

1 AN ACT concerning health.

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

4 ARTICLE 1.

5 Section 1-1. This Article may be referred to as Lali's Law.

6 Section 1-5. The Pharmacy Practice Act is amended by adding  
7 Section 19.1 as follows:

8 (225 ILCS 85/19.1 new)

9 Sec. 19.1. Dispensing naloxone antidotes.

10 (a) Due to the recent rise in opioid-related deaths in  
11 Illinois and the existence of an opioid antagonist that can  
12 reverse the deadly effects of overdose, the General Assembly  
13 finds that in order to avoid further loss where possible, it is  
14 responsible to allow greater access of such an antagonist to  
15 those populations at risk of overdose.

16 (b) Notwithstanding any general or special law to the  
17 contrary, a licensed pharmacist may dispense an opioid  
18 antagonist in accordance with written, standardized procedures  
19 or protocols developed by the Department with the Department of  
20 Public Health and the Department of Human Services if the  
21 procedures or protocols are filed at the pharmacy before

1 implementation and are available to the Department upon  
2 request.

3 (c) Before dispensing an opioid antagonist pursuant to this  
4 Section, a pharmacist shall complete a training program  
5 approved by the Department of Human Services pursuant to  
6 Section 5-23 of the Alcoholism and Other Drug Abuse and  
7 Dependency Act. The training program shall include, but not be  
8 limited to, proper documentation and quality assurance.

9 (d) For the purpose of this Section, "opioid antagonist"  
10 means a drug that binds to opioid receptors and blocks or  
11 inhibits the effect of opioids acting on those receptors,  
12 including, but not limited to, naloxone hydrochloride or any  
13 other similarly acting and equally safe drug approved by the  
14 U.S. Food and Drug Administration for the treatment of drug  
15 overdose.

16 ARTICLE 5.

17 Section 5-1. The Open Meetings Act is amended by changing  
18 Section 2 as follows:

19 (5 ILCS 120/2) (from Ch. 102, par. 42)

20 Sec. 2. Open meetings.

21 (a) Openness required. All meetings of public bodies shall  
22 be open to the public unless excepted in subsection (c) and  
23 closed in accordance with Section 2a.

1           (b) Construction of exceptions. The exceptions contained  
2 in subsection (c) are in derogation of the requirement that  
3 public bodies meet in the open, and therefore, the exceptions  
4 are to be strictly construed, extending only to subjects  
5 clearly within their scope. The exceptions authorize but do not  
6 require the holding of a closed meeting to discuss a subject  
7 included within an enumerated exception.

8           (c) Exceptions. A public body may hold closed meetings to  
9 consider the following subjects:

10           (1) The appointment, employment, compensation,  
11 discipline, performance, or dismissal of specific  
12 employees of the public body or legal counsel for the  
13 public body, including hearing testimony on a complaint  
14 lodged against an employee of the public body or against  
15 legal counsel for the public body to determine its  
16 validity.

17           (2) Collective negotiating matters between the public  
18 body and its employees or their representatives, or  
19 deliberations concerning salary schedules for one or more  
20 classes of employees.

21           (3) The selection of a person to fill a public office,  
22 as defined in this Act, including a vacancy in a public  
23 office, when the public body is given power to appoint  
24 under law or ordinance, or the discipline, performance or  
25 removal of the occupant of a public office, when the public  
26 body is given power to remove the occupant under law or

1 ordinance.

2 (4) Evidence or testimony presented in open hearing, or  
3 in closed hearing where specifically authorized by law, to  
4 a quasi-adjudicative body, as defined in this Act, provided  
5 that the body prepares and makes available for public  
6 inspection a written decision setting forth its  
7 determinative reasoning.

8 (5) The purchase or lease of real property for the use  
9 of the public body, including meetings held for the purpose  
10 of discussing whether a particular parcel should be  
11 acquired.

12 (6) The setting of a price for sale or lease of  
13 property owned by the public body.

14 (7) The sale or purchase of securities, investments, or  
15 investment contracts. This exception shall not apply to the  
16 investment of assets or income of funds deposited into the  
17 Illinois Prepaid Tuition Trust Fund.

18 (8) Security procedures and the use of personnel and  
19 equipment to respond to an actual, a threatened, or a  
20 reasonably potential danger to the safety of employees,  
21 students, staff, the public, or public property.

22 (9) Student disciplinary cases.

23 (10) The placement of individual students in special  
24 education programs and other matters relating to  
25 individual students.

26 (11) Litigation, when an action against, affecting or

1 on behalf of the particular public body has been filed and  
2 is pending before a court or administrative tribunal, or  
3 when the public body finds that an action is probable or  
4 imminent, in which case the basis for the finding shall be  
5 recorded and entered into the minutes of the closed  
6 meeting.

7 (12) The establishment of reserves or settlement of  
8 claims as provided in the Local Governmental and  
9 Governmental Employees Tort Immunity Act, if otherwise the  
10 disposition of a claim or potential claim might be  
11 prejudiced, or the review or discussion of claims, loss or  
12 risk management information, records, data, advice or  
13 communications from or with respect to any insurer of the  
14 public body or any intergovernmental risk management  
15 association or self insurance pool of which the public body  
16 is a member.

17 (13) Conciliation of complaints of discrimination in  
18 the sale or rental of housing, when closed meetings are  
19 authorized by the law or ordinance prescribing fair housing  
20 practices and creating a commission or administrative  
21 agency for their enforcement.

22 (14) Informant sources, the hiring or assignment of  
23 undercover personnel or equipment, or ongoing, prior or  
24 future criminal investigations, when discussed by a public  
25 body with criminal investigatory responsibilities.

26 (15) Professional ethics or performance when

1 considered by an advisory body appointed to advise a  
2 licensing or regulatory agency on matters germane to the  
3 advisory body's field of competence.

4 (16) Self evaluation, practices and procedures or  
5 professional ethics, when meeting with a representative of  
6 a statewide association of which the public body is a  
7 member.

8 (17) The recruitment, credentialing, discipline or  
9 formal peer review of physicians or other health care  
10 professionals for a hospital, or other institution  
11 providing medical care, that is operated by the public  
12 body.

13 (18) Deliberations for decisions of the Prisoner  
14 Review Board.

15 (19) Review or discussion of applications received  
16 under the Experimental Organ Transplantation Procedures  
17 Act.

18 (20) The classification and discussion of matters  
19 classified as confidential or continued confidential by  
20 the State Government Suggestion Award Board.

21 (21) Discussion of minutes of meetings lawfully closed  
22 under this Act, whether for purposes of approval by the  
23 body of the minutes or semi-annual review of the minutes as  
24 mandated by Section 2.06.

25 (22) Deliberations for decisions of the State  
26 Emergency Medical Services Disciplinary Review Board.

1           (23) The operation by a municipality of a municipal  
2 utility or the operation of a municipal power agency or  
3 municipal natural gas agency when the discussion involves  
4 (i) contracts relating to the purchase, sale, or delivery  
5 of electricity or natural gas or (ii) the results or  
6 conclusions of load forecast studies.

7           (24) Meetings of a residential health care facility  
8 resident sexual assault and death review team or the  
9 Executive Council under the Abuse Prevention Review Team  
10 Act.

11           (25) Meetings of an independent team of experts under  
12 Brian's Law.

13           (26) Meetings of a mortality review team appointed  
14 under the Department of Juvenile Justice Mortality Review  
15 Team Act.

16           (27) (Blank).

17           (28) Correspondence and records (i) that may not be  
18 disclosed under Section 11-9 of the Public Aid Code or (ii)  
19 that pertain to appeals under Section 11-8 of the Public  
20 Aid Code.

21           (29) Meetings between internal or external auditors  
22 and governmental audit committees, finance committees, and  
23 their equivalents, when the discussion involves internal  
24 control weaknesses, identification of potential fraud risk  
25 areas, known or suspected frauds, and fraud interviews  
26 conducted in accordance with generally accepted auditing

1 standards of the United States of America.

2 (30) Those meetings or portions of meetings of a  
3 fatality review team or the Illinois Fatality Review Team  
4 Advisory Council during which a review of the death of an  
5 eligible adult in which abuse or neglect is suspected,  
6 alleged, or substantiated is conducted pursuant to Section  
7 15 of the Adult Protective Services Act.

8 (31) Meetings and deliberations for decisions of the  
9 Concealed Carry Licensing Review Board under the Firearm  
10 Concealed Carry Act.

11 (32) Meetings between the Regional Transportation  
12 Authority Board and its Service Boards when the discussion  
13 involves review by the Regional Transportation Authority  
14 Board of employment contracts under Section 28d of the  
15 Metropolitan Transit Authority Act and Sections 3A.18 and  
16 3B.26 of the Regional Transportation Authority Act.

17 (33) Those meeting or portions of meetings of the  
18 advisory committee and peer review subcommittee created  
19 under Section 320 of the Illinois Controlled Substances Act  
20 during which specific controlled substance prescriber,  
21 dispenser, or patient information is discussed.

22 (d) Definitions. For purposes of this Section:

23 "Employee" means a person employed by a public body whose  
24 relationship with the public body constitutes an  
25 employer-employee relationship under the usual common law  
26 rules, and who is not an independent contractor.



1 "Public office" means a position created by or under the  
2 Constitution or laws of this State, the occupant of which is  
3 charged with the exercise of some portion of the sovereign  
4 power of this State. The term "public office" shall include  
5 members of the public body, but it shall not include  
6 organizational positions filled by members thereof, whether  
7 established by law or by a public body itself, that exist to  
8 assist the body in the conduct of its business.

9 "Quasi-adjudicative body" means an administrative body  
10 charged by law or ordinance with the responsibility to conduct  
11 hearings, receive evidence or testimony and make  
12 determinations based thereon, but does not include local  
13 electoral boards when such bodies are considering petition  
14 challenges.

15 (e) Final action. No final action may be taken at a closed  
16 meeting. Final action shall be preceded by a public recital of  
17 the nature of the matter being considered and other information  
18 that will inform the public of the business being conducted.

19 (Source: P.A. 97-318, eff. 1-1-12; 97-333, eff. 8-12-11;  
20 97-452, eff. 8-19-11; 97-813, eff. 7-13-12; 97-876, eff.  
21 8-1-12; 98-49, eff. 7-1-13; 98-63, eff. 7-9-13; 98-756, eff.  
22 7-16-14; 98-1027, eff. 1-1-15; 98-1039, eff. 8-25-14; revised  
23 10-1-14.)

24 Section 5-10. The State Employees Group Insurance Act of  
25 1971 is amended by changing Section 6.11 as follows:

1 (5 ILCS 375/6.11)

2 Sec. 6.11. Required health benefits; Illinois Insurance  
3 Code requirements. The program of health benefits shall provide  
4 the post-mastectomy care benefits required to be covered by a  
5 policy of accident and health insurance under Section 356t of  
6 the Illinois Insurance Code. The program of health benefits  
7 shall provide the coverage required under Sections 356g,  
8 356g.5, 356g.5-1, 356m, 356u, 356w, 356x, 356z.2, 356z.4,  
9 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,  
10 356z.14, 356z.15, 356z.17, and 356z.22 of the Illinois  
11 Insurance Code. The program of health benefits must comply with  
12 Sections 155.22a, 155.37, 355b, ~~and~~ 356z.19, 370c, and 370c.1  
13 of the Illinois Insurance Code.

14 Rulemaking authority to implement Public Act 95-1045, if  
15 any, is conditioned on the rules being adopted in accordance  
16 with all provisions of the Illinois Administrative Procedure  
17 Act and all rules and procedures of the Joint Committee on  
18 Administrative Rules; any purported rule not so adopted, for  
19 whatever reason, is unauthorized.

20 (Source: P.A. 97-282, eff. 8-9-11; 97-343, eff. 1-1-12; 97-813,  
21 eff. 7-13-12; 98-189, eff. 1-1-14; 98-1091, eff. 1-1-15.)

22 Section 5-15. The Alcoholism and Other Drug Abuse and  
23 Dependency Act is amended by changing Section 5-23 and adding  
24 Sections 5-24 and 20-20 as follows:

1 (20 ILCS 301/5-23)

2 Sec. 5-23. Drug Overdose Prevention Program.

3 (a) Reports of drug overdose.

4 (1) The Director of the Division of Alcoholism and  
5 Substance Abuse shall ~~may~~ publish annually a report on drug  
6 overdose trends statewide that reviews State death rates  
7 from available data to ascertain changes in the causes or  
8 rates of fatal and nonfatal drug overdose ~~for the preceding~~  
9 ~~period of not less than 5 years~~. The report shall also  
10 provide information on interventions that would be  
11 effective in reducing the rate of fatal or nonfatal drug  
12 overdose and shall include an analysis of drug overdose  
13 information reported to the Department of Public Health  
14 pursuant to subsection (e) of Section 3-3013 of the  
15 Counties Code, Section 6.14g of the Hospital Licensing Act,  
16 and subsection (j) of Section 22-30 of the School Code.

17 (2) The report may include:

18 (A) Trends in drug overdose death rates.

19 (B) Trends in emergency room utilization related  
20 to drug overdose and the cost impact of emergency room  
21 utilization.

22 (C) Trends in utilization of pre-hospital and  
23 emergency services and the cost impact of emergency  
24 services utilization.

25 (D) Suggested improvements in data collection.

1 (E) A description of other interventions effective  
2 in reducing the rate of fatal or nonfatal drug  
3 overdose.

4 (F) A description of efforts undertaken to educate  
5 the public about unused medication and about how to  
6 properly dispose of unused medication, including the  
7 number of registered collection receptacles in this  
8 State, mail-back programs, and drug take-back events.

9 (b) Programs; drug overdose prevention.

10 (1) The Director may establish a program to provide for  
11 the production and publication, in electronic and other  
12 formats, of drug overdose prevention, recognition, and  
13 response literature. The Director may develop and  
14 disseminate curricula for use by professionals,  
15 organizations, individuals, or committees interested in  
16 the prevention of fatal and nonfatal drug overdose,  
17 including, but not limited to, drug users, jail and prison  
18 personnel, jail and prison inmates, drug treatment  
19 professionals, emergency medical personnel, hospital  
20 staff, families and associates of drug users, peace  
21 officers, firefighters, public safety officers, needle  
22 exchange program staff, and other persons. In addition to  
23 information regarding drug overdose prevention,  
24 recognition, and response, literature produced by the  
25 Department shall stress that drug use remains illegal and  
26 highly dangerous and that complete abstinence from illegal

1 drug use is the healthiest choice. The literature shall  
2 provide information and resources for substance abuse  
3 treatment.

4 The Director may establish or authorize programs for  
5 prescribing, dispensing, or distributing opioid  
6 antagonists ~~naloxone hydrochloride or any other similarly~~  
7 ~~acting and equally safe drug approved by the U.S. Food and~~  
8 ~~Drug Administration~~ for the treatment of drug overdose.  
9 Such programs may include the prescribing of opioid  
10 antagonists ~~naloxone hydrochloride or any other similarly~~  
11 ~~acting and equally safe drug approved by the U.S. Food and~~  
12 ~~Drug Administration~~ for the treatment of drug overdose to a  
13 person who is not at risk of opioid overdose but who, in  
14 the judgment of the health care professional, may be in a  
15 position to assist another individual during an  
16 opioid-related drug overdose and who has received basic  
17 instruction on how to administer an opioid antagonist ~~and~~  
18 ~~education about administration by individuals who are not~~  
19 ~~personally at risk of opioid overdose.~~

20 (2) The Director may provide advice to State and local  
21 officials on the growing drug overdose crisis, including  
22 the prevalence of drug overdose incidents, programs  
23 promoting the disposal of unused prescription drugs,  
24 trends in drug overdose incidents, and solutions to the  
25 drug overdose crisis.

26 (c) Grants.

1           (1) The Director may award grants, in accordance with  
2 this subsection, to create or support local drug overdose  
3 prevention, recognition, and response projects. Local  
4 health departments, correctional institutions, hospitals,  
5 universities, community-based organizations, and  
6 faith-based organizations may apply to the Department for a  
7 grant under this subsection at the time and in the manner  
8 the Director prescribes.

9           (2) In awarding grants, the Director shall consider the  
10 necessity for overdose prevention projects in various  
11 settings and shall encourage all grant applicants to  
12 develop interventions that will be effective and viable in  
13 their local areas.

14           (3) The Director shall give preference for grants to  
15 proposals that, in addition to providing life-saving  
16 interventions and responses, provide information to drug  
17 users on how to access drug treatment or other strategies  
18 for abstaining from illegal drugs. The Director shall give  
19 preference to proposals that include one or more of the  
20 following elements:

21                   (A) Policies and projects to encourage persons,  
22 including drug users, to call 911 when they witness a  
23 potentially fatal drug overdose.

24                   (B) Drug overdose prevention, recognition, and  
25 response education projects in drug treatment centers,  
26 outreach programs, and other organizations that work

1 with, or have access to, drug users and their families  
2 and communities.

3 (C) Drug overdose recognition and response  
4 training, including rescue breathing, in drug  
5 treatment centers and for other organizations that  
6 work with, or have access to, drug users and their  
7 families and communities.

8 (D) The production and distribution of targeted or  
9 mass media materials on drug overdose prevention and  
10 response, the potential dangers of keeping unused  
11 prescription drugs in the home, and methods to properly  
12 dispose of unused prescription drugs.

13 (E) Prescription and distribution of opioid  
14 antagonists ~~naloxone hydrochloride or any other~~  
15 ~~similarly acting and equally safe drug approved by the~~  
16 ~~U.S. Food and Drug Administration for the treatment of~~  
17 ~~drug overdose.~~

18 (F) The institution of education and training  
19 projects on drug overdose response and treatment for  
20 emergency services and law enforcement personnel.

21 (G) A system of parent, family, and survivor  
22 education and mutual support groups.

23 (4) In addition to moneys appropriated by the General  
24 Assembly, the Director may seek grants from private  
25 foundations, the federal government, and other sources to  
26 fund the grants under this Section and to fund an

1 evaluation of the programs supported by the grants.

2 (d) Health care professional prescription of opioid  
3 antagonists ~~drug overdose treatment medication~~.

4 (1) A health care professional who, acting in good  
5 faith, directly or by standing order, prescribes or  
6 dispenses an opioid antagonist ~~antidote~~ to: (a) a patient  
7 who, in the judgment of the health care professional, is  
8 capable of administering the drug in an emergency, or (b) a  
9 person who is not at risk of opioid overdose but who, in  
10 the judgment of the health care professional, may be in a  
11 position to assist another individual during an  
12 opioid-related drug overdose and who has received basic  
13 instruction on how to administer an opioid antagonist shall  
14 not, as a result of his or her acts or omissions, be  
15 subject to: (i) any disciplinary or other adverse action  
16 under the Medical Practice Act of 1987, the Physician  
17 Assistant Practice Act of 1987, the Nurse Practice Act, the  
18 Pharmacy Practice Act, or any other professional licensing  
19 statute or (ii) any criminal liability, except for willful  
20 and wanton misconduct.

21 (2) A person who is not otherwise licensed to  
22 administer an opioid antagonist ~~antidote~~ may in an  
23 emergency administer without fee an opioid antagonist  
24 ~~antidote~~ if the person has received the patient information  
25 specified in paragraph (4) of this subsection and believes  
26 in good faith that another person is experiencing a drug



1 overdose. The person shall not, as a result of his or her  
2 acts or omissions, be (i) liable for any violation of the  
3 Medical Practice Act of 1987, the Physician Assistant  
4 Practice Act of 1987, the Nurse Practice Act, the Pharmacy  
5 Practice Act, or any other professional licensing statute,  
6 or (ii) subject to any criminal prosecution or civil  
7 liability, except for willful and wanton misconduct  
8 ~~arising from or related to the unauthorized practice of~~  
9 ~~medicine or the possession of an opioid antidote.~~

10 (3) A health care professional prescribing an opioid  
11 antagonist ~~antidote~~ to a patient shall ensure that the  
12 patient receives the patient information specified in  
13 paragraph (4) of this subsection. Patient information may  
14 be provided by the health care professional or a  
15 community-based organization, substance abuse program, or  
16 other organization with which the health care professional  
17 establishes a written agreement that includes a  
18 description of how the organization will provide patient  
19 information, how employees or volunteers providing  
20 information will be trained, and standards for documenting  
21 the provision of patient information to patients.  
22 Provision of patient information shall be documented in the  
23 patient's medical record or through similar means as  
24 determined by agreement between the health care  
25 professional and the organization. The Director of the  
26 Division of Alcoholism and Substance Abuse, in

1 consultation with statewide organizations representing  
2 physicians, pharmacists, advanced practice nurses,  
3 physician assistants, substance abuse programs, and other  
4 interested groups, shall develop and disseminate to health  
5 care professionals, community-based organizations,  
6 substance abuse programs, and other organizations training  
7 materials in video, electronic, or other formats to  
8 facilitate the provision of such patient information.

9 (4) For the purposes of this subsection:

10 "Opioid ~~antagonist antidote~~" means a drug that binds to  
11 opioid receptors and blocks or inhibits the effect of  
12 opioids acting on those receptors, including, but not  
13 limited to naloxone hydrochloride or any other similarly  
14 acting ~~and equally safe~~ drug approved by the U.S. Food and  
15 Drug Administration ~~for the treatment of drug overdose~~.

16 "Health care professional" means a physician licensed  
17 to practice medicine in all its branches, a physician  
18 assistant who has been delegated prescriptive authority  
19 ~~the prescription or dispensation of an opioid antidote~~ by  
20 his or her supervising physician, an advanced practice  
21 registered nurse who has a written collaborative agreement  
22 with a collaborating physician that authorizes  
23 prescriptive authority ~~the prescription or dispensation of~~  
24 ~~an opioid antidote~~, or an advanced practice nurse or  
25 physician assistant who practices in a hospital, hospital  
26 affiliate, or ambulatory surgical treatment center and

1 possesses appropriate clinical privileges in accordance  
2 with the Nurse Practice Act or a pharmacist licensed to  
3 practice pharmacy under the Pharmacy Practice Act.

4 "Patient" includes a person who is not at risk of  
5 opioid overdose but who, in the judgment of the physician,  
6 may be in a position to assist another individual during an  
7 overdose and who has received patient information as  
8 required in paragraph (2) of this subsection on the  
9 indications for and administration of an opioid antagonist  
10 ~~antidote~~.

11 "Patient information" includes information provided to  
12 the patient on drug overdose prevention and recognition;  
13 how to perform rescue breathing and resuscitation; opioid  
14 antagonist ~~antidote~~ dosage and administration; the  
15 importance of calling 911; care for the overdose victim  
16 after administration of the overdose antagonist ~~antidote~~;  
17 and other issues as necessary.

18 (e) Drug overdose response policy.

19 (1) Every State and local government agency that  
20 employs a law enforcement officer or fireman as those terms  
21 are defined in the Line of Duty Compensation Act must  
22 possess opioid antagonists and must establish a policy to  
23 control the acquisition, storage, transportation, and  
24 administration of such opioid antagonists and to provide  
25 training in the administration of opioid antagonists. A  
26 State or local government agency that employs a fireman as

1 defined in the Line of Duty Compensation Act but does not  
2 respond to emergency medical calls or provide medical  
3 services shall be exempt from this subsection.

4 (2) Every publicly or privately owned ambulance,  
5 special emergency medical services vehicle, non-transport  
6 vehicle, or ambulance assist vehicle, as described in the  
7 Emergency Medical Services (EMS) Systems Act, which  
8 responds to requests for emergency services or transports  
9 patients between hospitals in emergency situations must  
10 possess opioid antagonists.

11 (3) Entities that are required under paragraphs (1) and  
12 (2) to possess opioid antagonists may also apply to the  
13 Department for a grant to fund the acquisition of opioid  
14 antagonists and training programs on the administration of  
15 opioid antagonists.

16 (Source: P.A. 96-361, eff. 1-1-10.)

17 (20 ILCS 301/5-24 new)

18 Sec. 5-24. Opiate prescriptions; educational materials.  
19 The Department shall develop educational materials to educate  
20 holders of opiate prescriptions about the dangers of children  
21 and teens gaining access to these medications. The materials  
22 shall include information regarding the means by which the  
23 abuse of opiate prescriptions can lead to the illegal use of  
24 heroin. The Department shall also develop a method of  
25 distribution for such educational materials.

1 (20 ILCS 301/20-20 new)

2 Sec. 20-20. Immunity from prosecution; drugs; public  
3 education program. The Department shall develop and implement a  
4 public education program to educate the public about the  
5 provisions set forth in Section 414 of the Illinois Controlled  
6 Substances Act granting immunity from prosecution for drug  
7 overdose victims or persons seeking help for drug overdose  
8 victims if the only evidence for the possession charge was  
9 obtained as a result of the person seeking or obtaining  
10 emergency medical assistance.

11 Section 5-25. The Department of State Police Law is amended  
12 by adding Section 2605-97 as follows:

13 (20 ILCS 2605/2605-97 new)

14 Sec. 2605-97. Training; opioid antagonists. The Department  
15 shall conduct or approve a training program for State police  
16 officers in the administration of opioid antagonists as defined  
17 in paragraph (1) of subsection (e) of Section 5-23 of the  
18 Alcoholism and Other Drug Abuse and Dependency Act that is in  
19 accordance with that Section. As used in this Section 2605-97,  
20 the term "State police officers" includes full-time or  
21 part-time State troopers, police officers, investigators, or  
22 any other employee of the Department exercising the powers of a  
23 peace officer.

1           Section 5-30. The Illinois Criminal Justice Information  
2 Act is amended by changing Section 9.3 as follows:

3           (20 ILCS 3930/9.3)

4           Sec. 9.3. The Prescription Pill and Drug Disposal Fund. The  
5 Prescription Pill and Drug Disposal Fund is created as a  
6 special fund in the State treasury. Moneys in the Fund shall be  
7 used for grants by the Illinois Criminal Justice Information  
8 Authority to local law enforcement agencies for the purpose of  
9 facilitating the collection, transportation, and incineration  
10 of pharmaceuticals from residential sources that are collected  
11 and transported by law enforcement agencies under Section 17.9A  
12 of the Environmental Protection Act; to municipalities or  
13 organizations that establish containers designated for the  
14 collection and disposal of unused controlled substances and  
15 conduct collection of unused controlled substances through  
16 mail-back programs; and for the publication or advertising of  
17 collection events or mail-back programs conducted by  
18 municipalities or organizations. Before awarding a grant from  
19 this Fund but no later than July 1, 2016 ~~2012~~, the Authority  
20 shall adopt rules that (i) specify the conditions under which  
21 grants will be awarded from this Fund and (ii) otherwise  
22 provide for the implementation and administration of the grant  
23 program created by this Section. Interest attributable to  
24 moneys in the Fund shall be paid into the Fund.

1 (Source: P.A. 97-545, eff. 1-1-12.)

