

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 317 and by adding Section
6 316.1 as follows:

7 (720 ILCS 570/316)

8 Sec. 316. Prescription Monitoring Program.

9 (a) The Department must provide for a Prescription
10 Monitoring Program for Schedule II, III, IV, and V controlled
11 substances that includes the following components and
12 requirements:

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

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

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

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

20 (D) (Blank). ~~The date the controlled substance is~~
21 ~~dispensed.~~

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

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

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

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

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

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

13 (K) Any additional information that may be
14 required by the department by administrative rule,
15 including but not limited to information required for
16 compliance with the criteria for electronic reporting
17 of the American Society for Automation and Pharmacy or
18 its successor.

19 (2) The information required to be transmitted under
20 this Section must be transmitted not later than the end of
21 the business day on which a controlled substance is
22 dispensed, or at such other time as may be required by the
23 Department by administrative rule.

24 (3) A dispenser must transmit electronically, as
25 provided by Department rule, the information required to
26 be transmitted under this Section. ~~by:~~

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

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

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

5 ~~(D) a pharmacy universal claim form or Pharmacy~~
6 ~~Inventory Control form.~~

7 (3.5) The requirements of paragraphs (1), (2), and (3)
8 of this subsection also apply to opioid treatment programs
9 that are licensed or certified by the Department of Human
10 Services' Division of Substance Use Prevention and
11 Recovery and are authorized by the federal Drug
12 Enforcement Administration to prescribe Schedule II, III,
13 IV, or V controlled substances for the treatment of opioid
14 use disorders. Opioid treatment programs shall attempt to
15 obtain written patient consent, shall document attempts to
16 obtain the written consent, and shall not transmit
17 information without patient consent. Documentation
18 obtained under this paragraph shall not be utilized for
19 law enforcement purposes, as proscribed under 42 CFR 2, as
20 amended by 42 U.S.C. 290dd-2. Treatment of a patient shall
21 not be conditioned upon his or her written consent.

22 (4) The Department may impose a civil fine of up to
23 \$100 per day for willful failure to report controlled
24 substance dispensing to the Prescription Monitoring
25 Program. The fine shall be calculated on no more than the
26 number of days from the time the report was required to be

1 made until the time the problem was resolved, and shall be
2 payable to the Prescription Monitoring Program.

3 (a-5) Notwithstanding subsection (a), a licensed
4 veterinarian is exempt from the reporting requirements of this
5 Section. If a person who is presenting an animal for treatment
6 is suspected of fraudulently obtaining any controlled
7 substance or prescription for a controlled substance, the
8 licensed veterinarian shall report that information to the
9 local law enforcement agency.

10 (b) The Department, by rule, may include in the
11 Prescription Monitoring Program certain other select drugs
12 that are not included in Schedule II, III, IV, or V. The
13 Prescription Monitoring Program does not apply to controlled
14 substance prescriptions as exempted under Section 313.

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

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

25 (e) (Blank).

26 (f) It is the responsibility of any new, ceased, or

1 unconnected healthcare facility and its selected Electronic
2 Health Records System or Pharmacy Management System to make
3 contact with and ensure integration with the Prescription
4 Monitoring Program. As soon as practicable after the effective
5 date of this amendatory Act of the 103rd General Assembly, the
6 Department shall adopt rules requiring Electronic Health
7 Records Systems and Pharmacy Management Systems to interface,
8 by January 1, 2024, with the Prescription Monitoring Program
9 to ensure that providers have access to specific patient
10 records during the treatment of their patients. The Department
11 shall identify actions to be taken if a prescriber's
12 Electronic Health Records System and Pharmacy Management
13 Systems does not effectively interface with the Prescription
14 Monitoring Program once the Prescription Monitoring Program is
15 aware of the non-integrated connection. ~~Within one year of~~
16 ~~January 1, 2018 (the effective date of Public Act 100-564),~~
17 ~~the Department shall adopt rules requiring all Electronic~~
18 ~~Health Records Systems to interface with the Prescription~~
19 ~~Monitoring Program application program on or before January 1,~~
20 ~~2021 to ensure that all providers have access to specific~~
21 ~~patient records during the treatment of their patients. These~~
22 ~~rules shall also address the electronic integration of~~
23 ~~pharmacy records with the Prescription Monitoring Program to~~
24 ~~allow for faster transmission of the information required~~
25 ~~under this Section. The Department shall establish actions to~~
26 ~~be taken if a prescriber's Electronic Health Records System~~

