



Rep. Lou Lang

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1 AMENDMENT TO HOUSE BILL 1

2 AMENDMENT NO. _____. Amend House Bill 1, AS AMENDED, by
3 replacing everything after the enacting clause with the
4 following:

5 "ARTICLE 1.

6 Section 1-1. This Article may be referred to as Lali's Law.

7 Section 1-5. The Pharmacy Practice Act is amended by adding
8 Section 19.1 as follows:

9 (225 ILCS 85/19.1 new)

10 Sec. 19.1. Dispensing naloxone antidotes.

11 (a) Due to the recent rise in opioid-related deaths in
12 Illinois and the existence of an opioid antagonist that can
13 reverse the deadly effects of overdose, the General Assembly
14 finds that in order to avoid further loss where possible, it is

1 responsible to allow greater access of such an antagonist to
2 those populations at risk of overdose.

3 (b) Notwithstanding any general or special law to the
4 contrary, a licensed pharmacist may dispense an opioid
5 antagonist in accordance with written, standardized procedures
6 or protocols developed by the Department with the Department of
7 Public Health and the Department of Human Services if the
8 procedures or protocols are filed at the pharmacy before
9 implementation and are available to the Department upon
10 request.

11 (c) Before dispensing an opioid antagonist pursuant to this
12 Section, a pharmacist shall complete a training program
13 approved by the Department of Human Services pursuant to
14 Section 5-23 of the Alcoholism and Other Drug Abuse and
15 Dependency Act. The training program shall include, but not be
16 limited to, proper documentation and quality assurance.

17 (d) For the purpose of this Section, "opioid antagonist"
18 means a drug that binds to opioid receptors and blocks or
19 inhibits the effect of opioids acting on those receptors,
20 including, but not limited to, naloxone hydrochloride or any
21 other similarly acting and equally safe drug approved by the
22 U.S. Food and Drug Administration for the treatment of drug
23 overdose.

1 Section 5-1. The Open Meetings Act is amended by changing
2 Section 2 as follows:

3 (5 ILCS 120/2) (from Ch. 102, par. 42)

4 Sec. 2. Open meetings.

5 (a) Openness required. All meetings of public bodies shall
6 be open to the public unless excepted in subsection (c) and
7 closed in accordance with Section 2a.

8 (b) Construction of exceptions. The exceptions contained
9 in subsection (c) are in derogation of the requirement that
10 public bodies meet in the open, and therefore, the exceptions
11 are to be strictly construed, extending only to subjects
12 clearly within their scope. The exceptions authorize but do not
13 require the holding of a closed meeting to discuss a subject
14 included within an enumerated exception.

15 (c) Exceptions. A public body may hold closed meetings to
16 consider the following subjects:

17 (1) The appointment, employment, compensation,
18 discipline, performance, or dismissal of specific
19 employees of the public body or legal counsel for the
20 public body, including hearing testimony on a complaint
21 lodged against an employee of the public body or against
22 legal counsel for the public body to determine its
23 validity.

24 (2) Collective negotiating matters between the public
25 body and its employees or their representatives, or

1 deliberations concerning salary schedules for one or more
2 classes of employees.

3 (3) The selection of a person to fill a public office,
4 as defined in this Act, including a vacancy in a public
5 office, when the public body is given power to appoint
6 under law or ordinance, or the discipline, performance or
7 removal of the occupant of a public office, when the public
8 body is given power to remove the occupant under law or
9 ordinance.

10 (4) Evidence or testimony presented in open hearing, or
11 in closed hearing where specifically authorized by law, to
12 a quasi-adjudicative body, as defined in this Act, provided
13 that the body prepares and makes available for public
14 inspection a written decision setting forth its
15 determinative reasoning.

16 (5) The purchase or lease of real property for the use
17 of the public body, including meetings held for the purpose
18 of discussing whether a particular parcel should be
19 acquired.

20 (6) The setting of a price for sale or lease of
21 property owned by the public body.

22 (7) The sale or purchase of securities, investments, or
23 investment contracts. This exception shall not apply to the
24 investment of assets or income of funds deposited into the
25 Illinois Prepaid Tuition Trust Fund.

26 (8) Security procedures and the use of personnel and

1 equipment to respond to an actual, a threatened, or a
2 reasonably potential danger to the safety of employees,
3 students, staff, the public, or public property.

4 (9) Student disciplinary cases.

5 (10) The placement of individual students in special
6 education programs and other matters relating to
7 individual students.

8 (11) Litigation, when an action against, affecting or
9 on behalf of the particular public body has been filed and
10 is pending before a court or administrative tribunal, or
11 when the public body finds that an action is probable or
12 imminent, in which case the basis for the finding shall be
13 recorded and entered into the minutes of the closed
14 meeting.

15 (12) The establishment of reserves or settlement of
16 claims as provided in the Local Governmental and
17 Governmental Employees Tort Immunity Act, if otherwise the
18 disposition of a claim or potential claim might be
19 prejudiced, or the review or discussion of claims, loss or
20 risk management information, records, data, advice or
21 communications from or with respect to any insurer of the
22 public body or any intergovernmental risk management
23 association or self insurance pool of which the public body
24 is a member.

25 (13) Conciliation of complaints of discrimination in
26 the sale or rental of housing, when closed meetings are

1 authorized by the law or ordinance prescribing fair housing
2 practices and creating a commission or administrative
3 agency for their enforcement.

4 (14) Informant sources, the hiring or assignment of
5 undercover personnel or equipment, or ongoing, prior or
6 future criminal investigations, when discussed by a public
7 body with criminal investigatory responsibilities.

8 (15) Professional ethics or performance when
9 considered by an advisory body appointed to advise a
10 licensing or regulatory agency on matters germane to the
11 advisory body's field of competence.

12 (16) Self evaluation, practices and procedures or
13 professional ethics, when meeting with a representative of
14 a statewide association of which the public body is a
15 member.

16 (17) The recruitment, credentialing, discipline or
17 formal peer review of physicians or other health care
18 professionals for a hospital, or other institution
19 providing medical care, that is operated by the public
20 body.

21 (18) Deliberations for decisions of the Prisoner
22 Review Board.

23 (19) Review or discussion of applications received
24 under the Experimental Organ Transplantation Procedures
25 Act.

26 (20) The classification and discussion of matters

1 classified as confidential or continued confidential by
2 the State Government Suggestion Award Board.

3 (21) Discussion of minutes of meetings lawfully closed
4 under this Act, whether for purposes of approval by the
5 body of the minutes or semi-annual review of the minutes as
6 mandated by Section 2.06.

7 (22) Deliberations for decisions of the State
8 Emergency Medical Services Disciplinary Review Board.

9 (23) The operation by a municipality of a municipal
10 utility or the operation of a municipal power agency or
11 municipal natural gas agency when the discussion involves
12 (i) contracts relating to the purchase, sale, or delivery
13 of electricity or natural gas or (ii) the results or
14 conclusions of load forecast studies.

15 (24) Meetings of a residential health care facility
16 resident sexual assault and death review team or the
17 Executive Council under the Abuse Prevention Review Team
18 Act.

19 (25) Meetings of an independent team of experts under
20 Brian's Law.

21 (26) Meetings of a mortality review team appointed
22 under the Department of Juvenile Justice Mortality Review
23 Team Act.

24 (27) (Blank).

25 (28) Correspondence and records (i) that may not be
26 disclosed under Section 11-9 of the Public Aid Code or (ii)

1 that pertain to appeals under Section 11-8 of the Public
2 Aid Code.

3 (29) Meetings between internal or external auditors
4 and governmental audit committees, finance committees, and
5 their equivalents, when the discussion involves internal
6 control weaknesses, identification of potential fraud risk
7 areas, known or suspected frauds, and fraud interviews
8 conducted in accordance with generally accepted auditing
9 standards of the United States of America.

10 (30) Those meetings or portions of meetings of a
11 fatality review team or the Illinois Fatality Review Team
12 Advisory Council during which a review of the death of an
13 eligible adult in which abuse or neglect is suspected,
14 alleged, or substantiated is conducted pursuant to Section
15 of the Adult Protective Services Act.

16 (31) Meetings and deliberations for decisions of the
17 Concealed Carry Licensing Review Board under the Firearm
18 Concealed Carry Act.

19 (32) Meetings between the Regional Transportation
20 Authority Board and its Service Boards when the discussion
21 involves review by the Regional Transportation Authority
22 Board of employment contracts under Section 28d of the
23 Metropolitan Transit Authority Act and Sections 3A.18 and
24 3B.26 of the Regional Transportation Authority Act.

25 (33) Those meeting or portions of meetings of the
26 advisory committee and peer review subcommittee created

1 under Section 320 of the Illinois Controlled Substances Act
2 during which specific controlled substance prescriber,
3 dispenser, or patient information is discussed.

4 (d) Definitions. For purposes of this Section:

5 "Employee" means a person employed by a public body whose
6 relationship with the public body constitutes an
7 employer-employee relationship under the usual common law
8 rules, and who is not an independent contractor.

9 "Public office" means a position created by or under the
10 Constitution or laws of this State, the occupant of which is
11 charged with the exercise of some portion of the sovereign
12 power of this State. The term "public office" shall include
13 members of the public body, but it shall not include
14 organizational positions filled by members thereof, whether
15 established by law or by a public body itself, that exist to
16 assist the body in the conduct of its business.

17 "Quasi-adjudicative body" means an administrative body
18 charged by law or ordinance with the responsibility to conduct
19 hearings, receive evidence or testimony and make
20 determinations based thereon, but does not include local
21 electoral boards when such bodies are considering petition
22 challenges.

23 (e) Final action. No final action may be taken at a closed
24 meeting. Final action shall be preceded by a public recital of
25 the nature of the matter being considered and other information
26 that will inform the public of the business being conducted.

1 (Source: P.A. 97-318, eff. 1-1-12; 97-333, eff. 8-12-11;
2 97-452, eff. 8-19-11; 97-813, eff. 7-13-12; 97-876, eff.
3 8-1-12; 98-49, eff. 7-1-13; 98-63, eff. 7-9-13; 98-756, eff.
4 7-16-14; 98-1027, eff. 1-1-15; 98-1039, eff. 8-25-14; revised
5 10-1-14.)

6 Section 5-10. The State Employees Group Insurance Act of
7 1971 is amended by changing Section 6.11 as follows:

8 (5 ILCS 375/6.11)

9 Sec. 6.11. Required health benefits; Illinois Insurance
10 Code requirements. The program of health benefits shall provide
11 the post-mastectomy care benefits required to be covered by a
12 policy of accident and health insurance under Section 356t of
13 the Illinois Insurance Code. The program of health benefits
14 shall provide the coverage required under Sections 356g,
15 356g.5, 356g.5-1, 356m, 356u, 356w, 356x, 356z.2, 356z.4,
16 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,
17 356z.14, 356z.15, 356z.17, and 356z.22 of the Illinois
18 Insurance Code. The program of health benefits must comply with
19 Sections 155.22a, 155.37, 355b, ~~and~~ 356z.19, 370c, and 370c.1
20 of the Illinois Insurance Code.

21 Rulemaking authority to implement Public Act 95-1045, if
22 any, is conditioned on the rules being adopted in accordance
23 with all provisions of the Illinois Administrative Procedure
24 Act and all rules and procedures of the Joint Committee on

1 Administrative Rules; any purported rule not so adopted, for
2 whatever reason, is unauthorized.

3 (Source: P.A. 97-282, eff. 8-9-11; 97-343, eff. 1-1-12; 97-813,
4 eff. 7-13-12; 98-189, eff. 1-1-14; 98-1091, eff. 1-1-15.)

5 Section 5-15. The Alcoholism and Other Drug Abuse and
6 Dependency Act is amended by changing Section 5-23 and adding
7 Sections 5-24 and 20-20 as follows:

8 (20 ILCS 301/5-23)

9 Sec. 5-23. Drug Overdose Prevention Program.

10 (a) Reports of drug overdose.

11 (1) The Director of the Division of Alcoholism and
12 Substance Abuse shall ~~may~~ publish annually a report on drug
13 overdose trends statewide that reviews State death rates
14 from available data to ascertain changes in the causes or
15 rates of fatal and nonfatal drug overdose ~~for the preceding~~
16 ~~period of not less than 5 years~~. The report shall also
17 provide information on interventions that would be
18 effective in reducing the rate of fatal or nonfatal drug
19 overdose and shall include an analysis of drug overdose
20 information reported to the Department of Public Health
21 pursuant to subsection (e) of Section 3-3013 of the
22 Counties Code, Section 6.14g of the Hospital Licensing Act,
23 and subsection (j) of Section 22-30 of the School Code.

24 (2) The report may include:

1 (A) Trends in drug overdose death rates.

2 (B) Trends in emergency room utilization related
3 to drug overdose and the cost impact of emergency room
4 utilization.

5 (C) Trends in utilization of pre-hospital and
6 emergency services and the cost impact of emergency
7 services utilization.

8 (D) Suggested improvements in data collection.

9 (E) A description of other interventions effective
10 in reducing the rate of fatal or nonfatal drug
11 overdose.

12 (F) A description of efforts undertaken to educate
13 the public about unused medication and about how to
14 properly dispose of unused medication, including the
15 number of registered collection receptacles in this
16 State, mail-back programs, and drug take-back events.

17 (b) Programs; drug overdose prevention.

18 (1) The Director may establish a program to provide for
19 the production and publication, in electronic and other
20 formats, of drug overdose prevention, recognition, and
21 response literature. The Director may develop and
22 disseminate curricula for use by professionals,
23 organizations, individuals, or committees interested in
24 the prevention of fatal and nonfatal drug overdose,
25 including, but not limited to, drug users, jail and prison
26 personnel, jail and prison inmates, drug treatment

1 professionals, emergency medical personnel, hospital
2 staff, families and associates of drug users, peace
3 officers, firefighters, public safety officers, needle
4 exchange program staff, and other persons. In addition to
5 information regarding drug overdose prevention,
6 recognition, and response, literature produced by the
7 Department shall stress that drug use remains illegal and
8 highly dangerous and that complete abstinence from illegal
9 drug use is the healthiest choice. The literature shall
10 provide information and resources for substance abuse
11 treatment.

12 The Director may establish or authorize programs for
13 prescribing, dispensing, or distributing opioid
14 antagonists ~~naloxone hydrochloride or any other similarly~~
15 ~~acting and equally safe drug approved by the U.S. Food and~~
16 ~~Drug Administration~~ for the treatment of drug overdose.
17 Such programs may include the prescribing of opioid
18 antagonists ~~naloxone hydrochloride or any other similarly~~
19 ~~acting and equally safe drug approved by the U.S. Food and~~
20 ~~Drug Administration~~ for the treatment of drug overdose to a
21 person who is not at risk of opioid overdose but who, in
22 the judgment of the health care professional, may be in a
23 position to assist another individual during an
24 opioid-related drug overdose and who has received basic
25 instruction on how to administer an opioid antagonist ~~and~~
26 ~~education about administration by individuals who are not~~

1 ~~personally at risk of opioid overdose.~~

2 (2) The Director may provide advice to State and local
3 officials on the growing drug overdose crisis, including
4 the prevalence of drug overdose incidents, programs
5 promoting the disposal of unused prescription drugs,
6 trends in drug overdose incidents, and solutions to the
7 drug overdose crisis.

8 (c) Grants.

9 (1) The Director may award grants, in accordance with
10 this subsection, to create or support local drug overdose
11 prevention, recognition, and response projects. Local
12 health departments, correctional institutions, hospitals,
13 universities, community-based organizations, and
14 faith-based organizations may apply to the Department for a
15 grant under this subsection at the time and in the manner
16 the Director prescribes.

17 (2) In awarding grants, the Director shall consider the
18 necessity for overdose prevention projects in various
19 settings and shall encourage all grant applicants to
20 develop interventions that will be effective and viable in
21 their local areas.

22 (3) The Director shall give preference for grants to
23 proposals that, in addition to providing life-saving
24 interventions and responses, provide information to drug
25 users on how to access drug treatment or other strategies
26 for abstaining from illegal drugs. The Director shall give

1 preference to proposals that include one or more of the
2 following elements:

3 (A) Policies and projects to encourage persons,
4 including drug users, to call 911 when they witness a
5 potentially fatal drug overdose.

6 (B) Drug overdose prevention, recognition, and
7 response education projects in drug treatment centers,
8 outreach programs, and other organizations that work
9 with, or have access to, drug users and their families
10 and communities.

11 (C) Drug overdose recognition and response
12 training, including rescue breathing, in drug
13 treatment centers and for other organizations that
14 work with, or have access to, drug users and their
15 families and communities.

16 (D) The production and distribution of targeted or
17 mass media materials on drug overdose prevention and
18 response, the potential dangers of keeping unused
19 prescription drugs in the home, and methods to properly
20 dispose of unused prescription drugs.

21 (E) Prescription and distribution of opioid
22 antagonists ~~naloxone hydrochloride or any other~~
23 ~~similarly acting and equally safe drug approved by the~~
24 ~~U.S. Food and Drug Administration for the treatment of~~
25 ~~drug overdose.~~

26 (F) The institution of education and training

1 projects on drug overdose response and treatment for
2 emergency services and law enforcement personnel.

3 (G) A system of parent, family, and survivor
4 education and mutual support groups.

5 (4) In addition to moneys appropriated by the General
6 Assembly, the Director may seek grants from private
7 foundations, the federal government, and other sources to
8 fund the grants under this Section and to fund an
9 evaluation of the programs supported by the grants.

10 (d) Health care professional prescription of opioid
11 antagonists ~~drug overdose treatment medication~~.

12 (1) A health care professional who, acting in good
13 faith, directly or by standing order, prescribes or
14 dispenses an opioid antagonist ~~antidote~~ to: (a) a patient
15 who, in the judgment of the health care professional, is
16 capable of administering the drug in an emergency, or (b) a
17 person who is not at risk of opioid overdose but who, in
18 the judgment of the health care professional, may be in a
19 position to assist another individual during an
20 opioid-related drug overdose and who has received basic
21 instruction on how to administer an opioid antagonist shall
22 not, as a result of his or her acts or omissions, be
23 subject to: (i) any disciplinary or other adverse action
24 under the Medical Practice Act of 1987, the Physician
25 Assistant Practice Act of 1987, the Nurse Practice Act, the
26 Pharmacy Practice Act, or any other professional licensing

1 statute or (ii) any criminal liability, except for willful
2 and wanton misconduct.

3 (2) A person who is not otherwise licensed to
4 administer an opioid antagonist ~~antidote~~ may in an
5 emergency administer without fee an opioid antagonist
6 ~~antidote~~ if the person has received the patient information
7 specified in paragraph (4) of this subsection and believes
8 in good faith that another person is experiencing a drug
9 overdose. The person shall not, as a result of his or her
10 acts or omissions, be (i) liable for any violation of the
11 Medical Practice Act of 1987, the Physician Assistant
12 Practice Act of 1987, the Nurse Practice Act, the Pharmacy
13 Practice Act, or any other professional licensing statute,
14 or (ii) subject to any criminal prosecution or civil
15 liability, except for willful and wanton misconduct
16 ~~arising from or related to the unauthorized practice of~~
17 ~~medicine or the possession of an opioid antidote.~~

18 (3) A health care professional prescribing an opioid
19 antagonist ~~antidote~~ to a patient shall ensure that the
20 patient receives the patient information specified in
21 paragraph (4) of this subsection. Patient information may
22 be provided by the health care professional or a
23 community-based organization, substance abuse program, or
24 other organization with which the health care professional
25 establishes a written agreement that includes a
26 description of how the organization will provide patient

1 information, how employees or volunteers providing
2 information will be trained, and standards for documenting
3 the provision of patient information to patients.
4 Provision of patient information shall be documented in the
5 patient's medical record or through similar means as
6 determined by agreement between the health care
7 professional and the organization. The Director of the
8 Division of Alcoholism and Substance Abuse, in
9 consultation with statewide organizations representing
10 physicians, pharmacists, advanced practice nurses,
11 physician assistants, substance abuse programs, and other
12 interested groups, shall develop and disseminate to health
13 care professionals, community-based organizations,
14 substance abuse programs, and other organizations training
15 materials in video, electronic, or other formats to
16 facilitate the provision of such patient information.

17 (4) For the purposes of this subsection:

18 "Opioid antagonist antidote" means a drug that binds to
19 opioid receptors and blocks or inhibits the effect of
20 opioids acting on those receptors, including, but not
21 limited to naloxone hydrochloride or any other similarly
22 acting ~~and equally safe~~ drug approved by the U.S. Food and
23 Drug Administration ~~for the treatment of drug overdose~~.

24 "Health care professional" means a physician licensed
25 to practice medicine in all its branches, a physician
26 assistant who has been delegated prescriptive authority

1 ~~the prescription or dispensation of an opioid antidote~~ by
2 his or her supervising physician, an advanced practice
3 registered nurse who has a written collaborative agreement
4 with a collaborating physician that authorizes
5 prescriptive authority ~~the prescription or dispensation of~~
6 ~~an opioid antidote~~, or an advanced practice nurse or
7 physician assistant who practices in a hospital, hospital
8 affiliate, or ambulatory surgical treatment center and
9 possesses appropriate clinical privileges in accordance
10 with the Nurse Practice Act or a pharmacist licensed to
11 practice pharmacy under the Pharmacy Practice Act.

12 "Patient" includes a person who is not at risk of
13 opioid overdose but who, in the judgment of the physician,
14 may be in a position to assist another individual during an
15 overdose and who has received patient information as
16 required in paragraph (2) of this subsection on the
17 indications for and administration of an opioid antagonist
18 ~~antidote~~.

19 "Patient information" includes information provided to
20 the patient on drug overdose prevention and recognition;
21 how to perform rescue breathing and resuscitation; opioid
22 antagonist ~~antidote~~ dosage and administration; the
23 importance of calling 911; care for the overdose victim
24 after administration of the overdose antagonist ~~antidote~~;
25 and other issues as necessary.

26 (e) Drug overdose response policy.

1 (1) Every State and local government agency that
2 employs a law enforcement officer or fireman as those terms
3 are defined in the Line of Duty Compensation Act must
4 possess opioid antagonist and must establish a policy to
5 control the acquisition, storage, transportation, and
6 administration of such opioid antagonists and to provide
7 training in the administration of opioid antagonists. A
8 State or local government agency that employs a fireman as
9 defined in the Line of Duty Compensation Act but does not
10 respond to emergency medical calls or provide medical
11 services shall be exempt from this subsection.

12 (2) Every publicly or privately owned ambulance,
13 special emergency medical services vehicle, non-transport
14 vehicle, or ambulance assist vehicle, as described in the
15 Emergency Medical Services (EMS) Systems Act, which
16 responds to requests for emergency services or transports
17 patients between hospitals in emergency situations must
18 possess opioid antagonists.

19 (3) Entities that are required under paragraphs (1) and
20 (2) to possess opioid antagonists may also apply to the
21 Department for a grant to fund the acquisition of opioid
22 antagonists and training programs on the administration of
23 opioid antagonists.

24 (Source: P.A. 96-361, eff. 1-1-10.)

25 (20 ILCS 301/5-24 new)

1 Sec. 5-24. Opiate prescriptions; educational materials.
2 The Department shall develop educational materials to educate
3 holders of opiate prescriptions about the dangers of children
4 and teens gaining access to these medications. The materials
5 shall include information regarding the means by which the
6 abuse of opiate prescriptions can lead to the illegal use of
7 heroin. The Department shall also develop a method of
8 distribution for such educational materials.

9 (20 ILCS 301/20-20 new)

10 Sec. 20-20. Immunity from prosecution; drugs; public
11 education program. The Department shall develop and implement a
12 public education program to educate the public about the
13 provisions set forth in Section 414 of the Illinois Controlled
14 Substances Act granting immunity from prosecution for drug
15 overdose victims or persons seeking help for drug overdose
16 victims if the only evidence for the possession charge was
17 obtained as a result of the person seeking or obtaining
18 emergency medical assistance.

19 Section 5-20. The Department of Human Services Act is
20 amended by adding Section 10-80 as follows:

21 (20 ILCS 1305/10-80 new)

22 Sec. 10-80. Medication take-back program.

23 (a) The Illinois Environmental Protection Agency shall

1 establish, by rule, a medication take-back program to allow for
2 the collection and disposal of unused controlled substances.
3 The rules adopted under this Section must identify municipal
4 options that promote widespread collection of the unused
5 controlled substances in secure containers designated for the
6 collection and disposal of unused controlled substances and
7 through mail-back envelopes by January 1, 2017. Approved
8 drop-off sites and mail-back options will be published on
9 public websites to facilitate public awareness and
10 participation. Medications collected and disposed of under the
11 program shall include controlled substances approved for
12 collection by federal law. All medications collected and
13 disposed of under the program must be managed in accordance
14 with all applicable federal and State laws and regulations. The
15 program must allow individuals to dispose of unused controlled
16 substances at any State-identified drop-off collection site to
17 the extent allowed by federal law, and must provide the manner
18 by which such medications will be disposed of, in accordance
19 with federal and State laws.

20 (b) Within 180 days after the effective date of this
21 amendatory Act of the 99th General Assembly, the Department of
22 Public Health and the Illinois Environmental Protection Agency
23 shall develop a brochure on how to safely dispose of unused
24 medications. The brochure shall include information on
25 approved drop-off sites, medication take-back programs, and
26 self-disposal. This brochure shall be made available to all

1 pharmacies in the State at no cost. Every pharmacy shall
2 display the brochures and make them available to the public in
3 the area where medications are dispensed. Pharmacies shall also
4 display any posters the departments develop regarding local
5 take-back programs or collection events. These posters shall be
6 no larger than 8.5 x 11 inches.

7 Section 5-25. The Department of State Police Law is amended
8 by adding Section 2605-97 as follows:

9 (20 ILCS 2605/2605-97 new)

10 Sec. 2605-97. Training; opioid antagonists. The Department
11 shall conduct or approve a training program for State police
12 officers in the administration of opioid antagonists as defined
13 in paragraph (1) of subsection (e) of Section 5-23 of the
14 Alcoholism and Other Drug Abuse and Dependency Act that is in
15 accordance with that Section. As used in this Section 2605-97,
16 the term "State police officers" includes full-time or
17 part-time State troopers, police officers, investigators, or
18 any other employee of the Department exercising the powers of a
19 peace officer.

20 Section 5-30. The Illinois Criminal Justice Information
21 Act is amended by changing Section 9.3 as follows:

22 (20 ILCS 3930/9.3)

1 Sec. 9.3. The Prescription Pill and Drug Disposal Fund. The
2 Prescription Pill and Drug Disposal Fund is created as a
3 special fund in the State treasury. Moneys in the Fund shall be
4 used for grants by the Illinois Criminal Justice Information
5 Authority to local law enforcement agencies for the purpose of
6 facilitating the collection, transportation, and incineration
7 of pharmaceuticals from residential sources that are collected
8 and transported by law enforcement agencies under Section 17.9A
9 of the Environmental Protection Act; to municipalities or
10 organizations that establish containers designated for the
11 collection and disposal of unused controlled substances and
12 conduct collection of unused controlled substances through
13 mail-back programs; and for the publication or advertising of
14 collection events or mail-back programs conducted by
15 municipalities or organizations. Before awarding a grant from
16 this Fund but no later than July 1, 2016 ~~2012~~, the Authority
17 shall adopt rules that (i) specify the conditions under which
18 grants will be awarded from this Fund and (ii) otherwise
19 provide for the implementation and administration of the grant
20 program created by this Section. Interest attributable to
21 moneys in the Fund shall be paid into the Fund.

22 (Source: P.A. 97-545, eff. 1-1-12.)

23 Section 5-35. The State Finance Act is amended by adding
24 Section 5.866 as follows:

1 (30 ILCS 105/5.866 new)

2 Sec. 5.866. The Parity Education Fund.

3 Section 5-40. The Illinois Police Training Act is amended
4 by changing Section 7 and by adding Section 10.17 as follows:

5 (50 ILCS 705/7) (from Ch. 85, par. 507)

6 Sec. 7. Rules and standards for schools. The Board shall
7 adopt rules and minimum standards for such schools which shall
8 include but not be limited to the following:

9 a. The curriculum for probationary police officers which
10 shall be offered by all certified schools shall include but not
11 be limited to courses of arrest, search and seizure, civil
12 rights, human relations, cultural diversity, including racial
13 and ethnic sensitivity, criminal law, law of criminal
14 procedure, vehicle and traffic law including uniform and
15 non-discriminatory enforcement of the Illinois Vehicle Code,
16 traffic control and accident investigation, techniques of
17 obtaining physical evidence, court testimonies, statements,
18 reports, firearms training, training in the use of electronic
19 control devices, including the psychological and physiological
20 effects of the use of those devices on humans, first-aid
21 (including cardiopulmonary resuscitation), training in the
22 administration of opioid antagonists as defined in paragraph
23 (1) of subsection (e) of Section 5-23 of the Alcoholism and
24 Other Drug Abuse and Dependency Act, handling of juvenile

1 offenders, recognition of mental conditions which require
2 immediate assistance and methods to safeguard and provide
3 assistance to a person in need of mental treatment, recognition
4 of abuse, neglect, financial exploitation, and self-neglect of
5 adults with disabilities and older adults, as defined in
6 Section 2 of the Adult Protective Services Act, crimes against
7 the elderly, law of evidence, the hazards of high-speed police
8 vehicle chases with an emphasis on alternatives to the
9 high-speed chase, and physical training. The curriculum shall
10 include specific training in techniques for immediate response
11 to and investigation of cases of domestic violence and of
12 sexual assault of adults and children. The curriculum shall
13 include training in techniques designed to promote effective
14 communication at the initial contact with crime victims and
15 ways to comprehensively explain to victims and witnesses their
16 rights under the Rights of Crime Victims and Witnesses Act and
17 the Crime Victims Compensation Act. The curriculum shall also
18 include a block of instruction aimed at identifying and
19 interacting with persons with autism and other developmental
20 disabilities, reducing barriers to reporting crimes against
21 persons with autism, and addressing the unique challenges
22 presented by cases involving victims or witnesses with autism
23 and other developmental disabilities. The curriculum for
24 permanent police officers shall include but not be limited to
25 (1) refresher and in-service training in any of the courses
26 listed above in this subparagraph, (2) advanced courses in any

1 of the subjects listed above in this subparagraph, (3) training
2 for supervisory personnel, and (4) specialized training in
3 subjects and fields to be selected by the board. The training
4 in the use of electronic control devices shall be conducted for
5 probationary police officers, including University police
6 officers.

7 b. Minimum courses of study, attendance requirements and
8 equipment requirements.

9 c. Minimum requirements for instructors.

10 d. Minimum basic training requirements, which a
11 probationary police officer must satisfactorily complete
12 before being eligible for permanent employment as a local law
13 enforcement officer for a participating local governmental
14 agency. Those requirements shall include training in first aid
15 (including cardiopulmonary resuscitation).

16 e. Minimum basic training requirements, which a
17 probationary county corrections officer must satisfactorily
18 complete before being eligible for permanent employment as a
19 county corrections officer for a participating local
20 governmental agency.

21 f. Minimum basic training requirements which a
22 probationary court security officer must satisfactorily
23 complete before being eligible for permanent employment as a
24 court security officer for a participating local governmental
25 agency. The Board shall establish those training requirements
26 which it considers appropriate for court security officers and

1 shall certify schools to conduct that training.

2 A person hired to serve as a court security officer must
3 obtain from the Board a certificate (i) attesting to his or her
4 successful completion of the training course; (ii) attesting to
5 his or her satisfactory completion of a training program of
6 similar content and number of hours that has been found
7 acceptable by the Board under the provisions of this Act; or
8 (iii) attesting to the Board's determination that the training
9 course is unnecessary because of the person's extensive prior
10 law enforcement experience.

11 Individuals who currently serve as court security officers
12 shall be deemed qualified to continue to serve in that capacity
13 so long as they are certified as provided by this Act within 24
14 months of the effective date of this amendatory Act of 1996.
15 Failure to be so certified, absent a waiver from the Board,
16 shall cause the officer to forfeit his or her position.

17 All individuals hired as court security officers on or
18 after the effective date of this amendatory Act of 1996 shall
19 be certified within 12 months of the date of their hire, unless
20 a waiver has been obtained by the Board, or they shall forfeit
21 their positions.

22 The Sheriff's Merit Commission, if one exists, or the
23 Sheriff's Office if there is no Sheriff's Merit Commission,
24 shall maintain a list of all individuals who have filed
25 applications to become court security officers and who meet the
26 eligibility requirements established under this Act. Either

1 the Sheriff's Merit Commission, or the Sheriff's Office if no
2 Sheriff's Merit Commission exists, shall establish a schedule
3 of reasonable intervals for verification of the applicants'
4 qualifications under this Act and as established by the Board.

5 (Source: P.A. 97-815, eff. 1-1-13; 97-862, eff. 1-1-13; 98-49,
6 eff. 7-1-13; 98-358, eff. 1-1-14; 98-463, eff. 8-16-13; 98-756,
7 eff. 7-16-14.)

8 (50 ILCS 705/10.17 new)

9 Sec. 10.17. Training; administration of opioid
10 antagonists. The Board shall conduct or approve an in-service
11 training program for police officers in the administration of
12 opioid antagonists as defined in paragraph (1) of subsection
13 (e) of Section 5-23 of the Alcoholism and Other Drug Abuse and
14 Dependency Act that is in accordance with that Section. As used
15 in this Section 10.17, the term "police officers" includes
16 full-time or part-time probationary police officers, permanent
17 or part-time police officers, law enforcement officers,
18 recruits, permanent or probationary county corrections
19 officers, permanent or probationary county security officers,
20 and court security officers. The term does not include
21 auxiliary police officers as defined in Section 3.1-30-20 of
22 the Illinois Municipal Code.

23 Section 5-45. The Illinois Fire Protection Training Act is
24 amended by changing Section 8 and by adding Section 12.5 as

1 follows:

2 (50 ILCS 740/8) (from Ch. 85, par. 538)

3 Sec. 8. Rules and minimum standards for schools. The Office
4 shall adopt rules and minimum standards for such schools which
5 shall include but not be limited to the following:

6 a. Minimum courses of study, resources, facilities,
7 apparatus, equipment, reference material, established records
8 and procedures as determined by the Office.

9 b. Minimum requirements for instructors.

10 c. Minimum basic training requirements, which a trainee
11 must satisfactorily complete before being eligible for
12 permanent employment as a fire fighter in the fire department
13 of a participating local governmental agency. Those
14 requirements shall include training in first aid (including
15 cardiopulmonary resuscitation) and training in the
16 administration of opioid antagonists as defined in paragraph
17 (1) of subsection (e) of Section 5-23 of the Alcoholism and
18 Other Drug Abuse and Dependency Act.

19 (Source: P.A. 88-661, eff. 1-1-95.)

20 (50 ILCS 740/12.5 new)

21 Sec. 12.5. In-service training; opioid antagonists. The
22 Office shall distribute an in-service training program for fire
23 fighters in the administration of opioid antagonists as defined
24 in paragraph (1) of subsection (e) of Section 5-23 of the

1 Alcoholism and Other Drug Abuse and Dependency Act that is
2 developed by the Department of Human Services in accordance
3 with that Section. As used in this Section 12.5, the term "fire
4 fighters" includes full-time or part-time fire fighters, but
5 does not include auxiliary, reserve, or volunteer
6 firefighters.

7 Section 5-50. The Counties Code is amended by changing
8 Sections 3-3013 and 5-1069.3 as follows:

9 (55 ILCS 5/3-3013) (from Ch. 34, par. 3-3013)

10 Sec. 3-3013. Preliminary investigations; blood and urine
11 analysis; summoning jury; reports. Every coroner, whenever, as
12 soon as he knows or is informed that the dead body of any
13 person is found, or lying within his county, whose death is
14 suspected of being:

15 (a) A sudden or violent death, whether apparently
16 suicidal, homicidal or accidental, including but not
17 limited to deaths apparently caused or contributed to by
18 thermal, traumatic, chemical, electrical or radiational
19 injury, or a complication of any of them, or by drowning or
20 suffocation, or as a result of domestic violence as defined
21 in the Illinois Domestic Violence Act of 1986;

22 (b) A maternal or fetal death due to abortion, or any
23 death due to a sex crime or a crime against nature;

24 (c) A death where the circumstances are suspicious,

1 obscure, mysterious or otherwise unexplained or where, in
2 the written opinion of the attending physician, the cause
3 of death is not determined;

4 (d) A death where addiction to alcohol or to any drug
5 may have been a contributory cause; or

6 (e) A death where the decedent was not attended by a
7 licensed physician;

8 shall go to the place where the dead body is, and take charge
9 of the same and shall make a preliminary investigation into the
10 circumstances of the death. In the case of death without
11 attendance by a licensed physician the body may be moved with
12 the coroner's consent from the place of death to a mortuary in
13 the same county. Coroners in their discretion shall notify such
14 physician as is designated in accordance with Section 3-3014 to
15 attempt to ascertain the cause of death, either by autopsy or
16 otherwise.

