SB1607

LRB10011093RLC21351b

100TH GENERAL ASSEMBLY

State of Illinois

2017 and 2018

SB1607

Introduced 2/9/2017, by Sen. Melinda Bush

SYNOPSIS AS INTRODUCED:

720 ILCS 570/316

Amends the Illinois Controlled Substances Act. Makes a technical change in a Section concerning the prescription monitoring program.

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A BILL FOR

AN ACT concerning criminal law.

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

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

(720 ILCS 570/316)

Sec. 316. Prescription monitoring program.

(a) The ~~The~~ Department must provide for a prescription monitoring program for Schedule II, III, IV, and V controlled substances that includes the following components and requirements:

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

(A) The recipient's name and address.

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

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

(D) The date the controlled substance is dispensed.

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

(F) The dispenser's United States Drug Enforcement

Administration registration number.

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

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

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

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

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

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

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

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

(B) a computer diskette;

(C) a magnetic tape; or

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

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

(b) The Department, by rule, may include in the monitoring program certain other select drugs that are not included in Schedule II, III, IV, or V. The prescription monitoring program does not apply to controlled substance prescriptions as exempted under Section 313.

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

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

(e) Within one year of the effective date of this amendatory Act of the 99th General Assembly, the Department shall adopt rules establishing pilot initiatives involving a cross-section of hospitals in this State to increase electronic integration of a hospital's electronic health record with the Prescription Monitoring Program on or before January 1, 2019 to ensure all providers have timely access to relevant prescription information during the treatment of their patients. These rules shall also establish pilots that enhance the electronic integration of outpatient pharmacy records with the Prescription Monitoring Program to allow for faster transmission of the information required under this Section. In collaboration with the Department of Human Services, the Prescription Monitoring Program Advisory Committee shall identify funding sources to support the pilot projects in this Section and distribution of funds shall be based on voluntary and incentive-based models. The rules adopted by the Department shall also ensure that the Department continues to monitor updates in Electronic Health Record Technology and how other states have integrated their prescription monitoring databases with Electronic Health Records.

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