Educational Summary: Implementation Plan for Public Act 99-480 (formerly HB1)

"Lali's Law"

The Law Firm of Popovits & Robinson prepared this educational summary of Public Act 99-480 (formerly HB1) as a pro bono service for the DHS Illinois Advisory Council on Alcoholism and Other Drug Dependency and The Kennedy Forum. It is our hope that this reference tool will assist in educating the public about important changes in Illinois law to elevate the state mental health and addiction parity laws and address the heroin crisis in our state.

Kelly O'Brien
Executive Director
The Kennedy Forum
kelly@thekennedyforum.org

Renée M. Popovits
Principal Attorney
Popovits & Robinson
renee@popovitslaw.com

October 9, 2015

#	HB1 (PUBLIC ACT 99-480) REQUIREMENT	PAGE #	DEADLINE	RESPONSIBLE DEPARTMENT	ACTION PLAN AND STATUS
A. PARITY AND INSURANCE COVERAGE PROVISIONS					
1	Applies the mandate of Section 370c (Mental, Emotional, and Substance Abuse Disorders) and 370c.1 (Mental Health and Addiction Parity) of the Insurance Code to the State Employees Group Insurance Act.	6		DOI & CMS	
2	Extends the mandate of Section 370c (Mental, Emotional, and Substance Abuse Disorders) to the Counties Code and the Municipal Code including municipalities, self-insured or under home rule.	18-19		DOI	
3	Expands the existing Mental Health Parity mandate to include addiction parity and to apply to qualified health plans offered through the Health Insurance Marketplace.	39-40		DOI	
4	Extends parity to individual plans.	42		DOI	
5	<u>Opioid Antagonist Mandate</u> Creates a new mandate in the Insurance Code to require coverage for at least one opioid antagonist, including refills (this becomes effective for any policy issued, amended or delivered after the effective date).	34		DOI	
6	Defines "opioid antagonist" in Pharmacy Practice Act, Alcoholism and Other Drug Dependency Act, School Code, Insurance Code, and Public Aid Code.	1, 10, 19-20, 34, 61		IDFPR, DHS, ISBE, DOI & HFS	
7	Provides that no additional criteria may be used to make medical necessity determinations for substance use disorders besides the criteria established by the American Society of Addiction Medicine.	37		DOI	
8	Requires the offer of coverage for medically necessary acute treatment services and medically necessary clinical stabilization services. "Acute treatment services" means 24-hour medically supervised addiction treatment that provides evaluation and withdrawal management. "Clinical stabilization services" means 24-hour treatment following acute treatment services, which may include intensive education and counseling.	37-38		DOI	
9	Requires the Department of Insurance (DOI) to enforce the requirements of State and federal parity laws.	38		DOI	

#	HB1 (PUBLIC ACT 99-480) REQUIREMENT	PAGE #	DEADLINE	RESPONSIBLE DEPARTMENT	ACTION PLAN AND STATUS
10	Requires plans to make available criteria for medical necessity and reasons for denial. This includes any state regulated employer-sponsored group health insurance plans written in Illinois and State employee health plans.	38		DOI	
11	Requires insurers to use policies and procedures for the election and placement of substance abuse treatment drugs on their formulary that are no less favorable to the insured as those policies and procedures the insurer uses for the selection and placement of other drugs.	41		DOI	
12	Requires insurers to follow the expedited coverage determination for substance abuse treatment drugs in the Managed Care Reform and Patient Rights Act.	41		DOI	
13	Includes provisions regarding non-quantitative treatment limitations. Requires DOI to implement several education initiatives regarding parity.	42-43		DOI	
14	Develops a plan for a Consumer Education Campaign on mental health and addiction parity, which must include live training events.	42	By January 1, 2016	DOI	
15	Establishes a consumer hotline to assist consumers in navigating the parity process.	42	By March 1, 2016	DOI	
16	Requires DOI to issue a report to the General Assembly on the success of the Consumer Education Campaign.	42	By January 1, 2018	DOI	
17	DOI in coordination with HFS and DHS shall convene a working group of health care insurance carriers, mental health advocacy groups, substance abuse patient advocacy groups, and mental health physician groups for the purpose of discussing issues related to the treatment and coverage of substance abuse disorders and mental illness.	42	Working Group must meet once before January 1, 2016; semi-annually thereafter.	DOI, HFS & DHS	
18	Requires DOI to issue an annual report to the General Assembly that includes a list of health insurance carriers and mental health advocacy groups, substance abuse patient advocacy groups, or mental health physician groups participating in the work group, issues and topics covered, and any legislative recommendations.	43		DOI	