17 In cases of accidental death involving a motor vehicle in
18 which the decedent was (1) the operator or a suspected operator
19 of a motor vehicle, or (2) a pedestrian 16 years of age or
20 older, the coroner shall require that a blood specimen of at
21 least 30 cc., and if medically possible a urine specimen of at
22 least 30 cc. or as much as possible up to 30 cc., be withdrawn
23 from the body of the decedent in a timely fashion after the
24 accident causing his death, by such physician as has been
25 designated in accordance with Section 3-3014, or by the coroner
26 or deputy coroner or a qualified person designated by such

1 physician, coroner, or deputy coroner. If the county does not
2 maintain laboratory facilities for making such analysis, the
3 blood and urine so drawn shall be sent to the Department of
4 State Police or any other accredited or State-certified
5 laboratory for analysis of the alcohol, carbon monoxide, and
6 dangerous or narcotic drug content of such blood and urine
7 specimens. Each specimen submitted shall be accompanied by
8 pertinent information concerning the decedent upon a form
9 prescribed by such laboratory. Any person drawing blood and
10 urine and any person making any examination of the blood and
11 urine under the terms of this Division shall be immune from all
12 liability, civil or criminal, that might otherwise be incurred
13 or imposed.

14 In all other cases coming within the jurisdiction of the
15 coroner and referred to in subparagraphs (a) through (e) above,
16 blood, and whenever possible, urine samples shall be analyzed
17 for the presence of alcohol and other drugs. When the coroner
18 suspects that drugs may have been involved in the death, either
19 directly or indirectly, a toxicological examination shall be
20 performed which may include analyses of blood, urine, bile,
21 gastric contents and other tissues. When the coroner suspects a
22 death is due to toxic substances, other than drugs, the coroner
23 shall consult with the toxicologist prior to collection of
24 samples. Information submitted to the toxicologist shall
25 include information as to height, weight, age, sex and race of
26 the decedent as well as medical history, medications used by

1 and the manner of death of decedent.

2 When the coroner or medical examiner finds that the cause
3 of death is due to homicidal means, the coroner or medical
4 examiner shall cause blood and buccal specimens (tissue may be
5 submitted if no uncontaminated blood or buccal specimen can be
6 obtained), whenever possible, to be withdrawn from the body of
7 the decedent in a timely fashion. Within 45 days after the
8 collection of the specimens, the coroner or medical examiner
9 shall deliver those specimens, dried, to the Illinois
10 Department of State Police, Division of Forensic Services, for
11 analysis and categorizing into genetic marker groupings to be
12 maintained by the Illinois Department of State Police in the
13 State central repository in the same manner, and subject to the
14 same conditions, as provided in Section 5-4-3 of the Unified
15 Code of Corrections. The requirements of this paragraph are in
16 addition to any other findings, specimens, or information that
17 the coroner or medical examiner is required to provide during
18 the conduct of a criminal investigation.

19 In all counties, in cases of apparent suicide, homicide, or
20 accidental death or in other cases, within the discretion of
21 the coroner, the coroner may summon 8 persons of lawful age
22 from those persons drawn for petit jurors in the county. The
23 summons shall command these persons to present themselves
24 personally at such a place and time as the coroner shall
25 determine, and may be in any form which the coroner shall
26 determine and may incorporate any reasonable form of request

1 for acknowledgement which the coroner deems practical and
2 provides a reliable proof of service. The summons may be served
3 by first class mail. From the 8 persons so summoned, the
4 coroner shall select 6 to serve as the jury for the inquest.
5 Inquests may be continued from time to time, as the coroner may
6 deem necessary. The 6 jurors selected in a given case may view
7 the body of the deceased. If at any continuation of an inquest
8 one or more of the original jurors shall be unable to continue
9 to serve, the coroner shall fill the vacancy or vacancies. A
10 juror serving pursuant to this paragraph shall receive
11 compensation from the county at the same rate as the rate of
12 compensation that is paid to petit or grand jurors in the
13 county. The coroner shall furnish to each juror without fee at
14 the time of his discharge a certificate of the number of days
15 in attendance at an inquest, and, upon being presented with
16 such certificate, the county treasurer shall pay to the juror
17 the sum provided for his services.

18 In counties which have a jury commission, in cases of
19 apparent suicide or homicide or of accidental death, the
20 coroner may conduct an inquest. The jury commission shall
21 provide at least 8 jurors to the coroner, from whom the coroner
22 shall select any 6 to serve as the jury for the inquest.
23 Inquests may be continued from time to time as the coroner may
24 deem necessary. The 6 jurors originally chosen in a given case
25 may view the body of the deceased. If at any continuation of an
26 inquest one or more of the 6 jurors originally chosen shall be

1 unable to continue to serve, the coroner shall fill the vacancy
2 or vacancies. At the coroner's discretion, additional jurors to
3 fill such vacancies shall be supplied by the jury commission. A
4 juror serving pursuant to this paragraph in such county shall
5 receive compensation from the county at the same rate as the
6 rate of compensation that is paid to petit or grand jurors in
7 the county.

8 In every case in which a fire is determined to be a
9 contributing factor in a death, the coroner shall report the
10 death to the Office of the State Fire Marshal. The coroner
11 shall provide a copy of the death certificate (i) within 30
12 days after filing the permanent death certificate and (ii) in a
13 manner that is agreed upon by the coroner and the State Fire
14 Marshal.

15 In every case in which a drug overdose is determined to be
16 the cause or a contributing factor in the death, the coroner or
17 medical examiner shall report the death to the Department of
18 Public Health. The Department of Public Health shall adopt
19 rules regarding specific information that must be reported in
20 the event of such a death. If possible, the coroner shall
21 report the cause of the overdose. As used in this Section,
22 "overdose" has the same meaning as it does in Section 414 of
23 the Illinois Controlled Substances Act. The Department of
24 Public Health shall issue a semiannual report to the General
25 Assembly summarizing the reports received. The Department
26 shall also provide on its website a monthly report of overdose

1 death figures organized by location, age, and any other
2 factors, the Department deems appropriate.

3 In addition, in every case in which domestic violence is
4 determined to be a contributing factor in a death, the coroner
5 shall report the death to the Department of State Police.

6 All deaths in State institutions and all deaths of wards of
7 the State in private care facilities or in programs funded by
8 the Department of Human Services under its powers relating to
9 mental health and developmental disabilities or alcoholism and
10 substance abuse or funded by the Department of Children and
11 Family Services shall be reported to the coroner of the county
12 in which the facility is located. If the coroner has reason to
13 believe that an investigation is needed to determine whether
14 the death was caused by maltreatment or negligent care of the
15 ward of the State, the coroner may conduct a preliminary
16 investigation of the circumstances of such death as in cases of
17 death under circumstances set forth in paragraphs (a) through
18 (e) of this Section.

19 (Source: P.A. 95-484, eff. 6-1-08; 96-1059, eff. 7-14-10.)

20 (55 ILCS 5/5-1069.3)

21 Sec. 5-1069.3. Required health benefits. If a county,
22 including a home rule county, is a self-insurer for purposes of
23 providing health insurance coverage for its employees, the
24 coverage shall include coverage for the post-mastectomy care
25 benefits required to be covered by a policy of accident and

1 health insurance under Section 356t and the coverage required
2 under Sections 356g, 356g.5, 356g.5-1, 356u, 356w, 356x,
3 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,
4 356z.14, 356z.15, and 356z.22 of the Illinois Insurance Code.
5 The coverage shall comply with Sections 155.22a, 355b, ~~and~~
6 356z.19, and 370c of the Illinois Insurance Code. The
7 requirement that health benefits be covered as provided in this
8 Section is an exclusive power and function of the State and is
9 a denial and limitation under Article VII, Section 6,
10 subsection (h) of the Illinois Constitution. A home rule county
11 to which this Section applies must comply with every provision
12 of this Section.

13 Rulemaking authority to implement Public Act 95-1045, if
14 any, is conditioned on the rules being adopted in accordance
15 with all provisions of the Illinois Administrative Procedure
16 Act and all rules and procedures of the Joint Committee on
17 Administrative Rules; any purported rule not so adopted, for
18 whatever reason, is unauthorized.

19 (Source: P.A. 97-282, eff. 8-9-11; 97-343, eff. 1-1-12; 97-813,
20 eff. 7-13-12; 98-189, eff. 1-1-14; 98-1091, eff. 1-1-15.)

21 Section 5-55. The Illinois Municipal Code is amended by
22 changing Section 10-4-2.3 as follows:

23 (65 ILCS 5/10-4-2.3)

24 Sec. 10-4-2.3. Required health benefits. If a

1 municipality, including a home rule municipality, is a
2 self-insurer for purposes of providing health insurance
3 coverage for its employees, the coverage shall include coverage
4 for the post-mastectomy care benefits required to be covered by
5 a policy of accident and health insurance under Section 356t
6 and the coverage required under Sections 356g, 356g.5,
7 356g.5-1, 356u, 356w, 356x, 356z.6, 356z.8, 356z.9, 356z.10,
8 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, and 356z.22 of the
9 Illinois Insurance Code. The coverage shall comply with
10 Sections 155.22a, 355b, ~~and~~ 356z.19, and 370c of the Illinois
11 Insurance Code. The requirement that health benefits be covered
12 as provided in this is an exclusive power and function of the
13 State and is a denial and limitation under Article VII, Section
14 6, subsection (h) of the Illinois Constitution. A home rule
15 municipality to which this Section applies must comply with
16 every provision of this Section.

17 Rulemaking authority to implement Public Act 95-1045, if
18 any, is conditioned on the rules being adopted in accordance
19 with all provisions of the Illinois Administrative Procedure
20 Act and all rules and procedures of the Joint Committee on
21 Administrative Rules; any purported rule not so adopted, for
22 whatever reason, is unauthorized.

23 (Source: P.A. 97-282, eff. 8-9-11; 97-343, eff. 1-1-12; 97-813,
24 eff. 7-13-12; 98-189, eff. 1-1-14; 98-1091, eff. 1-1-15.)

25 Section 5-60. The School Code is amended by changing

1 Section 22-30 and adding Section 22-80 as follows:

2 (105 ILCS 5/22-30)

3 Sec. 22-30. Self-administration and self-carry of asthma
4 medication and epinephrine auto-injectors; administration of
5 undesignated epinephrine auto-injectors; administration of an
6 opioid antagonist.

7 (a) For the purpose of this Section only, the following
8 terms shall have the meanings set forth below:

9 "Asthma inhaler" means a quick reliever asthma inhaler.

10 "Epinephrine auto-injector" means a single-use device used
11 for the automatic injection of a pre-measured dose of
12 epinephrine into the human body.

13 "Asthma medication" means a medicine, prescribed by (i) a
14 physician licensed to practice medicine in all its branches,
15 (ii) a physician assistant who has been delegated prescriptive
16 authority ~~the authority to prescribe asthma medications~~ by his
17 or her supervising physician, or (iii) an advanced practice
18 nurse who has a written collaborative agreement with a
19 collaborating physician that delegates prescriptive authority
20 ~~the authority to prescribe asthma medications~~, for a pupil that
21 pertains to the pupil's asthma and that has an individual
22 prescription label.

23 "Opioid antagonist" means a drug that binds to opioid
24 receptors and blocks or inhibits the effect of opioids acting
25 on those receptors, including, but not limited to, naloxone

1 hydrochloride or any other similarly acting drug approved by
2 the U.S. Food and Drug Administration.

3 "School nurse" means a registered nurse working in a school
4 with or without licensure endorsed in school nursing.

5 "Self-administration" means a pupil's discretionary use of
6 his or her prescribed asthma medication or epinephrine
7 auto-injector.

8 "Self-carry" means a pupil's ability to carry his or her
9 prescribed asthma medication or epinephrine auto-injector.

10 "Standing protocol" may be issued by (i) a physician
11 licensed to practice medicine in all its branches, (ii) a
12 physician assistant who has been delegated prescriptive
13 authority ~~the authority to prescribe asthma medications or~~
14 ~~epinephrine auto injectors~~ by his or her supervising
15 physician, or (iii) an advanced practice nurse who has a
16 collaborative agreement with a collaborating physician that
17 delegates prescriptive authority ~~to issue a standing protocol~~
18 ~~for asthma medications or epinephrine auto injectors.~~

19 "Trained personnel" means any school employee or volunteer
20 personnel authorized in Sections 10-22.34, 10-22.34a, and
21 10-22.34b of this Code who has completed training under
22 subsection (g) of this Section to recognize and respond to
23 anaphylaxis.

24 "Undesignated epinephrine auto-injector" means an
25 epinephrine auto-injector prescribed in the name of a school
26 district, public school, or nonpublic school.

1 (b) A school, whether public or nonpublic, must permit the
2 self-administration and self-carry of asthma medication by a
3 pupil with asthma or the self-administration and self-carry of
4 an epinephrine auto-injector by a pupil, provided that:

5 (1) the parents or guardians of the pupil provide to
6 the school (i) written authorization from the parents or
7 guardians for (A) the self-administration and self-carry
8 of asthma medication or (B) the self-carry of asthma
9 medication or (ii) for (A) the self-administration and
10 self-carry of an epinephrine auto-injector or (B) the
11 self-carry of an epinephrine auto-injector, written
12 authorization from the pupil's physician, physician
13 assistant, or advanced practice nurse; and

14 (2) the parents or guardians of the pupil provide to
15 the school (i) the prescription label, which must contain
16 the name of the asthma medication, the prescribed dosage,
17 and the time at which or circumstances under which the
18 asthma medication is to be administered, or (ii) for the
19 self-administration or self-carry of an epinephrine
20 auto-injector, a written statement from the pupil's
21 physician, physician assistant, or advanced practice nurse
22 containing the following information:

23 (A) the name and purpose of the epinephrine
24 auto-injector;

25 (B) the prescribed dosage; and

26 (C) the time or times at which or the special

1 circumstances under which the epinephrine
2 auto-injector is to be administered.

3 The information provided shall be kept on file in the office of
4 the school nurse or, in the absence of a school nurse, the
5 school's administrator.

6 (b-5) A school district, public school, or nonpublic school
7 may authorize the provision of a student-specific or
8 undesignated epinephrine auto-injector to a student or any
9 personnel authorized under a student's Individual Health Care
10 Action Plan, Illinois Food Allergy Emergency Action Plan and
11 Treatment Authorization Form, or plan pursuant to Section 504
12 of the federal Rehabilitation Act of 1973 to administer an
13 epinephrine auto-injector to the student, that meets the
14 student's prescription on file.

15 (b-10) The school district, public school, or nonpublic
16 school may authorize a school nurse or trained personnel to do
17 the following: (i) provide an undesignated epinephrine
18 auto-injector to a student for self-administration only or any
19 personnel authorized under a student's Individual Health Care
20 Action Plan, Illinois Food Allergy Emergency Action Plan and
21 Treatment Authorization Form, or plan pursuant to Section 504
22 of the federal Rehabilitation Act of 1973 to administer to the
23 student, that meets the student's prescription on file; (ii)
24 administer an undesignated epinephrine auto-injector that
25 meets the prescription on file to any student who has an
26 Individual Health Care Action Plan, Illinois Food Allergy

1 Emergency Action Plan and Treatment Authorization Form, or plan
2 pursuant to Section 504 of the federal Rehabilitation Act of
3 1973 that authorizes the use of an epinephrine auto-injector;
4 ~~and~~ (iii) administer an undesignated epinephrine auto-injector
5 to any person that the school nurse or trained personnel in
6 good faith believes is having an anaphylactic reaction; and
7 (iv) administer an opioid antagonist to any person that the
8 school nurse or trained personnel in good faith believes is
9 having an opioid overdose.

10 (c) The school district, public school, or nonpublic school
11 must inform the parents or guardians of the pupil, in writing,
12 that the school district, public school, or nonpublic school
13 and its employees and agents, including a physician, physician
14 assistant, or advanced practice nurse providing standing
15 protocol or prescription for school epinephrine
16 auto-injectors, are to incur no liability or professional
17 discipline, except for willful and wanton conduct, as a result
18 of any injury arising from the administration of asthma
19 medication, ~~or of~~ an epinephrine auto-injector, or an opioid
20 antagonist regardless of whether authorization was given by the
21 pupil's parents or guardians or by the pupil's physician,
22 physician assistant, or advanced practice nurse. The parents or
23 guardians of the pupil must sign a statement acknowledging that
24 the school district, public school, or nonpublic school and its
25 employees and agents are to incur no liability, except for
26 willful and wanton conduct, as a result of any injury arising

1 from the administration of asthma medication, ~~or of~~ an
2 epinephrine auto-injector, or an opioid antagonist regardless
3 of whether authorization was given by the pupil's parents or
4 guardians or by the pupil's physician, physician assistant, or
5 advanced practice nurse and that the parents or guardians must
6 indemnify and hold harmless the school district, public school,
7 or nonpublic school and its employees and agents against any
8 claims, except a claim based on willful and wanton conduct,
9 arising out of the administration of asthma medication, ~~or of~~
10 an epinephrine auto-injector, or an opioid antagonist
11 regardless of whether authorization was given by the pupil's
12 parents or guardians or by the pupil's physician, physician
13 assistant, or advanced practice nurse.

14 (c-5) When ~~Upon the effective date of this amendatory Act~~
15 ~~of the 98th General Assembly, when~~ a school nurse or trained
16 personnel administers an undesignated epinephrine
17 auto-injector to a person whom the school nurse or trained
18 personnel in good faith believes is having an anaphylactic
19 reaction, or administers an opioid antagonist to a person whom
20 the school nurse or trained personnel in good faith believes is
21 having an opioid overdose, notwithstanding the lack of notice
22 to the parents or guardians of the pupil or the absence of the
23 parents or guardians signed statement acknowledging no
24 liability, except for willful and wanton conduct, the school
25 district, public school, or nonpublic school and its employees
26 and agents, and a physician, a physician assistant, or an

1 advanced practice nurse providing standing protocol or
2 prescription for undesignated epinephrine auto-injectors, are
3 to incur no liability or professional discipline, except for
4 willful and wanton conduct, as a result of any injury arising
5 from the use of an undesignated epinephrine auto-injector or
6 the use of an opioid antagonist regardless of whether
7 authorization was given by the pupil's parents or guardians or
8 by the pupil's physician, physician assistant, or advanced
9 practice nurse.

10 (d) The permission for self-administration and self-carry
11 of asthma medication or the self-administration and self-carry
12 of an epinephrine auto-injector is effective for the school
13 year for which it is granted and shall be renewed each
14 subsequent school year upon fulfillment of the requirements of
15 this Section.

16 (e) Provided that the requirements of this Section are
17 fulfilled, a pupil with asthma may self-administer and
18 self-carry his or her asthma medication or a pupil may
19 self-administer and self-carry an epinephrine auto-injector
20 (i) while in school, (ii) while at a school-sponsored activity,
21 (iii) while under the supervision of school personnel, or (iv)
22 before or after normal school activities, such as while in
23 before-school or after-school care on school-operated
24 property.

25 (e-5) Provided that the requirements of this Section are
26 fulfilled, a school nurse or trained personnel may administer

1 an undesignated epinephrine auto-injector to any person whom
2 the school nurse or trained personnel in good faith believes to
3 be having an anaphylactic reaction (i) while in school, (ii)
4 while at a school-sponsored activity, (iii) while under the
5 supervision of school personnel, or (iv) before or after normal
6 school activities, such as while in before-school or
7 after-school care on school-operated property. A school nurse
8 or trained personnel may carry undesignated epinephrine
9 auto-injectors on his or her person while in school or at a
10 school-sponsored activity.

11 (e-10) Provided that the requirements of this Section are
12 fulfilled, a school nurse or trained personnel may administer
13 an opioid antagonist to any person whom the school nurse or
14 trained personnel in good faith believes to be having an opioid
15 overdose (i) while in school, (ii) while at a school-sponsored
16 activity, (iii) while under the supervision of school
17 personnel, or (iv) before or after normal school activities,
18 such as while in before-school or after-school care on
19 school-operated property. A school nurse or trained personnel
20 may carry an opioid antagonist on their person while in school
21 or at a school-sponsored activity.

22 (f) The school district, public school, or nonpublic school
23 may maintain a supply of undesignated epinephrine
24 auto-injectors in any secure location where an allergic person
25 is most at risk, including, but not limited to, classrooms and
26 lunchrooms. A physician, a physician assistant who has been

1 delegated prescriptive authority ~~for asthma medication or~~
2 ~~epinephrine auto-injectors~~ in accordance with Section 7.5 of
3 the Physician Assistant Practice Act of 1987, or an advanced
4 practice nurse who has been delegated prescriptive authority
5 ~~for asthma medication or epinephrine auto injectors~~ in
6 accordance with Section 65-40 of the Nurse Practice Act may
7 prescribe undesignated epinephrine auto-injectors in the name
8 of the school district, public school, or nonpublic school to
9 be maintained for use when necessary. Any supply of epinephrine
10 auto-injectors shall be maintained in accordance with the
11 manufacturer's instructions.

12 The school district, public school, or nonpublic school may
13 maintain a supply of an opioid antagonist in any secure
14 location where an individual may have an opioid overdose. A
15 health care professional who has been delegated prescriptive
16 authority for opioid antagonists in accordance with Section
17 5-23 of the Alcoholism and Other Drug Abuse and Dependency Act
18 may prescribe opioid antagonists in the name of the school
19 district, public school, or nonpublic school, to be maintained
20 for use when necessary. Any supply of opioid antagonists shall
21 be maintained in accordance with the manufacturer's
22 instructions.

23 (f-5) Upon any administration of an epinephrine
24 auto-injector, a school district, public school, or nonpublic
25 school must immediately activate the EMS system and notify the
26 student's parent, guardian, or emergency contact, if known.

1 Upon any administration of an opioid antagonist, a school
2 district, public school, or nonpublic school must immediately
3 activate the EMS system and notify the student's parent,
4 guardian, or emergency contact, if known.

5 (f-10) Within 24 hours of the administration of an
6 undesignated epinephrine auto-injector, a school district,
7 public school, or nonpublic school must notify the physician,
8 physician assistant, or advance practice nurse who provided the
9 standing protocol or prescription for the undesignated
10 epinephrine auto-injector of its use.

11 Within 24 hours after the administration of an opioid
12 antagonist, a school district, public school, or nonpublic
13 school must notify the health care professional who provided
14 the prescription for the opioid antagonist of its use.

15 (g) Prior to the administration of an undesignated
16 epinephrine auto-injector, trained personnel must submit to
17 his or her school's administration proof of completion of a
18 training curriculum to recognize and respond to anaphylaxis
19 that meets the requirements of subsection (h) of this Section.
20 Training must be completed annually. Trained personnel must
21 also submit to his or her school's administration proof of
22 cardiopulmonary resuscitation and automated external
23 defibrillator certification. The school district, public
24 school, or nonpublic school must maintain records related to
25 the training curriculum and trained personnel.

26 Prior to the administration of an opioid antagonist,

1 trained personnel must submit to their school's administration
2 proof of completion of a training curriculum to recognize and
3 respond to an opioid overdose, which curriculum must meet the
4 requirements of subsection (h-5) of this Section. Training must
5 be completed annually. Trained personnel must also submit to
6 the school's administration proof of cardiopulmonary
7 resuscitation and automated external defibrillator
8 certification. The school district, public school, or
9 nonpublic school must maintain records relating to the training
10 curriculum and the trained personnel.

11 (h) A training curriculum to recognize and respond to
12 anaphylaxis, including the administration of an undesignated
13 epinephrine auto-injector, may be conducted online or in
14 person. It must include, but is not limited to:

- 15 (1) how to recognize symptoms of an allergic reaction;
- 16 (2) a review of high-risk areas within the school and
17 its related facilities;
- 18 (3) steps to take to prevent exposure to allergens;
- 19 (4) how to respond to an emergency involving an
20 allergic reaction;
- 21 (5) how to administer an epinephrine auto-injector;
- 22 (6) how to respond to a student with a known allergy as
23 well as a student with a previously unknown allergy;
- 24 (7) a test demonstrating competency of the knowledge
25 required to recognize anaphylaxis and administer an
26 epinephrine auto-injector; and

1 (8) other criteria as determined in rules adopted
2 pursuant to this Section.

3 In consultation with statewide professional organizations
4 representing physicians licensed to practice medicine in all of
5 its branches, registered nurses, and school nurses, the State
6 Board of Education shall make available resource materials
7 consistent with criteria in this subsection (h) for educating
8 trained personnel to recognize and respond to anaphylaxis. The
9 State Board may take into consideration the curriculum on this
10 subject developed by other states, as well as any other
11 curricular materials suggested by medical experts and other
12 groups that work on life-threatening allergy issues. The State
13 Board is not required to create new resource materials. The
14 State Board shall make these resource materials available on
15 its Internet website.

16 (h-5) A training curriculum to recognize and respond to an
17 opioid overdose, including the administration of an opioid
18 antagonist, may be conducted online or in person. The training
19 must comply with any training requirements under Section 5-23
20 of the Alcoholism and Other Drug Abuse and Dependency Act and
21 the corresponding rules. It must include, but is not limited
22 to:

23 (1) how to recognize symptoms of an opioid overdose;

24 (2) information on drug overdose prevention and
25 recognition;

26 (3) how to perform rescue breathing and resuscitation;

1 (4) how to respond to an emergency involving an opioid
2 overdose;

3 (5) opioid antagonist dosage and administration;

4 (6) the importance of calling 911;

5 (7) care for the overdose victim after administration
6 of the overdose antagonist;

7 (8) a test demonstrating competency of the knowledge
8 required to recognize an opioid overdose and administer a
9 dose of an opioid antagonist; and

10 (9) other criteria as determined in rules adopted
11 pursuant to this Section.

12 (i) Within 3 days after the administration of an
13 undesigned epinephrine auto-injector by a school nurse,
14 trained personnel, or a student at a school or school-sponsored
15 activity, the school must report to the Board in a form and
16 manner prescribed by the Board the following information:

17 (1) age and type of person receiving epinephrine
18 (student, staff, visitor);

19 (2) any previously known diagnosis of a severe allergy;

20 (3) trigger that precipitated allergic episode;

21 (4) location where symptoms developed;

22 (5) number of doses administered;

23 (6) type of person administering epinephrine (school
24 nurse, trained personnel, student); and

25 (7) any other information required by the Board.

26 (i-5) Within 3 days after the administration of an opioid

1 antagonist by a school nurse or trained personnel, the school
2 must report to the Board, in a form and manner prescribed by
3 the Board, the following information:

4 (1) the age and type of person receiving the opioid
5 antagonist (student, staff, or visitor);

6 (2) the location where symptoms developed;

7 (3) the type of person administering the opioid
8 antagonist (school nurse or trained personnel); and

9 (4) any other information required by the Board.

10 (j) By October 1, 2015 and every year thereafter, the Board
11 shall submit a report to the General Assembly identifying the
12 frequency and circumstances of epinephrine administration
13 during the preceding academic year. This report shall be
14 published on the Board's Internet website on the date the
15 report is delivered to the General Assembly.

16 On or before October 1, 2016 and every year thereafter, the
17 Board shall submit a report to the General Assembly and the
18 Department of Public Health identifying the frequency and
19 circumstances of opioid antagonist administration during the
20 preceding academic year. This report shall be published on the
21 State Board's Internet website on the date the report is
22 delivered to the General Assembly.

23 (k) The Board may adopt rules necessary to implement this
24 Section.

25 (Source: P.A. 97-361, eff. 8-15-11; 98-795, eff. 8-1-14.)

1 (105 ILCS 5/22-80 new)

2 Sec. 22-80. Heroin and opioid prevention pilot program. By
3 January 1, 2017, the State Board of Education and the
4 Department of Human Services shall develop and establish a
5 3-year heroin and opioid drug prevention pilot program that
6 offers educational materials and instruction on heroin and
7 opioid abuse to all school districts in the State for use at
8 their respective public elementary and secondary schools. A
9 school district's participation in the pilot program shall be
10 voluntary. If a school district decides to participate in the
11 pilot program, the Department of Human Services shall reimburse
12 the school district for any costs the school district incurs in
13 connection with its participation in the pilot program. Each
14 school district that participates in the pilot program shall
15 have the discretion to determine which grade levels the school
16 district will instruct under the program.

17 The pilot program must use effective, research-proven,
18 interactive teaching methods and technologies, and must
19 provide students, parents, and school staff with scientific,
20 social, and emotional learning content to help them understand
21 the risk of drug use. Such learning content must specifically
22 target the dangers of prescription pain medication and heroin
23 abuse. The Department may contract with a health education
24 organization to fulfill the requirements of the pilot program.

25 The State Board of Education, the Department of Human
26 Services, and any contracted organization shall submit an

1 annual report to the General Assembly that includes: (i) a list
2 of school districts participating in the pilot program; (ii)
3 the grade levels each school district instructs under the pilot
4 program; and (iii) any findings regarding the effectiveness of
5 the pilot program.

6 Section 5-65. The Emergency Medical Services (EMS) Systems
7 Act is amended by changing Sections 3.30 and 3.50 as follows:

8 (210 ILCS 50/3.30)

9 Sec. 3.30. EMS Region Plan; Content.

10 (a) The EMS Medical Directors Committee shall address at
11 least the following:

12 (1) Protocols for inter-System/inter-Region patient
13 transports, including identifying the conditions of
14 emergency patients which may not be transported to the
15 different levels of emergency department, based on their
16 Department classifications and relevant Regional
17 considerations (e.g. transport times and distances);

18 (2) Regional standing medical orders;

19 (3) Patient transfer patterns, including criteria for
20 determining whether a patient needs the specialized
21 services of a trauma center, along with protocols for the
22 bypassing of or diversion to any hospital, trauma center or
23 regional trauma center which are consistent with
24 individual System bypass or diversion protocols and

1 protocols for patient choice or refusal;

2 (4) Protocols for resolving Regional or Inter-System
3 conflict;

4 (5) An EMS disaster preparedness plan which includes
5 the actions and responsibilities of all EMS participants
6 within the Region. Within 90 days of the effective date of
7 this amendatory Act of 1996, an EMS System shall submit to
8 the Department for review an internal disaster plan. At a
9 minimum, the plan shall include contingency plans for the
10 transfer of patients to other facilities if an evacuation
11 of the hospital becomes necessary due to a catastrophe,
12 including but not limited to, a power failure;

13 (6) Regional standardization of continuing education
14 requirements;

15 (7) Regional standardization of Do Not Resuscitate
16 (DNR) policies, and protocols for power of attorney for
17 health care;

18 (8) Protocols for disbursement of Department grants ~~+~~
19 ~~and~~

20 (9) Protocols for the triage, treatment, and transport
21 of possible acute stroke patients; and ~~+~~

22 (10) Regional standing medical orders for the
23 administration of opioid antagonists.

24 (b) The Trauma Center Medical Directors or Trauma Center
25 Medical Directors Committee shall address at least the
26 following:

- 1 (1) The identification of Regional Trauma Centers;
- 2 (2) Protocols for inter-System and inter-Region trauma
3 patient transports, including identifying the conditions
4 of emergency patients which may not be transported to the
5 different levels of emergency department, based on their
6 Department classifications and relevant Regional
7 considerations (e.g. transport times and distances);
- 8 (3) Regional trauma standing medical orders;
- 9 (4) Trauma patient transfer patterns, including
10 criteria for determining whether a patient needs the
11 specialized services of a trauma center, along with
12 protocols for the bypassing of or diversion to any
13 hospital, trauma center or regional trauma center which are
14 consistent with individual System bypass or diversion
15 protocols and protocols for patient choice or refusal;
- 16 (5) The identification of which types of patients can
17 be cared for by Level I and Level II Trauma Centers;
- 18 (6) Criteria for inter-hospital transfer of trauma
19 patients;
- 20 (7) The treatment of trauma patients in each trauma
21 center within the Region;
- 22 (8) A program for conducting a quarterly conference
23 which shall include at a minimum a discussion of morbidity
24 and mortality between all professional staff involved in
25 the care of trauma patients;
- 26 (9) The establishment of a Regional trauma quality

1 assurance and improvement subcommittee, consisting of
2 trauma surgeons, which shall perform periodic medical
3 audits of each trauma center's trauma services, and forward
4 tabulated data from such reviews to the Department; and

5 (10) The establishment, within 90 days of the effective
6 date of this amendatory Act of 1996, of an internal
7 disaster plan, which shall include, at a minimum,
8 contingency plans for the transfer of patients to other
9 facilities if an evacuation of the hospital becomes
10 necessary due to a catastrophe, including but not limited
11 to, a power failure.

12 (c) The Region's EMS Medical Directors and Trauma Center
13 Medical Directors Committees shall appoint any subcommittees
14 which they deem necessary to address specific issues concerning
15 Region activities.

16 (Source: P.A. 96-514, eff. 1-1-10.)

17 (210 ILCS 50/3.50)

18 Sec. 3.50. Emergency Medical Services personnel licensure
19 levels.

20 (a) "Emergency Medical Technician" or "EMT" means a person
21 who has successfully completed a course in basic life support
22 as approved by the Department, is currently licensed by the
23 Department in accordance with standards prescribed by this Act
24 and rules adopted by the Department pursuant to this Act, and
25 practices within an EMS System. A valid Emergency Medical

1 Technician-Basic (EMT-B) license issued under this Act shall
2 continue to be valid and shall be recognized as an Emergency
3 Medical Technician (EMT) license until the Emergency Medical
4 Technician-Basic (EMT-B) license expires.

5 (b) "Emergency Medical Technician-Intermediate" or "EMT-I"
6 means a person who has successfully completed a course in
7 intermediate life support as approved by the Department, is
8 currently licensed by the Department in accordance with
9 standards prescribed by this Act and rules adopted by the
10 Department pursuant to this Act, and practices within an
11 Intermediate or Advanced Life Support EMS System.

12 (b-5) "Advanced Emergency Medical Technician" or "A-EMT"
13 means a person who has successfully completed a course in basic
14 and limited advanced emergency medical care as approved by the
15 Department, is currently licensed by the Department in
16 accordance with standards prescribed by this Act and rules
17 adopted by the Department pursuant to this Act, and practices
18 within an Intermediate or Advanced Life Support EMS System.

19 (c) "Paramedic (EMT-P)" means a person who has successfully
20 completed a course in advanced life support care as approved by
21 the Department, is licensed by the Department in accordance
22 with standards prescribed by this Act and rules adopted by the
23 Department pursuant to this Act, and practices within an
24 Advanced Life Support EMS System. A valid Emergency Medical
25 Technician-Paramedic (EMT-P) license issued under this Act
26 shall continue to be valid and shall be recognized as a

1 Paramedic license until the Emergency Medical
2 Technician-Paramedic (EMT-P) license expires.

3 (c-5) "Emergency Medical Responder" or "EMR (First
4 Responder)" means a person who has successfully completed a
5 course in emergency medical response as approved by the
6 Department and provides emergency medical response services
7 prior to the arrival of an ambulance or specialized emergency
8 medical services vehicle, in accordance with the level of care
9 established by the National EMS Educational Standards
10 Emergency Medical Responder course as modified by the
11 Department. An Emergency Medical Responder who provides
12 services as part of an EMS System response plan shall comply
13 with the applicable sections of the Program Plan, as approved
14 by the Department, of that EMS System. The Department shall
15 have the authority to adopt rules governing the curriculum,
16 practice, and necessary equipment applicable to Emergency
17 Medical Responders.

18 On the effective date of this amendatory Act of the 98th
19 General Assembly, a person who is licensed by the Department as
20 a First Responder and has completed a Department-approved
21 course in first responder defibrillator training based on, or
22 equivalent to, the National EMS Educational Standards or other
23 standards previously recognized by the Department shall be
24 eligible for licensure as an Emergency Medical Responder upon
25 meeting the licensure requirements and submitting an
26 application to the Department. A valid First Responder license

1 issued under this Act shall continue to be valid and shall be
2 recognized as an Emergency Medical Responder license until the
3 First Responder license expires.

4 (c-10) All EMS Systems and licensees shall be fully
5 compliant with the National EMS Education Standards, as
6 modified by the Department in administrative rules, within 24
7 months after the adoption of the administrative rules.

8 (d) The Department shall have the authority and
9 responsibility to:

10 (1) Prescribe education and training requirements,
11 which includes training in the use of epinephrine, for all
12 levels of EMS personnel except for EMRs, based on the
13 National EMS Educational Standards and any modifications
14 to those curricula specified by the Department through
15 rules adopted pursuant to this Act.

