

AN ACT concerning public aid.

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

Section 5. The Illinois Public Aid Code is amended by adding Section 12-4.52 as follows:

(305 ILCS 5/12-4.52 new)

Sec. 12-4.52. Prescriber education.

(a) The Department of Healthcare and Family Services shall develop, in collaboration with a public university that has a Doctor of Pharmacy Professional Program and is located in a county with a population of more than 3,000,000, a program designed to provide prescribing physicians under the medical assistance program with an evidence-based, non-commercial source of the latest objective information about pharmaceuticals. Information shall be presented to prescribing physicians by specially trained pharmacists, nurses, or other health professionals to assist prescribing physicians in making appropriate therapeutic recommendations.

(b) The prescriber education program shall consist of 2 components: a web-based curriculum and an academic educator outreach. The program shall contract with clinical pharmacists to provide scheduled visits with prescribing physicians to update them on the latest research concerning medication usage

and new updates on disease states in an unbiased manner.

(c) Education provided under the prescriber education program shall include, but not be limited to, disease-based educational modules on the treatment of chronic non-cancer pain, diabetes, hypertension, hyperlipidemia, respiratory syncytial virus, and nicotine dependence. New modules may be created periodically as needed and existing module content shall be reviewed and updated on an annual or as-needed basis. Educational modules provided under the program shall provide prescribing physicians with continuing medical education credit.

(d) Additional resources provided under the prescriber education program shall include, but not be limited to, the following:

(1) a drug information response center available to prescribing physicians that provides thorough and timely in-depth answers to any questions a prescribing physician may have within 48 hours after a question is received; and

(2) information on drug utilization trends within individual and group practices.