



100TH GENERAL ASSEMBLY

State of Illinois

2017 and 2018

HB4037

by Rep. Fred Crespo

SYNOPSIS AS INTRODUCED:

See Index

Amends the Emergency Medical Services (EMS) Systems Act. Authorizes the Department of Public Health to license freestanding rapid treatment emergency centers. Contains provisions concerning the requirements a facility must meet to be licensed as a freestanding rapid treatment emergency center. Requires the Department of Public Health to establish provisional licensure and licensing procedures by emergency rule. Makes related changes in the Emergency Medical Treatment Act, the Health Care Worker Background Check Act, the Abandoned Newborn Infant Protection Act, and the Illinois Controlled Substances Act. Amends the Illinois Health Facilities Planning Act. Prohibits a person from constructing, modifying, or establishing a freestanding rapid treatment emergency center without obtaining a certificate of need permit from the Health Facilities and Services Review Board. Requires the Health Facilities and Services Review Board to establish provisional permit application guidelines by emergency rule. Amends the Illinois Insurance Code. Contains provisions concerning reimbursements to freestanding rapid treatment emergency centers. Amends the Illinois Public Aid Code. Directs the Department of Healthcare and Family Services to adopt rates to be paid for services delivered by a freestanding rapid treatment emergency center. Effective immediately.

LRB100 12373 MJP 25139 b

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

1 AN ACT concerning regulation.

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

4 Section 5. The Illinois Health Facilities Planning Act is
5 amended by changing Section 3 and by adding Section 5.1b as
6 follows:

7 (20 ILCS 3960/3) (from Ch. 111 1/2, par. 1153)

8 (Section scheduled to be repealed on December 31, 2019)

9 Sec. 3. Definitions. As used in this Act:

10 "Health care facilities" means and includes the following
11 facilities, organizations, and related persons:

12 (1) An ambulatory surgical treatment center required
13 to be licensed pursuant to the Ambulatory Surgical
14 Treatment Center Act.

15 (2) An institution, place, building, or agency
16 required to be licensed pursuant to the Hospital Licensing
17 Act.

18 (3) Skilled and intermediate long term care facilities
19 licensed under the Nursing Home Care Act.

20 (A) If a demonstration project under the Nursing
21 Home Care Act applies for a certificate of need to
22 convert to a nursing facility, it shall meet the
23 licensure and certificate of need requirements in

1 effect as of the date of application.

2 (B) Except as provided in item (A) of this
3 subsection, this Act does not apply to facilities
4 granted waivers under Section 3-102.2 of the Nursing
5 Home Care Act.

6 (3.5) Skilled and intermediate care facilities
7 licensed under the ID/DD Community Care Act or the MC/DD
8 Act. No permit or exemption is required for a facility
9 licensed under the ID/DD Community Care Act or the MC/DD
10 Act prior to the reduction of the number of beds at a
11 facility. If there is a total reduction of beds at a
12 facility licensed under the ID/DD Community Care Act or the
13 MC/DD Act, this is a discontinuation or closure of the
14 facility. If a facility licensed under the ID/DD Community
15 Care Act or the MC/DD Act reduces the number of beds or
16 discontinues the facility, that facility must notify the
17 Board as provided in Section 14.1 of this Act.

18 (3.7) Facilities licensed under the Specialized Mental
19 Health Rehabilitation Act of 2013.

20 (4) Hospitals, nursing homes, ambulatory surgical
21 treatment centers, or kidney disease treatment centers
22 maintained by the State or any department or agency
23 thereof.

24 (5) Kidney disease treatment centers, including a
25 free-standing hemodialysis unit required to be licensed
26 under the End Stage Renal Disease Facility Act.

1 (A) This Act does not apply to a dialysis facility
2 that provides only dialysis training, support, and
3 related services to individuals with end stage renal
4 disease who have elected to receive home dialysis.

5 (B) This Act does not apply to a dialysis unit
6 located in a licensed nursing home that offers or
7 provides dialysis-related services to residents with
8 end stage renal disease who have elected to receive
9 home dialysis within the nursing home.

10 (C) The Board, however, may require dialysis
11 facilities and licensed nursing homes under items (A)
12 and (B) of this subsection to report statistical
13 information on a quarterly basis to the Board to be
14 used by the Board to conduct analyses on the need for
15 proposed kidney disease treatment centers.

16 (6) An institution, place, building, or room used for
17 the performance of outpatient surgical procedures that is
18 leased, owned, or operated by or on behalf of an
19 out-of-state facility.

20 (7) An institution, place, building, or room used for
21 provision of a health care category of service, including,
22 but not limited to, cardiac catheterization and open heart
23 surgery.

24 (8) An institution, place, building, or room housing
25 major medical equipment used in the direct clinical
26 diagnosis or treatment of patients, and whose project cost

1 is in excess of the capital expenditure minimum.

2 "Health care facilities" does not include the following
3 entities or facility transactions:

4 (1) Federally-owned facilities.

5 (2) Facilities used solely for healing by prayer or
6 spiritual means.

7 (3) An existing facility located on any campus facility
8 as defined in Section 5-5.8b of the Illinois Public Aid
9 Code, provided that the campus facility encompasses 30 or
10 more contiguous acres and that the new or renovated
11 facility is intended for use by a licensed residential
12 facility.

13 (4) Facilities licensed under the Supportive
14 Residences Licensing Act or the Assisted Living and Shared
15 Housing Act.

16 (5) Facilities designated as supportive living
17 facilities that are in good standing with the program
18 established under Section 5-5.01a of the Illinois Public
19 Aid Code.

20 (6) Facilities established and operating under the
21 Alternative Health Care Delivery Act as a children's
22 community-based health care center alternative health care
23 model demonstration program or as an Alzheimer's Disease
24 Management Center alternative health care model
25 demonstration program.

26 (7) The closure of an entity or a portion of an entity

1 licensed under the Nursing Home Care Act, the Specialized
2 Mental Health Rehabilitation Act of 2013, the ID/DD
3 Community Care Act, or the MC/DD Act, with the exception of
4 facilities operated by a county or Illinois Veterans Homes,
5 that elect to convert, in whole or in part, to an assisted
6 living or shared housing establishment licensed under the
7 Assisted Living and Shared Housing Act and with the
8 exception of a facility licensed under the Specialized
9 Mental Health Rehabilitation Act of 2013 in connection with
10 a proposal to close a facility and re-establish the
11 facility in another location.

