

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, 318, 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 570/318)

4 Sec. 318. Confidentiality of information.

5 (a) Information received by the central repository under  
6 Section 316 and former Section 321 is confidential.

7 (a-1) To ensure the federal Health Insurance Portability  
8 and Accountability Act privacy of an individual's prescription  
9 data reported to the Prescription Monitoring Program received  
10 from a retail dispenser under this Act, and in order to execute  
11 the duties and responsibilities under Section 316 of this Act  
12 and rules for disclosure under this Section, the Clinical  
13 Director of the Prescription Monitoring Program or his or her  
14 designee shall maintain direct access to all Prescription  
15 Monitoring Program data. Any request for Prescription  
16 Monitoring Program data from any other department or agency  
17 must be approved in writing by the Clinical Director of the  
18 Prescription Monitoring Program or his or her designee unless  
19 otherwise permitted by law. Prescription Monitoring Program  
20 data shall only be disclosed as permitted by law.

21 (a-2) As an active step to address the current opioid  
22 crisis in this State and to prevent and reduce addiction  
23 resulting from a sports injury or an accident, the Prescription  
24 Monitoring Program and the Department of Public Health shall  
25 coordinate a continuous review of the Prescription Monitoring

1 Program and the Department of Public Health data to determine  
2 if a patient may be at risk of opioid addiction. Each patient  
3 discharged from any medical facility with an International  
4 Classification of Disease, 10th edition code related to a sport  
5 or accident injury shall be subject to the data review. If the  
6 discharged patient is dispensed a controlled substance, the  
7 Prescription Monitoring Program shall alert the patient's  
8 prescriber as to the addiction risk and urge each to follow the  
9 Centers for Disease Control and Prevention guidelines or his or  
10 her respective profession's treatment guidelines related to  
11 the patient's injury. This subsection (a-2), other than this  
12 sentence, is inoperative on or after January 1, 2024.

13 (b) The Department must carry out a program to protect the  
14 confidentiality of the information described in subsection  
15 (a). The Department may disclose the information to another  
16 person only under subsection (c), (d), or (f) and may charge a  
17 fee not to exceed the actual cost of furnishing the  
18 information.

19 (c) The Department may disclose confidential information  
20 described in subsection (a) to any person who is engaged in  
21 receiving, processing, or storing the information.

22 (d) The Department may release confidential information  
23 described in subsection (a) to the following persons:

24 (1) A governing body that licenses practitioners and is  
25 engaged in an investigation, an adjudication, or a  
26 prosecution of a violation under any State or federal law

1 that involves a controlled substance.

2 (2) An investigator for the Consumer Protection  
3 Division of the office of the Attorney General, a  
4 prosecuting attorney, the Attorney General, a deputy  
5 Attorney General, or an investigator from the office of the  
6 Attorney General, who is engaged in any of the following  
7 activities involving controlled substances:

8 (A) an investigation;

9 (B) an adjudication; or

10 (C) a prosecution of a violation under any State or  
11 federal law that involves a controlled substance.

12 (3) A law enforcement officer who is:

13 (A) authorized by the Illinois State Police or the  
14 office of a county sheriff or State's Attorney or  
15 municipal police department of Illinois to receive  
16 information of the type requested for the purpose of  
17 investigations involving controlled substances; or

18 (B) approved by the Department to receive  
19 information of the type requested for the purpose of  
20 investigations involving controlled substances; and

21 (C) engaged in the investigation or prosecution of  
22 a violation under any State or federal law that  
23 involves a controlled substance.

24 (4) Select representatives of the Department of  
25 Children and Family Services through the indirect online  
26 request process. Access shall be established by an

1           intergovernmental agreement between the Department of  
2           Children and Family Services and the Department of Human  
3           Services.

4           (e) Before the Department releases confidential  
5           information under subsection (d), the applicant must  
6           demonstrate in writing to the Department that:

7                   (1) the applicant has reason to believe that a  
8                   violation under any State or federal law that involves a  
9                   controlled substance has occurred; and

10                   (2) the requested information is reasonably related to  
11                   the investigation, adjudication, or prosecution of the  
12                   violation described in subdivision (1).

