
15 reason of these actions except in the event of willful and
16 wanton misconduct. The privileged quality of communication
17 between any professional person or any facility shall not
18 constitute grounds for failure to provide emergency access.
19 Nothing in this subsection shall prohibit the sharing of
20 information as authorized in Section 2.1 of this Act. The
21 disclosure of any of this information, records, reports,
22 statements, notes, memoranda, or other data obtained in any
23 activity under this Act, except that necessary for the
24 purposes of this Act, is unlawful, and any person convicted of
25 violating this provision is guilty of a Class A misdemeanor.

26 (i) (A) The Department, in order to prevent and

1 control disease, injury, or disability among citizens of
2 the State of Illinois, may develop and implement, in
3 consultation with local public health authorities, a
4 Statewide system for syndromic data collection through the
5 access to interoperable networks, information exchanges,
6 and databases. The Department may also develop a system
7 for the reporting of comprehensive, integrated data to
8 identify and address unusual occurrences of disease
9 symptoms and other medical complexes affecting the
10 public's health.

11 (B) The Department may enter into contracts or
12 agreements with individuals, corporations, hospitals,
13 universities, not-for-profit corporations, governmental
14 entities, or other organizations, whereby those
15 individuals or entities agree to provide assistance in the
16 compilation of the syndromic data collection and reporting
17 system.

18 (C) The Department shall not release any syndromic
19 data or information obtained pursuant to this subsection
20 to any individuals or entities for purposes other than the
21 protection of the public health. All access to data by the
22 Department, reports made to the Department, the identity
23 of or facts that would tend to lead to the identity of the
24 individual who is the subject of the report, and the
25 identity of or facts that would tend to lead to the
26 identity of the author of the report shall be strictly

1 confidential, are not subject to inspection or
2 dissemination, and shall be used only for public health
3 purposes by the Department, local public health
4 authorities, or the Centers for Disease Control and
5 Prevention. Entities or individuals submitting reports or
6 providing access to the Department shall not be held
7 liable for the release of information or confidential data
8 to the Department in accordance with this subsection.

9 (D) Nothing in this subsection prohibits the sharing
10 of information as authorized in Section 2.1 of this Act.

11 (j) This Section shall be considered supplemental to the
12 existing authority and powers of the Department and shall not
13 be construed to restrain or restrict the Department in
14 protecting the public health under any other provisions of the
15 law.

16 (k) Any person who knowingly or maliciously disseminates
17 any false information or report concerning the existence of
18 any dangerously contagious or infectious disease in connection
19 with the Department's power of quarantine, isolation and
20 closure or refuses to comply with a quarantine, isolation or
21 closure order is guilty of a Class A misdemeanor.

22 (l) The Department of Public Health may establish and
23 maintain a chemical and bacteriologic laboratory for the
24 examination of water and wastes, and for the diagnosis of
25 diphtheria, typhoid fever, tuberculosis, malarial fever and
26 such other diseases as it deems necessary for the protection

1 of the public health.

2 As used in this Act, "locality" means any governmental
3 agency which exercises power pertaining to public health in an
4 area less than the State.

5 The terms "sanitary investigations and inspections" and
6 "sanitary practices" as used in this Act shall not include or
7 apply to "Public Water Supplies" or "Sewage Works" as defined
8 in the Environmental Protection Act. The Department may adopt
9 rules that are reasonable and necessary to implement and
10 effectuate this amendatory Act of the 93rd General Assembly.

11 (m) The public health measures set forth in subsections
12 (a) through (h) of this Section may be used by the Department
13 to respond to chemical, radiological, or nuclear agents or
14 events. The individual provisions of subsections (a) through
15 (h) of this Section apply to any order issued by the Department
16 under this Section. The provisions of subsection (k) apply to
17 chemical, radiological, or nuclear agents or events. Prior to
18 the Department issuing an order for public health measures set
19 forth in this Act for chemical, radiological, or nuclear
20 agents or events as authorized in subsection (m), the
21 Department and the Illinois Emergency Management Agency shall
22 consult in accordance with the Illinois emergency response
23 framework. When responding to chemical, radiological, or
24 nuclear agents or events, the Department shall determine the
25 health related risks and appropriate public health response
26 measures and provide recommendations for response to the

1 Illinois Emergency Management Agency. Nothing in this Section
2 shall supersede the current National Incident Management
3 System and the Illinois Emergency Operation Plan or response
4 plans and procedures established pursuant to IEMA statutes.
5 (Source: P.A. 96-698, eff. 8-25-09.)