12 (8) Any change of ownership of a health care facility
13 that is licensed under the Nursing Home Care Act, the
14 Specialized Mental Health Rehabilitation Act of 2013, the
15 ID/DD Community Care Act, or the MC/DD Act, with the
16 exception of facilities operated by a county or Illinois
17 Veterans Homes. Changes of ownership of facilities
18 licensed under the Nursing Home Care Act must meet the
19 requirements set forth in Sections 3-101 through 3-119 of
20 the Nursing Home Care Act.

21 With the exception of those health care facilities
22 specifically included in this Section, nothing in this Act
23 shall be intended to include facilities operated as a part of
24 the practice of a physician or other licensed health care
25 professional, whether practicing in his individual capacity or
26 within the legal structure of any partnership, medical or

1 professional corporation, or unincorporated medical or
2 professional group. Further, this Act shall not apply to
3 physicians or other licensed health care professional's
4 practices where such practices are carried out in a portion of
5 a health care facility under contract with such health care
6 facility by a physician or by other licensed health care
7 professionals, whether practicing in his individual capacity
8 or within the legal structure of any partnership, medical or
9 professional corporation, or unincorporated medical or
10 professional groups, unless the entity constructs, modifies,
11 or establishes a health care facility as specifically defined
12 in this Section. This Act shall apply to construction or
13 modification and to establishment by such health care facility
14 of such contracted portion which is subject to facility
15 licensing requirements, irrespective of the party responsible
16 for such action or attendant financial obligation.

17 "Person" means any one or more natural persons, legal
18 entities, governmental bodies other than federal, or any
19 combination thereof.

20 "Consumer" means any person other than a person (a) whose
21 major occupation currently involves or whose official capacity
22 within the last 12 months has involved the providing,
23 administering or financing of any type of health care facility,
24 (b) who is engaged in health research or the teaching of
25 health, (c) who has a material financial interest in any
26 activity which involves the providing, administering or

1 financing of any type of health care facility, or (d) who is or
2 ever has been a member of the immediate family of the person
3 defined by (a), (b), or (c).

4 "State Board" or "Board" means the Health Facilities and
5 Services Review Board.

6 "Construction or modification" means the establishment,
7 erection, building, alteration, reconstruction, modernization,
8 improvement, extension, discontinuation, change of ownership,
9 of or by a health care facility, or the purchase or acquisition
10 by or through a health care facility of equipment or service
11 for diagnostic or therapeutic purposes or for facility
12 administration or operation, or any capital expenditure made by
13 or on behalf of a health care facility which exceeds the
14 capital expenditure minimum; however, any capital expenditure
15 made by or on behalf of a health care facility for (i) the
16 construction or modification of a facility licensed under the
17 Assisted Living and Shared Housing Act or (ii) a conversion
18 project undertaken in accordance with Section 30 of the Older
19 Adult Services Act shall be excluded from any obligations under
20 this Act.

21 "Establish" means the construction of a health care
22 facility or the replacement of an existing facility on another
23 site or the initiation of a category of service.

24 "Major medical equipment" means medical equipment which is
25 used for the provision of medical and other health services and
26 which costs in excess of the capital expenditure minimum,

1 except that such term does not include medical equipment
2 acquired by or on behalf of a clinical laboratory to provide
3 clinical laboratory services if the clinical laboratory is
4 independent of a physician's office and a hospital and it has
5 been determined under Title XVIII of the Social Security Act to
6 meet the requirements of paragraphs (10) and (11) of Section
7 1861(s) of such Act. In determining whether medical equipment
8 has a value in excess of the capital expenditure minimum, the
9 value of studies, surveys, designs, plans, working drawings,
10 specifications, and other activities essential to the
11 acquisition of such equipment shall be included.

12 "Capital Expenditure" means an expenditure: (A) made by or
13 on behalf of a health care facility (as such a facility is
14 defined in this Act); and (B) which under generally accepted
15 accounting principles is not properly chargeable as an expense
16 of operation and maintenance, or is made to obtain by lease or
17 comparable arrangement any facility or part thereof or any
18 equipment for a facility or part; and which exceeds the capital
19 expenditure minimum.

20 For the purpose of this paragraph, the cost of any studies,
21 surveys, designs, plans, working drawings, specifications, and
22 other activities essential to the acquisition, improvement,
23 expansion, or replacement of any plant or equipment with
24 respect to which an expenditure is made shall be included in
25 determining if such expenditure exceeds the capital
26 expenditures minimum. Unless otherwise interdependent, or

1 submitted as one project by the applicant, components of
2 construction or modification undertaken by means of a single
3 construction contract or financed through the issuance of a
4 single debt instrument shall not be grouped together as one
5 project. Donations of equipment or facilities to a health care
6 facility which if acquired directly by such facility would be
7 subject to review under this Act shall be considered capital
8 expenditures, and a transfer of equipment or facilities for
9 less than fair market value shall be considered a capital
10 expenditure for purposes of this Act if a transfer of the
11 equipment or facilities at fair market value would be subject
12 to review.

13 "Capital expenditure minimum" means \$11,500,000 for
14 projects by hospital applicants, \$6,500,000 for applicants for
15 projects related to skilled and intermediate care long-term
16 care facilities licensed under the Nursing Home Care Act, and
17 \$3,000,000 for projects by all other applicants, which shall be
18 annually adjusted to reflect the increase in construction costs
19 due to inflation, for major medical equipment and for all other
20 capital expenditures.

