



Advancing Excellence in Pharmacy

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## Government Affairs Report The Beat Goes On!

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by Jim Owens and Scott Meyers

The second major deadline has passed in the Spring Session of the Illinois General Assembly and the pace of activity has picked up a little. The deadline in question occurred on April 13th when substantive bills needed to move out of their respective committees in Springfield and on to 2nd Reading or be referred back to the Rules and Assignment Committees of the House and Senate. While a handful of bills were given extensions for more discussion at the committee level, we did see significant movement and amendments to some of the bills we have been monitoring and working on for the first three months of this session.

HB0274 – Michelle Mussman, Schaumburg, D – The pharmacist hormonal birth control prescribing bill came out of the Health Care Licenses Committee with the support of the OB/GYN doctors and a neutral stance by the Illinois State Medical Society (ISMS). The only concerns lie with the Department of Healthcare and Family Services (DHFS) with regard to payment for the cognitive services that will accompany the actual dispensing. We hope that more compromise can be accomplished but this is a great step in the right direction!

HB4707 – Sue Scherer, Decatur, D – This bill initially intended to make hydrocodone a schedule I controlled substance in Illinois but a variety of health care associations expressed serious concerns for patient care and the sponsor amended the bill removing that change and in its place established the Prescription Drug Task Force made up of legislators, law enforcement representatives and representatives from various health care associations including ICHP. The bill is now on 2nd Reading in the House.

HB4907 - Mike McAuliffe, Chicago, R – Intended to require HIPAA training for prescriber and dispenser PMP designees has been amended to allow only licensed pharmacy personnel to be designated access to the PMP by pharmacists and therefore removes any concerns ICHP and IPhA had with its initial language. This bill also adds one dentist to the PMP Peer Review Subcommittee of the PMP Advisory Committee. The bill has been placed on 2nd Reading in the House as amended.

HB5442 – Jim Durkin, Burr Ridge, R – Would have amended the Controlled Substance Act to require all hospitals to post all administered doses of controlled substance to the PMP but has now been tabled. ICHP, IPhA and IRMA strongly opposed this bill.

## Directors

## ICHP Membership Application

## Regularly Scheduled Network Meetings

Chicago Area Pharmacy  
Directors Network Dinner  
3rd Thursday of Odd Months  
5:30pm

## Regularly Scheduled Division and Committee Calls

Executive Committee  
Second Tuesday of each month  
at 7:00 p.m.

Educational Affairs  
Third Tuesday of each month at  
11:00 a.m.

Government Affairs  
Third Monday of each month at  
5:00 p.m.

Marketing Affairs  
Third Tuesday of each month at  
8:00 a.m.

Organizational Affairs  
Fourth Thursday of each month  
at 12:00 p.m.

Professional Affairs  
Fourth Thursday of each month  
at 2:00 p.m.

New Practitioner Network  
Second Thursday of each month  
at 5:30 p.m.

Technology Committee  
Second Friday of each month at  
8:00 a.m.

Chicago Area Pharmacy  
Directors Network Dinner  
Bi-monthly in odd numbered  
months with dates to be  
determined. Invitation only.

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HB5602 – Jonathan Carroll, Buffalo Grove, D – This bill removes the requirement of U.S. citizenship or legal immigration status as criteria for obtaining a pharmacist license. This bill is on 2nd Reading in the House and ICHP has taken a neutral position on it.

SB2524 – Chapin Rose, Champaign, R – Amends the Environmental Protection Act by creating the Pharmaceutical Disposal Task Force. The Task Force will coordinate statewide efforts regarding proper disposal of unused medications. This bill has passed out of the Senate and awaits committee assignment in the House.

SB2952 – Melinda Bush, Grayslake, D – The Senate version of HB4907 mentioned above. Placed on 2nd Reading in the Senate.

SB3170 – Steve Stadelman, Rockford, D – Provides that a prescription for medication other than controlled substances shall be valid for up to 15 months from date of issue for the purpose of refills unless the prescription state otherwise. This bill is on 3rd Reading in the Senate.

SB3431 – Sue Rezin, Peru, R – Would have restricted initial prescriptions for opiate medications to a 7-day supply for patients 18 years old and older and restrict all opiate prescriptions for patients younger than 18 to 7-day supplies. This bill has been referred back to the Assignments Committee and will probably not move further.

A list of all the bills ICHP is monitoring is provided below. If you see a bill sponsored by your State Senator or Representative, it provides a great opportunity to talk to them to find out more about their intentions and to see if you there is a way for you to provide feedback or assist in the bill's passage. At the same time, building a better relationship with one or both of the individuals representing you in Springfield. ICHP is working for you and the profession to advance patient care and excellence in pharmacy. Look for opportunities like that to do your part!