#	HB1 (PUBLIC ACT 99-480) REQUIREMENT	PAGE #	DEADLINE	RESPONSIBLE DEPARTMENT	ACTION PLAN AND STATUS
19	Creates the Parity Education Fund as a special fund in the State treasury to be used by DOI to provide financial assistance for the consumer education campaign related to Mental Health and Addiction Parity.	12, 43		DOI	
20	Amends the Health Carrier External Review Act to require the written notice of the right to review to also include a copy of DOI's Request for External Review form.	43		DOI	
21	Requires ASAM for medical necessity determinations during external review.	49		DOI	
	B. MEDICAID COVERAGE				
22	Applies existing insurance mandates for Section 370c (Mental and Emotional Disorders) and 370c.1 (Mental Health and Addiction Parity) to Medicaid and CHIP recipients.	34, 61		HFS	
23	Medicaid Requires coverage for Medicaid for all FDA approved forms of medication assistance treatment prescribed for the treatment of alcohol dependence or the treatment of opioid dependence (includes both fee for service and managed care). These treatments shall not be subject to any utilization control, except for (1) those established under the American Society of Addiction Medicine patient placement criteria, (2) prior authorization mandate, or (3) lifetime restriction mandate.	61	On or after July 1, 2015	HFS	
24	Requires coverage for opioid antagonists for the Medicaid Program.	61	On or after July 1, 2015	HFS	
	C. PRESCRIPTION MONITORING PROGRAM (PMP)				
25	Automatic Enrollment in the Prescription Monitoring Program (PMP) Requires the automatic enrollment in the PMP for all dispensers and prescribers when they obtain or renew their controlled substance license.	104		IDFPR & DHS	
26	Requires IDFPR to request an email address in its application for a new or renewed controlled substance license.	93		IDFPR & DHS	
27	Requires Department of Financial and Professional Regulation to provide the PMP with electronic access to the license information of a prescriber or dispenser to facilitate the creation of the	105		IDFPR	

#	HB1 (PUBLIC ACT 99-480) REQUIREMENT	PAGE #	DEADLINE	RESPONSIBLE DEPARTMENT	ACTION PLAN AND STATUS
	profile.				
28	Requires the PMP to send the prescriber or dispenser information regarding the inquiry system, including instructions on how to log into the system, instructions on how to use the system to promote effective clinical practice, and opportunities for continuing education for the prescribing of controlled substances.	105		DHS	
29	Requires all prescribers to designate one or more medical specialties or fields of medical care and treatment when the prescriber registers with the PMP.	102		DHS	
30	Requires DHS to appoint a full-time Clinical Director on the PMP.	100		DHS	
31	Authorization of Designee to view PMP Allows for prescribers and dispensers to authorize a designee to consult the PMP on their behalf.	105		DHS	
32	Requires the following conditions to be met in order to allow for the designee to view the PMP: (1) the designee is employed by the same hospital or health care system, is employed by the same professional practice, or is under contract with such practice hospital, or health care system; (2) the prescriber or dispenser takes reasonable steps to ensure that such designee is sufficiently competent in the use of the PMP; (3) the prescriber or dispenser remains responsible for ensuring that access to the PMP by the designee is limited to authorized purposes and occurs in a manner that protects the confidentiality of the information obtained from the PMP and remains responsible for any breach of confidentiality; and (4) the ultimate decision as to whether or not to prescribe or dispense a controlled substance remains with the prescriber or dispenser.	105		DHS	
33	Requires that designees receive information on how to use the PMP.	105		DHS	
34	Requires the PMP to maintain a website with specific information, including current clinical guidelines on the prescribing of opioids and other controlled substances, accredited continuing education programs related to prescribing and dispensing, programs or information developed by health care professionals that may be used to assess patients or help ensure compliance with prescriptions, and updates from federal agencies	105		DHS	