21 "Non-clinical service area" means an area (i) for the
22 benefit of the patients, visitors, staff, or employees of a
23 health care facility and (ii) not directly related to the
24 diagnosis, treatment, or rehabilitation of persons receiving
25 services from the health care facility. "Non-clinical service
26 areas" include, but are not limited to, chapels; gift shops;

1 news stands; computer systems; tunnels, walkways, and
2 elevators; telephone systems; projects to comply with life
3 safety codes; educational facilities; student housing;
4 patient, employee, staff, and visitor dining areas;
5 administration and volunteer offices; modernization of
6 structural components (such as roof replacement and masonry
7 work); boiler repair or replacement; vehicle maintenance and
8 storage facilities; parking facilities; mechanical systems for
9 heating, ventilation, and air conditioning; loading docks; and
10 repair or replacement of carpeting, tile, wall coverings,
11 window coverings or treatments, or furniture. Solely for the
12 purpose of this definition, "non-clinical service area" does
13 not include health and fitness centers.

14 "Areawide" means a major area of the State delineated on a
15 geographic, demographic, and functional basis for health
16 planning and for health service and having within it one or
17 more local areas for health planning and health service. The
18 term "region", as contrasted with the term "subregion", and the
19 word "area" may be used synonymously with the term "areawide".

20 "Local" means a subarea of a delineated major area that on
21 a geographic, demographic, and functional basis may be
22 considered to be part of such major area. The term "subregion"
23 may be used synonymously with the term "local".

24 "Physician" means a person licensed to practice in
25 accordance with the Medical Practice Act of 1987, as amended.

26 "Licensed health care professional" means a person

1 licensed to practice a health profession under pertinent
2 licensing statutes of the State of Illinois.

3 "Director" means the Director of the Illinois Department of
4 Public Health.

5 "Agency" or "Department" means the Illinois Department of
6 Public Health.

7 "Alternative health care model" means a facility or program
8 authorized under the Alternative Health Care Delivery Act.

9 "Out-of-state facility" means a person that is both (i)
10 licensed as a hospital or as an ambulatory surgery center under
11 the laws of another state or that qualifies as a hospital or an
12 ambulatory surgery center under regulations adopted pursuant
13 to the Social Security Act and (ii) not licensed under the
14 Ambulatory Surgical Treatment Center Act, the Hospital
15 Licensing Act, or the Nursing Home Care Act. Affiliates of
16 out-of-state facilities shall be considered out-of-state
17 facilities. Affiliates of Illinois licensed health care
18 facilities 100% owned by an Illinois licensed health care
19 facility, its parent, or Illinois physicians licensed to
20 practice medicine in all its branches shall not be considered
21 out-of-state facilities. Nothing in this definition shall be
22 construed to include an office or any part of an office of a
23 physician licensed to practice medicine in all its branches in
24 Illinois that is not required to be licensed under the
25 Ambulatory Surgical Treatment Center Act.

26 "Change of ownership of a health care facility" means a

1 change in the person who has ownership or control of a health
2 care facility's physical plant and capital assets. A change in
3 ownership is indicated by the following transactions: sale,
4 transfer, acquisition, lease, change of sponsorship, or other
5 means of transferring control.

6 "Related person" means any person that: (i) is at least 50%
7 owned, directly or indirectly, by either the health care
8 facility or a person owning, directly or indirectly, at least
9 50% of the health care facility; or (ii) owns, directly or
10 indirectly, at least 50% of the health care facility.

11 "Charity care" means care provided by a health care
12 facility for which the provider does not expect to receive
13 payment from the patient or a third-party payer.

14 "Freestanding emergency center" means a facility subject
15 to licensure under Section 32.5 of the Emergency Medical
16 Services (EMS) Systems Act.

17 "Freestanding rapid treatment emergency center" means a
18 facility subject to licensure under Section 32.6 of the
19 Emergency Medical Services (EMS) Systems Act.

20 "Category of service" means a grouping by generic class of
21 various types or levels of support functions, equipment, care,
22 or treatment provided to patients or residents, including, but
23 not limited to, classes such as medical-surgical, pediatrics,
24 or cardiac catheterization. A category of service may include
25 subcategories or levels of care that identify a particular
26 degree or type of care within the category of service. Nothing

1 in this definition shall be construed to include the practice
2 of a physician or other licensed health care professional while
3 functioning in an office providing for the care, diagnosis, or
4 treatment of patients. A category of service that is subject to
5 the Board's jurisdiction must be designated in rules adopted by
6 the Board.

7 "State Board Staff Report" means the document that sets
8 forth the review and findings of the State Board staff, as
9 prescribed by the State Board, regarding applications subject
10 to Board jurisdiction.

11 (Source: P.A. 98-414, eff. 1-1-14; 98-629, eff. 1-1-15; 98-651,
12 eff. 6-16-14; 98-1086, eff. 8-26-14; 99-78, eff. 7-20-15;
13 99-180, eff. 7-29-15; 99-527, eff. 1-1-17.)

14 (20 ILCS 3960/5.1b new)

15 Sec. 5.1b. Freestanding rapid treatment emergency centers.
16 No person shall construct, modify, or establish a freestanding
17 rapid treatment emergency center in Illinois, or acquire major
18 medical equipment or make capital expenditures in relation to
19 such a facility in excess of the capital expenditure minimum,
20 as defined by this Act, without first obtaining a certificate
21 of need permit from the State Board in accordance with
22 criteria, standards, and procedures adopted by the State Board
23 for freestanding rapid treatment emergency centers that ensure
24 the availability of and community access to essential emergency
25 medical services. The State Board is granted the authority

1 under this Act to establish provisional certificate of need
2 permit application guidelines by emergency rule and shall do so
3 within 120 days of the effective date of this amendatory Act of
4 the 100th General Assembly.

5 Section 10. The Emergency Medical Services (EMS) Systems
6 Act is amended by changing Section 3.20 and by adding Section
7 32.6 as follows:

8 (210 ILCS 50/3.20)

9 Sec. 3.20. Emergency Medical Services (EMS) Systems.

10 (a) "Emergency Medical Services (EMS) System" means an
11 organization of hospitals, vehicle service providers and
12 personnel approved by the Department in a specific geographic
13 area, which coordinates and provides pre-hospital and
14 inter-hospital emergency care and non-emergency medical
15 transports at a BLS, ILS and/or ALS level pursuant to a System
16 program plan submitted to and approved by the Department, and
17 pursuant to the EMS Region Plan adopted for the EMS Region in
18 which the System is located.