13           (f) The Department may receive and release prescription  
14           record information under Section 316 and former Section 321 to:

15                   (1) a governing body that licenses practitioners;

16                   (2) an investigator for the Consumer Protection  
17                   Division of the office of the Attorney General, a  
18                   prosecuting attorney, the Attorney General, a deputy  
19                   Attorney General, or an investigator from the office of the  
20                   Attorney General;

21                   (3) any Illinois law enforcement officer who is:

22                           (A) authorized to receive the type of information  
23                           released; and

24                           (B) approved by the Department to receive the type  
25                           of information released; or

26                   (4) prescription monitoring entities in other states



1 per the provisions outlined in subsection (g) and (h)  
2 below;

3 confidential prescription record information collected under  
4 Sections 316 and 321 (now repealed) that identifies vendors or  
5 practitioners, or both, who are prescribing or dispensing large  
6 quantities of Schedule II, III, IV, or V controlled substances  
7 outside the scope of their practice, pharmacy, or business, as  
8 determined by the Advisory Committee created by Section 320.

9 (g) The information described in subsection (f) may not be  
10 released until it has been reviewed by an employee of the  
11 Department who is licensed as a prescriber or a dispenser and  
12 until that employee has certified that further investigation is  
13 warranted. However, failure to comply with this subsection (g)  
14 does not invalidate the use of any evidence that is otherwise  
15 admissible in a proceeding described in subsection (h).

16 (h) An investigator or a law enforcement officer receiving  
17 confidential information under subsection (c), (d), or (f) may  
18 disclose the information to a law enforcement officer or an  
19 attorney for the office of the Attorney General for use as  
20 evidence in the following:

21 (1) A proceeding under any State or federal law that  
22 involves a controlled substance.

23 (2) A criminal proceeding or a proceeding in juvenile  
24 court that involves a controlled substance.

25 (i) The Department may compile statistical reports from the  
26 information described in subsection (a). The reports must not

1 include information that identifies, by name, license or  
2 address, any practitioner, dispenser, ultimate user, or other  
3 person administering a controlled substance.

4 (j) Based upon federal, initial and maintenance funding, a  
5 prescriber and dispenser inquiry system shall be developed to  
6 assist the health care community in its goal of effective  
7 clinical practice and to prevent patients from diverting or  
8 abusing medications.

9 (1) An inquirer shall have read-only access to a  
10 stand-alone database which shall contain records for the  
11 previous 12 months.

12 (2) Dispensers may, upon positive and secure  
13 identification, make an inquiry on a patient or customer  
14 solely for a medical purpose as delineated within the  
15 federal HIPAA law.

16 (3) The Department shall provide a one-to-one secure  
17 link and encrypted software necessary to establish the link  
18 between an inquirer and the Department. Technical  
19 assistance shall also be provided.

20 (4) Written inquiries are acceptable but must include  
21 the fee and the requestor's Drug Enforcement  
22 Administration license number and submitted upon the  
23 requestor's business stationery.

24 (5) As directed by the Prescription Monitoring Program  
25 Advisory Committee and the Clinical Director for the  
26 Prescription Monitoring Program, aggregate data that does

1 not indicate any prescriber, practitioner, dispenser, or  
2 patient may be used for clinical studies.

3 (6) Tracking analysis shall be established and used per  
4 administrative rule.

5 (7) Nothing in this Act or Illinois law shall be  
6 construed to require a prescriber or dispenser to make use  
7 of this inquiry system.

8 (8) If there is an adverse outcome because of a  
9 prescriber or dispenser making an inquiry, which is  
10 initiated in good faith, the prescriber or dispenser shall  
11 be held harmless from any civil liability.

12 (k) The Department shall establish, by rule, the process by  
13 which to evaluate possible erroneous association of  
14 prescriptions to any licensed prescriber or end user of the  
15 Illinois Prescription Information Library (PIL).

16 (l) The Prescription Monitoring Program Advisory Committee  
17 is authorized to evaluate the need for and method of  
18 establishing a patient specific identifier.

19 (m) Patients who identify prescriptions attributed to them  
20 that were not obtained by them shall be given access to their  
21 personal prescription history pursuant to the validation  
22 process as set forth by administrative rule.

23 (n) The Prescription Monitoring Program is authorized to  
24 develop operational push reports to entities with compatible  
25 electronic medical records. The process shall be covered within  
26 administrative rule established by the Department.

1           (o) Hospital emergency departments and freestanding  
2 healthcare facilities providing healthcare to walk-in patients  
3 may obtain, for the purpose of improving patient care, a unique  
4 identifier for each shift to utilize the PIL system.