#	HB1 (PUBLIC ACT 99-480) REQUIREMENT	PAGE #	DEADLINE	RESPONSIBLE DEPARTMENT	ACTION PLAN AND STATUS
	and other public and private organizations that are relevant to prescribing.				
35	Updates from the PMP Requires the PMP to send periodic updates to all enrolled prescribers and dispensers on a variety of different topics, including opportunities for accredited continuing education related to prescribing and dispensing.	106		DHS	
36	Review of these communications must be done by the PMP Advisory Committee.	106		PMP Advisory Committee	
37	PMP Information Requires dispensers to transmit additional information to the PMP, including name and address, the date of birth and gender of the person receiving the prescription, and the days supply indicated by the prescription.	99		DHS	
38	Requires that transmitted information be reported to the PMP no later than the end of the next business day after the date the controlled substance is dispensed. Current law requires the information to be transmitted within 7 days after the prescription is dispensed.	100	No later than the end of the next business day after the date the controlled substance is dispensed.	DHS	
39	Requires DHS to designate a central repository for the collection of information. The amendment adds recipient's address, date of birth and gender, and days supply of a controlled substance dispersed to the information previously required.	101		DHS	
40	Electronic Health Record (EHR) Pilot Project Requires DHS to adopt rules establishing pilot initiatives involving a cross-section of hospitals in Illinois to increase the integration of PMP information with EHR's. (Definition of EHR on p. 88.)	100	Adopt rules by September 11, 2016.	DHS	
41	Increase electronic integration of hospital's electronic health record with the PMP on or before January 1, 2019.	100	January 1, 2019	DHS	
42	Requires the PMP Advisory Committee to consult with DHS to identify funding sources to support pilot projects promoting the integration of the PMP with EHR's.	101		DHS & PMP Advisory Committee	

#	HB1 (PUBLIC ACT 99-480) REQUIREMENT	PAGE #	DEADLINE	RESPONSIBLE DEPARTMENT	ACTION PLAN AND STATUS
43	PMP Advisory Committee Reconstitutes the make-up of the PMP Advisory Committee to be appointed by the Clinical Director of the PMP, instead of by the Secretary of DHS or their designee.	107		DHS & PMP Advisory Committee	
44	States the composition of the PMP Advisory Committee is as follows: 4 physicians, one advanced practice nurse, one physician assistant, one optometrist, one dentist, one podiatric physician, and 3 pharmacists. The Clinical Director has the ability to appoint a representative of an organization representing a profession required to be appointed to the Committee.	107		DHS & PMP Advisory Committee	
45	Requires that the Clinical Director of the PMP serve as the Chair of the Committee.	107		DHS	
46	Requires the PMP Advisory Committee to complete reviews of grant opportunities and the content of the PMP website on a quarterly basis.	106, 108	Quarterly	DHS & PMP Advisory Committee	
47	Requires the PMP Advisory Committee to review current clinical guidelines developed by health care professional organizations on the prescribing of opioids or other controlled substances; accredited continuing education programs related to prescribing and dispensing; programs or information developed by health care professional organizations that may be used to assess patients or help ensure compliance with prescriptions; updates from the Food and Drug Administration, the Centers for Disease Control and Prevention, and other public and private organizations which are relevant to prescribing and dispensing; relevant medical studies; and other publications which involve the prescription of controlled substances.	107		DHS & PMP Advisory Committee	
48	Requires the PMP Advisory Committee to make recommendations for inclusion of these materials or other studies which may be effective resources for prescribers and dispensers on the Internet website of the inquiry system established under Section 318. (Confidentiality of Information)	108		DHS & PMP Advisory Committee	
49	Requires the PMP Advisory Committee to, on at least a quarterly basis, review communication to be sent to all registered users of the inquiry system established pursuant to Section 318 (Confidentiality of Information), including recommendations for	108	Quarterly	DHS & PMP Advisory Committee	