## 2018 Illinois General Assembly Bill Summary

Bill Number	Sponsor	Summary	Location	ICHP Position
SB0316	Steans – Chicago, D	Amends the Illinois Clinical Laboratory and Blood Bank Act. Makes a technical change in a Section concerning the short title.  Cannabis taxation – 21 or older buy cannabis be taxed like alcohol purchase	In Assignments	
SB0336 Sam001	Harmon - Oak Park, D	Amends SB336 by replacing everything after the enacting clause with the following: “Section 1. This Act may be referred to as the Alternatives to Opioids Act of 2018.	Placed on Calendar Order of 3 <sup>rd</sup> Reading February 27 <sup>th</sup> 2018  2/22/2018	

		Section 5. the Compassionate Use of Medical Cannabis Pilot Program Act is amended by changing sections 5, 10, 60, and 160 as follows..." Sam001 supporting cannabis as MAT for opioid use disorder	Added co-sponsor Daniel Biss  2/20/2018	
SB1888 & HB3479	McCann-Jacksonville, R  Feigenholtz – Chicago, D	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 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.	Assignments in Senate Rules in House  5/5/2017	
SB2189	Connelly – Napeerville, R	Creates the Medicaid Smart Card Pilot Program Act. Requires the Director of the Department of Healthcare and Family Services to establish a Medicaid Smart Card Pilot Program to reduce the	Referred to Assignments Comm.  4/13/2018	Neutral

		<p>total amount of expenditures under the State's Medical Assistance Program. Provides that the pilot program shall be designed to reduce the average monthly cost under the State's Medical Assistance Program for recipients within the pilot program area by an amount that is at least sufficient to recover the cost of implementing the pilot program. Provides that the Director shall determine the geographic area to be included in the pilot program and may contract with an independent entity for the purpose of developing and implementing the pilot program. Contains provisions on required activities under the pilot program, including the distribution of Medicaid Smart Cards to designated recipients; measures the Department might take to implement the pilot program; annual evaluations; reporting requirements; extension or expansion of the pilot program; the confidentiality of health information; reports to the Inspector General; and rulemaking authority.</p>		
SB2226	Nybo - Lombard, R	<p>Amends the State Police Act. Provides that a physician, physician's assistant with prescriptive authority, or advanced practice registered nurse with prescriptive authority who provides a standing order or prescription for epinephrine auto-injectors in the name of the Department of State Police shall incur no civil or professional liability, except for willful and wanton conduct, as a result of any injury or death arising from the use of an epinephrine auto-injector.</p>	<p>First Reading Referred to Rules Committee in the House  2/27/2018  Chief House Sponsor Deb Conroy  2/21/2018</p>	

		Amends the Illinois Police Training Act. Provides that a physician, physician's assistant with prescriptive authority, or advanced practice registered nurse with prescriptive authority who provides a standing order or prescription for epinephrine auto-injectors in the name of a local governmental agency shall incur no civil or professional liability, except for willful and wanton conduct, as a result of any injury or death arising from the use of an epinephrine auto-injector. Makes conforming changes to the Medical Practice Act of 1987 and the Public Health Standing Orders Act. Effective immediately.		
SB2334	Murphy - Elk Grove Village, D	Amends the University of Illinois Hospital Act and Hospital Licensing Act. Provides that a hospital shall maintain a metal detector at each point of entry into the hospital. Provides that a hospital shall ensure that all members of the public, other than the employees of the hospital who display proper credentials, who enter the hospital at a point of entry are subjected to screening by a metal detector. Provides that individuals subject to screening shall include, but not be limited to, individuals in wheelchairs. Defines "point of entry". Effective July 1, 2018.	Postponed - Public Health  4/11/2018	Neutral
SB2465	Mulroe- Chicago, D	Amends the Illinois Public Aid Code. Makes a technical change in a Section concerning medical services.	Referred to Assignments  1/30/2018	
SB2524 SAM002	Rose - Champaign, R	Sen. Amendment 1: Amends the Environmental Protection Act by creating the Pharmaceutical Disposal Task Force. The task force will coordinate a statewide public	Passed in the Senate  Sent to Rules Comm. in the House	Neutral

