



Sen. William Delgado

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09800SB1454sam001

LRB098 09389 RLC 43135 a

1 AMENDMENT TO SENATE BILL 1454

2 AMENDMENT NO. _____. Amend Senate Bill 1454 by replacing
3 everything after the enacting clause with the following:

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 The purpose of the Prescription Monitoring Program is to
9 develop a clinical tool to assist healthcare providers in
10 preventing accidental overdoses or duplications of controlled
11 substances to the patients they are treating.

12 (a) The Department must provide for a prescription
13 monitoring program for Schedule II, III, IV, and V controlled
14 substances that includes the following components and
15 requirements:

16 (1) The dispenser must transmit to the central

1 repository, in a form and manner specified by the
2 Department, the following information:

3 (A) The recipient's name.

4 (B) The recipient's address.

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

7 (D) The date the controlled substance is
8 dispensed.

9 (E) The quantity of the controlled substance
10 dispensed.

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

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

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

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

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

23 (K) Any additional information that may be
24 required by the department by administrative rule,
25 including but not limited to information required for
26 compliance with the criteria for electronic reporting

1 of the American Society for Automation and Pharmacy or
2 its successor.

3 (2) The information required to be transmitted under
4 this Section must be transmitted not more than 7 days after
5 the date on which a controlled substance is dispensed, or
6 at such other time as may be required by the Department by
7 administrative rule.

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

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

12 (B) a computer diskette;

13 (C) a magnetic tape; or

14 (D) a pharmacy universal claim form or Pharmacy
15 Inventory Control form;

16 (4) The Department may impose a civil fine of up to
17 \$100 per day for willful failure to report controlled
18 substance dispensing to the Prescription Monitoring
19 Program. The fine shall be calculated on no more than the
20 number of days from the time the report was required to be
21 made until the time the problem was resolved, and shall be
22 payable to the Prescription Monitoring Program.

23 (b) The Department, by rule, may include in the monitoring
24 program certain other select drugs that are not included in
25 Schedule II, III, IV, or V. The prescription monitoring program
26 does not apply to controlled substance prescriptions as

1 exempted under Section 313.

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

9 (d) As a means of addressing potential pharmacotherapy
10 needs under emergency conditions, the Prescription Monitoring
11 Program shall be expanded to include every medication for each
12 person within this State by January 1, 2015.

13 (e) By January 1, 2015, each electronic health record
14 system must interface with the Prescription Monitoring System
15 to ensure that each health care provider has access to specific
16 patient records as he or she is treating the patient.

17 (Source: P.A. 97-334, eff. 1-1-12.)".