#	HB1 (PUBLIC ACT 99-480) REQUIREMENT	PAGE #	DEADLINE	RESPONSIBLE DEPARTMENT	ACTION PLAN AND STATUS
	relevant accredited continuing education and information regarding prescribing and dispensing.				
50	Provides that any patient feedback, including grades, ratings, or written or verbal statements, in opposition to a clinical decision that the prescription of a controlled substance is not medically necessary shall not be the basis of any adverse action, evaluation, or any other type of negative credentialing, contracting, licensure, or employment action taken against a prescriber or dispenser.	99		IDFPR	
51	<u>Peer Review Subcommittee</u> Requires the Peer Review Subcommittee be composed of 5 members selected by the Clinical Director, 3 physicians and 2 pharmacists from the PMP Advisory Committee.	108		DHS & PMP Peer Review Subcommittee	
52	Requires the purpose of the Peer Review Subcommittee to be the establishing of a formal peer review of the professional performance of prescribers and dispensers. The deliberations, information, and communications of the Peer Review Subcommittee are privileged and confidential and shall not be disclosed in any manner except in accordance with current law.	108		DHS & PMP Peer Review Subcommittee	
53	Requires the peer review subcommittee to periodically review the data contained within the prescription monitoring program to identify those prescribers or dispensers who may be prescribing or dispensing outside the currently accepted standards in the course of their professional practice.	108		DHS & PMP Peer Review Subcommittee	
54	Allows the Peer Review Subcommittee to identify prescribers and dispensers who may be prescribing outside currently accepted medical standards and send those prescribers and dispensers a "request for information." This communication shall be sent via certified mail, return receipt requested. A prescriber or dispenser has 30 days to respond to the request for information.	108-109		DHS & PMP Peer Review Subcommittee	
55	Refers a prescriber or dispenser to IDFPR by the Peer Review Subcommittee in the following circumstances: (1) if a prescriber or dispenser does not respond to 3 successive requests for information; (2) in the opinion of the majority of members of the peer review committee, the prescriber or dispenser does not have a satisfactory explanation for the practices identified by the	109		DHS & PMP Peer Review Subcommittee	

#	HB1 (PUBLIC ACT 99-480) REQUIREMENT	PAGE #	DEADLINE	RESPONSIBLE DEPARTMENT	ACTION PLAN AND STATUS
	peer review subcommittee in its request for information; or (3) following communications with the peer review subcommittee, the prescriber or dispenser does not sufficiently rectify the practices identified in the request for information in the opinion of the majority of the members of the Peer Review Subcommittee.				
56	Allows the IDFPR to initiate an investigation and discipline in accordance with current laws and rules for any prescriber or dispensers referred by the Peer Review Subcommittee.	109		IDFPR	
57	Requires the Peer Review Subcommittee to submit an annual report detailing its activities for the prior year starting on July 1, 2017. This report is to be submitted to DHS and the General Assembly. This report shall contain the following information: the number of times the peer review subcommittee was convened; the number of prescribers or dispensers who were reviewed by the peer review committee; the number of requests for information sent out by the peer review subcommittee; and the number of prescribers or dispensers referred to the Department of Financial and Professional Regulation. The annual report shall be delivered electronically to the Department and to the General Assembly. The report prepared by the peer review subcommittee shall not identify any prescriber, dispenser, or patient.	109	July 1, 2017	DHS & PMP Peer Review Subcommittee	
58	Confidentiality Protections Amends the Open Meetings Act to allow for the meetings of the Advisory Committee and the Peer Review Subcommittee to be closed to the public when discussing specific prescribers, dispensers, or patients.	5		DHS & PMP Peer Review Subcommittee	
	D. DISPOSAL OF UNUSED MEDICATION				
59	Medication Take-Back Program Requires the Illinois Environmental Protection Agency (IEPA) to establish by rule a medication take-back program to allow for the collection and disposal of unused controlled substances. No private entity may be compelled to serve as or fund a take-back location or program. A household waste drop-off point may	62-64, 66	June 1, 2016	IEPA	