1 ~~does not effectively interface with the Prescription~~
2 ~~Monitoring Program within the required timeline.~~

3 (g) The Department, in consultation with the Prescription
4 Monitoring Program Advisory Committee, shall adopt rules
5 allowing licensed prescribers or pharmacists who have
6 registered to access the Prescription Monitoring Program to
7 authorize a licensed or non-licensed designee employed in that
8 licensed prescriber's office or a licensed designee in a
9 licensed pharmacist's pharmacy who has received training in
10 the federal Health Insurance Portability and Accountability
11 Act and 42 CFR 2 to consult the Prescription Monitoring
12 Program on their behalf. The rules shall include reasonable
13 parameters concerning a practitioner's authority to authorize
14 a designee, and the eligibility of a person to be selected as a
15 designee. In this subsection (g), "pharmacist" shall include a
16 clinical pharmacist employed by and designated by a Medicaid
17 Managed Care Organization providing services under Article V
18 of the Illinois Public Aid Code under a contract with the
19 Department of Healthcare and Family Services for the sole
20 purpose of clinical review of services provided to persons
21 covered by the entity under the contract to determine
22 compliance with subsections (a) and (b) of Section 314.5 of
23 this Act. A managed care entity pharmacist shall notify
24 prescribers of review activities.

25 (Source: P.A. 101-81, eff. 7-12-19; 101-414, eff. 8-16-19;
26 102-527, eff. 8-20-21; 102-813, eff. 5-13-22.)

1 (720 ILCS 570/316.1 new)

2 Sec. 316.1. Access to the integration of pharmacy records
3 with the Prescription Monitoring Program.

4 (a) Subject to the requirements and limitations set out in
5 this Section and in administrative rule, the Department shall
6 not require, either expressly or effectively, Electronic
7 Health Records Systems, pharmacies, or other providers to
8 utilize a particular entity or system for access to the
9 integration of pharmacy records with the Prescription
10 Monitoring Program.

11 (1) Any entity or system for integration (transmitting
12 the data maintained by the Prescription Monitoring
13 Program) into an Electronic Health Records System,
14 Certified Health IT Module, Pharmacy Dispensing System, or
15 Pharmacy Management System must meet applicable
16 requirements outlined in administrative rule, including,
17 but not limited to, the following:

18 (A) enter into a data sharing agreement with the
19 Department of Human Services, Prescription Monitoring
20 Program;

21 (B) all security requirements noted within this
22 Section, administrative rule, and all other applicable
23 State and federal security and privacy requirements;

24 (C) the Prescription Monitoring Program shall have
25 administrative control over the approval of each site

1 and individual integration point and the Prescription
2 Monitoring Program shall have the ability to disable
3 individual integration points, at no additional cost
4 to the State;

5 (D) interstate data sharing shall be completed
6 with written authorization from the Prescription
7 Monitoring Program;

8 (E) data available from the Prescription
9 Monitoring Program shall not be stored, cached, or
10 sold and the State may inspect and review an entity or
11 system for integration to assure and confirm the same,
12 subject to a reasonable non-disclosure agreement, as
13 permitted by State law, to protect the entity's or
14 system's trade secrets or other proprietary
15 information;

16 (F) analysis of data shall only be allowed with
17 express written permission from the Prescription
18 Monitoring Program; and

19 (G) access to audit data, shall be available in
20 hourly to real-time increments at no cost to the
21 State.

