

1 AN ACT concerning criminal law.

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

4 Section 5. The Illinois Controlled Substances Act is
5 amended by changing Sections 316 and 320 as follows:

6 (720 ILCS 570/316)

7 Sec. 316. Prescription Monitoring Program.

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

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

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

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

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

19 (D) The date the controlled substance is
20 dispensed.

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

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

1 Administration registration number.

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

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

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

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

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

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

23 (3) A dispenser must transmit the information required
24 under this Section by:

25 (A) an electronic device compatible with the
26 receiving device of the central repository;

1 (B) a computer diskette;

2 (C) a magnetic tape; or

3 (D) a pharmacy universal claim form or Pharmacy
4 Inventory Control form;

5 (4) The Department may impose a civil fine of up to
6 \$100 per day for willful failure to report controlled
7 substance dispensing to the Prescription Monitoring
8 Program. The fine shall be calculated on no more than the
9 number of days from the time the report was required to be
10 made until the time the problem was resolved, and shall be
11 payable to the Prescription Monitoring Program.

12 (b) The Department, by rule, may include in the
13 Prescription Monitoring Program certain other select drugs
14 that are not included in Schedule II, III, IV, or V. The
15 Prescription Monitoring Program does not apply to controlled
16 substance prescriptions as exempted under Section 313.

17 (c) The collection of data on select drugs and scheduled
18 substances by the Prescription Monitoring Program may be used
19 as a tool for addressing oversight requirements of long-term
20 care institutions as set forth by Public Act 96-1372. Long-term
21 care pharmacies shall transmit patient medication profiles to
22 the Prescription Monitoring Program monthly or more frequently
23 as established by administrative rule.

24 (d) The Department of Human Services shall appoint a
25 full-time Clinical Director of the Prescription Monitoring
26 Program.

1 (e) (Blank).

2 (f) Within one year of the effective date of this
3 amendatory Act of the 100th General Assembly, the Department
4 shall adopt rules requiring all Electronic Health Records
5 Systems to interface with the Prescription Monitoring Program
6 application program on or before January 1, 2021 to ensure that
7 all providers have access to specific patient records during
8 the treatment of their patients. These rules shall also address
9 the electronic integration of pharmacy records with the
10 Prescription Monitoring Program to allow for faster
11 transmission of the information required under this Section.
12 The Department shall establish actions to be taken if a
13 prescriber's Electronic Health Records System does not
14 effectively interface with the Prescription Monitoring Program
15 within the required timeline.

16 (g) The Department, in consultation with the Advisory
17 Committee, shall adopt rules allowing licensed prescribers or
18 pharmacists who have registered to access the Prescription
19 Monitoring Program to authorize a licensed or non-licensed
20 designee employed in that licensed prescriber's office or a
21 licensed designee in a licensed pharmacist's pharmacy, and who
22 has received training in the federal Health Insurance
23 Portability and Accountability Act to consult the Prescription
24 Monitoring Program on their behalf. The rules shall include
25 reasonable parameters concerning a practitioner's authority to
26 authorize a designee, and the eligibility of a person to be

1 selected as a designee.

2 (Source: P.A. 99-480, eff. 9-9-15; 100-564, eff. 1-1-18.)

3 (720 ILCS 570/320)

4 Sec. 320. Advisory committee.

5 (a) There is created a Prescription Monitoring Program
6 Advisory Committee to assist the Department of Human Services
7 in implementing the Prescription Monitoring Program created by
8 this Article and to advise the Department on the professional
9 performance of prescribers and dispensers and other matters
10 germane to the advisory committee's field of competence.

11 (b) The Clinical Director of the Prescription Monitoring
12 Program shall appoint members to serve on the advisory
13 committee. The advisory committee shall be composed of
14 prescribers and dispensers as follows: 4 physicians licensed to
15 practice medicine in all its branches; one advanced practice
16 registered nurse; one physician assistant; one optometrist;
17 one dentist; one podiatric physician; and 3 pharmacists. The
18 Clinical Director of the Prescription Monitoring Program may
19 appoint a representative of an organization representing a
20 profession required to be appointed. The Clinical Director of
21 the Prescription Monitoring Program shall serve as the chair of
22 the committee.

23 (c) The advisory committee may appoint its other officers
24 as it deems appropriate.

25 (d) The members of the advisory committee shall receive no

1 compensation for their services as members of the advisory
2 committee but may be reimbursed for their actual expenses
3 incurred in serving on the advisory committee.

