

AN ACT concerning regulation.

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

Section 5. The Regulatory Sunset Act is amended by changing Sections 4.30 and 4.33 as follows:

(5 ILCS 80/4.30)

Sec. 4.30. Acts repealed on January 1, 2020. The following Acts are repealed on January 1, 2020:

The Community Association Manager Licensing and Disciplinary Act.

The Illinois Landscape Architecture Act of 1989.

~~The Pharmacy Practice Act.~~

(Source: P.A. 100-497, eff. 9-8-17; 100-534, eff. 9-22-17; 100-863, eff. 8-14-18; 101-269, eff. 8-9-19; 101-310, eff. 8-9-19; 101-311, eff. 8-9-19; 101-312, eff. 8-9-19; 101-313, eff. 8-9-19; 101-345, eff. 8-9-19; 101-346, eff. 8-9-19; 101-357, eff. 8-9-19; revised 9-27-19.)

(5 ILCS 80/4.33)

Sec. 4.33. Acts repealed on January 1, 2023. The following Acts are repealed on January 1, 2023:

The Dietitian Nutritionist Practice Act.

The Elevator Safety and Regulation Act.

The Fire Equipment Distributor and Employee Regulation Act of 2011.

The Funeral Directors and Embalmers Licensing Code.

The Naprapathic Practice Act.

The Pharmacy Practice Act.

The Professional Counselor and Clinical Professional Counselor Licensing and Practice Act.

The Wholesale Drug Distribution Licensing Act.

(Source: P.A. 97-706, eff. 6-25-12; 97-778, eff. 7-13-12; 97-804, eff. 1-1-13; 97-979, eff. 8-17-12; 97-1048, eff. 8-22-12; 97-1130, eff. 8-28-12; 97-1141, eff. 12-28-12.)

Section 10. The Pharmacy Practice Act is amended by changing Sections 4.5, 9, 9.5, 17.1, 30, 33, 35.3, 35.5, 35.9, 35.10, and 35.21 and by adding Sections 15.1 and 22c as follows:

(225 ILCS 85/4.5)

(Section scheduled to be repealed on January 1, 2020)

Sec. 4.5. The Collaborative Pharmaceutical Task Force. In order to protect the public and provide quality pharmaceutical care, the Collaborative Pharmaceutical Task Force is established. The Task Force shall discuss how to further advance the practice of pharmacy in a manner that recognizes the needs of the healthcare system, patients, pharmacies, pharmacists, and pharmacy technicians. As a part of its

discussions, the Task Force shall consider, at a minimum, the following:

(1) the extent to which providing whistleblower protections for pharmacists and pharmacy technicians reporting violation of worker policies and requiring pharmacies to have at least one pharmacy technician on duty whenever the practice of pharmacy is conducted, to set a prescription filling limit of not more than 10 prescriptions filled per hour, to mandate at least 10 pharmacy technician hours per 100 prescriptions filled, to place a general prohibition on activities that distract pharmacists, to provide a pharmacist a minimum of 2 15-minute paid rest breaks and one 30-minute meal period in each workday on which the pharmacist works at least 7 hours, to not require a pharmacist to work during a break period, to pay to the pharmacist 3 times the pharmacist's regular hourly rate of pay for each workday during which the required breaks were not provided, to make available at all times a room on the pharmacy's premises with adequate seating and tables for the purpose of allowing a pharmacist to enjoy break periods in a clean and comfortable environment, to keep a complete and accurate record of the break periods of its pharmacists, to limit a pharmacist from working more than 8 hours a workday, and to retain records of any errors in the receiving, filling, or dispensing of prescriptions of any kind could be integrated

into the Pharmacy Practice Act; and

(2) the extent to which requiring the Department to adopt rules requiring pharmacy prescription systems contain mechanisms to require prescription discontinuation orders to be forwarded to a pharmacy, to require patient verification features for pharmacy automated prescription refills, and to require that automated prescription refills notices clearly communicate to patients the medication name, dosage strength, and any other information required by the Department governing the use of automated dispensing and storage systems to ensure that discontinued medications are not dispensed to a patient by a pharmacist or by any automatic refill dispensing systems whether prescribed through electronic prescriptions or paper prescriptions may be integrated into the Pharmacy Practice Act to better protect the public.

In developing standards related to its discussions, the Collaborative Pharmaceutical Task Force shall consider the extent to which Public Act 99-473 (enhancing continuing education requirements for pharmacy technicians) and Public Act 99-863 (enhancing reporting requirements to the Department of pharmacy employee terminations) may be relevant to the issues listed in paragraphs (1) and (2).

