

HB3889



101ST GENERAL ASSEMBLY

State of Illinois

2019 and 2020

HB3889

Introduced 10/17/2019, by Rep. La Shawn K. Ford

SYNOPSIS AS INTRODUCED:

720 ILCS 570/316

Amends the Illinois Controlled Substances Act. Provides that the requirements for transmitting information to the central repository under the Prescription Monitoring Program also apply to opioid treatment programs that prescribe Schedule II, III, IV, or V controlled substances for the treatment of opioid use disorder.

LRB101 13869 RLC 62731 b

A BILL FOR

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 Section 316 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 (3.5) The requirements of paragraphs (1), (2), and (3)

6 of this subsection (a) also apply to opioid treatment

7 programs that prescribe Schedule II, III, IV, or V

8 controlled substances for the treatment of opioid use

9 disorder.

10 (4) The Department may impose a civil fine of up to

11 \$100 per day for willful failure to report controlled

12 substance dispensing to the Prescription Monitoring

13 Program. The fine shall be calculated on no more than the

14 number of days from the time the report was required to be

15 made until the time the problem was resolved, and shall be

16 payable to the Prescription Monitoring Program.

17 (a-5) Notwithstanding subsection (a), a licensed

18 veterinarian is exempt from the reporting requirements of this

19 Section. If a person who is presenting an animal for treatment

20 is suspected of fraudulently obtaining any controlled

21 substance or prescription for a controlled substance, the

22 licensed veterinarian shall report that information to the

23 local law enforcement agency.

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

25 Prescription Monitoring Program certain other select drugs

26 that are not included in Schedule II, III, IV, or V. The

1 Prescription Monitoring Program does not apply to controlled
2 substance prescriptions as exempted under Section 313.

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

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

13 (e) (Blank).

14 (f) Within one year of January 1, 2018 (the effective date
15 of Public Act 100-564), the Department shall adopt rules
16 requiring all Electronic Health Records Systems to interface
17 with the Prescription Monitoring Program application program
18 on or before January 1, 2021 to ensure that all providers have
19 access to specific patient records during the treatment of
20 their patients. These rules shall also address the electronic
21 integration of pharmacy records with the Prescription
22 Monitoring Program to allow for faster transmission of the
23 information required under this Section. The Department shall
24 establish actions to be taken if a prescriber's Electronic
25 Health Records System does not effectively interface with the
26 Prescription Monitoring Program within the required timeline.

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

22 (Source: P.A. 100-564, eff. 1-1-18; 100-861, eff. 8-14-18;
23 100-1005, eff. 8-21-18; 100-1093, eff. 8-26-18; 101-81, eff.
24 7-12-19; 101-414, eff. 8-16-19.)