SB3701

LRB10339461RLC69655b

103RD GENERAL ASSEMBLY

State of Illinois

2023 and 2024

SB3701

Introduced 2/9/2024, by Sen. Laura Ellman

SYNOPSIS AS INTRODUCED:

720 ILCS 570/314.5
720 ILCS 570/317

Amends the Illinois Controlled Substances Act. Provides that each prescriber or his or her designee shall document an attempt to access patient information in the Prescription Monitoring Program to assess patient access to controlled substances when providing a prescription for a Schedule II, III, IV, or V controlled substance (rather than an initial prescription for Schedule II narcotics such as opioids), except for prescriptions for oncology treatment or palliative care, or a 7-day or less supply provided by a hospital emergency department when treating an acute, traumatic medical condition. Provides that as a condition of licensure and license renewal, all prescribers holding an Illinois Controlled Substance license through the Department of Financial and Professional Regulation shall have an Illinois Prescription Monitoring Program account.

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A BILL FOR

AN ACT concerning criminal law.

Be it enacted by the People of the State of Illinois, represented in the General Assembly:

Section 5. The Illinois Controlled Substances Act is amended by changing Sections 314.5 and 317 as follows:

(720 ILCS 570/314.5)

Sec. 314.5. Medication shopping; pharmacy shopping.

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

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

substance to the pharmacy from which the subsequent controlled substance is sought.

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

(c-5) Effective January 1, 2018, each prescriber possessing an Illinois controlled substances license shall register with the Prescription Monitoring Program. Notwithstanding any provision of this Act to the contrary, beginning on and after the effective date of this amendatory Act of the 101st General Assembly, a licensed veterinarian shall be exempt from registration and prohibited from accessing patient information in the Prescription Monitoring Program. Licensed veterinarians that are existing registrants shall be removed from the Prescription Monitoring Program. Each prescriber or his or her designee shall also document an attempt to access patient information in the Prescription Monitoring Program to assess patient access to controlled substances when providing a ~~an initial~~ prescription for a Schedule II, III, IV, or V controlled substance ~~narcotics such as opioids~~, except for prescriptions for oncology treatment or palliative care, or a 7-day or less supply provided by a hospital emergency department when treating an acute, traumatic medical condition. This attempt to access shall be documented in the patient's medical record. The hospital shall facilitate the designation of a prescriber's designee for the

purpose of accessing the Prescription Monitoring Program for services provided at the hospital.

(d) When a person has been identified as having 5 or more prescribers or 5 or more pharmacies, or both, that do not utilize a common electronic file as specified in Section 20 of the Pharmacy Practice Act for controlled substances within the course of a 6-month period, the Prescription Monitoring Program may issue an unsolicited report to the prescribers, dispensers, and their designees informing them of the potential medication shopping. If an unsolicited report is issued to a prescriber or prescribers, then the report must also be sent to the applicable dispensing pharmacy.

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

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

(g) Any patient feedback, including grades, ratings, or written or verbal statements, in opposition to a clinical decision that the prescription of a controlled substance is not medically necessary shall not be the basis of any adverse action, evaluation, or any other type of negative credentialing, contracting, licensure, or employment action

taken against a prescriber or dispenser.

(Source: P.A. 101-414, eff. 8-16-19; 102-527, eff. 8-20-21.)

(720 ILCS 570/317)

Sec. 317. Central repository for collection of information.

(a) The Department must designate a central repository for the collection of information transmitted under Section 316 and former Section 321.

(b) The central repository must do the following:

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

(A) A recipient's name and address.

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

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

(D) (Blank).

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

(F) A dispenser's Administration registration number.

(G) A prescriber's 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 controlled substance prescriptions other than those filled at a retail pharmacy.

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

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

All prescribers shall designate one or more medical specialties or fields of medical care and treatment for which the prescriber prescribes controlled substances when registering with the Prescription Monitoring Program. <u>As a condition of licensure and license renewal, all prescribers holding an Illinois Controlled Substance license through the Illinois Department of Financial and Professional Regulation shall have an Illinois Prescription Monitoring Program account.</u>

No fee shall be charged for access by a prescriber or

dispenser.

(Source: P.A. 103-477, eff. 8-4-23.)