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Government Affairs Report What Does It Mean When I Hear "The Pharmacy Practice Act Is Sunsetting"?

by Jim Owen and Scott Meyers

Fortunately, the phrase "*The Pharmacy Practice Act Is Sunsetting*" has nothing to do with the Earth's rotation. But the action does take place on a relatively predictable and regular basis.

In Illinois, every Act that regulates a profession, from Acupuncturists to Wholesale Drug Distributers (sorry no "Zookeepers" or "Xylophone tuners" or anything past Wh) must be reviewed and renewed every 10 years unless that profession no longer exists or requires regulation. If they exist, they will be regulated. And even some occupations you might not think of as professions are regulated in that way in Illinois, like roofing contractors or payday lenders. Pharmacy Benefit Managers are yet to be regulated, but that's another topic for a different issue of *KeePosted*!

So every 10 years, the Illinois Department of Financial and Professional Regulation and the entire pharmacy world go over the Illinois Pharmacy Practice Act (PPA) with a fine-toothed comb to make sure it is up to date, matches at least current practice and often so that it can help the practice of pharmacy grow to better serve the citizens of Illinois.

This year was going to be a Sunset year! We (ICHP, IPhA, and IRMA) had so many great plans to move our practice forward, take us closer to provider status or at least help us get closer to being a full-fledged member of the health care team in Illinois. But on December 18, 2016, the Tribune released "Filled without Warning," an investigative article that pretty much doomed any hopes of expanding pharmacy practice in Illinois anytime in the near future.

If you haven't read the article, find a copy and do so. But that's water under the bridge, so let's just move on with the resulting details. This year, because of that article and the actions of over 100 of our community pharmacy colleagues, we now face a one-year extension to the current PPA and the formation of the "Collaborative Pharmaceutical Task Force" made up of a representative from ICHP, IPhA, IRMA, the Illinois State Medical Society, the Illinois Hospital Association, the Teamsters, and an organization representing long-term care pharmacists in Illinois. The Task Force will also have three non-voting members, one each from the Illinois Department of Financial and Professional Regulation, The University of Illinois and a clinical pharmacist who has done extensive study in pharmacy e-prescribing and e-discontinuation. The Task Force will be chaired by a retired licensed pharmacist who has previously served on the Board of Pharmacy and on the executive committee of a national association representing pharmacists. A couple of these Task Force members might has well been named specifically since there are only one or two who will surely qualify.

This Task Force will then meet regularly, once the legislative session ends which is May 31^{st} and will hopefully present the 2018 Spring Session of the 100^{th} Illinois General Assembly with a consensus document that will be

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the complete and updated PPA. The Task Force has even been given a legislative charge, provided HB3462 passes through both chambers and receives a signature from the Governor, to consider the workload issues and ways to improve e-prescribing in Illinois.

So this year, the changes to the PPA will be limited and primarily house-keeping, but the result of the deliberations of the Collaborative Pharmaceutical Task Force could produce a better and more progressive PPA next year that will be in place for at least nine years to come.

If you're wondering, is the Sunset year the only year the PPA can be changed, the answer is no. But it is usually the easiest year to implement sweeping changes. Perhaps this year and next will be the exceptions to that rule and changes will be limited, but that doesn't mean that more changes can't come each year after that. It will probably mean that any changes will come harder. But if it wasn't hard, it wouldn't be fun! Right?

So now you know what it means when you hear, "The Pharmacy Practice Act Is Sunsetting"!

Here are the big bills ICHP is monitoring this legislative session. We've removed many of the bills that have been reassigned to the Rules or Assignment Committees because they are probably not going anywhere, but as Mark Twain once said, "No man's life, liberty or property are safe while the legislature is in session." So we'll keep watching all of them but share the ones that move.

Bill Number	Sponsor	Summary	Location	ICHP
				Position
SB0009	Hutchinson – Chicago, D	Creates the Sugar-Sweetened Beverage Tax Act.	3 rd Reading in	
		Imposes a tax on distributors of bottled sugar-	Senate	
		sweetened beverages, syrups, or powders at the rate of		
		\$0.01 per ounce of bottled sugar-sweetened beverages		
		sold or offered for sale to a retailer for sale in the State		
		to a consumer. Requires those distributors to obtain		
		permits.		
SB0018	Cullerton - Chicago, D	Technical change to the Alcoholism and Other Drug	3 rd Reading in	
		Abuse and Dependency Act.	Senate	
SB0073	Silverstein – Chicago, D	Amends the Illinois Food, Drug and Cosmetic Act. Adds	Human Services	
HB0239		provision concerning prescription drug price increases.	Comm.	
		Requires manufacturers of prescription drugs to notify		
		State purchasers, health insurers, health care service		
		plan providers, and pharmacy benefit managers of		
		specified increases in drug prices at least 30 days		
		before such increase and the cost of specified new		
		prescription drugs 3 days before the commercial		
		availability of a new drug approved by the U.S. Food		
		and Drug Administration or within 3 days after approval		
		by the U.S. Food and Drug Administration if the new		
		drug will be made commercially available within 3 days		
		of such approval. Provides that within 30 days after		
		such notifications, prescription drug manufacturers shall		
		report specified information to the Department of Public		
		Health and requires the Department to publish such		
		information on its website. Provides that failure to report		
		such information to specified entities shall result in a		
		specified administrative penalty. Provides that the		
		Department may adopt rules and issue guidance to		
		implement these provisions and shall be responsible		