		<p>information campaign to highlight the benefits and opportunities of properly disposing of pharmaceutical products. Identifies the members of the task force and responsibilities.</p> <p>Sen. Amendment 2: Added representatives of physician, coroner and pharmaceutical manufacturer to the task force.</p>	4/17/2018	
SB2529	Stadelman - Rockford, D	Amends various acts to remove provisions allowing or requiring licensing authorities to deny, not renew, suspend, or revoke professional licenses for defaulting on an educational loan or scholarship provided by or guaranteed by a State agency. Effective immediately.	Referred to Assignments Comm.  4/13/2018	Support
SB2827 HB2511	Murphy - Elk Grove Village, D	Amends the Medical Assistance Article of the Illinois Public Aid Code. Provides that drugs prescribed to residents of the following facilities are not subject to prior approval as a result of the 4-prescription limit: long-term care facilities as defined in the Nursing Home Care Act; community-integrated living arrangements as defined in the Community-Integrated Living Arrangements Licensure and Certification Act; and supportive living facilities as defined in the Code.	Placed on 2 <sup>nd</sup> Reading in the Senate  Added Chief Co-Sponsor  3/13/2018	Neutral
SB2834	Syverson – Rockford, R	Amends the Alcoholism and Other Drug Abuse and Dependency Act. Changes the short title of the Act to the Substance Use Disorder Act. Removes the terms "addict", "addiction", "alcoholic", "alcoholism", and "substance abuse" and their corresponding definitions. Requires the Department of Human Services to reduce the	Placed on 3 <sup>rd</sup> Reading in the Senate  4/19/2018	

incidence of substance use disorders (rather than reduce the incidence and consequences of the abuse of alcohol and other drugs). Defines "substance use disorder". Requires the Department to design, coordinate, and fund prevention, early intervention, treatment, and other recovery support services for substance use disorders that are accessible and address the needs of at-risk individuals and their families. Requires the Department to develop a comprehensive plan on the provision of such services; assist other State agencies in developing and establishing substance use disorder services for the agencies' clients; adopt medical and clinical standards on how to determine a substance use disorder diagnosis; and other matters. Contains provisions concerning the licensing of substance use disorder treatment providers; licensure categories and services; the identification of individuals who need substance use disorder treatment using "SBIRT"; patients' rights; services for pregnant women, mothers, and criminal justice clients; and other matters. Repeals a provision of the Act establishing the Committee on Women's Alcohol and Substance Abuse Treatment. Repeals a provision of the Act setting forth the powers and duties of the Medical Advisory Committee. Makes conforming changes concerning the Substance Use Disorder Act to several Acts including the Department of Human Services Act, the Children



		and Family Services Act, and the Mental Health and Developmental Disabilities Administrative Act. Effective January 1, 2019.		
SB2849 Sam001	Van Pelt - Chicago, D	Creates the Prescription Drug Repository Program Act. Requires the Department of Public Health to, by rule, establish a prescription drug repository program, under which any person may donate a prescription drug or supplies needed to administer a prescription drug for use by an individual who meets eligibility criteria specified by the Department. Sets forth requirements that prescription drugs or supplies must meet in order to be accepted and dispensed under the program. Provides that no drugs or supplies donated under the prescription drug repository program may be resold. Provides that nothing in the Act requires that a pharmacy or pharmacist participate in the prescription drug repository program. Provides for civil and criminal immunity for drug and supply manufacturers and individuals in relation to the donation, acceptance, or dispensing of prescription drugs or supplies under the prescription drug repository program. Imposes conditions on any rulemaking authority. Amends the Pharmacy Practice Act, the Wholesale Drug Distribution Licensing Act, the Senior Pharmaceutical Assistance Act, the Illinois Food, Drug and Cosmetic Act, the Illinois Controlled Substances Act, and the Cannabis and Controlled Substances Tort Claims Act to provide that persons engaged in donating or	Referred to Assignments  4/13/2018	Neutral



		<p>accepting, or packaging, repackaging, or labeling, prescription drugs to the extent permitted or required under the Prescription Drug Repository Program Act are exempt from provisions of those other Acts that might prohibit or otherwise regulate such activity.</p> <p>Senate Amendment 001: Added clause that gave uninsured and underinsured individual priority over other eligible persons and person who is engaged in packing and relabeling of donated medication is not considered “manufacturer”.</p>		
SB2889	Rose – Champaign, R	<p>Creates the Epinephrine Administration Act. Provides that a health care practitioner may prescribe epinephrine pre-filled syringes in the name of an authorized entity where allergens capable of causing anaphylaxis may be present. Provides that an authorized entity may acquire and stock a supply of undesignated epinephrine pre-filled syringes provided the undesignated epinephrine pre-filled syringes are stored in a specified location. Requires each employee, agent, or other individual of the authorized entity to complete a specified training program before using a pre-filled syringe to administer epinephrine. Provides that a trained employee, agent, or other individual of the authorized entity may either provide or administer an epinephrine pre-filled syringe to a person whom the employee, agent, or other individual believes in good faith is experiencing anaphylaxis. Provides that</p>	Placed on Calendar Order of 3rd Reading April 10, 2018 3/14/2018	

