

2019 Illinois 101st General Assembly Bill Summary as of April 1, 2019

Many of the bills displayed in previous versions of this session's list have been re-referred to the Rules or Assignments Committees because they did not make it out of their respective committees before the deadlines. That means that those bill numbers are most likely dead, however the language in any of those re-referred bills may appear as amendments in remaining bills. Below is a list of the remaining currently active legislation in the House and Senate.

Bill Number	Sponsor	Summary	Location	ICHP Position	Keywords/Phrase
SJRCA0001	Harmon – Oak Park, D	Proposes to amend the Revenue Article of the Illinois Constitution. Removes a provision that provides that a tax on income shall be measured at a non-graduated rate. Provides that there may be one tax on the income of individuals and corporations (currently, there may be no more than one income tax imposed on individuals and one income tax imposed on corporations, and the rate of tax imposed upon corporations shall not exceed the rate imposed on individuals by more than a ratio of 8 to 5). Provides that the income tax may be a fair tax where lower rates apply to lower income levels and higher rates apply to higher income levels. Provides that no government other than the State may impose a tax on or measured by income. Effective upon being declared adopted.	Subcommittee on Constitutional Amendments		Income Tax
SB0007	Steans – Chicago, D	Creates the Cannabis Regulation and Taxation Act. Contains only a short title provision.	Executive Committee		Cannabis
SB0021 Same as HB0345	Morrison – Deerfield, D	Amends the Prevention of Tobacco Use by Minors and Sale and Distribution of Tobacco Products Act. Changes the name of the Act to the Prevention of Tobacco Use by Persons under 21 Years of Age and Sale and Distribution of Tobacco Products Act. Raises the age for whom tobacco products, electronic cigarettes, and alternative nicotine products may be sold to and possessed by from at least 18 years of age to at least 21 years of age. Defines "electronic cigarette". Repeals the Smokeless Tobacco Limitation Act. Amends various other Acts to make conforming changes. Effective July 1, 2019.	Placed on 3 rd reading in Senate		Tobacco
SB0652	Manar – Bunker Hill, D	Amends the Illinois Insurance Code. Provides that a contract between a health insurer and a pharmacy benefit manager must:(1) require the pharmacy benefit manager to update maximum allowable cost pricing information and maintain a process that will eliminate drugs from maximum allowable cost lists or modify drug prices to remain consistent with changes in pricing data; (2) prohibit the pharmacy benefit manager from limiting a pharmacist's ability to disclose the availability of a more affordable alternative drug; and (3) prohibit the pharmacy benefit manager from requiring an insured to make a payment for a prescription drug in an amount that exceeds the lesser of the applicable cost-sharing amount or the retail price of the drug. Contains provisions concerning the inclusion of prescription drugs on a maximum allowable cost list, State licensing requirements for pharmacy benefit managers, and other matters. Makes conforming changes to other Acts. Amends the Managed Care Reform and Patient Rights Act. Provides that a health care plan shall apply any third-party payments for prescription drugs. Makes changes to provisions concerning the denial of coverage for emergency services. Amends the Illinois Public Aid Code. Provides that the Department of Healthcare and Family	3 rd Reading in the Senate	Support	PBM regulation