The voting members of the Collaborative Pharmaceutical Task Force shall be appointed as follows:

(1) the Speaker of the House of Representatives, or his

or her designee, shall appoint: a representative of a statewide organization exclusively representing retailers, including pharmacies; and a retired licensed pharmacist who has previously served on the Board of Pharmacy and on the executive committee of a national association representing pharmacists and who shall serve as the chairperson of the Collaborative Pharmaceutical Task Force;

(2) the President of the Senate, or his or her designee, shall appoint: a representative of a statewide organization representing pharmacists; and a representative of a statewide organization representing unionized pharmacy employees;

(3) the Minority Leader of the House of Representatives, or his or her designee, shall appoint: a representative of a statewide organization representing physicians licensed to practice medicine in all its branches in Illinois; and a representative of a statewide professional association representing pharmacists, pharmacy technicians, pharmacy students, and others working in or with an interest in hospital and health-system pharmacy; and

(4) the Minority Leader of the Senate, or his or her designee, shall appoint: a representative of a statewide organization representing hospitals; and a representative of a statewide association exclusively representing

long-term care pharmacists.

The Secretary, or his or her designee, shall appoint the following non-voting members of the Task Force: a representative of the University of Illinois at Chicago College of Pharmacy; a clinical pharmacist who has done extensive study in pharmacy e-prescribing and e-discontinuation; and a representative of the Department.

The Department shall provide administrative support to the Collaborative Pharmaceutical Task Force. The Collaborative Pharmaceutical Task Force shall meet at least monthly at the call of the chairperson.

No later than September 1, 2019, the voting members of the Collaborative Pharmaceutical Task Force shall vote on recommendations concerning the standards in paragraphs (1) and (2) of this Section.

No later than November 1, 2019, the Department, in direct consultation with the Collaborative Pharmaceutical Task Force, shall propose rules for adoption that are consistent with the Collaborative Pharmaceutical Task Force's recommendations, or recommend legislation to the General Assembly, concerning the standards in paragraphs (1) and (2) of this Section.

For the purposes of continuing dialogue on best practices for pharmacy in the State of Illinois, the Task Force shall be reconvened beginning January 1, 2020. Members who served on the Task Force before January 1, 2020 shall continue to serve. The following additional voting members shall be appointed to the

Task Force as follows:

(A) one representative of a statewide organization exclusively representing retailers, including pharmacies, who shall be appointed by the Governor;

(B) one representative of a statewide organization representing unionized pharmacy employees who shall be appointed by the Governor;

(C) one member of the General Assembly who shall be appointed by the Speaker of the House of Representatives;

(D) one member of the General Assembly who shall be appointed by the Minority Leader of the House of Representatives;

(E) one member of the General Assembly who shall be appointed by the President of the Senate; and

(F) one member of the General Assembly who shall be appointed by the Minority Leader of the Senate.

All provisions relating to the operation and meeting of the Task Force shall continue to apply during the extended period beginning January 1, 2020.

No later than October 1, 2020, the voting members of the Task Force shall vote on recommendations that are in addition to those voted on on or before September 1, 2019.

No later than November 1, 2020, the Department, in direct consultation with the Task Force, shall propose rules for adoption that are consistent with the Task Force's recommendations, or recommend legislation to the General

Assembly, concerning the items considered by the Task Force.

This Section is repealed on November 1, 2021 ~~2020~~.

(Source: P.A. 100-497, eff. 9-8-17.)

(225 ILCS 85/9) (from Ch. 111, par. 4129)

(Section scheduled to be repealed on January 1, 2020)

Sec. 9. Licensure as registered pharmacy technician.

(a) Any person shall be entitled to licensure as a registered pharmacy technician who is of the age of 16 or over, has not engaged in conduct or behavior determined to be grounds for discipline under this Act, is attending or has graduated from an accredited high school or comparable school or educational institution or received a high school equivalency certificate, and has filed a written or electronic application for licensure on a form to be prescribed and furnished by the Department for that purpose. The Department shall issue a license as a registered pharmacy technician to any applicant who has qualified as aforesaid, and such license shall be the sole authority required to assist licensed pharmacists in the practice of pharmacy, under the supervision of a licensed pharmacist. ~~A registered pharmacy technician may, under the supervision of a pharmacist, assist in the practice of pharmacy and perform such functions as assisting in the dispensing process, offering counseling, receiving new verbal prescription orders, and having prescriber contact concerning prescription drug order clarification.~~ A registered pharmacy

technician may be delegated to perform any task within the practice of pharmacy if specifically trained for that task, except for ~~not engage in~~ patient counseling, drug regimen review, or clinical conflict resolution.

(b) Beginning on January 1, 2017, within 2 years after initial licensure as a registered pharmacy technician, the licensee must meet the requirements described in Section 9.5 of this Act and become licensed as a registered certified pharmacy technician. If the licensee has not yet attained the age of 18, then upon the next renewal as a registered pharmacy technician, the licensee must meet the requirements described in Section 9.5 of this Act and become licensed as a registered certified pharmacy technician. This requirement does not apply to pharmacy technicians registered prior to January 1, 2008.

