

1 AN ACT concerning regulation.

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 314.5 and 316 as follows:

6 (720 ILCS 570/314.5)

7 Sec. 314.5. Medication shopping; pharmacy shopping.

8 (a) It shall be unlawful for any person knowingly or
9 intentionally to fraudulently obtain or fraudulently seek to
10 obtain any controlled substance or prescription for a
11 controlled substance from a prescriber or dispenser while being
12 supplied with any controlled substance or prescription for a
13 controlled substance by another prescriber or dispenser,
14 without disclosing the fact of the existing controlled
15 substance or prescription for a controlled substance to the
16 prescriber or dispenser from whom the subsequent controlled
17 substance or prescription for a controlled substance is sought.

18 (b) It shall be unlawful for a person knowingly or
19 intentionally to fraudulently obtain or fraudulently seek to
20 obtain any controlled substance from a pharmacy while being
21 supplied with any controlled substance by another pharmacy,
22 without disclosing the fact of the existing controlled
23 substance to the pharmacy from which the subsequent controlled

1 substance is sought.

2 (c) A person may be in violation of Section 3.23 of the
3 Illinois Food, Drug and Cosmetic Act or Section 406 of this Act
4 when medication shopping or pharmacy shopping, or both.

5 (c-5) Effective January 1, 2018, each prescriber
6 possessing an Illinois controlled substances license shall
7 register with the Prescription Monitoring Program. Each
8 prescriber or his or her designee shall also document an
9 attempt to access patient information in the Prescription
10 Monitoring Program to assess patient access to controlled
11 substances when providing an initial prescription for Schedule
12 II narcotics such as opioids, except for prescriptions for
13 oncology treatment or palliative care, or a 7-day or less
14 supply provided by a hospital emergency department when
15 treating an acute, traumatic medical condition. This attempt to
16 access shall be documented in the patient's medical record. The
17 hospital shall facilitate the designation of a prescriber's
18 designee for the purpose of accessing the Prescription
19 Monitoring Program for services provided at the hospital.

20 (d) When a person has been identified as having 3 or more
21 prescribers or 3 or more pharmacies, or both, that do not
22 utilize a common electronic file as specified in Section 20 of
23 the Pharmacy Practice Act for controlled substances within the
24 course of a continuous 30-day period, the Prescription
25 Monitoring Program may issue an unsolicited report to the
26 prescribers, dispensers, and their designees informing them of

1 the potential medication shopping. If an unsolicited report is
2 issued to a prescriber or prescribers, then the report must
3 also be sent to the applicable dispensing pharmacy.

4 (e) Nothing in this Section shall be construed to create a
5 requirement that any prescriber, dispenser, or pharmacist
6 request any patient medication disclosure, report any patient
7 activity, or prescribe or refuse to prescribe or dispense any
8 medications.

9 (f) This Section shall not be construed to apply to
10 inpatients or residents at hospitals or other institutions or
11 to institutional pharmacies.

12 (g) Any patient feedback, including grades, ratings, or
13 written or verbal statements, in opposition to a clinical
14 decision that the prescription of a controlled substance is not
15 medically necessary shall not be the basis of any adverse
16 action, evaluation, or any other type of negative
17 credentialing, contracting, licensure, or employment action
18 taken against a prescriber or dispenser.

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

20 (720 ILCS 570/316)

21 Sec. 316. Prescription Monitoring Program ~~monitoring~~
22 ~~program~~.

23 (a) The Department must provide for a Prescription
24 Monitoring Program ~~prescription monitoring program~~ for
25 Schedule II, III, IV, and V controlled substances that includes

1 the following components and requirements:

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

5 (A) The recipient's name and address.

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

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

9 (D) The date the controlled substance is
10 dispensed.

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

13 (F) The dispenser's United States Drug Enforcement
14 Administration registration number.

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

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

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

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

25 (K) Any additional information that may be
26 required by the department by administrative rule,

1 including but not limited to information required for
2 compliance with the criteria for electronic reporting
3 of the American Society for Automation and Pharmacy or
4 its successor.

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

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

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

14 (B) a computer diskette;

15 (C) a magnetic tape; or

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

18 (4) The Department may impose a civil fine of up to
19 \$100 per day for willful failure to report controlled
20 substance dispensing to the Prescription Monitoring
21 Program. The fine shall be calculated on no more than the
22 number of days from the time the report was required to be
23 made until the time the problem was resolved, and shall be
24 payable to the Prescription Monitoring Program.

25 (b) The Department, by rule, may include in the
26 Prescription Monitoring Program ~~monitoring program~~ certain

1 other select drugs that are not included in Schedule II, III,
2 IV, or V. The Prescription Monitoring Program ~~prescription~~
3 ~~monitoring program~~ does not apply to controlled substance
4 prescriptions as exempted under Section 313.

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

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

15 (e) (Blank). ~~Within one year of the effective date of this~~
16 ~~amendatory Act of the 99th General Assembly, the Department~~
17 ~~shall adopt rules establishing pilot initiatives involving a~~
18 ~~cross section of hospitals in this State to increase electronic~~
19 ~~integration of a hospital's electronic health record with the~~
20 ~~Prescription Monitoring Program on or before January 1, 2019 to~~
21 ~~ensure all providers have timely access to relevant~~
22 ~~prescription information during the treatment of their~~
23 ~~patients. These rules shall also establish pilots that enhance~~
24 ~~the electronic integration of outpatient pharmacy records with~~
25 ~~the Prescription Monitoring Program to allow for faster~~
26 ~~transmission of the information required under this Section. In~~

1 ~~collaboration with the Department of Human Services, the~~
2 ~~Prescription Monitoring Program Advisory Committee shall~~
3 ~~identify funding sources to support the pilot projects in this~~
4 ~~Section and distribution of funds shall be based on voluntary~~
5 ~~and incentive based models. The rules adopted by the Department~~
6 ~~shall also ensure that the Department continues to monitor~~
7 ~~updates in Electronic Health Record Technology and how other~~
8 ~~states have integrated their prescription monitoring databases~~
9 ~~with Electronic Health Records.~~

10 (f) Within one year of the effective date of this
11 amendatory Act of the 100th General Assembly, the Department
12 shall adopt rules requiring all Electronic Health Records
13 Systems to interface with the Prescription Monitoring Program
14 application program on or before January 1, 2021 to ensure that
15 all providers have access to specific patient records during
16 the treatment of their patients. These rules shall also address
17 the electronic integration of pharmacy records with the
18 Prescription Monitoring Program to allow for faster
19 transmission of the information required under this Section.
20 The Department shall establish actions to be taken if a
21 prescriber's Electronic Health Records System does not
22 effectively interface with the Prescription Monitoring Program
23 within the required timeline.

24 (g) The Department, in consultation with the Advisory
25 Committee, shall adopt rules allowing licensed prescribers or
26 pharmacists who have registered to access the Prescription

1 Monitoring Program to authorize a designee to consult the
2 Prescription Monitoring Program on their behalf. The rules
3 shall include reasonable parameters concerning a
4 practitioner's authority to authorize a designee, and the
5 eligibility of a person to be selected as a designee.

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

7 Section 99. Effective date. This Act takes effect on
8 January 1, 2018.