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		for enforcing these provisions. Contains provisions		
		concerning the confidentiality of pricing information.		
		Repeals provisions concerning prescription drug price		
		increases on January 1, 2022. Effective immediately.		
SB0283	Cullerton – Chicago, D	Amends the Senior Pharmaceutical Assistance Act.	3 rd Reading in the	
220200	cumerten emage, 2	Makes a technical change in a Section concerning the	Senate	
		findings of the General Assembly.	Schate	
SB0285	Cullerton – Chicago, D	Amends the Senior Pharmaceutical Assistance Act.	3 rd Reading in the	
300203	Culiciton – Chicago, D	Makes a technical change in a Section concerning the	Senate.	
		findings of the General Assembly.	Senate.	
CD0255	C II + CI : D	Amends the Illinois Public Aid Code, Makes a technical	3 rd Reading in the	
SB0355	Cullerton – Chicago, D	-	_	
GD 0 600		change in a Section regarding Medicaid co-payments.	Senate	
SB0622	Aquino – Chicago, D	Amends the Medical Assistance Article of the Illinois	Special Comm. on	
		Public Aid Code. In a provision requiring the	Oversight of	
		Department of Healthcare and Family Services to	Medicaid	
		determine the quantity and quality of medical services	Managed Care	
		provided under the State's Medical Assistance program,		
		provides that such services may include dental and		
		periodontal prevention and treatment services for		
		residents of long term care facilities and adults		
		diagnosed with a developmental disability or an		
		acquired disability that is permanent and irreversible		
		and that occurred prior to age 21. Provides that on or		
		after July 1, 2017, the Department shall provide dental		
		services, including periodontal prevention and		
		treatment and prescription eyeglasses to veterans and		
		their dependents. Effective immediately.		
SB0625	Martinez - Chicago, D	Amends the Regulatory Sunset Act. Extends the repeal	3 rd Reading in the	Oppose
		of the Nurse Practice Act from January 1, 2018 to	Senate	
		January 1, 2028. Amends the Nurse Practice Act.		
		Defines "focused assessment", "full practice authority",		
		"oversight", and "postgraduate advanced practice		
		nurse". Changes references of "advanced practice		
		nurse" and "APN" to "advanced practice registered		
		nurse" and "APN" to "advanced practice registered nurse" and "APRN" throughout the Act. Replaces		
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		provisions concerning the grounds for disciplinary		
		action under the Act. Requires the Department of Public		
		Health to prepare a report regarding the moneys		
		appropriated from the Nursing Dedicated and		
		Professional Fund to the Department of Public Health		
		for nursing scholarships. Makes other changes.		
		Effective immediately.		
SB0636	Link – Gurnee, D	Amends the Pharmacy Practice Act. Provides that the	Amended on 2 nd	
	,	Act shall not apply to, or in any manner interfere with,	Reading in the	
		the sale or distribution of dialysate, drugs, or devices	Senate.	
		necessary to perform home renal dialysis for patients	Amendments 1 &	
		with chronic kidney failure, provided that certain	2 filed.	
		conditions are met. Effective immediately.		
SB0642	Steans – Steans, D	Amends the Nurse Practice Act. In provisions	2 nd Reading in the	Oppose
		concerning scope of practice, written collaborative	Senate.	
		agreements, temporary practice with a collaborative		
		agreement, prescriptive authority with a collaborative		
		agreement, titles, advertising, continuing education,		
		and reports relating to professional conduct and		
		capacity, changes references of "advanced practice		
		nurse" and "APN" to "advanced practice registered		
		nurse" and "APRN". Provides that a written		
		collaborative agreement is required for all postgraduate		
		advanced practice registered nurses until specific		
		requirements have been met. Provides that		
		postgraduate advanced practice registered nurses may		
		enter into written collaborative agreements with		
		collaborating advanced practice registered nurses or		
		physicians (rather than collaborating physicians or		
		podiatric physicians). In provisions concerning		
		prescriptive authority for postgraduate advanced		
		practice registered nurses, sets forth the requirements		
		for postgraduate advanced practice registered nurses		
		to have prescriptive authority and the limitations of such		
		authority. Defines "full practice authority" and provides		
		requirements for it to be granted to an advanced		
		practice registered nurse. Removes provisions		
		concerning advanced practice nursing in hospitals,		
		hospital affiliates, or ambulatory surgical treatment		
		centers, except the provision for anesthesia services		
		and the provision requiring advanced practice		
		registered nurses to provide services in accordance		
		with other Acts. Makes other changes. Effective		
		immediately.		
SB0680	Althoff – McHenry, R	Amends the Safe Pharmaceutical Disposal Act.	3rd Reading in the	
22000	Transit Hieroniy, 10	Provides that used, expired, or unwanted	Senate.	
		pharmaceuticals collected by a city, village, or		
		municipality under the Act may be destroyed in a drug		
		destruction device by a law enforcement agency.		
		Amends the Environmental Protection Act. Expands the		
		definition of "drug evidence" in the provision for drug		
		destruction by a law enforcement agency to include any		
		used, expired, or unwanted pharmaceuticals collected		
		under the Safe Pharmaceutical Disposal Act.		
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SB0772	Martinez – Chicago, D	Amends the Regulatory Sunset Act by extending the repeal date of the Podiatric Medical Practice Act of 1987 from January 1, 2018 to January 1, 2028. Amends the Podiatric Medical Practice Act of 1987. Defines "email address of record" and "address of record". Provides that all applicants and licensees shall provide a valid address and email address, which shall serve as the address and email address of record, and shall inform the Department of Financial and Professional Regulation of any change of address or email address through specified means. Makes changes in provisions concerning the Podiatric Medical Licensing Board, grounds for disciplinary action, appointment of a hearing officer, and certification of records. Provides provisions concerning confidentiality of information collected by the Department in the course of an examination or investigation. Makes other changes.	3 rd Reading in the Senate	
		Effective immediately	rd	
SB0892	Tracy – Quincy, R	Amends the Illinois Controlled Substances Act. Provides that the Department of Human Services may release information received by the central repository to select representatives of the Department of Children and Family Services through the indirect online request process. Provides that access shall be established by the Prescription Monitoring Program Advisory Committee by rule.	3 rd Reading in the Senate	
SB0902	Righter – Mattoon, R	Amends the Regulatory Sunset Act. Extends the repeal date of the Pharmacy Practice Act from January 1, 2018 to January 1, 2028. Amends the Pharmacy Practice Act. Provides that all applicants and licensees shall provide a valid address and email address, which shall serve as the address and email address of record, and shall inform the Department of Financial and Professional Regulation of any change of address or email address through specified means. Provides for the licensure (rather than registration) of registered pharmacy technicians, registered certified pharmacy technicians, and pharmacists, and makes conforming changes. Removes provision allowing each member of the State Board of Pharmacy to receive a per diem payment in an amount determined from time to time by the Secretary of Financial and Professional Regulation for attendance at meetings of the Board and conducting other official business of the Board. Changes references to "Director" to references to "Secretary" or "Department" throughout the Act. Eliminates the position of deputy pharmacy coordinator. Makes changes in provisions concerning definitions, duties of the Department, inactive status, pharmacists in charge, nonresident pharmacy licenses, record retention, automated	3 rd Reading in the Senate	