16 (2) Prescribe licensure testing requirements for all
17 levels of EMS personnel, which shall include a requirement
18 that all phases of instruction, training, and field
19 experience be completed before taking the appropriate
20 licensure examination. Candidates may elect to take the
21 appropriate National Registry examination in lieu of the
22 Department's examination, but are responsible for making
23 their own arrangements for taking the National Registry
24 examination. In prescribing licensure testing requirements
25 for honorably discharged members of the armed forces of the
26 United States under this paragraph (2), the Department

1 shall ensure that a candidate's military emergency medical
2 training, emergency medical curriculum completed, and
3 clinical experience, as described in paragraph (2.5), are
4 recognized.

5 (2.5) Review applications for EMS personnel licensure
6 from honorably discharged members of the armed forces of
7 the United States with military emergency medical
8 training. Applications shall be filed with the Department
9 within one year after military discharge and shall contain:

10 (i) proof of successful completion of military emergency
11 medical training; (ii) a detailed description of the
12 emergency medical curriculum completed; and (iii) a
13 detailed description of the applicant's clinical
14 experience. The Department may request additional and
15 clarifying information. The Department shall evaluate the
16 application, including the applicant's training and
17 experience, consistent with the standards set forth under
18 subsections (a), (b), (c), and (d) of Section 3.10. If the
19 application clearly demonstrates that the training and
20 experience meets such standards, the Department shall
21 offer the applicant the opportunity to successfully
22 complete a Department-approved EMS personnel examination
23 for the level of license for which the applicant is
24 qualified. Upon passage of an examination, the Department
25 shall issue a license, which shall be subject to all
26 provisions of this Act that are otherwise applicable to the

1 level of EMS personnel license issued.

2 (3) License individuals as an EMR, EMT, EMT-I, A-EMT,
3 or Paramedic who have met the Department's education,
4 training and examination requirements.

5 (4) Prescribe annual continuing education and
6 relicensure requirements for all EMS personnel licensure
7 levels.

8 (5) Relicense individuals as an EMD, EMR, EMT, EMT-I,
9 A-EMT, or Paramedic every 4 years, based on their
10 compliance with continuing education and relicensure
11 requirements as required by the Department pursuant to this
12 Act. Every 4 years, a Paramedic shall have 100 hours of
13 approved continuing education, an EMT-I and an advanced EMT
14 shall have 80 hours of approved continuing education, and
15 an EMT shall have 60 hours of approved continuing
16 education. An Illinois licensed EMR, EMD, EMT, EMT-I,
17 A-EMT, Paramedic, ECRN, or PHRN whose license has been
18 expired for less than 36 months may apply for reinstatement
19 by the Department. Reinstatement shall require that the
20 applicant (i) submit satisfactory proof of completion of
21 continuing medical education and clinical requirements to
22 be prescribed by the Department in an administrative rule;
23 (ii) submit a positive recommendation from an Illinois EMS
24 Medical Director attesting to the applicant's
25 qualifications for retesting; and (iii) pass a Department
26 approved test for the level of EMS personnel license sought

1 to be reinstated.

2 (6) Grant inactive status to any EMR, EMD, EMT, EMT-I,
3 A-EMT, Paramedic, ECRN, or PHRN who qualifies, based on
4 standards and procedures established by the Department in
5 rules adopted pursuant to this Act.

6 (7) Charge a fee for EMS personnel examination,
7 licensure, and license renewal.

8 (8) Suspend, revoke, or refuse to issue or renew the
9 license of any licensee, after an opportunity for an
10 impartial hearing before a neutral administrative law
11 judge appointed by the Director, where the preponderance of
12 the evidence shows one or more of the following:

13 (A) The licensee has not met continuing education
14 or relicensure requirements as prescribed by the
15 Department;

16 (B) The licensee has failed to maintain
17 proficiency in the level of skills for which he or she
18 is licensed;

19 (C) The licensee, during the provision of medical
20 services, engaged in dishonorable, unethical, or
21 unprofessional conduct of a character likely to
22 deceive, defraud, or harm the public;

23 (D) The licensee has failed to maintain or has
24 violated standards of performance and conduct as
25 prescribed by the Department in rules adopted pursuant
26 to this Act or his or her EMS System's Program Plan;

1 (E) The licensee is physically impaired to the
2 extent that he or she cannot physically perform the
3 skills and functions for which he or she is licensed,
4 as verified by a physician, unless the person is on
5 inactive status pursuant to Department regulations;

6 (F) The licensee is mentally impaired to the extent
7 that he or she cannot exercise the appropriate
8 judgment, skill and safety for performing the
9 functions for which he or she is licensed, as verified
10 by a physician, unless the person is on inactive status
11 pursuant to Department regulations;

12 (G) The licensee has violated this Act or any rule
13 adopted by the Department pursuant to this Act; or

14 (H) The licensee has been convicted (or entered a
15 plea of guilty or nolo-contendere) by a court of
16 competent jurisdiction of a Class X, Class 1, or Class
17 2 felony in this State or an out-of-state equivalent
18 offense.

19 (9) Prescribe education and training requirements in
20 the administration and use of opioid antagonists for all
21 levels of EMS personnel based on the National EMS
22 Educational Standards and any modifications to those
23 curricula specified by the Department through rules
24 adopted pursuant to this Act.

25 (d-5) An EMR, EMD, EMT, EMT-I, A-EMT, Paramedic, ECRN, or
26 PHRN who is a member of the Illinois National Guard or an

1 Illinois State Trooper or who exclusively serves as a volunteer
2 for units of local government with a population base of less
3 than 5,000 or as a volunteer for a not-for-profit organization
4 that serves a service area with a population base of less than
5 5,000 may submit an application to the Department for a waiver
6 of the fees described under paragraph (7) of subsection (d) of
7 this Section on a form prescribed by the Department.

8 The education requirements prescribed by the Department
9 under this Section must allow for the suspension of those
10 requirements in the case of a member of the armed services or
11 reserve forces of the United States or a member of the Illinois
12 National Guard who is on active duty pursuant to an executive
13 order of the President of the United States, an act of the
14 Congress of the United States, or an order of the Governor at
15 the time that the member would otherwise be required to fulfill
16 a particular education requirement. Such a person must fulfill
17 the education requirement within 6 months after his or her
18 release from active duty.

19 (e) In the event that any rule of the Department or an EMS
20 Medical Director that requires testing for drug use as a
21 condition of the applicable EMS personnel license conflicts
22 with or duplicates a provision of a collective bargaining
23 agreement that requires testing for drug use, that rule shall
24 not apply to any person covered by the collective bargaining
25 agreement.

26 (Source: P.A. 97-333, eff. 8-12-11; 97-509, eff. 8-23-11;

1 97-813, eff. 7-13-12; 97-1014, eff. 1-1-13; 98-53, eff. 1-1-14;
2 98-463, eff. 8-16-13; 98-973, eff. 8-15-14.)

3 Section 5-70. The Hospital Licensing Act is amended by
4 adding Section 6.14g as follows:

5 (210 ILCS 85/6.14g new)

6 Sec. 6.14g. Reports to the Department; opioid overdoses.

7 (a) As used in this Section:

8 "Overdose" has the same meaning as provided in Section 414
9 of the Illinois Controlled Substances Act.

10 "Health care professional" includes a physician licensed
11 to practice medicine in all its branches, a physician
12 assistant, or an advanced practice nurse licensed in the State.

13 (b) When treatment is provided in a hospital's emergency
14 department, a health care professional who treats a drug
15 overdose or Hospital administrator or designee shall report the
16 case to the Department of Public Health within 48 hours of
17 providing treatment for the drug overdose or at such time the
18 drug overdose is confirmed. The Department shall by rule create
19 a form for this purpose which requires the following
20 information, if known: (1) whether an opioid antagonist was
21 administered; (2) the cause of the overdose; and (3) the
22 demographic information of the person treated. The Department
23 shall create the form with input from the statewide association
24 representing a majority of hospitals in Illinois. The person

1 completing the form may not disclose the name, address, or any
2 other personal information of the individual experiencing the
3 overdose.

4 (c) The identity of the person and entity reporting under
5 this subsection shall not be disclosed to the subject of the
6 report. For the purposes of this subsection, the health care
7 professional, hospital administrator, or designee making the
8 report and his or her employer shall not be held criminally,
9 civilly, or professionally liable for reporting under this
10 subsection, except for willful or wanton misconduct.

11 (d) The Department shall provide a semiannual report to the
12 General Assembly summarizing the reports received. The
13 Department shall also provide on its website a monthly report
14 of drug overdose figures. The figures shall be organized by the
15 overdose location, the age of the victim, the cause of the
16 overdose, and any other factors the Department deems
17 appropriate.

18 Section 5-75. The Illinois Insurance Code is amended by
19 changing Sections 352, 370c, and 370c.1 and by adding Section
20 356z.23 as follows:

21 (215 ILCS 5/352) (from Ch. 73, par. 964)

22 Sec. 352. Scope of Article.

23 (a) Except as provided in subsections (b), (c), (d), and
24 (e), this Article shall apply to all companies transacting in

1 this State the kinds of business enumerated in clause (b) of
2 Class 1 and clause (a) of Class 2 of section 4. Nothing in this
3 Article shall apply to, or in any way affect policies or
4 contracts described in clause (a) of Class 1 of Section 4;
5 however, this Article shall apply to policies and contracts
6 which contain benefits providing reimbursement for the
7 expenses of long term health care which are certified or
8 ordered by a physician including but not limited to
9 professional nursing care, custodial nursing care, and
10 non-nursing custodial care provided in a nursing home or at a
11 residence of the insured.

12 (b) (Blank). ~~This Article does not apply to policies of~~
13 ~~accident and health insurance issued in compliance with Article~~
14 ~~XIXB of this Code.~~

15 (c) A policy issued and delivered in this State that
16 provides coverage under that policy for certificate holders who
17 are neither residents of nor employed in this State does not
18 need to provide to those nonresident certificate holders who
19 are not employed in this State the coverages or services
20 mandated by this Article.

21 (d) Stop-loss insurance is exempt from all Sections of this
22 Article, except this Section and Sections 353a, 354, 357.30,
23 and 370. For purposes of this exemption, stop-loss insurance is
24 further defined as follows:

25 (1) The policy must be issued to and insure an
26 employer, trustee, or other sponsor of the plan, or the

1 plan itself, but not employees, members, or participants.

2 (2) Payments by the insurer must be made to the
3 employer, trustee, or other sponsors of the plan, or the
4 plan itself, but not to the employees, members,
5 participants, or health care providers.

6 (e) A policy issued or delivered in this State to the
7 Department of Healthcare and Family Services (formerly
8 Illinois Department of Public Aid) and providing coverage,
9 under clause (b) of Class 1 or clause (a) of Class 2 as
10 described in Section 4, to persons who are enrolled under
11 Article V of the Illinois Public Aid Code or under the
12 Children's Health Insurance Program Act is exempt from all
13 restrictions, limitations, standards, rules, or regulations
14 respecting benefits imposed by or under authority of this Code,
15 except those specified by subsection (1) of Section 143,
16 Section 370c, and Section 370c.1. Nothing in this subsection,
17 however, affects the total medical services available to
18 persons eligible for medical assistance under the Illinois
19 Public Aid Code.

20 (Source: P.A. 95-331, eff. 8-21-07.)

21 (215 ILCS 5/356z.23 new)

22 Sec. 356z.23. Coverage for opioid antagonists.

23 (a) An individual or group policy of accident and health
24 insurance amended, delivered, issued, or renewed in this State
25 after the effective date of this amendatory Act of the 99th

1 General Assembly that provides coverage for prescription drugs
2 must provide coverage for at least one opioid antagonist,
3 including the medication product, administration devices, and
4 any pharmacy administration fees related to the dispensing of
5 the opioid antagonist. This coverage must include refills for
6 expired or utilized opioid antagonists.

7 (b) As used in this Section, "opioid antagonist" means a
8 drug that binds to opioid receptors and blocks or inhibits the
9 effect of opioids acting on those receptors, including, but not
10 limited to, naloxone hydrochloride or any other similarly
11 acting drug approved by the U.S. Food and Drug Administration.

12 (215 ILCS 5/370c) (from Ch. 73, par. 982c)

13 Sec. 370c. Mental and emotional disorders.

14 (a) (1) On and after the effective date of this amendatory
15 Act of the 97th General Assembly, every insurer which amends,
16 delivers, issues, or renews group accident and health policies
17 providing coverage for hospital or medical treatment or
18 services for illness on an expense-incurred basis shall offer
19 to the applicant or group policyholder subject to the insurer's
20 standards of insurability, coverage for reasonable and
21 necessary treatment and services for mental, emotional or
22 nervous disorders or conditions, other than serious mental
23 illnesses as defined in item (2) of subsection (b), consistent
24 with the parity requirements of Section 370c.1 of this Code.

25 (2) Each insured that is covered for mental, emotional,

1 nervous, or substance use disorders or conditions shall be free
2 to select the physician licensed to practice medicine in all
3 its branches, licensed clinical psychologist, licensed
4 clinical social worker, licensed clinical professional
5 counselor, licensed marriage and family therapist, licensed
6 speech-language pathologist, or other licensed or certified
7 professional at a program licensed pursuant to the Illinois
8 Alcoholism and Other Drug Abuse and Dependency Act of his
9 choice to treat such disorders, and the insurer shall pay the
10 covered charges of such physician licensed to practice medicine
11 in all its branches, licensed clinical psychologist, licensed
12 clinical social worker, licensed clinical professional
13 counselor, licensed marriage and family therapist, licensed
14 speech-language pathologist, or other licensed or certified
15 professional at a program licensed pursuant to the Illinois
16 Alcoholism and Other Drug Abuse and Dependency Act up to the
17 limits of coverage, provided (i) the disorder or condition
18 treated is covered by the policy, and (ii) the physician,
19 licensed psychologist, licensed clinical social worker,
20 licensed clinical professional counselor, licensed marriage
21 and family therapist, licensed speech-language pathologist, or
22 other licensed or certified professional at a program licensed
23 pursuant to the Illinois Alcoholism and Other Drug Abuse and
24 Dependency Act is authorized to provide said services under the
25 statutes of this State and in accordance with accepted
26 principles of his profession.

1 (3) Insofar as this Section applies solely to licensed
2 clinical social workers, licensed clinical professional
3 counselors, licensed marriage and family therapists, licensed
4 speech-language pathologists, and other licensed or certified
5 professionals at programs licensed pursuant to the Illinois
6 Alcoholism and Other Drug Abuse and Dependency Act, those
7 persons who may provide services to individuals shall do so
8 after the licensed clinical social worker, licensed clinical
9 professional counselor, licensed marriage and family
10 therapist, licensed speech-language pathologist, or other
11 licensed or certified professional at a program licensed
12 pursuant to the Illinois Alcoholism and Other Drug Abuse and
13 Dependency Act has informed the patient of the desirability of
14 the patient conferring with the patient's primary care
15 physician and the licensed clinical social worker, licensed
16 clinical professional counselor, licensed marriage and family
17 therapist, licensed speech-language pathologist, or other
18 licensed or certified professional at a program licensed
19 pursuant to the Illinois Alcoholism and Other Drug Abuse and
20 Dependency Act has provided written notification to the
21 patient's primary care physician, if any, that services are
22 being provided to the patient. That notification may, however,
23 be waived by the patient on a written form. Those forms shall
24 be retained by the licensed clinical social worker, licensed
25 clinical professional counselor, licensed marriage and family
26 therapist, licensed speech-language pathologist, or other

1 licensed or certified professional at a program licensed
2 pursuant to the Illinois Alcoholism and Other Drug Abuse and
3 Dependency Act for a period of not less than 5 years.

4 (b) (1) An insurer that provides coverage for hospital or
5 medical expenses under a group policy of accident and health
6 insurance or health care plan amended, delivered, issued, or
7 renewed on or after the effective date of this amendatory Act
8 of the 97th General Assembly shall provide coverage under the
9 policy for treatment of serious mental illness and substance
10 use disorders consistent with the parity requirements of
11 Section 370c.1 of this Code. This subsection does not apply to
12 any group policy of accident and health insurance or health
13 care plan for any plan year of a small employer as defined in
14 Section 5 of the Illinois Health Insurance Portability and
15 Accountability Act.

16 (2) "Serious mental illness" means the following
17 psychiatric illnesses as defined in the most current edition of
18 the Diagnostic and Statistical Manual (DSM) published by the
19 American Psychiatric Association:

20 (A) schizophrenia;

21 (B) paranoid and other psychotic disorders;

22 (C) bipolar disorders (hypomanic, manic, depressive,
23 and mixed);

24 (D) major depressive disorders (single episode or
25 recurrent);

26 (E) schizoaffective disorders (bipolar or depressive);

- 1 (F) pervasive developmental disorders;
- 2 (G) obsessive-compulsive disorders;
- 3 (H) depression in childhood and adolescence;
- 4 (I) panic disorder;
- 5 (J) post-traumatic stress disorders (acute, chronic,
- 6 or with delayed onset); and
- 7 (K) anorexia nervosa and bulimia nervosa.

8 (2.5) "Substance use disorder" means the following mental
9 disorders as defined in the most current edition of the
10 Diagnostic and Statistical Manual (DSM) published by the
11 American Psychiatric Association:

- 12 (A) substance abuse disorders;
- 13 (B) substance dependence disorders; and
- 14 (C) substance induced disorders.

15 (3) Unless otherwise prohibited by federal law and
16 consistent with the parity requirements of Section 370c.1 of
17 this Code, the reimbursing insurer, a provider of treatment of
18 serious mental illness or substance use disorder shall furnish
19 medical records or other necessary data that substantiate that
20 initial or continued treatment is at all times medically
21 necessary. An insurer shall provide a mechanism for the timely
22 review by a provider holding the same license and practicing in
23 the same specialty as the patient's provider, who is
24 unaffiliated with the insurer, jointly selected by the patient
25 (or the patient's next of kin or legal representative if the
26 patient is unable to act for himself or herself), the patient's

1 provider, and the insurer in the event of a dispute between the
2 insurer and patient's provider regarding the medical necessity
3 of a treatment proposed by a patient's provider. If the
4 reviewing provider determines the treatment to be medically
5 necessary, the insurer shall provide reimbursement for the
6 treatment. Future contractual or employment actions by the
7 insurer regarding the patient's provider may not be based on
8 the provider's participation in this procedure. Nothing
9 prevents the insured from agreeing in writing to continue
10 treatment at his or her expense. When making a determination of
11 the medical necessity for a treatment modality for serious
12 mental illness or substance use disorder, an insurer must make
13 the determination in a manner that is consistent with the
14 manner used to make that determination with respect to other
15 diseases or illnesses covered under the policy, including an
16 appeals process. Medical necessity determinations for
17 substance use disorders shall be made in accordance with
18 appropriate patient placement criteria established by the
19 American Society of Addiction Medicine. No additional criteria
20 may be used to make medical necessity determinations for
21 substance use disorders.

22 (4) A group health benefit plan amended, delivered, issued,
23 or renewed on or after the effective date of this amendatory
24 Act of the 97th General Assembly:

25 (A) shall provide coverage based upon medical
26 necessity for the treatment of mental illness and substance

1 use disorders consistent with the parity requirements of
2 Section 370c.1 of this Code; provided, however, that in
3 each calendar year coverage shall not be less than the
4 following:

5 (i) 45 days of inpatient treatment; and

6 (ii) beginning on June 26, 2006 (the effective date
7 of Public Act 94-921), 60 visits for outpatient
8 treatment including group and individual outpatient
9 treatment; and

10 (iii) for plans or policies delivered, issued for
11 delivery, renewed, or modified after January 1, 2007
12 (the effective date of Public Act 94-906), 20
13 additional outpatient visits for speech therapy for
14 treatment of pervasive developmental disorders that
15 will be in addition to speech therapy provided pursuant
16 to item (ii) of this subparagraph (A); and

17 (B) may not include a lifetime limit on the number of
18 days of inpatient treatment or the number of outpatient
19 visits covered under the plan.

20 (C) (Blank).

21 (5) An issuer of a group health benefit plan may not count
22 toward the number of outpatient visits required to be covered
23 under this Section an outpatient visit for the purpose of
24 medication management and shall cover the outpatient visits
25 under the same terms and conditions as it covers outpatient
26 visits for the treatment of physical illness.

1 (5.5) An individual or group health benefit plan amended,
2 delivered, issued, or renewed on or after the effective date of
3 this amendatory Act of the 99th General Assembly shall offer
4 coverage for medically necessary acute treatment services and
5 medically necessary clinical stabilization services. The
6 treating provider shall base all treatment recommendations and
7 the health benefit plan shall base all medical necessity
8 determinations for substance use disorders in accordance with
9 the most current edition of the American Society of Addiction
10 Medicine Patient Placement Criteria.

11 As used in this subsection:

12 "Acute treatment services" means 24-hour medically
13 supervised addiction treatment that provides evaluation and
14 withdrawal management and may include biopsychosocial
15 assessment, individual and group counseling, psychoeducational
16 groups, and discharge planning.

17 "Clinical stabilization services" means 24-hour treatment,
18 usually following acute treatment services for substance
19 abuse, which may include intensive education and counseling
20 regarding the nature of addiction and its consequences, relapse
21 prevention, outreach to families and significant others, and
22 aftercare planning for individuals beginning to engage in
23 recovery from addiction.

24 (6) An issuer of a group health benefit plan may provide or
25 offer coverage required under this Section through a managed
26 care plan.

1 (7) (Blank).

2 (8) (Blank).

3 (9) With respect to substance use disorders, coverage for
4 inpatient treatment shall include coverage for treatment in a
5 residential treatment center licensed by the Department of
6 Public Health or the Department of Human Services, ~~Division of~~
7 ~~Alcoholism and Substance Abuse.~~

8 (c) This Section shall not be interpreted to require
9 coverage for speech therapy or other habilitative services for
10 those individuals covered under Section 356z.15 of this Code.

11 (d) The Department shall enforce the requirements of State
12 and federal parity law, which includes ensuring compliance by
13 individual and group policies; detecting violations of the law
14 by individual and group policies proactively monitoring
15 discriminatory practices; accepting, evaluating, and
16 responding to complaints regarding such violations; and
17 ensuring violations are appropriately remedied and deterred.
18 The Department shall adopt rules with detailed standards
19 ensuring plan compliance.

20 (e) Availability of plan information.

21 (1) The criteria for medical necessity determinations
22 made under a group health plan with respect to mental
23 health or substance use disorder benefits (or health
24 insurance coverage offered in connection with the plan with
25 respect to such benefits) must be made available by the
26 plan administrator (or the health insurance issuer

1 offering such coverage) to any current or potential
2 participant, beneficiary, or contracting provider upon
3 request.

4 (2) The reason for any denial under a group health plan
5 (or health insurance coverage offered in connection with
6 such plan) of reimbursement or payment for services with
7 respect to mental health or substance use disorder benefits
8 in the case of any participant or beneficiary must be made
9 available within a reasonable time and in a reasonable
10 manner by the plan administrator (or the health insurance
11 issuer offering such coverage) to the participant or
12 beneficiary upon request.

13 (f) As used in this Section, "group policy of accident and
14 health insurance" and "group health benefit plan" includes (1)
15 State-regulated employer-sponsored group health insurance
16 plans written in Illinois; (2) Illinois Medicaid managed care
17 organization plans covering individuals enrolled in any of
18 Illinois' Medicaid managed care entity models, including
19 managed care community networks, independent physician
20 associations, accountable care entities, and care coordination
21 entities as of the date they begin receiving full-risk
22 capitated payments from the State; (3) State employee health
23 plans; and (4) local government health plans.

24 (Source: P.A. 96-328, eff. 8-11-09; 96-1000, eff. 7-2-10;
25 97-437, eff. 8-18-11.)

1 (215 ILCS 5/370c.1)

2 Sec. 370c.1. Mental health and addiction parity.

3 (a) On and after the effective date of this amendatory Act
4 of the 99th General Assembly ~~this amendatory Act of the 97th~~
5 ~~General Assembly~~, every insurer that amends, delivers, issues,
6 or renews a group or individual policy of accident and health
7 insurance or a qualified health plan offered through the Health
8 Insurance Marketplace ~~policy of accident and health insurance~~
9 in this State providing coverage for hospital or medical
10 treatment and for the treatment of mental, emotional, nervous,
11 or substance use disorders or conditions shall ensure that:

12 (1) the financial requirements applicable to such
13 mental, emotional, nervous, or substance use disorder or
14 condition benefits are no more restrictive than the
15 predominant financial requirements applied to
16 substantially all hospital and medical benefits covered by
17 the policy and that there are no separate cost-sharing
18 requirements that are applicable only with respect to
19 mental, emotional, nervous, or substance use disorder or
20 condition benefits; and

21 (2) the treatment limitations applicable to such
22 mental, emotional, nervous, or substance use disorder or
23 condition benefits are no more restrictive than the
24 predominant treatment limitations applied to substantially
25 all hospital and medical benefits covered by the policy and
26 that there are no separate treatment limitations that are

1 applicable only with respect to mental, emotional,
2 nervous, or substance use disorder or condition benefits.

3 (b) The following provisions shall apply concerning
4 aggregate lifetime limits:

5 (1) In the case of a group or individual policy of
6 accident and health insurance or a qualified health plan
7 offered through the Health Insurance Marketplace ~~policy of~~
8 ~~accident and health insurance~~ amended, delivered, issued,
9 or renewed in this State on or after the effective date of
10 this amendatory Act of the 99th General Assembly ~~this~~
11 ~~amendatory Act of the 97th General Assembly~~ that provides
12 coverage for hospital or medical treatment and for the
13 treatment of mental, emotional, nervous, or substance use
14 disorders or conditions the following provisions shall
15 apply:

16 (A) if the policy does not include an aggregate
17 lifetime limit on substantially all hospital and
18 medical benefits, then the policy may not impose any
19 aggregate lifetime limit on mental, emotional,
20 nervous, or substance use disorder or condition
21 benefits; or

22 (B) if the policy includes an aggregate lifetime
23 limit on substantially all hospital and medical
24 benefits (in this subsection referred to as the
25 "applicable lifetime limit"), then the policy shall
26 either:

1 (i) apply the applicable lifetime limit both
2 to the hospital and medical benefits to which it
3 otherwise would apply and to mental, emotional,
4 nervous, or substance use disorder or condition
5 benefits and not distinguish in the application of
6 the limit between the hospital and medical
7 benefits and mental, emotional, nervous, or
8 substance use disorder or condition benefits; or

9 (ii) not include any aggregate lifetime limit
10 on mental, emotional, nervous, or substance use
11 disorder or condition benefits that is less than
12 the applicable lifetime limit.

13 (2) In the case of a policy that is not described in
14 paragraph (1) of subsection (b) of this Section and that
15 includes no or different aggregate lifetime limits on
16 different categories of hospital and medical benefits, the
17 Director shall establish rules under which subparagraph
18 (B) of paragraph (1) of subsection (b) of this Section is
19 applied to such policy with respect to mental, emotional,
20 nervous, or substance use disorder or condition benefits by
21 substituting for the applicable lifetime limit an average
22 aggregate lifetime limit that is computed taking into
23 account the weighted average of the aggregate lifetime
24 limits applicable to such categories.

25 (c) The following provisions shall apply concerning annual
26 limits:

1 (1) In the case of a group or individual policy of
2 accident and health insurance or a qualified health plan
3 offered through the Health Insurance Marketplace ~~policy of~~
4 ~~accident and health insurance~~ amended, delivered, issued,
5 or renewed in this State on or after the effective date of
6 this amendatory Act of the 99th General Assembly ~~this~~
7 ~~amendatory Act of the 97th General Assembly~~ that provides
8 coverage for hospital or medical treatment and for the
9 treatment of mental, emotional, nervous, or substance use
10 disorders or conditions the following provisions shall
11 apply:

12 (A) if the policy does not include an annual limit
13 on substantially all hospital and medical benefits,
14 then the policy may not impose any annual limits on
15 mental, emotional, nervous, or substance use disorder
16 or condition benefits; or

17 (B) if the policy includes an annual limit on
18 substantially all hospital and medical benefits (in
19 this subsection referred to as the "applicable annual
20 limit"), then the policy shall either:

21 (i) apply the applicable annual limit both to
22 the hospital and medical benefits to which it
23 otherwise would apply and to mental, emotional,
24 nervous, or substance use disorder or condition
25 benefits and not distinguish in the application of
26 the limit between the hospital and medical

1 benefits and mental, emotional, nervous, or
2 substance use disorder or condition benefits; or

3 (ii) not include any annual limit on mental,
4 emotional, nervous, or substance use disorder or
5 condition benefits that is less than the
6 applicable annual limit.

7 (2) In the case of a policy that is not described in
8 paragraph (1) of subsection (c) of this Section and that
9 includes no or different annual limits on different
10 categories of hospital and medical benefits, the Director
11 shall establish rules under which subparagraph (B) of
12 paragraph (1) of subsection (c) of this Section is applied
13 to such policy with respect to mental, emotional, nervous,
14 or substance use disorder or condition benefits by
15 substituting for the applicable annual limit an average
16 annual limit that is computed taking into account the
17 weighted average of the annual limits applicable to such
18 categories.

19 (d) With respect to substance use disorders, an insurer
20 shall use policies and procedures for the election and
21 placement of substance abuse treatment drugs on their formulary
22 that are no less favorable to the insured as those policies and
23 procedures the insurer uses for the selection and placement of
24 other drugs and shall follow the expedited coverage
25 determination requirements for substance abuse treatment drugs
26 set forth in Section 45.2 of the Managed Care Reform and

1 Patient Rights Act.

2 (e) ~~(d)~~ This Section shall be interpreted in a manner
3 consistent with all applicable federal parity regulations
4 including, but not limited to, the Mental Health Parity and
5 Addiction Equity Act of 2008 at 78 FR 68240. ~~the interim final~~
6 ~~regulations promulgated by the U.S. Department of Health and~~
7 ~~Human Services at 75 FR 5410, including the prohibition against~~
8 ~~applying a cumulative financial requirement or cumulative~~
9 ~~quantitative treatment limitation for mental, emotional,~~
10 ~~nervous, or substance use disorder benefits that accumulates~~
11 ~~separately from any cumulative financial requirement or~~
12 ~~cumulative quantitative treatment limitation established for~~
13 ~~hospital and medical benefits in the same classification.~~

14 (f) ~~(e)~~ The provisions of subsections (b) and (c) of this
15 Section shall not be interpreted to allow the use of lifetime
16 or annual limits otherwise prohibited by State or federal law.

17 ~~(f) This Section shall not apply to individual health~~
18 ~~insurance coverage as defined in Section 5 of the Illinois~~
19 ~~Health Insurance Portability and Accountability Act.~~

20 (g) As used in this Section:

21 "Financial requirement" includes deductibles, copayments,
22 coinsurance, and out-of-pocket maximums, but does not include
23 an aggregate lifetime limit or an annual limit subject to
24 subsections (b) and (c).

25 "Treatment limitation" includes limits on benefits based
26 on the frequency of treatment, number of visits, days of

1 coverage, days in a waiting period, or other similar limits on
2 the scope or duration of treatment. "Treatment limitation"
3 includes both quantitative treatment limitations, which are
4 expressed numerically (such as 50 outpatient visits per year),
5 and nonquantitative treatment limitations, which otherwise
6 limit the scope or duration of treatment. A permanent exclusion
7 of all benefits for a particular condition or disorder shall
8 not be considered a treatment limitation. "Nonquantitative
9 treatment" means those limitations as described under federal
10 regulations (26 CFR 54.9812-1).

11 (h) The Department of Insurance shall implement the
12 following education initiatives:

13 (1) By January 1, 2016, the Department shall develop a
14 plan for a Consumer Education Campaign on parity. The
15 Consumer Education Campaign shall focus its efforts
16 throughout the State and include trainings in the northern,
17 southern, and central regions of the State, as defined by
18 the Department, as well as each of the 5 managed care
19 regions of the State as identified by the Department of
20 Healthcare and Family Services. Under this Consumer
21 Education Campaign, the Department shall: (1) by January 1,
22 2017, provide at least one live training in each region on
23 parity for consumers and providers and one webinar training
24 to be posted on the Department website and (2) establish a
25 consumer hotline to assist consumers in navigating the
26 parity process by March 1, 2016. By January 1, 2018 the

1 Department shall issue a report to the General Assembly on
2 the success of the Consumer Education Campaign, which shall
3 indicate whether additional training is necessary or would
4 be recommended.

5 (2) The Department, in coordination with the
6 Department of Human Services and the Department of
7 Healthcare and Family Services, shall convene a working
8 group of health care insurance carriers, mental health
9 advocacy groups, substance abuse patient advocacy groups,
10 and mental health physician groups for the purpose of
11 discussing issues related to the treatment and coverage of
12 substance abuse disorders and mental illness. The working
13 group shall meet once before January 1, 2016 and shall meet
14 semiannually thereafter. The Department shall issue an
15 annual report to the General Assembly that includes a list
16 of the health care insurance carriers, mental health
17 advocacy groups, substance abuse patient advocacy groups,
18 and mental health physician groups that participated in the
19 working group meetings, details on the issues and topics
20 covered, and any legislative recommendations.

21 (i) The Parity Education Fund is created as a special fund
22 in the State treasury. Moneys deposited into the Fund for
23 appropriation by the General Assembly to the Department of
24 Insurance shall be used for the purpose of providing financial
25 support of the Consumer Education Campaign.

26 (Source: P.A. 97-437, eff. 8-18-11.)

1 Section 5-80. The Health Carrier External Review Act is
2 amended by changing Sections 20 and 35 as follows:

3 (215 ILCS 180/20)

4 Sec. 20. Notice of right to external review.

5 (a) At the same time the health carrier sends written
6 notice of a covered person's right to appeal a coverage
7 decision upon an adverse determination or a final adverse
8 determination, a health carrier shall notify a covered person,
9 the covered person's authorized representative, if any, and a
10 covered person's health care provider in writing of the covered
11 person's right to request an external review as provided by
12 this Act. The written notice required shall include the
13 following, or substantially equivalent, language: "We have
14 denied your request for the provision of or payment for a
15 health care service or course of treatment. You have the right
16 to have our decision reviewed by an independent review
17 organization not associated with us by submitting a written
18 request for an external review to the Department of Insurance,
19 Office of Consumer Health Information, 320 West Washington
20 Street, 4th Floor, Springfield, Illinois, 62767.". The written
21 notice shall include a copy of the Department's Request for
22 External Review form.

23 (a-5) The Department may prescribe the form and content of
24 the notice required under this Section.

1 (b) In addition to the notice required in subsection (a),
2 for a notice related to an adverse determination, the health
3 carrier shall include a statement informing the covered person
4 of all of the following:

5 (1) If the covered person has a medical condition where
6 the timeframe for completion of (A) an expedited internal
7 review of an appeal involving an adverse determination, (B)
8 a final adverse determination, or (C) a standard external
9 review as established in this Act, would seriously
10 jeopardize the life or health of the covered person or
11 would jeopardize the covered person's ability to regain
12 maximum function, then the covered person or the covered
13 person's authorized representative may file a request for
14 an expedited external review.

15 (2) The covered person or the covered person's
16 authorized representative may file an appeal under the
17 health carrier's internal appeal process, but if the health
18 carrier has not issued a written decision to the covered
19 person or the covered person's authorized representative
20 30 days following the date the covered person or the
21 covered person's authorized representative files an appeal
22 of an adverse determination that involves a concurrent or
23 prospective review request or 60 days following the date
24 the covered person or the covered person's authorized
25 representative files an appeal of an adverse determination
26 that involves a retrospective review request with the

1 health carrier and the covered person or the covered
2 person's authorized representative has not requested or
3 agreed to a delay, then the covered person or the covered
4 person's authorized representative may file a request for
5 external review and shall be considered to have exhausted
6 the health carrier's internal appeal process for purposes
7 of this Act.

8 (3) If the covered person or the covered person's
9 authorized representative filed a request for an expedited
10 internal review of an adverse determination and has not
11 received a decision on such request from the health carrier
12 within 48 hours, except to the extent the covered person or
13 the covered person's authorized representative requested
14 or agreed to a delay, then the covered person or the
15 covered person's authorized representative may file a
16 request for external review and shall be considered to have
17 exhausted the health carrier's internal appeal process for
18 the purposes of this Act.

19 (4) If an adverse determination concerns a denial of
20 coverage based on a determination that the recommended or
21 requested health care service or treatment is experimental
22 or investigational and the covered person's health care
23 provider certifies in writing that the recommended or
24 requested health care service or treatment that is the
25 subject of the request would be significantly less
26 effective if not promptly initiated, then the covered

1 person or the covered person's authorized representative
2 may request an expedited external review at the same time
3 the covered person or the covered person's authorized
4 representative files a request for an expedited internal
5 appeal involving an adverse determination. The independent
6 review organization assigned to conduct the expedited
7 external review shall determine whether the covered person
8 is required to complete the expedited review of the appeal
9 prior to conducting the expedited external review.