(c) Any person registered as a pharmacy technician who is also enrolled in a first professional degree program in pharmacy in a school or college of pharmacy or a department of pharmacy of a university approved by the Department or has graduated from such a program within the last 18 months, shall be considered a "student pharmacist" and entitled to use the title "student pharmacist". A student pharmacist must meet all of the requirements for licensure as a registered pharmacy technician set forth in this Section excluding the requirement of certification prior to the second license renewal and pay the required registered pharmacy technician license fees. A student pharmacist may, under the supervision of a pharmacist,

assist in the practice of pharmacy and perform any and all functions delegated to him or her by the pharmacist.

(d) Any person seeking licensure as a pharmacist who has graduated from a pharmacy program outside the United States must register as a pharmacy technician and shall be considered a "student pharmacist" and be entitled to use the title "student pharmacist" while completing the 1,200 clinical hours of training approved by the Board of Pharmacy described and for no more than 18 months after completion of these hours. These individuals are not required to become registered certified pharmacy technicians while completing their Board approved clinical training, but must become licensed as a pharmacist or become licensed as a registered certified pharmacy technician before the second pharmacy technician license renewal following completion of the Board approved clinical training.

(e) The Department shall not renew the registered pharmacy technician license of any person who has been licensed as a registered pharmacy technician with the designation "student pharmacist" who: (1) has dropped out of or been expelled from an ACPE accredited college of pharmacy; (2) has failed to complete his or her 1,200 hours of Board approved clinical training within 24 months; or (3) has failed the pharmacist licensure examination 3 times. The Department shall require these individuals to meet the requirements of and become licensed as a registered certified pharmacy technician.

(f) The Department may take any action set forth in Section

30 of this Act with regard to a license pursuant to this Section.

(g) Any person who is enrolled in a non-traditional Pharm.D. program at an ACPE accredited college of pharmacy and is licensed as a registered pharmacist under the laws of another United States jurisdiction shall be permitted to engage in the program of practice experience required in the academic program by virtue of such license. Such person shall be exempt from the requirement of licensure as a registered pharmacy technician or registered certified pharmacy technician while engaged in the program of practice experience required in the academic program.

An applicant for licensure as a registered pharmacy technician may assist a pharmacist in the practice of pharmacy for a period of up to 60 days prior to the issuance of a license if the applicant has submitted the required fee and an application for licensure to the Department. The applicant shall keep a copy of the submitted application on the premises where the applicant is assisting in the practice of pharmacy. The Department shall forward confirmation of receipt of the application with start and expiration dates of practice pending licensure.

(Source: P.A. 99-473, eff. 1-1-17; 100-497, eff. 9-8-17.)

(225 ILCS 85/9.5)

(Section scheduled to be repealed on January 1, 2020)

Sec. 9.5. Registered certified pharmacy technician.

(a) An individual licensed as a registered pharmacy technician under this Act may be licensed as a registered certified pharmacy technician, if he or she meets all of the following requirements:

(1) He or she has submitted a written application in the form and manner prescribed by the Department.

(2) He or she has attained the age of 18.

(3) He or she is of good moral character, as determined by the Department.

(4) Beginning on January 1, 2022, a new pharmacy technician is required to have ~~He or she has~~ (i) graduated from a pharmacy technician training program that meets ~~meeting~~ the requirements set forth in subsection (a) of Section 17.1 of this Act or (ii) obtained documentation from the pharmacist-in-charge of the pharmacy where the applicant is employed verifying that he or she has successfully completed a standardized nationally accredited education and training program, and has successfully completed an objective assessment mechanism prepared in accordance with rules established by the Department.

(5) He or she has successfully passed an examination accredited by the National Commission for Certifying Agencies, as approved and required by the Board or by rule.

(6) He or she has paid the required licensure fees.

(b) No pharmacist whose license has been denied, revoked, suspended, or restricted for disciplinary purposes may be eligible to be registered as a certified pharmacy technician unless authorized by order of the Department as a condition of restoration from revocation, suspension, or restriction.

(c) The Department may, by rule, establish any additional requirements for licensure under this Section.

(d) A person who is not a licensed registered pharmacy technician and meets the requirements of this Section may be licensed as a registered certified pharmacy technician without first being licensed as a registered pharmacy technician.

(e) As a condition for the renewal of a license as a registered certified pharmacy technician, the licensee shall provide evidence to the Department of completion of a total of 20 hours of continuing pharmacy education during the 24 months preceding the expiration date of the certificate as established by rule. One hour of continuing pharmacy education must be in the subject of pharmacy law. One hour of continuing pharmacy education must be in the subject of patient safety. The continuing education shall be approved by the Accreditation Council on Pharmacy Education.

The Department may establish by rule a means for the verification of completion of the continuing education required by this subsection (e). This verification may be accomplished through audits of records maintained by licensees, by requiring the filing of continuing education

certificates with the Department or a qualified organization selected by the Department to maintain such records, or by other means established by the Department.