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		pharmacy systems, remote prescription processing, and discipline. Makes other changes. Effective immediately.		
SB1546 same as HB2957	Mulroe – Chicago, D	Amends the Illinois Insurance Code. Provides that every policy of accident and health insurance amended, delivered, issued, or renewed after the effective date of the amendatory Act that provides coverage for prescription drugs shall provide for synchronization of prescription drug refills on at least one occasion per insured per year provided that certain conditions are met. Requires insurers to provide prorated daily cost-sharing rates when necessary. Makes conforming changes in the State Employees Group Insurance Act of 1971, the Counties Code, the Illinois Municipal Code, the School Code, the Health Maintenance Organization Act, the Limited Health Services Organization Act, and the	3 rd Reading in the Senate	
SB1585	Martinez – Chicago, D	Illinois Public Aid Code. Effective immediately. Amends the Regulatory Sunset Act. Extends the repeal date of the Physician Assistant Practice Act of 1987 from January 1, 2018 to January 1, 2028. Amends the Physician Assistant Practice Act of 1987. Reorganizes the Act by adding titles and renumbering provisions. Replaces references to "supervising physicians" with references to "collaborating physicians" throughout the Act. Replaces references to "supervision agreement" with references to "collaborative agreement" throughout the Act. Adds provisions concerning continuing education. In provisions concerning grounds for disciplinary action, provides that the Department of Financial and Professional Regulation may refuse to issue or renew a physician assistant license or discipline a licensee for willfully or negligently violating a patient's confidentiality, except as required by law, or failing to provide copies of medical records as required by law. Amends various Acts to conform references and terminology. Makes other changes. Effective immediately.	2 nd Reading in the Senate	
SB1596 same as HB2908	Righter - Mattoon, R	Amends the Medical Assistance Article of the Illinois Public Aid Code. In provisions concerning medical assistance for the treatment of alcohol dependence or opioid dependence, provides that on or after July 1, 2017 such coverage may be subject to utilization controls or prior authorization mandates consistent with the most current edition of the American Society of Addiction Medicine's National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use, as now or hereafter revised, or any successor publication (rather than on or after July 1, 2015 such coverage shall not be subject to any (1)	Human Services Comm. Subcomm. On Special Issues	