		Services may enter into a contract with any third party on a fee-for-service reimbursement model for the purpose of administering pharmacy benefits. Requires the Department to ensure coordination of care between the third-party administrator and managed care organizations as a consideration in any contracts established. Amends the Freedom of Information Act to exempt from disclosure certain information pharmacy benefits managers are required to provide under the Illinois Public Aid Code. Contains a severability provision.			
SB1135	Harmon – Oak Park, D	Amends the Hospital Licensing Act. Permits hospitals that admit patients for treatment of mental illness to grant medical staff privileges to licensed prescribing psychologists. Amends the Clinical Psychologist Licensing Act. Requires a psychologist applying for a prescribing psychologist license to have completed 30 psychology doctoral graduate credit hours and 31 credit hours in a Master of Science degree program. Provides that clinical rotation training requirements for prescribing psychologists shall be completed under the administrative supervision of a Director or other faculty member of a regionally approved University that provides training for the master's degree in clinical psychopharmacology. Requires the clinical rotation training to be housed in a healthcare setting and to meet certain academic standards. Provides that all prescriptions written by a prescribing psychologist must contain the prescribing psychologist's name and signature. Provides that physicians may provide collaboration and consultation with prescribing psychologists via telehealth. Permits persons who have 5 years of experience as a prescribing psychologist in another state or at a federal medical facility to apply for an Illinois prescribing psychologist license by endorsement. Makes changes to the Clinical Psychologists Licensing and Disciplinary Board. Amends the Telehealth Act. Expands the definition of "health care professional" to include prescribing psychologists. Amends the Illinois Public Aid Code. Requires the Department of Healthcare and Family Services to reimburse prescribing psychologists for behavioral health services provided via telehealth. Requires the Department to, by rule, establish rates to be paid for specified services provided by clinical psychologists and prescribing psychologists. Effective immediately.	2 nd Reading in the Senate		Prescribing psychologists
SB1240 Same as HB3335	Link – Gurnee, D	Creates the Checkout Bag Tax Act. Imposes a tax of \$0.07 on each checkout bag used by a customer at a retail establishment in the State. Provides that the term "checkout bag" means a single use plastic, paper, or compostable bag provided by a retail establishment at the checkout, cash register, point of sale, or other point of departure to a customer for the purpose of transporting goods out of the retail establishment. Sets forth certain exceptions. Provides that the proceeds from the tax shall be distributed as follows: (1) the retailer shall retain \$0.02 per bag; (2) the wholesaler shall retain \$0.02 per bag; and (3) \$0.03 per bag shall be deposited into the Checkout Bag Tax Fund. Amends the State Finance Act to create the Checkout Bag Tax Fund. Provides that moneys in the Fund shall be remitted to counties and municipal joint action agencies. Amends the Counties Code and the Illinois Municipal Code to preempt certain actions by counties and municipalities concerning auxiliary containers or checkout bags.	2 nd Reading in the Senate		Plastic bags
SB1250	Murphy – Des Plaines, D	Amends the School Code. Requires a school district, public school, or nonpublic school to permit a student diagnosed with a pancreatic insufficiency to self-administer and self-manage his or her pancreatic enzyme replacement therapy if the parent or guardian of the student	2 nd Reading in the Senate		Pancreatic enzyme administration in schools

		provides the school with written authorization for the self-administration or self-management and written authorization for the therapy from the student's physician, physician assistant, or advanced practice registered nurse; defines terms. Requires each school district or school to adopt an emergency care plan and develop an individualized health care plan for a student subject to the provision; specifies plan requirements. Provides that any disclosure of information under the provision shall not constitute a violation of the federal Health Insurance Portability and Accountability Act of 1996 or any regulations promulgated under that Act. Provides that any records created under the provision must be maintained in a confidential manner consistent with the federal Health Insurance Portability and Accountability Act of 1996.			
SB1455	Aquino – Chicago, D	Amends the Pharmacy Practice Act. Makes a technical change in a Section concerning licensure without examination.	Assignments Committee		PPA Tech
SB1557	Stadelman – Rockford, D	Amends the Illinois Insurance Code. Creates the Pharmacy Benefits Managers Article. Provides that a pharmacy benefits manager may not prohibit a pharmacy or pharmacist from providing a customer with a more affordable alternative if a more affordable alternative is available.	3 rd Reading in the Senate		PBM reg
SB1665 Same as HB2439	Hastings – Frankfort, D	Amends the Illinois Controlled Substances Act concerning the Prescription Monitoring Program. Excludes licensed veterinarians from the reporting requirements under the Program. Provides that a licensed veterinarian shall report information required under the Prescription Monitoring Program if the person who is presenting an animal for treatment is suspected of fraudulently obtaining any controlled substance or prescription for a controlled substance to the Department of Human Services. Provides that a licensed veterinarian may not be subject to any licensure or disciplinary action by the Department of Financial and Professional Regulation for the failure to report such a person. Effective immediately.	2 nd Reading in the Senate		Veterinarian PMP
SB1683	Jones – Chicago, D	Amends the Nurse Practice Act. Provides that collaboration does not require an employment relationship between the collaborating physician, podiatric physician, or dentist and the advanced practice registered nurse. Provides that, in the case of anesthesia services provided by a certified registered nurse anesthetist, an anesthesiologist, a physician, a dentist, or a podiatric physician must participate through discussion of and agreement with the anesthesia plan and remain available (rather than remain physically present and available on the premises during the delivery of anesthesia services) for diagnosis, consultation, and treatment of emergency medical conditions. Makes changes concerning the written collaborative agreements between a certified registered nurse anesthetist and a dentist. Changes provisions concerning full practice authority to apply them to certified registered nurse anesthetists. Requires that during the delivery of anesthesia by a certified registered nurse anesthetists, the attestation for completion of clinical experience must be attested to by the collaborating physician or physicians, podiatrists, or dentists, and the certified registered nurse anesthetist. Makes other changes. Effective immediately.	2 nd Reading in the Senate		APN collaboration
SB1696	Steans – Chicago, D	Amends the Medical Assistance Article of the Illinois Public Aid Code. Provides that during the first quarter of State Fiscal Year 2020, the Department of Healthcare of Family Services must convene a technical advisory group consisting	Arrived in the House		Medicaid LTC nursing task force