Rules developed under this subsection (e) may provide for a reasonable annual fee, not to exceed \$20, to fund the cost of such recordkeeping. The Department may, by rule, further provide an orderly process for the restoration of a license that has not been renewed due to the failure to meet the continuing pharmacy education requirements of this subsection (e). The Department may waive the requirements of continuing pharmacy education, in whole or in part, in cases of extreme hardship as defined by rule of the Department. The waivers may be granted for not more than one of any 2 ~~3~~ consecutive renewal periods.

(Source: P.A. 99-473, eff. 1-1-17; 100-497, eff. 9-8-17.)

(225 ILCS 85/15.1 new)

Sec. 15.1. Pharmacy working conditions.

(a) A pharmacy licensed under this Act shall not require a pharmacist, student pharmacist, or pharmacy technician to work longer than 12 continuous hours per day, inclusive of the breaks required under subsection (b).

(b) A pharmacist who works 6 continuous hours or longer per day shall be allowed to take, at a minimum, one 30-minute uninterrupted meal break and one 15-minute break during that 6-hour period. If such pharmacist is required to work 12

continuous hours per day, at a minimum, he or she qualifies for an additional 15-minute break. A pharmacist who is entitled to take such breaks shall not be required to work more than 5 continuous hours, excluding a 15-minute break, before being given the opportunity to take a 30-minute uninterrupted meal break. If the pharmacy has a private break room available, or if there is a private break room in the establishment or business in which the pharmacy is located, a pharmacist who is entitled to breaks must be given access to that private break room and allowed to spend his or her break time in that room.

(c) A pharmacy may, but is not required to, close when a pharmacist is allowed to take a break under subsection (b). If the pharmacy does not close, the pharmacist shall either remain within the licensed pharmacy or within the establishment in which the licensed pharmacy is located in order to be available for emergencies. In addition, the following applies:

(1) pharmacy technicians, student pharmacists, and other supportive staff authorized by the pharmacist on duty may continue to perform duties as allowed under this Act;

(2) no duties reserved to pharmacists and student pharmacists under this Act, or that require the professional judgment of a pharmacist, may be performed by pharmacy technicians or other supportive staff; and

(3) only prescriptions that have received final verification by a pharmacist may be dispensed while the pharmacist is on break, except those prescriptions that

require counseling by a pharmacist, including all new prescriptions and those refill prescriptions for which a pharmacist has determined that counseling is necessary, may be dispensed only if the following conditions are met:

(i) the patient or other individual who is picking up the prescription on behalf of the patient is told that the pharmacist is on a break and is offered the chance to wait until the pharmacist returns from break in order to receive counseling;

(ii) if the patient or other individual who is picking up the prescription on behalf of the patient declines to wait, a telephone number at which the patient or other individual who is picking up the prescription on behalf of the patient can be reached is obtained;

(iii) after returning from the break, the pharmacist makes a reasonable effort to contact the patient or other individual who is picking up the prescription on behalf of the patient and provide counseling; and

(iv) the pharmacist documents the counseling that was provided or documents why counseling was not provided after a minimum of 2 attempts, including a description of the efforts made to contact the patient or other individual who is picking up the prescription on behalf of the patient; the documentation shall be

retained by the pharmacy and made available for inspection by the Board or its authorized representatives for at least 2 years.

(d) In a pharmacy staffed by 2 or more pharmacists, the pharmacists shall stagger breaks so that at least one pharmacist remains on duty during all times that the pharmacy remains open for the transaction of business.

(e) A pharmacy shall keep and maintain a complete and accurate record showing its pharmacists' daily break periods.

(f) Subsections (a) and (b) shall not apply when an emergency, as deemed by the professional judgment of the pharmacist, necessitates that a pharmacist, student pharmacist, or pharmacy technician work longer than 12 continuous hours, work without taking required meal breaks, or have a break interrupted in order to minimize immediate health risks for patients.

(225 ILCS 85/17.1)

(Section scheduled to be repealed on January 1, 2020)

Sec. 17.1. Registered pharmacy technician training.

(a) It ~~Beginning January 1, 2004, it~~ shall be the joint responsibility of a pharmacy and its pharmacist in charge to have trained all of its registered pharmacy technicians or obtain proof of prior training in all of the following practice areas as they apply to Illinois law and ~~topics as they~~ relate to the specific practice site and job responsibilities:

(1) The duties and responsibilities of the technicians and pharmacists.

(2) Tasks and technical skills, policies, and procedures.

(3) Compounding, packaging, labeling, and storage.

(4) Pharmaceutical and medical terminology.

(5) Record keeping requirements.

(6) The ability to perform and apply arithmetic calculations.