2 Section 5-35. The State Finance Act is amended by adding  
3 Section 5.866 as follows:

4 (30 ILCS 105/5.866 new)

5 Sec. 5.866. The Parity Education Fund.

6 Section 5-40. The Illinois Police Training Act is amended  
7 by changing Section 7 and by adding Section 10.17 as follows:

8 (50 ILCS 705/7) (from Ch. 85, par. 507)

9 Sec. 7. Rules and standards for schools. The Board shall  
10 adopt rules and minimum standards for such schools which shall  
11 include but not be limited to the following:

12 a. The curriculum for probationary police officers which  
13 shall be offered by all certified schools shall include but not  
14 be limited to courses of arrest, search and seizure, civil  
15 rights, human relations, cultural diversity, including racial  
16 and ethnic sensitivity, criminal law, law of criminal  
17 procedure, vehicle and traffic law including uniform and  
18 non-discriminatory enforcement of the Illinois Vehicle Code,  
19 traffic control and accident investigation, techniques of  
20 obtaining physical evidence, court testimonies, statements,  
21 reports, firearms training, training in the use of electronic  
22 control devices, including the psychological and physiological

1 effects of the use of those devices on humans, first-aid  
2 (including cardiopulmonary resuscitation), training in the  
3 administration of opioid antagonists as defined in paragraph  
4 (1) of subsection (e) of Section 5-23 of the Alcoholism and  
5 Other Drug Abuse and Dependency Act, handling of juvenile  
6 offenders, recognition of mental conditions which require  
7 immediate assistance and methods to safeguard and provide  
8 assistance to a person in need of mental treatment, recognition  
9 of abuse, neglect, financial exploitation, and self-neglect of  
10 adults with disabilities and older adults, as defined in  
11 Section 2 of the Adult Protective Services Act, crimes against  
12 the elderly, law of evidence, the hazards of high-speed police  
13 vehicle chases with an emphasis on alternatives to the  
14 high-speed chase, and physical training. The curriculum shall  
15 include specific training in techniques for immediate response  
16 to and investigation of cases of domestic violence and of  
17 sexual assault of adults and children. The curriculum shall  
18 include training in techniques designed to promote effective  
19 communication at the initial contact with crime victims and  
20 ways to comprehensively explain to victims and witnesses their  
21 rights under the Rights of Crime Victims and Witnesses Act and  
22 the Crime Victims Compensation Act. The curriculum shall also  
23 include a block of instruction aimed at identifying and  
24 interacting with persons with autism and other developmental  
25 disabilities, reducing barriers to reporting crimes against  
26 persons with autism, and addressing the unique challenges



1 presented by cases involving victims or witnesses with autism  
2 and other developmental disabilities. The curriculum for  
3 permanent police officers shall include but not be limited to  
4 (1) refresher and in-service training in any of the courses  
5 listed above in this subparagraph, (2) advanced courses in any  
6 of the subjects listed above in this subparagraph, (3) training  
7 for supervisory personnel, and (4) specialized training in  
8 subjects and fields to be selected by the board. The training  
9 in the use of electronic control devices shall be conducted for  
10 probationary police officers, including University police  
11 officers.

12 b. Minimum courses of study, attendance requirements and  
13 equipment requirements.

14 c. Minimum requirements for instructors.

15 d. Minimum basic training requirements, which a  
16 probationary police officer must satisfactorily complete  
17 before being eligible for permanent employment as a local law  
18 enforcement officer for a participating local governmental  
19 agency. Those requirements shall include training in first aid  
20 (including cardiopulmonary resuscitation).

21 e. Minimum basic training requirements, which a  
22 probationary county corrections officer must satisfactorily  
23 complete before being eligible for permanent employment as a  
24 county corrections officer for a participating local  
25 governmental agency.

26 f. Minimum basic training requirements which a

1 probationary court security officer must satisfactorily  
2 complete before being eligible for permanent employment as a  
3 court security officer for a participating local governmental  
4 agency. The Board shall establish those training requirements  
5 which it considers appropriate for court security officers and  
6 shall certify schools to conduct that training.

7 A person hired to serve as a court security officer must  
8 obtain from the Board a certificate (i) attesting to his or her  
9 successful completion of the training course; (ii) attesting to  
10 his or her satisfactory completion of a training program of  
11 similar content and number of hours that has been found  
12 acceptable by the Board under the provisions of this Act; or  
13 (iii) attesting to the Board's determination that the training  
14 course is unnecessary because of the person's extensive prior  
15 law enforcement experience.

16 Individuals who currently serve as court security officers  
17 shall be deemed qualified to continue to serve in that capacity  
18 so long as they are certified as provided by this Act within 24  
19 months of the effective date of this amendatory Act of 1996.  
20 Failure to be so certified, absent a waiver from the Board,  
21 shall cause the officer to forfeit his or her position.

22 All individuals hired as court security officers on or  
23 after the effective date of this amendatory Act of 1996 shall  
24 be certified within 12 months of the date of their hire, unless  
25 a waiver has been obtained by the Board, or they shall forfeit  
26 their positions.

1           The Sheriff's Merit Commission, if one exists, or the  
2 Sheriff's Office if there is no Sheriff's Merit Commission,  
3 shall maintain a list of all individuals who have filed  
4 applications to become court security officers and who meet the  
5 eligibility requirements established under this Act. Either  
6 the Sheriff's Merit Commission, or the Sheriff's Office if no  
7 Sheriff's Merit Commission exists, shall establish a schedule  
8 of reasonable intervals for verification of the applicants'  
9 qualifications under this Act and as established by the Board.

10       (Source: P.A. 97-815, eff. 1-1-13; 97-862, eff. 1-1-13; 98-49,  
11 eff. 7-1-13; 98-358, eff. 1-1-14; 98-463, eff. 8-16-13; 98-756,  
12 eff. 7-16-14.)

13           (50 ILCS 705/10.17 new)

14       Sec. 10.17. Training; administration of opioid  
15 antagonists. The Board shall conduct or approve an in-service  
16 training program for police officers in the administration of  
17 opioid antagonists as defined in paragraph (1) of subsection  
18 (e) of Section 5-23 of the Alcoholism and Other Drug Abuse and  
19 Dependency Act that is in accordance with that Section. As used  
20 in this Section 10.17, the term "police officers" includes  
21 full-time or part-time probationary police officers, permanent  
22 or part-time police officers, law enforcement officers,  
23 recruits, permanent or probationary county corrections  
24 officers, permanent or probationary county security officers,  
25 and court security officers. The term does not include

1 auxiliary police officers as defined in Section 3.1-30-20 of  
2 the Illinois Municipal Code.

3 Section 5-45. The Illinois Fire Protection Training Act is  
4 amended by changing Section 8 and by adding Section 12.5 as  
5 follows:

6 (50 ILCS 740/8) (from Ch. 85, par. 538)

7 Sec. 8. Rules and minimum standards for schools. The Office  
8 shall adopt rules and minimum standards for such schools which  
9 shall include but not be limited to the following:

10 a. Minimum courses of study, resources, facilities,  
11 apparatus, equipment, reference material, established records  
12 and procedures as determined by the Office.

13 b. Minimum requirements for instructors.

14 c. Minimum basic training requirements, which a trainee  
15 must satisfactorily complete before being eligible for  
16 permanent employment as a fire fighter in the fire department  
17 of a participating local governmental agency. Those  
18 requirements shall include training in first aid (including  
19 cardiopulmonary resuscitation) and training in the  
20 administration of opioid antagonists as defined in paragraph  
21 (1) of subsection (e) of Section 5-23 of the Alcoholism and  
22 Other Drug Abuse and Dependency Act.

23 (Source: P.A. 88-661, eff. 1-1-95.)

1 (50 ILCS 740/12.5 new)

2 Sec. 12.5. In-service training; opioid antagonists. The  
3 Office shall distribute an in-service training program for fire  
4 fighters in the administration of opioid antagonists as defined  
5 in paragraph (1) of subsection (e) of Section 5-23 of the  
6 Alcoholism and Other Drug Abuse and Dependency Act that is  
7 developed by the Department of Human Services in accordance  
8 with that Section. As used in this Section 12.5, the term "fire  
9 fighters" includes full-time or part-time fire fighters, but  
10 does not include auxiliary, reserve, or volunteer  
11 firefighters.

12 Section 5-50. The Counties Code is amended by changing  
13 Sections 3-3013 and 5-1069.3 as follows:

14 (55 ILCS 5/3-3013) (from Ch. 34, par. 3-3013)

15 Sec. 3-3013. Preliminary investigations; blood and urine  
16 analysis; summoning jury; reports. Every coroner, whenever, as  
17 soon as he knows or is informed that the dead body of any  
18 person is found, or lying within his county, whose death is  
19 suspected of being:

20 (a) A sudden or violent death, whether apparently  
21 suicidal, homicidal or accidental, including but not  
22 limited to deaths apparently caused or contributed to by  
23 thermal, traumatic, chemical, electrical or radiational  
24 injury, or a complication of any of them, or by drowning or

1 suffocation, or as a result of domestic violence as defined  
2 in the Illinois Domestic Violence Act of 1986;

3 (b) A maternal or fetal death due to abortion, or any  
4 death due to a sex crime or a crime against nature;

5 (c) A death where the circumstances are suspicious,  
6 obscure, mysterious or otherwise unexplained or where, in  
7 the written opinion of the attending physician, the cause  
8 of death is not determined;

9 (d) A death where addiction to alcohol or to any drug  
10 may have been a contributory cause; or

11 (e) A death where the decedent was not attended by a  
12 licensed physician;

13 shall go to the place where the dead body is, and take charge  
14 of the same and shall make a preliminary investigation into the  
15 circumstances of the death. In the case of death without  
16 attendance by a licensed physician the body may be moved with  
17 the coroner's consent from the place of death to a mortuary in  
18 the same county. Coroners in their discretion shall notify such  
19 physician as is designated in accordance with Section 3-3014 to  
20 attempt to ascertain the cause of death, either by autopsy or  
21 otherwise.

22 In cases of accidental death involving a motor vehicle in  
23 which the decedent was (1) the operator or a suspected operator  
24 of a motor vehicle, or (2) a pedestrian 16 years of age or  
25 older, the coroner shall require that a blood specimen of at  
26 least 30 cc., and if medically possible a urine specimen of at

1 least 30 cc. or as much as possible up to 30 cc., be withdrawn  
2 from the body of the decedent in a timely fashion after the  
3 accident causing his death, by such physician as has been  
4 designated in accordance with Section 3-3014, or by the coroner  
5 or deputy coroner or a qualified person designated by such  
6 physician, coroner, or deputy coroner. If the county does not  
7 maintain laboratory facilities for making such analysis, the  
8 blood and urine so drawn shall be sent to the Department of  
9 State Police or any other accredited or State-certified  
10 laboratory for analysis of the alcohol, carbon monoxide, and  
11 dangerous or narcotic drug content of such blood and urine  
12 specimens. Each specimen submitted shall be accompanied by  
13 pertinent information concerning the decedent upon a form  
14 prescribed by such laboratory. Any person drawing blood and  
15 urine and any person making any examination of the blood and  
16 urine under the terms of this Division shall be immune from all  
17 liability, civil or criminal, that might otherwise be incurred  
18 or imposed.

19 In all other cases coming within the jurisdiction of the  
20 coroner and referred to in subparagraphs (a) through (e) above,  
21 blood, and whenever possible, urine samples shall be analyzed  
22 for the presence of alcohol and other drugs. When the coroner  
23 suspects that drugs may have been involved in the death, either  
24 directly or indirectly, a toxicological examination shall be  
25 performed which may include analyses of blood, urine, bile,  
26 gastric contents and other tissues. When the coroner suspects a

1 death is due to toxic substances, other than drugs, the coroner  
2 shall consult with the toxicologist prior to collection of  
3 samples. Information submitted to the toxicologist shall  
4 include information as to height, weight, age, sex and race of  
5 the decedent as well as medical history, medications used by  
6 and the manner of death of decedent.

7       When the coroner or medical examiner finds that the cause  
8 of death is due to homicidal means, the coroner or medical  
9 examiner shall cause blood and buccal specimens (tissue may be  
10 submitted if no uncontaminated blood or buccal specimen can be  
11 obtained), whenever possible, to be withdrawn from the body of  
12 the decedent in a timely fashion. Within 45 days after the  
13 collection of the specimens, the coroner or medical examiner  
14 shall deliver those specimens, dried, to the Illinois  
15 Department of State Police, Division of Forensic Services, for  
16 analysis and categorizing into genetic marker groupings to be  
17 maintained by the Illinois Department of State Police in the  
18 State central repository in the same manner, and subject to the  
19 same conditions, as provided in Section 5-4-3 of the Unified  
20 Code of Corrections. The requirements of this paragraph are in  
21 addition to any other findings, specimens, or information that  
22 the coroner or medical examiner is required to provide during  
23 the conduct of a criminal investigation.

24       In all counties, in cases of apparent suicide, homicide, or  
25 accidental death or in other cases, within the discretion of  
26 the coroner, the coroner may summon 8 persons of lawful age



1 from those persons drawn for petit jurors in the county. The  
2 summons shall command these persons to present themselves  
3 personally at such a place and time as the coroner shall  
4 determine, and may be in any form which the coroner shall  
5 determine and may incorporate any reasonable form of request  
6 for acknowledgement which the coroner deems practical and  
7 provides a reliable proof of service. The summons may be served  
8 by first class mail. From the 8 persons so summoned, the  
9 coroner shall select 6 to serve as the jury for the inquest.  
10 Inquests may be continued from time to time, as the coroner may  
11 deem necessary. The 6 jurors selected in a given case may view  
12 the body of the deceased. If at any continuation of an inquest  
13 one or more of the original jurors shall be unable to continue  
14 to serve, the coroner shall fill the vacancy or vacancies. A  
15 juror serving pursuant to this paragraph shall receive  
16 compensation from the county at the same rate as the rate of  
17 compensation that is paid to petit or grand jurors in the  
18 county. The coroner shall furnish to each juror without fee at  
19 the time of his discharge a certificate of the number of days  
20 in attendance at an inquest, and, upon being presented with  
21 such certificate, the county treasurer shall pay to the juror  
22 the sum provided for his services.

23 In counties which have a jury commission, in cases of  
24 apparent suicide or homicide or of accidental death, the  
25 coroner may conduct an inquest. The jury commission shall  
26 provide at least 8 jurors to the coroner, from whom the coroner

1 shall select any 6 to serve as the jury for the inquest.  
2 Inquests may be continued from time to time as the coroner may  
3 deem necessary. The 6 jurors originally chosen in a given case  
4 may view the body of the deceased. If at any continuation of an  
5 inquest one or more of the 6 jurors originally chosen shall be  
6 unable to continue to serve, the coroner shall fill the vacancy  
7 or vacancies. At the coroner's discretion, additional jurors to  
8 fill such vacancies shall be supplied by the jury commission. A  
9 juror serving pursuant to this paragraph in such county shall  
10 receive compensation from the county at the same rate as the  
11 rate of compensation that is paid to petit or grand jurors in  
12 the county.

13 In every case in which a fire is determined to be a  
14 contributing factor in a death, the coroner shall report the  
15 death to the Office of the State Fire Marshal. The coroner  
16 shall provide a copy of the death certificate (i) within 30  
17 days after filing the permanent death certificate and (ii) in a  
18 manner that is agreed upon by the coroner and the State Fire  
19 Marshal.

20 In every case in which a drug overdose is determined to be  
21 the cause or a contributing factor in the death, the coroner or  
22 medical examiner shall report the death to the Department of  
23 Public Health. The Department of Public Health shall adopt  
24 rules regarding specific information that must be reported in  
25 the event of such a death. If possible, the coroner shall  
26 report the cause of the overdose. As used in this Section,

1 "overdose" has the same meaning as it does in Section 414 of  
2 the Illinois Controlled Substances Act. The Department of  
3 Public Health shall issue a semiannual report to the General  
4 Assembly summarizing the reports received. The Department  
5 shall also provide on its website a monthly report of overdose  
6 death figures organized by location, age, and any other  
7 factors, the Department deems appropriate.

8 In addition, in every case in which domestic violence is  
9 determined to be a contributing factor in a death, the coroner  
10 shall report the death to the Department of State Police.

11 All deaths in State institutions and all deaths of wards of  
12 the State in private care facilities or in programs funded by  
13 the Department of Human Services under its powers relating to  
14 mental health and developmental disabilities or alcoholism and  
15 substance abuse or funded by the Department of Children and  
16 Family Services shall be reported to the coroner of the county  
17 in which the facility is located. If the coroner has reason to  
18 believe that an investigation is needed to determine whether  
19 the death was caused by maltreatment or negligent care of the  
20 ward of the State, the coroner may conduct a preliminary  
21 investigation of the circumstances of such death as in cases of  
22 death under circumstances set forth in paragraphs (a) through  
23 (e) of this Section.

24 (Source: P.A. 95-484, eff. 6-1-08; 96-1059, eff. 7-14-10.)

1           Sec. 5-1069.3. Required health benefits. If a county,  
2 including a home rule county, is a self-insurer for purposes of  
3 providing health insurance coverage for its employees, the  
4 coverage shall include coverage for the post-mastectomy care  
5 benefits required to be covered by a policy of accident and  
6 health insurance under Section 356t and the coverage required  
7 under Sections 356g, 356g.5, 356g.5-1, 356u, 356w, 356x,  
8 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,  
9 356z.14, 356z.15, and 356z.22 of the Illinois Insurance Code.  
10 The coverage shall comply with Sections 155.22a, 355b, ~~and~~  
11 356z.19, and 370c of the Illinois Insurance Code. The  
12 requirement that health benefits be covered as provided in this  
13 Section is an exclusive power and function of the State and is  
14 a denial and limitation under Article VII, Section 6,  
15 subsection (h) of the Illinois Constitution. A home rule county  
16 to which this Section applies must comply with every provision  
17 of this Section.

18           Rulemaking authority to implement Public Act 95-1045, if  
19 any, is conditioned on the rules being adopted in accordance  
20 with all provisions of the Illinois Administrative Procedure  
21 Act and all rules and procedures of the Joint Committee on  
22 Administrative Rules; any purported rule not so adopted, for  
23 whatever reason, is unauthorized.

24           (Source: P.A. 97-282, eff. 8-9-11; 97-343, eff. 1-1-12; 97-813,  
25 eff. 7-13-12; 98-189, eff. 1-1-14; 98-1091, eff. 1-1-15.)

1 Section 5-55. The Illinois Municipal Code is amended by  
2 changing Section 10-4-2.3 as follows:

3 (65 ILCS 5/10-4-2.3)

4 Sec. 10-4-2.3. Required health benefits. If a  
5 municipality, including a home rule municipality, is a  
6 self-insurer for purposes of providing health insurance  
7 coverage for its employees, the coverage shall include coverage  
8 for the post-mastectomy care benefits required to be covered by  
9 a policy of accident and health insurance under Section 356t  
10 and the coverage required under Sections 356g, 356g.5,  
11 356g.5-1, 356u, 356w, 356x, 356z.6, 356z.8, 356z.9, 356z.10,  
12 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, and 356z.22 of the  
13 Illinois Insurance Code. The coverage shall comply with  
14 Sections 155.22a, 355b, ~~and~~ 356z.19, and 370c of the Illinois  
15 Insurance Code. The requirement that health benefits be covered  
16 as provided in this is an exclusive power and function of the  
17 State and is a denial and limitation under Article VII, Section  
18 6, subsection (h) of the Illinois Constitution. A home rule  
19 municipality to which this Section applies must comply with  
20 every provision of this Section.

21 Rulemaking authority to implement Public Act 95-1045, if  
22 any, is conditioned on the rules being adopted in accordance  
23 with all provisions of the Illinois Administrative Procedure  
24 Act and all rules and procedures of the Joint Committee on  
25 Administrative Rules; any purported rule not so adopted, for

1 whatever reason, is unauthorized.

2 (Source: P.A. 97-282, eff. 8-9-11; 97-343, eff. 1-1-12; 97-813,  
3 eff. 7-13-12; 98-189, eff. 1-1-14; 98-1091, eff. 1-1-15.)

4 Section 5-60. The School Code is amended by changing  
5 Section 22-30 and adding Section 22-80 as follows:

6 (105 ILCS 5/22-30)

7 Sec. 22-30. Self-administration and self-carry of asthma  
8 medication and epinephrine auto-injectors; administration of  
9 undesignated epinephrine auto-injectors; administration of an  
10 opioid antagonist.

11 (a) For the purpose of this Section only, the following  
12 terms shall have the meanings set forth below:

13 "Asthma inhaler" means a quick reliever asthma inhaler.

14 "Epinephrine auto-injector" means a single-use device used  
15 for the automatic injection of a pre-measured dose of  
16 epinephrine into the human body.

17 "Asthma medication" means a medicine, prescribed by (i) a  
18 physician licensed to practice medicine in all its branches,  
19 (ii) a physician assistant who has been delegated prescriptive  
20 authority ~~the authority to prescribe asthma medications~~ by his  
21 or her supervising physician, or (iii) an advanced practice  
22 nurse who has a written collaborative agreement with a  
23 collaborating physician that delegates prescriptive authority  
24 ~~the authority to prescribe asthma medications~~, for a pupil that

1 pertains to the pupil's asthma and that has an individual  
2 prescription label.

3 "Opioid antagonist" means a drug that binds to opioid  
4 receptors and blocks or inhibits the effect of opioids acting  
5 on those receptors, including, but not limited to, naloxone  
6 hydrochloride or any other similarly acting drug approved by  
7 the U.S. Food and Drug Administration.

8 "School nurse" means a registered nurse working in a school  
9 with or without licensure endorsed in school nursing.

10 "Self-administration" means a pupil's discretionary use of  
11 his or her prescribed asthma medication or epinephrine  
12 auto-injector.

13 "Self-carry" means a pupil's ability to carry his or her  
14 prescribed asthma medication or epinephrine auto-injector.

15 "Standing protocol" may be issued by (i) a physician  
16 licensed to practice medicine in all its branches, (ii) a  
17 physician assistant who has been delegated prescriptive  
18 authority ~~the authority to prescribe asthma medications or~~  
19 ~~epinephrine auto injectors~~ by his or her supervising  
20 physician, or (iii) an advanced practice nurse who has a  
21 collaborative agreement with a collaborating physician that  
22 delegates prescriptive authority ~~to issue a standing protocol~~  
23 ~~for asthma medications or epinephrine auto injectors.~~

24 "Trained personnel" means any school employee or volunteer  
25 personnel authorized in Sections 10-22.34, 10-22.34a, and  
26 10-22.34b of this Code who has completed training under

1 subsection (g) of this Section to recognize and respond to  
2 anaphylaxis.

3 "Undesignated epinephrine auto-injector" means an  
4 epinephrine auto-injector prescribed in the name of a school  
5 district, public school, or nonpublic school.

6 (b) A school, whether public or nonpublic, must permit the  
7 self-administration and self-carry of asthma medication by a  
8 pupil with asthma or the self-administration and self-carry of  
9 an epinephrine auto-injector by a pupil, provided that:

10 (1) the parents or guardians of the pupil provide to  
11 the school (i) written authorization from the parents or  
12 guardians for (A) the self-administration and self-carry  
13 of asthma medication or (B) the self-carry of asthma  
14 medication or (ii) for (A) the self-administration and  
15 self-carry of an epinephrine auto-injector or (B) the  
16 self-carry of an epinephrine auto-injector, written  
17 authorization from the pupil's physician, physician  
18 assistant, or advanced practice nurse; and

19 (2) the parents or guardians of the pupil provide to  
20 the school (i) the prescription label, which must contain  
21 the name of the asthma medication, the prescribed dosage,  
22 and the time at which or circumstances under which the  
23 asthma medication is to be administered, or (ii) for the  
24 self-administration or self-carry of an epinephrine  
25 auto-injector, a written statement from the pupil's  
26 physician, physician assistant, or advanced practice nurse



1 containing the following information:

2 (A) the name and purpose of the epinephrine  
3 auto-injector;

4 (B) the prescribed dosage; and

5 (C) the time or times at which or the special  
6 circumstances under which the epinephrine  
7 auto-injector is to be administered.

8 The information provided shall be kept on file in the office of  
9 the school nurse or, in the absence of a school nurse, the  
10 school's administrator.

11 (b-5) A school district, public school, or nonpublic school  
12 may authorize the provision of a student-specific or  
13 undesignated epinephrine auto-injector to a student or any  
14 personnel authorized under a student's Individual Health Care  
15 Action Plan, Illinois Food Allergy Emergency Action Plan and  
16 Treatment Authorization Form, or plan pursuant to Section 504  
17 of the federal Rehabilitation Act of 1973 to administer an  
18 epinephrine auto-injector to the student, that meets the  
19 student's prescription on file.

20 (b-10) The school district, public school, or nonpublic  
21 school may authorize a school nurse or trained personnel to do  
22 the following: (i) provide an undesignated epinephrine  
23 auto-injector to a student for self-administration only or any  
24 personnel authorized under a student's Individual Health Care  
25 Action Plan, Illinois Food Allergy Emergency Action Plan and  
26 Treatment Authorization Form, or plan pursuant to Section 504

1 of the federal Rehabilitation Act of 1973 to administer to the  
2 student, that meets the student's prescription on file; (ii)  
3 administer an undesignated epinephrine auto-injector that  
4 meets the prescription on file to any student who has an  
5 Individual Health Care Action Plan, Illinois Food Allergy  
6 Emergency Action Plan and Treatment Authorization Form, or plan  
7 pursuant to Section 504 of the federal Rehabilitation Act of  
8 1973 that authorizes the use of an epinephrine auto-injector;  
9 ~~and~~ (iii) administer an undesignated epinephrine auto-injector  
10 to any person that the school nurse or trained personnel in  
11 good faith believes is having an anaphylactic reaction; and  
12 (iv) administer an opioid antagonist to any person that the  
13 school nurse or trained personnel in good faith believes is  
14 having an opioid overdose.

15 (c) The school district, public school, or nonpublic school  
16 must inform the parents or guardians of the pupil, in writing,  
17 that the school district, public school, or nonpublic school  
18 and its employees and agents, including a physician, physician  
19 assistant, or advanced practice nurse providing standing  
20 protocol or prescription for school epinephrine  
21 auto-injectors, are to incur no liability or professional  
22 discipline, except for willful and wanton conduct, as a result  
23 of any injury arising from the administration of asthma  
24 medication, ~~or of~~ an epinephrine auto-injector, or an opioid  
25 antagonist regardless of whether authorization was given by the  
26 pupil's parents or guardians or by the pupil's physician,

1 physician assistant, or advanced practice nurse. The parents or  
2 guardians of the pupil must sign a statement acknowledging that  
3 the school district, public school, or nonpublic school and its  
4 employees and agents are to incur no liability, except for  
5 willful and wanton conduct, as a result of any injury arising  
6 from the administration of asthma medication, ~~or of~~ an  
7 epinephrine auto-injector, or an opioid antagonist regardless  
8 of whether authorization was given by the pupil's parents or  
9 guardians or by the pupil's physician, physician assistant, or  
10 advanced practice nurse and that the parents or guardians must  
11 indemnify and hold harmless the school district, public school,  
12 or nonpublic school and its employees and agents against any  
13 claims, except a claim based on willful and wanton conduct,  
14 arising out of the administration of asthma medication, ~~or of~~  
15 an epinephrine auto-injector, or an opioid antagonist  
16 regardless of whether authorization was given by the pupil's  
17 parents or guardians or by the pupil's physician, physician  
18 assistant, or advanced practice nurse.