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			utilization control, other than those established under the American Society of Addiction Medicine patient placement criteria, (2) prior authorization mandate, or (3) lifetime restriction limit mandate). Provides that on or after July 1, 2017, opioid antagonists prescribed for the treatment of an opioid overdose may be subject to (A) utilization controls or (B) prior authorization mandates consistent with the most current edition of the American Society of Addiction Medicine's National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use, as now or hereafter revised, or any successor publication.		
SI	31607	Bush – Grayslake, D	Amends the Illinois Controlled Substances Act. Requires prescribers to check PMP prior to writing any prescriptions of CII, III, IV, or V medications. Requires prescriber to note knowledge of a report received on specific patient from DHS. Requires pharmacists to review PMP if they know of an individual who is the subject of a report by DHS. The pharmacy or pharmacist must contact the prescriber and obtain a signature of acknowledgement before dispensing. Requires DHS to write rules within one year that requires all electronic medical records to interface with the PMP by Jan. 1, 2021.	2 nd Reading in the Senate.	
sa	B1609 me as B2956	Bush – Grayslake, D	Amends the Illinois Insurance Code, the State Employees Group Insurance Act of 1971, the Counties Code, the Illinois Municipal Code, the School Code, the Health Maintenance Organization Act, the Limited Health Service Organization Act, the Voluntary Health Services Plans Act, and the Illinois Public Aid Code. Prohibits insurers from requiring that a covered individual first use an opioid analgesic drug product without abuse-deterrence labeling claims before providing coverage for an abuse-deterrent opioid analgesic drug product.	Insurance Comm.	
Sa	31660 ame as B2892	McCarter – Vandalia, R	Amends the Workers' Compensation Act. Provides that no medical provider shall be reimbursed for a supply of prescriptions filled outside of a licensed pharmacy except when there exists no licensed pharmacy within 5 miles of the prescribing physician's practice. Provides that, if there exists no licensed pharmacy within 5 miles of the prescribing physician's practice, no medical provider shall be reimbursed for a prescription, the supply of which lasts for longer than 72 hours from the date of injury or 24 hours from the date of first referral to the medical service provider, whichever is greater, filled and dispensed outside of a licensed pharmacy. Provides that the limitations on filling and dispensing prescriptions do not apply if there exists a pre-arranged agreement between the medical provider and a preferred provider program	Subcomm. On Tort Reform	

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		regarding the filling of prescriptions outside a		
SB1790	Stadelman – Rockford, D	Amends the Pharmacy Practice Act. Provides that a pharmacist may refill a patient's prescription without prescriber authorization if the pharmacist is unable to contact the prescriber after reasonable effort, a failure to refill the prescription may result in an interruption of therapeutic regimen or create patient suffering, the pharmacist informs the prescriber at the earliest convenience of the emergency refills, and the prescription is not for a controlled substance. Provides that prescriptions may be refilled pursuant to the provisions for a	3 rd Reading in the Senate	
		period of time reasonably necessary for the pharmacist to secure prescriber authorization. Effective immediately.		
SB1844	Raoul – Chicago, D	Amends the Illinois Insurance Code. Provides that all entities providing prescription drug coverage shall permit and apply a prorated daily cost-sharing rate to prescriptions that are dispensed by a pharmacy for less than a 30-day supply if the prescriber or pharmacist indicates the fill or refill could be in the best interest of the patient or is for the purpose of synchronizing the patient's chronic medications. Provides that no entity providing prescription drug coverage shall deny coverage for the dispensing of any drug prescribed for the treatment of a chronic illness that is made in accordance with a plan among the insured, the prescriber, and a pharmacist to synchronize the refilling of multiple prescriptions for the insured. Provides that no entity providing prescription drug coverage shall use payment structures incorporating prorated dispensing fees determined by calculation of the days' supply of medication dispensed. Provides that dispensing fees shall be determined exclusively on the total number of prescriptions dispensed. Establishes criteria for an entity conducting audits (either on-site or remotely) of pharmacy records. Provides that the Department of Insurance and Director of Insurance shall have the authority to enforce the provisions of the Act and impose financial penalties. Effective January 1, 2018.	Insurance Comm.	
SB1888	McCann – Jacksonville, R	Amends the Medical Assistance Article of the Illinois Public Aid Code. In addition to other specified actions required under the Code, requires a managed care community network that contracts with the Department of Healthcare and Family Services to establish, maintain, and provide a fair and reasonable reimbursement rate to pharmacy providers for pharmaceutical services, prescription drugs and drug products, and pharmacy or pharmacist-provided services. Provides that the	Special Comm. on Oversight of Medicaid Managed Care	