Beginning January 1, 2022, it shall also be the joint responsibility of a pharmacy and its pharmacist in charge to ensure that all new pharmacy technicians are educated and trained using a standard nationally accredited education and training program, such as those accredited by the Accreditation Council for Pharmacy Education (ACPE)/the American Society of Health-System Pharmacists (ASHP) or other board approved education and training programs. The pharmacist in charge is not required to provide the required education to the pharmacy technician, but the pharmacist in charge must ensure that the pharmacy technician has presented proof that he or she completed a standard nationally accredited or board approved education and training program.

(b) Within 2 years of initial licensure as a pharmacy technician and within 6 months before beginning any new ~~after initial employment or changing the~~ duties and responsibilities of a registered pharmacy technician, it shall be the joint

responsibility of the pharmacy and the pharmacist in charge to train the registered pharmacy technician or obtain proof of prior training in the areas listed in subsection (a) of this Section as they relate to the practice site or to document that the pharmacy technician is making appropriate progress.

(c) All pharmacies shall maintain an up-to-date training program policies and procedures manual describing the duties and responsibilities of a registered pharmacy technician and registered certified pharmacy technician.

(d) All pharmacies shall create and maintain retrievable records of training or proof of training as required in this Section.

(Source: P.A. 100-497, eff. 9-8-17.)

(225 ILCS 85/22c new)

Sec. 22c. Automated prescription refills.

(a) Before a prescription that has a refill on file from a prescribing practitioner may be included in an auto-refill program, a patient or patient's agent must enroll each prescription medication in an auto-refill program. Prescriptions without a refill on file are not eligible for auto-refill.

(b) Beginning January 1, 2021, a pharmacy using the National Council for Prescription Drug Programs's SCRIPT standard for receiving electronic prescriptions must enable, activate, and maintain the ability to receive transmissions of

electronic prescription cancellation and to transmit cancellation response transactions.

(c) Within 2 business days of receipt of a prescription cancellation transaction, pharmacy staff must either review the cancellation transaction for deactivation or provide that deactivation occurs automatically.

(d) The Department shall adopt rules to implement this Section. The rules shall ensure that discontinued medications are not dispensed to a patient by a pharmacist or by any automatic refill dispensing systems, whether prescribed through electronic prescriptions or paper prescriptions.

(225 ILCS 85/30) (from Ch. 111, par. 4150)

(Section scheduled to be repealed on January 1, 2020)

Sec. 30. Refusal, revocation, suspension, or other discipline.

(a) The Department may refuse to issue or renew, or may revoke a license, or may suspend, place on probation, fine, or take any disciplinary or non-disciplinary action as the Department may deem proper, including fines not to exceed \$10,000 for each violation, with regard to any licensee for any one or combination of the following causes:

1. Material misstatement in furnishing information to the Department.

2. Violations of this Act, or the rules promulgated hereunder.

3. Making any misrepresentation for the purpose of obtaining licenses.

4. A pattern of conduct which demonstrates incompetence or unfitness to practice.

5. Aiding or assisting another person in violating any provision of this Act or rules.

6. Failing, within 60 days, to respond to a written request made by the Department for information.

7. Engaging in unprofessional, dishonorable, or unethical conduct of a character likely to deceive, defraud or harm the public.

8. Adverse action taken by another state or jurisdiction against a license or other authorization to practice as a pharmacy, pharmacist, registered certified pharmacy technician, or registered pharmacy technician that is the same or substantially equivalent to those set forth in this Section, a certified copy of the record of the action taken by the other state or jurisdiction being prima facie evidence thereof.

9. Directly or indirectly giving to or receiving from any person, firm, corporation, partnership, or association any fee, commission, rebate or other form of compensation for any professional services not actually or personally rendered. Nothing in this item 9 affects any bona fide independent contractor or employment arrangements among health care professionals, health facilities, health care

providers, or other entities, except as otherwise prohibited by law. Any employment arrangements may include provisions for compensation, health insurance, pension, or other employment benefits for the provision of services within the scope of the licensee's practice under this Act. Nothing in this item 9 shall be construed to require an employment arrangement to receive professional fees for services rendered.

10. A finding by the Department that the licensee, after having his license placed on probationary status has violated the terms of probation.

11. Selling or engaging in the sale of drug samples provided at no cost by drug manufacturers.

12. Physical illness, including but not limited to, deterioration through the aging process, or loss of motor skill which results in the inability to practice the profession with reasonable judgment, skill or safety.

13. A finding that licensure or registration has been applied for or obtained by fraudulent means.

14. Conviction by plea of guilty or nolo contendere, finding of guilt, jury verdict, or entry of judgment or sentencing, including, but not limited to, convictions, preceding sentences of supervision, conditional discharge, or first offender probation, under the laws of any jurisdiction of the United States that is (i) a felony or (ii) a misdemeanor, an essential element of which is

dishonesty, or that is directly related to the practice of pharmacy.

15. Habitual or excessive use or addiction to alcohol, narcotics, stimulants or any other chemical agent or drug which results in the inability to practice with reasonable judgment, skill or safety.