6 Section 40. The Vital Records Act is amended by changing
7 Section 24 as follows:

8 (410 ILCS 535/24) (from Ch. 111 1/2, par. 73-24)

9 Sec. 24. (1) To protect the integrity of vital records, to
10 insure their proper use, and to insure the efficient and
11 proper administration of the vital records system, access to
12 vital records, and indexes thereof, including vital records in
13 the custody of local registrars and county clerks originating
14 prior to January 1, 1916, is limited to the custodian and his
15 employees, and then only for administrative purposes, except
16 that the indexes of those records in the custody of local
17 registrars and county clerks, originating prior to January 1,
18 1916, shall be made available to persons for the purpose of
19 genealogical research. Original, photographic or
20 microphotographic reproductions of original records of births
21 100 years old and older and deaths 50 years old and older, and
22 marriage records 75 years old and older on file in the State
23 Office of Vital Records and in the custody of the county clerks
24 may be made available for inspection in the Illinois State

1 Archives reference area, Illinois Regional Archives
2 Depositories, and other libraries approved by the Illinois
3 State Registrar and the Director of the Illinois State
4 Archives, provided that the photographic or microphotographic
5 copies are made at no cost to the county or to the State of
6 Illinois. It is unlawful for any custodian to permit
7 inspection of, or to disclose information contained in, vital
8 records, or to copy or permit to be copied, all or part of any
9 such record except as authorized by this Act or regulations
10 adopted pursuant thereto.

11 (2) The State Registrar of Vital Records, or his agent,
12 and any municipal, county, multi-county, public health
13 district, or regional health officer recognized by the
14 Department may examine vital records for the purpose only of
15 carrying out the public health programs and responsibilities
16 under his jurisdiction.

17 (3) The State Registrar of Vital Records, may disclose, or
18 authorize the disclosure of, data contained in the vital
19 records when deemed essential for bona fide research purposes
20 which are not for private gain.

21 This amendatory Act of 1973 does not apply to any home rule
22 unit.

23 (4) The State Registrar shall exchange with the Department
24 of Healthcare and Family Services information that may be
25 necessary for the establishment of paternity and the
26 establishment, modification, and enforcement of child support

1 orders entered pursuant to the Illinois Public Aid Code, the
2 Illinois Marriage and Dissolution of Marriage Act, the
3 Non-Support of Spouse and Children Act, the Non-Support
4 Punishment Act, the Revised Uniform Reciprocal Enforcement of
5 Support Act, the Uniform Interstate Family Support Act, the
6 Illinois Parentage Act of 1984, or the Illinois Parentage Act
7 of 2015. Notwithstanding any provisions in this Act to the
8 contrary, the State Registrar shall not be liable to any
9 person for any disclosure of information to the Department of
10 Healthcare and Family Services (formerly Illinois Department
11 of Public Aid) under this subsection or for any other action
12 taken in good faith to comply with the requirements of this
13 subsection.

14 (5) No rule adopted by the Department shall be construed,
15 either explicitly or implicitly, as restricting access to
16 vital records by any municipality, county, multicounty, public
17 health district, or regional health officer recognized by the
18 Department for the purposes described in subsections (2) and
19 (3).

20 (Source: P.A. 99-85, eff. 1-1-16.)

21 Section 45. The Illinois Controlled Substances Act is
22 amended by changing Section 318 as follows:

23 (720 ILCS 570/318)

24 Sec. 318. Confidentiality of information.

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

3 (a-1) To ensure the federal Health Insurance Portability
4 and Accountability Act privacy of an individual's prescription
5 data reported to the Prescription Monitoring Program received
6 from a retail dispenser under this Act, and in order to execute
7 the duties and responsibilities under Section 316 of this Act
8 and rules for disclosure under this Section, the Clinical
9 Director of the Prescription Monitoring Program or his or her
10 designee shall maintain direct access to all Prescription
11 Monitoring Program data. Any request for Prescription
12 Monitoring Program data from any other department or agency
13 must be approved in writing by the Clinical Director of the
14 Prescription Monitoring Program or his or her designee unless
15 otherwise permitted by law. Prescription Monitoring Program
16 data shall only be disclosed as permitted by law.