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		reimbursement methodology shall not be less than the current reimbursement rate utilized by the Department for prescription and pharmacy or pharmacist-provided services and shall not be below the actual acquisition cost of the pharmacy provider. Requires a managed care community network to ensure that the pharmacy formulary used by the managed care community network and its contract providers is no more restrictive than the Department's pharmaceutical program. Effective July 1, 2018.		
SB1944	Nybo – Lombard, R	Senate Amendment 1 Replaces everything after the enacting clause. Amends the Hypodermic Syringes and Needles Act. Provides that a person who is at least 18 years of age may purchase from a pharmacy and have in his or her possession up to 100 (rather than 20) hypodermic syringes or needles. Provides that a pharmacist may sell up to 100 (rather than 20) sterile hypodermic syringes or needles to a person who is at least 18 years of age. Provides that a prescriber (rather than a licensed physician) may direct a patient under his or her immediate charge to have in possession any of the hypodermic syringes and needles permitted by the Act. Deletes provision that the Illinois Department of Public Health must develop educational materials and make copies of the educational materials available to pharmacists. Deletes provision that pharmacists must make these educational materials available to persons who purchase syringes and needles as authorized under the Act. Permits an electronic order for the hypodermic	2 nd Reading in the Senate.	
SB2011	Bivins – Dixon, R	syringes and needles. Defines "prescriber". Amends the Illinois Controlled Substances Act. Provides that a registered pharmacist filling a prescription for an opioid substance listed in Schedule II may dispense the prescribed substance in a lesser quantity than the recommended full quantity indicated on the prescription if requested by the patient provided that the prescription complies with the requirements of the Act. Provides that the remaining quantity in excess of the quantity requested by the patient shall be void. Provides that if the dispensed quantity is less than the recommended full quantity, the pharmacist or his or her designee shall, within a reasonable time following a reduction in quantity but not more than 7 days, notify the prescribing practitioner of the quantity actually dispensed. Provides that nothing in this provision shall be interpreted to conflict with or supersede any other requirement established in the Act for a prescription of an opiate substance or any requirements or conditions for drug	2 nd Reading in the Senate	

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			substitutions established in the Act. Effective immediately. Senate Amendment 1 - Provides that when issuing a prescription for an opiate to a patient 18 years of age or older for outpatient use for the first time, a practitioner may not issue a prescription for more than a 7-day supply. A practitioner may not issue an opiate prescription to a person under 18 years of age for more than a 7-day supply at any time and shall discuss with the parent or guardian of the person under 18 years of age the risks associated with opiate use and the reasons why the prescription is necessary. Provides that notwithstanding this provision, if, in the professional medical judgment of a practitioner, more than a 7-day supply of an opiate is required to treat the patient's acute medical condition or is necessary for the treatment of chronic pain management, pain associated with a cancer diagnoses, or for palliative care, then the practitioner may issue a prescription for the quantity needed to treat that acute medical condition, chronic pain, pain associated with a cancer diagnosis, or pain experienced while the patient is in palliative care. Provides that the condition triggering the prescription of an opiate for more than a 7-day supply shall be documented in the patient's medical record and the practitioner shall indicate that a non-opiate alternative was not appropriate to address the medical condition. Provides that these provisions do not apply to medications designed for the treatment of substance abuse or opioid dependence.		
	HR0016	Gordon-Booth – Peoria, D	Urges Congress to pass legislation in support of the establishment of VA emergency prescription refill programs nationwide to ensure that, in emergency situations, veterans may receive medication directly from their local pharmacy and VA facility.	Place on Calendar Order of Resolutions.	
	HR0030	Welch – Westchester, D	Designates October 2017 as "Zombie Preparedness Month" in the State of Illinois, and urges all Illinoisans to educate themselves about natural disasters and take steps to create a stockpile of food, water, and other emergency supplies that can last up to 72 hours.	Resolution Adopted.	
	HR0059	Cassidy – Chicago, D	Recognizes the importance of improving awareness of self-care and the value it represents to the citizens of Illinois. Supports increased consumer empowerment through the development of new nonprescription medicines and the appropriate switch of certain prescription medicines to nonprescription. Acknowledges that over-the-counter medicines can greatly improve and reduce costs to the public health system. Encourages consumers, healthcare practitioners, policymakers and regulators to	Place on Calendar Order of Resolutions	