19 (b) One hospital in each System program plan must be
20 designated as the Resource Hospital. All other hospitals which
21 are located within the geographic boundaries of a System and
22 which have standby, basic or comprehensive level emergency
23 departments must function in that EMS System as either an
24 Associate Hospital or Participating Hospital and follow all

1 System policies specified in the System Program Plan, including
2 but not limited to the replacement of drugs and equipment used
3 by providers who have delivered patients to their emergency
4 departments. All hospitals and vehicle service providers
5 participating in an EMS System must specify their level of
6 participation in the System Program Plan.

7 (c) The Department shall have the authority and
8 responsibility to:

9 (1) Approve BLS, ILS and ALS level EMS Systems which
10 meet minimum standards and criteria established in rules
11 adopted by the Department pursuant to this Act, including
12 the submission of a Program Plan for Department approval.
13 Beginning September 1, 1997, the Department shall approve
14 the development of a new EMS System only when a local or
15 regional need for establishing such System has been
16 verified by the Department. This shall not be construed as
17 a needs assessment for health planning or other purposes
18 outside of this Act. Following Department approval, EMS
19 Systems must be fully operational within one year from the
20 date of approval.

21 (2) Monitor EMS Systems, based on minimum standards for
22 continuing operation as prescribed in rules adopted by the
23 Department pursuant to this Act, which shall include
24 requirements for submitting Program Plan amendments to the
25 Department for approval.

26 (3) Renew EMS System approvals every 4 years, after an

1 inspection, based on compliance with the standards for
2 continuing operation prescribed in rules adopted by the
3 Department pursuant to this Act.

4 (4) Suspend, revoke, or refuse to renew approval of any
5 EMS System, after providing an opportunity for a hearing,
6 when findings show that it does not meet the minimum
7 standards for continuing operation as prescribed by the
8 Department, or is found to be in violation of its
9 previously approved Program Plan.

10 (5) Require each EMS System to adopt written protocols
11 for the bypassing of or diversion to any hospital, trauma
12 center or regional trauma center, which provide that a
13 person shall not be transported to a facility other than
14 the nearest hospital, regional trauma center or trauma
15 center unless the medical benefits to the patient
16 reasonably expected from the provision of appropriate
17 medical treatment at a more distant facility outweigh the
18 increased risks to the patient from transport to the more
19 distant facility, or the transport is in accordance with
20 the System's protocols for patient choice or refusal.

21 (6) Require that the EMS Medical Director of an ILS or
22 ALS level EMS System be a physician licensed to practice
23 medicine in all of its branches in Illinois, and certified
24 by the American Board of Emergency Medicine or the American
25 Osteopathic Board of Emergency Medicine, and that the EMS
26 Medical Director of a BLS level EMS System be a physician

1 licensed to practice medicine in all of its branches in
2 Illinois, with regular and frequent involvement in
3 pre-hospital emergency medical services. In addition, all
4 EMS Medical Directors shall:

5 (A) Have experience on an EMS vehicle at the
6 highest level available within the System, or make
7 provision to gain such experience within 12 months
8 prior to the date responsibility for the System is
9 assumed or within 90 days after assuming the position;

10 (B) Be thoroughly knowledgeable of all skills
11 included in the scope of practices of all levels of EMS
12 personnel within the System;

13 (C) Have or make provision to gain experience
14 instructing students at a level similar to that of the
15 levels of EMS personnel within the System; and

16 (D) For ILS and ALS EMS Medical Directors,
17 successfully complete a Department-approved EMS
18 Medical Director's Course.

19 (7) Prescribe statewide EMS data elements to be
20 collected and documented by providers in all EMS Systems
21 for all emergency and non-emergency medical services, with
22 a one-year phase-in for commencing collection of such data
23 elements.

24 (8) Define, through rules adopted pursuant to this Act,
25 the terms "Resource Hospital", "Associate Hospital",
26 "Participating Hospital", "Basic Emergency Department",

1 "Standby Emergency Department", "Comprehensive Emergency
2 Department", "EMS Medical Director", "EMS Administrative
3 Director", and "EMS System Coordinator".

4 (A) (Blank).

5 (B) (Blank).

6 (9) Investigate the circumstances that caused a
7 hospital in an EMS system to go on bypass status to
8 determine whether that hospital's decision to go on bypass
9 status was reasonable. The Department may impose
10 sanctions, as set forth in Section 3.140 of the Act, upon a
11 Department determination that the hospital unreasonably
12 went on bypass status in violation of the Act.

13 (10) Evaluate the capacity and performance of any
14 freestanding emergency center established under Section
15 32.5 of this Act in meeting emergency medical service needs
16 of the public, including compliance with applicable
17 emergency medical standards and assurance of the
18 availability of and immediate access to the highest quality
19 of medical care possible.

20 (11) Permit limited EMS System participation by
21 facilities operated by the United States Department of
22 Veterans Affairs, Veterans Health Administration. Subject
23 to patient preference, Illinois EMS providers may
24 transport patients to Veterans Health Administration
25 facilities that voluntarily participate in an EMS System.
26 Any Veterans Health Administration facility seeking

1 limited participation in an EMS System shall agree to
2 comply with all Department administrative rules
3 implementing this Section. The Department may promulgate
4 rules, including, but not limited to, the types of Veterans
5 Health Administration facilities that may participate in
6 an EMS System and the limitations of participation.

7 (12) Evaluate the capacity and performance of any
8 freestanding rapid treatment emergency center established
9 under Section 32.6 of this Act in meeting emergency medical
10 service needs of the public, including compliance with
11 applicable emergency medical standards and assurance of
12 the availability of and immediate access to the highest
13 quality of medical care possible.

14 (Source: P.A. 97-333, eff. 8-12-11; 98-973, eff. 8-15-14.)