4 (e) The advisory committee shall:

5 (1) provide a uniform approach to reviewing this Act in
6 order to determine whether changes should be recommended to
7 the General Assembly;

8 (2) review current drug schedules in order to manage
9 changes to the administrative rules pertaining to the
10 utilization of this Act;

11 (3) review the following: current clinical guidelines
12 developed by health care professional organizations on the
13 prescribing of opioids or other controlled substances;
14 accredited continuing education programs related to
15 prescribing and dispensing; programs or information
16 developed by health care professional organizations that
17 may be used to assess patients or help ensure compliance
18 with prescriptions; updates from the Food and Drug
19 Administration, the Centers for Disease Control and
20 Prevention, and other public and private organizations
21 which are relevant to prescribing and dispensing; relevant
22 medical studies; and other publications which involve the
23 prescription of controlled substances;

24 (4) make recommendations for inclusion of these
25 materials or other studies which may be effective resources
26 for prescribers and dispensers on the Internet website of

1 the inquiry system established under Section 318;

2 (5) on at least a quarterly basis, review the content
3 of the Internet website of the inquiry system established
4 pursuant to Section 318 to ensure this Internet website has
5 the most current available information;

6 (6) on at least a quarterly basis, review opportunities
7 for federal grants and other forms of funding to support
8 projects which will increase the number of pilot programs
9 which integrate the inquiry system with electronic health
10 records; and

11 (7) on at least a quarterly basis, review communication
12 to be sent to all registered users of the inquiry system
13 established pursuant to Section 318, including
14 recommendations for relevant accredited continuing
15 education and information regarding prescribing and
16 dispensing.

17 (f) The Clinical Director of the Prescription Monitoring
18 Program shall select 6 ~~5~~ members, 3 physicians, ~~and~~ 2
19 pharmacists, and one dentist, of the Prescription Monitoring
20 Program Advisory Committee to serve as members of the peer
21 review subcommittee. The purpose of the peer review
22 subcommittee is to advise the Program on matters germane to the
23 advisory committee's field of competence, establish a formal
24 peer review of professional performance of prescribers and
25 dispensers, and develop communications to transmit to
26 prescribers and dispensers. The deliberations, information,

1 and communications of the peer review subcommittee are
2 privileged and confidential and shall not be disclosed in any
3 manner except in accordance with current law.

4 (1) The peer review subcommittee shall periodically
5 review the data contained within the prescription
6 monitoring program to identify those prescribers or
7 dispensers who may be prescribing or dispensing outside the
8 currently accepted standards in the course of their
9 professional practice.

10 (2) The peer review subcommittee may identify
11 prescribers or dispensers who may be prescribing outside
12 the currently accepted medical standards in the course of
13 their professional practice and send the identified
14 prescriber or dispenser a request for information
15 regarding their prescribing or dispensing practices. This
16 request for information shall be sent via certified mail,
17 return receipt requested. A prescriber or dispenser shall
18 have 30 days to respond to the request for information.

19 (3) The peer review subcommittee shall refer a
20 prescriber or a dispenser to the Department of Financial
21 and Professional Regulation in the following situations:

22 (i) if a prescriber or dispenser does not respond
23 to three successive requests for information;

24 (ii) in the opinion of a majority of members of the
25 peer review subcommittee, the prescriber or dispenser
26 does not have a satisfactory explanation for the

1 practices identified by the peer review subcommittee
2 in its request for information; or

3 (iii) following communications with the peer
4 review subcommittee, the prescriber or dispenser does
5 not sufficiently rectify the practices identified in
6 the request for information in the opinion of a
7 majority of the members of the peer review
8 subcommittee.

9 (4) The Department of Financial and Professional
10 Regulation may initiate an investigation and discipline in
11 accordance with current laws and rules for any prescriber
12 or dispenser referred by the peer review subcommittee.

13 (5) The peer review subcommittee shall prepare an
14 annual report starting on July 1, 2017. This report shall
15 contain the following information: the number of times the
16 peer review subcommittee was convened; the number of
17 prescribers or dispensers who were reviewed by the peer
18 review committee; the number of requests for information
19 sent out by the peer review subcommittee; and the number of
20 prescribers or dispensers referred to the Department of
21 Financial and Professional Regulation. The annual report
22 shall be delivered electronically to the Department and to
23 the General Assembly. The report to the General Assembly
24 shall be filed with the Clerk of the House of
25 Representatives and the Secretary of the Senate in
26 electronic form only, in the manner that the Clerk and the

1 Secretary shall direct. The report prepared by the peer
2 review subcommittee shall not identify any prescriber,
3 dispenser, or patient.

4 (Source: P.A. 99-480, eff. 9-9-15; 100-513, eff. 1-1-18.)

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