10 (c) In addition to the notice required in subsection (a),
11 for a notice related to a final adverse determination, the
12 health carrier shall include a statement informing the covered
13 person of all of the following:

14 (1) if the covered person has a medical condition where
15 the timeframe for completion of a standard external review
16 would seriously jeopardize the life or health of the
17 covered person or would jeopardize the covered person's
18 ability to regain maximum function, then the covered person
19 or the covered person's authorized representative may file
20 a request for an expedited external review; or

21 (2) if a final adverse determination concerns an
22 admission, availability of care, continued stay, or health
23 care service for which the covered person received
24 emergency services, but has not been discharged from a
25 facility, then the covered person, or the covered person's
26 authorized representative, may request an expedited

1 external review; or

2 (3) if a final adverse determination concerns a denial
3 of coverage based on a determination that the recommended
4 or requested health care service or treatment is
5 experimental or investigational, and the covered person's
6 health care provider certifies in writing that the
7 recommended or requested health care service or treatment
8 that is the subject of the request would be significantly
9 less effective if not promptly initiated, then the covered
10 person or the covered person's authorized representative
11 may request an expedited external review.

12 (d) In addition to the information to be provided pursuant
13 to subsections (a), (b), and (c) of this Section, the health
14 carrier shall include a copy of the description of both the
15 required standard and expedited external review procedures.
16 The description shall highlight the external review procedures
17 that give the covered person or the covered person's authorized
18 representative the opportunity to submit additional
19 information, including any forms used to process an external
20 review.

21 (e) As part of any forms provided under subsection (d) of
22 this Section, the health carrier shall include an authorization
23 form, or other document approved by the Director, by which the
24 covered person, for purposes of conducting an external review
25 under this Act, authorizes the health carrier and the covered
26 person's treating health care provider to disclose protected

1 health information, including medical records, concerning the
2 covered person that is pertinent to the external review, as
3 provided in the Illinois Insurance Code.

4 (Source: P.A. 96-857, eff. 7-1-10; 97-574, eff. 8-26-11.)

5 (215 ILCS 180/35)

6 Sec. 35. Standard external review.

7 (a) Within 4 months after the date of receipt of a notice
8 of an adverse determination or final adverse determination, a
9 covered person or the covered person's authorized
10 representative may file a request for an external review with
11 the Director. Within one business day after the date of receipt
12 of a request for external review, the Director shall send a
13 copy of the request to the health carrier.

14 (b) Within 5 business days following the date of receipt of
15 the external review request, the health carrier shall complete
16 a preliminary review of the request to determine whether:

17 (1) the individual is or was a covered person in the
18 health benefit plan at the time the health care service was
19 requested or at the time the health care service was
20 provided;

21 (2) the health care service that is the subject of the
22 adverse determination or the final adverse determination
23 is a covered service under the covered person's health
24 benefit plan, but the health carrier has determined that
25 the health care service is not covered;

1 (3) the covered person has exhausted the health
2 carrier's internal appeal process unless the covered
3 person is not required to exhaust the health carrier's
4 internal appeal process pursuant to this Act;

5 (4) (blank); and

6 (5) the covered person has provided all the information
7 and forms required to process an external review, as
8 specified in this Act.

9 (c) Within one business day after completion of the
10 preliminary review, the health carrier shall notify the
11 Director and covered person and, if applicable, the covered
12 person's authorized representative in writing whether the
13 request is complete and eligible for external review. If the
14 request:

15 (1) is not complete, the health carrier shall inform
16 the Director and covered person and, if applicable, the
17 covered person's authorized representative in writing and
18 include in the notice what information or materials are
19 required by this Act to make the request complete; or

20 (2) is not eligible for external review, the health
21 carrier shall inform the Director and covered person and,
22 if applicable, the covered person's authorized
23 representative in writing and include in the notice the
24 reasons for its ineligibility.

25 The Department may specify the form for the health
26 carrier's notice of initial determination under this

1 subsection (c) and any supporting information to be included in
2 the notice.

3 The notice of initial determination of ineligibility shall
4 include a statement informing the covered person and, if
5 applicable, the covered person's authorized representative
6 that a health carrier's initial determination that the external
7 review request is ineligible for review may be appealed to the
8 Director by filing a complaint with the Director.

9 Notwithstanding a health carrier's initial determination
10 that the request is ineligible for external review, the
11 Director may determine that a request is eligible for external
12 review and require that it be referred for external review. In
13 making such determination, the Director's decision shall be in
14 accordance with the terms of the covered person's health
15 benefit plan, unless such terms are inconsistent with
16 applicable law, and shall be subject to all applicable
17 provisions of this Act.

18 (d) Whenever the Director receives notice that a request is
19 eligible for external review following the preliminary review
20 conducted pursuant to this Section, within one business day
21 after the date of receipt of the notice, the Director shall:

22 (1) assign an independent review organization from the
23 list of approved independent review organizations compiled
24 and maintained by the Director pursuant to this Act and
25 notify the health carrier of the name of the assigned
26 independent review organization; and

1 (2) notify in writing the covered person and, if
2 applicable, the covered person's authorized representative
3 of the request's eligibility and acceptance for external
4 review and the name of the independent review organization.

5 The Director shall include in the notice provided to the
6 covered person and, if applicable, the covered person's
7 authorized representative a statement that the covered person
8 or the covered person's authorized representative may, within 5
9 business days following the date of receipt of the notice
10 provided pursuant to item (2) of this subsection (d), submit in
11 writing to the assigned independent review organization
12 additional information that the independent review
13 organization shall consider when conducting the external
14 review. The independent review organization is not required to,
15 but may, accept and consider additional information submitted
16 after 5 business days.

17 (e) The assignment by the Director of an approved
18 independent review organization to conduct an external review
19 in accordance with this Section shall be done on a random basis
20 among those independent review organizations approved by the
21 Director pursuant to this Act.

22 (f) Within 5 business days after the date of receipt of the
23 notice provided pursuant to item (1) of subsection (d) of this
24 Section, the health carrier or its designee utilization review
25 organization shall provide to the assigned independent review
26 organization the documents and any information considered in

1 making the adverse determination or final adverse
2 determination; in such cases, the following provisions shall
3 apply:

4 (1) Except as provided in item (2) of this subsection
5 (f), failure by the health carrier or its utilization
6 review organization to provide the documents and
7 information within the specified time frame shall not delay
8 the conduct of the external review.

9 (2) If the health carrier or its utilization review
10 organization fails to provide the documents and
11 information within the specified time frame, the assigned
12 independent review organization may terminate the external
13 review and make a decision to reverse the adverse
14 determination or final adverse determination.

15 (3) Within one business day after making the decision
16 to terminate the external review and make a decision to
17 reverse the adverse determination or final adverse
18 determination under item (2) of this subsection (f), the
19 independent review organization shall notify the Director,
20 the health carrier, the covered person and, if applicable,
21 the covered person's authorized representative, of its
22 decision to reverse the adverse determination.

23 (g) Upon receipt of the information from the health carrier
24 or its utilization review organization, the assigned
25 independent review organization shall review all of the
26 information and documents and any other information submitted

1 in writing to the independent review organization by the
2 covered person and the covered person's authorized
3 representative.

4 (h) Upon receipt of any information submitted by the
5 covered person or the covered person's authorized
6 representative, the independent review organization shall
7 forward the information to the health carrier within 1 business
8 day.

9 (1) Upon receipt of the information, if any, the health
10 carrier may reconsider its adverse determination or final
11 adverse determination that is the subject of the external
12 review.

13 (2) Reconsideration by the health carrier of its
14 adverse determination or final adverse determination shall
15 not delay or terminate the external review.

16 (3) The external review may only be terminated if the
17 health carrier decides, upon completion of its
18 reconsideration, to reverse its adverse determination or
19 final adverse determination and provide coverage or
20 payment for the health care service that is the subject of
21 the adverse determination or final adverse determination.
22 In such cases, the following provisions shall apply:

23 (A) Within one business day after making the
24 decision to reverse its adverse determination or final
25 adverse determination, the health carrier shall notify
26 the Director, the covered person and, if applicable,

1 the covered person's authorized representative, and
2 the assigned independent review organization in
3 writing of its decision.

4 (B) Upon notice from the health carrier that the
5 health carrier has made a decision to reverse its
6 adverse determination or final adverse determination,
7 the assigned independent review organization shall
8 terminate the external review.

9 (i) In addition to the documents and information provided
10 by the health carrier or its utilization review organization
11 and the covered person and the covered person's authorized
12 representative, if any, the independent review organization,
13 to the extent the information or documents are available and
14 the independent review organization considers them
15 appropriate, shall consider the following in reaching a
16 decision:

17 (1) the covered person's pertinent medical records;

18 (2) the covered person's health care provider's
19 recommendation;

20 (3) consulting reports from appropriate health care
21 providers and other documents submitted by the health
22 carrier or its designee utilization review organization,
23 the covered person, the covered person's authorized
24 representative, or the covered person's treating provider;

25 (4) the terms of coverage under the covered person's
26 health benefit plan with the health carrier to ensure that

1 the independent review organization's decision is not
2 contrary to the terms of coverage under the covered
3 person's health benefit plan with the health carrier,
4 unless the terms are inconsistent with applicable law;

5 (5) the most appropriate practice guidelines, which
6 shall include applicable evidence-based standards and may
7 include any other practice guidelines developed by the
8 federal government, national or professional medical
9 societies, boards, and associations;

10 (6) any applicable clinical review criteria developed
11 and used by the health carrier or its designee utilization
12 review organization;

13 (7) the opinion of the independent review
14 organization's clinical reviewer or reviewers after
15 considering items (1) through (6) of this subsection (i) to
16 the extent the information or documents are available and
17 the clinical reviewer or reviewers considers the
18 information or documents appropriate; ~~and~~

19 (8) (blank); ~~and~~.

20 (9) in the case of medically necessary determinations
21 for substance use disorders, the patient placement
22 criteria established by the American Society of Addiction
23 Medicine.

24 (j) Within 5 days after the date of receipt of all
25 necessary information, but in no event more than 45 days after
26 the date of receipt of the request for an external review, the

1 assigned independent review organization shall provide written
2 notice of its decision to uphold or reverse the adverse
3 determination or the final adverse determination to the
4 Director, the health carrier, the covered person, and, if
5 applicable, the covered person's authorized representative. In
6 reaching a decision, the assigned independent review
7 organization is not bound by any claim determinations reached
8 prior to the submission of information to the independent
9 review organization. In such cases, the following provisions
10 shall apply:

11 (1) The independent review organization shall include
12 in the notice:

13 (A) a general description of the reason for the
14 request for external review;

15 (B) the date the independent review organization
16 received the assignment from the Director to conduct
17 the external review;

18 (C) the time period during which the external
19 review was conducted;

20 (D) references to the evidence or documentation,
21 including the evidence-based standards, considered in
22 reaching its decision;

23 (E) the date of its decision;

24 (F) the principal reason or reasons for its
25 decision, including what applicable, if any,
26 evidence-based standards that were a basis for its

1 decision; and

2 (G) the rationale for its decision.

3 (2) (Blank).

4 (3) (Blank).

5 (4) Upon receipt of a notice of a decision reversing
6 the adverse determination or final adverse determination,
7 the health carrier immediately shall approve the coverage
8 that was the subject of the adverse determination or final
9 adverse determination.

10 (Source: P.A. 96-857, eff. 7-1-10; 96-967, eff. 1-1-11; 97-574,
11 eff. 8-26-11.)

12 Section 5-85. The Illinois Public Aid Code is amended by
13 changing Sections 5-5 and 5-16.8 as follows:

14 (305 ILCS 5/5-5) (from Ch. 23, par. 5-5)

15 Sec. 5-5. Medical services. The Illinois Department, by
16 rule, shall determine the quantity and quality of and the rate
17 of reimbursement for the medical assistance for which payment
18 will be authorized, and the medical services to be provided,
19 which may include all or part of the following: (1) inpatient
20 hospital services; (2) outpatient hospital services; (3) other
21 laboratory and X-ray services; (4) skilled nursing home
22 services; (5) physicians' services whether furnished in the
23 office, the patient's home, a hospital, a skilled nursing home,
24 or elsewhere; (6) medical care, or any other type of remedial

1 care furnished by licensed practitioners; (7) home health care
2 services; (8) private duty nursing service; (9) clinic
3 services; (10) dental services, including prevention and
4 treatment of periodontal disease and dental caries disease for
5 pregnant women, provided by an individual licensed to practice
6 dentistry or dental surgery; for purposes of this item (10),
7 "dental services" means diagnostic, preventive, or corrective
8 procedures provided by or under the supervision of a dentist in
9 the practice of his or her profession; (11) physical therapy
10 and related services; (12) prescribed drugs, dentures, and
11 prosthetic devices; and eyeglasses prescribed by a physician
12 skilled in the diseases of the eye, or by an optometrist,
13 whichever the person may select; (13) other diagnostic,
14 screening, preventive, and rehabilitative services, including
15 to ensure that the individual's need for intervention or
16 treatment of mental disorders or substance use disorders or
17 co-occurring mental health and substance use disorders is
18 determined using a uniform screening, assessment, and
19 evaluation process inclusive of criteria, for children and
20 adults; for purposes of this item (13), a uniform screening,
21 assessment, and evaluation process refers to a process that
22 includes an appropriate evaluation and, as warranted, a
23 referral; "uniform" does not mean the use of a singular
24 instrument, tool, or process that all must utilize; (14)
25 transportation and such other expenses as may be necessary;
26 (15) medical treatment of sexual assault survivors, as defined

1 in Section 1a of the Sexual Assault Survivors Emergency
2 Treatment Act, for injuries sustained as a result of the sexual
3 assault, including examinations and laboratory tests to
4 discover evidence which may be used in criminal proceedings
5 arising from the sexual assault; (16) the diagnosis and
6 treatment of sickle cell anemia; and (17) any other medical
7 care, and any other type of remedial care recognized under the
8 laws of this State, but not including abortions, or induced
9 miscarriages or premature births, unless, in the opinion of a
10 physician, such procedures are necessary for the preservation
11 of the life of the woman seeking such treatment, or except an
12 induced premature birth intended to produce a live viable child
13 and such procedure is necessary for the health of the mother or
14 her unborn child. The Illinois Department, by rule, shall
15 prohibit any physician from providing medical assistance to
16 anyone eligible therefor under this Code where such physician
17 has been found guilty of performing an abortion procedure in a
18 wilful and wanton manner upon a woman who was not pregnant at
19 the time such abortion procedure was performed. The term "any
20 other type of remedial care" shall include nursing care and
21 nursing home service for persons who rely on treatment by
22 spiritual means alone through prayer for healing.

23 Notwithstanding any other provision of this Section, a
24 comprehensive tobacco use cessation program that includes
25 purchasing prescription drugs or prescription medical devices
26 approved by the Food and Drug Administration shall be covered

1 under the medical assistance program under this Article for
2 persons who are otherwise eligible for assistance under this
3 Article.

4 Notwithstanding any other provision of this Code, the
5 Illinois Department may not require, as a condition of payment
6 for any laboratory test authorized under this Article, that a
7 physician's handwritten signature appear on the laboratory
8 test order form. The Illinois Department may, however, impose
9 other appropriate requirements regarding laboratory test order
10 documentation.

11 Upon receipt of federal approval of an amendment to the
12 Illinois Title XIX State Plan for this purpose, the Department
13 shall authorize the Chicago Public Schools (CPS) to procure a
14 vendor or vendors to manufacture eyeglasses for individuals
15 enrolled in a school within the CPS system. CPS shall ensure
16 that its vendor or vendors are enrolled as providers in the
17 medical assistance program and in any capitated Medicaid
18 managed care entity (MCE) serving individuals enrolled in a
19 school within the CPS system. Under any contract procured under
20 this provision, the vendor or vendors must serve only
21 individuals enrolled in a school within the CPS system. Claims
22 for services provided by CPS's vendor or vendors to recipients
23 of benefits in the medical assistance program under this Code,
24 the Children's Health Insurance Program, or the Covering ALL
25 KIDS Health Insurance Program shall be submitted to the
26 Department or the MCE in which the individual is enrolled for

1 payment and shall be reimbursed at the Department's or the
2 MCE's established rates or rate methodologies for eyeglasses.

3 On and after July 1, 2012, the Department of Healthcare and
4 Family Services may provide the following services to persons
5 eligible for assistance under this Article who are
6 participating in education, training or employment programs
7 operated by the Department of Human Services as successor to
8 the Department of Public Aid:

9 (1) dental services provided by or under the
10 supervision of a dentist; and

11 (2) eyeglasses prescribed by a physician skilled in the
12 diseases of the eye, or by an optometrist, whichever the
13 person may select.

14 Notwithstanding any other provision of this Code and
15 subject to federal approval, the Department may adopt rules to
16 allow a dentist who is volunteering his or her service at no
17 cost to render dental services through an enrolled
18 not-for-profit health clinic without the dentist personally
19 enrolling as a participating provider in the medical assistance
20 program. A not-for-profit health clinic shall include a public
21 health clinic or Federally Qualified Health Center or other
22 enrolled provider, as determined by the Department, through
23 which dental services covered under this Section are performed.
24 The Department shall establish a process for payment of claims
25 for reimbursement for covered dental services rendered under
26 this provision.

1 The Illinois Department, by rule, may distinguish and
2 classify the medical services to be provided only in accordance
3 with the classes of persons designated in Section 5-2.

4 The Department of Healthcare and Family Services must
5 provide coverage and reimbursement for amino acid-based
6 elemental formulas, regardless of delivery method, for the
7 diagnosis and treatment of (i) eosinophilic disorders and (ii)
8 short bowel syndrome when the prescribing physician has issued
9 a written order stating that the amino acid-based elemental
10 formula is medically necessary.

11 The Illinois Department shall authorize the provision of,
12 and shall authorize payment for, screening by low-dose
13 mammography for the presence of occult breast cancer for women
14 35 years of age or older who are eligible for medical
15 assistance under this Article, as follows:

16 (A) A baseline mammogram for women 35 to 39 years of
17 age.

18 (B) An annual mammogram for women 40 years of age or
19 older.

20 (C) A mammogram at the age and intervals considered
21 medically necessary by the woman's health care provider for
22 women under 40 years of age and having a family history of
23 breast cancer, prior personal history of breast cancer,
24 positive genetic testing, or other risk factors.

25 (D) A comprehensive ultrasound screening of an entire
26 breast or breasts if a mammogram demonstrates

1 heterogeneous or dense breast tissue, when medically
2 necessary as determined by a physician licensed to practice
3 medicine in all of its branches.

4 All screenings shall include a physical breast exam,
5 instruction on self-examination and information regarding the
6 frequency of self-examination and its value as a preventative
7 tool. For purposes of this Section, "low-dose mammography"
8 means the x-ray examination of the breast using equipment
9 dedicated specifically for mammography, including the x-ray
10 tube, filter, compression device, and image receptor, with an
11 average radiation exposure delivery of less than one rad per
12 breast for 2 views of an average size breast. The term also
13 includes digital mammography.

14 On and after January 1, 2012, providers participating in a
15 quality improvement program approved by the Department shall be
16 reimbursed for screening and diagnostic mammography at the same
17 rate as the Medicare program's rates, including the increased
18 reimbursement for digital mammography.

19 The Department shall convene an expert panel including
20 representatives of hospitals, free-standing mammography
21 facilities, and doctors, including radiologists, to establish
22 quality standards.

23 Subject to federal approval, the Department shall
24 establish a rate methodology for mammography at federally
25 qualified health centers and other encounter-rate clinics.
26 These clinics or centers may also collaborate with other

1 hospital-based mammography facilities.

2 The Department shall establish a methodology to remind
3 women who are age-appropriate for screening mammography, but
4 who have not received a mammogram within the previous 18
5 months, of the importance and benefit of screening mammography.

6 The Department shall establish a performance goal for
7 primary care providers with respect to their female patients
8 over age 40 receiving an annual mammogram. This performance
9 goal shall be used to provide additional reimbursement in the
10 form of a quality performance bonus to primary care providers
11 who meet that goal.

12 The Department shall devise a means of case-managing or
13 patient navigation for beneficiaries diagnosed with breast
14 cancer. This program shall initially operate as a pilot program
15 in areas of the State with the highest incidence of mortality
16 related to breast cancer. At least one pilot program site shall
17 be in the metropolitan Chicago area and at least one site shall
18 be outside the metropolitan Chicago area. An evaluation of the
19 pilot program shall be carried out measuring health outcomes
20 and cost of care for those served by the pilot program compared
21 to similarly situated patients who are not served by the pilot
22 program.

23 Any medical or health care provider shall immediately
24 recommend, to any pregnant woman who is being provided prenatal
25 services and is suspected of drug abuse or is addicted as
26 defined in the Alcoholism and Other Drug Abuse and Dependency

1 Act, referral to a local substance abuse treatment provider
2 licensed by the Department of Human Services or to a licensed
3 hospital which provides substance abuse treatment services.
4 The Department of Healthcare and Family Services shall assure
5 coverage for the cost of treatment of the drug abuse or
6 addiction for pregnant recipients in accordance with the
7 Illinois Medicaid Program in conjunction with the Department of
8 Human Services.

9 All medical providers providing medical assistance to
10 pregnant women under this Code shall receive information from
11 the Department on the availability of services under the Drug
12 Free Families with a Future or any comparable program providing
13 case management services for addicted women, including
14 information on appropriate referrals for other social services
15 that may be needed by addicted women in addition to treatment
16 for addiction.

17 The Illinois Department, in cooperation with the
18 Departments of Human Services (as successor to the Department
19 of Alcoholism and Substance Abuse) and Public Health, through a
20 public awareness campaign, may provide information concerning
21 treatment for alcoholism and drug abuse and addiction, prenatal
22 health care, and other pertinent programs directed at reducing
23 the number of drug-affected infants born to recipients of
24 medical assistance.

25 Neither the Department of Healthcare and Family Services
26 nor the Department of Human Services shall sanction the

1 recipient solely on the basis of her substance abuse.

2 The Illinois Department shall establish such regulations
3 governing the dispensing of health services under this Article
4 as it shall deem appropriate. The Department should seek the
5 advice of formal professional advisory committees appointed by
6 the Director of the Illinois Department for the purpose of
7 providing regular advice on policy and administrative matters,
8 information dissemination and educational activities for
9 medical and health care providers, and consistency in
10 procedures to the Illinois Department.

11 The Illinois Department may develop and contract with
12 Partnerships of medical providers to arrange medical services
13 for persons eligible under Section 5-2 of this Code.
14 Implementation of this Section may be by demonstration projects
15 in certain geographic areas. The Partnership shall be
16 represented by a sponsor organization. The Department, by rule,
17 shall develop qualifications for sponsors of Partnerships.
18 Nothing in this Section shall be construed to require that the
19 sponsor organization be a medical organization.

20 The sponsor must negotiate formal written contracts with
21 medical providers for physician services, inpatient and
22 outpatient hospital care, home health services, treatment for
23 alcoholism and substance abuse, and other services determined
24 necessary by the Illinois Department by rule for delivery by
25 Partnerships. Physician services must include prenatal and
26 obstetrical care. The Illinois Department shall reimburse

1 medical services delivered by Partnership providers to clients
2 in target areas according to provisions of this Article and the
3 Illinois Health Finance Reform Act, except that:

4 (1) Physicians participating in a Partnership and
5 providing certain services, which shall be determined by
6 the Illinois Department, to persons in areas covered by the
7 Partnership may receive an additional surcharge for such
8 services.

9 (2) The Department may elect to consider and negotiate
10 financial incentives to encourage the development of
11 Partnerships and the efficient delivery of medical care.

12 (3) Persons receiving medical services through
13 Partnerships may receive medical and case management
14 services above the level usually offered through the
15 medical assistance program.

16 Medical providers shall be required to meet certain
17 qualifications to participate in Partnerships to ensure the
18 delivery of high quality medical services. These
19 qualifications shall be determined by rule of the Illinois
20 Department and may be higher than qualifications for
21 participation in the medical assistance program. Partnership
22 sponsors may prescribe reasonable additional qualifications
23 for participation by medical providers, only with the prior
24 written approval of the Illinois Department.

25 Nothing in this Section shall limit the free choice of
26 practitioners, hospitals, and other providers of medical

1 services by clients. In order to ensure patient freedom of
2 choice, the Illinois Department shall immediately promulgate
3 all rules and take all other necessary actions so that provided
4 services may be accessed from therapeutically certified
5 optometrists to the full extent of the Illinois Optometric
6 Practice Act of 1987 without discriminating between service
7 providers.

8 The Department shall apply for a waiver from the United
9 States Health Care Financing Administration to allow for the
10 implementation of Partnerships under this Section.

11 The Illinois Department shall require health care
12 providers to maintain records that document the medical care
13 and services provided to recipients of Medical Assistance under
14 this Article. Such records must be retained for a period of not
15 less than 6 years from the date of service or as provided by
16 applicable State law, whichever period is longer, except that
17 if an audit is initiated within the required retention period
18 then the records must be retained until the audit is completed
19 and every exception is resolved. The Illinois Department shall
20 require health care providers to make available, when
21 authorized by the patient, in writing, the medical records in a
22 timely fashion to other health care providers who are treating
23 or serving persons eligible for Medical Assistance under this
24 Article. All dispensers of medical services shall be required
25 to maintain and retain business and professional records
26 sufficient to fully and accurately document the nature, scope,

1 details and receipt of the health care provided to persons
2 eligible for medical assistance under this Code, in accordance
3 with regulations promulgated by the Illinois Department. The
4 rules and regulations shall require that proof of the receipt
5 of prescription drugs, dentures, prosthetic devices and
6 eyeglasses by eligible persons under this Section accompany
7 each claim for reimbursement submitted by the dispenser of such
8 medical services. No such claims for reimbursement shall be
9 approved for payment by the Illinois Department without such
10 proof of receipt, unless the Illinois Department shall have put
11 into effect and shall be operating a system of post-payment
12 audit and review which shall, on a sampling basis, be deemed
13 adequate by the Illinois Department to assure that such drugs,
14 dentures, prosthetic devices and eyeglasses for which payment
15 is being made are actually being received by eligible
16 recipients. Within 90 days after the effective date of this
17 amendatory Act of 1984, the Illinois Department shall establish
18 a current list of acquisition costs for all prosthetic devices
19 and any other items recognized as medical equipment and
20 supplies reimbursable under this Article and shall update such
21 list on a quarterly basis, except that the acquisition costs of
22 all prescription drugs shall be updated no less frequently than
23 every 30 days as required by Section 5-5.12.

24 The rules and regulations of the Illinois Department shall
25 require that a written statement including the required opinion
26 of a physician shall accompany any claim for reimbursement for

1 abortions, or induced miscarriages or premature births. This
2 statement shall indicate what procedures were used in providing
3 such medical services.

4 Notwithstanding any other law to the contrary, the Illinois
5 Department shall, within 365 days after July 22, 2013~~7~~ (the
6 effective date of Public Act 98-104), establish procedures to
7 permit skilled care facilities licensed under the Nursing Home
8 Care Act to submit monthly billing claims for reimbursement
9 purposes. Following development of these procedures, the
10 Department shall have an additional 365 days to test the
11 viability of the new system and to ensure that any necessary
12 operational or structural changes to its information
13 technology platforms are implemented.

14 Notwithstanding any other law to the contrary, the Illinois
15 Department shall, within 365 days after August 15, 2014 (the
16 effective date of Public Act 98-963) ~~this amendatory Act of the~~
17 ~~98th General Assembly~~, establish procedures to permit ID/DD
18 facilities licensed under the ID/DD Community Care Act to
19 submit monthly billing claims for reimbursement purposes.
20 Following development of these procedures, the Department
21 shall have an additional 365 days to test the viability of the
22 new system and to ensure that any necessary operational or
23 structural changes to its information technology platforms are
24 implemented.

25 The Illinois Department shall require all dispensers of
26 medical services, other than an individual practitioner or

1 group of practitioners, desiring to participate in the Medical
2 Assistance program established under this Article to disclose
3 all financial, beneficial, ownership, equity, surety or other
4 interests in any and all firms, corporations, partnerships,
5 associations, business enterprises, joint ventures, agencies,
6 institutions or other legal entities providing any form of
7 health care services in this State under this Article.

8 The Illinois Department may require that all dispensers of
9 medical services desiring to participate in the medical
10 assistance program established under this Article disclose,
11 under such terms and conditions as the Illinois Department may
12 by rule establish, all inquiries from clients and attorneys
13 regarding medical bills paid by the Illinois Department, which
14 inquiries could indicate potential existence of claims or liens
15 for the Illinois Department.

16 Enrollment of a vendor shall be subject to a provisional
17 period and shall be conditional for one year. During the period
18 of conditional enrollment, the Department may terminate the
19 vendor's eligibility to participate in, or may disenroll the
20 vendor from, the medical assistance program without cause.
21 Unless otherwise specified, such termination of eligibility or
22 disenrollment is not subject to the Department's hearing
23 process. However, a disenrolled vendor may reapply without
24 penalty.

25 The Department has the discretion to limit the conditional
26 enrollment period for vendors based upon category of risk of

1 the vendor.

2 Prior to enrollment and during the conditional enrollment
3 period in the medical assistance program, all vendors shall be
4 subject to enhanced oversight, screening, and review based on
5 the risk of fraud, waste, and abuse that is posed by the
6 category of risk of the vendor. The Illinois Department shall
7 establish the procedures for oversight, screening, and review,
8 which may include, but need not be limited to: criminal and
9 financial background checks; fingerprinting; license,
10 certification, and authorization verifications; unscheduled or
11 unannounced site visits; database checks; prepayment audit
12 reviews; audits; payment caps; payment suspensions; and other
13 screening as required by federal or State law.

14 The Department shall define or specify the following: (i)
15 by provider notice, the "category of risk of the vendor" for
16 each type of vendor, which shall take into account the level of
17 screening applicable to a particular category of vendor under
18 federal law and regulations; (ii) by rule or provider notice,
19 the maximum length of the conditional enrollment period for
20 each category of risk of the vendor; and (iii) by rule, the
21 hearing rights, if any, afforded to a vendor in each category
22 of risk of the vendor that is terminated or disenrolled during
23 the conditional enrollment period.

24 To be eligible for payment consideration, a vendor's
25 payment claim or bill, either as an initial claim or as a
26 resubmitted claim following prior rejection, must be received

1 by the Illinois Department, or its fiscal intermediary, no
2 later than 180 days after the latest date on the claim on which
3 medical goods or services were provided, with the following
4 exceptions:

5 (1) In the case of a provider whose enrollment is in
6 process by the Illinois Department, the 180-day period
7 shall not begin until the date on the written notice from
8 the Illinois Department that the provider enrollment is
9 complete.

10 (2) In the case of errors attributable to the Illinois
11 Department or any of its claims processing intermediaries
12 which result in an inability to receive, process, or
13 adjudicate a claim, the 180-day period shall not begin
14 until the provider has been notified of the error.

15 (3) In the case of a provider for whom the Illinois
16 Department initiates the monthly billing process.

17 (4) In the case of a provider operated by a unit of
18 local government with a population exceeding 3,000,000
19 when local government funds finance federal participation
20 for claims payments.

21 For claims for services rendered during a period for which
22 a recipient received retroactive eligibility, claims must be
23 filed within 180 days after the Department determines the
24 applicant is eligible. For claims for which the Illinois
25 Department is not the primary payer, claims must be submitted
26 to the Illinois Department within 180 days after the final

1 adjudication by the primary payer.

2 In the case of long term care facilities, within 5 days of
3 receipt by the facility of required prescreening information,
4 data for new admissions shall be entered into the Medical
5 Electronic Data Interchange (MEDI) or the Recipient
6 Eligibility Verification (REV) System or successor system, and
7 within 15 days of receipt by the facility of required
8 prescreening information, admission documents shall be
9 submitted through MEDI or REV or shall be submitted directly to
10 the Department of Human Services using required admission
11 forms. Effective September 1, 2014, admission documents,
12 including all prescreening information, must be submitted
13 through MEDI or REV. Confirmation numbers assigned to an
14 accepted transaction shall be retained by a facility to verify
15 timely submittal. Once an admission transaction has been
16 completed, all resubmitted claims following prior rejection
17 are subject to receipt no later than 180 days after the
18 admission transaction has been completed.

19 Claims that are not submitted and received in compliance
20 with the foregoing requirements shall not be eligible for
21 payment under the medical assistance program, and the State
22 shall have no liability for payment of those claims.

23 To the extent consistent with applicable information and
24 privacy, security, and disclosure laws, State and federal
25 agencies and departments shall provide the Illinois Department
26 access to confidential and other information and data necessary

1 to perform eligibility and payment verifications and other
2 Illinois Department functions. This includes, but is not
3 limited to: information pertaining to licensure;
4 certification; earnings; immigration status; citizenship; wage
5 reporting; unearned and earned income; pension income;
6 employment; supplemental security income; social security
7 numbers; National Provider Identifier (NPI) numbers; the
8 National Practitioner Data Bank (NPDB); program and agency
9 exclusions; taxpayer identification numbers; tax delinquency;
10 corporate information; and death records.

11 The Illinois Department shall enter into agreements with
12 State agencies and departments, and is authorized to enter into
13 agreements with federal agencies and departments, under which
14 such agencies and departments shall share data necessary for
15 medical assistance program integrity functions and oversight.
16 The Illinois Department shall develop, in cooperation with
17 other State departments and agencies, and in compliance with
18 applicable federal laws and regulations, appropriate and
19 effective methods to share such data. At a minimum, and to the
20 extent necessary to provide data sharing, the Illinois
21 Department shall enter into agreements with State agencies and
22 departments, and is authorized to enter into agreements with
23 federal agencies and departments, including but not limited to:
24 the Secretary of State; the Department of Revenue; the
25 Department of Public Health; the Department of Human Services;
26 and the Department of Financial and Professional Regulation.

1 Beginning in fiscal year 2013, the Illinois Department
2 shall set forth a request for information to identify the
3 benefits of a pre-payment, post-adjudication, and post-edit
4 claims system with the goals of streamlining claims processing
5 and provider reimbursement, reducing the number of pending or
6 rejected claims, and helping to ensure a more transparent
7 adjudication process through the utilization of: (i) provider
8 data verification and provider screening technology; and (ii)
9 clinical code editing; and (iii) pre-pay, pre- or
10 post-adjudicated predictive modeling with an integrated case
11 management system with link analysis. Such a request for
12 information shall not be considered as a request for proposal
13 or as an obligation on the part of the Illinois Department to
14 take any action or acquire any products or services.

15 The Illinois Department shall establish policies,
16 procedures, standards and criteria by rule for the acquisition,
17 repair and replacement of orthotic and prosthetic devices and
18 durable medical equipment. Such rules shall provide, but not be
19 limited to, the following services: (1) immediate repair or
20 replacement of such devices by recipients; and (2) rental,
21 lease, purchase or lease-purchase of durable medical equipment
22 in a cost-effective manner, taking into consideration the
23 recipient's medical prognosis, the extent of the recipient's
24 needs, and the requirements and costs for maintaining such
25 equipment. Subject to prior approval, such rules shall enable a
26 recipient to temporarily acquire and use alternative or

1 substitute devices or equipment pending repairs or
2 replacements of any device or equipment previously authorized
3 for such recipient by the Department.

4 The Department shall execute, relative to the nursing home
5 prescreening project, written inter-agency agreements with the
6 Department of Human Services and the Department on Aging, to
7 effect the following: (i) intake procedures and common
8 eligibility criteria for those persons who are receiving
9 non-institutional services; and (ii) the establishment and
10 development of non-institutional services in areas of the State
11 where they are not currently available or are undeveloped; and
12 (iii) notwithstanding any other provision of law, subject to
13 federal approval, on and after July 1, 2012, an increase in the
14 determination of need (DON) scores from 29 to 37 for applicants
15 for institutional and home and community-based long term care;
16 if and only if federal approval is not granted, the Department
17 may, in conjunction with other affected agencies, implement
18 utilization controls or changes in benefit packages to
19 effectuate a similar savings amount for this population; and
20 (iv) no later than July 1, 2013, minimum level of care
21 eligibility criteria for institutional and home and
22 community-based long term care; and (v) no later than October
23 1, 2013, establish procedures to permit long term care
24 providers access to eligibility scores for individuals with an
25 admission date who are seeking or receiving services from the
26 long term care provider. In order to select the minimum level

1 of care eligibility criteria, the Governor shall establish a
2 workgroup that includes affected agency representatives and
3 stakeholders representing the institutional and home and
4 community-based long term care interests. This Section shall
5 not restrict the Department from implementing lower level of
6 care eligibility criteria for community-based services in
7 circumstances where federal approval has been granted.