15 (210 ILCS 50/32.6 new)

16 Sec. 32.6. Freestanding Rapid Treatment Emergency Center.

17 (a) The Department shall issue an annual Freestanding Rapid
18 Treatment Emergency Center (FRTEC) license to a facility that
19 has received a certificate of need permit from the Health
20 Facilities and Services Review Board to establish a FRTEC and:

21 (1) is located: (A) in a municipality with a population
22 in excess of 1,000,000 inhabitants; (B) within or serving
23 an area designated by the United States Department of
24 Health and Human Services as a medically underserved area
25 or population; (C) within or serving an area designated by

1 the United States Department of Health and Human Services
2 as a health professional shortage area; and (D) within one
3 mile of the location of a general acute care hospital that
4 closed between January 1, 2013 and December 31, 2013;

5 (2) is affiliated with, by contractual or other means,
6 one or more acute care hospitals located within 5 miles of
7 the FRTEC, which shall serve as backup hospital providers
8 for the FRTEC, and is not a part of any affiliate
9 hospital's physical plant;

10 (3) meets the standards adopted by the Department by
11 rule for licensed FRTECs, including, but not limited to:

12 (A) facility design, specification, operation, and
13 maintenance standards; (B) equipment standards; and (C)
14 the number and qualifications of emergency medical
15 personnel and other staff, which must include at least one
16 board certified emergency physician present at the FRTEC 24
17 hours per day;

18 (4) limits its participation in the EMS System strictly
19 to receiving patients within the capabilities of the FRTEC,
20 which shall be determined according to protocols jointly
21 developed between the FRTEC and the Resource Hospital in
22 the relevant trauma region; these protocols must be
23 approved by the FRTEC's Medical Director, the Resource
24 Hospital, and the Department;

25 (5) provides comprehensive emergency treatment
26 services, as defined in the rules adopted by the Department

1 under the Hospital Licensing Act, 24 hours per day, on an
2 outpatient basis;

3 (6) provides an ambulance and maintains on site
4 ambulance services staffed with paramedics 24 hours per
5 day;

6 (7) complies with all State and federal patient rights
7 provisions, including, but not limited to, the Emergency
8 Medical Treatment Act and the federal Emergency Medical
9 Treatment and Active Labor Act;

10 (8) maintains a referral network with one or more acute
11 care backup provider hospitals located within 5 miles of
12 the FRTEC, on a contractual basis; the contract with the
13 referral hospital shall include, but not be limited to, a
14 requirement to maintain a communication system with the
15 referral hospital;

16 (9) reports to the Department any patient transfers
17 from the FRTEC to any of its affiliated acute care
18 hospitals within 48 hours of the transfer plus any other
19 data determined to be relevant by the Department;

20 (10) submits to the Department, on a quarterly basis,
21 the FRTEC's morbidity and mortality rates for patients
22 treated at the FRTEC and other data determined to be
23 relevant by the Department;

24 (11) does not describe itself or hold itself out to the
25 general public as a full service hospital or a hospital's
26 emergency department in its advertising or marketing

1 activities;

2 (12) complies with any other rules adopted by the
3 Department under this Act that relate to FRTECs;

4 (13) passes the Department's site inspection for
5 compliance with the FRTEC requirements of this Act;

6 (14) submits a copy of the certificate of need permit
7 issued by the Health Facilities and Services Review Board
8 indicating that the facility has complied with the Illinois
9 Health Facilities Planning Act with respect to all health
10 services to be provided at the FRTEC;

11 (15) submits an application for designation as a FRTEC
12 in a manner and form prescribed by the Department by rule;
13 and

14 (16) pays the annual license fee as determined by the
15 Department by rule.

16 (b) The Department:

17 (1) shall annually inspect facilities of initial FRTEC
18 applicants and licensed FRTECs, and issue annual licenses
19 to or annually relicense FRTECs that satisfy the
20 Department's licensure requirements as set forth in
21 subsection (a);

22 (2) shall suspend, revoke, refuse to issue, or refuse
23 to renew the license of any FRTEC, after notice and an
24 opportunity for a hearing, when the Department finds that
25 the FRTEC has failed to comply with the standards and
26 requirements of this Act or rules adopted by the Department

1 under this Act;

2 (3) shall issue an emergency suspension order for any
3 FRTEC when the Director or his or her designee has
4 determined that the continued operation of the FRTEC poses
5 an immediate and serious danger to the public health,
6 safety, and welfare; an opportunity for a hearing shall be
7 promptly initiated after an emergency suspension order has
8 been issued; and

9 (4) is granted the authority under this Act to
10 establish provisional licensure and licensing procedures
11 under this Act by emergency rule and shall do so within 120
12 days of the effective date of this amendatory Act of the
13 100th General Assembly.

14 Section 15. The Emergency Medical Treatment Act is amended
15 by changing Section 2 as follows:

16 (210 ILCS 70/2)

17 Sec. 2. Findings; prohibited terms.

18 (a) The Illinois General Assembly makes all of the
19 following findings:

20 (1) Hospital emergency services are not always the most
21 appropriate level of care for patients seeking unscheduled
22 medical care or for patients who do not have a regular
23 physician who can treat a significant or acute medical
24 condition not considered critical, debilitating, or

1 life-threatening.

2 (2) Hospital emergency rooms are over-utilized and too
3 often over-burdened with many injuries or illnesses that
4 could be managed in a less intensive clinical setting or
5 physician's office.

6 (3) Over-utilization of hospital emergency departments
7 contributes to excess medical and health insurance costs.

8 (4) The use of the term "emerg-i-" or a similar term in
9 a facility's posted or advertised name may confuse the
10 public and prospective patients regarding the type of
11 services offered relative to those provided by a hospital
12 emergency department. There is significant risk to the
13 public health and safety if persons requiring treatment for
14 a critical or life-threatening condition inappropriately
15 use such facilities.

16 (5) Many times patients are not clearly aware of the
17 policies and procedures of their insurer or health plan
18 that must be followed in the use of emergency rooms versus
19 non-emergent clinics and what rights they have under the
20 law in regard to appropriately sought emergency care.

21 (6) There is a need to more effectively educate health
22 care payers and consumers about the most appropriate use of
23 the various available levels of medical care and
24 particularly the use of hospital emergency rooms and
25 walk-in medical clinics that do not require appointments.