		<p>training under the Act shall be valid for 2 years. Requires the Department of Public Health to approve training programs, to list the approved programs on the Department's website, and to include links to training providers' websites on the Department's website. Contains provisions concerning costs, limitations, and rulemaking. Defines terms. Amends the School Code. In provisions concerning epinephrine administration, provides that epinephrine may be administered with a pre-filled syringe. Makes conforming changes. Senate Amendment 1: Changed "auto-injectors" to "injectors" Senate Amendment 2: Removes provision creating Epinephrine Administration Act.</p>		
SB2951 HB4950	Bush - Grayslake, D	<p>Creates the Early Mental Health and Addictions Treatment Act. Requires the Department of Healthcare and Family Services, and other specified agencies and entities, to develop a pilot program under which a qualifying adolescent or young adult may receive community-based mental health treatment from a youth-focused community support team for early treatment that is specifically tailored to the needs of youth and young adults in the early stages of a serious emotional disturbance or serious mental illness. Requires the Department to apply, no later than September 30, 2019, for any necessary federal waiver or State Plan amendment to implement the pilot program. Requires the Department to implement the pilot program no later than December 31, 2019 if</p>	<p>Postponed – Human Service</p> <p>3/14/2018</p> <p>Added Co- Sponsor</p> <p>3/14/2018</p>	

		<p>federal approval is not necessary. Contains provisions concerning the creation of a community-based treatment model under the pilot program; the development of a pay-for-performance payment model; Department rules to implement the pilot program; and analytics and outcomes report. Requires the Department to develop an Assertive Engagement and Community-Based Clinical Treatment Pilot Program for individuals with opioid and other drug addictions. Contains provisions on in-office, in-home, and in-community services provided under the pilot program; application for a federal waiver or State Plan amendment to implement the pilot program; development of a pay-for-performance payment model; Department rules to implement the pilot program; and analytics and outcomes report. Effective immediately.</p>		
SB2952 HB4907	Bush – Grayslake, D	<p>Amends the Illinois Controlled Substances Act. Provides that the Department of Human Services, in consultation with the Advisory Committee, shall adopt rules allowing licensed prescribers or pharmacists who have registered to access the Prescription Monitoring Program to authorize a licensed or non-licensed designee (rather than any designee) employed in that licensed prescriber's office or licensed pharmacist's pharmacy and who has received training in the federal Health Insurance Portability and Accountability Act to consult the Prescription Monitoring Program on their behalf. Requires the</p>	<p>Placed on Calendar Order of 2<sup>nd</sup> Reading Feb 28<sup>th</sup>, 2018 Do Pass Public Health; 009-000-000  2/27/2018</p>	

		Clinical Director of the Prescription Monitoring Program to select 6 members (rather than 5 members), 3 physicians, 2 pharmacists, and one dentist, of the Prescription Monitoring Program Advisory Committee to serve as members of the peer review subcommittee. Effective immediately		
SB3015	Koehler - Peoria, D	Amends the School Code. With regard to the self-administration and self-carry of asthma medication, provides that a school district, public school, charter school, or nonpublic school may authorize a school nurse or trained personnel to (i) provide undesignated asthma medication to a student for self-administration only or to any personnel authorized under a student's Individual Health Care Action Plan or asthma action plan, plan pursuant to Section 504 of the federal Rehabilitation Act of 1973, or individualized education program plan to administer to the student that meets the student's prescription on file, (ii) administer an undesignated asthma medication that meets the prescription on file to any student who has an Individual Health Care Action Plan or asthma action plan, plan pursuant to Section 504 of the federal Rehabilitation Act of 1973, or individualized education program plan that authorizes the use of asthma medication; and (iii) administer an undesignated asthma medication to any person that the school nurse or trained personnel believes in good faith is having respiratory distress; defines "undesignated	Sen. Amendments 1-3 adopted. Placed on 2 <sup>nd</sup> Reading in the Senate  4/17/2018	

		<p>asthma medication" and "respiratory distress". Changes the definition of "asthma medication" to mean quick-relief asthma medication that is approved by the United States Food and Drug Administration for the treatment of respiratory distress. Provides that a school nurse or trained personnel may administer undesignated asthma medication to any person whom the school nurse or trained personnel in good faith believes to be experiencing respiratory distress (i) while in school, (ii) while at a school-sponsored activity, (iii) while under the supervision of school personnel, or (iv) before or after normal school activities. Provides that a school district, public school, charter school, or nonpublic school may maintain a supply of an asthma medication in any secure location where a person is most at risk. Provides that a training curriculum to recognize and respond to respiratory distress may be conducted online or in person. Specifies training requirements. Makes other changes. Effective immediately.</p> <p>Senate Amendment 1: Added must notify the child's health care provider AND school nurse within 24 hours after the administration of an undesignated asthma medication.</p>		
SB3116	Hunter – Chicago, D	<p>Amends the Nurse Practice Act. In provisions concerning written collaborative agreements, restores the ability of podiatric physicians to collaborate with advanced practice registered nurses. Makes other changes.</p>	<p>Placed on 2<sup>nd</sup> Reading in the Senate</p> <p>4/19/2018</p>	