19 (c-5) When ~~Upon the effective date of this amendatory Act~~  
20 ~~of the 98th General Assembly, when~~ a school nurse or trained  
21 personnel administers an undesignated epinephrine  
22 auto-injector to a person whom the school nurse or trained  
23 personnel in good faith believes is having an anaphylactic  
24 reaction, or administers an opioid antagonist to a person whom  
25 the school nurse or trained personnel in good faith believes is  
26 having an opioid overdose, notwithstanding the lack of notice

1 to the parents or guardians of the pupil or the absence of the  
2 parents or guardians signed statement acknowledging no  
3 liability, except for willful and wanton conduct, the school  
4 district, public school, or nonpublic school and its employees  
5 and agents, and a physician, a physician assistant, or an  
6 advanced practice nurse providing standing protocol or  
7 prescription for undesignated epinephrine auto-injectors, are  
8 to incur no liability or professional discipline, except for  
9 willful and wanton conduct, as a result of any injury arising  
10 from the use of an undesignated epinephrine auto-injector or  
11 the use of an opioid antagonist regardless of whether  
12 authorization was given by the pupil's parents or guardians or  
13 by the pupil's physician, physician assistant, or advanced  
14 practice nurse.

15 (d) The permission for self-administration and self-carry  
16 of asthma medication or the self-administration and self-carry  
17 of an epinephrine auto-injector is effective for the school  
18 year for which it is granted and shall be renewed each  
19 subsequent school year upon fulfillment of the requirements of  
20 this Section.

21 (e) Provided that the requirements of this Section are  
22 fulfilled, a pupil with asthma may self-administer and  
23 self-carry his or her asthma medication or a pupil may  
24 self-administer and self-carry an epinephrine auto-injector  
25 (i) while in school, (ii) while at a school-sponsored activity,  
26 (iii) while under the supervision of school personnel, or (iv)

1 before or after normal school activities, such as while in  
2 before-school or after-school care on school-operated  
3 property.

4 (e-5) Provided that the requirements of this Section are  
5 fulfilled, a school nurse or trained personnel may administer  
6 an undesignated epinephrine auto-injector to any person whom  
7 the school nurse or trained personnel in good faith believes to  
8 be having an anaphylactic reaction (i) while in school, (ii)  
9 while at a school-sponsored activity, (iii) while under the  
10 supervision of school personnel, or (iv) before or after normal  
11 school activities, such as while in before-school or  
12 after-school care on school-operated property. A school nurse  
13 or trained personnel may carry undesignated epinephrine  
14 auto-injectors on his or her person while in school or at a  
15 school-sponsored activity.

16 (e-10) Provided that the requirements of this Section are  
17 fulfilled, a school nurse or trained personnel may administer  
18 an opioid antagonist to any person whom the school nurse or  
19 trained personnel in good faith believes to be having an opioid  
20 overdose (i) while in school, (ii) while at a school-sponsored  
21 activity, (iii) while under the supervision of school  
22 personnel, or (iv) before or after normal school activities,  
23 such as while in before-school or after-school care on  
24 school-operated property. A school nurse or trained personnel  
25 may carry an opioid antagonist on their person while in school  
26 or at a school-sponsored activity.

1 (f) The school district, public school, or nonpublic school  
2 may maintain a supply of undesignated epinephrine  
3 auto-injectors in any secure location where an allergic person  
4 is most at risk, including, but not limited to, classrooms and  
5 lunchrooms. A physician, a physician assistant who has been  
6 delegated prescriptive authority ~~for asthma medication or~~  
7 ~~epinephrine auto injectors~~ in accordance with Section 7.5 of  
8 the Physician Assistant Practice Act of 1987, or an advanced  
9 practice nurse who has been delegated prescriptive authority  
10 ~~for asthma medication or epinephrine auto injectors~~ in  
11 accordance with Section 65-40 of the Nurse Practice Act may  
12 prescribe undesignated epinephrine auto-injectors in the name  
13 of the school district, public school, or nonpublic school to  
14 be maintained for use when necessary. Any supply of epinephrine  
15 auto-injectors shall be maintained in accordance with the  
16 manufacturer's instructions.

17 The school district, public school, or nonpublic school may  
18 maintain a supply of an opioid antagonist in any secure  
19 location where an individual may have an opioid overdose. A  
20 health care professional who has been delegated prescriptive  
21 authority for opioid antagonists in accordance with Section  
22 5-23 of the Alcoholism and Other Drug Abuse and Dependency Act  
23 may prescribe opioid antagonists in the name of the school  
24 district, public school, or nonpublic school, to be maintained  
25 for use when necessary. Any supply of opioid antagonists shall  
26 be maintained in accordance with the manufacturer's

1 instructions.

2 (f-5) Upon any administration of an epinephrine  
3 auto-injector, a school district, public school, or nonpublic  
4 school must immediately activate the EMS system and notify the  
5 student's parent, guardian, or emergency contact, if known.

6 Upon any administration of an opioid antagonist, a school  
7 district, public school, or nonpublic school must immediately  
8 activate the EMS system and notify the student's parent,  
9 guardian, or emergency contact, if known.

10 (f-10) Within 24 hours of the administration of an  
11 undesignated epinephrine auto-injector, a school district,  
12 public school, or nonpublic school must notify the physician,  
13 physician assistant, or advance practice nurse who provided the  
14 standing protocol or prescription for the undesignated  
15 epinephrine auto-injector of its use.

16 Within 24 hours after the administration of an opioid  
17 antagonist, a school district, public school, or nonpublic  
18 school must notify the health care professional who provided  
19 the prescription for the opioid antagonist of its use.

20 (g) Prior to the administration of an undesignated  
21 epinephrine auto-injector, trained personnel must submit to  
22 his or her school's administration proof of completion of a  
23 training curriculum to recognize and respond to anaphylaxis  
24 that meets the requirements of subsection (h) of this Section.  
25 Training must be completed annually. Trained personnel must  
26 also submit to his or her school's administration proof of

1 cardiopulmonary resuscitation and automated external  
2 defibrillator certification. The school district, public  
3 school, or nonpublic school must maintain records related to  
4 the training curriculum and trained personnel.

5 Prior to the administration of an opioid antagonist,  
6 trained personnel must submit to their school's administration  
7 proof of completion of a training curriculum to recognize and  
8 respond to an opioid overdose, which curriculum must meet the  
9 requirements of subsection (h-5) of this Section. Training must  
10 be completed annually. Trained personnel must also submit to  
11 the school's administration proof of cardiopulmonary  
12 resuscitation and automated external defibrillator  
13 certification. The school district, public school, or  
14 nonpublic school must maintain records relating to the training  
15 curriculum and the trained personnel.

16 (h) A training curriculum to recognize and respond to  
17 anaphylaxis, including the administration of an undesignated  
18 epinephrine auto-injector, may be conducted online or in  
19 person. It must include, but is not limited to:

- 20 (1) how to recognize symptoms of an allergic reaction;  
21 (2) a review of high-risk areas within the school and  
22 its related facilities;  
23 (3) steps to take to prevent exposure to allergens;  
24 (4) how to respond to an emergency involving an  
25 allergic reaction;  
26 (5) how to administer an epinephrine auto-injector;



1           (6) how to respond to a student with a known allergy as  
2 well as a student with a previously unknown allergy;

3           (7) a test demonstrating competency of the knowledge  
4 required to recognize anaphylaxis and administer an  
5 epinephrine auto-injector; and

6           (8) other criteria as determined in rules adopted  
7 pursuant to this Section.

8           In consultation with statewide professional organizations  
9 representing physicians licensed to practice medicine in all of  
10 its branches, registered nurses, and school nurses, the State  
11 Board of Education shall make available resource materials  
12 consistent with criteria in this subsection (h) for educating  
13 trained personnel to recognize and respond to anaphylaxis. The  
14 State Board may take into consideration the curriculum on this  
15 subject developed by other states, as well as any other  
16 curricular materials suggested by medical experts and other  
17 groups that work on life-threatening allergy issues. The State  
18 Board is not required to create new resource materials. The  
19 State Board shall make these resource materials available on  
20 its Internet website.

21           (h-5) A training curriculum to recognize and respond to an  
22 opioid overdose, including the administration of an opioid  
23 antagonist, may be conducted online or in person. The training  
24 must comply with any training requirements under Section 5-23  
25 of the Alcoholism and Other Drug Abuse and Dependency Act and  
26 the corresponding rules. It must include, but is not limited

1 to:

2 (1) how to recognize symptoms of an opioid overdose;

3 (2) information on drug overdose prevention and  
4 recognition;

5 (3) how to perform rescue breathing and resuscitation;

6 (4) how to respond to an emergency involving an opioid  
7 overdose;

8 (5) opioid antagonist dosage and administration;

9 (6) the importance of calling 911;

10 (7) care for the overdose victim after administration  
11 of the overdose antagonist;

12 (8) a test demonstrating competency of the knowledge  
13 required to recognize an opioid overdose and administer a  
14 dose of an opioid antagonist; and

15 (9) other criteria as determined in rules adopted  
16 pursuant to this Section.

17 (i) Within 3 days after the administration of an  
18 undesignated epinephrine auto-injector by a school nurse,  
19 trained personnel, or a student at a school or school-sponsored  
20 activity, the school must report to the Board in a form and  
21 manner prescribed by the Board the following information:

22 (1) age and type of person receiving epinephrine  
23 (student, staff, visitor);

24 (2) any previously known diagnosis of a severe allergy;

25 (3) trigger that precipitated allergic episode;

26 (4) location where symptoms developed;

- 1 (5) number of doses administered;
- 2 (6) type of person administering epinephrine (school  
3 nurse, trained personnel, student); and
- 4 (7) any other information required by the Board.

5 (i-5) Within 3 days after the administration of an opioid  
6 antagonist by a school nurse or trained personnel, the school  
7 must report to the Board, in a form and manner prescribed by  
8 the Board, the following information:

- 9 (1) the age and type of person receiving the opioid  
10 antagonist (student, staff, or visitor);
- 11 (2) the location where symptoms developed;
- 12 (3) the type of person administering the opioid  
13 antagonist (school nurse or trained personnel); and
- 14 (4) any other information required by the Board.

15 (j) By October 1, 2015 and every year thereafter, the Board  
16 shall submit a report to the General Assembly identifying the  
17 frequency and circumstances of epinephrine administration  
18 during the preceding academic year. This report shall be  
19 published on the Board's Internet website on the date the  
20 report is delivered to the General Assembly.

21 On or before October 1, 2016 and every year thereafter, the  
22 Board shall submit a report to the General Assembly and the  
23 Department of Public Health identifying the frequency and  
24 circumstances of opioid antagonist administration during the  
25 preceding academic year. This report shall be published on the  
26 State Board's Internet website on the date the report is

1 delivered to the General Assembly.

2 (k) The Board may adopt rules necessary to implement this  
3 Section.

4 (Source: P.A. 97-361, eff. 8-15-11; 98-795, eff. 8-1-14.)

5 (105 ILCS 5/22-80 new)

6 Sec. 22-80. Heroin and opioid prevention pilot program. By  
7 January 1, 2017, the State Board of Education and the  
8 Department of Human Services shall develop and establish a  
9 3-year heroin and opioid drug prevention pilot program that  
10 offers educational materials and instruction on heroin and  
11 opioid abuse to all school districts in the State for use at  
12 their respective public elementary and secondary schools. A  
13 school district's participation in the pilot program shall be  
14 voluntary. Subject to appropriation, the Department of Human  
15 Services shall reimburse a school district that decides to  
16 participate in the pilot program for any costs it incurs in  
17 connection with its participation in the pilot program. Each  
18 school district that participates in the pilot program shall  
19 have the discretion to determine which grade levels the school  
20 district will instruct under the program.

21 The pilot program must use effective, research-proven,  
22 interactive teaching methods and technologies, and must  
23 provide students, parents, and school staff with scientific,  
24 social, and emotional learning content to help them understand  
25 the risk of drug use. Such learning content must specifically

1 target the dangers of prescription pain medication and heroin  
2 abuse. The Department may contract with a health education  
3 organization to fulfill the requirements of the pilot program.

4 The State Board of Education, the Department of Human  
5 Services, and any contracted organization shall submit an  
6 annual report to the General Assembly that includes: (i) a list  
7 of school districts participating in the pilot program; (ii)  
8 the grade levels each school district instructs under the pilot  
9 program; and (iii) any findings regarding the effectiveness of  
10 the pilot program.

11 Section 5-65. The Emergency Medical Services (EMS) Systems  
12 Act is amended by changing Sections 3.30 and 3.50 as follows:

13 (210 ILCS 50/3.30)

14 Sec. 3.30. EMS Region Plan; Content.

15 (a) The EMS Medical Directors Committee shall address at  
16 least the following:

17 (1) Protocols for inter-System/inter-Region patient  
18 transports, including identifying the conditions of  
19 emergency patients which may not be transported to the  
20 different levels of emergency department, based on their  
21 Department classifications and relevant Regional  
22 considerations (e.g. transport times and distances);

23 (2) Regional standing medical orders;

24 (3) Patient transfer patterns, including criteria for

1 determining whether a patient needs the specialized  
2 services of a trauma center, along with protocols for the  
3 bypassing of or diversion to any hospital, trauma center or  
4 regional trauma center which are consistent with  
5 individual System bypass or diversion protocols and  
6 protocols for patient choice or refusal;

7 (4) Protocols for resolving Regional or Inter-System  
8 conflict;

9 (5) An EMS disaster preparedness plan which includes  
10 the actions and responsibilities of all EMS participants  
11 within the Region. Within 90 days of the effective date of  
12 this amendatory Act of 1996, an EMS System shall submit to  
13 the Department for review an internal disaster plan. At a  
14 minimum, the plan shall include contingency plans for the  
15 transfer of patients to other facilities if an evacuation  
16 of the hospital becomes necessary due to a catastrophe,  
17 including but not limited to, a power failure;

18 (6) Regional standardization of continuing education  
19 requirements;

20 (7) Regional standardization of Do Not Resuscitate  
21 (DNR) policies, and protocols for power of attorney for  
22 health care;

23 (8) Protocols for disbursement of Department grants;  
24 ~~and~~

25 (9) Protocols for the triage, treatment, and transport  
26 of possible acute stroke patients; and -

1           (10) Regional standing medical orders for the  
2           administration of opioid antagonists.

3           (b) The Trauma Center Medical Directors or Trauma Center  
4           Medical Directors Committee shall address at least the  
5           following:

6                   (1) The identification of Regional Trauma Centers;

7                   (2) Protocols for inter-System and inter-Region trauma  
8           patient transports, including identifying the conditions  
9           of emergency patients which may not be transported to the  
10          different levels of emergency department, based on their  
11          Department classifications and relevant Regional  
12          considerations (e.g. transport times and distances);

13                  (3) Regional trauma standing medical orders;

14                  (4) Trauma patient transfer patterns, including  
15          criteria for determining whether a patient needs the  
16          specialized services of a trauma center, along with  
17          protocols for the bypassing of or diversion to any  
18          hospital, trauma center or regional trauma center which are  
19          consistent with individual System bypass or diversion  
20          protocols and protocols for patient choice or refusal;

21                  (5) The identification of which types of patients can  
22          be cared for by Level I and Level II Trauma Centers;

23                  (6) Criteria for inter-hospital transfer of trauma  
24          patients;

25                  (7) The treatment of trauma patients in each trauma  
26          center within the Region;

1           (8) A program for conducting a quarterly conference  
2           which shall include at a minimum a discussion of morbidity  
3           and mortality between all professional staff involved in  
4           the care of trauma patients;

5           (9) The establishment of a Regional trauma quality  
6           assurance and improvement subcommittee, consisting of  
7           trauma surgeons, which shall perform periodic medical  
8           audits of each trauma center's trauma services, and forward  
9           tabulated data from such reviews to the Department; and

10          (10) The establishment, within 90 days of the effective  
11          date of this amendatory Act of 1996, of an internal  
12          disaster plan, which shall include, at a minimum,  
13          contingency plans for the transfer of patients to other  
14          facilities if an evacuation of the hospital becomes  
15          necessary due to a catastrophe, including but not limited  
16          to, a power failure.

17          (c) The Region's EMS Medical Directors and Trauma Center  
18          Medical Directors Committees shall appoint any subcommittees  
19          which they deem necessary to address specific issues concerning  
20          Region activities.

21          (Source: P.A. 96-514, eff. 1-1-10.)

22                 (210 ILCS 50/3.50)

23                 Sec. 3.50. Emergency Medical Services personnel licensure  
24                 levels.

25                 (a) "Emergency Medical Technician" or "EMT" means a person



1 who has successfully completed a course in basic life support  
2 as approved by the Department, is currently licensed by the  
3 Department in accordance with standards prescribed by this Act  
4 and rules adopted by the Department pursuant to this Act, and  
5 practices within an EMS System. A valid Emergency Medical  
6 Technician-Basic (EMT-B) license issued under this Act shall  
7 continue to be valid and shall be recognized as an Emergency  
8 Medical Technician (EMT) license until the Emergency Medical  
9 Technician-Basic (EMT-B) license expires.

10 (b) "Emergency Medical Technician-Intermediate" or "EMT-I"  
11 means a person who has successfully completed a course in  
12 intermediate life support as approved by the Department, is  
13 currently licensed by the Department in accordance with  
14 standards prescribed by this Act and rules adopted by the  
15 Department pursuant to this Act, and practices within an  
16 Intermediate or Advanced Life Support EMS System.

17 (b-5) "Advanced Emergency Medical Technician" or "A-EMT"  
18 means a person who has successfully completed a course in basic  
19 and limited advanced emergency medical care as approved by the  
20 Department, is currently licensed by the Department in  
21 accordance with standards prescribed by this Act and rules  
22 adopted by the Department pursuant to this Act, and practices  
23 within an Intermediate or Advanced Life Support EMS System.

24 (c) "Paramedic (EMT-P)" means a person who has successfully  
25 completed a course in advanced life support care as approved by  
26 the Department, is licensed by the Department in accordance

1 with standards prescribed by this Act and rules adopted by the  
2 Department pursuant to this Act, and practices within an  
3 Advanced Life Support EMS System. A valid Emergency Medical  
4 Technician-Paramedic (EMT-P) license issued under this Act  
5 shall continue to be valid and shall be recognized as a  
6 Paramedic license until the Emergency Medical  
7 Technician-Paramedic (EMT-P) license expires.

8 (c-5) "Emergency Medical Responder" or "EMR (First  
9 Responder)" means a person who has successfully completed a  
10 course in emergency medical response as approved by the  
11 Department and provides emergency medical response services  
12 prior to the arrival of an ambulance or specialized emergency  
13 medical services vehicle, in accordance with the level of care  
14 established by the National EMS Educational Standards  
15 Emergency Medical Responder course as modified by the  
16 Department. An Emergency Medical Responder who provides  
17 services as part of an EMS System response plan shall comply  
18 with the applicable sections of the Program Plan, as approved  
19 by the Department, of that EMS System. The Department shall  
20 have the authority to adopt rules governing the curriculum,  
21 practice, and necessary equipment applicable to Emergency  
22 Medical Responders.

23 On the effective date of this amendatory Act of the 98th  
24 General Assembly, a person who is licensed by the Department as  
25 a First Responder and has completed a Department-approved  
26 course in first responder defibrillator training based on, or

1 equivalent to, the National EMS Educational Standards or other  
2 standards previously recognized by the Department shall be  
3 eligible for licensure as an Emergency Medical Responder upon  
4 meeting the licensure requirements and submitting an  
5 application to the Department. A valid First Responder license  
6 issued under this Act shall continue to be valid and shall be  
7 recognized as an Emergency Medical Responder license until the  
8 First Responder license expires.

9 (c-10) All EMS Systems and licensees shall be fully  
10 compliant with the National EMS Education Standards, as  
11 modified by the Department in administrative rules, within 24  
12 months after the adoption of the administrative rules.

13 (d) The Department shall have the authority and  
14 responsibility to:

15 (1) Prescribe education and training requirements,  
16 which includes training in the use of epinephrine, for all  
17 levels of EMS personnel except for EMRs, based on the  
18 National EMS Educational Standards and any modifications  
19 to those curricula specified by the Department through  
20 rules adopted pursuant to this Act.

21 (2) Prescribe licensure testing requirements for all  
22 levels of EMS personnel, which shall include a requirement  
23 that all phases of instruction, training, and field  
24 experience be completed before taking the appropriate  
25 licensure examination. Candidates may elect to take the  
26 appropriate National Registry examination in lieu of the

1 Department's examination, but are responsible for making  
2 their own arrangements for taking the National Registry  
3 examination. In prescribing licensure testing requirements  
4 for honorably discharged members of the armed forces of the  
5 United States under this paragraph (2), the Department  
6 shall ensure that a candidate's military emergency medical  
7 training, emergency medical curriculum completed, and  
8 clinical experience, as described in paragraph (2.5), are  
9 recognized.

10 (2.5) Review applications for EMS personnel licensure  
11 from honorably discharged members of the armed forces of  
12 the United States with military emergency medical  
13 training. Applications shall be filed with the Department  
14 within one year after military discharge and shall contain:  
15 (i) proof of successful completion of military emergency  
16 medical training; (ii) a detailed description of the  
17 emergency medical curriculum completed; and (iii) a  
18 detailed description of the applicant's clinical  
19 experience. The Department may request additional and  
20 clarifying information. The Department shall evaluate the  
21 application, including the applicant's training and  
22 experience, consistent with the standards set forth under  
23 subsections (a), (b), (c), and (d) of Section 3.10. If the  
24 application clearly demonstrates that the training and  
25 experience meets such standards, the Department shall  
26 offer the applicant the opportunity to successfully

1 complete a Department-approved EMS personnel examination  
2 for the level of license for which the applicant is  
3 qualified. Upon passage of an examination, the Department  
4 shall issue a license, which shall be subject to all  
5 provisions of this Act that are otherwise applicable to the  
6 level of EMS personnel license issued.

7 (3) License individuals as an EMR, EMT, EMT-I, A-EMT,  
8 or Paramedic who have met the Department's education,  
9 training and examination requirements.

10 (4) Prescribe annual continuing education and  
11 relicensure requirements for all EMS personnel licensure  
12 levels.

13 (5) Relicense individuals as an EMD, EMR, EMT, EMT-I,  
14 A-EMT, or Paramedic every 4 years, based on their  
15 compliance with continuing education and relicensure  
16 requirements as required by the Department pursuant to this  
17 Act. Every 4 years, a Paramedic shall have 100 hours of  
18 approved continuing education, an EMT-I and an advanced EMT  
19 shall have 80 hours of approved continuing education, and  
20 an EMT shall have 60 hours of approved continuing  
21 education. An Illinois licensed EMR, EMD, EMT, EMT-I,  
22 A-EMT, Paramedic, ECRN, or PHRN whose license has been  
23 expired for less than 36 months may apply for reinstatement  
24 by the Department. Reinstatement shall require that the  
25 applicant (i) submit satisfactory proof of completion of  
26 continuing medical education and clinical requirements to

1 be prescribed by the Department in an administrative rule;  
2 (ii) submit a positive recommendation from an Illinois EMS  
3 Medical Director attesting to the applicant's  
4 qualifications for retesting; and (iii) pass a Department  
5 approved test for the level of EMS personnel license sought  
6 to be reinstated.

7 (6) Grant inactive status to any EMR, EMD, EMT, EMT-I,  
8 A-EMT, Paramedic, ECRN, or PHRN who qualifies, based on  
9 standards and procedures established by the Department in  
10 rules adopted pursuant to this Act.

11 (7) Charge a fee for EMS personnel examination,  
12 licensure, and license renewal.

13 (8) Suspend, revoke, or refuse to issue or renew the  
14 license of any licensee, after an opportunity for an  
15 impartial hearing before a neutral administrative law  
16 judge appointed by the Director, where the preponderance of  
17 the evidence shows one or more of the following:

18 (A) The licensee has not met continuing education  
19 or relicensure requirements as prescribed by the  
20 Department;

21 (B) The licensee has failed to maintain  
22 proficiency in the level of skills for which he or she  
23 is licensed;

24 (C) The licensee, during the provision of medical  
25 services, engaged in dishonorable, unethical, or  
26 unprofessional conduct of a character likely to

1 deceive, defraud, or harm the public;

2 (D) The licensee has failed to maintain or has  
3 violated standards of performance and conduct as  
4 prescribed by the Department in rules adopted pursuant  
5 to this Act or his or her EMS System's Program Plan;

6 (E) The licensee is physically impaired to the  
7 extent that he or she cannot physically perform the  
8 skills and functions for which he or she is licensed,  
9 as verified by a physician, unless the person is on  
10 inactive status pursuant to Department regulations;

11 (F) The licensee is mentally impaired to the extent  
12 that he or she cannot exercise the appropriate  
13 judgment, skill and safety for performing the  
14 functions for which he or she is licensed, as verified  
15 by a physician, unless the person is on inactive status  
16 pursuant to Department regulations;

17 (G) The licensee has violated this Act or any rule  
18 adopted by the Department pursuant to this Act; or

19 (H) The licensee has been convicted (or entered a  
20 plea of guilty or nolo-contendere) by a court of  
21 competent jurisdiction of a Class X, Class 1, or Class  
22 2 felony in this State or an out-of-state equivalent  
23 offense.

24 (9) Prescribe education and training requirements in  
25 the administration and use of opioid antagonists for all  
26 levels of EMS personnel based on the National EMS

1       Educational Standards and any modifications to those  
2       curricula specified by the Department through rules  
3       adopted pursuant to this Act.

4       (d-5) An EMR, EMD, EMT, EMT-I, A-EMT, Paramedic, ECRN, or  
5       PHRN who is a member of the Illinois National Guard or an  
6       Illinois State Trooper or who exclusively serves as a volunteer  
7       for units of local government with a population base of less  
8       than 5,000 or as a volunteer for a not-for-profit organization  
9       that serves a service area with a population base of less than  
10      5,000 may submit an application to the Department for a waiver  
11      of the fees described under paragraph (7) of subsection (d) of  
12      this Section on a form prescribed by the Department.

13      The education requirements prescribed by the Department  
14      under this Section must allow for the suspension of those  
15      requirements in the case of a member of the armed services or  
16      reserve forces of the United States or a member of the Illinois  
17      National Guard who is on active duty pursuant to an executive  
18      order of the President of the United States, an act of the  
19      Congress of the United States, or an order of the Governor at  
20      the time that the member would otherwise be required to fulfill  
21      a particular education requirement. Such a person must fulfill  
22      the education requirement within 6 months after his or her  
23      release from active duty.

24      (e) In the event that any rule of the Department or an EMS  
25      Medical Director that requires testing for drug use as a  
26      condition of the applicable EMS personnel license conflicts



1 with or duplicates a provision of a collective bargaining  
2 agreement that requires testing for drug use, that rule shall  
3 not apply to any person covered by the collective bargaining  
4 agreement.

5 (Source: P.A. 97-333, eff. 8-12-11; 97-509, eff. 8-23-11;  
6 97-813, eff. 7-13-12; 97-1014, eff. 1-1-13; 98-53, eff. 1-1-14;  
7 98-463, eff. 8-16-13; 98-973, eff. 8-15-14.)