17 (a-2) As an active step to address the current opioid
18 crisis in this State and to prevent and reduce addiction
19 resulting from a sports injury or an accident, the
20 Prescription Monitoring Program and the Department of Public
21 Health shall coordinate a continuous review of the
22 Prescription Monitoring Program and the Department of Public
23 Health data to determine if a patient may be at risk of opioid
24 addiction. Each patient discharged from any medical facility
25 with an International Classification of Disease, 10th edition
26 code related to a sport or accident injury shall be subject to

1 the data review. If the discharged patient is dispensed a
2 controlled substance, the Prescription Monitoring Program
3 shall alert the patient's prescriber as to the addiction risk
4 and urge each to follow the Centers for Disease Control and
5 Prevention guidelines or his or her respective profession's
6 treatment guidelines related to the patient's injury. This
7 subsection (a-2), other than this sentence, is inoperative on
8 or after January 1, 2024.

9 (b) The Department must carry out a program to protect the
10 confidentiality of the information described in subsection
11 (a). The Department may disclose the information to another
12 person only under subsection (c), (d), or (f) and may charge a
13 fee not to exceed the actual cost of furnishing the
14 information.

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

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

20 (1) A governing body that licenses practitioners and
21 is engaged in an investigation, an adjudication, or a
22 prosecution of a violation under any State or federal law
23 that involves a controlled substance.

24 (2) An investigator for the Consumer Protection
25 Division of the office of the Attorney General, a
26 prosecuting attorney, the Attorney General, a deputy

1 Attorney General, or an investigator from the office of
2 the Attorney General, who is engaged in any of the
3 following activities involving controlled substances:

4 (A) an investigation;

5 (B) an adjudication; or

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

8 (3) A law enforcement officer who is:

9 (A) authorized by the Illinois State Police or the
10 office of a county sheriff or State's Attorney or
11 municipal police department of Illinois to receive
12 information of the type requested for the purpose of
13 investigations involving controlled substances; or

14 (B) approved by the Department to receive
15 information of the type requested for the purpose of
16 investigations involving controlled substances; and

17 (C) engaged in the investigation or prosecution of
18 a violation under any State or federal law that
19 involves a controlled substance.

20 (4) Select representatives of the Department of
21 Children and Family Services through the indirect online
22 request process. Access shall be established by an
23 intergovernmental agreement between the Department of
24 Children and Family Services and the Department of Human
25 Services.

26 (5) A certified local health department engaged in the

1 performance of epidemiological studies, the application of
2 data science methods, or other analytic models that
3 protect and promote public health.

4 (e) Except in the case of release under paragraph (5) of
5 subsection (d) of confidential information to a certified
6 local health department for the purpose of the performance of
7 epidemiological studies, the application of data science
8 methods, or other analytic models that protect and promote
9 public health, before ~~Before~~ the Department releases
10 confidential information under subsection (d), the applicant
11 must demonstrate in writing to the Department that:

12 (1) the applicant has reason to believe that a
13 violation under any State or federal law that involves a
14 controlled substance has occurred; and

15 (2) the requested information is reasonably related to
16 the investigation, adjudication, or prosecution of the
17 violation described in subdivision (1).

18 (f) The Department may receive and release prescription
19 record information under Section 316 and former Section 321
20 to:

21 (1) a governing body that licenses practitioners;

22 (2) an investigator for the Consumer Protection
23 Division of the office of the Attorney General, a
24 prosecuting attorney, the Attorney General, a deputy
25 Attorney General, or an investigator from the office of
26 the Attorney General;

- 1 (3) any Illinois law enforcement officer who is:
- 2 (A) authorized to receive the type of information
- 3 released; and
- 4 (B) approved by the Department to receive the type
- 5 of information released; or
- 6 (4) prescription monitoring entities in other states
- 7 per the provisions outlined in subsection (g) and (h)
- 8 below;
- 9 confidential prescription record information collected under
- 10 Sections 316 and 321 (now repealed) that identifies vendors or
- 11 practitioners, or both, who are prescribing or dispensing
- 12 large quantities of Schedule II, III, IV, or V controlled
- 13 substances outside the scope of their practice, pharmacy, or
- 14 business, as determined by the Advisory Committee created by
- 15 Section 320.
- 16 (g) The information described in subsection (f) may not be
- 17 released until it has been reviewed by an employee of the
- 18 Department who is licensed as a prescriber or a dispenser and
- 19 until that employee has certified that further investigation
- 20 is warranted. However, failure to comply with this subsection
- 21 (g) does not invalidate the use of any evidence that is
- 22 otherwise admissible in a proceeding described in subsection
- 23 (h).
- 24 (h) An investigator or a law enforcement officer receiving
- 25 confidential information under subsection (c), (d), or (f) may
- 26 disclose the information to a law enforcement officer or an