26 (b) No person, facility, or entity shall hold itself out to

1 the public as an "emergi-" or "emergent" care center or use any
2 similar term, as defined by rule, that would give the
3 impression that emergency medical treatment is provided by the
4 person or entity or at the facility unless the facility is the
5 emergency room of a facility licensed as a hospital under the
6 Hospital Licensing Act or a facility licensed as a freestanding
7 emergency center or a freestanding rapid treatment emergency
8 center under the Emergency Medical Services (EMS) Systems Act.
9 This Section does not prohibit a person, facility, or entity
10 from holding itself out to the public as an "urgi-" or "urgent"
11 care center.

12 (c) Violation of this Section constitutes a business
13 offense with a minimum fine of \$5,000 plus \$1,000 per day for a
14 continuing violation, with a maximum of \$25,000.

15 (d) The Director of Public Health in the name of the people
16 of the State, through the Attorney General, may bring an action
17 for an injunction or to restrain a violation of this Section or
18 the rules adopted pursuant to this Section or to enjoin the
19 future operation or maintenance of any facility in violation of
20 this Section or the rules adopted pursuant to this Section.

21 (e) The Department of Public Health shall adopt rules
22 necessary for the implementation of this Section.

23 (Source: P.A. 98-977, eff. 1-1-15.)

24 Section 20. The Illinois Insurance Code is amended by
25 adding Section 370b.2 as follows:

1 (215 ILCS 5/370b.2 new)

2 Sec. 370b.2. Reimbursement of freestanding rapid treatment
3 emergency centers.

4 (a) An individual or group policy of accident and health
5 insurance shall have copayments or coinsurance for emergency
6 services provided at a freestanding rapid treatment emergency
7 center at the same levels the plan provides for emergency
8 services delivered in other health care facilities covered
9 under the plan.

10 (b) Reimbursement to a freestanding rapid treatment
11 emergency center licensed under the Emergency Medical Services
12 (EMS) Systems Act that performs emergency services
13 reimbursable under an individual or group policy of accident
14 and health insurance shall be at a rate substantially similar
15 to the rate paid to a hospital licensed under the Hospital
16 Licensing Act with a hospital-based emergency department or at
17 a freestanding emergency center licensed under the Emergency
18 Medical Services (EMS) Systems Act, which shall include, but
19 not be limited to, facility fees and professional fees.

20 Section 25. The Health Care Worker Background Check Act is
21 amended by changing Section 15 as follows:

22 (225 ILCS 46/15)

23 Sec. 15. Definitions. In this Act:

1 "Applicant" means an individual seeking employment with a
2 health care employer who has received a bona fide conditional
3 offer of employment.

4 "Conditional offer of employment" means a bona fide offer
5 of employment by a health care employer to an applicant, which
6 is contingent upon the receipt of a report from the Department
7 of Public Health indicating that the applicant does not have a
8 record of conviction of any of the criminal offenses enumerated
9 in Section 25.

10 "Direct care" means the provision of nursing care or
11 assistance with feeding, dressing, movement, bathing,
12 toileting, or other personal needs, including home services as
13 defined in the Home Health, Home Services, and Home Nursing
14 Agency Licensing Act. The entity responsible for inspecting and
15 licensing, certifying, or registering the health care employer
16 may, by administrative rule, prescribe guidelines for
17 interpreting this definition with regard to the health care
18 employers that it licenses.

19 "Disqualifying offenses" means those offenses set forth in
20 Section 25 of this Act.

21 "Employee" means any individual hired, employed, or
22 retained to which this Act applies.

23 "Fingerprint-based criminal history records check" means a
24 livescan fingerprint-based criminal history records check
25 submitted as a fee applicant inquiry in the form and manner
26 prescribed by the Department of State Police.

1 "Health care employer" means:

2 (1) the owner or licensee of any of the following:

3 (i) a community living facility, as defined in the
4 Community Living Facilities Act;

5 (ii) a life care facility, as defined in the Life
6 Care Facilities Act;

7 (iii) a long-term care facility;

8 (iv) a home health agency, home services agency, or
9 home nursing agency as defined in the Home Health, Home
10 Services, and Home Nursing Agency Licensing Act;

11 (v) a hospice care program or volunteer hospice
12 program, as defined in the Hospice Program Licensing
13 Act;

14 (vi) a hospital, as defined in the Hospital
15 Licensing Act;

16 (vii) (blank);

17 (viii) a nurse agency, as defined in the Nurse
18 Agency Licensing Act;

19 (ix) a respite care provider, as defined in the
20 Respite Program Act;

21 (ix-a) an establishment licensed under the
22 Assisted Living and Shared Housing Act;

23 (x) a supportive living program, as defined in the
24 Illinois Public Aid Code;

25 (xi) early childhood intervention programs as
26 described in 59 Ill. Adm. Code 121;

1 (xii) the University of Illinois Hospital,
2 Chicago;

3 (xiii) programs funded by the Department on Aging
4 through the Community Care Program;

5 (xiv) programs certified to participate in the
6 Supportive Living Program authorized pursuant to
7 Section 5-5.01a of the Illinois Public Aid Code;

8 (xv) programs listed by the Emergency Medical
9 Services (EMS) Systems Act as Freestanding Emergency
10 Centers or Freestanding Rapid Treatment Emergency
11 Centers;

12 (xvi) locations licensed under the Alternative
13 Health Care Delivery Act;

14 (2) a day training program certified by the Department
15 of Human Services;

16 (3) a community integrated living arrangement operated
17 by a community mental health and developmental service
18 agency, as defined in the Community-Integrated Living
19 Arrangements Licensing and Certification Act; or

20 (4) the State Long Term Care Ombudsman Program,
21 including any regional long term care ombudsman programs
22 under Section 4.04 of the Illinois Act on the Aging, only
23 for the purpose of securing background checks.

24 "Initiate" means obtaining from a student, applicant, or
25 employee his or her social security number, demographics, a
26 disclosure statement, and an authorization for the Department

1 of Public Health or its designee to request a fingerprint-based
2 criminal history records check; transmitting this information
3 electronically to the Department of Public Health; conducting
4 Internet searches on certain web sites, including without
5 limitation the Illinois Sex Offender Registry, the Department
6 of Corrections' Sex Offender Search Engine, the Department of
7 Corrections' Inmate Search Engine, the Department of
8 Corrections Wanted Fugitives Search Engine, the National Sex
9 Offender Public Registry, and the website of the Health and
10 Human Services Office of Inspector General to determine if the
11 applicant has been adjudicated a sex offender, has been a
12 prison inmate, or has committed Medicare or Medicaid fraud, or
13 conducting similar searches as defined by rule; and having the
14 student, applicant, or employee's fingerprints collected and
15 transmitted electronically to the Department of State Police.