22 (2) Electronic Health Record Systems, Certified Health
23 IT Modules, Pharmacy Management Systems, and Pharmacy
24 Dispensing Systems integrated with the Prescription
25 Monitoring Program must meet applicable requirements
26 outlined in rule, including, but not limited to, the

1 following:

2 (A) provide their customers (healthcare entity,
3 pharmacy, provider, prescriber, dispenser, etc.) the
4 choice of approved integration vendor, meeting the
5 requirements of this Section and administrative rule,
6 or direct connect to the Illinois Prescription
7 Monitoring Program;

8 (B) provide their customers with access to the
9 data provided by the customer's chosen integration
10 vendor as allowed under State and federal statute; and

11 (C) follow all State and federal security and
12 privacy standards.

13 (3) Customers required to integrate under State or
14 federal law must meet the requirements outlined in
15 administrative rule, including, but not limited to, the
16 following:

17 (A) the customer retains the choice of which
18 integration vendor or direct connect is utilized to
19 connect to the Illinois Prescription Monitoring
20 Program; and

21 (B) customers seeking to contract with a new
22 integration vendor, shall enter into a memorandum of
23 understanding with the Prescription Monitoring
24 Program.

25 (b) The Illinois Prescription Monitoring Program may
26 exercise the power, by rule, to require Memoranda of

1 Understanding with all customers. The general contents of the
2 memorandum of understanding shall be set out in rule and shall
3 include, but not be limited to:

4 (1) the acknowledgment and choice of the customer of
5 the method of integration with the Prescription Monitoring
6 Program and

7 (2) the data use and other requirements on the
8 customer in accessing and using the Prescription
9 Monitoring Program.

10 A fee cannot be levied as part of a memorandum of
11 understanding required by the Department under this Section.

12 (c) Non-compliance by the Integration Vendor, Electronic
13 Health Record System, Certified Health IT Module, Pharmacy
14 Management System or Pharmacy Dispensing System, customer, or
15 any parties required to comply with this Section may result in
16 the party being prohibited from serving as entity or system
17 for integration with the Prescription Monitoring Program,
18 termination of contracts, agreements, or other business
19 relationships. The Department shall institute appropriate cure
20 notices, as necessary to remedy non-compliance.

21 (720 ILCS 570/317)

22 Sec. 317. Central repository for collection of
23 information.

24 (a) The Department must designate a central repository for
25 the collection of information transmitted under Section 316

1 and former Section 321.

2 (b) The central repository must do the following:

3 (1) Create a database for information required to be
4 transmitted under Section 316 in the form required under
5 rules adopted by the Department, including search
6 capability for the following:

7 (A) A recipient's name and address.

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

9 (C) The national drug code number of a controlled
10 substance dispensed.

11 (D) (Blank). ~~The dates a controlled substance is~~
12 ~~dispensed.~~

13 (E) The quantities and days supply of a controlled
14 substance dispensed.

15 (F) A dispenser's Administration registration
16 number.

17 (G) A prescriber's Administration registration
18 number.

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

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

24 (J) The patient location code (i.e. home, nursing
25 home, outpatient, etc.) for controlled substance
26 prescriptions other than those filled at a retail

1 pharmacy.

2 (2) Provide the Department with a database maintained
3 by the central repository. The Department of Financial and
4 Professional Regulation must provide the Department with
5 electronic access to the license information of a
6 prescriber or dispenser.

7 (3) Secure the information collected by the central
8 repository and the database maintained by the central
9 repository against access by unauthorized persons.

10 All prescribers shall designate one or more medical
11 specialties or fields of medical care and treatment for which
12 the prescriber prescribes controlled substances when
13 registering with the Prescription Monitoring Program.

14 No fee shall be charged for access by a prescriber or
15 dispenser.

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

17 Section 99. Effective date. This Act takes effect upon
18 becoming law, except that Section 316.1 takes effect July 1,
19 2024.