16. Willfully making or filing false records or reports in the practice of pharmacy, including, but not limited to false records to support claims against the medical assistance program of the Department of Healthcare and Family Services (formerly Department of Public Aid) under the Public Aid Code.

17. Gross and willful overcharging for professional services including filing false statements for collection of fees for which services are not rendered, including, but not limited to, filing false statements for collection of monies for services not rendered from the medical assistance program of the Department of Healthcare and Family Services (formerly Department of Public Aid) under the Public Aid Code.

18. Dispensing prescription drugs without receiving a written or oral prescription in violation of law.

19. Upon a finding of a substantial discrepancy in a Department audit of a prescription drug, including controlled substances, as that term is defined in this Act or in the Illinois Controlled Substances Act.

20. Physical or mental illness or any other impairment or disability, including, without limitation: (A) deterioration through the aging process or loss of motor skills that results in the inability to practice with reasonable judgment, skill or safety; or (B) mental incompetence, as declared by a court of competent jurisdiction.

21. Violation of the Health Care Worker Self-Referral Act.

22. Failing to sell or dispense any drug, medicine, or poison in good faith. "Good faith", for the purposes of this Section, has the meaning ascribed to it in subsection (u) of Section 102 of the Illinois Controlled Substances Act. "Good faith", as used in this item (22), shall not be limited to the sale or dispensing of controlled substances, but shall apply to all prescription drugs.

23. Interfering with the professional judgment of a pharmacist by any licensee under this Act, or the licensee's agents or employees.

24. Failing to report within 60 days to the Department any adverse final action taken against a pharmacy, pharmacist, registered pharmacy technician, or registered certified pharmacy technician by another licensing jurisdiction in any other state or any territory of the United States or any foreign jurisdiction, any governmental agency, any law enforcement agency, or any

court for acts or conduct similar to acts or conduct that would constitute grounds for discipline as defined in this Section.

25. Failing to comply with a subpoena issued in accordance with Section 35.5 of this Act.

26. Disclosing protected health information in violation of any State or federal law.

27. Willfully failing to report an instance of suspected abuse, neglect, financial exploitation, or self-neglect of an eligible adult as defined in and required by the Adult Protective Services Act.

28. Being named as an abuser in a verified report by the Department on Aging under the Adult Protective Services Act, and upon proof by clear and convincing evidence that the licensee abused, neglected, or financially exploited an eligible adult as defined in the Adult Protective Services Act.

29. Using advertisements or making solicitations that may jeopardize the health, safety, or welfare of patients, including, but not be limited to, the use of advertisements or solicitations that:

(A) are false, fraudulent, deceptive, or misleading; or

(B) include any claim regarding a professional service or product or the cost or price thereof that cannot be substantiated by the licensee.

30. Requiring a pharmacist to participate in the use or distribution of advertisements or in making solicitations that may jeopardize the health, safety, or welfare of patients.

31. Failing to provide a working environment for all pharmacy personnel that protects the health, safety, and welfare of a patient, which includes, but is not limited to, failing to:

(A) employ sufficient personnel to prevent fatigue, distraction, or other conditions that interfere with a pharmacist's ability to practice with competency and safety or creates an environment that jeopardizes patient care;

(B) provide appropriate opportunities for uninterrupted rest periods and meal breaks;

(C) provide adequate time for a pharmacist to complete professional duties and responsibilities, including, but not limited to:

(i) drug utilization review;

(ii) immunization;

(iii) counseling;

(iv) verification of the accuracy of a prescription; and

(v) all other duties and responsibilities of a pharmacist as listed in the rules of the Department.

32. Introducing or enforcing external factors, such as productivity or production quotas or other programs against pharmacists, student pharmacists or pharmacy technicians, to the extent that they interfere with the ability of those individuals to provide appropriate professional services to the public.

33. Providing an incentive for or inducing the transfer of a prescription for a patient absent a professional rationale.

(b) The Department may refuse to issue or may suspend the license of any person who fails to file a return, or to pay the tax, penalty or interest shown in a filed return, or to pay any final assessment of tax, penalty or interest, as required by any tax Act administered by the Illinois Department of Revenue, until such time as the requirements of any such tax Act are satisfied.

(c) The Department shall revoke any license issued under the provisions of this Act or any prior Act of this State of any person who has been convicted a second time of committing any felony under the Illinois Controlled Substances Act, or who has been convicted a second time of committing a Class 1 felony under Sections 8A-3 and 8A-6 of the Illinois Public Aid Code. A person whose license issued under the provisions of this Act or any prior Act of this State is revoked under this subsection (c) shall be prohibited from engaging in the practice of pharmacy in this State.