		Effective immediately.		
SB3170	Stadelman - Rockford, D	Amends the Pharmacy Practice Act and the Illinois Food, Drug and Cosmetic Act. Provides that a prescription for medication other than controlled substances shall be valid for up to 15 months from the date issued for the purpose of refills, unless the prescription states otherwise.	On 3 <sup>rd</sup> Reading in the Senate  4/18/2018	
SB3431	Rezin - Peru, R	Amends the Illinois Controlled Substances Act. 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. Provides that 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	Referred to Assignments	Neutral

		<p>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. Effective immediately.</p>		
SB3498	Sims, Jr. - Chicago, D	<p>Amends the Managed Care Reform and Patient Rights Act. Requires a policy or plan sponsor to notify the prescribing physician and the patient in writing 60 days before making a formulary change that alters the terms of coverage or discontinues coverage for a prescribed drug that the patient is receiving. Contains provisions for receiving the notice electronically. Provides that a policy or plan sponsor may provide the patient with the written notification, along with a 60-day supply of the prescription drug, at the time the patient requests a refill. Provides that nothing in the provisions prohibits insurers or pharmacy benefit managers from using certain managed pharmacy care tools so long as an exception process is in place allowing the prescriber to petition for coverage a non-preferred drug if sufficient clinical reasons justify an exception to the normal protocol.</p>	Assigned to Insurance 2/27/2018	Neutral
HB0274	Mussman – Schaumburg, D	<p>Amends the Pharmacy Practice Act. Provides that "practice of pharmacy" includes the prescribing and dispensing of hormonal contraceptive patches and self-</p>	2 <sup>nd</sup> Reading in the House	Support



		<p>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.</p>		
HB3479 SB1888	Feigenholtz – Chicago, D	<p>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</p>	<p>Referred to Rules Comm.  4/13/2018</p>	

		<p>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 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.</p>		
HB4096	Harris – Chicago, D	<p>Amends the Medical Assistance Article of the Illinois Public Aid Code. Provides that the Department of Healthcare and Family Services shall require each Medicaid Managed Care Organization to list as preferred on the Medicaid Managed Care Organization's preferred drug list every pharmaceutical that is listed as preferred on the Department's preferred drug list. Provides that the Department shall not prohibit, or adopt any rules or policies that prohibit, a Medicaid Managed Care Organization from: (i) covering additional pharmaceuticals that are not listed on the Department's preferred drug list; or (ii) removing from the Medicaid</p>	<p>Placed on Calendar Order of 3rd Reading - Short Debate</p> <p>1/30/2018</p>	

		<p>Managed Care Organization's preferred drug list any prior approval requirements applicable under the Department's preferred drug list. Provides that the Department shall not require a Medicaid Managed Care Organization to utilize a single, statewide preferred drug list and shall not prohibit a plan from negotiating drug pricing concessions or rebates on any drug with pharmaceutical companies, unless otherwise required by federal law. Provides that no later than July 1, 2018, the Department shall develop a standardized format for all Medicaid Managed Care Organization preferred drug lists in cooperation with Medicaid Managed Care Organizations and stakeholders, including, but not limited to, community-based organizations, providers, and individuals or entities with expertise in drug formulary development. Requires each Medicaid Managed Care Organization to post its preferred drug list on its website without restricting access to enrolled members and to update the preferred drug list posted on its website within 2 business days of making any changes to the preferred drug list, including, but not limited to, any and all changes to requirements for prior approval. Effective immediately.</p>		
HB4146	Fine – Glenview, D	House Amendment 1 : n language providing that a health care plan is not prohibited from requiring a pharmacist to effect substitutions of	Placed on 2 <sup>nd</sup> Reading in the House  4/10/2018	

		prescription drugs, provides that the health care plan is not prohibited from requiring a pharmacist to effect substitutions consistent with provisions from the Pharmacy Practice Act that allow a pharmacist to substitute an interchangeable biologic for a prescribed biologic product and select a generic drug determined to be therapeutically equivalent by the United States Food and Drug Administration and in accordance with the Illinois Food, Drug and Cosmetic Act.		
HB4166	Harris – Chicago, D	Creates the Health Insurance 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.	Referred to Rules Comm.  4/13/2018	
HB4270	Olsen - Downers Grove, R	Amends the Good Samaritan Act. Provides that a free medical clinic shall not be liable for civil damages as a result of acts or omissions in providing medical treatment, diagnosis, or advice, except for willful or wanton misconduct.	Referred to Rules Comm. 4/13/2018	
HB4331	Conner – Romeoville, D	Amends the Counties Code. Provides that in every case in which an opioid overdose is determined to be a contributing factor in a death, the coroner shall report the death and the age, gender, race, and	Placed on Calendar 2 <sup>nd</sup> Reading- Short Debate  3/8/2018	