8 The Illinois Department shall develop and operate, in
9 cooperation with other State Departments and agencies and in
10 compliance with applicable federal laws and regulations,
11 appropriate and effective systems of health care evaluation and
12 programs for monitoring of utilization of health care services
13 and facilities, as it affects persons eligible for medical
14 assistance under this Code.

15 The Illinois Department shall report annually to the
16 General Assembly, no later than the second Friday in April of
17 1979 and each year thereafter, in regard to:

18 (a) actual statistics and trends in utilization of
19 medical services by public aid recipients;

20 (b) actual statistics and trends in the provision of
21 the various medical services by medical vendors;

22 (c) current rate structures and proposed changes in
23 those rate structures for the various medical vendors; and

24 (d) efforts at utilization review and control by the
25 Illinois Department.

26 The period covered by each report shall be the 3 years

1 ending on the June 30 prior to the report. The report shall
2 include suggested legislation for consideration by the General
3 Assembly. The filing of one copy of the report with the
4 Speaker, one copy with the Minority Leader and one copy with
5 the Clerk of the House of Representatives, one copy with the
6 President, one copy with the Minority Leader and one copy with
7 the Secretary of the Senate, one copy with the Legislative
8 Research Unit, and such additional copies with the State
9 Government Report Distribution Center for the General Assembly
10 as is required under paragraph (t) of Section 7 of the State
11 Library Act shall be deemed sufficient to comply with this
12 Section.

13 Rulemaking authority to implement Public Act 95-1045, if
14 any, is conditioned on the rules being adopted in accordance
15 with all provisions of the Illinois Administrative Procedure
16 Act and all rules and procedures of the Joint Committee on
17 Administrative Rules; any purported rule not so adopted, for
18 whatever reason, is unauthorized.

19 On and after July 1, 2012, the Department shall reduce any
20 rate of reimbursement for services or other payments or alter
21 any methodologies authorized by this Code to reduce any rate of
22 reimbursement for services or other payments in accordance with
23 Section 5-5e.

24 Because kidney transplantation can be an appropriate, cost
25 effective alternative to renal dialysis when medically
26 necessary and notwithstanding the provisions of Section 1-11 of

1 this Code, beginning October 1, 2014, the Department shall
2 cover kidney transplantation for noncitizens with end-stage
3 renal disease who are not eligible for comprehensive medical
4 benefits, who meet the residency requirements of Section 5-3 of
5 this Code, and who would otherwise meet the financial
6 requirements of the appropriate class of eligible persons under
7 Section 5-2 of this Code. To qualify for coverage of kidney
8 transplantation, such person must be receiving emergency renal
9 dialysis services covered by the Department. Providers under
10 this Section shall be prior approved and certified by the
11 Department to perform kidney transplantation and the services
12 under this Section shall be limited to services associated with
13 kidney transplantation.

14 Notwithstanding any other provision of this Code to the
15 contrary, on or after July 1, 2015, all FDA approved forms of
16 medication assisted treatment prescribed for the treatment of
17 alcohol dependence or treatment of opioid dependence shall be
18 covered under the medical assistance program for persons who
19 are otherwise eligible for medical assistance under this
20 Article and shall not be subject to any utilization control,
21 prior authorization mandate, or lifetime restriction limit
22 mandate.

23 On or after July 1, 2015, opioid antagonists prescribed for
24 the treatment of an opioid overdose, including the medication
25 product, administration devices, and any pharmacy fees related
26 to the dispensing and administration of the opioid antagonist,

1 shall be covered under the medical assistance program for
2 persons who are otherwise eligible for medical assistance under
3 this Article. As used in this Section, "opioid antagonist"
4 means a drug that binds to opioid receptors and blocks or
5 inhibits the effect of opioids acting on those receptors,
6 including, but not limited to, naloxone hydrochloride or any
7 other similarly acting drug approved by the U.S. Food and Drug
8 Administration.

9 (Source: P.A. 97-48, eff. 6-28-11; 97-638, eff. 1-1-12; 97-689,
10 eff. 6-14-12; 97-1061, eff. 8-24-12; 98-104, Article 9, Section
11 9-5, eff. 7-22-13; 98-104, Article 12, Section 12-20, eff.
12 7-22-13; 98-303, eff. 8-9-13; 98-463, eff. 8-16-13; 98-651,
13 eff. 6-16-14; 98-756, eff. 7-16-14; 98-963, eff. 8-15-14;
14 revised 10-2-14.)

15 (305 ILCS 5/5-16.8)

16 Sec. 5-16.8. Required health benefits. The medical
17 assistance program shall (i) provide the post-mastectomy care
18 benefits required to be covered by a policy of accident and
19 health insurance under Section 356t and the coverage required
20 under Sections 356g.5, 356u, 356w, 356x, and 356z.6 of the
21 Illinois Insurance Code and (ii) be subject to the provisions
22 of Sections 356z.19, ~~and~~ 364.01, 370c, and 370c.1 of the
23 Illinois Insurance Code.

24 On and after July 1, 2012, the Department shall reduce any
25 rate of reimbursement for services or other payments or alter

1 any methodologies authorized by this Code to reduce any rate of
2 reimbursement for services or other payments in accordance with
3 Section 5-5e.

4 (Source: P.A. 97-282, eff. 8-9-11; 97-689, eff. 6-14-12.)

5 Section 5-90. The Criminal Code of 2012 is amended by
6 changing Section 29B-1 as follows:

7 (720 ILCS 5/29B-1) (from Ch. 38, par. 29B-1)

8 Sec. 29B-1. (a) A person commits the offense of money
9 laundering:

10 (1) when, knowing that the property involved in a
11 financial transaction represents the proceeds of some form
12 of unlawful activity, he or she conducts or attempts to
13 conduct such a financial transaction which in fact involves
14 criminally derived property:

15 (A) with the intent to promote the carrying on of
16 the unlawful activity from which the criminally
17 derived property was obtained; or

18 (B) where he or she knows or reasonably should know
19 that the financial transaction is designed in whole or
20 in part:

21 (i) to conceal or disguise the nature, the
22 location, the source, the ownership or the control
23 of the criminally derived property; or

24 (ii) to avoid a transaction reporting

1 requirement under State law; or

2 (1.5) when he or she transports, transmits, or
3 transfers, or attempts to transport, transmit, or transfer
4 a monetary instrument:

5 (A) with the intent to promote the carrying on of
6 the unlawful activity from which the criminally
7 derived property was obtained; or

8 (B) knowing, or having reason to know, that the
9 financial transaction is designed in whole or in part:

10 (i) to conceal or disguise the nature, the
11 location, the source, the ownership or the control
12 of the criminally derived property; or

13 (ii) to avoid a transaction reporting
14 requirement under State law; or

15 (2) when, with the intent to:

16 (A) promote the carrying on of a specified criminal
17 activity as defined in this Article; or

18 (B) conceal or disguise the nature, location,
19 source, ownership, or control of property believed to
20 be the proceeds of a specified criminal activity as
21 defined by subdivision (b) (6); or

22 (C) avoid a transaction reporting requirement
23 under State law,

24 he or she conducts or attempts to conduct a financial
25 transaction involving property he or she believes to be the
26 proceeds of specified criminal activity as defined by

1 subdivision (b) (6) or property used to conduct or
2 facilitate specified criminal activity as defined by
3 subdivision (b) (6).

4 (b) As used in this Section:

5 (0.5) "Knowing that the property involved in a
6 financial transaction represents the proceeds of some form
7 of unlawful activity" means that the person knew the
8 property involved in the transaction represented proceeds
9 from some form, though not necessarily which form, of
10 activity that constitutes a felony under State, federal, or
11 foreign law.

12 (1) "Financial transaction" means a purchase, sale,
13 loan, pledge, gift, transfer, delivery or other
14 disposition utilizing criminally derived property, and
15 with respect to financial institutions, includes a
16 deposit, withdrawal, transfer between accounts, exchange
17 of currency, loan, extension of credit, purchase or sale of
18 any stock, bond, certificate of deposit or other monetary
19 instrument, use of safe deposit box, or any other payment,
20 transfer or delivery by, through, or to a financial
21 institution. For purposes of clause (a) (2) of this Section,
22 the term "financial transaction" also means a transaction
23 which without regard to whether the funds, monetary
24 instruments, or real or personal property involved in the
25 transaction are criminally derived, any transaction which
26 in any way or degree: (1) involves the movement of funds by

1 wire or any other means; (2) involves one or more monetary
2 instruments; or (3) the transfer of title to any real or
3 personal property. The receipt by an attorney of bona fide
4 fees for the purpose of legal representation is not a
5 financial transaction for purposes of this Section.

6 (2) "Financial institution" means any bank; saving and
7 loan association; trust company; agency or branch of a
8 foreign bank in the United States; currency exchange;
9 credit union, mortgage banking institution; pawnbroker;
10 loan or finance company; operator of a credit card system;
11 issuer, redeemer or cashier of travelers checks, checks or
12 money orders; dealer in precious metals, stones or jewels;
13 broker or dealer in securities or commodities; investment
14 banker; or investment company.

15 (3) "Monetary instrument" means United States coins
16 and currency; coins and currency of a foreign country;
17 travelers checks; personal checks, bank checks, and money
18 orders; investment securities; bearer negotiable
19 instruments; bearer investment securities; or bearer
20 securities and certificates of stock in such form that
21 title thereto passes upon delivery.

22 (4) "Criminally derived property" means: (A) any
23 property, real or personal, constituting or derived from
24 proceeds obtained, directly or indirectly, from activity
25 that constitutes a felony under State, federal, or foreign
26 law; or (B) any property represented to be property

1 constituting or derived from proceeds obtained, directly
2 or indirectly, from activity that constitutes a felony
3 under State, federal, or foreign law.

4 (5) "Conduct" or "conducts" includes, in addition to
5 its ordinary meaning, initiating, concluding, or
6 participating in initiating or concluding a transaction.

7 (6) "Specified criminal activity" means any violation
8 of Section 29D-15.1 (720 ILCS 5/29D-15.1) and any violation
9 of Article 29D of this Code.

10 (7) "Director" means the Director of State Police or
11 his or her designated agents.

12 (8) "Department" means the Department of State Police
13 of the State of Illinois or its successor agency.

14 (9) "Transaction reporting requirement under State
15 law" means any violation as defined under the Currency
16 Reporting Act.

17 (c) Sentence.

18 (1) Laundering of criminally derived property of a
19 value not exceeding \$10,000 is a Class 3 felony;

20 (2) Laundering of criminally derived property of a
21 value exceeding \$10,000 but not exceeding \$100,000 is a
22 Class 2 felony;

23 (3) Laundering of criminally derived property of a
24 value exceeding \$100,000 but not exceeding \$500,000 is a
25 Class 1 felony;

26 (4) Money laundering in violation of subsection (a) (2)

1 of this Section is a Class X felony;

2 (5) Laundering of criminally derived property of a
3 value exceeding \$500,000 is a Class 1 non-probationable
4 felony;

5 (6) In a prosecution under clause (a)(1.5)(B)(ii) of
6 this Section, the sentences are as follows:

7 (A) Laundering of property of a value not exceeding
8 \$10,000 is a Class 3 felony;

9 (B) Laundering of property of a value exceeding
10 \$10,000 but not exceeding \$100,000 is a Class 2 felony;

11 (C) Laundering of property of a value exceeding
12 \$100,000 but not exceeding \$500,000 is a Class 1
13 felony;

14 (D) Laundering of property of a value exceeding
15 \$500,000 is a Class 1 non-probationable felony.

16 (d) Evidence. In a prosecution under this Article, either
17 party may introduce the following evidence pertaining to the
18 issue of whether the property or proceeds were known to be some
19 form of criminally derived property or from some form of
20 unlawful activity:

21 (1) A financial transaction was conducted or
22 structured or attempted in violation of the reporting
23 requirements of any State or federal law; or

24 (2) A financial transaction was conducted or attempted
25 with the use of a false or fictitious name or a forged
26 instrument; or

1 (3) A falsely altered or completed written instrument
2 or a written instrument that contains any materially false
3 personal identifying information was made, used, offered
4 or presented, whether accepted or not, in connection with a
5 financial transaction; or

6 (4) A financial transaction was structured or
7 attempted to be structured so as to falsely report the
8 actual consideration or value of the transaction; or

9 (5) A money transmitter, a person engaged in a trade or
10 business or any employee of a money transmitter or a person
11 engaged in a trade or business, knows or reasonably should
12 know that false personal identifying information has been
13 presented and incorporates the false personal identifying
14 information into any report or record; or

15 (6) The criminally derived property is transported or
16 possessed in a fashion inconsistent with the ordinary or
17 usual means of transportation or possession of such
18 property and where the property is discovered in the
19 absence of any documentation or other indicia of legitimate
20 origin or right to such property; or

21 (7) A person pays or receives substantially less than
22 face value for one or more monetary instruments; or

23 (8) A person engages in a transaction involving one or
24 more monetary instruments, where the physical condition or
25 form of the monetary instrument or instruments makes it
26 apparent that they are not the product of bona fide

1 business or financial transactions.

2 (e) Duty to enforce this Article.

3 (1) It is the duty of the Department of State Police,
4 and its agents, officers, and investigators, to enforce all
5 provisions of this Article, except those specifically
6 delegated, and to cooperate with all agencies charged with
7 the enforcement of the laws of the United States, or of any
8 state, relating to money laundering. Only an agent,
9 officer, or investigator designated by the Director may be
10 authorized in accordance with this Section to serve seizure
11 notices, warrants, subpoenas, and summonses under the
12 authority of this State.

13 (2) Any agent, officer, investigator, or peace officer
14 designated by the Director may: (A) make seizure of
15 property pursuant to the provisions of this Article; and
16 (B) perform such other law enforcement duties as the
17 Director designates. It is the duty of all State's
18 Attorneys to prosecute violations of this Article and
19 institute legal proceedings as authorized under this
20 Article.

21 (f) Protective orders.

22 (1) Upon application of the State, the court may enter
23 a restraining order or injunction, require the execution of
24 a satisfactory performance bond, or take any other action
25 to preserve the availability of property described in
26 subsection (h) for forfeiture under this Article:

1 (A) upon the filing of an indictment, information,
2 or complaint charging a violation of this Article for
3 which forfeiture may be ordered under this Article and
4 alleging that the property with respect to which the
5 order is sought would be subject to forfeiture under
6 this Article; or

7 (B) prior to the filing of such an indictment,
8 information, or complaint, if, after notice to persons
9 appearing to have an interest in the property and
10 opportunity for a hearing, the court determines that:

11 (i) there is probable cause to believe that the
12 State will prevail on the issue of forfeiture and
13 that failure to enter the order will result in the
14 property being destroyed, removed from the
15 jurisdiction of the court, or otherwise made
16 unavailable for forfeiture; and

17 (ii) the need to preserve the availability of
18 the property through the entry of the requested
19 order outweighs the hardship on any party against
20 whom the order is to be entered.

21 Provided, however, that an order entered pursuant
22 to subparagraph (B) shall be effective for not more
23 than 90 days, unless extended by the court for good
24 cause shown or unless an indictment, information,
25 complaint, or administrative notice has been filed.

26 (2) A temporary restraining order under this

1 subsection may be entered upon application of the State
2 without notice or opportunity for a hearing when an
3 indictment, information, complaint, or administrative
4 notice has not yet been filed with respect to the property,
5 if the State demonstrates that there is probable cause to
6 believe that the property with respect to which the order
7 is sought would be subject to forfeiture under this Section
8 and that provision of notice will jeopardize the
9 availability of the property for forfeiture. Such a
10 temporary order shall expire not more than 30 days after
11 the date on which it is entered, unless extended for good
12 cause shown or unless the party against whom it is entered
13 consents to an extension for a longer period. A hearing
14 requested concerning an order entered under this paragraph
15 shall be held at the earliest possible time and prior to
16 the expiration of the temporary order.

17 (3) The court may receive and consider, at a hearing
18 held pursuant to this subsection (f), evidence and
19 information that would be inadmissible under the Illinois
20 rules of evidence.

21 (4) Order to repatriate and deposit.

22 (A) In general. Pursuant to its authority to enter
23 a pretrial restraining order under this Section, the
24 court may order a defendant to repatriate any property
25 that may be seized and forfeited and to deposit that
26 property pending trial with the Illinois State Police

1 or another law enforcement agency designated by the
2 Illinois State Police.

3 (B) Failure to comply. Failure to comply with an
4 order under this subsection (f) is punishable as a
5 civil or criminal contempt of court.

6 (g) Warrant of seizure. The State may request the issuance
7 of a warrant authorizing the seizure of property described in
8 subsection (h) in the same manner as provided for a search
9 warrant. If the court determines that there is probable cause
10 to believe that the property to be seized would be subject to
11 forfeiture, the court shall issue a warrant authorizing the
12 seizure of such property.

13 (h) Forfeiture.

14 (1) The following are subject to forfeiture:

15 (A) any property, real or personal, constituting,
16 derived from, or traceable to any proceeds the person
17 obtained directly or indirectly, as a result of a
18 violation of this Article;

19 (B) any of the person's property used, or intended
20 to be used, in any manner or part, to commit, or to
21 facilitate the commission of, a violation of this
22 Article;

23 (C) all conveyances, including aircraft, vehicles
24 or vessels, which are used, or intended for use, to
25 transport, or in any manner to facilitate the
26 transportation, sale, receipt, possession, or

1 concealment of property described in subparagraphs (A)
2 and (B), but:

3 (i) no conveyance used by any person as a
4 common carrier in the transaction of business as a
5 common carrier is subject to forfeiture under this
6 Section unless it appears that the owner or other
7 person in charge of the conveyance is a consenting
8 party or privy to a violation of this Article;

9 (ii) no conveyance is subject to forfeiture
10 under this Section by reason of any act or omission
11 which the owner proves to have been committed or
12 omitted without his or her knowledge or consent;

13 (iii) a forfeiture of a conveyance encumbered
14 by a bona fide security interest is subject to the
15 interest of the secured party if he or she neither
16 had knowledge of nor consented to the act or
17 omission;

18 (D) all real property, including any right, title,
19 and interest (including, but not limited to, any
20 leasehold interest or the beneficial interest in a land
21 trust) in the whole of any lot or tract of land and any
22 appurtenances or improvements, which is used or
23 intended to be used, in any manner or part, to commit,
24 or in any manner to facilitate the commission of, any
25 violation of this Article or that is the proceeds of
26 any violation or act that constitutes a violation of

1 this Article.

2 (2) Property subject to forfeiture under this Article
3 may be seized by the Director or any peace officer upon
4 process or seizure warrant issued by any court having
5 jurisdiction over the property. Seizure by the Director or
6 any peace officer without process may be made:

7 (A) if the seizure is incident to a seizure
8 warrant;

9 (B) if the property subject to seizure has been the
10 subject of a prior judgment in favor of the State in a
11 criminal proceeding, or in an injunction or forfeiture
12 proceeding based upon this Article;

13 (C) if there is probable cause to believe that the
14 property is directly or indirectly dangerous to health
15 or safety;

16 (D) if there is probable cause to believe that the
17 property is subject to forfeiture under this Article
18 and the property is seized under circumstances in which
19 a warrantless seizure or arrest would be reasonable; or

20 (E) in accordance with the Code of Criminal
21 Procedure of 1963.

22 (3) In the event of seizure pursuant to paragraph (2),
23 forfeiture proceedings shall be instituted in accordance
24 with subsections (i) through (r).

25 (4) Property taken or detained under this Section shall
26 not be subject to replevin, but is deemed to be in the

1 custody of the Director subject only to the order and
2 judgments of the circuit court having jurisdiction over the
3 forfeiture proceedings and the decisions of the State's
4 Attorney under this Article. When property is seized under
5 this Article, the seizing agency shall promptly conduct an
6 inventory of the seized property and estimate the
7 property's value and shall forward a copy of the inventory
8 of seized property and the estimate of the property's value
9 to the Director. Upon receiving notice of seizure, the
10 Director may:

11 (A) place the property under seal;

12 (B) remove the property to a place designated by
13 the Director;

14 (C) keep the property in the possession of the
15 seizing agency;

16 (D) remove the property to a storage area for
17 safekeeping or, if the property is a negotiable
18 instrument or money and is not needed for evidentiary
19 purposes, deposit it in an interest bearing account;

20 (E) place the property under constructive seizure
21 by posting notice of pending forfeiture on it, by
22 giving notice of pending forfeiture to its owners and
23 interest holders, or by filing notice of pending
24 forfeiture in any appropriate public record relating
25 to the property; or

26 (F) provide for another agency or custodian,

1 including an owner, secured party, or lienholder, to
2 take custody of the property upon the terms and
3 conditions set by the Director.

4 (5) When property is forfeited under this Article, the
5 Director shall sell all such property unless such property
6 is required by law to be destroyed or is harmful to the
7 public, and shall distribute the proceeds of the sale,
8 together with any moneys forfeited or seized, in accordance
9 with paragraph (6). However, upon the application of the
10 seizing agency or prosecutor who was responsible for the
11 investigation, arrest or arrests and prosecution which
12 lead to the forfeiture, the Director may return any item of
13 forfeited property to the seizing agency or prosecutor for
14 official use in the enforcement of laws, if the agency or
15 prosecutor can demonstrate that the item requested would be
16 useful to the agency or prosecutor in its enforcement
17 efforts. When any real property returned to the seizing
18 agency is sold by the agency or its unit of government, the
19 proceeds of the sale shall be delivered to the Director and
20 distributed in accordance with paragraph (6).

21 (6) All monies and the sale proceeds of all other
22 property forfeited and seized under this Article shall be
23 distributed as follows:

24 (A) 65% shall be distributed to the metropolitan
25 enforcement group, local, municipal, county, or State
26 law enforcement agency or agencies which conducted or

1 participated in the investigation resulting in the
2 forfeiture. The distribution shall bear a reasonable
3 relationship to the degree of direct participation of
4 the law enforcement agency in the effort resulting in
5 the forfeiture, taking into account the total value of
6 the property forfeited and the total law enforcement
7 effort with respect to the violation of the law upon
8 which the forfeiture is based. Amounts distributed to
9 the agency or agencies shall be used for the
10 enforcement of laws.

11 (B) (i) 12.5% shall be distributed to the Office of
12 the State's Attorney of the county in which the
13 prosecution resulting in the forfeiture was
14 instituted, deposited in a special fund in the county
15 treasury and appropriated to the State's Attorney for
16 use in the enforcement of laws. In counties over
17 3,000,000 population, 25% shall be distributed to the
18 Office of the State's Attorney for use in the
19 enforcement of laws. If the prosecution is undertaken
20 solely by the Attorney General, the portion provided
21 hereunder shall be distributed to the Attorney General
22 for use in the enforcement of laws.

23 (ii) 12.5% shall be distributed to the Office
24 of the State's Attorneys Appellate Prosecutor and
25 deposited in the Narcotics Profit Forfeiture Fund
26 of that office to be used for additional expenses

1 incurred in the investigation, prosecution and
2 appeal of cases arising under laws. The Office of
3 the State's Attorneys Appellate Prosecutor shall
4 not receive distribution from cases brought in
5 counties with over 3,000,000 population.

6 (C) 10% shall be retained by the Department of
7 State Police for expenses related to the
8 administration and sale of seized and forfeited
9 property.

10 Moneys and the sale proceeds distributed to the
11 Department of State Police under this Article shall be
12 deposited in the Money Laundering Asset Recovery Fund
13 created in the State treasury and shall be used by the
14 Department of State Police for State law enforcement
15 purposes.

16 (7) All moneys and sale proceeds of property forfeited
17 and seized under this Article and distributed according to
18 paragraph (6) may also be used to purchase opioid
19 antagonists as defined in Section 5-23 of the Alcoholism
20 and Other Drug Abuse and Dependency Act.

21 (i) Notice to owner or interest holder.

22 (1) Whenever notice of pending forfeiture or service of
23 an in rem complaint is required under the provisions of
24 this Article, such notice or service shall be given as
25 follows:

26 (A) If the owner's or interest holder's name and

1 current address are known, then by either personal
2 service or mailing a copy of the notice by certified
3 mail, return receipt requested, to that address. For
4 purposes of notice under this Section, if a person has
5 been arrested for the conduct giving rise to the
6 forfeiture, then the address provided to the arresting
7 agency at the time of arrest shall be deemed to be that
8 person's known address. Provided, however, if an owner
9 or interest holder's address changes prior to the
10 effective date of the notice of pending forfeiture, the
11 owner or interest holder shall promptly notify the
12 seizing agency of the change in address or, if the
13 owner or interest holder's address changes subsequent
14 to the effective date of the notice of pending
15 forfeiture, the owner or interest holder shall
16 promptly notify the State's Attorney of the change in
17 address; or

18 (B) If the property seized is a conveyance, to the
19 address reflected in the office of the agency or
20 official in which title or interest to the conveyance
21 is required by law to be recorded, then by mailing a
22 copy of the notice by certified mail, return receipt
23 requested, to that address; or

24 (C) If the owner's or interest holder's address is
25 not known, and is not on record as provided in
26 paragraph (B), then by publication for 3 successive

1 weeks in a newspaper of general circulation in the
2 county in which the seizure occurred.

3 (2) Notice served under this Article is effective upon
4 personal service, the last date of publication, or the
5 mailing of written notice, whichever is earlier.

6 (j) Notice to State's Attorney. The law enforcement agency
7 seizing property for forfeiture under this Article shall,
8 within 90 days after seizure, notify the State's Attorney for
9 the county, either where an act or omission giving rise to the
10 forfeiture occurred or where the property was seized, of the
11 seizure of the property and the facts and circumstances giving
12 rise to the seizure and shall provide the State's Attorney with
13 the inventory of the property and its estimated value. When the
14 property seized for forfeiture is a vehicle, the law
15 enforcement agency seizing the property shall immediately
16 notify the Secretary of State that forfeiture proceedings are
17 pending regarding such vehicle.

18 (k) Non-judicial forfeiture. If non-real property that
19 exceeds \$20,000 in value excluding the value of any conveyance,
20 or if real property is seized under the provisions of this
21 Article, the State's Attorney shall institute judicial in rem
22 forfeiture proceedings as described in subsection (l) of this
23 Section within 45 days from receipt of notice of seizure from
24 the seizing agency under subsection (j) of this Section.
25 However, if non-real property that does not exceed \$20,000 in
26 value excluding the value of any conveyance is seized, the

1 following procedure shall be used:

2 (1) If, after review of the facts surrounding the
3 seizure, the State's Attorney is of the opinion that the
4 seized property is subject to forfeiture, then within 45
5 days after the receipt of notice of seizure from the
6 seizing agency, the State's Attorney shall cause notice of
7 pending forfeiture to be given to the owner of the property
8 and all known interest holders of the property in
9 accordance with subsection (i) of this Section.

10 (2) The notice of pending forfeiture must include a
11 description of the property, the estimated value of the
12 property, the date and place of seizure, the conduct giving
13 rise to forfeiture or the violation of law alleged, and a
14 summary of procedures and procedural rights applicable to
15 the forfeiture action.

16 (3) (A) Any person claiming an interest in property
17 which is the subject of notice under paragraph (1) of this
18 subsection (k), must, in order to preserve any rights or
19 claims to the property, within 45 days after the effective
20 date of notice as described in subsection (i) of this
21 Section, file a verified claim with the State's Attorney
22 expressing his or her interest in the property. The claim
23 must set forth:

24 (i) the caption of the proceedings as set forth on
25 the notice of pending forfeiture and the name of the
26 claimant;

1 (ii) the address at which the claimant will accept
2 mail;

3 (iii) the nature and extent of the claimant's
4 interest in the property;

5 (iv) the date, identity of the transferor, and
6 circumstances of the claimant's acquisition of the
7 interest in the property;

8 (v) the name and address of all other persons known
9 to have an interest in the property;

10 (vi) the specific provision of law relied on in
11 asserting the property is not subject to forfeiture;

12 (vii) all essential facts supporting each
13 assertion; and

14 (viii) the relief sought.

15 (B) If a claimant files the claim and deposits with the
16 State's Attorney a cost bond, in the form of a cashier's
17 check payable to the clerk of the court, in the sum of 10%
18 of the reasonable value of the property as alleged by the
19 State's Attorney or the sum of \$100, whichever is greater,
20 upon condition that, in the case of forfeiture, the
21 claimant must pay all costs and expenses of forfeiture
22 proceedings, then the State's Attorney shall institute
23 judicial in rem forfeiture proceedings and deposit the cost
24 bond with the clerk of the court as described in subsection
25 (1) of this Section within 45 days after receipt of the
26 claim and cost bond. In lieu of a cost bond, a person

1 claiming interest in the seized property may file, under
2 penalty of perjury, an indigency affidavit which has been
3 approved by a circuit court judge.

4 (C) If none of the seized property is forfeited in the
5 judicial in rem proceeding, the clerk of the court shall
6 return to the claimant, unless the court orders otherwise,
7 90% of the sum which has been deposited and shall retain as
8 costs 10% of the money deposited. If any of the seized
9 property is forfeited under the judicial forfeiture
10 proceeding, the clerk of the court shall transfer 90% of
11 the sum which has been deposited to the State's Attorney
12 prosecuting the civil forfeiture to be applied to the costs
13 of prosecution and the clerk shall retain as costs 10% of
14 the sum deposited.

15 (4) If no claim is filed or bond given within the 45
16 day period as described in paragraph (3) of this subsection
17 (k), the State's Attorney shall declare the property
18 forfeited and shall promptly notify the owner and all known
19 interest holders of the property and the Director of State
20 Police of the declaration of forfeiture and the Director
21 shall dispose of the property in accordance with law.

22 (1) Judicial in rem procedures. If property seized under
23 the provisions of this Article is non-real property that
24 exceeds \$20,000 in value excluding the value of any conveyance,
25 or is real property, or a claimant has filed a claim and a cost
26 bond under paragraph (3) of subsection (k) of this Section, the

1 following judicial in rem procedures shall apply:

2 (1) If, after a review of the facts surrounding the
3 seizure, the State's Attorney is of the opinion that the
4 seized property is subject to forfeiture, then within 45
5 days of the receipt of notice of seizure by the seizing
6 agency or the filing of the claim and cost bond, whichever
7 is later, the State's Attorney shall institute judicial
8 forfeiture proceedings by filing a verified complaint for
9 forfeiture and, if the claimant has filed a claim and cost
10 bond, by depositing the cost bond with the clerk of the
11 court. When authorized by law, a forfeiture must be ordered
12 by a court on an action in rem brought by a State's
13 Attorney under a verified complaint for forfeiture.

14 (2) During the probable cause portion of the judicial
15 in rem proceeding wherein the State presents its
16 case-in-chief, the court must receive and consider, among
17 other things, all relevant hearsay evidence and
18 information. The laws of evidence relating to civil actions
19 apply to all other portions of the judicial in rem
20 proceeding.

21 (3) Only an owner of or interest holder in the property
22 may file an answer asserting a claim against the property
23 in the action in rem. For purposes of this Section, the
24 owner or interest holder shall be referred to as claimant.
25 Upon motion of the State, the court shall first hold a
26 hearing, wherein any claimant must establish by a

1 preponderance of the evidence, that he or she has a lawful,
2 legitimate ownership interest in the property and that it
3 was obtained through a lawful source.

4 (4) The answer must be signed by the owner or interest
5 holder under penalty of perjury and must set forth:

6 (A) the caption of the proceedings as set forth on
7 the notice of pending forfeiture and the name of the
8 claimant;

9 (B) the address at which the claimant will accept
10 mail;

11 (C) the nature and extent of the claimant's
12 interest in the property;

13 (D) the date, identity of transferor, and
14 circumstances of the claimant's acquisition of the
15 interest in the property;

16 (E) the name and address of all other persons known
17 to have an interest in the property;

18 (F) all essential facts supporting each assertion;
19 and

20 (G) the precise relief sought.

21 (5) The answer must be filed with the court within 45
22 days after service of the civil in rem complaint.

23 (6) The hearing must be held within 60 days after
24 filing of the answer unless continued for good cause.

25 (7) The State shall show the existence of probable
26 cause for forfeiture of the property. If the State shows

1 probable cause, the claimant has the burden of showing by a
2 preponderance of the evidence that the claimant's interest
3 in the property is not subject to forfeiture.

4 (8) If the State does not show existence of probable
5 cause, the court shall order the interest in the property
6 returned or conveyed to the claimant and shall order all
7 other property forfeited to the State. If the State does
8 show existence of probable cause, the court shall order all
9 property forfeited to the State.

10 (9) A defendant convicted in any criminal proceeding is
11 precluded from later denying the essential allegations of
12 the criminal offense of which the defendant was convicted
13 in any proceeding under this Article regardless of the
14 pendency of an appeal from that conviction. However,
15 evidence of the pendency of an appeal is admissible.

16 (10) An acquittal or dismissal in a criminal proceeding
17 does not preclude civil proceedings under this Article;
18 however, for good cause shown, on a motion by the State's
19 Attorney, the court may stay civil forfeiture proceedings
20 during the criminal trial for a related criminal indictment
21 or information alleging a money laundering violation. Such
22 a stay shall not be available pending an appeal. Property
23 subject to forfeiture under this Article shall not be
24 subject to return or release by a court exercising
25 jurisdiction over a criminal case involving the seizure of
26 such property unless such return or release is consented to

1 by the State's Attorney.

2 (11) All property declared forfeited under this
3 Article vests in this State on the commission of the
4 conduct giving rise to forfeiture together with the
5 proceeds of the property after that time. Any such property
6 or proceeds subsequently transferred to any person remain
7 subject to forfeiture and thereafter shall be ordered
8 forfeited.

9 (12) A civil action under this Article must be
10 commenced within 5 years after the last conduct giving rise
11 to forfeiture became known or should have become known or 5
12 years after the forfeitable property is discovered,
13 whichever is later, excluding any time during which either
14 the property or claimant is out of the State or in
15 confinement or during which criminal proceedings relating
16 to the same conduct are in progress.

17 (m) Stay of time periods. If property is seized for
18 evidence and for forfeiture, the time periods for instituting
19 judicial and non-judicial forfeiture proceedings shall not
20 begin until the property is no longer necessary for evidence.

21 (n) Settlement of claims. Notwithstanding other provisions
22 of this Article, the State's Attorney and a claimant of seized
23 property may enter into an agreed-upon settlement concerning
24 the seized property in such an amount and upon such terms as
25 are set out in writing in a settlement agreement.

26 (o) Property constituting attorney fees. Nothing in this

1 Article applies to property which constitutes reasonable bona
2 fide attorney's fees paid to an attorney for services rendered
3 or to be rendered in the forfeiture proceeding or criminal
4 proceeding relating directly thereto where such property was
5 paid before its seizure, before the issuance of any seizure
6 warrant or court order prohibiting transfer of the property and
7 where the attorney, at the time he or she received the property
8 did not know that it was property subject to forfeiture under
9 this Article.

10 (p) Construction. It is the intent of the General Assembly
11 that the forfeiture provisions of this Article be liberally
12 construed so as to effect their remedial purpose. The
13 forfeiture of property and other remedies hereunder shall be
14 considered to be in addition to, and not exclusive of, any
15 sentence or other remedy provided by law.

16 (q) Judicial review. If property has been declared
17 forfeited under subsection (k) of this Section, any person who
18 has an interest in the property declared forfeited may, within
19 30 days after the effective date of the notice of the
20 declaration of forfeiture, file a claim and cost bond as
21 described in paragraph (3) of subsection (k) of this Section.
22 If a claim and cost bond is filed under this Section, then the
23 procedures described in subsection (l) of this Section apply.

24 (r) Burden of proof of exemption or exception. It is not
25 necessary for the State to negate any exemption or exception in
26 this Article in any complaint, information, indictment or other

1 pleading or in any trial, hearing, or other proceeding under
2 this Article. The burden of proof of any exemption or exception
3 is upon the person claiming it.

4 (s) Review of administrative decisions. All administrative
5 findings, rulings, final determinations, findings, and
6 conclusions of the State's Attorney's Office under this Article
7 are final and conclusive decisions of the matters involved. Any
8 person aggrieved by the decision may obtain review of the
9 decision pursuant to the provisions of the Administrative
10 Review Law and the rules adopted pursuant to that Law. Pending
11 final decision on such review, the administrative acts, orders,
12 and rulings of the State's Attorney's Office remain in full
13 force and effect unless modified or suspended by order of court
14 pending final judicial decision. Pending final decision on such
15 review, the acts, orders, and rulings of the State's Attorney's
16 Office remain in full force and effect, unless stayed by order
17 of court. However, no stay of any decision of the
18 administrative agency shall issue unless the person aggrieved
19 by the decision establishes by a preponderance of the evidence
20 that good cause exists for the stay. In determining good cause,
21 the court shall find that the aggrieved party has established a
22 substantial likelihood of prevailing on the merits and that
23 granting the stay will not have an injurious effect on the
24 general public.