8 Section 5-70. The Hospital Licensing Act is amended by  
9 adding Section 6.14g as follows:

10 (210 ILCS 85/6.14g new)

11 Sec. 6.14g. Reports to the Department; opioid overdoses.

12 (a) As used in this Section:

13 "Overdose" has the same meaning as provided in Section 414  
14 of the Illinois Controlled Substances Act.

15 "Health care professional" includes a physician licensed  
16 to practice medicine in all its branches, a physician  
17 assistant, or an advanced practice nurse licensed in the State.

18 (b) When treatment is provided in a hospital's emergency  
19 department, a health care professional who treats a drug  
20 overdose or hospital administrator or designee shall report the  
21 case to the Department of Public Health within 48 hours of  
22 providing treatment for the drug overdose or at such time the  
23 drug overdose is confirmed. The Department shall by rule create  
24 a form for this purpose which requires the following

1 information, if known: (1) whether an opioid antagonist was  
2 administered; (2) the cause of the overdose; and (3) the  
3 demographic information of the person treated. The Department  
4 shall create the form with input from the statewide association  
5 representing a majority of hospitals in Illinois. The person  
6 completing the form may not disclose the name, address, or any  
7 other personal information of the individual experiencing the  
8 overdose.

9 (c) The identity of the person and entity reporting under  
10 this subsection shall not be disclosed to the subject of the  
11 report. For the purposes of this subsection, the health care  
12 professional, hospital administrator, or designee making the  
13 report and his or her employer shall not be held criminally,  
14 civilly, or professionally liable for reporting under this  
15 subsection, except for willful or wanton misconduct.

16 (d) The Department shall provide a semiannual report to the  
17 General Assembly summarizing the reports received. The  
18 Department shall also provide on its website a monthly report  
19 of drug overdose figures. The figures shall be organized by the  
20 overdose location, the age of the victim, the cause of the  
21 overdose, and any other factors the Department deems  
22 appropriate.

23 Section 5-72. The Safe Pharmaceutical Disposal Act is  
24 amended by changing Section 17 as follows:

1 (210 ILCS 150/17)

2 Sec. 17. Pharmaceutical disposal. Notwithstanding any  
3 provision of law, any city, village, or municipality may  
4 authorize the use of its city hall or police department to  
5 display a container suitable for use as a receptacle for used,  
6 expired, or unwanted pharmaceuticals. These used, expired, or  
7 unwanted pharmaceuticals may include unused medication and  
8 prescription drugs, as well as controlled substances if  
9 collected in accordance with federal law. This receptacle shall  
10 only permit the deposit of items, and the contents shall be  
11 locked and secured. The container shall be accessible to the  
12 public and shall have posted clearly legible signage indicating  
13 that expired or unwanted prescription drugs may be disposed of  
14 in the receptacle.

15 (Source: P.A. 97-546, eff. 1-1-12.)

16 Section 5-75. The Illinois Insurance Code is amended by  
17 changing Sections 352, 370c, and 370c.1 and by adding Section  
18 356z.23 as follows:

19 (215 ILCS 5/352) (from Ch. 73, par. 964)

20 Sec. 352. Scope of Article.

21 (a) Except as provided in subsections (b), (c), (d), and  
22 (e), this Article shall apply to all companies transacting in  
23 this State the kinds of business enumerated in clause (b) of  
24 Class 1 and clause (a) of Class 2 of section 4. Nothing in this

1 Article shall apply to, or in any way affect policies or  
2 contracts described in clause (a) of Class 1 of Section 4;  
3 however, this Article shall apply to policies and contracts  
4 which contain benefits providing reimbursement for the  
5 expenses of long term health care which are certified or  
6 ordered by a physician including but not limited to  
7 professional nursing care, custodial nursing care, and  
8 non-nursing custodial care provided in a nursing home or at a  
9 residence of the insured.

10 (b) (Blank). ~~This Article does not apply to policies of~~  
11 ~~accident and health insurance issued in compliance with Article~~  
12 ~~XIXB of this Code.~~

13 (c) A policy issued and delivered in this State that  
14 provides coverage under that policy for certificate holders who  
15 are neither residents of nor employed in this State does not  
16 need to provide to those nonresident certificate holders who  
17 are not employed in this State the coverages or services  
18 mandated by this Article.

19 (d) Stop-loss insurance is exempt from all Sections of this  
20 Article, except this Section and Sections 353a, 354, 357.30,  
21 and 370. For purposes of this exemption, stop-loss insurance is  
22 further defined as follows:

23 (1) The policy must be issued to and insure an  
24 employer, trustee, or other sponsor of the plan, or the  
25 plan itself, but not employees, members, or participants.

26 (2) Payments by the insurer must be made to the

1 employer, trustee, or other sponsors of the plan, or the  
2 plan itself, but not to the employees, members,  
3 participants, or health care providers.

4 (e) A policy issued or delivered in this State to the  
5 Department of Healthcare and Family Services (formerly  
6 Illinois Department of Public Aid) and providing coverage,  
7 under clause (b) of Class 1 or clause (a) of Class 2 as  
8 described in Section 4, to persons who are enrolled under  
9 Article V of the Illinois Public Aid Code or under the  
10 Children's Health Insurance Program Act is exempt from all  
11 restrictions, limitations, standards, rules, or regulations  
12 respecting benefits imposed by or under authority of this Code,  
13 except those specified by subsection (1) of Section 143,  
14 Section 370c, and Section 370c.1. Nothing in this subsection,  
15 however, affects the total medical services available to  
16 persons eligible for medical assistance under the Illinois  
17 Public Aid Code.

18 (Source: P.A. 95-331, eff. 8-21-07.)

19 (215 ILCS 5/356z.23 new)

20 Sec. 356z.23. Coverage for opioid antagonists.

21 (a) An individual or group policy of accident and health  
22 insurance amended, delivered, issued, or renewed in this State  
23 after the effective date of this amendatory Act of the 99th  
24 General Assembly that provides coverage for prescription drugs  
25 must provide coverage for at least one opioid antagonist,

1 including the medication product, administration devices, and  
2 any pharmacy administration fees related to the dispensing of  
3 the opioid antagonist. This coverage must include refills for  
4 expired or utilized opioid antagonists.

5 (b) As used in this Section, "opioid antagonist" means a  
6 drug that binds to opioid receptors and blocks or inhibits the  
7 effect of opioids acting on those receptors, including, but not  
8 limited to, naloxone hydrochloride or any other similarly  
9 acting drug approved by the U.S. Food and Drug Administration.

10 (215 ILCS 5/370c) (from Ch. 73, par. 982c)

11 Sec. 370c. Mental and emotional disorders.

12 (a) (1) On and after the effective date of this amendatory  
13 Act of the 97th General Assembly, every insurer which amends,  
14 delivers, issues, or renews group accident and health policies  
15 providing coverage for hospital or medical treatment or  
16 services for illness on an expense-incurred basis shall offer  
17 to the applicant or group policyholder subject to the insurer's  
18 standards of insurability, coverage for reasonable and  
19 necessary treatment and services for mental, emotional or  
20 nervous disorders or conditions, other than serious mental  
21 illnesses as defined in item (2) of subsection (b), consistent  
22 with the parity requirements of Section 370c.1 of this Code.

23 (2) Each insured that is covered for mental, emotional,  
24 nervous, or substance use disorders or conditions shall be free  
25 to select the physician licensed to practice medicine in all

1 its branches, licensed clinical psychologist, licensed  
2 clinical social worker, licensed clinical professional  
3 counselor, licensed marriage and family therapist, licensed  
4 speech-language pathologist, or other licensed or certified  
5 professional at a program licensed pursuant to the Illinois  
6 Alcoholism and Other Drug Abuse and Dependency Act of his  
7 choice to treat such disorders, and the insurer shall pay the  
8 covered charges of such physician licensed to practice medicine  
9 in all its branches, licensed clinical psychologist, licensed  
10 clinical social worker, licensed clinical professional  
11 counselor, licensed marriage and family therapist, licensed  
12 speech-language pathologist, or other licensed or certified  
13 professional at a program licensed pursuant to the Illinois  
14 Alcoholism and Other Drug Abuse and Dependency Act up to the  
15 limits of coverage, provided (i) the disorder or condition  
16 treated is covered by the policy, and (ii) the physician,  
17 licensed psychologist, licensed clinical social worker,  
18 licensed clinical professional counselor, licensed marriage  
19 and family therapist, licensed speech-language pathologist, or  
20 other licensed or certified professional at a program licensed  
21 pursuant to the Illinois Alcoholism and Other Drug Abuse and  
22 Dependency Act is authorized to provide said services under the  
23 statutes of this State and in accordance with accepted  
24 principles of his profession.

25 (3) Insofar as this Section applies solely to licensed  
26 clinical social workers, licensed clinical professional

1 counselors, licensed marriage and family therapists, licensed  
2 speech-language pathologists, and other licensed or certified  
3 professionals at programs licensed pursuant to the Illinois  
4 Alcoholism and Other Drug Abuse and Dependency Act, those  
5 persons who may provide services to individuals shall do so  
6 after the licensed clinical social worker, licensed clinical  
7 professional counselor, licensed marriage and family  
8 therapist, licensed speech-language pathologist, or other  
9 licensed or certified professional at a program licensed  
10 pursuant to the Illinois Alcoholism and Other Drug Abuse and  
11 Dependency Act has informed the patient of the desirability of  
12 the patient conferring with the patient's primary care  
13 physician and the licensed clinical social worker, licensed  
14 clinical professional counselor, licensed marriage and family  
15 therapist, licensed speech-language pathologist, or other  
16 licensed or certified professional at a program licensed  
17 pursuant to the Illinois Alcoholism and Other Drug Abuse and  
18 Dependency Act has provided written notification to the  
19 patient's primary care physician, if any, that services are  
20 being provided to the patient. That notification may, however,  
21 be waived by the patient on a written form. Those forms shall  
22 be retained by the licensed clinical social worker, licensed  
23 clinical professional counselor, licensed marriage and family  
24 therapist, licensed speech-language pathologist, or other  
25 licensed or certified professional at a program licensed  
26 pursuant to the Illinois Alcoholism and Other Drug Abuse and



1 Dependency Act for a period of not less than 5 years.

2 (b) (1) An insurer that provides coverage for hospital or  
3 medical expenses under a group policy of accident and health  
4 insurance or health care plan amended, delivered, issued, or  
5 renewed on or after the effective date of this amendatory Act  
6 of the 97th General Assembly shall provide coverage under the  
7 policy for treatment of serious mental illness and substance  
8 use disorders consistent with the parity requirements of  
9 Section 370c.1 of this Code. This subsection does not apply to  
10 any group policy of accident and health insurance or health  
11 care plan for any plan year of a small employer as defined in  
12 Section 5 of the Illinois Health Insurance Portability and  
13 Accountability Act.

14 (2) "Serious mental illness" means the following  
15 psychiatric illnesses as defined in the most current edition of  
16 the Diagnostic and Statistical Manual (DSM) published by the  
17 American Psychiatric Association:

18 (A) schizophrenia;

19 (B) paranoid and other psychotic disorders;

20 (C) bipolar disorders (hypomanic, manic, depressive,  
21 and mixed);

22 (D) major depressive disorders (single episode or  
23 recurrent);

24 (E) schizoaffective disorders (bipolar or depressive);

25 (F) pervasive developmental disorders;

26 (G) obsessive-compulsive disorders;

- 1 (H) depression in childhood and adolescence;
- 2 (I) panic disorder;
- 3 (J) post-traumatic stress disorders (acute, chronic,  
4 or with delayed onset); and
- 5 (K) anorexia nervosa and bulimia nervosa.

6 (2.5) "Substance use disorder" means the following mental  
7 disorders as defined in the most current edition of the  
8 Diagnostic and Statistical Manual (DSM) published by the  
9 American Psychiatric Association:

- 10 (A) substance abuse disorders;
- 11 (B) substance dependence disorders; and
- 12 (C) substance induced disorders.

13 (3) Unless otherwise prohibited by federal law and  
14 consistent with the parity requirements of Section 370c.1 of  
15 this Code, the reimbursing insurer, a provider of treatment of  
16 serious mental illness or substance use disorder shall furnish  
17 medical records or other necessary data that substantiate that  
18 initial or continued treatment is at all times medically  
19 necessary. An insurer shall provide a mechanism for the timely  
20 review by a provider holding the same license and practicing in  
21 the same specialty as the patient's provider, who is  
22 unaffiliated with the insurer, jointly selected by the patient  
23 (or the patient's next of kin or legal representative if the  
24 patient is unable to act for himself or herself), the patient's  
25 provider, and the insurer in the event of a dispute between the  
26 insurer and patient's provider regarding the medical necessity

1 of a treatment proposed by a patient's provider. If the  
2 reviewing provider determines the treatment to be medically  
3 necessary, the insurer shall provide reimbursement for the  
4 treatment. Future contractual or employment actions by the  
5 insurer regarding the patient's provider may not be based on  
6 the provider's participation in this procedure. Nothing  
7 prevents the insured from agreeing in writing to continue  
8 treatment at his or her expense. When making a determination of  
9 the medical necessity for a treatment modality for serious  
10 mental illness or substance use disorder, an insurer must make  
11 the determination in a manner that is consistent with the  
12 manner used to make that determination with respect to other  
13 diseases or illnesses covered under the policy, including an  
14 appeals process. Medical necessity determinations for  
15 substance use disorders shall be made in accordance with  
16 appropriate patient placement criteria established by the  
17 American Society of Addiction Medicine. No additional criteria  
18 may be used to make medical necessity determinations for  
19 substance use disorders.

20 (4) A group health benefit plan amended, delivered, issued,  
21 or renewed on or after the effective date of this amendatory  
22 Act of the 97th General Assembly:

23 (A) shall provide coverage based upon medical  
24 necessity for the treatment of mental illness and substance  
25 use disorders consistent with the parity requirements of  
26 Section 370c.1 of this Code; provided, however, that in

1 each calendar year coverage shall not be less than the  
2 following:

3 (i) 45 days of inpatient treatment; and

4 (ii) beginning on June 26, 2006 (the effective date  
5 of Public Act 94-921), 60 visits for outpatient  
6 treatment including group and individual outpatient  
7 treatment; and

8 (iii) for plans or policies delivered, issued for  
9 delivery, renewed, or modified after January 1, 2007  
10 (the effective date of Public Act 94-906), 20  
11 additional outpatient visits for speech therapy for  
12 treatment of pervasive developmental disorders that  
13 will be in addition to speech therapy provided pursuant  
14 to item (ii) of this subparagraph (A); and

15 (B) may not include a lifetime limit on the number of  
16 days of inpatient treatment or the number of outpatient  
17 visits covered under the plan.

18 (C) (Blank).

19 (5) An issuer of a group health benefit plan may not count  
20 toward the number of outpatient visits required to be covered  
21 under this Section an outpatient visit for the purpose of  
22 medication management and shall cover the outpatient visits  
23 under the same terms and conditions as it covers outpatient  
24 visits for the treatment of physical illness.

25 (5.5) An individual or group health benefit plan amended,  
26 delivered, issued, or renewed on or after the effective date of

1 this amendatory Act of the 99th General Assembly shall offer  
2 coverage for medically necessary acute treatment services and  
3 medically necessary clinical stabilization services. The  
4 treating provider shall base all treatment recommendations and  
5 the health benefit plan shall base all medical necessity  
6 determinations for substance use disorders in accordance with  
7 the most current edition of the American Society of Addiction  
8 Medicine Patient Placement Criteria.

9 As used in this subsection:

10 "Acute treatment services" means 24-hour medically  
11 supervised addiction treatment that provides evaluation and  
12 withdrawal management and may include biopsychosocial  
13 assessment, individual and group counseling, psychoeducational  
14 groups, and discharge planning.

15 "Clinical stabilization services" means 24-hour treatment,  
16 usually following acute treatment services for substance  
17 abuse, which may include intensive education and counseling  
18 regarding the nature of addiction and its consequences, relapse  
19 prevention, outreach to families and significant others, and  
20 aftercare planning for individuals beginning to engage in  
21 recovery from addiction.

22 (6) An issuer of a group health benefit plan may provide or  
23 offer coverage required under this Section through a managed  
24 care plan.

25 (7) (Blank).

26 (8) (Blank).

1           (9) With respect to substance use disorders, coverage for  
2 inpatient treatment shall include coverage for treatment in a  
3 residential treatment center licensed by the Department of  
4 Public Health or the Department of Human Services, ~~Division of~~  
5 ~~Alcoholism and Substance Abuse~~.

6           (c) This Section shall not be interpreted to require  
7 coverage for speech therapy or other rehabilitative services for  
8 those individuals covered under Section 356z.15 of this Code.

9           (d) The Department shall enforce the requirements of State  
10 and federal parity law, which includes ensuring compliance by  
11 individual and group policies; detecting violations of the law  
12 by individual and group policies proactively monitoring  
13 discriminatory practices; accepting, evaluating, and  
14 responding to complaints regarding such violations; and  
15 ensuring violations are appropriately remedied and deterred.

16           (e) Availability of plan information.

17           (1) The criteria for medical necessity determinations  
18 made under a group health plan with respect to mental  
19 health or substance use disorder benefits (or health  
20 insurance coverage offered in connection with the plan with  
21 respect to such benefits) must be made available by the  
22 plan administrator (or the health insurance issuer  
23 offering such coverage) to any current or potential  
24 participant, beneficiary, or contracting provider upon  
25 request.

26           (2) The reason for any denial under a group health plan

1       (or health insurance coverage offered in connection with  
2       such plan) of reimbursement or payment for services with  
3       respect to mental health or substance use disorder benefits  
4       in the case of any participant or beneficiary must be made  
5       available within a reasonable time and in a reasonable  
6       manner by the plan administrator (or the health insurance  
7       issuer offering such coverage) to the participant or  
8       beneficiary upon request.

9       (f) As used in this Section, "group policy of accident and  
10      health insurance" and "group health benefit plan" includes (1)  
11      State-regulated employer-sponsored group health insurance  
12      plans written in Illinois and (2) State employee health plans.

13      (Source: P.A. 96-328, eff. 8-11-09; 96-1000, eff. 7-2-10;  
14      97-437, eff. 8-18-11.)

15           (215 ILCS 5/370c.1)

16           Sec. 370c.1. Mental health and addiction parity.

17           (a) On and after the effective date of this amendatory Act  
18      of the 99th General Assembly ~~this amendatory Act of the 97th~~  
19      ~~General Assembly~~, every insurer that amends, delivers, issues,  
20      or renews a group or individual policy of accident and health  
21      insurance or a qualified health plan offered through the Health  
22      Insurance Marketplace ~~policy of accident and health insurance~~  
23      in this State providing coverage for hospital or medical  
24      treatment and for the treatment of mental, emotional, nervous,  
25      or substance use disorders or conditions shall ensure that:

1           (1) the financial requirements applicable to such  
2 mental, emotional, nervous, or substance use disorder or  
3 condition benefits are no more restrictive than the  
4 predominant financial requirements applied to  
5 substantially all hospital and medical benefits covered by  
6 the policy and that there are no separate cost-sharing  
7 requirements that are applicable only with respect to  
8 mental, emotional, nervous, or substance use disorder or  
9 condition benefits; and

10           (2) the treatment limitations applicable to such  
11 mental, emotional, nervous, or substance use disorder or  
12 condition benefits are no more restrictive than the  
13 predominant treatment limitations applied to substantially  
14 all hospital and medical benefits covered by the policy and  
15 that there are no separate treatment limitations that are  
16 applicable only with respect to mental, emotional,  
17 nervous, or substance use disorder or condition benefits.

18           (b) The following provisions shall apply concerning  
19 aggregate lifetime limits:

20           (1) In the case of a group or individual policy of  
21 accident and health insurance or a qualified health plan  
22 offered through the Health Insurance Marketplace ~~policy of~~  
23 ~~accident and health insurance~~ amended, delivered, issued,  
24 or renewed in this State on or after the effective date of  
25 this amendatory Act of the 99th General Assembly ~~this~~  
26 ~~amendatory Act of the 97th General Assembly~~ that provides



1 coverage for hospital or medical treatment and for the  
2 treatment of mental, emotional, nervous, or substance use  
3 disorders or conditions the following provisions shall  
4 apply:

5 (A) if the policy does not include an aggregate  
6 lifetime limit on substantially all hospital and  
7 medical benefits, then the policy may not impose any  
8 aggregate lifetime limit on mental, emotional,  
9 nervous, or substance use disorder or condition  
10 benefits; or

11 (B) if the policy includes an aggregate lifetime  
12 limit on substantially all hospital and medical  
13 benefits (in this subsection referred to as the  
14 "applicable lifetime limit"), then the policy shall  
15 either:

16 (i) apply the applicable lifetime limit both  
17 to the hospital and medical benefits to which it  
18 otherwise would apply and to mental, emotional,  
19 nervous, or substance use disorder or condition  
20 benefits and not distinguish in the application of  
21 the limit between the hospital and medical  
22 benefits and mental, emotional, nervous, or  
23 substance use disorder or condition benefits; or

24 (ii) not include any aggregate lifetime limit  
25 on mental, emotional, nervous, or substance use  
26 disorder or condition benefits that is less than

1           the applicable lifetime limit.

2           (2) In the case of a policy that is not described in  
3 paragraph (1) of subsection (b) of this Section and that  
4 includes no or different aggregate lifetime limits on  
5 different categories of hospital and medical benefits, the  
6 Director shall establish rules under which subparagraph  
7 (B) of paragraph (1) of subsection (b) of this Section is  
8 applied to such policy with respect to mental, emotional,  
9 nervous, or substance use disorder or condition benefits by  
10 substituting for the applicable lifetime limit an average  
11 aggregate lifetime limit that is computed taking into  
12 account the weighted average of the aggregate lifetime  
13 limits applicable to such categories.

14           (c) The following provisions shall apply concerning annual  
15 limits:

16           (1) In the case of a group or individual policy of  
17 accident and health insurance or a qualified health plan  
18 offered through the Health Insurance Marketplace ~~policy of~~  
19 ~~accident and health insurance~~ amended, delivered, issued,  
20 or renewed in this State on or after the effective date of  
21 this amendatory Act of the 99th General Assembly ~~this~~  
22 ~~amendatory Act of the 97th General Assembly~~ that provides  
23 coverage for hospital or medical treatment and for the  
24 treatment of mental, emotional, nervous, or substance use  
25 disorders or conditions the following provisions shall  
26 apply:

1 (A) if the policy does not include an annual limit  
2 on substantially all hospital and medical benefits,  
3 then the policy may not impose any annual limits on  
4 mental, emotional, nervous, or substance use disorder  
5 or condition benefits; or

6 (B) if the policy includes an annual limit on  
7 substantially all hospital and medical benefits (in  
8 this subsection referred to as the "applicable annual  
9 limit"), then the policy shall either:

10 (i) apply the applicable annual limit both to  
11 the hospital and medical benefits to which it  
12 otherwise would apply and to mental, emotional,  
13 nervous, or substance use disorder or condition  
14 benefits and not distinguish in the application of  
15 the limit between the hospital and medical  
16 benefits and mental, emotional, nervous, or  
17 substance use disorder or condition benefits; or

18 (ii) not include any annual limit on mental,  
19 emotional, nervous, or substance use disorder or  
20 condition benefits that is less than the  
21 applicable annual limit.

22 (2) In the case of a policy that is not described in  
23 paragraph (1) of subsection (c) of this Section and that  
24 includes no or different annual limits on different  
25 categories of hospital and medical benefits, the Director  
26 shall establish rules under which subparagraph (B) of

1 paragraph (1) of subsection (c) of this Section is applied  
2 to such policy with respect to mental, emotional, nervous,  
3 or substance use disorder or condition benefits by  
4 substituting for the applicable annual limit an average  
5 annual limit that is computed taking into account the  
6 weighted average of the annual limits applicable to such  
7 categories.

8 (d) With respect to substance use disorders, an insurer  
9 shall use policies and procedures for the election and  
10 placement of substance abuse treatment drugs on their formulary  
11 that are no less favorable to the insured as those policies and  
12 procedures the insurer uses for the selection and placement of  
13 other drugs and shall follow the expedited coverage  
14 determination requirements for substance abuse treatment drugs  
15 set forth in Section 45.2 of the Managed Care Reform and  
16 Patient Rights Act.

17 (e) ~~(d)~~ This Section shall be interpreted in a manner  
18 consistent with all applicable federal parity regulations  
19 including, but not limited to, the Mental Health Parity and  
20 Addiction Equity Act of 2008 at 78 FR 68240. ~~the interim final~~  
21 ~~regulations promulgated by the U.S. Department of Health and~~  
22 ~~Human Services at 75 FR 5410, including the prohibition against~~  
23 ~~applying a cumulative financial requirement or cumulative~~  
24 ~~quantitative treatment limitation for mental, emotional,~~  
25 ~~nervous, or substance use disorder benefits that accumulates~~  
26 ~~separately from any cumulative financial requirement or~~

1 ~~cumulative quantitative treatment limitation established for~~  
2 ~~hospital and medical benefits in the same classification.~~

3 (f) ~~(e)~~ The provisions of subsections (b) and (c) of this  
4 Section shall not be interpreted to allow the use of lifetime  
5 or annual limits otherwise prohibited by State or federal law.

6 ~~(f) This Section shall not apply to individual health~~  
7 ~~insurance coverage as defined in Section 5 of the Illinois~~  
8 ~~Health Insurance Portability and Accountability Act.~~

9 (g) As used in this Section:

10 "Financial requirement" includes deductibles, copayments,  
11 coinsurance, and out-of-pocket maximums, but does not include  
12 an aggregate lifetime limit or an annual limit subject to  
13 subsections (b) and (c).

14 "Treatment limitation" includes limits on benefits based  
15 on the frequency of treatment, number of visits, days of  
16 coverage, days in a waiting period, or other similar limits on  
17 the scope or duration of treatment. "Treatment limitation"  
18 includes both quantitative treatment limitations, which are  
19 expressed numerically (such as 50 outpatient visits per year),  
20 and nonquantitative treatment limitations, which otherwise  
21 limit the scope or duration of treatment. A permanent exclusion  
22 of all benefits for a particular condition or disorder shall  
23 not be considered a treatment limitation. "Nonquantitative  
24 treatment" means those limitations as described under federal  
25 regulations (26 CFR 54.9812-1).

26 (h) The Department of Insurance shall implement the

1 following education initiatives:

2 (1) By January 1, 2016, the Department shall develop a  
3 plan for a Consumer Education Campaign on parity. The  
4 Consumer Education Campaign shall focus its efforts  
5 throughout the State and include trainings in the northern,  
6 southern, and central regions of the State, as defined by  
7 the Department, as well as each of the 5 managed care  
8 regions of the State as identified by the Department of  
9 Healthcare and Family Services. Under this Consumer  
10 Education Campaign, the Department shall: (1) by January 1,  
11 2017, provide at least one live training in each region on  
12 parity for consumers and providers and one webinar training  
13 to be posted on the Department website and (2) establish a  
14 consumer hotline to assist consumers in navigating the  
15 parity process by March 1, 2016. By January 1, 2018 the  
16 Department shall issue a report to the General Assembly on  
17 the success of the Consumer Education Campaign, which shall  
18 indicate whether additional training is necessary or would  
19 be recommended.