5           (p) The Prescription Monitoring Program shall  
6 automatically create a log-in to the inquiry system when a  
7 prescriber or dispenser obtains or renews his or her controlled  
8 substance license. The Department of Financial and  
9 Professional Regulation must provide the Prescription  
10 Monitoring Program with electronic access to the license  
11 information of a prescriber or dispenser to facilitate the  
12 creation of this profile. The Prescription Monitoring Program  
13 shall send the prescriber or dispenser information regarding  
14 the inquiry system, including instructions on how to log into  
15 the system, instructions on how to use the system to promote  
16 effective clinical practice, and opportunities for continuing  
17 education for the prescribing of controlled substances. The  
18 Prescription Monitoring Program shall also send to all enrolled  
19 prescribers, dispensers, and designees information regarding  
20 the unsolicited reports produced pursuant to Section 314.5 of  
21 this Act.

22           (q) A prescriber or dispenser may authorize a designee to  
23 consult the inquiry system established by the Department under  
24 this subsection on his or her behalf, provided that all the  
25 following conditions are met:

26               (1) the designee so authorized is employed by the same

1 hospital or health care system; is employed by the same  
2 professional practice; or is under contract with such  
3 practice, hospital, or health care system;

4 (2) the prescriber or dispenser takes reasonable steps  
5 to ensure that such designee is sufficiently competent in  
6 the use of the inquiry system;

7 (3) the prescriber or dispenser remains responsible  
8 for ensuring that access to the inquiry system by the  
9 designee is limited to authorized purposes and occurs in a  
10 manner that protects the confidentiality of the  
11 information obtained from the inquiry system, and remains  
12 responsible for any breach of confidentiality; and

13 (4) the ultimate decision as to whether or not to  
14 prescribe or dispense a controlled substance remains with  
15 the prescriber or dispenser.

16 The Prescription Monitoring Program shall send to  
17 registered designees information regarding the inquiry system,  
18 including instructions on how to log onto the system.

19 (r) The Prescription Monitoring Program shall maintain an  
20 Internet website in conjunction with its prescriber and  
21 dispenser inquiry system. This website shall include, at a  
22 minimum, the following information:

23 (1) current clinical guidelines developed by health  
24 care professional organizations on the prescribing of  
25 opioids or other controlled substances as determined by the  
26 Advisory Committee;

1           (2) accredited continuing education programs related  
2 to prescribing of controlled substances;

3           (3) programs or information developed by health care  
4 professionals that may be used to assess patients or help  
5 ensure compliance with prescriptions;

6           (4) updates from the Food and Drug Administration, the  
7 Centers for Disease Control and Prevention, and other  
8 public and private organizations which are relevant to  
9 prescribing;

10          (5) relevant medical studies related to prescribing;

11          (6) other information regarding the prescription of  
12 controlled substances; and

13          (7) information regarding prescription drug disposal  
14 events, including take-back programs or other disposal  
15 options or events.

16          The content of the Internet website shall be periodically  
17 reviewed by the Prescription Monitoring Program Advisory  
18 Committee as set forth in Section 320 and updated in accordance  
19 with the recommendation of the advisory committee.

20          (s) The Prescription Monitoring Program shall regularly  
21 send electronic updates to the registered users of the Program.  
22 The Prescription Monitoring Program Advisory Committee shall  
23 review any communications sent to registered users and also  
24 make recommendations for communications as set forth in Section  
25 320. These updates shall include the following information:

26          (1) opportunities for accredited continuing education

1 programs related to prescribing of controlled substances;

2 (2) current clinical guidelines developed by health  
3 care professional organizations on the prescribing of  
4 opioids or other drugs as determined by the Advisory  
5 Committee;

6 (3) programs or information developed by health care  
7 professionals that may be used to assess patients or help  
8 ensure compliance with prescriptions;

9 (4) updates from the Food and Drug Administration, the  
10 Centers for Disease Control and Prevention, and other  
11 public and private organizations which are relevant to  
12 prescribing;

13 (5) relevant medical studies related to prescribing;

14 (6) other information regarding prescribing of  
15 controlled substances;

16 (7) information regarding prescription drug disposal  
17 events, including take-back programs or other disposal  
18 options or events; and

19 (8) reminders that the Prescription Monitoring Program  
20 is a useful clinical tool.

21 (Source: P.A. 99-480, eff. 9-9-15; 100-125, eff. 1-1-18.)