(d) Fines may be imposed in conjunction with other forms of disciplinary action, but shall not be the exclusive disposition of any disciplinary action arising out of conduct resulting in death or injury to a patient. Fines shall be paid within 60 days or as otherwise agreed to by the Department. Any funds collected from such fines shall be deposited in the Illinois State Pharmacy Disciplinary Fund.

(e) The entry of an order or judgment by any circuit court establishing that any person holding a license or certificate under this Act is a person in need of mental treatment operates as a suspension of that license. A licensee may resume his or her practice only upon the entry of an order of the Department based upon a finding by the Board that he or she has been determined to be recovered from mental illness by the court and upon the Board's recommendation that the licensee be permitted to resume his or her practice.

(f) The Department shall issue quarterly to the Board a status of all complaints related to the profession received by the Department.

(g) In enforcing this Section, the Board or the Department, upon a showing of a possible violation, may compel any licensee or applicant for licensure under this Act to submit to a mental or physical examination or both, as required by and at the expense of the Department. The examining physician, or multidisciplinary team involved in providing physical and mental examinations led by a physician consisting of one or a

combination of licensed physicians, licensed clinical psychologists, licensed clinical social workers, licensed clinical professional counselors, and other professional and administrative staff, shall be those specifically designated by the Department. The Board or the Department may order the examining physician or any member of the multidisciplinary team to present testimony concerning this mental or physical examination of the licensee or applicant. No information, report, or other documents in any way related to the examination shall be excluded by reason of any common law or statutory privilege relating to communication between the licensee or applicant and the examining physician or any member of the multidisciplinary team. The individual to be examined may have, at his or her own expense, another physician of his or her choice present during all aspects of the examination. Failure of any individual to submit to a mental or physical examination when directed shall result in the automatic suspension of his or her license until such time as the individual submits to the examination. If the Board or Department finds a pharmacist, registered certified pharmacy technician, or registered pharmacy technician unable to practice because of the reasons set forth in this Section, the Board or Department shall require such pharmacist, registered certified pharmacy technician, or registered pharmacy technician to submit to care, counseling, or treatment by physicians or other appropriate health care providers approved

or designated by the Department as a condition for continued, restored ~~reinstated~~, or renewed licensure to practice. Any pharmacist, registered certified pharmacy technician, or registered pharmacy technician whose license was granted, continued, restored ~~reinstated~~, renewed, disciplined, or supervised, subject to such terms, conditions, or restrictions, and who fails to comply with such terms, conditions, or restrictions or to complete a required program of care, counseling, or treatment, as determined by the chief pharmacy coordinator, shall be referred to the Secretary for a determination as to whether the licensee shall have his or her license suspended immediately, pending a hearing by the Board. In instances in which the Secretary immediately suspends a license under this subsection (g), a hearing upon such person's license must be convened by the Board within 15 days after such suspension and completed without appreciable delay. The Department and Board shall have the authority to review the subject pharmacist's, registered certified pharmacy technician's, or registered pharmacy technician's record of treatment and counseling regarding the impairment.

(h) An individual or organization acting in good faith, and not in a willful and wanton manner, in complying with this Section by providing a report or other information to the Board, by assisting in the investigation or preparation of a report or information, by participating in proceedings of the Board, or by serving as a member of the Board shall not, as a

result of such actions, be subject to criminal prosecution or civil damages. Any person who reports a violation of this Section to the Department is protected under subsection (b) of Section 15 of the Whistleblower Act.

(i) Members of the Board shall have no liability in any action based upon any disciplinary proceedings or other activity performed in good faith as a member of the Board ~~be indemnified by the State for any actions occurring within the scope of services on the Board, done in good faith, and not willful and wanton in nature.~~ The Attorney General shall defend all such actions unless he or she determines either that there would be a conflict of interest in such representation or that the actions complained of were not in good faith or were willful and wanton.

If the Attorney General declines representation, the member shall have the right to employ counsel of his or her choice, whose fees shall be provided by the State, after approval by the Attorney General, unless there is a determination by a court that the member's actions were not in good faith or were willful and wanton.

The member must notify the Attorney General within 7 days of receipt of notice of the initiation of any action involving services of the Board. Failure to so notify the Attorney General shall constitute an absolute waiver of the right to a defense and indemnification.

The Attorney General shall determine, within 7 days after

receiving such notice, whether he or she will undertake to represent the member.

(Source: P.A. 100-497, eff. 9-8-17.)

(225 ILCS 85/33) (from Ch. 111, par. 4153)

(Section scheduled to be repealed on January 1, 2020)

Sec. 33. The Secretary may, upon receipt of a written communication from the Secretary of Human Services, the Director of Healthcare and Family Services (formerly Director of Public Aid), or the Director of Public Health that continuation of practice of a person licensed or registered under this Act constitutes an immediate danger to the public, immediately suspend the license of such person without a hearing. In instances in which the Secretary immediately suspends a license under this Act, a hearing upon such person's license must be convened by the Board within 15 days after such suspension and completed without appreciable delay, such hearing held to determine whether to recommend to the Secretary that the person's license be revoked, suspended, placed on probationary status or restored ~~reinstated~~, or such person be subject to other disciplinary action. In such hearing, the written communication and any other evidence submitted therewith may be introduced as evidence against such person; provided however, the person, or his counsel, shall have the opportunity to discredit or impeach such evidence and submit evidence rebutting same.