25 (Source: P.A. 96-275, eff. 8-11-09; 96-710, eff. 1-1-10;
26 96-1000, eff. 7-2-10; 96-1234, eff. 7-23-10.)

1 Section 5-95. The Cannabis Control Act is amended by
2 changing Section 10 as follows:

3 (720 ILCS 550/10) (from Ch. 56 1/2, par. 710)

4 Sec. 10. (a) Whenever any person who has not previously
5 been convicted of, or placed on probation or court supervision
6 for, any offense under this Act or any law of the United States
7 or of any State relating to cannabis, or controlled substances
8 as defined in the Illinois Controlled Substances Act, pleads
9 guilty to or is found guilty of violating Sections 4(a), 4(b),
10 4(c), 5(a), 5(b), 5(c) or 8 of this Act, the court may, without
11 entering a judgment and with the consent of such person,
12 sentence him to probation.

13 (b) When a person is placed on probation, the court shall
14 enter an order specifying a period of probation of 24 months,
15 and shall defer further proceedings in the case until the
16 conclusion of the period or until the filing of a petition
17 alleging violation of a term or condition of probation.

18 (c) The conditions of probation shall be that the person:
19 (1) not violate any criminal statute of any jurisdiction; (2)
20 refrain from possession of a firearm or other dangerous weapon;
21 (3) submit to periodic drug testing at a time and in a manner
22 as ordered by the court, but no less than 3 times during the
23 period of the probation, with the cost of the testing to be
24 paid by the probationer; and (4) perform no less than 30 hours

1 of community service, provided community service is available
2 in the jurisdiction and is funded and approved by the county
3 board.

4 (d) The court may, in addition to other conditions, require
5 that the person:

6 (1) make a report to and appear in person before or
7 participate with the court or such courts, person, or
8 social service agency as directed by the court in the order
9 of probation;

10 (2) pay a fine and costs;

11 (3) work or pursue a course of study or vocational
12 training;

13 (4) undergo medical or psychiatric treatment; or
14 treatment for drug addiction or alcoholism;

15 (5) attend or reside in a facility established for the
16 instruction or residence of defendants on probation;

17 (6) support his dependents;

18 (7) refrain from possessing a firearm or other
19 dangerous weapon;

20 (7-5) refrain from having in his or her body the
21 presence of any illicit drug prohibited by the Cannabis
22 Control Act, the Illinois Controlled Substances Act, or the
23 Methamphetamine Control and Community Protection Act,
24 unless prescribed by a physician, and submit samples of his
25 or her blood or urine or both for tests to determine the
26 presence of any illicit drug;

1 (8) and in addition, if a minor:
2 (i) reside with his parents or in a foster home;
3 (ii) attend school;
4 (iii) attend a non-residential program for youth;
5 (iv) contribute to his own support at home or in a
6 foster home.

7 (e) Upon violation of a term or condition of probation, the
8 court may enter a judgment on its original finding of guilt and
9 proceed as otherwise provided.

10 (f) Upon fulfillment of the terms and conditions of
11 probation, the court shall discharge such person and dismiss
12 the proceedings against him.

13 (g) A disposition of probation is considered to be a
14 conviction for the purposes of imposing the conditions of
15 probation and for appeal, however, discharge and dismissal
16 under this Section is not a conviction for purposes of
17 disqualification or disabilities imposed by law upon
18 conviction of a crime (including the additional penalty imposed
19 for subsequent offenses under Section 4(c), 4(d), 5(c) or 5(d)
20 of this Act).

21 (h) Discharge and dismissal under this Section, Section 410
22 of the Illinois Controlled Substances Act, Section 70 of the
23 Methamphetamine Control and Community Protection Act, Section
24 5-6-3.3 or 5-6-3.4 of the Unified Code of Corrections, or
25 subsection (c) of Section 11-14 of the Criminal Code of 1961 or
26 the Criminal Code of 2012 may occur only once with respect to

1 any person.

2 (i) If a person is convicted of an offense under this Act,
3 the Illinois Controlled Substances Act, or the Methamphetamine
4 Control and Community Protection Act within 5 years subsequent
5 to a discharge and dismissal under this Section, the discharge
6 and dismissal under this Section shall be admissible in the
7 sentencing proceeding for that conviction as a factor in
8 aggravation.

9 (j) Notwithstanding subsection (a), before a person is
10 sentenced to probation under this Section, the court may refer
11 the person to the drug court established in that judicial
12 circuit pursuant to Section 15 of the Drug Court Treatment Act.
13 The drug court team shall evaluate the person's likelihood of
14 successfully completing a sentence of probation under this
15 Section and shall report the results of its evaluation to the
16 court. If the drug court team finds that the person suffers
17 from a substance abuse problem that makes him or her
18 substantially unlikely to successfully complete a sentence of
19 probation under this Section, then the drug court shall set
20 forth its findings in the form of a written order, and the
21 person shall not be sentenced to probation under this Section,
22 but may be considered for the drug court program.

23 (Source: P.A. 97-1118, eff. 1-1-13; 97-1150, eff. 1-25-13;
24 98-164, eff. 1-1-14.)

25 Section 5-100. The Illinois Controlled Substances Act is

1 amended by changing Sections 102, 301, 312, 314.5, 316, 317,
2 318, 319, 320, 406, and 410 as follows:

3 (720 ILCS 570/102) (from Ch. 56 1/2, par. 1102)

4 Sec. 102. Definitions. As used in this Act, unless the
5 context otherwise requires:

6 (a) "Addict" means any person who habitually uses any drug,
7 chemical, substance or dangerous drug other than alcohol so as
8 to endanger the public morals, health, safety or welfare or who
9 is so far addicted to the use of a dangerous drug or controlled
10 substance other than alcohol as to have lost the power of self
11 control with reference to his or her addiction.

12 (b) "Administer" means the direct application of a
13 controlled substance, whether by injection, inhalation,
14 ingestion, or any other means, to the body of a patient,
15 research subject, or animal (as defined by the Humane
16 Euthanasia in Animal Shelters Act) by:

17 (1) a practitioner (or, in his or her presence, by his
18 or her authorized agent),

19 (2) the patient or research subject pursuant to an
20 order, or

21 (3) a euthanasia technician as defined by the Humane
22 Euthanasia in Animal Shelters Act.

23 (c) "Agent" means an authorized person who acts on behalf
24 of or at the direction of a manufacturer, distributor,
25 dispenser, prescriber, or practitioner. It does not include a

1 common or contract carrier, public warehouseman or employee of
2 the carrier or warehouseman.

3 (c-1) "Anabolic Steroids" means any drug or hormonal
4 substance, chemically and pharmacologically related to
5 testosterone (other than estrogens, progestins,
6 corticosteroids, and dehydroepiandrosterone), and includes:

7 (i) 3[beta] ,17-dihydroxy-5a-androstane,

8 (ii) 3[alpha] ,17[beta] -dihydroxy-5a-androstane,

9 (iii) 5[alpha] -androst-3,17-dione,

10 (iv) 1-androstenediol (3[beta] ,

11 17[beta] -dihydroxy-5[alpha] -androst-1-ene),

12 (v) 1-androstenediol (3[alpha] ,

13 17[beta] -dihydroxy-5[alpha] -androst-1-ene),

14 (vi) 4-androstenediol

15 (3[beta] ,17[beta] -dihydroxy-androst-4-ene),

16 (vii) 5-androstenediol

17 (3[beta] ,17[beta] -dihydroxy-androst-5-ene),

18 (viii) 1-androstenedione

19 ([5alpha] -androst-1-en-3,17-dione),

20 (ix) 4-androstenedione

21 (androst-4-en-3,17-dione),

22 (x) 5-androstenedione

23 (androst-5-en-3,17-dione),

24 (xi) bolasterone (7[alpha] ,17a-dimethyl-17[beta] -

25 hydroxyandrost-4-en-3-one),

26 (xii) boldenone (17[beta] -hydroxyandrost-

1 1,4,-diene-3-one),
2 (xiii) boldione (androsta-1,4-
3 diene-3,17-dione),
4 (xiv) calusterone (7[beta] ,17[alpha] -dimethyl-17
5 [beta] -hydroxyandrost-4-en-3-one),
6 (xv) clostebol (4-chloro-17[beta] -
7 hydroxyandrost-4-en-3-one),
8 (xvi) dehydrochloromethyltestosterone (4-chloro-
9 17[beta] -hydroxy-17[alpha] -methyl-
10 androst-1,4-dien-3-one),
11 (xvii) desoxymethyltestosterone
12 (17[alpha] -methyl-5[alpha]
13 -androst-2-en-17[beta] -ol) (a.k.a., madol),
14 (xviii) [delta] 1-dihydrotestosterone (a.k.a.
15 '1-testosterone') (17[beta] -hydroxy-
16 5[alpha] -androst-1-en-3-one),
17 (xix) 4-dihydrotestosterone (17[beta] -hydroxy-
18 androstan-3-one),
19 (xx) drostanolone (17[beta] -hydroxy-2[alpha] -methyl-
20 5[alpha] -androstan-3-one),
21 (xxi) ethylestrenol (17[alpha] -ethyl-17[beta] -
22 hydroxyestr-4-ene),
23 (xxii) fluoxymesterone (9-fluoro-17[alpha] -methyl-
24 1[beta] ,17[beta] -dihydroxyandrost-4-en-3-one),
25 (xxiii) formebolone (2-formyl-17[alpha] -methyl-11[alpha] ,
26 17[beta] -dihydroxyandrost-1,4-dien-3-one),

- 1 (xxiv) furazabol (17[alpha] -methyl-17[beta] -
2 hydroxyandrostano[2,3-c] -furazan) ,
3 (xxv) 13[beta] -ethyl-17[beta] -hydroxygon-4-en-3-one)
4 (xxvi) 4-hydroxytestosterone (4,17[beta] -dihydroxy-
5 androst-4-en-3-one) ,
6 (xxvii) 4-hydroxy-19-nortestosterone (4,17[beta] -
7 dihydroxy-estr-4-en-3-one) ,
8 (xxviii) mestanolone (17[alpha] -methyl-17[beta] -
9 hydroxy-5-androstan-3-one) ,
10 (xxix) mesterolone (1-methyl-17[beta] -hydroxy-
11 [5a] -androstan-3-one) ,
12 (xxx) methandienone (17[alpha] -methyl-17[beta] -
13 hydroxyandrost-1,4-dien-3-one) ,
14 (xxxii) methandriol (17[alpha] -methyl-3[beta] ,17[beta] -
15 dihydroxyandrost-5-ene) ,
16 (xxxiii) methenolone (1-methyl-17[beta] -hydroxy-
17 5[alpha] -androst-1-en-3-one) ,
18 (xxxiiii) 17[alpha] -methyl-3[beta] , 17[beta] -
19 dihydroxy-5a-androstane) ,
20 (xxxv) 17[alpha] -methyl-3[alpha] ,17[beta] -dihydroxy
21 -5a-androstane) ,
22 (xxxvi) 17[alpha] -methyl-3[beta] ,17[beta] -
23 dihydroxyandrost-4-ene) ,
24 (xxxvii) 17[alpha] -methyl-4-hydroxynandrolone (17[alpha] -
25 methyl-4-hydroxy-17[beta] -hydroxyestr-4-en-3-one) ,
26 (xxxviii) methyldienolone (17[alpha] -methyl-17[beta] -

1 hydroxyestra-4,9(10)-dien-3-one),
2 (xxxviii) methyltrienolone (17[alpha] -methyl-17[beta] -
3 hydroxyestra-4,9-11-trien-3-one),
4 (xxxix) methyltestosterone (17[alpha] -methyl-17[beta] -
5 hydroxyandrost-4-en-3-one),
6 (xl) mibolerone (7[alpha] ,17a-dimethyl-17[beta] -
7 hydroxyestr-4-en-3-one),
8 (xli) 17[alpha] -methyl-[delta] 1-dihydrotestosterone
9 (17b[beta] -hydroxy-17[alpha] -methyl-5[alpha] -
10 androst-1-en-3-one) (a.k.a. '17-[alpha] -methyl-
11 1-testosterone'),
12 (xlii) nandrolone (17[beta] -hydroxyestr-4-en-3-one),
13 (xliiii) 19-nor-4-androstenediol (3[beta] , 17[beta] -
14 dihydroxyestr-4-ene),
15 (xliv) 19-nor-4-androstenediol (3[alpha] , 17[beta] -
16 dihydroxyestr-4-ene),
17 (xlv) 19-nor-5-androstenediol (3[beta] , 17[beta] -
18 dihydroxyestr-5-ene),
19 (xlvi) 19-nor-5-androstenediol (3[alpha] , 17[beta] -
20 dihydroxyestr-5-ene),
21 (xlvii) 19-nor-4,9(10)-androstadienedione
22 (estra-4,9(10)-diene-3,17-dione),
23 (xlviii) 19-nor-4-androstenedione (estr-4-
24 en-3,17-dione),
25 (xlix) 19-nor-5-androstenedione (estr-5-
26 en-3,17-dione),

- 1 (1) norbolethone (13[beta] , 17a-diethyl-17[beta] -
2 hydroxygon-4-en-3-one) ,
3 (li) norclostebol (4-chloro-17[beta] -
4 hydroxyestr-4-en-3-one) ,
5 (lii) norethandrolone (17[alpha] -ethyl-17[beta] -
6 hydroxyestr-4-en-3-one) ,
7 (liii) normethandrolone (17[alpha] -methyl-17[beta] -
8 hydroxyestr-4-en-3-one) ,
9 (liv) oxandrolone (17[alpha] -methyl-17[beta] -hydroxy-
10 2-oxa-5[alpha] -androstan-3-one) ,
11 (lv) oxymesterone (17[alpha] -methyl-4,17[beta] -
12 dihydroxyandrost-4-en-3-one) ,
13 (lvi) oxymetholone (17[alpha] -methyl-2-hydroxymethylene-
14 17[beta] -hydroxy- (5[alpha] -androstan-3-one) ,
15 (lvii) stanozolol (17[alpha] -methyl-17[beta] -hydroxy-
16 (5[alpha] -androst-2-eno[3,2-c] -pyrazole) ,
17 (lviii) stenbolone (17[beta] -hydroxy-2-methyl-
18 (5[alpha] -androst-1-en-3-one) ,
19 (lix) testolactone (13-hydroxy-3-oxo-13,17-
20 secoandrosta-1,4-dien-17-oic
21 acid lactone) ,
22 (lx) testosterone (17[beta] -hydroxyandrost-
23 4-en-3-one) ,
24 (lxi) tetrahydrogestrinone (13[beta] , 17[alpha] -
25 diethyl-17[beta] -hydroxygon-
26 4,9,11-trien-3-one) ,

1 (lxii) trenbolone (17[beta]-hydroxyestr-4,9,
2 11-trien-3-one).

3 Any person who is otherwise lawfully in possession of an
4 anabolic steroid, or who otherwise lawfully manufactures,
5 distributes, dispenses, delivers, or possesses with intent to
6 deliver an anabolic steroid, which anabolic steroid is
7 expressly intended for and lawfully allowed to be administered
8 through implants to livestock or other nonhuman species, and
9 which is approved by the Secretary of Health and Human Services
10 for such administration, and which the person intends to
11 administer or have administered through such implants, shall
12 not be considered to be in unauthorized possession or to
13 unlawfully manufacture, distribute, dispense, deliver, or
14 possess with intent to deliver such anabolic steroid for
15 purposes of this Act.

16 (d) "Administration" means the Drug Enforcement
17 Administration, United States Department of Justice, or its
18 successor agency.

19 (d-5) "Clinical Director, Prescription Monitoring Program"
20 means a Department of Human Services administrative employee
21 licensed to either prescribe or dispense controlled substances
22 who shall run the clinical aspects of the Department of Human
23 Services Prescription Monitoring Program and its Prescription
24 Information Library.

25 (d-10) "Compounding" means the preparation and mixing of
26 components, excluding flavorings, (1) as the result of a

1 prescriber's prescription drug order or initiative based on the
2 prescriber-patient-pharmacist relationship in the course of
3 professional practice or (2) for the purpose of, or incident
4 to, research, teaching, or chemical analysis and not for sale
5 or dispensing. "Compounding" includes the preparation of drugs
6 or devices in anticipation of receiving prescription drug
7 orders based on routine, regularly observed dispensing
8 patterns. Commercially available products may be compounded
9 for dispensing to individual patients only if both of the
10 following conditions are met: (i) the commercial product is not
11 reasonably available from normal distribution channels in a
12 timely manner to meet the patient's needs and (ii) the
13 prescribing practitioner has requested that the drug be
14 compounded.

15 (e) "Control" means to add a drug or other substance, or
16 immediate precursor, to a Schedule whether by transfer from
17 another Schedule or otherwise.

18 (f) "Controlled Substance" means (i) a drug, substance, or
19 immediate precursor in the Schedules of Article II of this Act
20 or (ii) a drug or other substance, or immediate precursor,
21 designated as a controlled substance by the Department through
22 administrative rule. The term does not include distilled
23 spirits, wine, malt beverages, or tobacco, as those terms are
24 defined or used in the Liquor Control Act of 1934 and the
25 Tobacco Products Tax Act of 1995.

26 (f-5) "Controlled substance analog" means a substance:

1 (1) the chemical structure of which is substantially
2 similar to the chemical structure of a controlled substance
3 in Schedule I or II;

4 (2) which has a stimulant, depressant, or
5 hallucinogenic effect on the central nervous system that is
6 substantially similar to or greater than the stimulant,
7 depressant, or hallucinogenic effect on the central
8 nervous system of a controlled substance in Schedule I or
9 II; or

10 (3) with respect to a particular person, which such
11 person represents or intends to have a stimulant,
12 depressant, or hallucinogenic effect on the central
13 nervous system that is substantially similar to or greater
14 than the stimulant, depressant, or hallucinogenic effect
15 on the central nervous system of a controlled substance in
16 Schedule I or II.

17 (g) "Counterfeit substance" means a controlled substance,
18 which, or the container or labeling of which, without
19 authorization bears the trademark, trade name, or other
20 identifying mark, imprint, number or device, or any likeness
21 thereof, of a manufacturer, distributor, or dispenser other
22 than the person who in fact manufactured, distributed, or
23 dispensed the substance.

24 (h) "Deliver" or "delivery" means the actual, constructive
25 or attempted transfer of possession of a controlled substance,
26 with or without consideration, whether or not there is an

1 agency relationship.

2 (i) "Department" means the Illinois Department of Human
3 Services (as successor to the Department of Alcoholism and
4 Substance Abuse) or its successor agency.

5 (j) (Blank).

6 (k) "Department of Corrections" means the Department of
7 Corrections of the State of Illinois or its successor agency.

8 (l) "Department of Financial and Professional Regulation"
9 means the Department of Financial and Professional Regulation
10 of the State of Illinois or its successor agency.

11 (m) "Depressant" means any drug that (i) causes an overall
12 depression of central nervous system functions, (ii) causes
13 impaired consciousness and awareness, and (iii) can be
14 habit-forming or lead to a substance abuse problem, including
15 but not limited to alcohol, cannabis and its active principles
16 and their analogs, benzodiazepines and their analogs,
17 barbiturates and their analogs, opioids (natural and
18 synthetic) and their analogs, and chloral hydrate and similar
19 sedative hypnotics.

20 (n) (Blank).

21 (o) "Director" means the Director of the Illinois State
22 Police or his or her designated agents.

23 (p) "Dispense" means to deliver a controlled substance to
24 an ultimate user or research subject by or pursuant to the
25 lawful order of a prescriber, including the prescribing,
26 administering, packaging, labeling, or compounding necessary

1 to prepare the substance for that delivery.

2 (q) "Dispenser" means a practitioner who dispenses.

3 (r) "Distribute" means to deliver, other than by
4 administering or dispensing, a controlled substance.

5 (s) "Distributor" means a person who distributes.

6 (t) "Drug" means (1) substances recognized as drugs in the
7 official United States Pharmacopoeia, Official Homeopathic
8 Pharmacopoeia of the United States, or official National
9 Formulary, or any supplement to any of them; (2) substances
10 intended for use in diagnosis, cure, mitigation, treatment, or
11 prevention of disease in man or animals; (3) substances (other
12 than food) intended to affect the structure of any function of
13 the body of man or animals and (4) substances intended for use
14 as a component of any article specified in clause (1), (2), or
15 (3) of this subsection. It does not include devices or their
16 components, parts, or accessories.

17 (t-3) "Electronic health record" or "EHR" means an
18 electronic record of health-related information on an
19 individual that is created, gathered, managed, and consulted by
20 authorized health care clinicians and staff.

21 (t-5) "Euthanasia agency" means an entity certified by the
22 Department of Financial and Professional Regulation for the
23 purpose of animal euthanasia that holds an animal control
24 facility license or animal shelter license under the Animal
25 Welfare Act. A euthanasia agency is authorized to purchase,
26 store, possess, and utilize Schedule II nonnarcotic and

1 Schedule III nonnarcotic drugs for the sole purpose of animal
2 euthanasia.

3 (t-10) "Euthanasia drugs" means Schedule II or Schedule III
4 substances (nonnarcotic controlled substances) that are used
5 by a euthanasia agency for the purpose of animal euthanasia.

6 (u) "Good faith" means the prescribing or dispensing of a
7 controlled substance by a practitioner in the regular course of
8 professional treatment to or for any person who is under his or
9 her treatment for a pathology or condition other than that
10 individual's physical or psychological dependence upon or
11 addiction to a controlled substance, except as provided herein:
12 and application of the term to a pharmacist shall mean the
13 dispensing of a controlled substance pursuant to the
14 prescriber's order which in the professional judgment of the
15 pharmacist is lawful. The pharmacist shall be guided by
16 accepted professional standards including, but not limited to
17 the following, in making the judgment:

18 (1) lack of consistency of prescriber-patient
19 relationship,

20 (2) frequency of prescriptions for same drug by one
21 prescriber for large numbers of patients,

22 (3) quantities beyond those normally prescribed,

23 (4) unusual dosages (recognizing that there may be
24 clinical circumstances where more or less than the usual
25 dose may be used legitimately),

26 (5) unusual geographic distances between patient,

1 pharmacist and prescriber,

2 (6) consistent prescribing of habit-forming drugs.

3 (u-0.5) "Hallucinogen" means a drug that causes markedly
4 altered sensory perception leading to hallucinations of any
5 type.

6 (u-1) "Home infusion services" means services provided by a
7 pharmacy in compounding solutions for direct administration to
8 a patient in a private residence, long-term care facility, or
9 hospice setting by means of parenteral, intravenous,
10 intramuscular, subcutaneous, or intraspinal infusion.

11 (u-5) "Illinois State Police" means the State Police of the
12 State of Illinois, or its successor agency.

13 (v) "Immediate precursor" means a substance:

14 (1) which the Department has found to be and by rule
15 designated as being a principal compound used, or produced
16 primarily for use, in the manufacture of a controlled
17 substance;

18 (2) which is an immediate chemical intermediary used or
19 likely to be used in the manufacture of such controlled
20 substance; and

21 (3) the control of which is necessary to prevent,
22 curtail or limit the manufacture of such controlled
23 substance.

24 (w) "Instructional activities" means the acts of teaching,
25 educating or instructing by practitioners using controlled
26 substances within educational facilities approved by the State

1 Board of Education or its successor agency.

2 (x) "Local authorities" means a duly organized State,
3 County or Municipal peace unit or police force.

4 (y) "Look-alike substance" means a substance, other than a
5 controlled substance which (1) by overall dosage unit
6 appearance, including shape, color, size, markings or lack
7 thereof, taste, consistency, or any other identifying physical
8 characteristic of the substance, would lead a reasonable person
9 to believe that the substance is a controlled substance, or (2)
10 is expressly or impliedly represented to be a controlled
11 substance or is distributed under circumstances which would
12 lead a reasonable person to believe that the substance is a
13 controlled substance. For the purpose of determining whether
14 the representations made or the circumstances of the
15 distribution would lead a reasonable person to believe the
16 substance to be a controlled substance under this clause (2) of
17 subsection (y), the court or other authority may consider the
18 following factors in addition to any other factor that may be
19 relevant:

20 (a) statements made by the owner or person in control
21 of the substance concerning its nature, use or effect;

22 (b) statements made to the buyer or recipient that the
23 substance may be resold for profit;

24 (c) whether the substance is packaged in a manner
25 normally used for the illegal distribution of controlled
26 substances;

1 (d) whether the distribution or attempted distribution
2 included an exchange of or demand for money or other
3 property as consideration, and whether the amount of the
4 consideration was substantially greater than the
5 reasonable retail market value of the substance.

6 Clause (1) of this subsection (y) shall not apply to a
7 noncontrolled substance in its finished dosage form that was
8 initially introduced into commerce prior to the initial
9 introduction into commerce of a controlled substance in its
10 finished dosage form which it may substantially resemble.

11 Nothing in this subsection (y) prohibits the dispensing or
12 distributing of noncontrolled substances by persons authorized
13 to dispense and distribute controlled substances under this
14 Act, provided that such action would be deemed to be carried
15 out in good faith under subsection (u) if the substances
16 involved were controlled substances.

17 Nothing in this subsection (y) or in this Act prohibits the
18 manufacture, preparation, propagation, compounding,
19 processing, packaging, advertising or distribution of a drug or
20 drugs by any person registered pursuant to Section 510 of the
21 Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360).

22 (y-1) "Mail-order pharmacy" means a pharmacy that is
23 located in a state of the United States that delivers,
24 dispenses or distributes, through the United States Postal
25 Service or other common carrier, to Illinois residents, any
26 substance which requires a prescription.

1 (z) "Manufacture" means the production, preparation,
2 propagation, compounding, conversion or processing of a
3 controlled substance other than methamphetamine, either
4 directly or indirectly, by extraction from substances of
5 natural origin, or independently by means of chemical
6 synthesis, or by a combination of extraction and chemical
7 synthesis, and includes any packaging or repackaging of the
8 substance or labeling of its container, except that this term
9 does not include:

10 (1) by an ultimate user, the preparation or compounding
11 of a controlled substance for his or her own use; or

12 (2) by a practitioner, or his or her authorized agent
13 under his or her supervision, the preparation,
14 compounding, packaging, or labeling of a controlled
15 substance:

16 (a) as an incident to his or her administering or
17 dispensing of a controlled substance in the course of
18 his or her professional practice; or

19 (b) as an incident to lawful research, teaching or
20 chemical analysis and not for sale.

21 (z-1) (Blank).

22 (z-5) "Medication shopping" means the conduct prohibited
23 under subsection (a) of Section 314.5 of this Act.

24 (z-10) "Mid-level practitioner" means (i) a physician
25 assistant who has been delegated authority to prescribe through
26 a written delegation of authority by a physician licensed to

1 practice medicine in all of its branches, in accordance with
2 Section 7.5 of the Physician Assistant Practice Act of 1987,
3 (ii) an advanced practice nurse who has been delegated
4 authority to prescribe through a written delegation of
5 authority by a physician licensed to practice medicine in all
6 of its branches or by a podiatric physician, in accordance with
7 Section 65-40 of the Nurse Practice Act, (iii) an animal
8 euthanasia agency, or (iv) a prescribing psychologist.

9 (aa) "Narcotic drug" means any of the following, whether
10 produced directly or indirectly by extraction from substances
11 of vegetable origin, or independently by means of chemical
12 synthesis, or by a combination of extraction and chemical
13 synthesis:

14 (1) opium, opiates, derivatives of opium and opiates,
15 including their isomers, esters, ethers, salts, and salts
16 of isomers, esters, and ethers, whenever the existence of
17 such isomers, esters, ethers, and salts is possible within
18 the specific chemical designation; however the term
19 "narcotic drug" does not include the isoquinoline
20 alkaloids of opium;

21 (2) (blank);

22 (3) opium poppy and poppy straw;

23 (4) coca leaves, except coca leaves and extracts of
24 coca leaves from which substantially all of the cocaine and
25 ecgonine, and their isomers, derivatives and salts, have
26 been removed;

1 (5) cocaine, its salts, optical and geometric isomers,
2 and salts of isomers;

3 (6) ecgonine, its derivatives, their salts, isomers,
4 and salts of isomers;

5 (7) any compound, mixture, or preparation which
6 contains any quantity of any of the substances referred to
7 in subparagraphs (1) through (6).

8 (bb) "Nurse" means a registered nurse licensed under the
9 Nurse Practice Act.

10 (cc) (Blank).

11 (dd) "Opiate" means any substance having an addiction
12 forming or addiction sustaining liability similar to morphine
13 or being capable of conversion into a drug having addiction
14 forming or addiction sustaining liability.

15 (ee) "Opium poppy" means the plant of the species *Papaver*
16 *somniferum* L., except its seeds.

17 (ee-5) "Oral dosage" means a tablet, capsule, elixir, or
18 solution or other liquid form of medication intended for
19 administration by mouth, but the term does not include a form
20 of medication intended for buccal, sublingual, or transmucosal
21 administration.

22 (ff) "Parole and Pardon Board" means the Parole and Pardon
23 Board of the State of Illinois or its successor agency.

24 (gg) "Person" means any individual, corporation,
25 mail-order pharmacy, government or governmental subdivision or
26 agency, business trust, estate, trust, partnership or

1 association, or any other entity.

2 (hh) "Pharmacist" means any person who holds a license or
3 certificate of registration as a registered pharmacist, a local
4 registered pharmacist or a registered assistant pharmacist
5 under the Pharmacy Practice Act.

6 (ii) "Pharmacy" means any store, ship or other place in
7 which pharmacy is authorized to be practiced under the Pharmacy
8 Practice Act.

9 (ii-5) "Pharmacy shopping" means the conduct prohibited
10 under subsection (b) of Section 314.5 of this Act.

11 (ii-10) "Physician" (except when the context otherwise
12 requires) means a person licensed to practice medicine in all
13 of its branches.

14 (jj) "Poppy straw" means all parts, except the seeds, of
15 the opium poppy, after mowing.

16 (kk) "Practitioner" means a physician licensed to practice
17 medicine in all its branches, dentist, optometrist, podiatric
18 physician, veterinarian, scientific investigator, pharmacist,
19 physician assistant, advanced practice nurse, licensed
20 practical nurse, registered nurse, hospital, laboratory, or
21 pharmacy, or other person licensed, registered, or otherwise
22 lawfully permitted by the United States or this State to
23 distribute, dispense, conduct research with respect to,
24 administer or use in teaching or chemical analysis, a
25 controlled substance in the course of professional practice or
26 research.

1 (11) "Pre-printed prescription" means a written
2 prescription upon which the designated drug has been indicated
3 prior to the time of issuance; the term does not mean a written
4 prescription that is individually generated by machine or
5 computer in the prescriber's office.

6 (mm) "Prescriber" means a physician licensed to practice
7 medicine in all its branches, dentist, optometrist,
8 prescribing psychologist licensed under Section 4.2 of the
9 Clinical Psychologist Licensing Act with prescriptive
10 authority delegated under Section 4.3 of the Clinical
11 Psychologist Licensing Act, podiatric physician, or
12 veterinarian who issues a prescription, a physician assistant
13 who issues a prescription for a controlled substance in
14 accordance with Section 303.05, a written delegation, and a
15 written supervision agreement required under Section 7.5 of the
16 Physician Assistant Practice Act of 1987, or an advanced
17 practice nurse with prescriptive authority delegated under
18 Section 65-40 of the Nurse Practice Act and in accordance with
19 Section 303.05, a written delegation, and a written
20 collaborative agreement under Section 65-35 of the Nurse
21 Practice Act.

22 (nn) "Prescription" means a written, facsimile, or oral
23 order, or an electronic order that complies with applicable
24 federal requirements, of a physician licensed to practice
25 medicine in all its branches, dentist, podiatric physician or
26 veterinarian for any controlled substance, of an optometrist

1 ~~for a Schedule II, III, IV, or V controlled substance~~ in
2 accordance with Section 15.1 of the Illinois Optometric
3 Practice Act of 1987, of a prescribing psychologist licensed
4 under Section 4.2 of the Clinical Psychologist Licensing Act
5 with prescriptive authority delegated under Section 4.3 of the
6 Clinical Psychologist Licensing Act, of a physician assistant
7 for a controlled substance in accordance with Section 303.05, a
8 written delegation, and a written supervision agreement
9 required under Section 7.5 of the Physician Assistant Practice
10 Act of 1987, or of an advanced practice nurse with prescriptive
11 authority delegated under Section 65-40 of the Nurse Practice
12 Act who issues a prescription for a controlled substance in
13 accordance with Section 303.05, a written delegation, and a
14 written collaborative agreement under Section 65-35 of the
15 Nurse Practice Act when required by law.

16 (nn-5) "Prescription Information Library" (PIL) means an
17 electronic library that contains reported controlled substance
18 data.

19 (nn-10) "Prescription Monitoring Program" (PMP) means the
20 entity that collects, tracks, and stores reported data on
21 controlled substances and select drugs pursuant to Section 316.

22 (oo) "Production" or "produce" means manufacture,
23 planting, cultivating, growing, or harvesting of a controlled
24 substance other than methamphetamine.

25 (pp) "Registrant" means every person who is required to
26 register under Section 302 of this Act.

1 (qq) "Registry number" means the number assigned to each
2 person authorized to handle controlled substances under the
3 laws of the United States and of this State.

4 (qq-5) "Secretary" means, as the context requires, either
5 the Secretary of the Department or the Secretary of the
6 Department of Financial and Professional Regulation, and the
7 Secretary's designated agents.

8 (rr) "State" includes the State of Illinois and any state,
9 district, commonwealth, territory, insular possession thereof,
10 and any area subject to the legal authority of the United
11 States of America.

12 (rr-5) "Stimulant" means any drug that (i) causes an
13 overall excitation of central nervous system functions, (ii)
14 causes impaired consciousness and awareness, and (iii) can be
15 habit-forming or lead to a substance abuse problem, including
16 but not limited to amphetamines and their analogs,
17 methylphenidate and its analogs, cocaine, and phencyclidine
18 and its analogs.

19 (ss) "Ultimate user" means a person who lawfully possesses
20 a controlled substance for his or her own use or for the use of
21 a member of his or her household or for administering to an
22 animal owned by him or her or by a member of his or her
23 household.

24 (Source: P.A. 97-334, eff. 1-1-12; 98-214, eff. 8-9-13; 98-668,
25 eff. 6-25-14; 98-756, eff. 7-16-14; 98-1111, eff. 8-26-14;
26 revised 10-1-14.)

1 (720 ILCS 570/301) (from Ch. 56 1/2, par. 1301)

2 Sec. 301. The Department of Financial and Professional
3 Regulation shall promulgate rules and charge reasonable fees
4 and fines relating to the registration and control of the
5 manufacture, distribution, and dispensing of controlled
6 substances within this State. The Department shall request a
7 contact email address in its application for a new or renewed
8 license to dispense controlled substances. All moneys received
9 by the Department of Financial and Professional Regulation
10 under this Act shall be deposited into the respective
11 professional dedicated funds in like manner as the primary
12 professional licenses.

13 A pharmacy, manufacturer of controlled substances, or
14 wholesale distributor of controlled substances that is
15 regulated under this Act and owned and operated by the State is
16 exempt from fees required under this Act. Pharmacists and
17 pharmacy technicians working in facilities owned and operated
18 by the State are not exempt from the payment of fees required
19 by this Act and any rules adopted under this Act. Nothing in
20 this Section shall be construed to prohibit the Department of
21 Financial and Professional Regulation from imposing any fine or
22 other penalty allowed under this Act.