#	HB1 (PUBLIC ACT 99-480) REQUIREMENT	PAGE #	DEADLINE	RESPONSIBLE DEPARTMENT	ACTION PLAN AND STATUS
	accept controlled substances in accordance with federal law.				
60	Requires IEPA and IDPH to develop a sign for drop-off sites. Specifies requirements on signs. Signs must be posted by pharmacies in the area where medication is dispensed.	66		IEPA & IDPH	
61	Requires IEPA to issue a report to the General Assembly by June 1, 2019 detailing the amount of controlled substances collected under the program.	66	June 1, 2019	IEPA	
62	Authorizes IEPA to include collection of controlled substances in its existing household waste collections per the amendment.	64		IEPA	
63	Allows the Director of DHS/DASA to provide advice to State and Local officials on programs to promote disposal of unused prescription drugs.	7		DHS/DASA	
64	Prescription Pill and Drug Disposal Fund Expands eligibility for grants by the Illinois Criminal Justice Information Authority from the Prescription Pill and Drug Disposal Fund. Municipalities or organizations that establish containers designated for the collection and disposal of unused controlled substances may receive grants from the Fund. In addition, publication or advertising of collection events or mail-back programs conducted by municipalities or organizations is also eligible for grant funding.	12		ICJIA	
65	Extends the deadline for adopting rules related to grants under the Prescription Pill and Drug Disposal Fund from July 1, 2012 to July 1, 2016.	12	July 1, 2016	ICJIA	
66	Doubles the existing fee ($20 to $40) assessed against certain criminal offenses that supports the Prescription Pill and Drug Disposal Fund.	120		ICJIA	
	E. PHARMACIST DISPENSING AND ADMINISTRATION OF OPIOID ANTAGONISTS				
67	Amends the Pharmacy Practice Act to create "Lali's Law," to authorize pharmacists to dispense opioid antagonists. This dispensing must be done in accordance with written procedures and protocols developed by the Department of Financial and Professional Regulation (IDFPR), with the Department of Public Health (IDPH) and Department of Human Services (DHS).	1		IDFPR, IDPH & DHS	

#	HB1 (PUBLIC ACT 99-480) REQUIREMENT	PAGE #	DEADLINE	RESPONSIBLE DEPARTMENT	ACTION PLAN AND STATUS
68	Requires pharmacist to complete a training program approved by DHS before dispensing opioid antagonists.	1		IDFPR & DHS	
F. DRUG OVERDOSE PREVENTION PROGRAM					
69	Requires the Director of the Division of Alcoholism and Substance Abuse to publish a report annually regarding statewide overdose trends. The report must now include an analysis of drug overdose information reported to IDPH by hospitals, coroners and schools.	6		DHS/DASA	
70	Allows the report to possibly include: trends in overdose death rates; trends in emergency room utilization related to drug use; trends and costs of pre-hospital and emergency services utilization; improvements in data collection; interventions effective in reducing fatal or nonfatal overdoses; and education efforts about unused medication, including the number of Illinois registered collection receptacles, mail-back programs and drug take-back events.	6		DHS/DASA	
71	Updates existing law authorizing DHS to create a program for the dispensing, prescribing, or distribution of Naloxone to use the term "opioid antagonist" and also improves definition to account for potential advances in opioid antagonists.	7-9, 10		DHS/DASA	
72	Allows the Director to give preference to grants for proposals that discuss the potential dangers of keeping unused prescription drugs in the home and methods to properly dispose of unused prescription drugs.	8		DHS/DASA	
73	Clarifies that health care professionals can prescribe opioid antagonists to persons who may not be personally at risk of experiencing an opioid overdose, but rather may be able to assist another individual during an opioid overdose.	7, 9		DHS/DASA	
74	Ensures civil immunity, except for willful and wanton misconduct, for lay people administering opioid antagonists to those experiencing an opioid overdose.	9		DHS/DASA	
75	Allows for criminal immunity, except for willful and wanton misconduct, for healthcare professional administering or dispensing opioid antagonists to patients or others who may administer the opioid antagonist.	9		DHS/DASA	

#	HB1 (PUBLIC ACT 99-480) REQUIREMENT	PAGE #	DEADLINE	RESPONSIBLE DEPARTMENT	ACTION PLAN AND STATUS
76	Updates the definition of "health care professional" to include pharmacists and also accurately reflecting the terminology referencing advanced practice nurses and physician assistants. Enrolled bill includes some inconsistencies re: APN prescriptive authority. Also the definition is limited to those health care professionals such as APNs, nurses or physicians assistants who practice in a hospital or pharmacists.	10		DHS/DASA	
77	Requires every State and local government agency employing law enforcement officers and firemen to have opioid antagonists and provide training for the administration of opioid antagonists. This requirement also apples to publicly and privately owned ambulances and other transport emergency medical vehicles.	11		DHS/DASA	
78	Allows certain entities to apply to DHS for a grant to acquire opioid antagonist and to fund training programs. The law enforcement agencies or municipalities may apply to fund these collections and call-back programs through the Illinois Criminal Justice Information Authority.	11-12		DHS & ICJIA	
79	Requires the Department of Human Services to create a public education program about opioid and heroin overdose, including information regarding the immunity for those who administer opioid antagonists.	11-12		DHS/DASA	
80	Amends The Department of State Police by adding an amendment requiring the Department of State Police to conduct or approve a training program for State police officers in the administration of opioid antagonists. Defines "State police officers" as used in the section.	12		State Police	
81	Amends the Illinois Police Training Act to require the Illinois Law Enforcement Training Standards Board to develop curriculum for probationary police officers to include training in the administration of opioid antagonists.	13		Illinois Law Enforcement Training Board	
82	Amends the Police Training Act to require in service trainings on administration of antagonists to police officers.	14		IL Law Enforcement Training Board	
83	<u>Emergency Medical Services Directors Committee</u> Requires the EMS Medical Directors Committee of IDPH to address regional standing medical orders for the administration of opioid antagonists.	27		EMSDC & IDPH	