(Source: P.A. 100-497, eff. 9-8-17.)

(225 ILCS 85/35.3) (from Ch. 111, par. 4155.3)

(Section scheduled to be repealed on January 1, 2020)

Sec. 35.3. The Department, at its expense, shall preserve a record of all proceedings at the formal hearing of any case involving the refusal to issue, renew or discipline of a license. The notice of hearing, complaint and all other documents in the nature of pleadings and written motions filed in the proceedings, the transcript of testimony, the report of the Board or hearing officer, exhibits, and orders of the Department shall be the record of such proceeding.

(Source: P.A. 85-796.)

(225 ILCS 85/35.5) (from Ch. 111, par. 4155.5)

(Section scheduled to be repealed on January 1, 2020)

Sec. 35.5. The Department shall have power to subpoena and bring before it any person in this State and to take testimony, either orally or by deposition or both, with the same fees and mileage and in the same manner as prescribed by law in judicial proceedings in civil cases in circuit courts of this State. The Department may subpoena and compel the production of documents, papers, files, books, and records in connection with any hearing or investigation.

The Secretary, hearing officer, and any member of the Board, shall each have power to administer oaths to witnesses

at any hearing which the Department is authorized to conduct under this Act, and any other oaths required or authorized to be administered by the Department hereunder.

(Source: P.A. 100-497, eff. 9-8-17.)

(225 ILCS 85/35.9) (from Ch. 111, par. 4155.9)

(Section scheduled to be repealed on January 1, 2020)

Sec. 35.9. Whenever the Secretary ~~Director~~ is satisfied that substantial justice has not been done in the revocation, suspension or refusal to issue or renew a license or registration, the Secretary ~~Director~~ may order a rehearing by the same hearing officer and Board.

(Source: P.A. 88-428.)

(225 ILCS 85/35.10) (from Ch. 111, par. 4155.10)

(Section scheduled to be repealed on January 1, 2020)

Sec. 35.10. None of the disciplinary functions, powers and duties enumerated in this Act shall be exercised by the Department except upon the review of the Board.

~~In all instances, under this Act, in which the Board has rendered a recommendation to the Director with respect to a particular license or certificate, the Director shall, in the event that he or she disagrees with or takes action contrary to the recommendation of the Board, file with the Board his or her specific written reasons of disagreement with the Board.~~

(Source: P.A. 95-689, eff. 10-29-07.)

(225 ILCS 85/35.21)

(Section scheduled to be repealed on January 1, 2020)

Sec. 35.21. Citations.

(a) The Department may issue ~~shall adopt rules to permit the issuance of~~ citations to any licensee for any violation of this Act or the rules. The citation shall be issued to the licensee or other person alleged to have committed one or more violations and shall contain the licensee's or other person's name and address, the licensee's license number, if any, a brief factual statement, the Sections of this Act or the rules allegedly violated, and the penalty imposed, which shall not exceed \$1,000. The citation must clearly state that if the cited person wishes to dispute the citation, he or she may request in writing, within 30 days after the citation is served, a hearing before the Department. If the cited person does not request a hearing within 30 days after the citation is served, then the citation shall become a final, non-disciplinary order and any fine imposed is due and payable. If the cited person requests a hearing within 30 days after the citation is served, the Department shall afford the cited person a hearing conducted in the same manner as a hearing provided in this Act for any violation of this Act and shall determine whether the cited person committed the violation as charged and whether the fine as levied is warranted. If the violation is found, any fine shall constitute discipline and be

due and payable within 30 days of the order of the Secretary. Failure to comply with any final order may subject the licensed person to further discipline or other action by the Department or a referral to the State's Attorney.

(b) A citation must be issued within 6 months after the reporting of a violation that is the basis for the citation.

(c) Service of a citation shall be made in person, electronically, or by mail to the licensee at the licensee's address of record or email address of record.

(d) Nothing in this Section shall prohibit or limit the Department from taking further action pursuant to this Act and rules for additional, repeated, or continuing violations.

(e) The Department may adopt rules for the issuance of citations in accordance with this Section.

(Source: P.A. 100-497, eff. 9-8-17.)

(225 ILCS 85/2.5 rep.)

(225 ILCS 85/29 rep.)

(225 ILCS 85/35.12 rep.)

Section 15. The Pharmacy Practice Act is amended by repealing Sections 2.5, 29, and 35.12.

Section 99. Effective date. This Act takes effect upon becoming law, except that Sections 10 and 15 take effect January 1, 2020.