20 (2) The Department, in coordination with the  
21 Department of Human Services and the Department of  
22 Healthcare and Family Services, shall convene a working  
23 group of health care insurance carriers, mental health  
24 advocacy groups, substance abuse patient advocacy groups,  
25 and mental health physician groups for the purpose of  
26 discussing issues related to the treatment and coverage of

1 substance abuse disorders and mental illness. The working  
2 group shall meet once before January 1, 2016 and shall meet  
3 semiannually thereafter. The Department shall issue an  
4 annual report to the General Assembly that includes a list  
5 of the health care insurance carriers, mental health  
6 advocacy groups, substance abuse patient advocacy groups,  
7 and mental health physician groups that participated in the  
8 working group meetings, details on the issues and topics  
9 covered, and any legislative recommendations.

10 (i) The Parity Education Fund is created as a special fund  
11 in the State treasury. Moneys deposited into the Fund for  
12 appropriation by the General Assembly to the Department of  
13 Insurance shall be used for the purpose of providing financial  
14 support of the Consumer Education Campaign.

15 (Source: P.A. 97-437, eff. 8-18-11.)

16 Section 5-80. The Health Carrier External Review Act is  
17 amended by changing Sections 20 and 35 as follows:

18 (215 ILCS 180/20)

19 Sec. 20. Notice of right to external review.

20 (a) At the same time the health carrier sends written  
21 notice of a covered person's right to appeal a coverage  
22 decision upon an adverse determination or a final adverse  
23 determination, a health carrier shall notify a covered person,  
24 the covered person's authorized representative, if any, and a

1 covered person's health care provider in writing of the covered  
2 person's right to request an external review as provided by  
3 this Act. The written notice required shall include the  
4 following, or substantially equivalent, language: "We have  
5 denied your request for the provision of or payment for a  
6 health care service or course of treatment. You have the right  
7 to have our decision reviewed by an independent review  
8 organization not associated with us by submitting a written  
9 request for an external review to the Department of Insurance,  
10 Office of Consumer Health Information, 320 West Washington  
11 Street, 4th Floor, Springfield, Illinois, 62767.". The written  
12 notice shall include a copy of the Department's Request for  
13 External Review form.

14 (a-5) The Department may prescribe the form and content of  
15 the notice required under this Section.

16 (b) In addition to the notice required in subsection (a),  
17 for a notice related to an adverse determination, the health  
18 carrier shall include a statement informing the covered person  
19 of all of the following:

20 (1) If the covered person has a medical condition where  
21 the timeframe for completion of (A) an expedited internal  
22 review of an appeal involving an adverse determination, (B)  
23 a final adverse determination, or (C) a standard external  
24 review as established in this Act, would seriously  
25 jeopardize the life or health of the covered person or  
26 would jeopardize the covered person's ability to regain



1 maximum function, then the covered person or the covered  
2 person's authorized representative may file a request for  
3 an expedited external review.

4 (2) The covered person or the covered person's  
5 authorized representative may file an appeal under the  
6 health carrier's internal appeal process, but if the health  
7 carrier has not issued a written decision to the covered  
8 person or the covered person's authorized representative  
9 30 days following the date the covered person or the  
10 covered person's authorized representative files an appeal  
11 of an adverse determination that involves a concurrent or  
12 prospective review request or 60 days following the date  
13 the covered person or the covered person's authorized  
14 representative files an appeal of an adverse determination  
15 that involves a retrospective review request with the  
16 health carrier and the covered person or the covered  
17 person's authorized representative has not requested or  
18 agreed to a delay, then the covered person or the covered  
19 person's authorized representative may file a request for  
20 external review and shall be considered to have exhausted  
21 the health carrier's internal appeal process for purposes  
22 of this Act.

23 (3) If the covered person or the covered person's  
24 authorized representative filed a request for an expedited  
25 internal review of an adverse determination and has not  
26 received a decision on such request from the health carrier

1 within 48 hours, except to the extent the covered person or  
2 the covered person's authorized representative requested  
3 or agreed to a delay, then the covered person or the  
4 covered person's authorized representative may file a  
5 request for external review and shall be considered to have  
6 exhausted the health carrier's internal appeal process for  
7 the purposes of this Act.

8 (4) If an adverse determination concerns a denial of  
9 coverage based on a determination that the recommended or  
10 requested health care service or treatment is experimental  
11 or investigational and the covered person's health care  
12 provider certifies in writing that the recommended or  
13 requested health care service or treatment that is the  
14 subject of the request would be significantly less  
15 effective if not promptly initiated, then the covered  
16 person or the covered person's authorized representative  
17 may request an expedited external review at the same time  
18 the covered person or the covered person's authorized  
19 representative files a request for an expedited internal  
20 appeal involving an adverse determination. The independent  
21 review organization assigned to conduct the expedited  
22 external review shall determine whether the covered person  
23 is required to complete the expedited review of the appeal  
24 prior to conducting the expedited external review.

25 (c) In addition to the notice required in subsection (a),  
26 for a notice related to a final adverse determination, the

1 health carrier shall include a statement informing the covered  
2 person of all of the following:

3 (1) if the covered person has a medical condition where  
4 the timeframe for completion of a standard external review  
5 would seriously jeopardize the life or health of the  
6 covered person or would jeopardize the covered person's  
7 ability to regain maximum function, then the covered person  
8 or the covered person's authorized representative may file  
9 a request for an expedited external review; or

10 (2) if a final adverse determination concerns an  
11 admission, availability of care, continued stay, or health  
12 care service for which the covered person received  
13 emergency services, but has not been discharged from a  
14 facility, then the covered person, or the covered person's  
15 authorized representative, may request an expedited  
16 external review; or

17 (3) if a final adverse determination concerns a denial  
18 of coverage based on a determination that the recommended  
19 or requested health care service or treatment is  
20 experimental or investigational, and the covered person's  
21 health care provider certifies in writing that the  
22 recommended or requested health care service or treatment  
23 that is the subject of the request would be significantly  
24 less effective if not promptly initiated, then the covered  
25 person or the covered person's authorized representative  
26 may request an expedited external review.

1 (d) In addition to the information to be provided pursuant  
2 to subsections (a), (b), and (c) of this Section, the health  
3 carrier shall include a copy of the description of both the  
4 required standard and expedited external review procedures.  
5 The description shall highlight the external review procedures  
6 that give the covered person or the covered person's authorized  
7 representative the opportunity to submit additional  
8 information, including any forms used to process an external  
9 review.

10 (e) As part of any forms provided under subsection (d) of  
11 this Section, the health carrier shall include an authorization  
12 form, or other document approved by the Director, by which the  
13 covered person, for purposes of conducting an external review  
14 under this Act, authorizes the health carrier and the covered  
15 person's treating health care provider to disclose protected  
16 health information, including medical records, concerning the  
17 covered person that is pertinent to the external review, as  
18 provided in the Illinois Insurance Code.

19 (Source: P.A. 96-857, eff. 7-1-10; 97-574, eff. 8-26-11.)

20 (215 ILCS 180/35)

21 Sec. 35. Standard external review.

22 (a) Within 4 months after the date of receipt of a notice  
23 of an adverse determination or final adverse determination, a  
24 covered person or the covered person's authorized  
25 representative may file a request for an external review with

1 the Director. Within one business day after the date of receipt  
2 of a request for external review, the Director shall send a  
3 copy of the request to the health carrier.

4 (b) Within 5 business days following the date of receipt of  
5 the external review request, the health carrier shall complete  
6 a preliminary review of the request to determine whether:

7 (1) the individual is or was a covered person in the  
8 health benefit plan at the time the health care service was  
9 requested or at the time the health care service was  
10 provided;

11 (2) the health care service that is the subject of the  
12 adverse determination or the final adverse determination  
13 is a covered service under the covered person's health  
14 benefit plan, but the health carrier has determined that  
15 the health care service is not covered;

16 (3) the covered person has exhausted the health  
17 carrier's internal appeal process unless the covered  
18 person is not required to exhaust the health carrier's  
19 internal appeal process pursuant to this Act;

20 (4) (blank); and

21 (5) the covered person has provided all the information  
22 and forms required to process an external review, as  
23 specified in this Act.

24 (c) Within one business day after completion of the  
25 preliminary review, the health carrier shall notify the  
26 Director and covered person and, if applicable, the covered

1 person's authorized representative in writing whether the  
2 request is complete and eligible for external review. If the  
3 request:

4 (1) is not complete, the health carrier shall inform  
5 the Director and covered person and, if applicable, the  
6 covered person's authorized representative in writing and  
7 include in the notice what information or materials are  
8 required by this Act to make the request complete; or

9 (2) is not eligible for external review, the health  
10 carrier shall inform the Director and covered person and,  
11 if applicable, the covered person's authorized  
12 representative in writing and include in the notice the  
13 reasons for its ineligibility.

14 The Department may specify the form for the health  
15 carrier's notice of initial determination under this  
16 subsection (c) and any supporting information to be included in  
17 the notice.

18 The notice of initial determination of ineligibility shall  
19 include a statement informing the covered person and, if  
20 applicable, the covered person's authorized representative  
21 that a health carrier's initial determination that the external  
22 review request is ineligible for review may be appealed to the  
23 Director by filing a complaint with the Director.

24 Notwithstanding a health carrier's initial determination  
25 that the request is ineligible for external review, the  
26 Director may determine that a request is eligible for external

1 review and require that it be referred for external review. In  
2 making such determination, the Director's decision shall be in  
3 accordance with the terms of the covered person's health  
4 benefit plan, unless such terms are inconsistent with  
5 applicable law, and shall be subject to all applicable  
6 provisions of this Act.

7 (d) Whenever the Director receives notice that a request is  
8 eligible for external review following the preliminary review  
9 conducted pursuant to this Section, within one business day  
10 after the date of receipt of the notice, the Director shall:

11 (1) assign an independent review organization from the  
12 list of approved independent review organizations compiled  
13 and maintained by the Director pursuant to this Act and  
14 notify the health carrier of the name of the assigned  
15 independent review organization; and

16 (2) notify in writing the covered person and, if  
17 applicable, the covered person's authorized representative  
18 of the request's eligibility and acceptance for external  
19 review and the name of the independent review organization.

20 The Director shall include in the notice provided to the  
21 covered person and, if applicable, the covered person's  
22 authorized representative a statement that the covered person  
23 or the covered person's authorized representative may, within 5  
24 business days following the date of receipt of the notice  
25 provided pursuant to item (2) of this subsection (d), submit in  
26 writing to the assigned independent review organization

1 additional information that the independent review  
2 organization shall consider when conducting the external  
3 review. The independent review organization is not required to,  
4 but may, accept and consider additional information submitted  
5 after 5 business days.

6 (e) The assignment by the Director of an approved  
7 independent review organization to conduct an external review  
8 in accordance with this Section shall be done on a random basis  
9 among those independent review organizations approved by the  
10 Director pursuant to this Act.

11 (f) Within 5 business days after the date of receipt of the  
12 notice provided pursuant to item (1) of subsection (d) of this  
13 Section, the health carrier or its designee utilization review  
14 organization shall provide to the assigned independent review  
15 organization the documents and any information considered in  
16 making the adverse determination or final adverse  
17 determination; in such cases, the following provisions shall  
18 apply:

19 (1) Except as provided in item (2) of this subsection  
20 (f), failure by the health carrier or its utilization  
21 review organization to provide the documents and  
22 information within the specified time frame shall not delay  
23 the conduct of the external review.

24 (2) If the health carrier or its utilization review  
25 organization fails to provide the documents and  
26 information within the specified time frame, the assigned



1 independent review organization may terminate the external  
2 review and make a decision to reverse the adverse  
3 determination or final adverse determination.

4 (3) Within one business day after making the decision  
5 to terminate the external review and make a decision to  
6 reverse the adverse determination or final adverse  
7 determination under item (2) of this subsection (f), the  
8 independent review organization shall notify the Director,  
9 the health carrier, the covered person and, if applicable,  
10 the covered person's authorized representative, of its  
11 decision to reverse the adverse determination.

12 (g) Upon receipt of the information from the health carrier  
13 or its utilization review organization, the assigned  
14 independent review organization shall review all of the  
15 information and documents and any other information submitted  
16 in writing to the independent review organization by the  
17 covered person and the covered person's authorized  
18 representative.

19 (h) Upon receipt of any information submitted by the  
20 covered person or the covered person's authorized  
21 representative, the independent review organization shall  
22 forward the information to the health carrier within 1 business  
23 day.

24 (1) Upon receipt of the information, if any, the health  
25 carrier may reconsider its adverse determination or final  
26 adverse determination that is the subject of the external

1 review.

2 (2) Reconsideration by the health carrier of its  
3 adverse determination or final adverse determination shall  
4 not delay or terminate the external review.

5 (3) The external review may only be terminated if the  
6 health carrier decides, upon completion of its  
7 reconsideration, to reverse its adverse determination or  
8 final adverse determination and provide coverage or  
9 payment for the health care service that is the subject of  
10 the adverse determination or final adverse determination.  
11 In such cases, the following provisions shall apply:

12 (A) Within one business day after making the  
13 decision to reverse its adverse determination or final  
14 adverse determination, the health carrier shall notify  
15 the Director, the covered person and, if applicable,  
16 the covered person's authorized representative, and  
17 the assigned independent review organization in  
18 writing of its decision.

19 (B) Upon notice from the health carrier that the  
20 health carrier has made a decision to reverse its  
21 adverse determination or final adverse determination,  
22 the assigned independent review organization shall  
23 terminate the external review.

24 (i) In addition to the documents and information provided  
25 by the health carrier or its utilization review organization  
26 and the covered person and the covered person's authorized

1 representative, if any, the independent review organization,  
2 to the extent the information or documents are available and  
3 the independent review organization considers them  
4 appropriate, shall consider the following in reaching a  
5 decision:

6 (1) the covered person's pertinent medical records;

7 (2) the covered person's health care provider's  
8 recommendation;

9 (3) consulting reports from appropriate health care  
10 providers and other documents submitted by the health  
11 carrier or its designee utilization review organization,  
12 the covered person, the covered person's authorized  
13 representative, or the covered person's treating provider;

14 (4) the terms of coverage under the covered person's  
15 health benefit plan with the health carrier to ensure that  
16 the independent review organization's decision is not  
17 contrary to the terms of coverage under the covered  
18 person's health benefit plan with the health carrier,  
19 unless the terms are inconsistent with applicable law;

20 (5) the most appropriate practice guidelines, which  
21 shall include applicable evidence-based standards and may  
22 include any other practice guidelines developed by the  
23 federal government, national or professional medical  
24 societies, boards, and associations;

25 (6) any applicable clinical review criteria developed  
26 and used by the health carrier or its designee utilization

1 review organization;

2 (7) the opinion of the independent review  
3 organization's clinical reviewer or reviewers after  
4 considering items (1) through (6) of this subsection (i) to  
5 the extent the information or documents are available and  
6 the clinical reviewer or reviewers considers the  
7 information or documents appropriate; ~~and~~

8 (8) (blank); ~~and~~

9 (9) in the case of medically necessary determinations  
10 for substance use disorders, the patient placement  
11 criteria established by the American Society of Addiction  
12 Medicine.

13 (j) Within 5 days after the date of receipt of all  
14 necessary information, but in no event more than 45 days after  
15 the date of receipt of the request for an external review, the  
16 assigned independent review organization shall provide written  
17 notice of its decision to uphold or reverse the adverse  
18 determination or the final adverse determination to the  
19 Director, the health carrier, the covered person, and, if  
20 applicable, the covered person's authorized representative. In  
21 reaching a decision, the assigned independent review  
22 organization is not bound by any claim determinations reached  
23 prior to the submission of information to the independent  
24 review organization. In such cases, the following provisions  
25 shall apply:

26 (1) The independent review organization shall include

1 in the notice:

2 (A) a general description of the reason for the  
3 request for external review;

4 (B) the date the independent review organization  
5 received the assignment from the Director to conduct  
6 the external review;

7 (C) the time period during which the external  
8 review was conducted;

9 (D) references to the evidence or documentation,  
10 including the evidence-based standards, considered in  
11 reaching its decision;

12 (E) the date of its decision;

13 (F) the principal reason or reasons for its  
14 decision, including what applicable, if any,  
15 evidence-based standards that were a basis for its  
16 decision; and

17 (G) the rationale for its decision.

18 (2) (Blank).

19 (3) (Blank).

20 (4) Upon receipt of a notice of a decision reversing  
21 the adverse determination or final adverse determination,  
22 the health carrier immediately shall approve the coverage  
23 that was the subject of the adverse determination or final  
24 adverse determination.

25 (Source: P.A. 96-857, eff. 7-1-10; 96-967, eff. 1-1-11; 97-574,  
26 eff. 8-26-11.)

1           Section 5-85. The Illinois Public Aid Code is amended by  
2 changing Sections 5-5 and 5-16.8 as follows:

3           (305 ILCS 5/5-5) (from Ch. 23, par. 5-5)

4           Sec. 5-5. Medical services. The Illinois Department, by  
5 rule, shall determine the quantity and quality of and the rate  
6 of reimbursement for the medical assistance for which payment  
7 will be authorized, and the medical services to be provided,  
8 which may include all or part of the following: (1) inpatient  
9 hospital services; (2) outpatient hospital services; (3) other  
10 laboratory and X-ray services; (4) skilled nursing home  
11 services; (5) physicians' services whether furnished in the  
12 office, the patient's home, a hospital, a skilled nursing home,  
13 or elsewhere; (6) medical care, or any other type of remedial  
14 care furnished by licensed practitioners; (7) home health care  
15 services; (8) private duty nursing service; (9) clinic  
16 services; (10) dental services, including prevention and  
17 treatment of periodontal disease and dental caries disease for  
18 pregnant women, provided by an individual licensed to practice  
19 dentistry or dental surgery; for purposes of this item (10),  
20 "dental services" means diagnostic, preventive, or corrective  
21 procedures provided by or under the supervision of a dentist in  
22 the practice of his or her profession; (11) physical therapy  
23 and related services; (12) prescribed drugs, dentures, and  
24 prosthetic devices; and eyeglasses prescribed by a physician

1 skilled in the diseases of the eye, or by an optometrist,  
2 whichever the person may select; (13) other diagnostic,  
3 screening, preventive, and rehabilitative services, including  
4 to ensure that the individual's need for intervention or  
5 treatment of mental disorders or substance use disorders or  
6 co-occurring mental health and substance use disorders is  
7 determined using a uniform screening, assessment, and  
8 evaluation process inclusive of criteria, for children and  
9 adults; for purposes of this item (13), a uniform screening,  
10 assessment, and evaluation process refers to a process that  
11 includes an appropriate evaluation and, as warranted, a  
12 referral; "uniform" does not mean the use of a singular  
13 instrument, tool, or process that all must utilize; (14)  
14 transportation and such other expenses as may be necessary;  
15 (15) medical treatment of sexual assault survivors, as defined  
16 in Section 1a of the Sexual Assault Survivors Emergency  
17 Treatment Act, for injuries sustained as a result of the sexual  
18 assault, including examinations and laboratory tests to  
19 discover evidence which may be used in criminal proceedings  
20 arising from the sexual assault; (16) the diagnosis and  
21 treatment of sickle cell anemia; and (17) any other medical  
22 care, and any other type of remedial care recognized under the  
23 laws of this State, but not including abortions, or induced  
24 miscarriages or premature births, unless, in the opinion of a  
25 physician, such procedures are necessary for the preservation  
26 of the life of the woman seeking such treatment, or except an

1 induced premature birth intended to produce a live viable child  
2 and such procedure is necessary for the health of the mother or  
3 her unborn child. The Illinois Department, by rule, shall  
4 prohibit any physician from providing medical assistance to  
5 anyone eligible therefor under this Code where such physician  
6 has been found guilty of performing an abortion procedure in a  
7 wilful and wanton manner upon a woman who was not pregnant at  
8 the time such abortion procedure was performed. The term "any  
9 other type of remedial care" shall include nursing care and  
10 nursing home service for persons who rely on treatment by  
11 spiritual means alone through prayer for healing.

12 Notwithstanding any other provision of this Section, a  
13 comprehensive tobacco use cessation program that includes  
14 purchasing prescription drugs or prescription medical devices  
15 approved by the Food and Drug Administration shall be covered  
16 under the medical assistance program under this Article for  
17 persons who are otherwise eligible for assistance under this  
18 Article.

19 Notwithstanding any other provision of this Code, the  
20 Illinois Department may not require, as a condition of payment  
21 for any laboratory test authorized under this Article, that a  
22 physician's handwritten signature appear on the laboratory  
23 test order form. The Illinois Department may, however, impose  
24 other appropriate requirements regarding laboratory test order  
25 documentation.

26 Upon receipt of federal approval of an amendment to the



1 Illinois Title XIX State Plan for this purpose, the Department  
2 shall authorize the Chicago Public Schools (CPS) to procure a  
3 vendor or vendors to manufacture eyeglasses for individuals  
4 enrolled in a school within the CPS system. CPS shall ensure  
5 that its vendor or vendors are enrolled as providers in the  
6 medical assistance program and in any capitated Medicaid  
7 managed care entity (MCE) serving individuals enrolled in a  
8 school within the CPS system. Under any contract procured under  
9 this provision, the vendor or vendors must serve only  
10 individuals enrolled in a school within the CPS system. Claims  
11 for services provided by CPS's vendor or vendors to recipients  
12 of benefits in the medical assistance program under this Code,  
13 the Children's Health Insurance Program, or the Covering ALL  
14 KIDS Health Insurance Program shall be submitted to the  
15 Department or the MCE in which the individual is enrolled for  
16 payment and shall be reimbursed at the Department's or the  
17 MCE's established rates or rate methodologies for eyeglasses.

18 On and after July 1, 2012, the Department of Healthcare and  
19 Family Services may provide the following services to persons  
20 eligible for assistance under this Article who are  
21 participating in education, training or employment programs  
22 operated by the Department of Human Services as successor to  
23 the Department of Public Aid:

24 (1) dental services provided by or under the  
25 supervision of a dentist; and

26 (2) eyeglasses prescribed by a physician skilled in the

1 diseases of the eye, or by an optometrist, whichever the  
2 person may select.

3 Notwithstanding any other provision of this Code and  
4 subject to federal approval, the Department may adopt rules to  
5 allow a dentist who is volunteering his or her service at no  
6 cost to render dental services through an enrolled  
7 not-for-profit health clinic without the dentist personally  
8 enrolling as a participating provider in the medical assistance  
9 program. A not-for-profit health clinic shall include a public  
10 health clinic or Federally Qualified Health Center or other  
11 enrolled provider, as determined by the Department, through  
12 which dental services covered under this Section are performed.  
13 The Department shall establish a process for payment of claims  
14 for reimbursement for covered dental services rendered under  
15 this provision.

16 The Illinois Department, by rule, may distinguish and  
17 classify the medical services to be provided only in accordance  
18 with the classes of persons designated in Section 5-2.

19 The Department of Healthcare and Family Services must  
20 provide coverage and reimbursement for amino acid-based  
21 elemental formulas, regardless of delivery method, for the  
22 diagnosis and treatment of (i) eosinophilic disorders and (ii)  
23 short bowel syndrome when the prescribing physician has issued  
24 a written order stating that the amino acid-based elemental  
25 formula is medically necessary.

26 The Illinois Department shall authorize the provision of,

1 and shall authorize payment for, screening by low-dose  
2 mammography for the presence of occult breast cancer for women  
3 35 years of age or older who are eligible for medical  
4 assistance under this Article, as follows:

5 (A) A baseline mammogram for women 35 to 39 years of  
6 age.

7 (B) An annual mammogram for women 40 years of age or  
8 older.

9 (C) A mammogram at the age and intervals considered  
10 medically necessary by the woman's health care provider for  
11 women under 40 years of age and having a family history of  
12 breast cancer, prior personal history of breast cancer,  
13 positive genetic testing, or other risk factors.

14 (D) A comprehensive ultrasound screening of an entire  
15 breast or breasts if a mammogram demonstrates  
16 heterogeneous or dense breast tissue, when medically  
17 necessary as determined by a physician licensed to practice  
18 medicine in all of its branches.

19 All screenings shall include a physical breast exam,  
20 instruction on self-examination and information regarding the  
21 frequency of self-examination and its value as a preventative  
22 tool. For purposes of this Section, "low-dose mammography"  
23 means the x-ray examination of the breast using equipment  
24 dedicated specifically for mammography, including the x-ray  
25 tube, filter, compression device, and image receptor, with an  
26 average radiation exposure delivery of less than one rad per

1 breast for 2 views of an average size breast. The term also  
2 includes digital mammography.

3 On and after January 1, 2012, providers participating in a  
4 quality improvement program approved by the Department shall be  
5 reimbursed for screening and diagnostic mammography at the same  
6 rate as the Medicare program's rates, including the increased  
7 reimbursement for digital mammography.

8 The Department shall convene an expert panel including  
9 representatives of hospitals, free-standing mammography  
10 facilities, and doctors, including radiologists, to establish  
11 quality standards.

12 Subject to federal approval, the Department shall  
13 establish a rate methodology for mammography at federally  
14 qualified health centers and other encounter-rate clinics.  
15 These clinics or centers may also collaborate with other  
16 hospital-based mammography facilities.

17 The Department shall establish a methodology to remind  
18 women who are age-appropriate for screening mammography, but  
19 who have not received a mammogram within the previous 18  
20 months, of the importance and benefit of screening mammography.

21 The Department shall establish a performance goal for  
22 primary care providers with respect to their female patients  
23 over age 40 receiving an annual mammogram. This performance  
24 goal shall be used to provide additional reimbursement in the  
25 form of a quality performance bonus to primary care providers  
26 who meet that goal.

1           The Department shall devise a means of case-managing or  
2 patient navigation for beneficiaries diagnosed with breast  
3 cancer. This program shall initially operate as a pilot program  
4 in areas of the State with the highest incidence of mortality  
5 related to breast cancer. At least one pilot program site shall  
6 be in the metropolitan Chicago area and at least one site shall  
7 be outside the metropolitan Chicago area. An evaluation of the  
8 pilot program shall be carried out measuring health outcomes  
9 and cost of care for those served by the pilot program compared  
10 to similarly situated patients who are not served by the pilot  
11 program.

12           Any medical or health care provider shall immediately  
13 recommend, to any pregnant woman who is being provided prenatal  
14 services and is suspected of drug abuse or is addicted as  
15 defined in the Alcoholism and Other Drug Abuse and Dependency  
16 Act, referral to a local substance abuse treatment provider  
17 licensed by the Department of Human Services or to a licensed  
18 hospital which provides substance abuse treatment services.  
19 The Department of Healthcare and Family Services shall assure  
20 coverage for the cost of treatment of the drug abuse or  
21 addiction for pregnant recipients in accordance with the  
22 Illinois Medicaid Program in conjunction with the Department of  
23 Human Services.

24           All medical providers providing medical assistance to  
25 pregnant women under this Code shall receive information from  
26 the Department on the availability of services under the Drug

1 Free Families with a Future or any comparable program providing  
2 case management services for addicted women, including  
3 information on appropriate referrals for other social services  
4 that may be needed by addicted women in addition to treatment  
5 for addiction.