#	HB1 (PUBLIC ACT 99-480) REQUIREMENT	PAGE #	DEADLINE	RESPONSIBLE DEPARTMENT	ACTION PLAN AND STATUS
84	Requires the Department of Professional Regulation to prescribe education and training requirements through regulations.	31		DPR	
85	<u>The Good Samaritan Act</u> Exempts pharmacists from civil liability for the dispensing of an opioid antagonist to individuals who may or may not be at risk for an opioid overdose.	124			
86	Exempts law enforcement officers, firemen, Emergency Medical Technicians (EMTs) and First Responders from civil liability for emergency administration of an opioid antagonist.	124			
87	Amends the Illinois Fire Protection Training Act to require the Office of the State Fire Marshall to distribute an in-service training program for firefighters in the administration of antagonists.	15		Office of the State Fire Marshall	
88	Amends the Illinois Fire Protection Training Act to require Office of the State Fire Marshall include training in the administration of opioid antagonists as part of the minimum basic training requirements which a trainee must satisfactorily complete before being eligible for permanent employment as a fire fighter.	15		Office of the State Fire Marshall	
G. SCHOOL DRUG AWARENESS AND OVERDOSE PREVENTION					
89	Amends existing law that currently authorizes select school personnel to administer asthma medication and epi-pens to include the administration of opioid antagonists.	19		ISBE	
90	Allows a school district, public school, or nonpublic school to authorize its nurse or trained personnel to administer an opioid antagonist to any person that the school nurse or trained personnel in good faith believes is having an opioid overdose.	21		ISBE	
91	Adds administration of opioid antagonist to a list of situations when school districts and their employees are to incur no liability or professional discipline, except for willful and wanton misconduct.	21, 22		ISBE	
92	Includes requirements when the opiate antagonist may be administered, the reporting requirements once administered, and training requirements imposed on school staff.	22-25		ISBE	
93	Requires ISBE to submit a report – on or before October 1, 2016, and every year thereafter – to the General Assembly and IDPH	25	October 1, 2016 (and every year	ISBE	

#	HB1 (PUBLIC ACT 99-480) REQUIREMENT	PAGE #	DEADLINE	RESPONSIBLE DEPARTMENT	ACTION PLAN AND STATUS
	identifying the frequency and circumstances of opioid antagonist administration during the preceding academic year. The report shall be published on the State Board's Internet website on the date the report is delivered to the General Assembly.		thereafter)		
94	Requires the State Board of Education and DHS to develop and establish a 3 year heroin and opioid prevention pilot program. DHS may contract with a health education organization to fulfill the requirements of the pilot program.	25-26	By January 1, 2017	ISBE & DHS	
95	Allows for voluntary participation in the program by school districts. Subject to appropriation, DHS shall reimburse a school district for the costs associated with participation in the program.	25-26		ISBE & DHS	
96	Requires ISBE, DHS and any contracted organization to submit an annual report to the General Assembly that includes: list of school districts in the pilot, grade levels in the pilot, and findings regarding the pilot.	26		ISBE & DHS	
	H. OVERDOSE REPORTING REQUIREMENTS				
97	Coroners Requires coroners to report to IDPH when a drug overdose is determined to be a cause or contributing factor in a death.	18		IDPH	
98	Requires IDPH to adopt rules regarding specific information that must be reported in the event of overdose deaths.	18		IDPH	
99	Requires IDPH to use overdose reporting to create a semiannual report to the General Assembly.	18		IDPH	
100	Requires IDPH to provide on its website a monthly report of overdose death figures organized by location, age, and any other factors the Department deems appropriate.	18		IDPH	
101	Emergency Departments Requires a health care professional, hospital administrator, or their designee to report drug overdose to IDPH within 48 hours of providing treatment or at such time the overdose is confirmed when treatment is provided in a hospital emergency room.	32		IDPH	
102	Requires IDPH by rule to create a form for this report with specific fields and with the input of a statewide organization representing a majority of hospitals in Illinois.	32		IDPH	
103	Requires that the identity of the person and entity reporting shall	32-33		IDPH	

