

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.