6 The Illinois Department, in cooperation with the  
7 Departments of Human Services (as successor to the Department  
8 of Alcoholism and Substance Abuse) and Public Health, through a  
9 public awareness campaign, may provide information concerning  
10 treatment for alcoholism and drug abuse and addiction, prenatal  
11 health care, and other pertinent programs directed at reducing  
12 the number of drug-affected infants born to recipients of  
13 medical assistance.

14 Neither the Department of Healthcare and Family Services  
15 nor the Department of Human Services shall sanction the  
16 recipient solely on the basis of her substance abuse.

17 The Illinois Department shall establish such regulations  
18 governing the dispensing of health services under this Article  
19 as it shall deem appropriate. The Department should seek the  
20 advice of formal professional advisory committees appointed by  
21 the Director of the Illinois Department for the purpose of  
22 providing regular advice on policy and administrative matters,  
23 information dissemination and educational activities for  
24 medical and health care providers, and consistency in  
25 procedures to the Illinois Department.

26 The Illinois Department may develop and contract with

1 Partnerships of medical providers to arrange medical services  
2 for persons eligible under Section 5-2 of this Code.  
3 Implementation of this Section may be by demonstration projects  
4 in certain geographic areas. The Partnership shall be  
5 represented by a sponsor organization. The Department, by rule,  
6 shall develop qualifications for sponsors of Partnerships.  
7 Nothing in this Section shall be construed to require that the  
8 sponsor organization be a medical organization.

9 The sponsor must negotiate formal written contracts with  
10 medical providers for physician services, inpatient and  
11 outpatient hospital care, home health services, treatment for  
12 alcoholism and substance abuse, and other services determined  
13 necessary by the Illinois Department by rule for delivery by  
14 Partnerships. Physician services must include prenatal and  
15 obstetrical care. The Illinois Department shall reimburse  
16 medical services delivered by Partnership providers to clients  
17 in target areas according to provisions of this Article and the  
18 Illinois Health Finance Reform Act, except that:

19 (1) Physicians participating in a Partnership and  
20 providing certain services, which shall be determined by  
21 the Illinois Department, to persons in areas covered by the  
22 Partnership may receive an additional surcharge for such  
23 services.

24 (2) The Department may elect to consider and negotiate  
25 financial incentives to encourage the development of  
26 Partnerships and the efficient delivery of medical care.

1           (3) Persons receiving medical services through  
2           Partnerships may receive medical and case management  
3           services above the level usually offered through the  
4           medical assistance program.

5           Medical providers shall be required to meet certain  
6           qualifications to participate in Partnerships to ensure the  
7           delivery of high quality medical services. These  
8           qualifications shall be determined by rule of the Illinois  
9           Department and may be higher than qualifications for  
10          participation in the medical assistance program. Partnership  
11          sponsors may prescribe reasonable additional qualifications  
12          for participation by medical providers, only with the prior  
13          written approval of the Illinois Department.

14          Nothing in this Section shall limit the free choice of  
15          practitioners, hospitals, and other providers of medical  
16          services by clients. In order to ensure patient freedom of  
17          choice, the Illinois Department shall immediately promulgate  
18          all rules and take all other necessary actions so that provided  
19          services may be accessed from therapeutically certified  
20          optometrists to the full extent of the Illinois Optometric  
21          Practice Act of 1987 without discriminating between service  
22          providers.

23          The Department shall apply for a waiver from the United  
24          States Health Care Financing Administration to allow for the  
25          implementation of Partnerships under this Section.

26          The Illinois Department shall require health care



1 providers to maintain records that document the medical care  
2 and services provided to recipients of Medical Assistance under  
3 this Article. Such records must be retained for a period of not  
4 less than 6 years from the date of service or as provided by  
5 applicable State law, whichever period is longer, except that  
6 if an audit is initiated within the required retention period  
7 then the records must be retained until the audit is completed  
8 and every exception is resolved. The Illinois Department shall  
9 require health care providers to make available, when  
10 authorized by the patient, in writing, the medical records in a  
11 timely fashion to other health care providers who are treating  
12 or serving persons eligible for Medical Assistance under this  
13 Article. All dispensers of medical services shall be required  
14 to maintain and retain business and professional records  
15 sufficient to fully and accurately document the nature, scope,  
16 details and receipt of the health care provided to persons  
17 eligible for medical assistance under this Code, in accordance  
18 with regulations promulgated by the Illinois Department. The  
19 rules and regulations shall require that proof of the receipt  
20 of prescription drugs, dentures, prosthetic devices and  
21 eyeglasses by eligible persons under this Section accompany  
22 each claim for reimbursement submitted by the dispenser of such  
23 medical services. No such claims for reimbursement shall be  
24 approved for payment by the Illinois Department without such  
25 proof of receipt, unless the Illinois Department shall have put  
26 into effect and shall be operating a system of post-payment

1 audit and review which shall, on a sampling basis, be deemed  
2 adequate by the Illinois Department to assure that such drugs,  
3 dentures, prosthetic devices and eyeglasses for which payment  
4 is being made are actually being received by eligible  
5 recipients. Within 90 days after the effective date of this  
6 amendatory Act of 1984, the Illinois Department shall establish  
7 a current list of acquisition costs for all prosthetic devices  
8 and any other items recognized as medical equipment and  
9 supplies reimbursable under this Article and shall update such  
10 list on a quarterly basis, except that the acquisition costs of  
11 all prescription drugs shall be updated no less frequently than  
12 every 30 days as required by Section 5-5.12.

13 The rules and regulations of the Illinois Department shall  
14 require that a written statement including the required opinion  
15 of a physician shall accompany any claim for reimbursement for  
16 abortions, or induced miscarriages or premature births. This  
17 statement shall indicate what procedures were used in providing  
18 such medical services.

19 Notwithstanding any other law to the contrary, the Illinois  
20 Department shall, within 365 days after July 22, 2013~~7~~ (the  
21 effective date of Public Act 98-104), establish procedures to  
22 permit skilled care facilities licensed under the Nursing Home  
23 Care Act to submit monthly billing claims for reimbursement  
24 purposes. Following development of these procedures, the  
25 Department shall have an additional 365 days to test the  
26 viability of the new system and to ensure that any necessary

1 operational or structural changes to its information  
2 technology platforms are implemented.

3 Notwithstanding any other law to the contrary, the Illinois  
4 Department shall, within 365 days after August 15, 2014 (the  
5 effective date of Public Act 98-963) ~~this amendatory Act of the~~  
6 ~~98th General Assembly~~, establish procedures to permit ID/DD  
7 facilities licensed under the ID/DD Community Care Act to  
8 submit monthly billing claims for reimbursement purposes.  
9 Following development of these procedures, the Department  
10 shall have an additional 365 days to test the viability of the  
11 new system and to ensure that any necessary operational or  
12 structural changes to its information technology platforms are  
13 implemented.

14 The Illinois Department shall require all dispensers of  
15 medical services, other than an individual practitioner or  
16 group of practitioners, desiring to participate in the Medical  
17 Assistance program established under this Article to disclose  
18 all financial, beneficial, ownership, equity, surety or other  
19 interests in any and all firms, corporations, partnerships,  
20 associations, business enterprises, joint ventures, agencies,  
21 institutions or other legal entities providing any form of  
22 health care services in this State under this Article.

23 The Illinois Department may require that all dispensers of  
24 medical services desiring to participate in the medical  
25 assistance program established under this Article disclose,  
26 under such terms and conditions as the Illinois Department may

1 by rule establish, all inquiries from clients and attorneys  
2 regarding medical bills paid by the Illinois Department, which  
3 inquiries could indicate potential existence of claims or liens  
4 for the Illinois Department.

5 Enrollment of a vendor shall be subject to a provisional  
6 period and shall be conditional for one year. During the period  
7 of conditional enrollment, the Department may terminate the  
8 vendor's eligibility to participate in, or may disenroll the  
9 vendor from, the medical assistance program without cause.  
10 Unless otherwise specified, such termination of eligibility or  
11 disenrollment is not subject to the Department's hearing  
12 process. However, a disenrolled vendor may reapply without  
13 penalty.

14 The Department has the discretion to limit the conditional  
15 enrollment period for vendors based upon category of risk of  
16 the vendor.

17 Prior to enrollment and during the conditional enrollment  
18 period in the medical assistance program, all vendors shall be  
19 subject to enhanced oversight, screening, and review based on  
20 the risk of fraud, waste, and abuse that is posed by the  
21 category of risk of the vendor. The Illinois Department shall  
22 establish the procedures for oversight, screening, and review,  
23 which may include, but need not be limited to: criminal and  
24 financial background checks; fingerprinting; license,  
25 certification, and authorization verifications; unscheduled or  
26 unannounced site visits; database checks; prepayment audit

1 reviews; audits; payment caps; payment suspensions; and other  
2 screening as required by federal or State law.

3 The Department shall define or specify the following: (i)  
4 by provider notice, the "category of risk of the vendor" for  
5 each type of vendor, which shall take into account the level of  
6 screening applicable to a particular category of vendor under  
7 federal law and regulations; (ii) by rule or provider notice,  
8 the maximum length of the conditional enrollment period for  
9 each category of risk of the vendor; and (iii) by rule, the  
10 hearing rights, if any, afforded to a vendor in each category  
11 of risk of the vendor that is terminated or disenrolled during  
12 the conditional enrollment period.

13 To be eligible for payment consideration, a vendor's  
14 payment claim or bill, either as an initial claim or as a  
15 resubmitted claim following prior rejection, must be received  
16 by the Illinois Department, or its fiscal intermediary, no  
17 later than 180 days after the latest date on the claim on which  
18 medical goods or services were provided, with the following  
19 exceptions:

20 (1) In the case of a provider whose enrollment is in  
21 process by the Illinois Department, the 180-day period  
22 shall not begin until the date on the written notice from  
23 the Illinois Department that the provider enrollment is  
24 complete.

25 (2) In the case of errors attributable to the Illinois  
26 Department or any of its claims processing intermediaries

1           which result in an inability to receive, process, or  
2           adjudicate a claim, the 180-day period shall not begin  
3           until the provider has been notified of the error.

4           (3) In the case of a provider for whom the Illinois  
5           Department initiates the monthly billing process.

6           (4) In the case of a provider operated by a unit of  
7           local government with a population exceeding 3,000,000  
8           when local government funds finance federal participation  
9           for claims payments.

10          For claims for services rendered during a period for which  
11          a recipient received retroactive eligibility, claims must be  
12          filed within 180 days after the Department determines the  
13          applicant is eligible. For claims for which the Illinois  
14          Department is not the primary payer, claims must be submitted  
15          to the Illinois Department within 180 days after the final  
16          adjudication by the primary payer.

17          In the case of long term care facilities, within 5 days of  
18          receipt by the facility of required prescreening information,  
19          data for new admissions shall be entered into the Medical  
20          Electronic Data Interchange (MEDI) or the Recipient  
21          Eligibility Verification (REV) System or successor system, and  
22          within 15 days of receipt by the facility of required  
23          prescreening information, admission documents shall be  
24          submitted through MEDI or REV or shall be submitted directly to  
25          the Department of Human Services using required admission  
26          forms. Effective September 1, 2014, admission documents,

1 including all prescreening information, must be submitted  
2 through MEDI or REV. Confirmation numbers assigned to an  
3 accepted transaction shall be retained by a facility to verify  
4 timely submittal. Once an admission transaction has been  
5 completed, all resubmitted claims following prior rejection  
6 are subject to receipt no later than 180 days after the  
7 admission transaction has been completed.

8 Claims that are not submitted and received in compliance  
9 with the foregoing requirements shall not be eligible for  
10 payment under the medical assistance program, and the State  
11 shall have no liability for payment of those claims.

12 To the extent consistent with applicable information and  
13 privacy, security, and disclosure laws, State and federal  
14 agencies and departments shall provide the Illinois Department  
15 access to confidential and other information and data necessary  
16 to perform eligibility and payment verifications and other  
17 Illinois Department functions. This includes, but is not  
18 limited to: information pertaining to licensure;  
19 certification; earnings; immigration status; citizenship; wage  
20 reporting; unearned and earned income; pension income;  
21 employment; supplemental security income; social security  
22 numbers; National Provider Identifier (NPI) numbers; the  
23 National Practitioner Data Bank (NPDB); program and agency  
24 exclusions; taxpayer identification numbers; tax delinquency;  
25 corporate information; and death records.

26 The Illinois Department shall enter into agreements with

1 State agencies and departments, and is authorized to enter into  
2 agreements with federal agencies and departments, under which  
3 such agencies and departments shall share data necessary for  
4 medical assistance program integrity functions and oversight.  
5 The Illinois Department shall develop, in cooperation with  
6 other State departments and agencies, and in compliance with  
7 applicable federal laws and regulations, appropriate and  
8 effective methods to share such data. At a minimum, and to the  
9 extent necessary to provide data sharing, the Illinois  
10 Department shall enter into agreements with State agencies and  
11 departments, and is authorized to enter into agreements with  
12 federal agencies and departments, including but not limited to:  
13 the Secretary of State; the Department of Revenue; the  
14 Department of Public Health; the Department of Human Services;  
15 and the Department of Financial and Professional Regulation.

16 Beginning in fiscal year 2013, the Illinois Department  
17 shall set forth a request for information to identify the  
18 benefits of a pre-payment, post-adjudication, and post-edit  
19 claims system with the goals of streamlining claims processing  
20 and provider reimbursement, reducing the number of pending or  
21 rejected claims, and helping to ensure a more transparent  
22 adjudication process through the utilization of: (i) provider  
23 data verification and provider screening technology; and (ii)  
24 clinical code editing; and (iii) pre-pay, pre- or  
25 post-adjudicated predictive modeling with an integrated case  
26 management system with link analysis. Such a request for



1 information shall not be considered as a request for proposal  
2 or as an obligation on the part of the Illinois Department to  
3 take any action or acquire any products or services.

4 The Illinois Department shall establish policies,  
5 procedures, standards and criteria by rule for the acquisition,  
6 repair and replacement of orthotic and prosthetic devices and  
7 durable medical equipment. Such rules shall provide, but not be  
8 limited to, the following services: (1) immediate repair or  
9 replacement of such devices by recipients; and (2) rental,  
10 lease, purchase or lease-purchase of durable medical equipment  
11 in a cost-effective manner, taking into consideration the  
12 recipient's medical prognosis, the extent of the recipient's  
13 needs, and the requirements and costs for maintaining such  
14 equipment. Subject to prior approval, such rules shall enable a  
15 recipient to temporarily acquire and use alternative or  
16 substitute devices or equipment pending repairs or  
17 replacements of any device or equipment previously authorized  
18 for such recipient by the Department.

19 The Department shall execute, relative to the nursing home  
20 prescreening project, written inter-agency agreements with the  
21 Department of Human Services and the Department on Aging, to  
22 effect the following: (i) intake procedures and common  
23 eligibility criteria for those persons who are receiving  
24 non-institutional services; and (ii) the establishment and  
25 development of non-institutional services in areas of the State  
26 where they are not currently available or are undeveloped; and

1 (iii) notwithstanding any other provision of law, subject to  
2 federal approval, on and after July 1, 2012, an increase in the  
3 determination of need (DON) scores from 29 to 37 for applicants  
4 for institutional and home and community-based long term care;  
5 if and only if federal approval is not granted, the Department  
6 may, in conjunction with other affected agencies, implement  
7 utilization controls or changes in benefit packages to  
8 effectuate a similar savings amount for this population; and  
9 (iv) no later than July 1, 2013, minimum level of care  
10 eligibility criteria for institutional and home and  
11 community-based long term care; and (v) no later than October  
12 1, 2013, establish procedures to permit long term care  
13 providers access to eligibility scores for individuals with an  
14 admission date who are seeking or receiving services from the  
15 long term care provider. In order to select the minimum level  
16 of care eligibility criteria, the Governor shall establish a  
17 workgroup that includes affected agency representatives and  
18 stakeholders representing the institutional and home and  
19 community-based long term care interests. This Section shall  
20 not restrict the Department from implementing lower level of  
21 care eligibility criteria for community-based services in  
22 circumstances where federal approval has been granted.

23 The Illinois Department shall develop and operate, in  
24 cooperation with other State Departments and agencies and in  
25 compliance with applicable federal laws and regulations,  
26 appropriate and effective systems of health care evaluation and

1 programs for monitoring of utilization of health care services  
2 and facilities, as it affects persons eligible for medical  
3 assistance under this Code.

4 The Illinois Department shall report annually to the  
5 General Assembly, no later than the second Friday in April of  
6 1979 and each year thereafter, in regard to:

7 (a) actual statistics and trends in utilization of  
8 medical services by public aid recipients;

9 (b) actual statistics and trends in the provision of  
10 the various medical services by medical vendors;

11 (c) current rate structures and proposed changes in  
12 those rate structures for the various medical vendors; and

13 (d) efforts at utilization review and control by the  
14 Illinois Department.

15 The period covered by each report shall be the 3 years  
16 ending on the June 30 prior to the report. The report shall  
17 include suggested legislation for consideration by the General  
18 Assembly. The filing of one copy of the report with the  
19 Speaker, one copy with the Minority Leader and one copy with  
20 the Clerk of the House of Representatives, one copy with the  
21 President, one copy with the Minority Leader and one copy with  
22 the Secretary of the Senate, one copy with the Legislative  
23 Research Unit, and such additional copies with the State  
24 Government Report Distribution Center for the General Assembly  
25 as is required under paragraph (t) of Section 7 of the State  
26 Library Act shall be deemed sufficient to comply with this

1 Section.

2 Rulemaking authority to implement Public Act 95-1045, if  
3 any, is conditioned on the rules being adopted in accordance  
4 with all provisions of the Illinois Administrative Procedure  
5 Act and all rules and procedures of the Joint Committee on  
6 Administrative Rules; any purported rule not so adopted, for  
7 whatever reason, is unauthorized.

8 On and after July 1, 2012, the Department shall reduce any  
9 rate of reimbursement for services or other payments or alter  
10 any methodologies authorized by this Code to reduce any rate of  
11 reimbursement for services or other payments in accordance with  
12 Section 5-5e.

13 Because kidney transplantation can be an appropriate, cost  
14 effective alternative to renal dialysis when medically  
15 necessary and notwithstanding the provisions of Section 1-11 of  
16 this Code, beginning October 1, 2014, the Department shall  
17 cover kidney transplantation for noncitizens with end-stage  
18 renal disease who are not eligible for comprehensive medical  
19 benefits, who meet the residency requirements of Section 5-3 of  
20 this Code, and who would otherwise meet the financial  
21 requirements of the appropriate class of eligible persons under  
22 Section 5-2 of this Code. To qualify for coverage of kidney  
23 transplantation, such person must be receiving emergency renal  
24 dialysis services covered by the Department. Providers under  
25 this Section shall be prior approved and certified by the  
26 Department to perform kidney transplantation and the services

1 under this Section shall be limited to services associated with  
2 kidney transplantation.

3 Notwithstanding any other provision of this Code to the  
4 contrary, on or after July 1, 2015, all FDA approved forms of  
5 medication assisted treatment prescribed for the treatment of  
6 alcohol dependence or treatment of opioid dependence shall be  
7 covered under both fee for service and managed care medical  
8 assistance programs for persons who are otherwise eligible for  
9 medical assistance under this Article and shall not be subject  
10 to any (1) utilization control, other than those established  
11 under the American Society of Addiction Medicine patient  
12 placement criteria, (2) prior authorization mandate, or (3)  
13 lifetime restriction limit mandate.

14 On or after July 1, 2015, opioid antagonists prescribed for  
15 the treatment of an opioid overdose, including the medication  
16 product, administration devices, and any pharmacy fees related  
17 to the dispensing and administration of the opioid antagonist,  
18 shall be covered under the medical assistance program for  
19 persons who are otherwise eligible for medical assistance under  
20 this Article. As used in this Section, "opioid antagonist"  
21 means a drug that binds to opioid receptors and blocks or  
22 inhibits the effect of opioids acting on those receptors,  
23 including, but not limited to, naloxone hydrochloride or any  
24 other similarly acting drug approved by the U.S. Food and Drug  
25 Administration.

26 (Source: P.A. 97-48, eff. 6-28-11; 97-638, eff. 1-1-12; 97-689,

1 eff. 6-14-12; 97-1061, eff. 8-24-12; 98-104, Article 9, Section  
2 9-5, eff. 7-22-13; 98-104, Article 12, Section 12-20, eff.  
3 7-22-13; 98-303, eff. 8-9-13; 98-463, eff. 8-16-13; 98-651,  
4 eff. 6-16-14; 98-756, eff. 7-16-14; 98-963, eff. 8-15-14;  
5 revised 10-2-14.)

6 (305 ILCS 5/5-16.8)

7 Sec. 5-16.8. Required health benefits. The medical  
8 assistance program shall (i) provide the post-mastectomy care  
9 benefits required to be covered by a policy of accident and  
10 health insurance under Section 356t and the coverage required  
11 under Sections 356g.5, 356u, 356w, 356x, and 356z.6 of the  
12 Illinois Insurance Code and (ii) be subject to the provisions  
13 of Sections 356z.19, ~~and~~ 364.01, 370c, and 370c.1 of the  
14 Illinois Insurance Code.

15 On and after July 1, 2012, the Department shall reduce any  
16 rate of reimbursement for services or other payments or alter  
17 any methodologies authorized by this Code to reduce any rate of  
18 reimbursement for services or other payments in accordance with  
19 Section 5-5e.

20 (Source: P.A. 97-282, eff. 8-9-11; 97-689, eff. 6-14-12.)

21 Section 5-88. The Environmental Protection Act is amended  
22 by changing Section 22.55 as follows:

23 (415 ILCS 5/22.55)

1           Sec. 22.55. Household Waste Drop-off Points.

2           (a) Findings; Purpose and Intent.

3                 (1) The General Assembly finds that protection of human  
4 health and the environment can be enhanced if certain  
5 commonly generated household wastes are managed separately  
6 from the general household waste stream.

7                 (2) The purpose of this Section is to provide, to the  
8 extent allowed under federal law, a method for managing  
9 certain types of household waste separately from the  
10 general household waste stream.

11           (b) Definitions. For the purposes of this Section:

12                 "Controlled substance" means a controlled substance as  
13 defined in the Illinois Controlled Substances Act.

14                 "Household waste" means waste generated from a single  
15 residence or multiple residences.

16                 "Household waste drop-off point" means the portion of a  
17 site or facility used solely for the receipt and temporary  
18 storage of household waste.

19                 "One-day household waste collection event" means a  
20 household waste drop-off point approved by the Agency under  
21 subsection (d) of this Section.

22                 "Personal care product" means an item other than a  
23 pharmaceutical product that is consumed or applied by an  
24 individual for personal health, hygiene, or cosmetic  
25 reasons. Personal care products include, but are not  
26 limited to, items used in bathing, dressing, or grooming.

1           "Pharmaceutical product" means medicine or a product  
2 containing medicine. A pharmaceutical product may be sold  
3 by prescription or over the counter. "Pharmaceutical  
4 product" does not include ~~(i)~~ medicine that contains a  
5 radioactive component or a product that contains a  
6 radioactive component ~~or (ii) a controlled substance.~~

7           (c) Except as otherwise provided in Agency rules, the  
8 following requirements apply to each household waste drop-off  
9 point other than a one-day household waste collection event:

10           (1) A household waste drop-off point must not accept  
11 waste other than the following types of household waste:  
12 pharmaceutical products, personal care products, batteries  
13 other than lead-acid batteries, paints, automotive fluids,  
14 compact fluorescent lightbulbs, mercury thermometers, and  
15 mercury thermostats. A household waste drop-off point may  
16 accept controlled substances in accordance with federal  
17 law.

18           (2) Except as provided in subdivision (c)(2) of this  
19 Section, household waste drop-off points must be located at  
20 a site or facility where the types of products accepted at  
21 the household waste drop-off point are lawfully sold,  
22 distributed, or dispensed. For example, household waste  
23 drop-off points that accept prescription pharmaceutical  
24 products must be located at a site or facility where  
25 prescription pharmaceutical products are sold,  
26 distributed, or dispensed.



1           (A) Subdivision (c)(2) of this Section does not  
2           apply to household waste drop-off points operated by a  
3           government or school entity, or by an association or  
4           other organization of government or school entities.

5           (B) Household waste drop-off points that accept  
6           mercury thermometers can be located at any site or  
7           facility where non-mercury thermometers are sold,  
8           distributed, or dispensed.

9           (C) Household waste drop-off points that accept  
10          mercury thermostats can be located at any site or  
11          facility where non-mercury thermostats are sold,  
12          distributed, or dispensed.

13          (3) The location of acceptance for each type of waste  
14          accepted at the household waste drop-off point must be  
15          clearly identified. Locations where pharmaceutical  
16          products are accepted must also include a copy of the sign  
17          required under subsection (j) of this Section.

18          (4) Household waste must be accepted only from private  
19          individuals. Waste must not be accepted from other persons,  
20          including, but not limited to, owners and operators of  
21          rented or leased residences where the household waste was  
22          generated, commercial haulers, and other commercial,  
23          industrial, agricultural, and government operations or  
24          entities.

25          (5) If more than one type of household waste is  
26          accepted, each type of household waste must be managed

1 separately prior to its packaging for off-site transfer.

2 (6) Household waste must not be stored for longer than  
3 90 days after its receipt, except as otherwise approved by  
4 the Agency in writing.

5 (7) Household waste must be managed in a manner that  
6 protects against releases of the waste, prevents  
7 nuisances, and otherwise protects human health and the  
8 environment. Household waste must also be properly secured  
9 to prevent unauthorized public access to the waste,  
10 including, but not limited to, preventing access to the  
11 waste during the non-business hours of the site or facility  
12 on which the household waste drop-off point is located.  
13 Containers in which pharmaceutical products are collected  
14 must be clearly marked "No Controlled Substances", unless  
15 the household waste drop-off point accepts controlled  
16 substances in accordance with federal law.

17 (8) Management of the household waste must be limited  
18 to the following: (i) acceptance of the waste, (ii)  
19 temporary storage of the waste prior to transfer, and (iii)  
20 off-site transfer of the waste and packaging for off-site  
21 transfer.

22 (9) Off-site transfer of the household waste must  
23 comply with federal and State laws and regulations.

24 (d) One-day household waste collection events. To further  
25 aid in the collection of certain household wastes, the Agency  
26 may approve the operation of one-day household waste collection

1 events. The Agency shall not approve a one-day household waste  
2 collection event at the same site or facility for more than one  
3 day each calendar quarter. Requests for approval must be  
4 submitted on forms prescribed by the Agency. The Agency must  
5 issue its approval in writing, and it may impose conditions as  
6 necessary to protect human health and the environment and to  
7 otherwise accomplish the purposes of this Act. One-day  
8 household waste collection events must be operated in  
9 accordance with the Agency's approval, including all  
10 conditions contained in the approval. The following  
11 requirements apply to all one-day household waste collection  
12 events, in addition to the conditions contained in the Agency's  
13 approval:

14 (1) Waste accepted at the event must be limited to  
15 household waste and must not include garbage, landscape  
16 waste, ~~controlled substances,~~ or other waste excluded by  
17 the Agency in the Agency's approval or any conditions  
18 contained in the approval. A one-day household waste  
19 collection event may accept controlled substances in  
20 accordance with federal law.