		county of residence, if known, of the decedent to the Department of Public Health. Amends the University of Illinois Hospital Act and the Hospital Licensing Act. Requires every hospital to report the age, gender, race, and county of residence, if known, of each patient diagnosed as having an opioid overdose to the Department within 48 hours of the diagnosis. Amends the Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois. Requires the Department to adopt rules to implement the reporting requirements. Requires the Department to annually report to the General Assembly the data collected.		
HB4436	Chapa LaVia - Aurora, D	Amends the Mental Health and Developmental Disabilities Code. Provides that notwithstanding any of the provisions of the Code concerning the administration of psychotropic medication and electroconvulsive therapy, psychotropic medication or electroconvulsive therapy may be administered pursuant to a power of attorney for health care under the Powers of Attorney for Health Care Law or a declaration for mental health treatment under the Mental Health Treatment Preference Declaration Act over the objection of the recipient if the recipient has not revoked the power of attorney or declaration for mental health treatment as provided in the relevant statute. Effective immediately.	Referred to Rules  1/31/2018	
HB4440	Gabel - Evanston, D	Amends the Nursing Home Care Act. Provides that the Department of Public	Arrived in Senate Referred to Assignments	

		<p>Health shall provide facilities with educational information on all vaccines recommended by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices, including, but not limited to, the risks associated with shingles and how to protect oneself against the varicella-zoster virus. Requires a facility to distribute the information to each resident who requests the information and each newly admitted resident. Allows the facility to distribute the information to residents electronically. Effective January 1, 2019.</p>	<p>3/9/2018</p>	
<p>HB4479</p>	<p>Cabello – Rockford, R</p>	<p>Amends the Criminal Code of 2012 relating to first degree murder. Adds and eliminates aggravating factors for which the death penalty may be imposed. Amends the Code of Criminal Procedure of 1963. Eliminates provision that abolishes the sentence of death. Enacts the Capital Crimes Litigation Act of 2018. Provides that all unobligated and unexpended moneys remaining in the Death Penalty Abolition Fund on the effective date of the amendatory Act shall be transferred into the Capital Litigation Trust Fund. Amends the State Appellate Defender Act. Provides that in cases in which a death sentence is an authorized disposition, the State Appellate Defender shall provide trial counsel with legal assistance and the assistance of expert witnesses, investigators, and mitigation specialists from funds appropriated to the State Appellate Defender specifically for that purpose by the</p>	<p>Referred to Rules Committee</p> <p>2/2/2018</p>	

		General Assembly. Provides that the Office of State Appellate Defender shall not be appointed to serve as trial counsel in capital cases.		
HB4571	Ammons - Champaign, D	Amends the Cannabis Control Act. Makes a technical change in a Section concerning the short title.	Referred to Rules Committee  2/6/2018	
HB4643	Burke - Chicago, D	Amends the Illinois Physical Therapy Act. Provides that the limitation on determining a differential diagnosis shall not in any manner limit a physical therapist from establishing a relevant diagnosis. In the definition of "documented current and relevant diagnosis" and in provisions concerning disciplinary actions, removes language requiring a diagnosis to be substantiated by a physician, dentist, advanced practice registered nurse, physician assistant, or podiatric physician. Effective immediately.	Placed on 2 <sup>nd</sup> Reading in the House  4/10/2018	
HB4650	Zalewski - Riverside, D	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.	On 2 <sup>nd</sup> Reading in the House	Oppose
HB4696	Olsen - Downers Grove, R	Amends the Use Tax Act, the Service Use Tax Act, the Service Occupation Tax Act, and the Retailers' Occupation Tax Act. Provides that, beginning on January 1, 2019, the tax is not imposed on prescription medicines or prescription drugs.	Referred to Rules Committee  2/13/2018	



		Effective immediately.		
HB4699	Carroll - Buffalo Grove, D	Amends the Good Samaritan Act. Provides that a person who in good faith and without fee administers epinephrine to another person who is suffering from a severe allergic reaction shall not be liable for civil damages as a result of his or her acts or omissions, except for willful or wanton misconduct on the part of the person in administering the epinephrine.	Referred to Rules Committee  2/13/2018	
HB4707 House Amendment 001	Scherer - Decatur, D	House Amendment 003: Creates the Prescription Drug Task Force Act and a Prescription drug task Force with 18 members, one member from ICHP that will study the extent of over prescribing of opioids to patients and to make recommendations for future legislation to address the issue.	Placed on Calendar 2 <sup>nd</sup> Reading – Short Debate  3/8/2018	Neutral
HB4795	Demmer – Rochelle, R	Amends the Alcoholism and Other Drug Abuse and Dependency Act. Changes the short title of the Act to the Substance Use Disorder Act. Removes the terms "addict", "addiction", "alcoholic", "alcoholism", and "substance abuse" and their corresponding definitions. Requires the Department of Human Services to reduce the incidence of substance use disorders (rather than reduce the incidence and consequences of the abuse of alcohol and other drugs). Defines "substance use disorder". Requires the Department to design, coordinate, and fund prevention, early intervention, treatment, and other recovery support services for substance use disorders that are accessible and address the needs of at-risk individuals and their families. Requires the Department to develop a	Placed on 2 <sup>nd</sup> Reading in the House  4/10/2018	