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		communicate the benefits of self-care. Recognizes		
		February of 2017 as Self-Care Month in Illinois.		
HR0088	Flowers - Chicago, D	Urges the federal government to monitor the ever-increasing	Placed on	
		costs of prescription drugs and to take any necessary	Calendar Order of	
		action to reduce the out-of-pocket expenses for those	Resolutions	
		purchasing medications.		
HR0116	McSweeney - Cary, R	Declares opposition to raising the sales taxes on	Revenue and	
		food and drugs.	Finance Comm.	
			Sales and Other	
			Taxes Subcomm.	
HB0274	Mussman –	Amends the Pharmacy Practice Act. Provides that	Health Care	Support
	Schaumburg, D	"practice of pharmacy" includes the prescribing and	Licenses Comm.	
		dispensing of hormonal contraceptive patches and self-		
		administered oral hormonal contraceptives. Defines		
		"hormonal contraceptive patch" as a transdermal patch		
		applied to the skin of a patient, by the patient or by a		
		practitioner, that releases a drug composed of a		
		combination of hormones that is approved by the		
		United States Food and Drug Administration to prevent		
		pregnancy and "self-administered oral hormonal		
		contraceptive" as a drug composed of a combination of		
		hormones that is approved by the United States Food		
		and Drug Administration to prevent pregnancy and that		
		the patient to whom the drug is prescribed may take		
		orally. Allows pharmacists to prescribe and dispense		
		contraceptives to a person over 18 years of age and a		
		person under 18 years of age only if the person has		
		evidence of a previous prescription from a primary care		
		or a women's health care practitioner. Requires the		
		Department of Financial and Professional Regulation to		
		adopt rules to establish standard procedures for		
		pharmacists to prescribe contraceptives. Provides		
		requirements for the rules to be adopted by the		
		Department. Provides that all State and federal laws		
		governing insurance coverage of contraceptive drugs		
		and products shall apply to the provisions.		
HB0281	Flowers – Chicago, D	Amends the Administration of Psychotropic Medications	2 nd Reading in the	
		to Children Act. Provides that the Department of	House	
		Children and Family Services shall adopt rules		
		requiring the Department to distribute treatment		
		guidelines on an annual basis to all persons licensed		
		under the Medical Practice Act of 1987 to practice		
		medicine in all of its branches. Provides that the		
		Department shall prepare and submit an annual report		
		to the General Assembly with specified information		
		concerning the administration of psychotropic		
		medication to persons for whom it is legally		
		responsible. Amends the Medical Practice Act of 1987.		
		Provides that the Department of Financial and		
		Professional Regulation may revoke, suspend, place		
		on probation, reprimand, refuse to issue or renew, or		
		take any other disciplinary or non-disciplinary action as		
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		the Department may deem proper with regard to the		