1 attorney for the office of the Attorney General for use as
2 evidence in the following:

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

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

7 (i) The Department may compile statistical reports from
8 the information described in subsection (a). The reports must
9 not include information that identifies, by name, license or
10 address, any practitioner, dispenser, ultimate user, or other
11 person administering a controlled substance.

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

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

20 (2) Dispensers may, upon positive and secure
21 identification, make an inquiry on a patient or customer
22 solely for a medical purpose as delineated within the
23 federal HIPAA law.

24 (3) The Department shall provide a one-to-one secure
25 link and encrypted software necessary to establish the
26 link between an inquirer and the Department. Technical

1 assistance shall also be provided.

2 (4) Written inquiries are acceptable but must include
3 the fee and the requestor's Drug Enforcement
4 Administration license number and submitted upon the
5 requestor's business stationery.

6 (5) As directed by the Prescription Monitoring Program
7 Advisory Committee and the Clinical Director for the
8 Prescription Monitoring Program, aggregate data that does
9 not indicate any prescriber, practitioner, dispenser, or
10 patient may be used for clinical studies.

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

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

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

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

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

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

5 (n) The Prescription Monitoring Program is authorized to
6 develop operational push reports to entities with compatible
7 electronic medical records. The process shall be covered
8 within administrative rule established by the Department.

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

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

1 enrolled prescribers, dispensers, and designees information
2 regarding the unsolicited reports produced pursuant to Section
3 314.5 of this Act.

4 (q) A prescriber or dispenser may authorize a designee to
5 consult the inquiry system established by the Department under
6 this subsection on his or her behalf, provided that all the
7 following conditions are met:

8 (1) the designee so authorized is employed by the same
9 hospital or health care system; is employed by the same
10 professional practice; or is under contract with such
11 practice, hospital, or health care system;

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

15 (3) the prescriber or dispenser remains responsible
16 for ensuring that access to the inquiry system by the
17 designee is limited to authorized purposes and occurs in a
18 manner that protects the confidentiality of the
19 information obtained from the inquiry system, and remains
20 responsible for any breach of confidentiality; and

21 (4) the ultimate decision as to whether or not to
22 prescribe or dispense a controlled substance remains with
23 the prescriber or dispenser.

24 The Prescription Monitoring Program shall send to
25 registered designees information regarding the inquiry system,
26 including instructions on how to log onto the system.

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

5 (1) current clinical guidelines developed by health
6 care professional organizations on the prescribing of
7 opioids or other controlled substances as determined by
8 the Advisory Committee;

9 (2) accredited continuing education programs related
10 to prescribing of controlled substances;

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

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

18 (5) relevant medical studies related to prescribing;

19 (6) other information regarding the prescription of
20 controlled substances; and

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

24 The content of the Internet website shall be periodically
25 reviewed by the Prescription Monitoring Program Advisory
26 Committee as set forth in Section 320 and updated in

1 accordance with the recommendation of the advisory committee.

2 (s) The Prescription Monitoring Program shall regularly
3 send electronic updates to the registered users of the
4 Program. The Prescription Monitoring Program Advisory
5 Committee shall review any communications sent to registered
6 users and also make recommendations for communications as set
7 forth in Section 320. These updates shall include the
8 following information:

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

11 (2) current clinical guidelines developed by health
12 care professional organizations on the prescribing of
13 opioids or other drugs as determined by the Advisory
14 Committee;

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

18 (4) updates from the Food and Drug Administration, the
19 Centers for Disease Control and Prevention, and other
20 public and private organizations which are relevant to
21 prescribing;

22 (5) relevant medical studies related to prescribing;

23 (6) other information regarding prescribing of
24 controlled substances;

25 (7) information regarding prescription drug disposal
26 events, including take-back programs or other disposal

1 options or events; and

2 (8) reminders that the Prescription Monitoring Program

3 is a useful clinical tool.

4 (Source: P.A. 99-480, eff. 9-9-15; 100-125, eff. 1-1-18;

5 100-1093, eff. 8-26-18.)