**Section 946.620 Health Care Professional Certification for Opioid Alternative Pilot Program**

a) *A certification confirming the patient's eligibility to participate in the Opioid Alternative Pilot Program shall be written on a form provided by the Department* and submitted electronically *and shall include, at minimum, the following*:

1) *The qualifying patient's name, date of birth, home address and primary telephone number*;

2) *The certifying health care professional's name, address, telephone number, e-mail address, medical license number, and active controlled substances license under the Illinois Controlled Substances Act and an indication of specialty or primary area of clinical practice, if any*;

3) *The length of time the patient has been under the care of the certifying health care professional;*

4) The patient's diagnosis and *a statement identifying the patient has been diagnosed with, and is currently undergoing treatment for, a medical condition for which an opioid has been or could be prescribed* (Section 36(d)(5) of the Act);

5) A statement that the certifying health care professional is treating or managing treatment of the patient's health care; has a bona-fide health care professional-patient relationship; has conducted an in-person physical examination; and has conducted a review of the patient's medical history, including reviewing medical records from other treating health care professionals, if any, from the previous 12 months;

6) The certifying health care professional's *signature and date* of certification. (Section 36 of the Act)

7) *A statement that a participant in possession of a written certification indicating eligibility to participate in the Opioid Alternative Pilot Program shall not be considered an unlawful user or addicted to narcotics solely as a result of his or her pending application to, or participation in the Compassionate Use of Medical Cannabis Program.* (Section 36 of the Act)

b) The certification for confirming the patient's eligibility to participate in the Opioid Alternative Pilot Program does not constitute a prescription for medical cannabis.

c) The health care professional certification for the Opioid Alternative Pilot Program shall be valid for 90 days after the date of the certifying health care professional's signature.

d) If the certifying health care professional determines the patient would benefit from continued enrollment in the Opioid Alternative Pilot Program after the conclusion of 90 days, the certifying health care professional may issue another written certification for the patient after conducting an in-person office visit. The new written certification shall be issued no sooner than 30 days prior to the expiration of the current written certification. The new 90-day period shall begin immediately after the expiration of the current written certification period.

e) *It is unlawful for any person to knowingly submit a fraudulent certification to be a qualifying patient in the Compassionate Use of Medical Cannabis Program or* a qualifying *Opioid Alternative Pilot Program participant. A violation of this subsection shall result in the person who has knowingly submitted the fraudulent certification being permanently banned from participating in the Compassionate Use of Medical Cannabis Program or the Opioid Alternative Pilot Program.* (Section 36 of the Act)

(Source: Amended at 45 Ill. Reg. 6205, effective April 27, 2021)