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		upon repeated acts of clearly excessive prescribing,		
		furnishing, or administering psychotropic medications to		
		a minor without a good faith prior examination of the		
		patient and medical reason.	nd	
HB0312	Feigenholtz – Chicago, D	Amends the Nurse Practice Act. In provisions	2 nd Reading in the	Opposed
		concerning scope of practice, written collaborative	House	
		agreements, temporary practice with a collaborative		
		agreement, prescriptive authority with a collaborative		
		agreement, titles, advertising, continuing education,		
		and reports relating to professional conduct and		
		capacity, changes references of "advanced practice		
		nurse" and "APN" to "advanced practice registered		
		nurse" and "APRN". Provides that a written		
		collaborative agreement is required for all postgraduate		
		advanced practice registered nurses until specific		
		requirements have been met. Provides that		
		postgraduate advanced practice registered nurses may		
		enter into written collaborative agreements with		
		collaborating advanced practice registered nurses or		
		physicians (rather than collaborating physicians or		
		podiatric physicians). In provisions concerning		
		prescriptive authority for postgraduate advanced		
		practice registered nurses, sets forth the requirements		
		for postgraduate advanced practice registered nurses		
		to have prescriptive authority and the limitations of such		
		authority. Defines "full practice authority" and provides		
		requirements for it to be granted to an advanced		
		practice registered nurse. Removes provisions		
		concerning advanced practice nursing in hospitals,		
		hospital affiliates, or ambulatory surgical treatment		
		centers, except the provision for anesthesia services and the provision requiring advanced practice		
		registered nurses to provide services in accordance		
		with other Acts. Makes other changes. Effective		
		immediately.		
HB0313	Feigenholtz – Chicago, D	Amends the Regulatory Sunset Act. Extends the repeal	2 nd Reading in the	Oppose
111111111111111111111111111111111111111	r eigennouz eineago, B	of the Nurse Practice Act from January 1, 2018 to	House	Оррозе
		January 1, 2028. Amends the Nurse Practice Act.	110450	
		Defines "focused assessment", "full practice authority",		
		"oversight", and "postgraduate advanced practice		
		nurse". Changes references of "advanced practice		
		nurse" and "APN" to "advanced practice registered		
		nurse" and "APRN" throughout the Act. Replaces		
		provisions regarding nursing delegation with provisions		
		that prohibit specified actions. Provides other		
		guidelines for delegation of nursing activities and		
		medication administration. Makes changes to education		
		program requirements, qualifications for licensure, the		
		scope of practice, and continuing education for LPN		
		and RN licensees. Provides that a written collaborative		
		agreement is required for all postgraduate advanced		
1		practice registered nurses until specific requirements		
		have been met. Provides that postgraduate advanced		
		practice registered nurses may enter into written		
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		for nursing scholarships. Makes other changes.		
		Effective immediately.		
HB0524	Wheeler – Crystal Lake,	Amends the Safe Pharmaceutical Disposal Act.	Passed in the	
	R	Provides that pharmaceuticals disposed of under the	House	
		Act may be destroyed in a drug destruction device.		
		Amends the Environmental Protection Act. Expands the		
		definition of "drug evidence" to include any used,		
		expired, or unwanted pharmaceuticals collected under		
		the Safe Pharmaceutical Disposal Act. Effective		
		immediately.		
HB0706	Bellock – Westmont, R	Amends the Safe Pharmaceutical Disposal Act.	Assignments in	
		Provides that in the absence of a police officer, State	the Senate	
		Police officer, coroner, or medical examiner at the		
		scene of a death, a nurse or physician may dispose of		
		unused medication found at the scene while engaging		
		in the performance of his or her duties. Provides that		
		anyone authorized to dispose of unused medications		
		under the Act, and his or her employer, employees, or		
		agents shall incur no civil liability, criminal liability, or		
		professional discipline, except for willful or wanton		
		misconduct, as a result of any injury arising from his or		
		her good faith disposal or non-disposal of unused		
		medication. Defines "nurse" and "physician". Amends the Medical Practice Act of 1987 and the Nurse Practice		
HB1433	Madigan – Chicago, D	Act to make conforming changes. Effective immediately. Amends the Illinois Public Aid Code. Makes a technical	2 nd Reading in the	
1111433	iviauigaii – Cilicago, D	change in a Section regarding Medicaid co-payments.	House	
HB1990	Durkin – Burr Ridge, R	Amends the Illinois Public Aid Code. Makes a technical	2 nd Reading in the	
11D1770	Durkin – Burr Ridge, R	change in a Section concerning the program for	House	
		medically fragile and technology dependent children.	House	
HB2235	Durkin – Burr Ridge, R	Amends the Pharmacy Practice Act. Makes a technical	2 nd Reading in the	
	Zan nage, n	change in a Section concerning licensure without	House	
		examination.		
HB2392	Flowers – Chicago, D	Amends the Pharmacy Practice Act. Requires that at	Rules Comm.	Oppose
		least one registered pharmacy technician be on duty		11
		whenever the practice of pharmacy is conducted.		
		Requires that pharmacies fill no more than 10		
		prescriptions per hour. Requires 10 pharmacy		
		technician hours per 100 prescriptions filled. Prohibits		
		pharmacies from requiring pharmacists to participate in		
		advertising or soliciting activities that may jeopardize		

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		patient health, safety, or welfare and any activities or		
		external factors that interfere with the pharmacist's		
		ability to provide appropriate professional services.		
		Provides that a pharmacist shall receive specified break		
		periods. Provides that a pharmacy may not require a		
		pharmacist to work during a break period, shall make		
		available a break room meeting specified requirements,		
		shall keep a complete and accurate record of the break		
		periods and may not require a pharmacist to work more		
		than 8 hours a workday. Provides for enforcement and		
		penalties. Provides whistleblower protections for an		
		employee of a pharmacy if the pharmacy retaliates		
		against the employee for certain actions. Requires		
		pharmacies to maintain a record of any errors in the		
		receiving, filling, or dispensing of prescriptions.		
HB2436	Flowers – Chicago, D	Creates the Illinois Medicare for All Health Care Act.	2 nd Reading in the	
		Provides that all individuals residing in the State are	House	
		covered under the Illinois Health Services Program for		
		health insurance. Sets forth the health coverage		
		benefits that participants are entitled to under the		
		Program. Sets forth the qualification requirements for		
		participating health providers. Sets forth standards for		
		provider reimbursement. Provides that it is unlawful for		
		private health insurers to sell health insurance		
		coverage that duplicates the coverage of the Program.		
		Provides that investor-ownership of health delivery		
		facilities is unlawful. Provides that the State shall		
		establish the Illinois Health Services Trust to provide		
		financing for the Program. Sets forth the requirements		
		for claims billing under the Program. Provides that the		
		Program shall include funding for long-term care		
		services and mental health services. Provides that the		
		Program shall establish a single prescription drug		
		formulary and list of approved durable medical goods		
		and supplies. Creates the Pharmaceutical and Durable		
		Medical Goods Committee to negotiate the prices of		
		pharmaceuticals and durable medical goods with		
		suppliers or manufacturers on an open bid competitive		
		basis. Sets forth provisions concerning patients' rights.		
		Provides that the employees of the Program shall be		
		compensated in accordance with the current pay scale		
		for State employees and as deemed professionally		
		appropriate by the General Assembly. Effective January		
		1, 2018.		
HB2531	Hammond – Macomb, R	Amends the Illinois Food, Drug and Cosmetic Act.	Assignments in	
		Deletes provisions requiring manufacturers to	the Senate	
		provide the Director of Public Health with a		
		notification containing product technical		
		bioequivalence information no later than 60 days		
		prior to specified generic drug product substitution.		
		Effective immediately.		
HB2534	Bourne – Litchfield, R	Amends the Illinois Controlled Substances Act.	Assignments in	
		Requires that to be illegal a drug analog must not	the Senate	