16 "Livescan vendor" means an entity whose equipment has been
17 certified by the Department of State Police to collect an
18 individual's demographics and inkless fingerprints and, in a
19 manner prescribed by the Department of State Police and the
20 Department of Public Health, electronically transmit the
21 fingerprints and required data to the Department of State
22 Police and a daily file of required data to the Department of
23 Public Health. The Department of Public Health shall negotiate
24 a contract with one or more vendors that effectively
25 demonstrate that the vendor has 2 or more years of experience
26 transmitting fingerprints electronically to the Department of

1 State Police and that the vendor can successfully transmit the
2 required data in a manner prescribed by the Department of
3 Public Health. Vendor authorization may be further defined by
4 administrative rule.

5 "Long-term care facility" means a facility licensed by the
6 State or certified under federal law as a long-term care
7 facility, including without limitation facilities licensed
8 under the Nursing Home Care Act, the Specialized Mental Health
9 Rehabilitation Act of 2013, the ID/DD Community Care Act, or
10 the MC/DD Act, a supportive living facility, an assisted living
11 establishment, or a shared housing establishment or registered
12 as a board and care home.

13 (Source: P.A. 98-104, eff. 7-22-13; 99-180, eff. 7-29-15.)

14 Section 30. The Illinois Public Aid Code is amended by
15 adding Section 5-35 as follows:

16 (305 ILCS 5/5-35 new)

17 Sec. 5-35. Freestanding rapid treatment emergency center
18 reimbursement. The Illinois Department shall adopt rates to be
19 paid for services delivered by freestanding rapid treatment
20 emergency centers licensed under the Emergency Medical
21 Services (EMS) Systems Act to qualified individuals. The rates
22 established by the Illinois Department shall be substantially
23 similar to the rates paid for services delivered to qualified
24 individuals in an emergency room of a hospital licensed under

1 the Hospital Licensing Act or a freestanding emergency center
2 licensed under the Emergency Medical Services (EMS) Systems
3 Act. Rates shall be established no later than 90 days after the
4 effective date of this amendatory Act of the 100th General
5 Assembly.

6 Section 35. The Abandoned Newborn Infant Protection Act is
7 amended by changing Section 10 as follows:

8 (325 ILCS 2/10)

9 Sec. 10. Definitions. In this Act:

10 "Abandon" has the same meaning as in the Abused and
11 Neglected Child Reporting Act.

12 "Abused child" has the same meaning as in the Abused and
13 Neglected Child Reporting Act.

14 "Child-placing agency" means a licensed public or private
15 agency that receives a child for the purpose of placing or
16 arranging for the placement of the child in a foster family
17 home or other facility for child care, apart from the custody
18 of the child's parents.

19 "Department" or "DCFS" means the Illinois Department of
20 Children and Family Services.

21 "Emergency medical facility" means a freestanding
22 emergency center, freestanding rapid treatment emergency
23 center, or trauma center, as defined in the Emergency Medical
24 Services (EMS) Systems Act.

1 "Emergency medical professional" includes licensed
2 physicians, and any emergency medical technician, emergency
3 medical technician-intermediate, advanced emergency medical
4 technician, paramedic, trauma nurse specialist, and
5 pre-hospital registered nurse, as defined in the Emergency
6 Medical Services (EMS) Systems Act.

7 "Fire station" means a fire station within the State with
8 at least one staff person.

9 "Hospital" has the same meaning as in the Hospital
10 Licensing Act.

11 "Legal custody" means the relationship created by a court
12 order in the best interest of a newborn infant that imposes on
13 the infant's custodian the responsibility of physical
14 possession of the infant, the duty to protect, train, and
15 discipline the infant, and the duty to provide the infant with
16 food, shelter, education, and medical care, except as these are
17 limited by parental rights and responsibilities.

18 "Neglected child" has the same meaning as in the Abused and
19 Neglected Child Reporting Act.

20 "Newborn infant" means a child who a licensed physician
21 reasonably believes is 30 days old or less at the time the
22 child is initially relinquished to a hospital, police station,
23 fire station, or emergency medical facility, and who is not an
24 abused or a neglected child.

25 "Police station" means a municipal police station, a county
26 sheriff's office, a campus police department located on any

1 college or university owned or controlled by the State or any
2 private college or private university that is not owned or
3 controlled by the State when employees of the campus police
4 department are present, or any of the district headquarters of
5 the Illinois State Police.

6 "Relinquish" means to bring a newborn infant, who a
7 licensed physician reasonably believes is 30 days old or less,
8 to a hospital, police station, fire station, or emergency
9 medical facility and to leave the infant with personnel of the
10 facility, if the person leaving the infant does not express an
11 intent to return for the infant or states that he or she will
12 not return for the infant. In the case of a mother who gives
13 birth to an infant in a hospital, the mother's act of leaving
14 that newborn infant at the hospital (i) without expressing an
15 intent to return for the infant or (ii) stating that she will
16 not return for the infant is not a "relinquishment" under this
17 Act.

18 "Temporary protective custody" means the temporary
19 placement of a newborn infant within a hospital or other
20 medical facility out of the custody of the infant's parent.

21 (Source: P.A. 97-293, eff. 8-11-11; 98-973, eff. 8-15-14.)

22 Section 40. The Illinois Controlled Substances Act is
23 amended by changing Section 318 as follows:

24 (720 ILCS 570/318)

1 Sec. 318. Confidentiality of information.

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

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

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

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

15 (1) A governing body that licenses practitioners and is
16 engaged in an investigation, an adjudication, or a
17 prosecution of a violation under any State or federal law
18 that involves a controlled substance.