#	HB1 (PUBLIC ACT 99-480) REQUIREMENT	PAGE #	DEADLINE	RESPONSIBLE DEPARTMENT	ACTION PLAN AND STATUS
	not be disclosed to the subject of the report. The healthcare professional, hospital administrator, or designee and his or her employer shall not be held criminally, civilly, or professional liable for the required reporting, except for willful or wanton misconduct.				
104	Requires IDPH to use this information for a report to the General Assembly.	33		IDPH	
	I. DRUG COURTS				
105	Expands eligibility for drug court programs for those sentenced to probation for certain offenses under the Cannabis Control Act, the Controlled Substances Act, and the Methamphetamine Control and Community Protection Act.	83, 112, 114, 116, 119		Chief Judge in each Judicial District	
106	Requires the drug court, if it finds that the person suffers from a substance abuse problem that makes him or her substantially unlikely to successfully complete a sentence of probation under this Section, to set forth its findings in the form of a written order and not sentence the person to probation. However, they still may be considered for the drug court program.	112, 114, 116, 119		Chief Judge in each Judicial District	
107	Subject to appropriation, requires the Office of the State's Attorneys Appellate Prosecutor to conduct mandatory seminars on substance abuse and addiction for all drug court prosecutors in the State.	123		Office of the State's Attorneys Appellate Prosecutor	
108	Subject to appropriation, requires the Office of the State Appellate Defender to conduct mandatory seminars on substance abuse and addiction for all drug court public defenders throughout the State.	123		Office of the State Appellate Defender	
109	Amends the Drug Court Treatment Act to include a definition for "crime of violence."	122		Chief Judge in each Judicial District	
110	Provides that the defendant may be admitted into a drug court program only upon the agreement of the prosecutor if certain conditions exist regarding the defendant's past criminal history.	123		Chief Judge in each Judicial District	
111	Amends the Veterans and Service Members Court Treatment Act to include a definition for "crime of violence."	124			
	J. MEDICATION SHOPPING				

#	HB1 (PUBLIC ACT 99-480) REQUIREMENT	PAGE #	DEADLINE	RESPONSIBLE DEPARTMENT	ACTION PLAN AND STATUS
112	Unsolicited Reports Authorizes the PMP to issue an unsolicited report to a prescriber when a person has been identified as having 3 or more prescribers or 3 or more pharmacies or both that do not utilize a common electronic file within the course of a 30-day period.	99		DHS	
113	Allows the PMP, under current law, the discretion to issue such reports when a person has 6 or more prescribers or 6 or more pharmacies or both that do not utilize a common electronic file within the course of a 30-day period. Provides that these reports will be sent to dispensers and the designees of prescribers and dispensers.	99		DHS	
114	Violations of the Controlled Substances Act Makes the attempt to acquire a controlled substance by misrepresentation, fraud, forgery, deception, or subterfuge a violation of the Controlled Substances Act.	110		DHS	
115	Creates a new offense to knowingly withhold information requested from a practitioner with the intent to obtain a controlled substance that has not been prescribed by misrepresentation, fraud, forgery, deception, subterfuge, or concealment of a material fact.	110		DHS	
	K. PRESCRIBING REQUIREMENTS				
116	Schedule II Drugs Imposes a new requirement on physicians to document in a patient's medical record the medical necessity for the amount and duration of the 3, 30-day sequential prescriptions for Schedule II narcotics.	95		DHS	
117	Requires pharmacists to maintain a policy and post the information regarding the type of identification required to receive a prescription.	94		DHS	
	L. CIVIL AND CRIMINAL FORFEITURE				
118	Allows for the distribution of criminal forfeiture funds to be used to purchase opioid antagonists.	75		State Police	