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

24 (720 ILCS 570/312) (from Ch. 56 1/2, par. 1312)

1 Sec. 312. Requirements for dispensing controlled
2 substances.

3 (a) A practitioner, in good faith, may dispense a Schedule
4 II controlled substance, which is a narcotic drug listed in
5 Section 206 of this Act; or which contains any quantity of
6 amphetamine or methamphetamine, their salts, optical isomers
7 or salts of optical isomers; phenmetrazine and its salts; or
8 pentazocine; and Schedule III, IV, or V controlled substances
9 to any person upon a written or electronic prescription of any
10 prescriber, dated and signed by the person prescribing (or
11 electronically validated in compliance with Section 311.5) on
12 the day when issued and bearing the name and address of the
13 patient for whom, or the owner of the animal for which the
14 controlled substance is dispensed, and the full name, address
15 and registry number under the laws of the United States
16 relating to controlled substances of the prescriber, if he or
17 she is required by those laws to be registered. If the
18 prescription is for an animal it shall state the species of
19 animal for which it is ordered. The practitioner filling the
20 prescription shall, unless otherwise permitted, write the date
21 of filling and his or her own signature on the face of the
22 written prescription or, alternatively, shall indicate such
23 filling using a unique identifier as defined in paragraph (v)
24 of Section 3 of the Pharmacy Practice Act. The written
25 prescription shall be retained on file by the practitioner who
26 filled it or pharmacy in which the prescription was filled for

1 a period of 2 years, so as to be readily accessible for
2 inspection or removal by any officer or employee engaged in the
3 enforcement of this Act. Whenever the practitioner's or
4 pharmacy's copy of any prescription is removed by an officer or
5 employee engaged in the enforcement of this Act, for the
6 purpose of investigation or as evidence, such officer or
7 employee shall give to the practitioner or pharmacy a receipt
8 in lieu thereof. If the specific prescription is machine or
9 computer generated and printed at the prescriber's office, the
10 date does not need to be handwritten. A prescription for a
11 Schedule II controlled substance shall not be issued for more
12 than a 30 day supply, except as provided in subsection (a-5),
13 and shall be valid for up to 90 days after the date of
14 issuance. A written prescription for Schedule III, IV or V
15 controlled substances shall not be filled or refilled more than
16 6 months after the date thereof or refilled more than 5 times
17 unless renewed, in writing, by the prescriber. A pharmacy shall
18 maintain a policy regarding the type of identification
19 necessary, if any, to receive a prescription in accordance with
20 State and federal law. The pharmacy must post such information
21 where prescriptions are filled.

22 (a-5) Physicians may issue multiple prescriptions (3
23 sequential 30-day supplies) for the same Schedule II controlled
24 substance, authorizing up to a 90-day supply. Before
25 authorizing a 90-day supply of a Schedule II controlled
26 substance, the physician must meet ~~both~~ of the following

1 conditions:

2 (1) Each separate prescription must be issued for a
3 legitimate medical purpose by an individual physician
4 acting in the usual course of professional practice.

5 (2) The individual physician must provide written
6 instructions on each prescription (other than the first
7 prescription, if the prescribing physician intends for the
8 prescription to be filled immediately) indicating the
9 earliest date on which a pharmacy may fill that
10 prescription.

11 (3) The physician shall document in the medical record
12 of a patient the medical necessity for the amount and
13 duration of the 3 sequential 30-day prescriptions for
14 Schedule II narcotics.

15 (b) In lieu of a written prescription required by this
16 Section, a pharmacist, in good faith, may dispense Schedule
17 III, IV, or V substances to any person either upon receiving a
18 facsimile of a written, signed prescription transmitted by the
19 prescriber or the prescriber's agent or upon a lawful oral
20 prescription of a prescriber which oral prescription shall be
21 reduced promptly to writing by the pharmacist and such written
22 memorandum thereof shall be dated on the day when such oral
23 prescription is received by the pharmacist and shall bear the
24 full name and address of the ultimate user for whom, or of the
25 owner of the animal for which the controlled substance is
26 dispensed, and the full name, address, and registry number

1 under the law of the United States relating to controlled
2 substances of the prescriber prescribing if he or she is
3 required by those laws to be so registered, and the pharmacist
4 filling such oral prescription shall write the date of filling
5 and his or her own signature on the face of such written
6 memorandum thereof. The facsimile copy of the prescription or
7 written memorandum of the oral prescription shall be retained
8 on file by the proprietor of the pharmacy in which it is filled
9 for a period of not less than two years, so as to be readily
10 accessible for inspection by any officer or employee engaged in
11 the enforcement of this Act in the same manner as a written
12 prescription. The facsimile copy of the prescription or oral
13 prescription and the written memorandum thereof shall not be
14 filled or refilled more than 6 months after the date thereof or
15 be refilled more than 5 times, unless renewed, in writing, by
16 the prescriber.

17 (c) Except for any non-prescription targeted
18 methamphetamine precursor regulated by the Methamphetamine
19 Precursor Control Act, a controlled substance included in
20 Schedule V shall not be distributed or dispensed other than for
21 a medical purpose and not for the purpose of evading this Act,
22 and then:

23 (1) only personally by a person registered to dispense
24 a Schedule V controlled substance and then only to his or
25 her patients, or

26 (2) only personally by a pharmacist, and then only to a

1 person over 21 years of age who has identified himself or
2 herself to the pharmacist by means of 2 positive documents
3 of identification.

4 (3) the dispenser shall record the name and address of
5 the purchaser, the name and quantity of the product, the
6 date and time of the sale, and the dispenser's signature.

7 (4) no person shall purchase or be dispensed more than
8 120 milliliters or more than 120 grams of any Schedule V
9 substance which contains codeine, dihydrocodeine, or any
10 salts thereof, or ethylmorphine, or any salts thereof, in
11 any 96 hour period. The purchaser shall sign a form,
12 approved by the Department of Financial and Professional
13 Regulation, attesting that he or she has not purchased any
14 Schedule V controlled substances within the immediately
15 preceding 96 hours.

16 (5) (Blank).

17 (6) all records of purchases and sales shall be
18 maintained for not less than 2 years.

19 (7) no person shall obtain or attempt to obtain within
20 any consecutive 96 hour period any Schedule V substances of
21 more than 120 milliliters or more than 120 grams containing
22 codeine, dihydrocodeine or any of its salts, or
23 ethylmorphine or any of its salts. Any person obtaining any
24 such preparations or combination of preparations in excess
25 of this limitation shall be in unlawful possession of such
26 controlled substance.

1 (8) a person qualified to dispense controlled
2 substances under this Act and registered thereunder shall
3 at no time maintain or keep in stock a quantity of Schedule
4 V controlled substances in excess of 4.5 liters for each
5 substance; a pharmacy shall at no time maintain or keep in
6 stock a quantity of Schedule V controlled substances as
7 defined in excess of 4.5 liters for each substance, plus
8 the additional quantity of controlled substances necessary
9 to fill the largest number of prescription orders filled by
10 that pharmacy for such controlled substances in any one
11 week in the previous year. These limitations shall not
12 apply to Schedule V controlled substances which Federal law
13 prohibits from being dispensed without a prescription.

14 (9) no person shall distribute or dispense butyl
15 nitrite for inhalation or other introduction into the human
16 body for euphoric or physical effect.

17 (d) Every practitioner shall keep a record or log of
18 controlled substances received by him or her and a record of
19 all such controlled substances administered, dispensed or
20 professionally used by him or her otherwise than by
21 prescription. It shall, however, be sufficient compliance with
22 this paragraph if any practitioner utilizing controlled
23 substances listed in Schedules III, IV and V shall keep a
24 record of all those substances dispensed and distributed by him
25 or her other than those controlled substances which are
26 administered by the direct application of a controlled

1 substance, whether by injection, inhalation, ingestion, or any
2 other means to the body of a patient or research subject. A
3 practitioner who dispenses, other than by administering, a
4 controlled substance in Schedule II, which is a narcotic drug
5 listed in Section 206 of this Act, or which contains any
6 quantity of amphetamine or methamphetamine, their salts,
7 optical isomers or salts of optical isomers, pentazocine, or
8 methaqualone shall do so only upon the issuance of a written
9 prescription blank or electronic prescription issued by a
10 prescriber.

11 (e) Whenever a manufacturer distributes a controlled
12 substance in a package prepared by him or her, and whenever a
13 wholesale distributor distributes a controlled substance in a
14 package prepared by him or her or the manufacturer, he or she
15 shall securely affix to each package in which that substance is
16 contained a label showing in legible English the name and
17 address of the manufacturer, the distributor and the quantity,
18 kind and form of controlled substance contained therein. No
19 person except a pharmacist and only for the purposes of filling
20 a prescription under this Act, shall alter, deface or remove
21 any label so affixed.

22 (f) Whenever a practitioner dispenses any controlled
23 substance except a non-prescription Schedule V product or a
24 non-prescription targeted methamphetamine precursor regulated
25 by the Methamphetamine Precursor Control Act, he or she shall
26 affix to the container in which such substance is sold or

1 dispensed, a label indicating the date of initial filling, the
2 practitioner's name and address, the name of the patient, the
3 name of the prescriber, the directions for use and cautionary
4 statements, if any, contained in any prescription or required
5 by law, the proprietary name or names or the established name
6 of the controlled substance, and the dosage and quantity,
7 except as otherwise authorized by regulation by the Department
8 of Financial and Professional Regulation. No person shall
9 alter, deface or remove any label so affixed as long as the
10 specific medication remains in the container.

11 (g) A person to whom or for whose use any controlled
12 substance has been prescribed or dispensed by a practitioner,
13 or other persons authorized under this Act, and the owner of
14 any animal for which such substance has been prescribed or
15 dispensed by a veterinarian, may lawfully possess such
16 substance only in the container in which it was delivered to
17 him or her by the person dispensing such substance.

18 (h) The responsibility for the proper prescribing or
19 dispensing of controlled substances that are under the
20 prescriber's direct control is upon the prescriber. The
21 responsibility for the proper filling of a prescription for
22 controlled substance drugs rests with the pharmacist. An order
23 purporting to be a prescription issued to any individual, which
24 is not in the regular course of professional treatment nor part
25 of an authorized methadone maintenance program, nor in
26 legitimate and authorized research instituted by any

1 accredited hospital, educational institution, charitable
2 foundation, or federal, state or local governmental agency, and
3 which is intended to provide that individual with controlled
4 substances sufficient to maintain that individual's or any
5 other individual's physical or psychological addiction,
6 habitual or customary use, dependence, or diversion of that
7 controlled substance is not a prescription within the meaning
8 and intent of this Act; and the person issuing it, shall be
9 subject to the penalties provided for violations of the law
10 relating to controlled substances.

11 (i) A prescriber shall not pre-print ~~preprint~~ or cause to
12 be pre-printed ~~preprinted~~ a prescription for any controlled
13 substance; nor shall any practitioner issue, fill or cause to
14 be issued or filled, a pre-printed ~~preprinted~~ prescription for
15 any controlled substance.

16 (i-5) A prescriber may use a machine or electronic device
17 to individually generate a printed prescription, but the
18 prescriber is still required to affix his or her manual
19 signature.

20 (j) No person shall manufacture, dispense, deliver,
21 possess with intent to deliver, prescribe, or administer or
22 cause to be administered under his or her direction any
23 anabolic steroid, for any use in humans other than the
24 treatment of disease in accordance with the order of a
25 physician licensed to practice medicine in all its branches for
26 a valid medical purpose in the course of professional practice.

1 The use of anabolic steroids for the purpose of hormonal
2 manipulation that is intended to increase muscle mass, strength
3 or weight without a medical necessity to do so, or for the
4 intended purpose of improving physical appearance or
5 performance in any form of exercise, sport, or game, is not a
6 valid medical purpose or in the course of professional
7 practice.

8 (k) Controlled substances may be mailed if all of the
9 following conditions are met:

10 (1) The controlled substances are not outwardly
11 dangerous and are not likely, of their own force, to cause
12 injury to a person's life or health.

13 (2) The inner container of a parcel containing
14 controlled substances must be marked and sealed as required
15 under this Act and its rules, and be placed in a plain
16 outer container or securely wrapped in plain paper.

17 (3) If the controlled substances consist of
18 prescription medicines, the inner container must be
19 labeled to show the name and address of the pharmacy or
20 practitioner dispensing the prescription.

21 (4) The outside wrapper or container must be free of
22 markings that would indicate the nature of the contents.

23 (Source: P.A. 96-166, eff. 1-1-10; 97-334, eff. 1-1-12; revised
24 12-10-14.)

25 (720 ILCS 570/314.5)

1 Sec. 314.5. Medication shopping; pharmacy shopping.

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

12 (b) It shall be unlawful for a person knowingly or
13 intentionally to fraudulently obtain or fraudulently seek to
14 obtain any controlled substance from a pharmacy while being
15 supplied with any controlled substance by another pharmacy,
16 without disclosing the fact of the existing controlled
17 substance to the pharmacy from which the subsequent controlled
18 substance is sought.

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

22 (d) When a person has been identified as having 3 ~~6~~ or more
23 prescribers or 3 ~~6~~ or more pharmacies, or both, that do not
24 utilize a common electronic file as specified in Section 20 of
25 the Pharmacy Practice Act for controlled substances within the
26 course of a continuous 30-day period, the Prescription

1 Monitoring Program may issue an unsolicited report to the
2 prescribers, dispensers, and their designees informing them of
3 the potential medication shopping.

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

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

12 (g) Any patient feedback, including grades, ratings, or
13 written or verbal statements, in opposition to a clinical
14 decision that the prescription of a controlled substance is not
15 medically necessary shall not be the basis of any adverse
16 action, evaluation, or any other type of negative
17 credentialing, contracting, licensure, or employment action
18 taken against a prescriber or dispenser.

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

20 (720 ILCS 570/316)

21 Sec. 316. Prescription monitoring program.

22 (a) The Department must provide for a prescription
23 monitoring program for Schedule II, III, IV, and V controlled
24 substances that includes the following components and
25 requirements:

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

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

5 (B) The recipient's date of birth and gender
6 ~~address~~.

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

9 (D) The date the controlled substance is
10 dispensed.

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

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

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

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

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

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

25 (K) Any additional information that may be
26 required by the department by administrative rule,

1 including but not limited to information required for
2 compliance with the criteria for electronic reporting
3 of the American Society for Automation and Pharmacy or
4 its successor.

5 (2) The information required to be transmitted under
6 this Section must be transmitted not later ~~more~~ than the
7 end of the next business day ~~7 days~~ after the date on which
8 a controlled substance is dispensed, or at such other time
9 as may be required by the Department by administrative
10 rule.

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

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

15 (B) a computer diskette;

16 (C) a magnetic tape; or

17 (D) a pharmacy universal claim form or Pharmacy
18 Inventory Control form;

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

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

1 program certain other select drugs that are not included in
2 Schedule II, III, IV, or V. The prescription monitoring program
3 does not apply to controlled substance prescriptions as
4 exempted under Section 313.

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

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

15 (e) Within one year of the effective date of this
16 amendatory Act of the 99th General Assembly, the Department
17 shall adopt rules establishing pilot initiatives involving a
18 cross-section of hospitals in this State to increase electronic
19 integration of a hospital's electronic health record with the
20 Prescription Monitoring Program on or before January 1, 2019 to
21 ensure all providers have timely access to relevant
22 prescription information during the treatment of their
23 patients. These rules shall also establish pilots that enhance
24 the electronic integration of outpatient pharmacy records with
25 the Prescription Monitoring Program to allow for faster
26 transmission of the information required under this Section. In

1 collaboration with the Department of Human Services, the
2 Prescription Monitoring Program Advisory Committee shall
3 identify funding sources to support the pilot projects in this
4 Section and distribution of funds shall be based on voluntary
5 and incentive-based models. The rules adopted by the Department
6 shall also ensure that the Department continues to monitor
7 updates in Electronic Health Record Technology and how other
8 states have integrated their prescription monitoring databases
9 with Electronic Health Records.

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

11 (720 ILCS 570/317)

12 Sec. 317. Central repository for collection of
13 information.

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

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

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

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

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

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

1 (D) The dates a controlled substance is dispensed.

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

4 (F) A dispenser's Administration registration
5 number.

6 (G) A prescriber's Administration registration
7 number.

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

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

13 (J) The patient location code (i.e. home, nursing
14 home, outpatient, etc.) for controlled substance
15 prescriptions other than those filled at a retail
16 pharmacy.

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

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

25 All prescribers shall designate one or more medical
26 specialties or fields of medical care and treatment for which

1 the prescriber prescribes controlled substances when
2 registering with the Prescription Monitoring Program.

3 No fee shall be charged for access by a prescriber or
4 dispenser.

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

6 (720 ILCS 570/318)

7 Sec. 318. Confidentiality of information.

8 (a) Information received by the central repository under
9 Section 316 and former Section 321 is confidential.

10 (b) The Department must carry out a program to protect the
11 confidentiality of the information described in subsection
12 (a). The Department may disclose the information to another
13 person only under subsection (c), (d), or (f) and may charge a
14 fee not to exceed the actual cost of furnishing the
15 information.

16 (c) The Department may disclose confidential information
17 described in subsection (a) to any person who is engaged in
18 receiving, processing, or storing the information.

19 (d) The Department may release confidential information
20 described in subsection (a) to the following persons:

21 (1) A governing body that licenses practitioners and is
22 engaged in an investigation, an adjudication, or a
23 prosecution of a violation under any State or federal law
24 that involves a controlled substance.

25 (2) An investigator for the Consumer Protection

1 Division of the office of the Attorney General, a
2 prosecuting attorney, the Attorney General, a deputy
3 Attorney General, or an investigator from the office of the
4 Attorney General, who is engaged in any of the following
5 activities involving controlled substances:

6 (A) an investigation;

7 (B) an adjudication; or

8 (C) a prosecution of a violation under any State or
9 federal law that involves a controlled substance.

10 (3) A law enforcement officer who is:

11 (A) authorized by the Illinois State Police or the
12 office of a county sheriff or State's Attorney or
13 municipal police department of Illinois to receive
14 information of the type requested for the purpose of
15 investigations involving controlled substances; or

16 (B) approved by the Department to receive
17 information of the type requested for the purpose of
18 investigations involving controlled substances; and

19 (C) engaged in the investigation or prosecution of
20 a violation under any State or federal law that
21 involves a controlled substance.

22 (e) Before the Department releases confidential
23 information under subsection (d), the applicant must
24 demonstrate in writing to the Department that:

25 (1) the applicant has reason to believe that a
26 violation under any State or federal law that involves a

1 controlled substance has occurred; and

2 (2) the requested information is reasonably related to
3 the investigation, adjudication, or prosecution of the
4 violation described in subdivision (1).

5 (f) The Department may receive and release prescription
6 record information under Section 316 and former Section 321 to:

7 (1) a governing body that licenses practitioners;

8 (2) an investigator for the Consumer Protection
9 Division of the office of the Attorney General, a
10 prosecuting attorney, the Attorney General, a deputy
11 Attorney General, or an investigator from the office of the
12 Attorney General;

13 (3) any Illinois law enforcement officer who is:

14 (A) authorized to receive the type of information
15 released; and

16 (B) approved by the Department to receive the type
17 of information released; or

18 (4) prescription monitoring entities in other states
19 per the provisions outlined in subsection (g) and (h)
20 below;

21 confidential prescription record information collected under
22 Sections 316 and 321 (now repealed) that identifies vendors or
23 practitioners, or both, who are prescribing or dispensing large
24 quantities of Schedule II, III, IV, or V controlled substances
25 outside the scope of their practice, pharmacy, or business, as
26 determined by the Advisory Committee created by Section 320.

1 (g) The information described in subsection (f) may not be
2 released until it has been reviewed by an employee of the
3 Department who is licensed as a prescriber or a dispenser and
4 until that employee has certified that further investigation is
5 warranted. However, failure to comply with this subsection (g)
6 does not invalidate the use of any evidence that is otherwise
7 admissible in a proceeding described in subsection (h).

8 (h) An investigator or a law enforcement officer receiving
9 confidential information under subsection (c), (d), or (f) may
10 disclose the information to a law enforcement officer or an
11 attorney for the office of the Attorney General for use as
12 evidence in the following:

13 (1) A proceeding under any State or federal law that
14 involves a controlled substance.

15 (2) A criminal proceeding or a proceeding in juvenile
16 court that involves a controlled substance.

17 (i) The Department may compile statistical reports from the
18 information described in subsection (a). The reports must not
19 include information that identifies, by name, license or
20 address, any practitioner, dispenser, ultimate user, or other
21 person administering a controlled substance.

22 (j) Based upon federal, initial and maintenance funding, a
23 prescriber and dispenser inquiry system shall be developed to
24 assist the health care community in its goal of effective
25 clinical practice and to prevent patients from diverting or
26 abusing medications.

1 (1) An inquirer shall have read-only access to a
2 stand-alone database which shall contain records for the
3 previous 12 months.

4 (2) Dispensers may, upon positive and secure
5 identification, make an inquiry on a patient or customer
6 solely for a medical purpose as delineated within the
7 federal HIPAA law.

8 (3) The Department shall provide a one-to-one secure
9 link and encrypted software necessary to establish the link
10 between an inquirer and the Department. Technical
11 assistance shall also be provided.

12 (4) Written inquiries are acceptable but must include
13 the fee and the requestor's Drug Enforcement
14 Administration license number and submitted upon the
15 requestor's business stationery.

16 (5) As directed by the Prescription Monitoring Program
17 Advisory Committee and the Clinical Director for the
18 Prescription Monitoring Program, aggregate data that does
19 not indicate any prescriber, practitioner, dispenser, or
20 patient may be used for clinical studies.

21 (6) Tracking analysis shall be established and used per
22 administrative rule.

23 (7) Nothing in this Act or Illinois law shall be
24 construed to require a prescriber or dispenser to make use
25 of this inquiry system.

26 (8) If there is an adverse outcome because of a

1 prescriber or dispenser making an inquiry, which is
2 initiated in good faith, the prescriber or dispenser shall
3 be held harmless from any civil liability.

4 (k) The Department shall establish, by rule, the process by
5 which to evaluate possible erroneous association of
6 prescriptions to any licensed prescriber or end user of the
7 Illinois Prescription Information Library (PIL).

8 (l) The Prescription Monitoring Program Advisory Committee
9 is authorized to evaluate the need for and method of
10 establishing a patient specific identifier.

11 (m) Patients who identify prescriptions attributed to them
12 that were not obtained by them shall be given access to their
13 personal prescription history pursuant to the validation
14 process as set forth by administrative rule.

15 (n) The Prescription Monitoring Program is authorized to
16 develop operational push reports to entities with compatible
17 electronic medical records. The process shall be covered within
18 administrative rule established by the Department.

19 (o) Hospital emergency departments and freestanding
20 healthcare facilities providing healthcare to walk-in patients
21 may obtain, for the purpose of improving patient care, a unique
22 identifier for each shift to utilize the PIL system.

23 (p) The Prescription Monitoring Program shall
24 automatically create a log-in to the inquiry system when a
25 prescriber or dispenser obtains or renews his or her controlled
26 substance license. The Department of Financial and

1 Professional Regulation must provide the Prescription
2 Monitoring Program with electronic access to the license
3 information of a prescriber or dispenser to facilitate the
4 creation of this profile. The Prescription Monitoring Program
5 shall send the prescriber or dispenser information regarding
6 the inquiry system, including instructions on how to log into
7 the system, instructions on how to use the system to promote
8 effective clinical practice, and opportunities for continuing
9 education for the prescribing of controlled substances. The
10 Prescription Monitoring Program shall also send to all enrolled
11 prescribers, dispensers, and designees information regarding
12 the unsolicited reports produced pursuant to Section 314.5 of
13 this Act.

14 (q) A prescriber or dispenser may authorize a designee to
15 consult the inquiry system established by the Department under
16 this subsection on his or her behalf, provided that all the
17 following conditions are met:

18 (1) the designee so authorized is employed by the same
19 hospital or health care system; is employed by the same
20 professional practice; or is under contract with such
21 practice, hospital, or health care system;

22 (2) the prescriber or dispenser takes reasonable steps
23 to ensure that such designee is sufficiently competent in
24 the use of the inquiry system;

25 (3) the prescriber or dispenser remains responsible
26 for ensuring that access to the inquiry system by the

1 designee is limited to authorized purposes and occurs in a
2 manner that protects the confidentiality of the
3 information obtained from the inquiry system, and remains
4 responsible for any breach of confidentiality; and

5 (4) the ultimate decision as to whether or not to
6 prescribe or dispense a controlled substance remains with
7 the prescriber or dispenser.

8 The Prescription Monitoring Program shall send to
9 registered designees information regarding the inquiry system,
10 including instructions on how to log onto the system.

11 (r) The Prescription Monitoring Program shall maintain an
12 Internet website in conjunction with its prescriber and
13 dispenser inquiry system. This website shall include, at a
14 minimum, the following information:

15 (1) current clinical guidelines developed by health
16 care professional organizations on the prescribing of
17 opioids or other controlled substances as determined by the
18 Advisory Committee;

19 (2) accredited continuing education programs related
20 to prescribing of controlled substances;

21 (3) programs or information developed by health care
22 professionals that may be used to assess patients or help
23 ensure compliance with prescriptions;

24 (4) updates from the Food and Drug Administration, the
25 Centers for Disease Control and Prevention, and other
26 public and private organizations which are relevant to

1 prescribing;

2 (5) relevant medical studies related to prescribing;

3 (6) other information regarding the prescription of
4 controlled substances; and

5 (7) information regarding prescription drug disposal
6 events, including take-back programs or other disposal
7 options or events.

8 The content of the Internet website shall be periodically
9 reviewed by the Prescription Monitoring Program Advisory
10 Committee as set forth in Section 320 and updated in accordance
11 with the recommendation of the advisory committee.

12 (s) The Prescription Monitoring Program shall regularly
13 send electronic updates to the registered users of the Program.
14 The Prescription Monitoring Program Advisory Committee shall
15 review any communications sent to registered users and also
16 make recommendations for communications as set forth in Section
17 320. These updates shall include the following information:

18 (1) opportunities for accredited continuing education
19 programs related to prescribing of controlled substances;

20 (2) current clinical guidelines developed by health
21 care professional organizations on the prescribing of
22 opioids or other drugs as determined by the Advisory
23 Committee;

24 (3) programs or information developed by health care
25 professionals that may be used to assess patients or help
26 ensure compliance with prescriptions;

1 (4) updates from the Food and Drug Administration, the
2 Centers for Disease Control and Prevention, and other
3 public and private organizations which are relevant to
4 prescribing;

5 (5) relevant medical studies related to prescribing;

6 (6) other information regarding prescribing of
7 controlled substances;

8 (7) information regarding prescription drug disposal
9 events, including take-back programs or other disposal
10 options or events; and

11 (8) reminders that the Prescription Monitoring Program
12 is a useful clinical tool.

13 (Source: P.A. 97-334, eff. 1-1-12; 97-813, eff. 7-13-12.)

14 (720 ILCS 570/319)

15 Sec. 319. Rules. The Department shall ~~must~~ adopt rules
16 under the Illinois Administrative Procedure Act to implement
17 Sections 316 through 321, including the following:

18 (1) Information collection and retrieval procedures
19 for the central repository, including the controlled
20 substances to be included in the program required under
21 Section 316 and Section 321 (now repealed).

22 (2) Design for the creation of the database required
23 under Section 317.

24 (3) Requirements for the development and installation
25 of on-line electronic access by the Department to

1 information collected by the central repository.

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

3 (720 ILCS 570/320)

4 Sec. 320. Advisory committee.

5 (a) There is created a Prescription Monitoring Program
6 Advisory Committee ~~The Secretary of the Department of Human~~
7 ~~Services must appoint an advisory committee~~ to assist the
8 Department of Human Services in implementing the Prescription
9 Monitoring Program ~~controlled substance prescription~~
10 ~~monitoring program~~ created by this Article and to advise the
11 Department on the professional performance of prescribers and
12 dispensers and other matters germane to the advisory
13 committee's field of competence ~~Section 316 and former Section~~
14 ~~321 of this Act. The Advisory Committee consists of prescribers~~
15 ~~and dispensers.~~

16 (b) The Clinical Director of the Prescription Monitoring
17 Program shall appoint ~~Secretary of the Department of Human~~
18 ~~Services or his or her designee must determine the number of~~
19 members to serve on the advisory committee. The advisory
20 committee shall be composed of prescribers and dispensers as
21 follows: 4 physicians licensed to practice medicine in all its
22 branches; one advanced practice nurse; one physician
23 assistant; one optometrist; one dentist; one podiatric
24 physician; and 3 pharmacists. The Clinical Director of the
25 Prescription Monitoring Program may appoint a representative

1 of an organization representing a profession required to be
2 appointed. The Clinical Director of the Prescription
3 Monitoring Program shall serve as the chair of the committee.

4 ~~The Secretary must choose one of the members of the advisory~~
5 ~~committee to serve as chair of the committee.~~

6 (c) The advisory committee may appoint its other officers
7 as it deems appropriate.

8 (d) The members of the advisory committee shall receive no
9 compensation for their services as members of the advisory
10 committee but may be reimbursed for their actual expenses
11 incurred in serving on the advisory committee.

12 (e) The advisory committee shall:

13 (1) provide a uniform approach to reviewing this Act in
14 order to determine whether changes should be recommended to
15 the General Assembly; ~~;~~

16 (2) review current drug schedules in order to manage
17 changes to the administrative rules pertaining to the
18 utilization of this Act; ~~;~~

19 (3) review the following: current clinical guidelines
20 developed by health care professional organizations on the
21 prescribing of opioids or other controlled substances;
22 accredited continuing education programs related to
23 prescribing and dispensing; programs or information
24 developed by health care professional organizations that
25 may be used to assess patients or help ensure compliance
26 with prescriptions; updates from the Food and Drug

1 Administration, the Centers for Disease Control and
2 Prevention, and other public and private organizations
3 which are relevant to prescribing and dispensing; relevant
4 medical studies; and other publications which involve the
5 prescription of controlled substances;

6 (4) make recommendations for inclusion of these
7 materials or other studies which may be effective resources
8 for prescribers and dispensers on the Internet website of
9 the inquiry system established under Section 318;

10 (5) on at least a quarterly basis, review the content
11 of the Internet website of the inquiry system established
12 pursuant to Section 318 to ensure this Internet website has
13 the most current available information;

14 (6) on at least a quarterly basis, review opportunities
15 for federal grants and other forms of funding to support
16 projects which will increase the number of pilot programs
17 which integrate the inquiry system with electronic health
18 records; and

19 (7) on at least a quarterly basis, review communication
20 to be sent to all registered users of the inquiry system
21 established pursuant to Section 318, including
22 recommendations for relevant accredited continuing
23 education and information regarding prescribing and
24 dispensing.

25 (f) The Clinical Director of the Prescription Monitoring
26 Program shall select 5 members, 3 physicians and 2 pharmacists,

1 of the Prescription Monitoring Program Advisory Committee to
2 serve as members of the peer review subcommittee. The purpose
3 of the peer review subcommittee is to advise the Program on
4 matters germane to the advisory committee's field of
5 competence, establish a formal peer review of professional
6 performance of prescribers and dispensers, and develop
7 communications to transmit to prescribers and dispensers. The
8 deliberations, information, and communications of the peer
9 review subcommittee are privileged and confidential and shall
10 not be disclosed in any manner except in accordance with
11 current law.

12 (1) The peer review subcommittee shall periodically
13 review the data contained within the prescription
14 monitoring program to identify those prescribers or
15 dispensers who may be prescribing or dispensing outside the
16 currently accepted standards in the course of their
17 professional practice.

18 (2) The peer review subcommittee may identify
19 prescribers or dispensers who may be prescribing outside
20 the currently accepted medical standards in the course of
21 their professional practice and send the identified
22 prescriber or dispenser a request for information
23 regarding their prescribing or dispensing practices. This
24 request for information shall be sent via certified mail,
25 return receipt requested. A prescriber or dispenser shall
26 have 30 days to respond to the request for information.

1 (3) The peer review subcommittee shall refer a
2 prescriber or a dispenser to the Department of Financial
3 and Professional Regulation in the following situations:

4 (i) if a prescriber or dispenser does not respond
5 to three successive requests for information;

6 (ii) in the opinion of a majority of members of the
7 peer review subcommittee, the prescriber or dispenser
8 does not have a satisfactory explanation for the
9 practices identified by the peer review subcommittee
10 in its request for information; or

11 (iii) following communications with the peer
12 review subcommittee, the prescriber or dispenser does
13 not sufficiently rectify the practices identified in
14 the request for information in the opinion of a
15 majority of the members of the peer review
16 subcommittee.

17 (4) The Department of Financial and Professional
18 Regulation may initiate an investigation and discipline in
19 accordance with current laws and rules for any prescriber
20 or dispenser referred by the peer review subcommittee.

21 (5) The peer review subcommittee shall prepare an
22 annual report starting on July 1, 2017. This report shall
23 contain the following information: the number of times the
24 peer review subcommittee was convened; the number of
25 prescribers or dispensers who were reviewed by the peer
26 review committee; the number of requests for information

1 sent out by the peer review subcommittee; and the number of
2 prescribers or dispensers referred to the Department of
3 Financial and Professional Regulation. The annual report
4 shall be delivered electronically to the Department and to
5 the General Assembly. The report prepared by the peer
6 review subcommittee shall not identify any prescriber,
7 dispenser, or patient.

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

9 (720 ILCS 570/406) (from Ch. 56 1/2, par. 1406)

10 Sec. 406. (a) It is unlawful for any person:

11 (1) who is subject to Article III knowingly to
12 distribute or dispense a controlled substance in violation
13 of Sections 308 through 314.5 of this Act; or

14 (2) who is a registrant, to manufacture a controlled
15 substance not authorized by his or her registration, or to
16 distribute or dispense a controlled substance not
17 authorized by his or her registration to another registrant
18 or other authorized person; or

19 (3) to refuse or fail to make, keep or furnish any
20 record, notification, order form, statement, invoice or
21 information required under this Act; or

22 (4) to refuse an entry into any premises for any
23 inspection authorized by this Act; or

24 (5) knowingly to keep or maintain any store, shop,
25 warehouse, dwelling, building, vehicle, boat, aircraft, or

1 other structure or place, which is resorted to by a person
2 unlawfully possessing controlled substances, or which is
3 used for possessing, manufacturing, dispensing or
4 distributing controlled substances in violation of this
5 Act.

6 Any person who violates this subsection (a) is guilty of a
7 Class A misdemeanor for the first offense and a Class 4 felony
8 for each subsequent offense. The fine for each subsequent
9 offense shall not be more than \$100,000. In addition, any
10 practitioner who is found guilty of violating this subsection
11 (a) is subject to suspension and revocation of his or her
12 professional license, in accordance with such procedures as are
13 provided by law for the taking of disciplinary action with
14 regard to the license of said practitioner's profession.

15 (b) It is unlawful for any person knowingly:

16 (1) to distribute, as a registrant, a controlled
17 substance classified in Schedule I or II, except pursuant
18 to an order form as required by Section 307 of this Act; or

19 (2) to use, in the course of the manufacture or
20 distribution of a controlled substance, a registration
21 number which is fictitious, revoked, suspended, or issued
22 to another person; or

23 (3) to acquire or obtain, or attempt to acquire or
24 obtain, possession of a controlled substance by
25 misrepresentation, fraud, forgery, deception or
26 subterfuge; or

1 (3.1) to withhold information requested from a
2 practitioner, with the intent to obtain a controlled
3 substance that has not been prescribed, by
4 misrepresentation, fraud, forgery, deception, subterfuge,
5 or concealment of a material fact; or

6 (4) to furnish false or fraudulent material
7 information in, or omit any material information from, any
8 application, report or other document required to be kept
9 or filed under this Act, or any record required to be kept
10 by this Act; or

11 (5) to make, distribute or possess any punch, die,
12 plate, stone or other thing designed to print, imprint or
13 reproduce the trademark, trade name or other identifying
14 mark, imprint or device of another, or any likeness of any
15 of the foregoing, upon any controlled substance or
16 container or labeling thereof so as to render the drug a
17 counterfeit substance; or

18 (6) (blank); or

19 (7) (blank).

20 Any person who violates this subsection (b) is guilty of a
21 Class 4 felony for the first offense and a Class 3 felony for
22 each subsequent offense. The fine for the first offense shall
23 be not more than \$100,000. The fine for each subsequent offense
24 shall not be more than \$200,000.

25 (c) A person who knowingly or intentionally violates
26 Section 316, 317, 318, or 319 is guilty of a Class A

1 misdemeanor.

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

3 (720 ILCS 570/410) (from Ch. 56 1/2, par. 1410)

4 Sec. 410. (a) Whenever any person who has not previously
5 been convicted of, or placed on probation or court supervision
6 for any offense under this Act or any law of the United States
7 or of any State relating to cannabis or controlled substances,
8 pleads guilty to or is found guilty of possession of a
9 controlled or counterfeit substance under subsection (c) of
10 Section 402 or of unauthorized possession of prescription form
11 under Section 406.2, the court, without entering a judgment and
12 with the consent of such person, may sentence him or her to
13 probation.

14 (b) When a person is placed on probation, the court shall
15 enter an order specifying a period of probation of 24 months
16 and shall defer further proceedings in the case until the
17 conclusion of the period or until the filing of a petition
18 alleging violation of a term or condition of probation.

19 (c) The conditions of probation shall be that the person:
20 (1) not violate any criminal statute of any jurisdiction; (2)
21 refrain from possessing a firearm or other dangerous weapon;
22 (3) submit to periodic drug testing at a time and in a manner
23 as ordered by the court, but no less than 3 times during the
24 period of the probation, with the cost of the testing to be
25 paid by the probationer; and (4) perform no less than 30 hours

1 of community service, provided community service is available
2 in the jurisdiction and is funded and approved by the county
3 board.