21 (2) Household waste must be accepted only from private  
22 individuals. Waste must not be accepted from other persons,  
23 including, but not limited to, owners and operators of  
24 rented or leased residences where the household waste was  
25 generated, commercial haulers, and other commercial,  
26 industrial, agricultural, and government operations or

1 entities.

2 (3) Household waste must be managed in a manner that  
3 protects against releases of the waste, prevents  
4 nuisances, and otherwise protects human health and the  
5 environment. Household waste must also be properly secured  
6 to prevent public access to the waste, including, but not  
7 limited to, preventing access to the waste during the  
8 event's non-business hours.

9 (4) Management of the household waste must be limited  
10 to the following: (i) acceptance of the waste, (ii)  
11 temporary storage of the waste before transfer, and (iii)  
12 off-site transfer of the waste or packaging for off-site  
13 transfer.

14 (5) Except as otherwise approved by the Agency, all  
15 household waste received at the collection event must be  
16 transferred off-site by the end of the day following the  
17 collection event.

18 (6) The transfer and ultimate disposition of household  
19 waste received at the collection event must comply with the  
20 Agency's approval, including all conditions contained in  
21 the approval.

22 (e) The Agency may adopt rules governing the operation of  
23 household waste drop-off points other than one-day household  
24 waste collection events. Those rules must be designed to  
25 protect against releases of waste to the environment, prevent  
26 nuisances, and otherwise protect human health and the

1 environment. As necessary to address different circumstances,  
2 the regulations may contain different requirements for  
3 different types of household waste and different types of  
4 household waste drop-off points, and the regulations may modify  
5 the requirements set forth in subsection (c) of this Section.  
6 The regulations may include, but are not limited to, the  
7 following: (i) identification of additional types of household  
8 waste that can be collected at household waste drop-off points,  
9 (ii) identification of the different types of household wastes  
10 that can be received at different household waste drop-off  
11 points, (iii) the maximum amounts of each type of household  
12 waste that can be stored at household waste drop-off points at  
13 any one time, and (iv) the maximum time periods each type of  
14 household waste can be stored at household waste drop-off  
15 points.

16 (f) Prohibitions.

17 (1) Except as authorized in a permit issued by the  
18 Agency, no person shall cause or allow the operation of a  
19 household waste drop-off point other than a one-day  
20 household waste collection event in violation of this  
21 Section or any regulations adopted under this Section.

22 (2) No person shall cause or allow the operation of a  
23 one-day household waste collection event in violation of  
24 this Section or the Agency's approval issued under  
25 subsection (d) of this Section, including all conditions  
26 contained in the approval.

1 (g) Permit exemptions.

2 (1) No permit is required under subdivision (d)(1) of  
3 Section 21 of this Act for the operation of a household  
4 waste drop-off point other than a one-day household waste  
5 collection event if the household waste drop-off point is  
6 operated in accordance with this Section and all  
7 regulations adopted under this Section.

8 (2) No permit is required under subdivision (d)(1) of  
9 Section 21 of this Act for the operation of a one-day  
10 household waste collection event if the event is operated  
11 in accordance with this Section and the Agency's approval  
12 issued under subsection (d) of this Section, including all  
13 conditions contained in the approval, or for the operation  
14 of a household waste collection event by the Agency.

15 (h) This Section does not apply to the following:

16 (1) Persons accepting household waste that they are  
17 authorized to accept under a permit issued by the Agency.

18 (2) Sites or facilities operated pursuant to an  
19 intergovernmental agreement entered into with the Agency  
20 under Section 22.16b(d) of this Act.

21 (i) The Agency, in consultation with the Department of  
22 Public Health, must develop and implement a public information  
23 program regarding household waste drop-off points that accept  
24 pharmaceutical products, as well as mail-back programs  
25 authorized under federal law.

26 (j) The Agency must develop a sign that provides

1 information on the proper disposal of unused pharmaceutical  
2 products. The sign shall include information on approved  
3 drop-off sites or list a website where updated information on  
4 drop-off sites can be accessed. The sign shall also include  
5 information on mail-back programs and self-disposal. The  
6 Agency shall make a copy of the sign available for downloading  
7 from its website. Every pharmacy shall display the sign in the  
8 area where medications are dispensed and shall also display any  
9 signs the Agency develops regarding local take-back programs or  
10 household waste collection events. These signs shall be no  
11 larger than 8.5 inches by 11 inches.

12 (k) If an entity chooses to participate as a household  
13 waste drop-off point, then it must follow the provisions of  
14 this Section and any rules the Agency may adopt governing  
15 household waste drop-off points.

16 (l) The Agency shall establish, by rule, a statewide  
17 medication take-back program by June 1, 2016 to ensure that  
18 there are pharmaceutical product disposal options regularly  
19 available for residents across the State. No private entity may  
20 be compelled to serve as or fund a take-back location or  
21 program. Medications collected and disposed of under the  
22 program shall include controlled substances approved for  
23 collection by federal law. All medications collected and  
24 disposed of under the program must be managed in accordance  
25 with all applicable federal and State laws and regulations. The  
26 Agency shall issue a report to the General Assembly by June 1,

1 2019 detailing the amount of pharmaceutical products annually  
2 collected under the program, as well as any legislative  
3 recommendations.

4 (Source: P.A. 96-121, eff. 8-4-09.)

5 Section 5-90. The Criminal Code of 2012 is amended by  
6 changing Section 29B-1 as follows:

7 (720 ILCS 5/29B-1) (from Ch. 38, par. 29B-1)

8 Sec. 29B-1. (a) A person commits the offense of money  
9 laundering:

10 (1) when, knowing that the property involved in a  
11 financial transaction represents the proceeds of some form  
12 of unlawful activity, he or she conducts or attempts to  
13 conduct such a financial transaction which in fact involves  
14 criminally derived property:

15 (A) with the intent to promote the carrying on of  
16 the unlawful activity from which the criminally  
17 derived property was obtained; or

18 (B) where he or she knows or reasonably should know  
19 that the financial transaction is designed in whole or  
20 in part:

21 (i) to conceal or disguise the nature, the  
22 location, the source, the ownership or the control  
23 of the criminally derived property; or

24 (ii) to avoid a transaction reporting



1 requirement under State law; or

2 (1.5) when he or she transports, transmits, or  
3 transfers, or attempts to transport, transmit, or transfer  
4 a monetary instrument:

5 (A) with the intent to promote the carrying on of  
6 the unlawful activity from which the criminally  
7 derived property was obtained; or

8 (B) knowing, or having reason to know, that the  
9 financial transaction is designed in whole or in part:

10 (i) to conceal or disguise the nature, the  
11 location, the source, the ownership or the control  
12 of the criminally derived property; or

13 (ii) to avoid a transaction reporting  
14 requirement under State law; or

15 (2) when, with the intent to:

16 (A) promote the carrying on of a specified criminal  
17 activity as defined in this Article; or

18 (B) conceal or disguise the nature, location,  
19 source, ownership, or control of property believed to  
20 be the proceeds of a specified criminal activity as  
21 defined by subdivision (b) (6); or

22 (C) avoid a transaction reporting requirement  
23 under State law,

24 he or she conducts or attempts to conduct a financial  
25 transaction involving property he or she believes to be the  
26 proceeds of specified criminal activity as defined by

1 subdivision (b)(6) or property used to conduct or  
2 facilitate specified criminal activity as defined by  
3 subdivision (b)(6).

4 (b) As used in this Section:

5 (0.5) "Knowing that the property involved in a  
6 financial transaction represents the proceeds of some form  
7 of unlawful activity" means that the person knew the  
8 property involved in the transaction represented proceeds  
9 from some form, though not necessarily which form, of  
10 activity that constitutes a felony under State, federal, or  
11 foreign law.

12 (1) "Financial transaction" means a purchase, sale,  
13 loan, pledge, gift, transfer, delivery or other  
14 disposition utilizing criminally derived property, and  
15 with respect to financial institutions, includes a  
16 deposit, withdrawal, transfer between accounts, exchange  
17 of currency, loan, extension of credit, purchase or sale of  
18 any stock, bond, certificate of deposit or other monetary  
19 instrument, use of safe deposit box, or any other payment,  
20 transfer or delivery by, through, or to a financial  
21 institution. For purposes of clause (a)(2) of this Section,  
22 the term "financial transaction" also means a transaction  
23 which without regard to whether the funds, monetary  
24 instruments, or real or personal property involved in the  
25 transaction are criminally derived, any transaction which  
26 in any way or degree: (1) involves the movement of funds by

1 wire or any other means; (2) involves one or more monetary  
2 instruments; or (3) the transfer of title to any real or  
3 personal property. The receipt by an attorney of bona fide  
4 fees for the purpose of legal representation is not a  
5 financial transaction for purposes of this Section.

6 (2) "Financial institution" means any bank; saving and  
7 loan association; trust company; agency or branch of a  
8 foreign bank in the United States; currency exchange;  
9 credit union, mortgage banking institution; pawnbroker;  
10 loan or finance company; operator of a credit card system;  
11 issuer, redeemer or cashier of travelers checks, checks or  
12 money orders; dealer in precious metals, stones or jewels;  
13 broker or dealer in securities or commodities; investment  
14 banker; or investment company.

15 (3) "Monetary instrument" means United States coins  
16 and currency; coins and currency of a foreign country;  
17 travelers checks; personal checks, bank checks, and money  
18 orders; investment securities; bearer negotiable  
19 instruments; bearer investment securities; or bearer  
20 securities and certificates of stock in such form that  
21 title thereto passes upon delivery.

22 (4) "Criminally derived property" means: (A) any  
23 property, real or personal, constituting or derived from  
24 proceeds obtained, directly or indirectly, from activity  
25 that constitutes a felony under State, federal, or foreign  
26 law; or (B) any property represented to be property

1           constituting or derived from proceeds obtained, directly  
2           or indirectly, from activity that constitutes a felony  
3           under State, federal, or foreign law.

4           (5) "Conduct" or "conducts" includes, in addition to  
5           its ordinary meaning, initiating, concluding, or  
6           participating in initiating or concluding a transaction.

7           (6) "Specified criminal activity" means any violation  
8           of Section 29D-15.1 (720 ILCS 5/29D-15.1) and any violation  
9           of Article 29D of this Code.

10          (7) "Director" means the Director of State Police or  
11          his or her designated agents.

12          (8) "Department" means the Department of State Police  
13          of the State of Illinois or its successor agency.

14          (9) "Transaction reporting requirement under State  
15          law" means any violation as defined under the Currency  
16          Reporting Act.

17          (c) Sentence.

18          (1) Laundering of criminally derived property of a  
19          value not exceeding \$10,000 is a Class 3 felony;

20          (2) Laundering of criminally derived property of a  
21          value exceeding \$10,000 but not exceeding \$100,000 is a  
22          Class 2 felony;

23          (3) Laundering of criminally derived property of a  
24          value exceeding \$100,000 but not exceeding \$500,000 is a  
25          Class 1 felony;

26          (4) Money laundering in violation of subsection (a)(2)

1 of this Section is a Class X felony;

2 (5) Laundering of criminally derived property of a  
3 value exceeding \$500,000 is a Class 1 non-probationable  
4 felony;

5 (6) In a prosecution under clause (a)(1.5)(B)(ii) of  
6 this Section, the sentences are as follows:

7 (A) Laundering of property of a value not exceeding  
8 \$10,000 is a Class 3 felony;

9 (B) Laundering of property of a value exceeding  
10 \$10,000 but not exceeding \$100,000 is a Class 2 felony;

11 (C) Laundering of property of a value exceeding  
12 \$100,000 but not exceeding \$500,000 is a Class 1  
13 felony;

14 (D) Laundering of property of a value exceeding  
15 \$500,000 is a Class 1 non-probationable felony.

16 (d) Evidence. In a prosecution under this Article, either  
17 party may introduce the following evidence pertaining to the  
18 issue of whether the property or proceeds were known to be some  
19 form of criminally derived property or from some form of  
20 unlawful activity:

21 (1) A financial transaction was conducted or  
22 structured or attempted in violation of the reporting  
23 requirements of any State or federal law; or

24 (2) A financial transaction was conducted or attempted  
25 with the use of a false or fictitious name or a forged  
26 instrument; or

1           (3) A falsely altered or completed written instrument  
2           or a written instrument that contains any materially false  
3           personal identifying information was made, used, offered  
4           or presented, whether accepted or not, in connection with a  
5           financial transaction; or

6           (4) A financial transaction was structured or  
7           attempted to be structured so as to falsely report the  
8           actual consideration or value of the transaction; or

9           (5) A money transmitter, a person engaged in a trade or  
10          business or any employee of a money transmitter or a person  
11          engaged in a trade or business, knows or reasonably should  
12          know that false personal identifying information has been  
13          presented and incorporates the false personal identifying  
14          information into any report or record; or

15          (6) The criminally derived property is transported or  
16          possessed in a fashion inconsistent with the ordinary or  
17          usual means of transportation or possession of such  
18          property and where the property is discovered in the  
19          absence of any documentation or other indicia of legitimate  
20          origin or right to such property; or

21          (7) A person pays or receives substantially less than  
22          face value for one or more monetary instruments; or

23          (8) A person engages in a transaction involving one or  
24          more monetary instruments, where the physical condition or  
25          form of the monetary instrument or instruments makes it  
26          apparent that they are not the product of bona fide

1 business or financial transactions.

2 (e) Duty to enforce this Article.

3 (1) It is the duty of the Department of State Police,  
4 and its agents, officers, and investigators, to enforce all  
5 provisions of this Article, except those specifically  
6 delegated, and to cooperate with all agencies charged with  
7 the enforcement of the laws of the United States, or of any  
8 state, relating to money laundering. Only an agent,  
9 officer, or investigator designated by the Director may be  
10 authorized in accordance with this Section to serve seizure  
11 notices, warrants, subpoenas, and summonses under the  
12 authority of this State.

13 (2) Any agent, officer, investigator, or peace officer  
14 designated by the Director may: (A) make seizure of  
15 property pursuant to the provisions of this Article; and  
16 (B) perform such other law enforcement duties as the  
17 Director designates. It is the duty of all State's  
18 Attorneys to prosecute violations of this Article and  
19 institute legal proceedings as authorized under this  
20 Article.

21 (f) Protective orders.

22 (1) Upon application of the State, the court may enter  
23 a restraining order or injunction, require the execution of  
24 a satisfactory performance bond, or take any other action  
25 to preserve the availability of property described in  
26 subsection (h) for forfeiture under this Article:

1 (A) upon the filing of an indictment, information,  
2 or complaint charging a violation of this Article for  
3 which forfeiture may be ordered under this Article and  
4 alleging that the property with respect to which the  
5 order is sought would be subject to forfeiture under  
6 this Article; or

7 (B) prior to the filing of such an indictment,  
8 information, or complaint, if, after notice to persons  
9 appearing to have an interest in the property and  
10 opportunity for a hearing, the court determines that:

11 (i) there is probable cause to believe that the  
12 State will prevail on the issue of forfeiture and  
13 that failure to enter the order will result in the  
14 property being destroyed, removed from the  
15 jurisdiction of the court, or otherwise made  
16 unavailable for forfeiture; and

17 (ii) the need to preserve the availability of  
18 the property through the entry of the requested  
19 order outweighs the hardship on any party against  
20 whom the order is to be entered.

21 Provided, however, that an order entered pursuant  
22 to subparagraph (B) shall be effective for not more  
23 than 90 days, unless extended by the court for good  
24 cause shown or unless an indictment, information,  
25 complaint, or administrative notice has been filed.

26 (2) A temporary restraining order under this



1 subsection may be entered upon application of the State  
2 without notice or opportunity for a hearing when an  
3 indictment, information, complaint, or administrative  
4 notice has not yet been filed with respect to the property,  
5 if the State demonstrates that there is probable cause to  
6 believe that the property with respect to which the order  
7 is sought would be subject to forfeiture under this Section  
8 and that provision of notice will jeopardize the  
9 availability of the property for forfeiture. Such a  
10 temporary order shall expire not more than 30 days after  
11 the date on which it is entered, unless extended for good  
12 cause shown or unless the party against whom it is entered  
13 consents to an extension for a longer period. A hearing  
14 requested concerning an order entered under this paragraph  
15 shall be held at the earliest possible time and prior to  
16 the expiration of the temporary order.

17 (3) The court may receive and consider, at a hearing  
18 held pursuant to this subsection (f), evidence and  
19 information that would be inadmissible under the Illinois  
20 rules of evidence.

21 (4) Order to repatriate and deposit.

22 (A) In general. Pursuant to its authority to enter  
23 a pretrial restraining order under this Section, the  
24 court may order a defendant to repatriate any property  
25 that may be seized and forfeited and to deposit that  
26 property pending trial with the Illinois State Police

1 or another law enforcement agency designated by the  
2 Illinois State Police.

3 (B) Failure to comply. Failure to comply with an  
4 order under this subsection (f) is punishable as a  
5 civil or criminal contempt of court.

6 (g) Warrant of seizure. The State may request the issuance  
7 of a warrant authorizing the seizure of property described in  
8 subsection (h) in the same manner as provided for a search  
9 warrant. If the court determines that there is probable cause  
10 to believe that the property to be seized would be subject to  
11 forfeiture, the court shall issue a warrant authorizing the  
12 seizure of such property.

13 (h) Forfeiture.

14 (1) The following are subject to forfeiture:

15 (A) any property, real or personal, constituting,  
16 derived from, or traceable to any proceeds the person  
17 obtained directly or indirectly, as a result of a  
18 violation of this Article;

19 (B) any of the person's property used, or intended  
20 to be used, in any manner or part, to commit, or to  
21 facilitate the commission of, a violation of this  
22 Article;

23 (C) all conveyances, including aircraft, vehicles  
24 or vessels, which are used, or intended for use, to  
25 transport, or in any manner to facilitate the  
26 transportation, sale, receipt, possession, or

1           concealment of property described in subparagraphs (A)  
2           and (B), but:

3                   (i) no conveyance used by any person as a  
4                   common carrier in the transaction of business as a  
5                   common carrier is subject to forfeiture under this  
6                   Section unless it appears that the owner or other  
7                   person in charge of the conveyance is a consenting  
8                   party or privy to a violation of this Article;

9                   (ii) no conveyance is subject to forfeiture  
10                   under this Section by reason of any act or omission  
11                   which the owner proves to have been committed or  
12                   omitted without his or her knowledge or consent;

13                   (iii) a forfeiture of a conveyance encumbered  
14                   by a bona fide security interest is subject to the  
15                   interest of the secured party if he or she neither  
16                   had knowledge of nor consented to the act or  
17                   omission;

18           (D) all real property, including any right, title,  
19           and interest (including, but not limited to, any  
20           leasehold interest or the beneficial interest in a land  
21           trust) in the whole of any lot or tract of land and any  
22           appurtenances or improvements, which is used or  
23           intended to be used, in any manner or part, to commit,  
24           or in any manner to facilitate the commission of, any  
25           violation of this Article or that is the proceeds of  
26           any violation or act that constitutes a violation of

1           this Article.

2           (2) Property subject to forfeiture under this Article  
3 may be seized by the Director or any peace officer upon  
4 process or seizure warrant issued by any court having  
5 jurisdiction over the property. Seizure by the Director or  
6 any peace officer without process may be made:

7           (A) if the seizure is incident to a seizure  
8 warrant;

9           (B) if the property subject to seizure has been the  
10 subject of a prior judgment in favor of the State in a  
11 criminal proceeding, or in an injunction or forfeiture  
12 proceeding based upon this Article;

13           (C) if there is probable cause to believe that the  
14 property is directly or indirectly dangerous to health  
15 or safety;

16           (D) if there is probable cause to believe that the  
17 property is subject to forfeiture under this Article  
18 and the property is seized under circumstances in which  
19 a warrantless seizure or arrest would be reasonable; or

20           (E) in accordance with the Code of Criminal  
21 Procedure of 1963.

22           (3) In the event of seizure pursuant to paragraph (2),  
23 forfeiture proceedings shall be instituted in accordance  
24 with subsections (i) through (r).

25           (4) Property taken or detained under this Section shall  
26 not be subject to replevin, but is deemed to be in the

1 custody of the Director subject only to the order and  
2 judgments of the circuit court having jurisdiction over the  
3 forfeiture proceedings and the decisions of the State's  
4 Attorney under this Article. When property is seized under  
5 this Article, the seizing agency shall promptly conduct an  
6 inventory of the seized property and estimate the  
7 property's value and shall forward a copy of the inventory  
8 of seized property and the estimate of the property's value  
9 to the Director. Upon receiving notice of seizure, the  
10 Director may:

11 (A) place the property under seal;

12 (B) remove the property to a place designated by  
13 the Director;

14 (C) keep the property in the possession of the  
15 seizing agency;

16 (D) remove the property to a storage area for  
17 safekeeping or, if the property is a negotiable  
18 instrument or money and is not needed for evidentiary  
19 purposes, deposit it in an interest bearing account;

20 (E) place the property under constructive seizure  
21 by posting notice of pending forfeiture on it, by  
22 giving notice of pending forfeiture to its owners and  
23 interest holders, or by filing notice of pending  
24 forfeiture in any appropriate public record relating  
25 to the property; or

26 (F) provide for another agency or custodian,

1 including an owner, secured party, or lienholder, to  
2 take custody of the property upon the terms and  
3 conditions set by the Director.

4 (5) When property is forfeited under this Article, the  
5 Director shall sell all such property unless such property  
6 is required by law to be destroyed or is harmful to the  
7 public, and shall distribute the proceeds of the sale,  
8 together with any moneys forfeited or seized, in accordance  
9 with paragraph (6). However, upon the application of the  
10 seizing agency or prosecutor who was responsible for the  
11 investigation, arrest or arrests and prosecution which  
12 lead to the forfeiture, the Director may return any item of  
13 forfeited property to the seizing agency or prosecutor for  
14 official use in the enforcement of laws, if the agency or  
15 prosecutor can demonstrate that the item requested would be  
16 useful to the agency or prosecutor in its enforcement  
17 efforts. When any real property returned to the seizing  
18 agency is sold by the agency or its unit of government, the  
19 proceeds of the sale shall be delivered to the Director and  
20 distributed in accordance with paragraph (6).

21 (6) All monies and the sale proceeds of all other  
22 property forfeited and seized under this Article shall be  
23 distributed as follows:

24 (A) 65% shall be distributed to the metropolitan  
25 enforcement group, local, municipal, county, or State  
26 law enforcement agency or agencies which conducted or

1 participated in the investigation resulting in the  
2 forfeiture. The distribution shall bear a reasonable  
3 relationship to the degree of direct participation of  
4 the law enforcement agency in the effort resulting in  
5 the forfeiture, taking into account the total value of  
6 the property forfeited and the total law enforcement  
7 effort with respect to the violation of the law upon  
8 which the forfeiture is based. Amounts distributed to  
9 the agency or agencies shall be used for the  
10 enforcement of laws.

11 (B) (i) 12.5% shall be distributed to the Office of  
12 the State's Attorney of the county in which the  
13 prosecution resulting in the forfeiture was  
14 instituted, deposited in a special fund in the county  
15 treasury and appropriated to the State's Attorney for  
16 use in the enforcement of laws. In counties over  
17 3,000,000 population, 25% shall be distributed to the  
18 Office of the State's Attorney for use in the  
19 enforcement of laws. If the prosecution is undertaken  
20 solely by the Attorney General, the portion provided  
21 hereunder shall be distributed to the Attorney General  
22 for use in the enforcement of laws.

23 (ii) 12.5% shall be distributed to the Office  
24 of the State's Attorneys Appellate Prosecutor and  
25 deposited in the Narcotics Profit Forfeiture Fund  
26 of that office to be used for additional expenses

1           incurred in the investigation, prosecution and  
2           appeal of cases arising under laws. The Office of  
3           the State's Attorneys Appellate Prosecutor shall  
4           not receive distribution from cases brought in  
5           counties with over 3,000,000 population.

6           (C) 10% shall be retained by the Department of  
7           State Police for expenses related to the  
8           administration and sale of seized and forfeited  
9           property.

10          Moneys and the sale proceeds distributed to the  
11          Department of State Police under this Article shall be  
12          deposited in the Money Laundering Asset Recovery Fund  
13          created in the State treasury and shall be used by the  
14          Department of State Police for State law enforcement  
15          purposes.

16          (7) All moneys and sale proceeds of property forfeited  
17          and seized under this Article and distributed according to  
18          paragraph (6) may also be used to purchase opioid  
19          antagonists as defined in Section 5-23 of the Alcoholism  
20          and Other Drug Abuse and Dependency Act.

21          (i) Notice to owner or interest holder.

22          (1) Whenever notice of pending forfeiture or service of  
23          an in rem complaint is required under the provisions of  
24          this Article, such notice or service shall be given as  
25          follows:

26          (A) If the owner's or interest holder's name and



1 current address are known, then by either personal  
2 service or mailing a copy of the notice by certified  
3 mail, return receipt requested, to that address. For  
4 purposes of notice under this Section, if a person has  
5 been arrested for the conduct giving rise to the  
6 forfeiture, then the address provided to the arresting  
7 agency at the time of arrest shall be deemed to be that  
8 person's known address. Provided, however, if an owner  
9 or interest holder's address changes prior to the  
10 effective date of the notice of pending forfeiture, the  
11 owner or interest holder shall promptly notify the  
12 seizing agency of the change in address or, if the  
13 owner or interest holder's address changes subsequent  
14 to the effective date of the notice of pending  
15 forfeiture, the owner or interest holder shall  
16 promptly notify the State's Attorney of the change in  
17 address; or

18 (B) If the property seized is a conveyance, to the  
19 address reflected in the office of the agency or  
20 official in which title or interest to the conveyance  
21 is required by law to be recorded, then by mailing a  
22 copy of the notice by certified mail, return receipt  
23 requested, to that address; or

24 (C) If the owner's or interest holder's address is  
25 not known, and is not on record as provided in  
26 paragraph (B), then by publication for 3 successive

1 weeks in a newspaper of general circulation in the  
2 county in which the seizure occurred.

3 (2) Notice served under this Article is effective upon  
4 personal service, the last date of publication, or the  
5 mailing of written notice, whichever is earlier.

6 (j) Notice to State's Attorney. The law enforcement agency  
7 seizing property for forfeiture under this Article shall,  
8 within 90 days after seizure, notify the State's Attorney for  
9 the county, either where an act or omission giving rise to the  
10 forfeiture occurred or where the property was seized, of the  
11 seizure of the property and the facts and circumstances giving  
12 rise to the seizure and shall provide the State's Attorney with  
13 the inventory of the property and its estimated value. When the  
14 property seized for forfeiture is a vehicle, the law  
15 enforcement agency seizing the property shall immediately  
16 notify the Secretary of State that forfeiture proceedings are  
17 pending regarding such vehicle.