		<p>comprehensive plan on the provision of such services; assist other State agencies in developing and establishing substance use disorder services for the agencies' clients; adopt medical and clinical standards on how to determine a substance use disorder diagnosis; and other matters. Contains provisions concerning the licensing of substance use disorder treatment providers; licensure categories and services; the identification of individuals who need substance use disorder treatment using "SBIRT"; patients' rights; services for pregnant women, mothers, and criminal justice clients; and other matters. Repeals a provision of the Act establishing the Committee on Women's Alcohol and Substance Abuse Treatment. Repeals a provision of the Act setting forth the powers and duties of the Medical Advisory Committee. Makes conforming changes concerning the Substance Use Disorder Act to several Acts including the Department of Human Services Act, the Children and Family Services Act, and the Mental Health and Developmental Disabilities Administrative Act. Effective January 1, 2019.</p>		
HB4825	Evans, Jr – Chicago, D	<p>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</p>	Rules Committee 2/14/2018	

		<p>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, 2019.</p>	
HB4900	Guzzardi - Chicago, D	<p>Creates the Illinois Generic Drug Pricing Fairness Act. Provides that a manufacturer or wholesale drug distributor shall not engage in price gouging in the sale of an essential off-patent or generic drug. Provides that the Director of Healthcare and Family Services or Director of Central Management Services may notify the Attorney General of any increase in the price of any essential off-patent or generic drug under the</p>	<p>Held on 3<sup>rd</sup> Reading in the House  4/19/2018</p>

		<p>Medical Assistance Program under the Illinois Public Aid Code or a State health plan, respectively, that amounts to price gouging. Provides that whenever the Attorney General has reason to believe that a manufacturer or wholesale drug distributor of an essential off-patent or generic drug has violated the Act, the Attorney General shall send a notice to the manufacturer or wholesale drug distributor requesting a specified statement. Provides that within 45 days after receipt of the request, the manufacturer or wholesale drug distributor shall submit the statement to the Attorney General. Provides that to accomplish the objectives and carry out the duties prescribed in the Act, the Attorney General may issue subpoenas or examine under oath any person to determine whether a manufacturer or wholesale drug distributor has violated the Act. Provides that upon petition of the Attorney General, a circuit court may issue specified orders against violations of the Act. Contains provisions concerning the disclosure of financial information provided by a manufacturer or wholesale drug distributor to the Attorney General. Effective January 1, 2019.</p>	
HB4907 SB2952	McAuliffe - Chicago, R	<p>Amends the Illinois Controlled Substances Act. Provides that the Department of Human Services, in consultation with the Advisory Committee, shall adopt rules allowing licensed prescribers or pharmacists who have registered to access the Prescription</p>	<p>Placed on 2<sup>nd</sup> Reading in the House  4/10/2018</p>

		<p>Monitoring Program to authorize a licensed or non-licensed designee (rather than any designee) employed in that licensed prescriber's office or licensed pharmacist's pharmacy and who has received training in the federal Health Insurance Portability and Accountability Act to consult the Prescription Monitoring Program on their behalf. House Amendment 1 now requires the designee in the pharmacy must be a licensed individual. Requires the Clinical Director of the Prescription Monitoring Program to select 6 members (rather than 5 members), 3 physicians, 2 pharmacists, and one dentist, of the Prescription Monitoring Program Advisory Committee to serve as members of the peer review subcommittee. Effective immediately</p>		
HB4950 SB2951	Feigenholtz – Chicago, D	<p>Creates the Early Mental Health and Addictions Treatment Act. Requires the Department of Healthcare and Family Services, and other specified agencies and entities, to develop a pilot program under which a qualifying adolescent or young adult may receive community-based mental health treatment from a youth-focused community support team for early treatment that is specifically tailored to the needs of youth and young adults in the early stages of a serious emotional disturbance or serious mental illness. Requires the Department to apply, no later than September 30, 2019, for any necessary federal waiver or State Plan amendment to implement the pilot</p>	<p>Referred to Rules Committee</p> <p>2/14/2018</p> <p>Added Chief Co-Sponsor</p> <p>3/12/2018</p>	