		of members of all trade associations representing Illinois skilled nursing providers to discuss changes necessary with the federal implementation of Medicare's Patient-Driven Payment Model. Provides that implementation of Medicare's Patient-Driven Payment Model shall, by September 1, 2020, end the collection of the MDS data that is necessary to maintain the current RUG-IV Medicaid payment methodology. Requires the technical advisory group to consider a revised reimbursement methodology that takes into account transparency, accountability, actual staffing as reported under the federally required Payroll Based Journal system, changes to the minimum wage, adequacy in coverage of the cost of care, and a quality component that rewards quality improvements. Effective immediately.			
SB1715	Hastings – Frankfort, D	Amends the Pharmacy Practice Act. Provides that the "practice of pharmacy" includes the administration of injections of long-term antipsychotic medications pursuant to a valid prescription by a physician licensed to practice medicine in all its branches, upon completion of appropriate training, including how to address contraindications and adverse reactions set forth by rule, with notification to the patient's physician and appropriate record retention, or pursuant to hospital pharmacy and therapeutics committee policies and procedures.	Rules Committee in the House		Pharmacist administration of long-term anti-psychotics
SB1716	Hastings – Frankfort, D	Amends the Medical Assistance Article of the Illinois Public Aid Code. Provides that on or after July 1, 2019, all FDA approved prescription medications that are recognized by a generally accepted standard medical reference as effective in the treatment of conditions specified in the most recent Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association must be covered under both fee-for-service and managed care medical assistance programs for persons who are otherwise eligible for medical assistance and shall not be subject to any (i) utilization control, (ii) prior authorization mandate, or (iii) lifetime restriction limit mandate.	2 nd Reading in the Senate		Medicaid psych med coverage
SB1828	Bush – Grayslake, D	Creates the Needle and Hypodermic Syringe Access Program Act. Provides that persons or entities that promote scientifically proven ways of mitigating health risks associated with drug use and other high-risk behaviors may establish and operate a needle and hypodermic syringe access program. Provides objectives for programs established under the Act. Includes language requiring programs to provide specified services. Provides that no employee or volunteer of or participant in a program shall be charged with or prosecuted for possession of specified substances. Provides that law enforcement officers who in good faith arrest or charge a person entitled to immunity under the Act shall not be subject to civil liability for the arrest or filing of charges. Provides that prior to commencing operations under the Act, an organization shall report specified information to the Department of Public Health. Amends the Alcoholism and Other Drug Abuse and Dependency Act. Provides that the Department of Human Service shall give preference for grants and proposals to specified drug overdose prevention programs. Provides that the Department of Human Services shall conduct an evidence-based treatment needs assessment to be submitted to the General Assembly by December 31, 2019. Effective immediately.	Placed on 3 rd Reading in the Senate		Needle and syringe access
SB1873	Anderson – Moline, R	Amends the Regulatory Sunset Act. Extends the repeal date of the Pharmacy Practice Act from January 1, 2020 to January 1, 2030. Makes conforming changes. Effective immediately.	2 nd Reading in the Senate		PPA sunset