22 (720 ILCS 570/320)

23 Sec. 320. Advisory committee.

24 (a) There is created a Prescription Monitoring Program  
25 Advisory Committee to assist the Department of Human Services

1 in implementing the Prescription Monitoring Program created by  
2 this Article and to advise the Department on the professional  
3 performance of prescribers and dispensers and other matters  
4 germane to the advisory committee's field of competence.

5 (b) The Prescription Monitoring Program Advisory Committee  
6 shall consist of 12 members appointed by the Clinical Director  
7 of the Prescription Monitoring Program ~~The Clinical Director of~~  
8 ~~the Prescription Monitoring Program shall appoint members to~~  
9 ~~serve on the advisory committee. The advisory committee shall~~  
10 ~~be~~ composed of prescribers and dispensers licensed to practice  
11 medicine in his or her respective profession as follows: 4  
12 physicians ~~licensed to practice medicine in all its branches;~~  
13 one advanced practice registered nurse; one physician  
14 assistant; one optometrist or ophthalmologist; one dentist;  
15 one podiatric physician; and 3 pharmacists. The Advisory  
16 Committee members serving on the effective date of this  
17 amendatory Act of the 100th General Assembly shall continue to  
18 serve until January 1, 2019. Prescriber and dispenser  
19 nominations for membership on the Committee shall be submitted  
20 by their respective professional associations. If there are  
21 more nominees than membership positions for a prescriber or  
22 dispenser category, as provided in this subsection (b), the  
23 Clinical Director of the Prescription Monitoring Program shall  
24 appoint a member or members for each profession as provided in  
25 this subsection (b), from the nominations to serve on the  
26 advisory committee. At the first meeting of the Committee in



1 2019 members shall draw lots for initial terms and 4 members  
2 shall serve 3 years, 4 members shall serve 2 years, and 4  
3 members shall serve one year. Thereafter, members shall serve 3  
4 year terms. Members may serve more than one term but no more  
5 than 3 terms. The Clinical Director of the Prescription  
6 Monitoring Program may appoint a representative of an  
7 organization representing a profession required to be  
8 appointed. The Clinical Director of the Prescription  
9 Monitoring Program shall serve as the Secretary ~~chair~~ of the  
10 committee.

11 (c) The advisory committee may appoint a chairperson and  
12 ~~its~~ other officers as it deems appropriate.

13 (d) The members of the advisory committee shall receive no  
14 compensation for their services as members of the advisory  
15 committee, unless appropriated by the General Assembly, but may  
16 be reimbursed for their actual expenses incurred in serving on  
17 the advisory committee.

18 (e) The advisory committee shall:

19 (1) provide a uniform approach to reviewing this Act in  
20 order to determine whether changes should be recommended to  
21 the General Assembly;

22 (2) review current drug schedules in order to manage  
23 changes to the administrative rules pertaining to the  
24 utilization of this Act;

25 (3) review the following: current clinical guidelines  
26 developed by health care professional organizations on the

1       prescribing of opioids or other controlled substances;  
2       accredited continuing education programs related to  
3       prescribing and dispensing; programs or information  
4       developed by health care professional organizations that  
5       may be used to assess patients or help ensure compliance  
6       with prescriptions; updates from the Food and Drug  
7       Administration, the Centers for Disease Control and  
8       Prevention, and other public and private organizations  
9       which are relevant to prescribing and dispensing; relevant  
10      medical studies; and other publications which involve the  
11      prescription of controlled substances;

12           (4) make recommendations for inclusion of these  
13      materials or other studies which may be effective resources  
14      for prescribers and dispensers on the Internet website of  
15      the inquiry system established under Section 318;

16           (5) semi-annually ~~on at least a quarterly basis,~~ review  
17      the content of the Internet website of the inquiry system  
18      established pursuant to Section 318 to ensure this Internet  
19      website has the most current available information;

20           (6) semi-annually ~~on at least a quarterly basis,~~ review  
21      opportunities for federal grants and other forms of funding  
22      to support projects which will increase the number of pilot  
23      programs which integrate the inquiry system with  
24      electronic health records; and

25           (7) semi-annually ~~on at least a quarterly basis,~~ review  
26      communication to be sent to all registered users of the

1 inquiry system established pursuant to Section 318,  
2 including recommendations for relevant accredited  
3 continuing education and information regarding prescribing  
4 and dispensing.

