Sen. Antonio Muñoz

Filed: 5/3/2019

AMENDMENT TO HOUSE BILL 163

AMENDMENT NO. _____. Amend House Bill 163 by replacing everything after the enacting clause with the following:

"Section 5. The State Finance Act is amended by adding Section 5.891 as follows:

(30 ILCS 105/5.891 new)

Sec. 5.891. The Prescription Monitoring Program Fund.

Section 10. The Illinois Controlled Substances Act is amended by changing Section 316 and by adding Section 322 as follows:

(720 ILCS 570/316)

Sec. 316. Prescription Monitoring Program.

(a) The Department must provide for a Prescription Monitoring Program for Schedule II, III, IV, and V controlled

substances that includes the following components and requirements:

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

(A) The recipient's name and address.

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

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

(D) The date the controlled substance is dispensed.

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

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

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

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

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

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

(K) Any additional information that may be

required by the department by administrative rule, including but not limited to information required for compliance with the criteria for electronic reporting of the American Society for Automation and Pharmacy or its successor.

(2) Any information transmitted to the Prescription Monitoring Program as required by the General Assembly must:

(A) be transmitted when a medication is dispensed to the patient or to the individual receiving the medication on behalf of the patient;

(B) achieve the "point-of-sale" or "real-time" reporting within 12 months of enactment of this amendatory Act of the 101st General Assembly;

(C) not impose a financial burden upon a pharmacy which dispenses to patients;

(D) use federal grant funding available to the Prescription Monitoring Program to avoid a financial burden to any pharmacy which is required to achieve this requirement;

(E) require that any department or agency of this State applying for or receiving grant funds which relate to medication, in any manner, must include funding for the Prescription Monitoring Program's requirement in this Section unless the Prescription Monitoring Program declines the need for additional funding; and

(F) be transmitted by any pharmacy at the end of the business day until the Prescription Monitoring Program verifies that "point-of-sale" or "real-time" reporting is functional.

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

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

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

(B) (blank) ~~a computer diskette~~;

(C) (Blank) ~~a magnetic tape~~; or

(D) (blank). ~~a pharmacy universal claim form or Pharmacy Inventory Control form;~~

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

(b) The Department, by rule, may include in the

Prescription Monitoring Program certain other select drugs that are not included in Schedule II, III, IV, or V. The Prescription Monitoring Program does not apply to controlled substance prescriptions as exempted under Section 313.

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

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

(e) (Blank).

(f) Within 2 years ~~one year~~ of January 1, 2018 (the effective date of Public Act 100-564) ~~this amendatory Act of the 100th General Assembly~~, the Department shall adopt rules requiring all Electronic Health Records Systems to interface with the Prescription Monitoring Program application program on or before January 1, 2021 to ensure that all providers have access to specific patient records during the treatment of their patients. These rules shall also address the electronic integration of pharmacy records with the Prescription Monitoring Program to allow for faster transmission of the information required under this Section. The Department shall

establish actions to be taken if a prescriber's Electronic Health Records System does not effectively interface with the Prescription Monitoring Program within the required timeline.

(g) The Department, in consultation with the Advisory Committee, shall adopt rules allowing licensed prescribers or pharmacists who have registered to access the Prescription Monitoring Program to authorize a licensed or non-licensed designee employed in that licensed prescriber's office or a licensed designee in a licensed pharmacist's pharmacy~~, and~~ who has received training in the federal Health Insurance Portability and Accountability Act to consult the Prescription Monitoring Program on their behalf. The rules shall include reasonable parameters concerning a practitioner's authority to authorize a designee, and the eligibility of a person to be selected as a designee. In this subsection (g), "pharmacist" shall include a clinical pharmacist employed by and designated by a Medicaid Managed Care Organization providing services under Article V of the Illinois Public Aid Code under a contract with the Department of Healthcare ~~Health~~ and Family Services for the sole purpose of clinical review of services provided to persons covered by the entity under the contract to determine compliance with subsections (a) and (b) of Section 314.5 of this Act. A managed care entity pharmacist shall notify prescribers of review activities.

(Source: P.A. 99-480, eff. 9-9-15; 100-564, eff. 1-1-18; 100-861, eff. 8-14-18; 100-1005, eff. 8-21-18; 100-1093, eff.

8-26-18; revised 2-20-19.)

(720 ILCS 570/322 new)

Sec. 322. The Prescription Monitoring Program Fund.

(a) There is created in the State treasury a special fund known as the Prescription Monitoring Program Fund. The Prescription Monitoring Program Fund shall receive revenue from:

(1) grants;

(2) pass-through grants;

(3) donations;

(4) appropriations;

(5) fees charged for services, work, or both performed as the result of duly authorized requests or contracts such as subpoenas or research agreements;

(6) fees as enacted by the General Assembly; and

(7) other legal sources.

(b) The Department of Human Services or its successor shall coordinate to use moneys in the Prescription Monitoring Program Fund and perform the duties of collecting and reporting prescription and other medication data as authorized by the General Assembly.

(c) Any surplus funds shall be managed as follows:

(1) grant and pass-through fund providers shall be asked for grant extensions or forgiveness. Otherwise, the funds shall be refunded;

(2) donations shall be used to reduce the Prescription Monitoring Program appropriation for the next fiscal year unless otherwise restricted;

(3) appropriations in excess of spending shall expire at the end of the fiscal year unless otherwise authorized; and

(4) fees and other legal sources of revenue may be retained in the Prescription Monitoring Program Fund for 5 fiscal years. The State Treasurer shall invest excess fees with the interest deposited into the General Revenue Fund unless otherwise authorized by the General Assembly.

(d) If the Prescription Monitoring Program is able to apply for and receive a reimbursement grant, it is authorized to apply for the grant. If a reimbursement grant is awarded, the Prescription Monitoring Program is authorized to borrow available funds from the Department of Human Services or the State Treasurer at no interest.".