		<p>program. Requires the Department to implement the pilot program no later than December 31, 2019 if federal approval is not necessary. Contains provisions concerning the creation of a community-based treatment model under the pilot program; the development of a pay-for-performance payment model; Department rules to implement the pilot program; and analytics and outcomes report. Requires the Department to develop an Assertive Engagement and Community-Based Clinical Treatment Pilot Program for individuals with opioid and other drug addictions. Contains provisions on in-office, in-home, and in-community services provided under the pilot program; application for a federal waiver or State Plan amendment to implement the pilot program; development of a pay-for-performance payment model; Department rules to implement the pilot program; and analytics and outcomes report. Effective immediately.</p>		
HB4995	Crespo-Streamwood, D	<p>Amends the Illinois Insurance Code and the Illinois Public Aid Code. Requires that on or before July 1, 2019, the Department of Insurance and Department of Healthcare and Family Services to jointly develop a uniform prior authorization form to be used by prescribing providers to request prior authorization for prescription drug benefits. Provides that on and after January 1, 2020, or 6 months after the uniform prior authorization form is developed, whichever is later, health insurers, managed care</p>	Rules Comm.	

		organizations, and fee-for-service medical assistance programs that provide prescription drug benefits shall utilize and accept the uniform prior authorization form and prescribing providers may use the uniform prior authorization form. Provides criteria for developing the uniform prior authorization form. Provides requirements and limitations of prior authorization requests.		
HB5070	Bellock – Westmont, R	Amends the Telehealth Act. Includes clinicians licensed to provide medical services under Illinois law in the definition of "health care professional". Amendment 001: Added pharmacists and other licensed practitioners under the definition of "health care professional".	Passed in the House 4/18/2018  Referred to Assignments Comm. in the Senate.	
HB5442	Durkin - Burr Ridge, R	Amends the Open Meetings Act. Provides that, for the purposes of the Act, "public body" does not include a Metropolitan Enforcement Group (MEG) Policy Board or drug task force composed or created by any combination of local law enforcement agencies. Amends the Criminal Code of 2012. Provides that a person commits drug-induced homicide when he or she violates delivery of a controlled substance or methamphetamine or a similar law of another jurisdiction, by unlawfully delivering a controlled substance to another, and the injection, inhalation, absorption, or ingestion of any amount of that controlled substance is a contributing cause of the person's death. Amends the Illinois Controlled Substances Act. Provides that controlled substances which are lawfully administered in hospitals or institutions licensed under the Hospital	Tabled 04/12/2018	Neutral



		<p>Licensing Act shall be reported under (rather than, exempt from) specified reporting provisions under the Act, and the prescription for the controlled substances ordered and the quantity actually administered (rather than, the reporting requirement only applies for more than a 72-hour supply of a discharge medication to be consumed outside of the hospital or institution). 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).</p>		
HB5482	Guzzardi – Chicago, D	<p>Amends the Department of Professional Regulation Law of the Civil Administrative Code of Illinois. Provides that the Department of Financial and Professional Regulation shall allow an applicant to provide his or her individual taxpayer identification number as an alternative to provide a social security number when applying for a license. Provides that no applicant shall be denied a license solely based on his or her immigration status or citizenship status. Makes conforming changes in the School Code, Pharmacy Practice Act, and the Attorney Act. Makes other changes.</p>	<p>Placed on 2<sup>nd</sup> Reading in the House</p> <p>4/10/2018</p>	
HB5602	Carroll - Buffalo Grove,	<p>Amends the Safe Pharmaceutical Disposal</p>	<p>Referred to Rules Committee</p>	

	D	Act. Provides that "unused medication" means any unopened, expired, or excess medication that has been dispensed for patient or resident care and that is in a liquid or solid form (rather than in a solid form). Makes related changes.	2/16/2018  Added Co-Sponsor 3/12/2018	
HB5747	Mussman - Schaumburg, D	Amends the Pharmacy Practice Act. Provides that "practice of pharmacy" includes the prescribing and 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	Referred to Rules Committee 2/16/2018  Added Co-Sponsor Reps 3/8/2018	Support

		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.		
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Senate Deadlines		House
Deadlines		
Bill Introduction	February 16, 2018	
February 16, 2018	Bill Introduction	
Senate bills out of Committee	April 13, 2018	April
13, 2018	House Bills out of Committee	
Third Reading for Senate Bills	April 27, 2018	April
27, 2018	Third Reading House Bills	
House Bills out of Committee	May 11, 2018	May
18, 2018	Senate Bills out of Committee	
Third Reading House Bills	May 25, 2018	May
25, 2018	Third Reading Senate Bills	
Adjournment	May 31, 2018	May
31, 2018	Adjournment	



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