5 (f) The Advisory Committee shall select from its members 11  
6 members of the Peer Review Committee composed of: ~~The Clinical~~  
7 ~~Director of the Prescription Monitoring Program shall select 5~~  
8 ~~members, 3 physicians and 2 pharmacists, of the Prescription~~  
9 ~~Monitoring Program Advisory Committee to serve as members of~~  
10 ~~the peer review subcommittee.~~

11 (1) 3 physicians;

12 (2) 3 pharmacists;

13 (3) one dentist;

14 (4) one advanced practice registered nurse;

15 (4.5) one veterinarian;

16 (5) one physician assistant; and

17 (6) one optometrist or ophthalmologist.

18 The purpose of the Peer Review Committee ~~peer review~~  
19 ~~subcommittee~~ is to ~~advise the Program on matters germane to the~~  
20 ~~advisory committee's field of competence,~~ establish a formal  
21 peer review of professional performance of prescribers and  
22 dispensers, ~~and develop communications to transmit to~~  
23 ~~prescribers and dispensers.~~ The deliberations, information,  
24 and communications of the Peer Review Committee ~~peer review~~  
25 ~~subcommittee~~ are privileged and confidential and shall not be  
26 disclosed in any manner except in accordance with current law.

1           (1) The Peer Review Committee ~~peer review subcommittee~~  
2 shall periodically review the data contained within the  
3 prescription monitoring program to identify those  
4 prescribers or dispensers who may be prescribing or  
5 dispensing outside the currently accepted standard and  
6 practice standards in the course of their profession  
7 professional practice. The Peer Review Committee member,  
8 whose profession is the same as the prescriber or dispenser  
9 being reviewed, shall prepare a preliminary report and  
10 recommendation for any non-action or action. The  
11 Prescription Monitoring Program Clinical Director and  
12 staff shall provide the necessary assistance and data as  
13 required.

14           (2) The Peer Review Committee ~~peer review subcommittee~~  
15 may identify prescribers or dispensers who may be  
16 prescribing outside the currently accepted medical  
17 standards in the course of their professional practice and  
18 send the identified prescriber or dispenser a request for  
19 information regarding their prescribing or dispensing  
20 practices. This request for information shall be sent via  
21 certified mail, return receipt requested. A prescriber or  
22 dispenser shall have 30 days to respond to the request for  
23 information.

24           (3) The Peer Review Committee ~~peer review subcommittee~~  
25 shall refer a prescriber or a dispenser to the Department  
26 of Financial and Professional Regulation in the following

1 situations:

2 (i) if a prescriber or dispenser does not respond  
3 to three successive requests for information;

4 (ii) in the opinion of a majority of members of the  
5 Peer Review Committee ~~peer review subcommittee~~, the  
6 prescriber or dispenser does not have a satisfactory  
7 explanation for the practices identified by the Peer  
8 Review Committee ~~peer review subcommittee~~ in its  
9 request for information; or

10 (iii) following communications with the Peer  
11 Review Committee ~~peer review subcommittee~~, the  
12 prescriber or dispenser does not sufficiently rectify  
13 the practices identified in the request for  
14 information in the opinion of a majority of the members  
15 of the Peer Review Committee ~~peer review subcommittee~~.

16 (4) The Department of Financial and Professional  
17 Regulation may initiate an investigation and discipline in  
18 accordance with current laws and rules for any prescriber  
19 or dispenser referred by the peer review subcommittee.

20 (5) The Peer Review Committee ~~peer review subcommittee~~  
21 shall prepare an annual report starting on July 1, 2017.  
22 This report shall contain the following information: the  
23 number of times the Peer Review Committee ~~peer review~~  
24 ~~subcommittee~~ was convened; the number of prescribers or  
25 dispensers who were reviewed by the Peer Review Committee  
26 ~~peer review committee~~; the number of requests for

1 information sent out by the Peer Review Committee ~~peer~~  
2 ~~review subcommittee~~; and the number of prescribers or  
3 dispensers referred to the Department of Financial and  
4 Professional Regulation. The annual report shall be  
5 delivered electronically to the Department and to the  
6 General Assembly. The report to the General Assembly shall  
7 be filed with the Clerk of the House of Representatives and  
8 the Secretary of the Senate in electronic form only, in the  
9 manner that the Clerk and the Secretary shall direct. The  
10 report prepared by the Peer Review Committee ~~peer review~~  
11 ~~subcommittee~~ shall not identify any prescriber, dispenser,  
12 or patient.

13 (Source: P.A. 99-480, eff. 9-9-15; 100-513, eff. 1-1-18.)

14 Section 99. Effective date. This Act takes effect upon  
15 becoming law.