4 (d) The court may, in addition to other conditions, require
5 that the person:

6 (1) make a report to and appear in person before or
7 participate with the court or such courts, person, or
8 social service agency as directed by the court in the order
9 of probation;

10 (2) pay a fine and costs;

11 (3) work or pursue a course of study or vocational
12 training;

13 (4) undergo medical or psychiatric treatment; or
14 treatment or rehabilitation approved by the Illinois
15 Department of Human Services;

16 (5) attend or reside in a facility established for the
17 instruction or residence of defendants on probation;

18 (6) support his or her dependents;

19 (6-5) refrain from having in his or her body the
20 presence of any illicit drug prohibited by the Cannabis
21 Control Act, the Illinois Controlled Substances Act, or the
22 Methamphetamine Control and Community Protection Act,
23 unless prescribed by a physician, and submit samples of his
24 or her blood or urine or both for tests to determine the
25 presence of any illicit drug;

26 (7) and in addition, if a minor:

1 (i) reside with his or her parents or in a foster
2 home;

3 (ii) attend school;

4 (iii) attend a non-residential program for youth;

5 (iv) contribute to his or her own support at home
6 or in a foster home.

7 (e) Upon violation of a term or condition of probation, the
8 court may enter a judgment on its original finding of guilt and
9 proceed as otherwise provided.

10 (f) Upon fulfillment of the terms and conditions of
11 probation, the court shall discharge the person and dismiss the
12 proceedings against him or her.

13 (g) A disposition of probation is considered to be a
14 conviction for the purposes of imposing the conditions of
15 probation and for appeal, however, discharge and dismissal
16 under this Section is not a conviction for purposes of this Act
17 or for purposes of disqualifications or disabilities imposed by
18 law upon conviction of a crime.

19 (h) There may be only one discharge and dismissal under
20 this Section, Section 10 of the Cannabis Control Act, Section
21 70 of the Methamphetamine Control and Community Protection Act,
22 Section 5-6-3.3 or 5-6-3.4 of the Unified Code of Corrections,
23 or subsection (c) of Section 11-14 of the Criminal Code of 1961
24 or the Criminal Code of 2012 with respect to any person.

25 (i) If a person is convicted of an offense under this Act,
26 the Cannabis Control Act, or the Methamphetamine Control and

1 Community Protection Act within 5 years subsequent to a
2 discharge and dismissal under this Section, the discharge and
3 dismissal under this Section shall be admissible in the
4 sentencing proceeding for that conviction as evidence in
5 aggravation.

6 (j) Notwithstanding subsection (a), before a person is
7 sentenced to probation under this Section, the court may refer
8 the person to the drug court established in that judicial
9 circuit pursuant to Section 15 of the Drug Court Treatment Act.
10 The drug court team shall evaluate the person's likelihood of
11 successfully completing a sentence of probation under this
12 Section and shall report the results of its evaluation to the
13 court. If the drug court team finds that the person suffers
14 from a substance abuse problem that makes him or her
15 substantially unlikely to successfully complete a sentence of
16 probation under this Section, then the drug court shall set
17 forth its findings in the form of a written order, and the
18 person shall not be sentenced to probation under this Section,
19 but may be considered for the drug court program.

20 (Source: P.A. 97-334, eff. 1-1-12; 97-1118, eff. 1-1-13;
21 97-1150, eff. 1-25-13; 98-164, eff. 1-1-14.)

22 Section 5-105. The Methamphetamine Control and Community
23 Protection Act is amended by changing Section 70 as follows:

24 (720 ILCS 646/70)

1 Sec. 70. Probation.

2 (a) Whenever any person who has not previously been
3 convicted of, or placed on probation or court supervision for
4 any offense under this Act, the Illinois Controlled Substances
5 Act, the Cannabis Control Act, or any law of the United States
6 or of any state relating to cannabis or controlled substances,
7 pleads guilty to or is found guilty of possession of less than
8 15 grams of methamphetamine under paragraph (1) or (2) of
9 subsection (b) of Section 60 of this Act, the court, without
10 entering a judgment and with the consent of the person, may
11 sentence him or her to probation.

12 (b) When a person is placed on probation, the court shall
13 enter an order specifying a period of probation of 24 months
14 and shall defer further proceedings in the case until the
15 conclusion of the period or until the filing of a petition
16 alleging violation of a term or condition of probation.

17 (c) The conditions of probation shall be that the person:

18 (1) not violate any criminal statute of any
19 jurisdiction;

20 (2) refrain from possessing a firearm or other
21 dangerous weapon;

22 (3) submit to periodic drug testing at a time and in a
23 manner as ordered by the court, but no less than 3 times
24 during the period of the probation, with the cost of the
25 testing to be paid by the probationer; and

26 (4) perform no less than 30 hours of community service,

1 if community service is available in the jurisdiction and
2 is funded and approved by the county board.

3 (d) The court may, in addition to other conditions, require
4 that the person take one or more of the following actions:

5 (1) make a report to and appear in person before or
6 participate with the court or such courts, person, or
7 social service agency as directed by the court in the order
8 of probation;

9 (2) pay a fine and costs;

10 (3) work or pursue a course of study or vocational
11 training;

12 (4) undergo medical or psychiatric treatment; or
13 treatment or rehabilitation approved by the Illinois
14 Department of Human Services;

15 (5) attend or reside in a facility established for the
16 instruction or residence of defendants on probation;

17 (6) support his or her dependents;

18 (7) refrain from having in his or her body the presence
19 of any illicit drug prohibited by this Act, the Cannabis
20 Control Act, or the Illinois Controlled Substances Act,
21 unless prescribed by a physician, and submit samples of his
22 or her blood or urine or both for tests to determine the
23 presence of any illicit drug; or

24 (8) if a minor:

25 (i) reside with his or her parents or in a foster
26 home;

- 1 (ii) attend school;
- 2 (iii) attend a non-residential program for youth;
- 3 or
- 4 (iv) contribute to his or her own support at home
- 5 or in a foster home.

6 (e) Upon violation of a term or condition of probation, the

7 court may enter a judgment on its original finding of guilt and

8 proceed as otherwise provided.

9 (f) Upon fulfillment of the terms and conditions of

10 probation, the court shall discharge the person and dismiss the

11 proceedings against the person.

12 (g) A disposition of probation is considered to be a

13 conviction for the purposes of imposing the conditions of

14 probation and for appeal, however, discharge and dismissal

15 under this Section is not a conviction for purposes of this Act

16 or for purposes of disqualifications or disabilities imposed by

17 law upon conviction of a crime.

18 (h) There may be only one discharge and dismissal under

19 this Section, Section 410 of the Illinois Controlled Substances

20 Act, Section 10 of the Cannabis Control Act, Section 5-6-3.3 or

21 5-6-3.4 of the Unified Code of Corrections, or subsection (c)

22 of Section 11-14 of the Criminal Code of 1961 or the Criminal

23 Code of 2012 with respect to any person.

24 (i) If a person is convicted of an offense under this Act,

25 the Cannabis Control Act, or the Illinois Controlled Substances

26 Act within 5 years subsequent to a discharge and dismissal

1 under this Section, the discharge and dismissal under this
2 Section are admissible in the sentencing proceeding for that
3 conviction as evidence in aggravation.

4 (j) Notwithstanding subsection (a), before a person is
5 sentenced to probation under this Section, the court may refer
6 the person to the drug court established in that judicial
7 circuit pursuant to Section 15 of the Drug Court Treatment Act.
8 The drug court team shall evaluate the person's likelihood of
9 successfully completing a sentence of probation under this
10 Section and shall report the results of its evaluation to the
11 court. If the drug court team finds that the person suffers
12 from a substance abuse problem that makes him or her
13 substantially unlikely to successfully complete a sentence of
14 probation under this Section, then the drug court shall set
15 forth its findings in the form of a written order, and the
16 person shall not be sentenced to probation under this Section,
17 but may be considered for the drug court program.

18 (Source: P.A. 97-1118, eff. 1-1-13; 97-1150, eff. 1-25-13;
19 98-164, eff. 1-1-14.)

20 Section 5-110. The Unified Code of Corrections is amended
21 by changing Sections 5-6-3.3, 5-6-3.4, 5-9-1.1, and 5-9-1.1-5
22 as follows:

23 (730 ILCS 5/5-6-3.3)

24 Sec. 5-6-3.3. Offender Initiative Program.

1 (a) Statement of purpose. The General Assembly seeks to
2 continue other successful programs that promote public safety,
3 conserve valuable resources, and reduce recidivism by
4 defendants who can lead productive lives by creating the
5 Offender Initiative Program.

6 (a-1) Whenever any person who has not previously been
7 convicted of, or placed on probation or conditional discharge
8 for, any felony offense under the laws of this State, the laws
9 of any other state, or the laws of the United States, is
10 arrested for and charged with a probationable felony offense of
11 theft, retail theft, forgery, possession of a stolen motor
12 vehicle, burglary, possession of burglary tools, possession of
13 cannabis, possession of a controlled substance, or possession
14 of methamphetamine, the court, with the consent of the
15 defendant and the State's Attorney, may continue this matter to
16 allow a defendant to participate and complete the Offender
17 Initiative Program.

18 (a-2) Exemptions. A defendant shall not be eligible for
19 this Program if the offense he or she has been arrested for and
20 charged with is a violent offense. For purposes of this
21 Program, a "violent offense" is any offense where bodily harm
22 was inflicted or where force was used against any person or
23 threatened against any person, any offense involving sexual
24 conduct, sexual penetration, or sexual exploitation, any
25 offense of domestic violence, domestic battery, violation of an
26 order of protection, stalking, hate crime, driving under the

1 influence of drugs or alcohol, and any offense involving the
2 possession of a firearm or dangerous weapon. A defendant shall
3 not be eligible for this Program if he or she has previously
4 been adjudicated a delinquent minor for the commission of a
5 violent offense as defined in this subsection.

6 (b) When a defendant is placed in the Program, after both
7 the defendant and State's Attorney waive preliminary hearing
8 pursuant to Section 109-3 of the Code of Criminal Procedure of
9 1963, the court shall enter an order specifying that the
10 proceedings shall be suspended while the defendant is
11 participating in a Program of not less 12 months.

12 (c) The conditions of the Program shall be that the
13 defendant:

14 (1) not violate any criminal statute of this State or
15 any other jurisdiction;

16 (2) refrain from possessing a firearm or other
17 dangerous weapon;

18 (3) make full restitution to the victim or property
19 owner pursuant to Section 5-5-6 of this Code;

20 (4) obtain employment or perform not less than 30 hours
21 of community service, provided community service is
22 available in the county and is funded and approved by the
23 county board; and

24 (5) attend educational courses designed to prepare the
25 defendant for obtaining a high school diploma or to work
26 toward passing high school equivalency testing or to work

1 toward completing a vocational training program.

2 (d) The court may, in addition to other conditions, require
3 that the defendant:

4 (1) undergo medical or psychiatric treatment, or
5 treatment or rehabilitation approved by the Illinois
6 Department of Human Services;

7 (2) refrain from having in his or her body the presence
8 of any illicit drug prohibited by the Methamphetamine
9 Control and Community Protection Act, the Cannabis Control
10 Act or the Illinois Controlled Substances Act, unless
11 prescribed by a physician, and submit samples of his or her
12 blood or urine or both for tests to determine the presence
13 of any illicit drug;

14 (3) submit to periodic drug testing at a time, manner,
15 and frequency as ordered by the court;

16 (4) pay fines, fees and costs; and

17 (5) in addition, if a minor:

18 (i) reside with his or her parents or in a foster
19 home;

20 (ii) attend school;

21 (iii) attend a non-residential program for youth;

22 or

23 (iv) contribute to his or her own support at home
24 or in a foster home.

25 (e) When the State's Attorney makes a factually specific
26 offer of proof that the defendant has failed to successfully

1 complete the Program or has violated any of the conditions of
2 the Program, the court shall enter an order that the defendant
3 has not successfully completed the Program and continue the
4 case for arraignment pursuant to Section 113-1 of the Code of
5 Criminal Procedure of 1963 for further proceedings as if the
6 defendant had not participated in the Program.

7 (f) Upon fulfillment of the terms and conditions of the
8 Program, the State's Attorney shall dismiss the case or the
9 court shall discharge the person and dismiss the proceedings
10 against the person.

11 (g) There may be only one discharge and dismissal under
12 this Section with respect to any person.

13 (h) Notwithstanding subsection (a-1), if the court finds
14 that the defendant suffers from a substance abuse problem, then
15 before the person participates in the Program under this
16 Section, the court may refer the person to the drug court
17 established in that judicial circuit pursuant to Section 15 of
18 the Drug Court Treatment Act. The drug court team shall
19 evaluate the person's likelihood of successfully fulfilling
20 the terms and conditions of the Program under this Section and
21 shall report the results of its evaluation to the court. If the
22 drug court team finds that the person suffers from a substance
23 abuse problem that makes him or her substantially unlikely to
24 successfully fulfill the terms and conditions of the Program,
25 then the drug court shall set forth its findings in the form of
26 a written order, and the person shall be ineligible to

1 participate in the Program under this Section, but may be
2 considered for the drug court program.

3 (Source: P.A. 97-1118, eff. 1-1-13; 98-718, eff. 1-1-15.)

4 (730 ILCS 5/5-6-3.4)

5 Sec. 5-6-3.4. Second Chance Probation.

6 (a) Whenever any person who has not previously been
7 convicted of, or placed on probation or conditional discharge
8 for, any felony offense under the laws of this State, the laws
9 of any other state, or the laws of the United States, including
10 probation under Section 410 of the Illinois Controlled
11 Substances Act, Section 70 of the Methamphetamine Control and
12 Community Protection Act, Section 10 of the Cannabis Control
13 Act, subsection (c) of Section 11-14 of the Criminal Code of
14 2012, Treatment Alternatives for Criminal Justice Clients
15 (TASC) under Article 40 of the Alcoholism and Other Drug Abuse
16 and Dependency Act, or prior successful completion of the
17 Offender Initiative Program under Section 5-6-3.3 of this Code,
18 and pleads guilty to, or is found guilty of, a probationable
19 felony offense of possession of a controlled substance that is
20 punishable as a Class 4 felony; possession of methamphetamine
21 that is punishable as a Class 4 felony; theft that is
22 punishable as a Class 3 felony based on the value of the
23 property or punishable as a Class 4 felony if the theft was
24 committed in a school or place of worship or if the theft was
25 of governmental property; retail theft that is punishable as a

1 Class 3 felony based on the value of the property; criminal
2 damage to property that is punishable as a Class 4 felony;
3 criminal damage to government supported property that is
4 punishable as a Class 4 felony; or possession of cannabis which
5 is punishable as a Class 4 felony, the court, with the consent
6 of the defendant and the State's Attorney, may, without
7 entering a judgment, sentence the defendant to probation under
8 this Section.

9 (a-1) Exemptions. A defendant is not eligible for this
10 probation if the offense he or she pleads guilty to, or is
11 found guilty of, is a violent offense, or he or she has
12 previously been convicted of a violent offense. For purposes of
13 this probation, a "violent offense" is any offense where bodily
14 harm was inflicted or where force was used against any person
15 or threatened against any person, any offense involving sexual
16 conduct, sexual penetration, or sexual exploitation, any
17 offense of domestic violence, domestic battery, violation of an
18 order of protection, stalking, hate crime, driving under the
19 influence of drugs or alcohol, and any offense involving the
20 possession of a firearm or dangerous weapon. A defendant shall
21 not be eligible for this probation if he or she has previously
22 been adjudicated a delinquent minor for the commission of a
23 violent offense as defined in this subsection.

24 (b) When a defendant is placed on probation, the court
25 shall enter an order specifying a period of probation of not
26 less than 24 months and shall defer further proceedings in the

1 case until the conclusion of the period or until the filing of
2 a petition alleging violation of a term or condition of
3 probation.

4 (c) The conditions of probation shall be that the
5 defendant:

6 (1) not violate any criminal statute of this State or
7 any other jurisdiction;

8 (2) refrain from possessing a firearm or other
9 dangerous weapon;

10 (3) make full restitution to the victim or property
11 owner under Section 5-5-6 of this Code;

12 (4) obtain or attempt to obtain employment;

13 (5) pay fines and costs;

14 (6) attend educational courses designed to prepare the
15 defendant for obtaining a high school diploma or to work
16 toward passing high school equivalency testing or to work
17 toward completing a vocational training program;

18 (7) submit to periodic drug testing at a time and in a
19 manner as ordered by the court, but no less than 3 times
20 during the period of probation, with the cost of the
21 testing to be paid by the defendant; and

22 (8) perform a minimum of 30 hours of community service.

23 (d) The court may, in addition to other conditions, require
24 that the defendant:

25 (1) make a report to and appear in person before or
26 participate with the court or such courts, person, or

1 social service agency as directed by the court in the order
2 of probation;

3 (2) undergo medical or psychiatric treatment, or
4 treatment or rehabilitation approved by the Illinois
5 Department of Human Services;

6 (3) attend or reside in a facility established for the
7 instruction or residence of defendants on probation;

8 (4) support his or her dependents; or

9 (5) refrain from having in his or her body the presence
10 of any illicit drug prohibited by the Methamphetamine
11 Control and Community Protection Act, the Cannabis Control
12 Act, or the Illinois Controlled Substances Act, unless
13 prescribed by a physician, and submit samples of his or her
14 blood or urine or both for tests to determine the presence
15 of any illicit drug.

16 (e) Upon violation of a term or condition of probation, the
17 court may enter a judgment on its original finding of guilt and
18 proceed as otherwise provided by law.

19 (f) Upon fulfillment of the terms and conditions of
20 probation, the court shall discharge the person and dismiss the
21 proceedings against the person.

22 (g) A disposition of probation is considered to be a
23 conviction for the purposes of imposing the conditions of
24 probation and for appeal; however, a discharge and dismissal
25 under this Section is not a conviction for purposes of this
26 Code or for purposes of disqualifications or disabilities

1 imposed by law upon conviction of a crime.

2 (h) There may be only one discharge and dismissal under
3 this Section, Section 410 of the Illinois Controlled Substances
4 Act, Section 70 of the Methamphetamine Control and Community
5 Protection Act, Section 10 of the Cannabis Control Act,
6 Treatment Alternatives for Criminal Justice Clients (TASC)
7 under Article 40 of the Alcoholism and Other Drug Abuse and
8 Dependency Act, the Offender Initiative Program under Section
9 5-6-3.3 of this Code, and subsection (c) of Section 11-14 of
10 the Criminal Code of 2012 with respect to any person.

11 (i) If a person is convicted of any offense which occurred
12 within 5 years subsequent to a discharge and dismissal under
13 this Section, the discharge and dismissal under this Section
14 shall be admissible in the sentencing proceeding for that
15 conviction as evidence in aggravation.

16 (j) Notwithstanding subsection (a), if the court finds that
17 the defendant suffers from a substance abuse problem, then
18 before the person is placed on probation under this Section,
19 the court may refer the person to the drug court established in
20 that judicial circuit pursuant to Section 15 of the Drug Court
21 Treatment Act. The drug court team shall evaluate the person's
22 likelihood of successfully fulfilling the terms and conditions
23 of probation under this Section and shall report the results of
24 its evaluation to the court. If the drug court team finds that
25 the person suffers from a substance abuse problem that makes
26 him or her substantially unlikely to successfully fulfill the

1 terms and conditions of probation under this Section, then the
2 drug court shall set forth its findings in the form of a
3 written order, and the person shall be ineligible to be placed
4 on probation under this Section, but may be considered for the
5 drug court program.

6 (Source: P.A. 98-164, eff. 1-1-14; 98-718, eff. 1-1-15.)

7 (730 ILCS 5/5-9-1.1) (from Ch. 38, par. 1005-9-1.1)

8 (Text of Section from P.A. 94-550, 96-132, 96-402, 96-1234,
9 97-545, and 98-537)

10 Sec. 5-9-1.1. Drug related offenses.

11 (a) When a person has been adjudged guilty of a drug
12 related offense involving possession or delivery of cannabis or
13 possession or delivery of a controlled substance, other than
14 methamphetamine, as defined in the Cannabis Control Act, as
15 amended, or the Illinois Controlled Substances Act, as amended,
16 in addition to any other penalty imposed, a fine shall be
17 levied by the court at not less than the full street value of
18 the cannabis or controlled substances seized.

19 "Street value" shall be determined by the court on the
20 basis of testimony of law enforcement personnel and the
21 defendant as to the amount seized and such testimony as may be
22 required by the court as to the current street value of the
23 cannabis or controlled substance seized.

24 (b) In addition to any penalty imposed under subsection (a)
25 of this Section, a fine of \$100 shall be levied by the court,

1 the proceeds of which shall be collected by the Circuit Clerk
2 and remitted to the State Treasurer under Section 27.6 of the
3 Clerks of Courts Act for deposit into the Trauma Center Fund
4 for distribution as provided under Section 3.225 of the
5 Emergency Medical Services (EMS) Systems Act.

6 (c) In addition to any penalty imposed under subsection (a)
7 of this Section, a fee of \$5 shall be assessed by the court,
8 the proceeds of which shall be collected by the Circuit Clerk
9 and remitted to the State Treasurer under Section 27.6 of the
10 Clerks of Courts Act for deposit into the Spinal Cord Injury
11 Paralysis Cure Research Trust Fund. This additional fee of \$5
12 shall not be considered a part of the fine for purposes of any
13 reduction in the fine for time served either before or after
14 sentencing.

15 (d) In addition to any penalty imposed under subsection (a)
16 of this Section for a drug related offense involving possession
17 or delivery of cannabis or possession or delivery of a
18 controlled substance as defined in the Cannabis Control Act,
19 the Illinois Controlled Substances Act, or the Methamphetamine
20 Control and Community Protection Act, a fee of \$50 shall be
21 assessed by the court, the proceeds of which shall be collected
22 by the Circuit Clerk and remitted to the State Treasurer under
23 Section 27.6 of the Clerks of Courts Act for deposit into the
24 Performance-enhancing Substance Testing Fund. This additional
25 fee of \$50 shall not be considered a part of the fine for
26 purposes of any reduction in the fine for time served either

1 before or after sentencing. The provisions of this subsection
2 (d), other than this sentence, are inoperative after June 30,
3 2011.

4 (e) In addition to any penalty imposed under subsection (a)
5 of this Section, a \$25 assessment shall be assessed by the
6 court, the proceeds of which shall be collected by the Circuit
7 Clerk and remitted to the State Treasurer for deposit into the
8 Criminal Justice Information Projects Fund. The moneys
9 deposited into the Criminal Justice Information Projects Fund
10 under this Section shall be appropriated to and administered by
11 the Illinois Criminal Justice Information Authority for
12 funding of drug task forces and Metropolitan Enforcement
13 Groups.

14 (f) In addition to any penalty imposed under subsection (a)
15 of this Section, a \$40 ~~\$20~~ assessment shall be assessed by the
16 court, the proceeds of which shall be collected by the Circuit
17 Clerk. Of the collected proceeds, (i) 90% shall be remitted to
18 the State Treasurer for deposit into the Prescription Pill and
19 Drug Disposal Fund; (ii) 5% shall be remitted for deposit into
20 the Criminal Justice Information Projects Fund, for use by the
21 Illinois Criminal Justice Information Authority for the costs
22 associated with making grants from the Prescription Pill and
23 Drug Disposal Fund; and (iii) the Circuit Clerk shall retain 5%
24 for deposit into the Circuit Court Clerk Operation and
25 Administrative Fund for the costs associated with
26 administering this subsection.

1 (Source: P.A. 97-545, eff. 1-1-12; 98-537, eff. 8-23-13.)

2 (Text of Section from P.A. 94-556, 96-132, 96-402, 96-1234,
3 97-545, and 98-537)

4 Sec. 5-9-1.1. Drug related offenses.

5 (a) When a person has been adjudged guilty of a drug
6 related offense involving possession or delivery of cannabis or
7 possession or delivery of a controlled substance as defined in
8 the Cannabis Control Act, the Illinois Controlled Substances
9 Act, or the Methamphetamine Control and Community Protection
10 Act, in addition to any other penalty imposed, a fine shall be
11 levied by the court at not less than the full street value of
12 the cannabis or controlled substances seized.

13 "Street value" shall be determined by the court on the
14 basis of testimony of law enforcement personnel and the
15 defendant as to the amount seized and such testimony as may be
16 required by the court as to the current street value of the
17 cannabis or controlled substance seized.

18 (b) In addition to any penalty imposed under subsection (a)
19 of this Section, a fine of \$100 shall be levied by the court,
20 the proceeds of which shall be collected by the Circuit Clerk
21 and remitted to the State Treasurer under Section 27.6 of the
22 Clerks of Courts Act for deposit into the Trauma Center Fund
23 for distribution as provided under Section 3.225 of the
24 Emergency Medical Services (EMS) Systems Act.

25 (c) In addition to any penalty imposed under subsection (a)

1 of this Section, a fee of \$5 shall be assessed by the court,
2 the proceeds of which shall be collected by the Circuit Clerk
3 and remitted to the State Treasurer under Section 27.6 of the
4 Clerks of Courts Act for deposit into the Spinal Cord Injury
5 Paralysis Cure Research Trust Fund. This additional fee of \$5
6 shall not be considered a part of the fine for purposes of any
7 reduction in the fine for time served either before or after
8 sentencing.

9 (d) In addition to any penalty imposed under subsection (a)
10 of this Section for a drug related offense involving possession
11 or delivery of cannabis or possession or delivery of a
12 controlled substance as defined in the Cannabis Control Act,
13 the Illinois Controlled Substances Act, or the Methamphetamine
14 Control and Community Protection Act, a fee of \$50 shall be
15 assessed by the court, the proceeds of which shall be collected
16 by the Circuit Clerk and remitted to the State Treasurer under
17 Section 27.6 of the Clerks of Courts Act for deposit into the
18 Performance-enhancing Substance Testing Fund. This additional
19 fee of \$50 shall not be considered a part of the fine for
20 purposes of any reduction in the fine for time served either
21 before or after sentencing. The provisions of this subsection
22 (d), other than this sentence, are inoperative after June 30,
23 2011.

24 (e) In addition to any penalty imposed under subsection (a)
25 of this Section, a \$25 assessment shall be assessed by the
26 court, the proceeds of which shall be collected by the Circuit

1 Clerk and remitted to the State Treasurer for deposit into the
2 Criminal Justice Information Projects Fund. The moneys
3 deposited into the Criminal Justice Information Projects Fund
4 under this Section shall be appropriated to and administered by
5 the Illinois Criminal Justice Information Authority for
6 funding of drug task forces and Metropolitan Enforcement
7 Groups.

8 (f) In addition to any penalty imposed under subsection (a)
9 of this Section, a \$40 ~~\$20~~ assessment shall be assessed by the
10 court, the proceeds of which shall be collected by the Circuit
11 Clerk. Of the collected proceeds, (i) 90% shall be remitted to
12 the State Treasurer for deposit into the Prescription Pill and
13 Drug Disposal Fund; (ii) 5% shall be remitted for deposit into
14 the Criminal Justice Information Projects Fund, for use by the
15 Illinois Criminal Justice Information Authority for the costs
16 associated with making grants from the Prescription Pill and
17 Drug Disposal Fund; and (iii) the Circuit Clerk shall retain 5%
18 for deposit into the Circuit Court Clerk Operation and
19 Administrative Fund for the costs associated with
20 administering this subsection.

21 (Source: P.A. 97-545, eff. 1-1-12; 98-537, eff. 8-23-13.)

22 (730 ILCS 5/5-9-1.1-5)

23 Sec. 5-9-1.1-5. Methamphetamine related offenses.

24 (a) When a person has been adjudged guilty of a
25 methamphetamine related offense involving possession or

1 delivery of methamphetamine or any salt of an optical isomer of
2 methamphetamine or possession of a methamphetamine
3 manufacturing material as set forth in Section 10 of the
4 Methamphetamine Control and Community Protection Act with the
5 intent to manufacture a substance containing methamphetamine
6 or salt of an optical isomer of methamphetamine, in addition to
7 any other penalty imposed, a fine shall be levied by the court
8 at not less than the full street value of the methamphetamine
9 or salt of an optical isomer of methamphetamine or
10 methamphetamine manufacturing materials seized.

11 "Street value" shall be determined by the court on the
12 basis of testimony of law enforcement personnel and the
13 defendant as to the amount seized and such testimony as may be
14 required by the court as to the current street value of the
15 methamphetamine or salt of an optical isomer of methamphetamine
16 or methamphetamine manufacturing materials seized.

17 (b) In addition to any penalty imposed under subsection (a)
18 of this Section, a fine of \$100 shall be levied by the court,
19 the proceeds of which shall be collected by the Circuit Clerk
20 and remitted to the State Treasurer under Section 27.6 of the
21 Clerks of Courts Act for deposit into the Methamphetamine Law
22 Enforcement Fund and allocated as provided in subsection (d) of
23 Section 5-9-1.2.

24 (c) In addition to any penalty imposed under subsection (a)
25 of this Section, a \$25 assessment shall be assessed by the
26 court, the proceeds of which shall be collected by the Circuit

1 Clerk and remitted to the State Treasurer for deposit into the
2 Criminal Justice Information Projects Fund. The moneys
3 deposited into the Criminal Justice Information Projects Fund
4 under this Section shall be appropriated to and administered by
5 the Illinois Criminal Justice Information Authority for
6 funding of drug task forces and Metropolitan Enforcement
7 Groups.

8 (d) In addition to any penalty imposed under subsection (a)
9 of this Section, a \$40 ~~\$20~~ assessment shall be assessed by the
10 court, the proceeds of which shall be collected by the Circuit
11 Clerk. Of the collected proceeds, (i) 90% shall be remitted to
12 the State Treasurer for deposit into the Prescription Pill and
13 Drug Disposal Fund; (ii) 5% shall be remitted for deposit into
14 the Criminal Justice Information Projects Fund, for use by the
15 Illinois Criminal Justice Information Authority for the costs
16 associated with making grants from the Prescription Pill and
17 Drug Disposal Fund; and (iii) the Circuit Clerk shall retain 5%
18 for deposit into the Circuit Court Clerk Operation and
19 Administrative Fund for the costs associated with
20 administering this subsection.

21 (Source: P.A. 97-545, eff. 1-1-12; 98-537, eff. 8-23-13.)

22 Section 5-115. The Drug Court Treatment Act is amended by
23 changing Section 20 and by adding Sections 45 and 50 as
24 follows:

1 (730 ILCS 166/20)

2 Sec. 20. Eligibility.

3 (a) A defendant may be admitted into a drug court program
4 only upon the agreement of ~~the prosecutor and~~ the defendant and
5 with the approval of the court.

6 (b) A defendant shall be excluded from a drug court program
7 if any of one of the following apply:

8 (1) The crime is a crime of violence as set forth in
9 clause (4) of this subsection (b).

10 (2) The defendant denies his or her use of or addiction
11 to drugs.

12 (3) The defendant does not demonstrate a willingness to
13 participate in a treatment program.

14 (4) The defendant has been convicted of a crime of
15 violence within the past 10 years excluding incarceration
16 time. As used in this Section, "crime of violence" means ~~including but not limited to:~~ first degree murder, second
17 degree murder, predatory criminal sexual assault of a
18 child, aggravated criminal sexual assault, criminal sexual
19 assault, armed robbery, aggravated arson, arson,
20 aggravated kidnaping, kidnaping, aggravated battery
21 resulting in great bodily harm or permanent disability,
22 stalking, aggravated stalking, or any offense involving
23 the discharge of a firearm.

24 (c) Notwithstanding subsection (a), the defendant may be
25 admitted into a drug court program only upon the agreement of
26

1 the prosecutor if:

2 (1) the defendant is charged with a Class 2 or greater
3 felony violation of:

4 (A) Section 401, 401.1, 405, or 405.2 of the
5 Illinois Controlled Substances Act;

6 (B) Section 5, 5.1, or 5.2 of the Cannabis Control
7 Act;

8 (C) Section 15, 20, 25, 30, 35, 40, 45, 50, 55, 56,
9 or 65 of the Methamphetamine Control and Community
10 Protection Act; or

11 (2) the defendant has previously, on 3 or more
12 occasions, either completed a drug court program, been
13 discharged from a drug court program, or been terminated
14 from a drug court program.

15 ~~(5) The defendant has previously completed or has been~~
16 ~~discharged from a drug court program.~~

17 (Source: P.A. 92-58, eff. 1-1-02.)

18 (730 ILCS 166/45 new)

19 Sec. 45. Education seminars for drug court prosecutors.
20 Subject to appropriation, the Office of the State's Attorneys
21 Appellate Prosecutor shall conduct mandatory education
22 seminars on the subjects of substance abuse and addiction for
23 all drug court prosecutors throughout the State.

24 (730 ILCS 166/50 new)

1 Sec. 50. Education seminars for public defenders. Subject
2 to appropriation, the Office of the State Appellate Defender
3 shall conduct mandatory education seminars on the subjects of
4 substance abuse and addiction for all public defenders and
5 assistant public defenders practicing in drug courts
6 throughout the State.

7 Section 5-120. The Veterans and Servicemembers Court
8 Treatment Act is amended by changing Section 20 as follows:

9 (730 ILCS 167/20)

10 Sec. 20. Eligibility. Veterans and Servicemembers are
11 eligible for Veterans and Servicemembers Courts, provided the
12 following:

13 (a) A defendant, who is eligible for probation based on the
14 nature of the crime convicted of and in consideration of his or
15 her criminal background, if any, may be admitted into a
16 Veterans and Servicemembers Court program only upon the
17 agreement of the prosecutor and the defendant and with the
18 approval of the Court.

19 (b) A defendant shall be excluded from Veterans and
20 Servicemembers Court program if any of one of the following
21 applies:

22 (1) The crime is a crime of violence as set forth in
23 clause (3) of this subsection (b).

24 (2) The defendant does not demonstrate a willingness to

1 participate in a treatment program.

2 (3) The defendant has been convicted of a crime of
3 violence within the past 10 years excluding incarceration
4 time. As used in this Section, "crime of violence" means ~~r~~
5 ~~including but not limited to:~~ first degree murder, second
6 degree murder, predatory criminal sexual assault of a
7 child, aggravated criminal sexual assault, criminal sexual
8 assault, armed robbery, aggravated arson, arson,
9 aggravated kidnapping and kidnapping, aggravated battery
10 resulting in great bodily harm or permanent disability,
11 stalking, aggravated stalking, or any offense involving
12 the discharge of a firearm or where occurred serious bodily
13 injury or death to any person.

14 (4) (Blank).

15 (5) The crime for which the defendant has been
16 convicted is non-probationable.

17 (6) The sentence imposed on the defendant, whether the
18 result of a plea or a finding of guilt, renders the
19 defendant ineligible for probation.

20 (Source: P.A. 97-946, eff. 8-13-12; 98-152, eff. 1-1-14.)

21 Section 5-125. The Good Samaritan Act is amended by adding
22 Section 36 and by changing Section 70 as follows:

23 (745 ILCS 49/36 new)

24 Sec. 36. Pharmacists; exemptions from civil liability for

1 the dispensing of an opioid antagonist to individuals who may
2 or may not be at risk for an opioid overdose. Any person
3 licensed as a pharmacist in Illinois or any other state or
4 territory of the United States who in good faith dispenses or
5 administers an opioid antagonist as defined in Section 5-23 of
6 the Alcoholism and Other Drug Abuse and Dependency Act in
7 compliance with the procedures or protocols developed under
8 Section 19.1 of the Pharmacy Practice Act, or the standing
9 order of any person licensed under the Medical Practice Act of
10 1987, without fee or compensation in any way, shall not, as a
11 result of her or his acts or omissions, except for willful or
12 wanton misconduct on the part of the person, in dispensing the
13 drug or administering the drug, be liable for civil damages.

14 (745 ILCS 49/70)

15 Sec. 70. Law enforcement officers, firemen, Emergency
16 Medical Technicians (EMTs) and First Responders; exemption
17 from civil liability for emergency care. Any law enforcement
18 officer or fireman as defined in Section 2 of the Line of Duty
19 Compensation Act, any "emergency medical technician (EMT)" as
20 defined in Section 3.50 of the Emergency Medical Services (EMS)
21 Systems Act, and any "first responder" as defined in Section
22 3.60 of the Emergency Medical Services (EMS) Systems Act, who
23 in good faith provides emergency care, including the
24 administration of an opioid antagonist as defined in Section
25 5-23 of the Alcoholism and Other Drug Abuse and Dependency Act,

1 without fee or compensation to any person shall not, as a
2 result of his or her acts or omissions, except willful and
3 wanton misconduct on the part of the person, in providing the
4 care, be liable to a person to whom such care is provided for
5 civil damages.

6 (Source: P.A. 93-1047, eff. 10-18-04; 94-826, eff. 1-1-07.)

7 Section 999. Effective date. This Act takes effect upon
8 becoming law.".