HB0008	Flowers – Chicago, D	Creates the Illinois Medicare for All Health Care Act. Provides that all individuals residing in the State are 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, 2020.	2 nd Reading in the House		Universal Health Care
HB0013	Flowers – Chicago, D	Amends the Illinois Insurance Code, the Pharmacy Practice Act, and the Wholesale Drug Distribution Licensing Act. Prohibits the licensure, transference, use, or sale of any records relative to prescription information containing patient-identifiable or prescriber-identifiable data by any licensee or registrant of the Acts for commercial purposes.	Assignments in the Senate		Sale of health info
HB0156	Flowers – Chicago, D	Creates the Prescription Drug Pricing Transparency Act. Requires health insurers to disclose certain rate and spending information concerning prescription drugs and certain prescription drug pricing information to the Department of Public Health. Requires the Department and health insurers to create annual lists of prescription drugs on which the State spends significant health care dollars and for which costs have increased at a certain rate over time. Requires the Department and health insurers to provide their lists to the Attorney General. Requires prescription drug manufacturers to notify the Attorney General if they are introducing a new prescription drug at a wholesale acquisition cost that exceeds the threshold set for a specialty drug under the Medicare Part D program. Amends the Illinois Insurance Code. Requires a group or individual policy of accident and health insurance that provides coverage for prescription drugs to apply the same cost-sharing requirements to interchangeable biological products as apply to generic drugs under the policy. Amends the Pharmacy Practice Act. Provides that when a pharmacist receives a prescription for a biological product, the pharmacist shall select the lowest priced interchangeable biological product (rather than allowing a pharmacist to substitute an interchangeable biological product only if certain requirements are met). Requires that when a pharmacist receives a prescription from a Medicaid recipient, the pharmacist shall select the preferred drug or biological product from the State's preferred drug list. Makes other changes. Makes conforming changes in the Freedom of Information Act. Effective immediately.	2 nd Reading in the House		Drug pricing

HB0163	Stuart – Collinsville, D	Amends the Illinois Controlled Substances Act. Provides that the information required to be transmitted under the prescription monitoring program must be transmitted not later than the end of the business day on which a controlled substance is dispensed, or at such other time as may be required by the Department of Human Services by administrative rule (rather than, at the end of the next business day on which the controlled substance is dispensed).	Referred to Assignments Committee in the Senate	Opposed	Same day PMP posting
HB0208	Flowers – Chicago, D	Amends the School Code. Provides that beginning with the 2019-2020 school year, in every public school maintaining any of grades kindergarten through 12, there shall be instruction, study, and discussion on the side effects of cannabis when the use of cannabis is not authorized by the Compassionate Use of Medical Cannabis Pilot Program Act. Provides that each school board must develop and integrate a test on the use and side effects of cannabis into the instruction and require passage of the test by each student. Amends the State Mandates Act to require implementation without reimbursement by the State. Effective immediately.	2 nd Reading in the House		School education of cannabis effects
HB0272	Harris – Chicago, D	Creates the Health Insurer Claims Assessment Act. Imposes an assessment of 1% on claims paid by a health insurance carrier or third-party administrator. Provides that the moneys received and collected under the Act shall be deposited into the Healthcare Provider Relief Fund and used solely for the purpose of funding Medicaid services provided under the medical assistance programs administered by the Department of Healthcare and Family Services.	Appropriations Human Services Committee		Insurance assessment Act
HB0345 Same as SB0021	Lilly – Oak Park, D	Amends the Prevention of Tobacco Use by Minors and Sale and Distribution of Tobacco Products Act. Changes the name of the Act to the Prevention of Tobacco Use by Persons under 21 Years of Age and Sale and Distribution of Tobacco Products Act. Raises the age for whom tobacco products, electronic cigarettes, and alternative nicotine products may be sold to and possessed by from at least 18 years of age to at least 21 years of age. Defines "electronic cigarette". Repeals the Smokeless Tobacco Limitation Act. Amends various other Acts to make conforming changes. Effective July 1, 2019.	Sent to the Governor		Tobacco
Hb0465	Harris – Chicago, D	Amends the Illinois Insurance Code. Provides that a contract between a health insurer and a pharmacy benefit manager must:(1) require the pharmacy benefit manager to update maximum allowable cost pricing information and maintain a process that will eliminate drugs from maximum allowable cost lists or modify drug prices to remain consistent with changes in pricing data; (2) prohibit the pharmacy benefit manager from limiting a pharmacist's ability to disclose the availability of a more affordable alternative drug; and (3) prohibit the pharmacy benefit manager from requiring an insured to make a payment for a prescription drug in an amount that exceeds the lesser of the applicable cost-sharing amount or the retail price of the drug. Contains provisions concerning the inclusion of prescription drugs on a maximum allowable cost list, State licensing requirements for pharmacy benefit managers, and other matters. Makes conforming changes to other Acts. Amends the Managed Care Reform and Patient Rights Act. Provides that a health care plan shall apply any third-party payments for prescription drugs. Makes changes to provisions concerning the denial of coverage for emergency services. Amends the Illinois Public Aid Code. Provides that the Department of Healthcare and Family Services may enter into a contract with any third party on a fee-for-service reimbursement model for the purpose of administering pharmacy benefits. Requires the Department to ensure coordination of care between the third-party	2 nd Reading in the House	Support	PBM regulation