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		Administration or, if approved, it is not dispensed or possessed in accordance with State and federal law. Defines "controlled substance" to include a synthetic drug enumerated as a scheduled drug under the Act. Adds chemical structural classes of synthetic cannabinoids and piperazines to the list of Schedule I controlled substances. Includes certain substances approved by the FDA which are not dispensed or possessed in accordance with State or federal law and certain modified substances.		
HB2708	Demmer – Rochelle, R	Amends the Illinois Controlled Substances Act. Provides that the Department of Human Services may release information received by the central repository to select representatives of the Department of Children and Family Services through the indirect online request process. Provides that access shall be established by the Prescription Monitoring Program Advisory Committee by rule.	Assignments in the Senate	
HB2933	Soto – Chicago, D	Amends the Regulatory Sunset Act. Extends the repeal date of the Physician Assistant Practice Act of 1987 from January 1, 2018 to January 1, 2028. Amends the Physician Assistant Practice Act of 1987. Reorganizes the Act by adding titles and renumbering provisions. Replaces references to "supervising physicians" with references to "collaborating physicians" throughout the Act. Replaces references to "supervision agreement" with references to "collaborative agreement" throughout the Act. Adds provisions concerning continuing education. In provisions concerning grounds for disciplinary action, provides that the Department of Financial and Professional Regulation may refuse to issue or renew a physician assistant license or discipline a licensee for willfully or negligently violating a patient's confidentiality, except as required by law, or failing to provide copies of medical records as required by law. Amends various Acts to conform references and terminology. Makes other changes. Effective immediately.	2 nd Reading in the House	
HB2957 same as SB1546	Fine – Glenview, D	Amends the Illinois Insurance Code. Provides that every policy of accident and health insurance amended, delivered, issued, or renewed after the effective date of the amendatory Act that provides coverage for prescription drugs shall provide for synchronization of prescription drug refills on at least one occasion per insured per year provided that certain conditions are met. Requires insurers to provide prorated daily cost-sharing rates when necessary. Makes conforming changes in the State Employees Group Insurance Act of 1971, the Counties Code, the Illinois Municipal Code, the School Code, the Health Maintenance Organization	Assignments in the Senate	

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		Act, the Limited Health Services Organization Act, the Voluntary Health Services Plan Act, and the Illinois Public Aid Code. Effective immediately.	
HB3395	Turner – Chicago, D	Amends the Criminal Identification Act. Includes federal or State public records in the definition of "expunge". Amends various Acts related to occupational and professional licensing. Provides that no consideration shall be given to convictions entered prior to the date of the application, where the applicant has completed any sentence imposed for that conviction, including any period of mandatory supervised release.	2 nd Reading in the House
HB3462	Zalewski – Riverside, D	Amends the Regulatory Sunset Act. Extends the repeal date of the Pharmacy Practice Act from January 1, 2018 to January 1, 2028. Amends the Pharmacy Practice Act. Provides that all applicants and licensees shall provide a valid address and email address, which shall serve as the address and email address, which shall serve as the address and email address of record, and shall inform the Department of Financial and Professional Regulation of any change of address or email address through specified means. Provides for the licensure (rather than registration) of registered pharmacy technicians, registered certified pharmacy technicians, and pharmacists, and makes conforming changes. Removes provision allowing each member of the State Board of Pharmacy to receive a per diem payment in an amount determined from time to time by the Secretary of Financial and Professional Regulation for attendance at meetings of the Board and conducting other official business of the Board. Changes references to "Director" to references to "Secretary" or "Department" throughout the Act. Eliminates the position of deputy pharmacy coordinator. Makes changes in provisions concerning definitions, duties of the Department, inactive status, pharmacists in charge, nonresident pharmacy licenses, record retention, automated pharmacy systems, remote prescription processing, and discipline. Makes other changes. Effective immediately.	2 nd Reading in the House
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	Support strongly Monitor closely		
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