

HB4650



100TH GENERAL ASSEMBLY

State of Illinois

2017 and 2018

HB4650

by Rep. Michael J. Zalewski

SYNOPSIS AS INTRODUCED:

720 ILCS 570/316

Amends the Illinois Controlled Substance Act. In a provision allowing pharmacists to authorize a designee to consult the Prescription Monitoring Program on their behalf, defines "pharmacist" to include, but be not limited to, a pharmacist associated with a health maintenance organization or a Medicaid managed care entity providing services under the Illinois Public Aid Code. Effective immediately.

LRB100 17477 SLF 32646 b

A BILL FOR

1 AN ACT concerning criminal law.

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

4 Section 5. The Illinois Controlled Substances Act is
5 amended by changing Section 316 as follows:

6 (720 ILCS 570/316)

7 Sec. 316. Prescription Monitoring Program.

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

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

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

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

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

19 (D) The date the controlled substance is
20 dispensed.

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

23 (F) The dispenser's United States Drug Enforcement

1 Administration registration number.

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

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

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

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

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

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

23 (3) A dispenser must transmit the information required
24 under this Section by:

25 (A) an electronic device compatible with the
26 receiving device of the central repository;

- 1 (B) a computer diskette;
2 (C) a magnetic tape; or
3 (D) a pharmacy universal claim form or Pharmacy
4 Inventory Control form;

5 (4) The Department may impose a civil fine of up to
6 \$100 per day for willful failure to report controlled
7 substance dispensing to the Prescription Monitoring
8 Program. The fine shall be calculated on no more than the
9 number of days from the time the report was required to be
10 made until the time the problem was resolved, and shall be
11 payable to the Prescription Monitoring Program.

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

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

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

1 (e) (Blank).

2 (f) Within one year of the effective date of this
3 amendatory Act of the 100th General Assembly, the Department
4 shall adopt rules requiring all Electronic Health Records
5 Systems to interface with the Prescription Monitoring Program
6 application program on or before January 1, 2021 to ensure that
7 all providers have access to specific patient records during
8 the treatment of their patients. These rules shall also address
9 the electronic integration of pharmacy records with the
10 Prescription Monitoring Program to allow for faster
11 transmission of the information required under this Section.
12 The Department shall establish actions to be taken if a
13 prescriber's Electronic Health Records System does not
14 effectively interface with the Prescription Monitoring Program
15 within the required timeline.

16 (g) The Department, in consultation with the Advisory
17 Committee, shall adopt rules allowing licensed prescribers or
18 pharmacists who have registered to access the Prescription
19 Monitoring Program to authorize a designee to consult the
20 Prescription Monitoring Program on their behalf. The rules
21 shall include reasonable parameters concerning a
22 practitioner's authority to authorize a designee, and the
23 eligibility of a person to be selected as a designee. In this
24 subsection (g), "pharmacist" includes, but is not limited to, a
25 pharmacist associated with a health maintenance organization
26 or a Medicaid managed care entity providing services under

1 Article V of the Illinois Public Aid Code.

2 (Source: P.A. 99-480, eff. 9-9-15; 100-564, eff. 1-1-18.)

3 Section 99. Effective date. This Act takes effect upon
4 becoming law.