		administrator and managed care organizations as a consideration in any contracts established. Amends the Freedom of Information Act to exempt from disclosure certain information pharmacy benefits managers are required to provide under the Illinois Public Aid Code. Contains a severability provision.			
HB0513	Madigan – Chicago, D	Amends the Substance Use Disorder Act. Makes a technical change in a Section concerning opiate prescriptions and educational materials.	2 nd Reading in the House		Tech – Substance Abuse
HB0634	Madigan – Chicago, D	Amends the Hypodermic Syringes and Needles Act. Makes a technical change in a Section concerning possession of hypodermic syringes and needles.	Executive Comm.		Tech – Hypodermic Needles
HB0822	Halpin – Rock Island, D	Amends the Care of Students with Diabetes Act. Provides that a school may maintain a supply of glucagon medication in any secure location that is accessible before, during, or after school where a student is most at risk, including, but not limited to, a classroom or the nurse's office; defines "glucagon medication" and "undesignated glucagon medication". Provides that a physician, a physician assistant who has prescriptive authority, or an advanced practice registered nurse who has prescriptive authority may prescribe undesignated glucagon medication in the name of the school to be maintained for use when necessary. Allows a delegated care aide to carry undesignated glucagon medication. Provides that within 24 hours after the administration of undesignated glucagon medication, a school must notify the school nurse and the student's parent or guardian or emergency contact, if known, and health care provider of its use. Effective immediately.	Referred to Assignments Committee in the Senate		Glucagon in schools
HB0889	Swanson – Woodhull, R	Amends the Illinois Insurance Code. Requires an individual or group policy of accident and health insurance or managed care plan to provide coverage for long-term antibiotic therapy for a person with a tick-borne disease. Makes conforming changes in the Health Maintenance Organization Act and the Illinois Public Aid Code.	Passed in the House		Insurance – Lyme Disease
HB1442	Mussman – Schaumburg, D	Amends the Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois. Provides that the Director of Public Health, if a physician licensed to practice medicine in all its branches in Illinois, shall establish a standing order complete with the issuance of a prescription for a hormonal contraceptive in accordance with the requirements of the provisions. Provides that if the Director is not a physician licensed to practice medicine in all its branches in Illinois, the Medical Director of the Department of Public Health shall establish the standing order. Amends the Illinois Insurance Code. Requires a group or individual policy of accident and health insurance or managed care plan to provide coverage for patient care services provided by a pharmacist. Makes conforming changes in the State Employees Group Insurance Act of 1971, the Counties Code, the Illinois Municipal Code, and the School Code. Amends the Pharmacy Practice Act. Provides that the definition of "practice of pharmacy" includes the dispensing of hormonal contraceptives pursuant to the standing order under provisions of the Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois. Amends the Illinois Public Aid Code. Requires the medical assistance program to cover patient care services provided by a pharmacist for hormonal contraceptives assessment and consultation. Effective January 1, 2020.	3 rd Reading in the House	Support	Pharmacist prescribing of hormonal contraceptives