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

25 (A) an investigation;

26 (B) an adjudication; or

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

3 (3) A law enforcement officer who is:

4 (A) authorized by the Illinois State Police or the
5 office of a county sheriff or State's Attorney or
6 municipal police department of Illinois to receive
7 information of the type requested for the purpose of
8 investigations involving controlled substances; or

9 (B) approved by the Department to receive
10 information of the type requested for the purpose of
11 investigations involving controlled substances; and

12 (C) engaged in the investigation or prosecution of
13 a violation under any State or federal law that
14 involves a controlled substance.

15 (e) Before the Department releases confidential
16 information under subsection (d), the applicant must
17 demonstrate in writing to the Department that:

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

21 (2) the requested information is reasonably related to
22 the investigation, adjudication, or prosecution of the
23 violation described in subdivision (1).

24 (f) The Department may receive and release prescription
25 record information under Section 316 and former Section 321 to:

26 (1) a governing body that licenses practitioners;

1 (2) an investigator for the Consumer Protection
2 Division of the office of the Attorney General, a
3 prosecuting attorney, the Attorney General, a deputy
4 Attorney General, or an investigator from the office of the
5 Attorney General;

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

7 (A) authorized to receive the type of information
8 released; and

9 (B) approved by the Department to receive the type
10 of information released; or

11 (4) prescription monitoring entities in other states
12 per the provisions outlined in subsection (g) and (h)
13 below;

14 confidential prescription record information collected under
15 Sections 316 and 321 (now repealed) that identifies vendors or
16 practitioners, or both, who are prescribing or dispensing large
17 quantities of Schedule II, III, IV, or V controlled substances
18 outside the scope of their practice, pharmacy, or business, as
19 determined by the Advisory Committee created by Section 320.

20 (g) The information described in subsection (f) may not be
21 released until it has been reviewed by an employee of the
22 Department who is licensed as a prescriber or a dispenser and
23 until that employee has certified that further investigation is
24 warranted. However, failure to comply with this subsection (g)
25 does not invalidate the use of any evidence that is otherwise
26 admissible in a proceeding described in subsection (h).

1 (h) An investigator or a law enforcement officer receiving
2 confidential information under subsection (c), (d), or (f) may
3 disclose the information to a law enforcement officer or an
4 attorney for the office of the Attorney General for use as
5 evidence in the following:

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

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

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

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

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

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

1 (3) The Department shall provide a one-to-one secure
2 link and encrypted software necessary to establish the link
3 between an inquirer and the Department. Technical
4 assistance shall also be provided.

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

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

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

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

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

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

1 (1) The Prescription Monitoring Program Advisory Committee
2 is authorized to evaluate the need for and method of
3 establishing a patient specific identifier.

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

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

12 (o) Hospital emergency departments and freestanding
13 healthcare facilities, including, but not limited to,
14 freestanding emergency centers and freestanding rapid
15 treatment emergency centers, providing healthcare to walk-in
16 patients may obtain, for the purpose of improving patient care,
17 a unique identifier for each shift to utilize the PII system.

18 (p) The Prescription Monitoring Program shall
19 automatically create a log-in to the inquiry system when a
20 prescriber or dispenser obtains or renews his or her controlled
21 substance license. The Department of Financial and
22 Professional Regulation must provide the Prescription
23 Monitoring Program with electronic access to the license
24 information of a prescriber or dispenser to facilitate the
25 creation of this profile. The Prescription Monitoring Program
26 shall send the prescriber or dispenser information regarding

1 the inquiry system, including instructions on how to log into
2 the system, instructions on how to use the system to promote
3 effective clinical practice, and opportunities for continuing
4 education for the prescribing of controlled substances. The
5 Prescription Monitoring Program shall also send to all enrolled
6 prescribers, dispensers, and designees information regarding
7 the unsolicited reports produced pursuant to Section 314.5 of
8 this Act.

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

13 (1) the designee so authorized is employed by the same
14 hospital or health care system; is employed by the same
15 professional practice; or is under contract with such
16 practice, hospital, or health care system;

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

20 (3) the prescriber or dispenser remains responsible
21 for ensuring that access to the inquiry system by the
22 designee is limited to authorized purposes and occurs in a
23 manner that protects the confidentiality of the
24 information obtained from the inquiry system, and remains
25 responsible for any breach of confidentiality; and

26 (4) the ultimate decision as to whether or not to

1 prescribe or dispense a controlled substance remains with
2 the prescriber or dispenser.

3 The Prescription Monitoring Program shall send to
4 registered designees information regarding the inquiry system,
5 including instructions on how to log onto the system.

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

10 (1) current clinical guidelines developed by health
11 care professional organizations on the prescribing of
12 opioids or other controlled substances as determined by the
13 Advisory Committee;

14 (2) accredited continuing education programs related
15 to prescribing of controlled substances;

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

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

23 (5) relevant medical studies related to prescribing;

24 (6) other information regarding the prescription of
25 controlled substances; and

26 (7) information regarding prescription drug disposal

1 events, including take-back programs or other disposal
2 options or events.

3 The content of the Internet website shall be periodically
4 reviewed by the Prescription Monitoring Program Advisory
5 Committee as set forth in Section 320 and updated in accordance
6 with the recommendation of the advisory committee.

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

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

15 (2) current clinical guidelines developed by health
16 care professional organizations on the prescribing of
17 opioids or other drugs as determined by the Advisory
18 Committee;

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

22 (4) updates from the Food and Drug Administration, the
23 Centers for Disease Control and Prevention, and other
24 public and private organizations which are relevant to
25 prescribing;

26 (5) relevant medical studies related to prescribing;

1 (6) other information regarding prescribing of
2 controlled substances;

3 (7) information regarding prescription drug disposal
4 events, including take-back programs or other disposal
5 options or events; and

6 (8) reminders that the Prescription Monitoring Program
7 is a useful clinical tool.

8 (Source: P.A. 99-480, eff. 9-9-15.)

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

1 INDEX

2 Statutes amended in order of appearance

3 20 ILCS 3960/3 from Ch. 111 1/2, par. 1153

4 20 ILCS 3960/5.1b new

5 210 ILCS 50/3.20

6 210 ILCS 50/32.6 new

7 210 ILCS 70/2

8 215 ILCS 5/370b.2 new

9 225 ILCS 46/15

10 305 ILCS 5/5-35 new

11 325 ILCS 2/10

12 720 ILCS 570/318