HB2160	Conroy – Villa Park, D	Amends the Illinois Insurance Code. Requires the Department of Insurance to develop a uniform electronic prior authorization form to be used by an insurer that provides prescription drug benefits when requiring prior authorization. Provides that the development of the uniform electronic prior authorization form shall include input from specified interested parties and that the Department of Insurance shall take into consideration certain existing prior authorization forms and national standards pertaining to electronic authorization. Includes procedures for when a completed and accurate uniform electronic prior authorization form is not accepted by the insurer. Amends the Illinois Public Aid Code. Requires the Department of Healthcare and Family services to develop a uniform electronic prior authorization form to be used by a managed care organization that provides prescription drug benefits when requiring prior authorization. Provides that the development of the uniform electronic prior authorization form shall include input from specified interested parties and that the Department of Healthcare and Family Services shall take into consideration certain existing prior authorization forms and national standards pertaining to electronic authorization. Includes procedures for when a completed and accurate uniform electronic prior authorization form is not accepted by the managed care organization.	Referred to Assignments Committee in the Senate		Insurance Prior Authorization Form
HB2174	Willis – Northlake, D	Amends the Managed Care Reform and Patient Rights Act. Provides that every health insurance carrier that provides coverage for prescription drugs shall ensure that no fewer than 25% of certain individual and group plans offered shall apply a pre-deductible, flat-dollar copayment structure to the entire drug benefit. Provides that the flat-dollar copayment structure for prescription drugs must be reasonably graduated and proportionately related in all tier levels such that the copayment structure as a whole does not discriminate against or discourage the enrollment of individuals with significant health care needs. Requires the health insurance carriers to clearly and appropriately name the plans to aid in consumer or plan-sponsor plan selection. Requires the health insurance carriers to market the plans in the same manner as their other plans. Provides that if a health insurance carrier offers fewer than 4 plans, the health insurance carrier shall ensure that one plan shall use the drug benefit structure, including cost-sharing requirements. Requires the Department of Insurance to adopt rules necessary to implement and enforce the provisions. Effective January 1, 2020.	Passed in the House		Managed care drug deductible
HB2259	Feigenholtz – Chicago, D	Amends the Medical Assistance Article of the Illinois Public Aid Code. Requires the Department of Healthcare and Family Services to develop, no later than January 1, 2020, a standardized format for all Medicaid managed care organization preferred drug lists in collaboration with Medicaid managed care organizations and other stakeholders, including, but not limited to, organizations that serve individuals impacted by HIV/AIDS or epilepsy, and community-based organizations, providers, and entities with expertise in drug formulary development. Requires the Department to allow Medicaid managed care organizations 6 months from the completion date of the standardized format to comply with the new Preferred Drug List format. Requires each Medicaid managed care organization to post its preferred drug list on its website without restricting access and to update the preferred drug list posted on its website no less than 30 days prior to the date upon which any update or change takes effect. Requires the Department to establish, no later than January 1, 2020, the Illinois Drug and Therapeutics Advisory Board to	2 nd Reading in the House		Medicaid MCO formularies

		have the authority and responsibility to provide recommendations to the Department regarding which drug products to list on the Department's preferred drug list. Contains provisions concerning Board meetings and correspondence; the Board's composition; voting and non-voting members; and other matters. Requires the Department to adopt rules, to be in place no later than January 1, 2020, for the purpose of establishing and maintaining the Board. Effective immediately.			
HB2303	Slaughter – Chicago, D	Amends the registrant violation provisions of the Illinois Controlled Substances Act. Provides that it is unlawful for any person knowingly to use or possess a prescriber's Illinois controlled substance license or United States Drug Enforcement Administration registration number: (A) other than for: (i) prescribing or dispensing controlled substances; (ii) insurance processing related to controlled substances; (iii) professional employment; (iv) collecting credentials data under the Health Care Professional Credentials Data Collection Act; or (v) licensure purposes; (B) without authorization; (C) to fraudulently obtain any medication or to fraudulently create a prescription or order; or (D) except as authorized by law. Provides that a violation is a Class 4 felony for the first offense and a Class 3 felony for each subsequent offense. The fine for the first offense shall be not more than \$100,000. Provides that the fine for each subsequent offense shall not be more than \$200,000.	2 nd Reading in the House		Fraudulent CS prescriptions
HB2702	Rita – Blue Island, D	Amends the Regulatory Sunset Act. Extends the repeal date of specified Acts from January 1, 2020 to January 1, 2021. Makes conforming changes. Effective immediately.	2 nd Reading in the House		PPA Sunset
HB2896	Flowers – Chicago, D	Amends the Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois. Creates the Diversity in Health Care Professions Task Force. Provides that the Director of Public Health shall serve as the chairperson of the Task Force and it shall also be comprised of 2 dentists, 2 medical doctors, 2 nurses, 2 optometrists, 2 pharmacists, 2 physician assistants, 2 podiatrists, and 2 public health practitioners. Provides specified objectives. Provides specified recommendations to serve as guiding principals for the Task Force. Provides that Task Force members shall serve without compensation but may be reimbursed for their expenses incurred in performing their duties. Provides that the Task Force shall meet at least quarterly and at other times as called by the chairperson. Provides that the Department of Public Health shall provide administrative and other support to the Task Force. Provides that the Task Force shall prepare a report that summarizes its work and makes recommendations resulting from its study and shall submit the report of its findings and recommendations to the Governor and the General Assembly by December 1, 2020 and annually thereafter.	1 st Reading in the Senate		Diversity in health care task force
HB3097	Mah – Chicago, D	Amends the Illinois Public Aid Code. Requires the Department of Human Services to develop in collaboration with an academic institution a program designed to provide prescribing physicians under the medical assistance program with an evidence-based, non-commercial source of the latest objective information about pharmaceuticals. Provides that the prescriber education program shall consist of a web-based curriculum and an academic educator outreach and shall contract with clinical pharmacists to provide scheduled visits with prescribing physicians to	2 nd Reading in the House		Medicaid counter detailing

		update them on the latest research concerning medication usage and new updates on disease states in an unbiased manner. Provides that education provided under the prescriber education program shall include disease-based educational modules on the treatment of chronic non-cancer pain, diabetes, hypertension, and other specified diseases and that such modules shall be reviewed and updated on an annual or as-needed basis. Provides that additional resources provided under the prescribing education program shall include, but not be limited to: (i) a drug information response center available to prescribing physicians that provides thorough and timely in-depth answers to any questions a prescribing physician may have within 48 hours after a question is received; and (ii) information on drug utilization trends within individual and group practices.			
HB3187	Mazzochi – Westmont, R	Amends the Illinois Insurance Code. Creates the Pharmacy Benefit Managers Article. Provides that upon request by a party contracting with a pharmacy benefit manager, a pharmacy benefit manager shall disclose any rebate amounts provided to the pharmacy benefit manager by a pharmaceutical manufacturer. Provides that upon request by a party contracting with a pharmacy benefit manager, a pharmacy benefit manager shall disclose the actual amounts paid by the pharmacy benefit manager to the pharmacy. Provides that a pharmacy benefit manager shall provide notice to the party contracting with the pharmacy benefit manager of any consideration that the pharmacy benefit manager receives from the manufacturer for dispense as written prescriptions once a generic or biologically similar product becomes available. Provides that any provision of a contract entered into, amended, or renewed on or after the effective date of the amendatory Act that is contrary is unenforceable.	2 nd Reading in the House		PBM regulation
HB3484	Gabel – Evanston, D	Amends the Medical Patient Rights Act. Provides that a patient or representative of the patient must give informed consent, or informed permission in the case of an infant, for biochemical testing for controlled substances unless there is a medical emergency and there is inadequate time to obtain consent. Describes the specific information that health care providers to supply to a patient, or a patient's representative, before informed consent can be given. Effective immediately.	2 nd Reading in the House		Informed consent prior to drug testing

Senate Deadlines

Bill Introduction
Senate bills out of Committee
Third Reading for Senate Bills
House Bills out of Committee
Third Reading House Bills
Adjournment
Veto Session

February 15, 2018 **Passed**
March 22, 2018 **Passed**
April 12, 2018
May 10, 2018
May 24, 2018
May 31, 2018

House Deadlines

February 15, 2018
March 29, 2018
April 12, 2018
May 10, 2018
May 24, 2018
May 31, 2018

Bill Introduction **Passed**
House Bills out of Committee **Passed**
Third Reading House Bills
Senate Bills out of Committee
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Adjournment
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