18 (k) Non-judicial forfeiture. If non-real property that  
19 exceeds \$20,000 in value excluding the value of any conveyance,  
20 or if real property is seized under the provisions of this  
21 Article, the State's Attorney shall institute judicial in rem  
22 forfeiture proceedings as described in subsection (l) of this  
23 Section within 45 days from receipt of notice of seizure from  
24 the seizing agency under subsection (j) of this Section.  
25 However, if non-real property that does not exceed \$20,000 in  
26 value excluding the value of any conveyance is seized, the

1 following procedure shall be used:

2 (1) If, after review of the facts surrounding the  
3 seizure, the State's Attorney is of the opinion that the  
4 seized property is subject to forfeiture, then within 45  
5 days after the receipt of notice of seizure from the  
6 seizing agency, the State's Attorney shall cause notice of  
7 pending forfeiture to be given to the owner of the property  
8 and all known interest holders of the property in  
9 accordance with subsection (i) of this Section.

10 (2) The notice of pending forfeiture must include a  
11 description of the property, the estimated value of the  
12 property, the date and place of seizure, the conduct giving  
13 rise to forfeiture or the violation of law alleged, and a  
14 summary of procedures and procedural rights applicable to  
15 the forfeiture action.

16 (3) (A) Any person claiming an interest in property  
17 which is the subject of notice under paragraph (1) of this  
18 subsection (k), must, in order to preserve any rights or  
19 claims to the property, within 45 days after the effective  
20 date of notice as described in subsection (i) of this  
21 Section, file a verified claim with the State's Attorney  
22 expressing his or her interest in the property. The claim  
23 must set forth:

24 (i) the caption of the proceedings as set forth on  
25 the notice of pending forfeiture and the name of the  
26 claimant;

1           (ii) the address at which the claimant will accept  
2 mail;

3           (iii) the nature and extent of the claimant's  
4 interest in the property;

5           (iv) the date, identity of the transferor, and  
6 circumstances of the claimant's acquisition of the  
7 interest in the property;

8           (v) the name and address of all other persons known  
9 to have an interest in the property;

10          (vi) the specific provision of law relied on in  
11 asserting the property is not subject to forfeiture;

12          (vii) all essential facts supporting each  
13 assertion; and

14          (viii) the relief sought.

15          (B) If a claimant files the claim and deposits with the  
16 State's Attorney a cost bond, in the form of a cashier's  
17 check payable to the clerk of the court, in the sum of 10%  
18 of the reasonable value of the property as alleged by the  
19 State's Attorney or the sum of \$100, whichever is greater,  
20 upon condition that, in the case of forfeiture, the  
21 claimant must pay all costs and expenses of forfeiture  
22 proceedings, then the State's Attorney shall institute  
23 judicial in rem forfeiture proceedings and deposit the cost  
24 bond with the clerk of the court as described in subsection  
25 (1) of this Section within 45 days after receipt of the  
26 claim and cost bond. In lieu of a cost bond, a person

1 claiming interest in the seized property may file, under  
2 penalty of perjury, an indigency affidavit which has been  
3 approved by a circuit court judge.

4 (C) If none of the seized property is forfeited in the  
5 judicial in rem proceeding, the clerk of the court shall  
6 return to the claimant, unless the court orders otherwise,  
7 90% of the sum which has been deposited and shall retain as  
8 costs 10% of the money deposited. If any of the seized  
9 property is forfeited under the judicial forfeiture  
10 proceeding, the clerk of the court shall transfer 90% of  
11 the sum which has been deposited to the State's Attorney  
12 prosecuting the civil forfeiture to be applied to the costs  
13 of prosecution and the clerk shall retain as costs 10% of  
14 the sum deposited.

15 (4) If no claim is filed or bond given within the 45  
16 day period as described in paragraph (3) of this subsection  
17 (k), the State's Attorney shall declare the property  
18 forfeited and shall promptly notify the owner and all known  
19 interest holders of the property and the Director of State  
20 Police of the declaration of forfeiture and the Director  
21 shall dispose of the property in accordance with law.

22 (l) Judicial in rem procedures. If property seized under  
23 the provisions of this Article is non-real property that  
24 exceeds \$20,000 in value excluding the value of any conveyance,  
25 or is real property, or a claimant has filed a claim and a cost  
26 bond under paragraph (3) of subsection (k) of this Section, the

1 following judicial in rem procedures shall apply:

2 (1) If, after a review of the facts surrounding the  
3 seizure, the State's Attorney is of the opinion that the  
4 seized property is subject to forfeiture, then within 45  
5 days of the receipt of notice of seizure by the seizing  
6 agency or the filing of the claim and cost bond, whichever  
7 is later, the State's Attorney shall institute judicial  
8 forfeiture proceedings by filing a verified complaint for  
9 forfeiture and, if the claimant has filed a claim and cost  
10 bond, by depositing the cost bond with the clerk of the  
11 court. When authorized by law, a forfeiture must be ordered  
12 by a court on an action in rem brought by a State's  
13 Attorney under a verified complaint for forfeiture.

14 (2) During the probable cause portion of the judicial  
15 in rem proceeding wherein the State presents its  
16 case-in-chief, the court must receive and consider, among  
17 other things, all relevant hearsay evidence and  
18 information. The laws of evidence relating to civil actions  
19 apply to all other portions of the judicial in rem  
20 proceeding.

21 (3) Only an owner of or interest holder in the property  
22 may file an answer asserting a claim against the property  
23 in the action in rem. For purposes of this Section, the  
24 owner or interest holder shall be referred to as claimant.  
25 Upon motion of the State, the court shall first hold a  
26 hearing, wherein any claimant must establish by a

1           preponderance of the evidence, that he or she has a lawful,  
2           legitimate ownership interest in the property and that it  
3           was obtained through a lawful source.

4           (4) The answer must be signed by the owner or interest  
5           holder under penalty of perjury and must set forth:

6                   (A) the caption of the proceedings as set forth on  
7                   the notice of pending forfeiture and the name of the  
8                   claimant;

9                   (B) the address at which the claimant will accept  
10                  mail;

11                  (C) the nature and extent of the claimant's  
12                  interest in the property;

13                  (D) the date, identity of transferor, and  
14                  circumstances of the claimant's acquisition of the  
15                  interest in the property;

16                  (E) the name and address of all other persons known  
17                  to have an interest in the property;

18                  (F) all essential facts supporting each assertion;  
19                  and

20                  (G) the precise relief sought.

21           (5) The answer must be filed with the court within 45  
22           days after service of the civil in rem complaint.

23           (6) The hearing must be held within 60 days after  
24           filing of the answer unless continued for good cause.

25           (7) The State shall show the existence of probable  
26           cause for forfeiture of the property. If the State shows

1           probable cause, the claimant has the burden of showing by a  
2           preponderance of the evidence that the claimant's interest  
3           in the property is not subject to forfeiture.

4           (8) If the State does not show existence of probable  
5           cause, the court shall order the interest in the property  
6           returned or conveyed to the claimant and shall order all  
7           other property forfeited to the State. If the State does  
8           show existence of probable cause, the court shall order all  
9           property forfeited to the State.

10          (9) A defendant convicted in any criminal proceeding is  
11          precluded from later denying the essential allegations of  
12          the criminal offense of which the defendant was convicted  
13          in any proceeding under this Article regardless of the  
14          pendency of an appeal from that conviction. However,  
15          evidence of the pendency of an appeal is admissible.

16          (10) An acquittal or dismissal in a criminal proceeding  
17          does not preclude civil proceedings under this Article;  
18          however, for good cause shown, on a motion by the State's  
19          Attorney, the court may stay civil forfeiture proceedings  
20          during the criminal trial for a related criminal indictment  
21          or information alleging a money laundering violation. Such  
22          a stay shall not be available pending an appeal. Property  
23          subject to forfeiture under this Article shall not be  
24          subject to return or release by a court exercising  
25          jurisdiction over a criminal case involving the seizure of  
26          such property unless such return or release is consented to



1 by the State's Attorney.

2 (11) All property declared forfeited under this  
3 Article vests in this State on the commission of the  
4 conduct giving rise to forfeiture together with the  
5 proceeds of the property after that time. Any such property  
6 or proceeds subsequently transferred to any person remain  
7 subject to forfeiture and thereafter shall be ordered  
8 forfeited.

9 (12) A civil action under this Article must be  
10 commenced within 5 years after the last conduct giving rise  
11 to forfeiture became known or should have become known or 5  
12 years after the forfeitable property is discovered,  
13 whichever is later, excluding any time during which either  
14 the property or claimant is out of the State or in  
15 confinement or during which criminal proceedings relating  
16 to the same conduct are in progress.

17 (m) Stay of time periods. If property is seized for  
18 evidence and for forfeiture, the time periods for instituting  
19 judicial and non-judicial forfeiture proceedings shall not  
20 begin until the property is no longer necessary for evidence.

21 (n) Settlement of claims. Notwithstanding other provisions  
22 of this Article, the State's Attorney and a claimant of seized  
23 property may enter into an agreed-upon settlement concerning  
24 the seized property in such an amount and upon such terms as  
25 are set out in writing in a settlement agreement.

26 (o) Property constituting attorney fees. Nothing in this

1 Article applies to property which constitutes reasonable bona  
2 fide attorney's fees paid to an attorney for services rendered  
3 or to be rendered in the forfeiture proceeding or criminal  
4 proceeding relating directly thereto where such property was  
5 paid before its seizure, before the issuance of any seizure  
6 warrant or court order prohibiting transfer of the property and  
7 where the attorney, at the time he or she received the property  
8 did not know that it was property subject to forfeiture under  
9 this Article.

10 (p) Construction. It is the intent of the General Assembly  
11 that the forfeiture provisions of this Article be liberally  
12 construed so as to effect their remedial purpose. The  
13 forfeiture of property and other remedies hereunder shall be  
14 considered to be in addition to, and not exclusive of, any  
15 sentence or other remedy provided by law.

16 (q) Judicial review. If property has been declared  
17 forfeited under subsection (k) of this Section, any person who  
18 has an interest in the property declared forfeited may, within  
19 30 days after the effective date of the notice of the  
20 declaration of forfeiture, file a claim and cost bond as  
21 described in paragraph (3) of subsection (k) of this Section.  
22 If a claim and cost bond is filed under this Section, then the  
23 procedures described in subsection (l) of this Section apply.

24 (r) Burden of proof of exemption or exception. It is not  
25 necessary for the State to negate any exemption or exception in  
26 this Article in any complaint, information, indictment or other

1 pleading or in any trial, hearing, or other proceeding under  
2 this Article. The burden of proof of any exemption or exception  
3 is upon the person claiming it.

4 (s) Review of administrative decisions. All administrative  
5 findings, rulings, final determinations, findings, and  
6 conclusions of the State's Attorney's Office under this Article  
7 are final and conclusive decisions of the matters involved. Any  
8 person aggrieved by the decision may obtain review of the  
9 decision pursuant to the provisions of the Administrative  
10 Review Law and the rules adopted pursuant to that Law. Pending  
11 final decision on such review, the administrative acts, orders,  
12 and rulings of the State's Attorney's Office remain in full  
13 force and effect unless modified or suspended by order of court  
14 pending final judicial decision. Pending final decision on such  
15 review, the acts, orders, and rulings of the State's Attorney's  
16 Office remain in full force and effect, unless stayed by order  
17 of court. However, no stay of any decision of the  
18 administrative agency shall issue unless the person aggrieved  
19 by the decision establishes by a preponderance of the evidence  
20 that good cause exists for the stay. In determining good cause,  
21 the court shall find that the aggrieved party has established a  
22 substantial likelihood of prevailing on the merits and that  
23 granting the stay will not have an injurious effect on the  
24 general public.

25 (Source: P.A. 96-275, eff. 8-11-09; 96-710, eff. 1-1-10;  
26 96-1000, eff. 7-2-10; 96-1234, eff. 7-23-10.)

1           Section 5-95. The Cannabis Control Act is amended by  
2 changing Section 10 as follows:

3           (720 ILCS 550/10) (from Ch. 56 1/2, par. 710)

4           Sec. 10. (a) Whenever any person who has not previously  
5 been convicted of, or placed on probation or court supervision  
6 for, any offense under this Act or any law of the United States  
7 or of any State relating to cannabis, or controlled substances  
8 as defined in the Illinois Controlled Substances Act, pleads  
9 guilty to or is found guilty of violating Sections 4(a), 4(b),  
10 4(c), 5(a), 5(b), 5(c) or 8 of this Act, the court may, without  
11 entering a judgment and with the consent of such person,  
12 sentence him to probation.

13           (b) When a person is placed on probation, the court shall  
14 enter an order specifying a period of probation of 24 months,  
15 and shall defer further proceedings in the case until the  
16 conclusion of the period or until the filing of a petition  
17 alleging violation of a term or condition of probation.

18           (c) The conditions of probation shall be that the person:  
19 (1) not violate any criminal statute of any jurisdiction; (2)  
20 refrain from possession of a firearm or other dangerous weapon;  
21 (3) submit to periodic drug testing at a time and in a manner  
22 as ordered by the court, but no less than 3 times during the  
23 period of the probation, with the cost of the testing to be  
24 paid by the probationer; and (4) perform no less than 30 hours

1 of community service, provided community service is available  
2 in the jurisdiction and is funded and approved by the county  
3 board.

4 (d) The court may, in addition to other conditions, require  
5 that the person:

6 (1) make a report to and appear in person before or  
7 participate with the court or such courts, person, or  
8 social service agency as directed by the court in the order  
9 of probation;

10 (2) pay a fine and costs;

11 (3) work or pursue a course of study or vocational  
12 training;

13 (4) undergo medical or psychiatric treatment; or  
14 treatment for drug addiction or alcoholism;

15 (5) attend or reside in a facility established for the  
16 instruction or residence of defendants on probation;

17 (6) support his dependents;

18 (7) refrain from possessing a firearm or other  
19 dangerous weapon;

20 (7-5) refrain from having in his or her body the  
21 presence of any illicit drug prohibited by the Cannabis  
22 Control Act, the Illinois Controlled Substances Act, or the  
23 Methamphetamine Control and Community Protection Act,  
24 unless prescribed by a physician, and submit samples of his  
25 or her blood or urine or both for tests to determine the  
26 presence of any illicit drug;

1           (8) and in addition, if a minor:  
2           (i) reside with his parents or in a foster home;  
3           (ii) attend school;  
4           (iii) attend a non-residential program for youth;  
5           (iv) contribute to his own support at home or in a  
6           foster home.

7           (e) Upon violation of a term or condition of probation, the  
8           court may enter a judgment on its original finding of guilt and  
9           proceed as otherwise provided.

10          (f) Upon fulfillment of the terms and conditions of  
11          probation, the court shall discharge such person and dismiss  
12          the proceedings against him.

13          (g) A disposition of probation is considered to be a  
14          conviction for the purposes of imposing the conditions of  
15          probation and for appeal, however, discharge and dismissal  
16          under this Section is not a conviction for purposes of  
17          disqualification or disabilities imposed by law upon  
18          conviction of a crime (including the additional penalty imposed  
19          for subsequent offenses under Section 4(c), 4(d), 5(c) or 5(d)  
20          of this Act).

21          (h) Discharge and dismissal under this Section, Section 410  
22          of the Illinois Controlled Substances Act, Section 70 of the  
23          Methamphetamine Control and Community Protection Act, Section  
24          5-6-3.3 or 5-6-3.4 of the Unified Code of Corrections, or  
25          subsection (c) of Section 11-14 of the Criminal Code of 1961 or  
26          the Criminal Code of 2012 may occur only once with respect to

1 any person.

2 (i) If a person is convicted of an offense under this Act,  
3 the Illinois Controlled Substances Act, or the Methamphetamine  
4 Control and Community Protection Act within 5 years subsequent  
5 to a discharge and dismissal under this Section, the discharge  
6 and dismissal under this Section shall be admissible in the  
7 sentencing proceeding for that conviction as a factor in  
8 aggravation.

9 (j) Notwithstanding subsection (a), before a person is  
10 sentenced to probation under this Section, the court may refer  
11 the person to the drug court established in that judicial  
12 circuit pursuant to Section 15 of the Drug Court Treatment Act.  
13 The drug court team shall evaluate the person's likelihood of  
14 successfully completing a sentence of probation under this  
15 Section and shall report the results of its evaluation to the  
16 court. If the drug court team finds that the person suffers  
17 from a substance abuse problem that makes him or her  
18 substantially unlikely to successfully complete a sentence of  
19 probation under this Section, then the drug court shall set  
20 forth its findings in the form of a written order, and the  
21 person shall not be sentenced to probation under this Section,  
22 but may be considered for the drug court program.

23 (Source: P.A. 97-1118, eff. 1-1-13; 97-1150, eff. 1-25-13;  
24 98-164, eff. 1-1-14.)

25 Section 5-100. The Illinois Controlled Substances Act is

1 amended by changing Sections 102, 301, 312, 314.5, 316, 317,  
2 318, 319, 320, 406, and 410 as follows:

3 (720 ILCS 570/102) (from Ch. 56 1/2, par. 1102)

4 Sec. 102. Definitions. As used in this Act, unless the  
5 context otherwise requires:

6 (a) "Addict" means any person who habitually uses any drug,  
7 chemical, substance or dangerous drug other than alcohol so as  
8 to endanger the public morals, health, safety or welfare or who  
9 is so far addicted to the use of a dangerous drug or controlled  
10 substance other than alcohol as to have lost the power of self  
11 control with reference to his or her addiction.

12 (b) "Administer" means the direct application of a  
13 controlled substance, whether by injection, inhalation,  
14 ingestion, or any other means, to the body of a patient,  
15 research subject, or animal (as defined by the Humane  
16 Euthanasia in Animal Shelters Act) by:

17 (1) a practitioner (or, in his or her presence, by his  
18 or her authorized agent),

19 (2) the patient or research subject pursuant to an  
20 order, or

21 (3) a euthanasia technician as defined by the Humane  
22 Euthanasia in Animal Shelters Act.

23 (c) "Agent" means an authorized person who acts on behalf  
24 of or at the direction of a manufacturer, distributor,  
25 dispenser, prescriber, or practitioner. It does not include a



1 common or contract carrier, public warehouseman or employee of  
2 the carrier or warehouseman.

3 (c-1) "Anabolic Steroids" means any drug or hormonal  
4 substance, chemically and pharmacologically related to  
5 testosterone (other than estrogens, progestins,  
6 corticosteroids, and dehydroepiandrosterone), and includes:

- 7 (i) 3[ beta] ,17-dihydroxy-5a-androstane,  
8 (ii) 3[ alpha] ,17[ beta] -dihydroxy-5a-androstane,  
9 (iii) 5[ alpha] -androstan-3,17-dione,  
10 (iv) 1-androstenediol (3[ beta] ,  
11 17[ beta] -dihydroxy-5[ alpha] -androst-1-ene) ,  
12 (v) 1-androstenediol (3[ alpha] ,  
13 17[ beta] -dihydroxy-5[ alpha] -androst-1-ene) ,  
14 (vi) 4-androstenediol  
15 (3[ beta] ,17[ beta] -dihydroxy-androst-4-ene) ,  
16 (vii) 5-androstenediol  
17 (3[ beta] ,17[ beta] -dihydroxy-androst-5-ene) ,  
18 (viii) 1-androstenedione  
19 ([ 5alpha] -androst-1-en-3,17-dione) ,  
20 (ix) 4-androstenedione  
21 (androst-4-en-3,17-dione) ,  
22 (x) 5-androstenedione  
23 (androst-5-en-3,17-dione) ,  
24 (xi) bolasterone (7[ alpha] ,17a-dimethyl-17[ beta] -  
25 hydroxyandrost-4-en-3-one) ,  
26 (xii) boldenone (17[ beta] -hydroxyandrost-

1           1,4,-diene-3-one),  
2           (xiii) boldione (androsta-1,4-  
3           diene-3,17-dione),  
4           (xiv) calusterone (7[ beta] ,17[ alpha] -dimethyl-17  
5           [ beta] -hydroxyandrost-4-en-3-one),  
6           (xv) clostebol (4-chloro-17[ beta] -  
7           hydroxyandrost-4-en-3-one),  
8           (xvi) dehydrochloromethyltestosterone (4-chloro-  
9           17[ beta] -hydroxy-17[ alpha] -methyl-  
10          androst-1,4-dien-3-one),  
11          (xvii) desoxymethyltestosterone  
12          (17[ alpha] -methyl-5[ alpha]  
13          -androst-2-en-17[ beta] -ol) (a.k.a., madol),  
14          (xviii) [ delta] 1-dihydrotestosterone (a.k.a.  
15          '1-testosterone') (17[ beta] -hydroxy-  
16          5[ alpha] -androst-1-en-3-one),  
17          (xix) 4-dihydrotestosterone (17[ beta] -hydroxy-  
18          androstan-3-one),  
19          (xx) drostanolone (17[ beta] -hydroxy-2[ alpha] -methyl-  
20          5[ alpha] -androstan-3-one),  
21          (xxi) ethylestrenol (17[ alpha] -ethyl-17[ beta] -  
22          hydroxyestr-4-ene),  
23          (xxii) fluoxymesterone (9-fluoro-17[ alpha] -methyl-  
24          1[ beta] ,17[ beta] -dihydroxyandrost-4-en-3-one),  
25          (xxiii) formebolone (2-formyl-17[ alpha] -methyl-11[ alpha] ,  
26          17[ beta] -dihydroxyandrost-1,4-dien-3-one),

- 1 (xxiv) furazabol (17[ alpha] -methyl-17[ beta] -  
2 hydroxyandrostan[ 2,3-c] -furazan),  
3 (xxv) 13[ beta] -ethyl-17[ beta] -hydroxygon-4-en-3-one)  
4 (xxvi) 4-hydroxytestosterone (4,17[ beta] -dihydroxy-  
5 androst-4-en-3-one),  
6 (xxvii) 4-hydroxy-19-nortestosterone (4,17[ beta] -  
7 dihydroxy-estr-4-en-3-one),  
8 (xxviii) mestanolone (17[ alpha] -methyl-17[ beta] -  
9 hydroxy-5-androstan-3-one),  
10 (xxix) mesterolone (1-methyl-17[ beta] -hydroxy-  
11 [ 5a] -androstan-3-one),  
12 (xxx) methandienone (17[ alpha] -methyl-17[ beta] -  
13 hydroxyandrost-1,4-dien-3-one),  
14 (xxxii) methandriol (17[ alpha] -methyl-3[ beta] ,17[ beta] -  
15 dihydroxyandrost-5-ene),  
16 (xxxiii) methenolone (1-methyl-17[ beta] -hydroxy-  
17 5[ alpha] -androst-1-en-3-one),  
18 (xxxiiii) 17[ alpha] -methyl-3[ beta] , 17[ beta] -  
19 dihydroxy-5a-androstane),  
20 (xxxv) 17[ alpha] -methyl-3[ alpha] ,17[ beta] -dihydroxy  
21 -5a-androstane),  
22 (xxxvi) 17[ alpha] -methyl-3[ beta] ,17[ beta] -  
23 dihydroxyandrost-4-ene),  
24 (xxxvii) 17[ alpha] -methyl-4-hydroxynandrolone (17[ alpha] -  
25 methyl-4-hydroxy-17[ beta] -hydroxyestr-4-en-3-one),  
26 (xxxviii) methyldienolone (17[ alpha] -methyl-17[ beta] -

1 hydroxyestra-4,9(10)-dien-3-one),  
2 (xxxviii) methyltrienolone (17[ alpha] -methyl-17[ beta] -  
3 hydroxyestra-4,9-11-trien-3-one),  
4 (xxxix) methyltestosterone (17[ alpha] -methyl-17[ beta] -  
5 hydroxyandrost-4-en-3-one),  
6 (xl) mibolerone (7[ alpha] ,17a-dimethyl-17[ beta] -  
7 hydroxyestr-4-en-3-one),  
8 (xli) 17[ alpha] -methyl-[ delta] 1-dihydrotestosterone  
9 (17b[ beta] -hydroxy-17[ alpha] -methyl-5[ alpha] -  
10 androst-1-en-3-one) (a.k.a. '17-[ alpha] -methyl-  
11 1-testosterone'),  
12 (xlii) nandrolone (17[ beta] -hydroxyestr-4-en-3-one),  
13 (xliiii) 19-nor-4-androstenediol (3[ beta] , 17[ beta] -  
14 dihydroxyestr-4-ene),  
15 (xliv) 19-nor-4-androstenediol (3[ alpha] , 17[ beta] -  
16 dihydroxyestr-4-ene),  
17 (xlv) 19-nor-5-androstenediol (3[ beta] , 17[ beta] -  
18 dihydroxyestr-5-ene),  
19 (xlvi) 19-nor-5-androstenediol (3[ alpha] , 17[ beta] -  
20 dihydroxyestr-5-ene),  
21 (xlvii) 19-nor-4,9(10)-androstadienedione  
22 (estra-4,9(10)-diene-3,17-dione),  
23 (xlviii) 19-nor-4-androstenedione (estr-4-  
24 en-3,17-dione),  
25 (xlix) 19-nor-5-androstenedione (estr-5-  
26 en-3,17-dione),

- 1 (l) norbolethone (13[ beta] , 17a-diethyl-17[ beta] -  
2 hydroxygon-4-en-3-one) ,  
3 (li) norclostebol (4-chloro-17[ beta] -  
4 hydroxyestr-4-en-3-one) ,  
5 (lii) norethandrolone (17[ alpha] -ethyl-17[ beta] -  
6 hydroxyestr-4-en-3-one) ,  
7 (liii) normethandrolone (17[ alpha] -methyl-17[ beta] -  
8 hydroxyestr-4-en-3-one) ,  
9 (liv) oxandrolone (17[ alpha] -methyl-17[ beta] -hydroxy-  
10 2-oxa-5[ alpha] -androstan-3-one) ,  
11 (lv) oxymesterone (17[ alpha] -methyl-4,17[ beta] -  
12 dihydroxyandrost-4-en-3-one) ,  
13 (lvi) oxymetholone (17[ alpha] -methyl-2-hydroxymethylene-  
14 17[ beta] -hydroxy- (5[ alpha] -androstan-3-one) ,  
15 (lvii) stanozolol (17[ alpha] -methyl-17[ beta] -hydroxy-  
16 (5[ alpha] -androst-2-eno[ 3,2-c] -pyrazole) ,  
17 (lviii) stenbolone (17[ beta] -hydroxy-2-methyl-  
18 (5[ alpha] -androst-1-en-3-one) ,  
19 (lix) testolactone (13-hydroxy-3-oxo-13,17-  
20 secoandrosta-1,4-dien-17-oic  
21 acid lactone) ,  
22 (lx) testosterone (17[ beta] -hydroxyandrost-  
23 4-en-3-one) ,  
24 (lxi) tetrahydrogestrinone (13[ beta] , 17[ alpha] -  
25 diethyl-17[ beta] -hydroxygon-  
26 4,9,11-trien-3-one) ,

1           (lxii) trenbolone (17[ beta]-hydroxyestr-4,9,  
2           11-trien-3-one).

3           Any person who is otherwise lawfully in possession of an  
4           anabolic steroid, or who otherwise lawfully manufactures,  
5           distributes, dispenses, delivers, or possesses with intent to  
6           deliver an anabolic steroid, which anabolic steroid is  
7           expressly intended for and lawfully allowed to be administered  
8           through implants to livestock or other nonhuman species, and  
9           which is approved by the Secretary of Health and Human Services  
10          for such administration, and which the person intends to  
11          administer or have administered through such implants, shall  
12          not be considered to be in unauthorized possession or to  
13          unlawfully manufacture, distribute, dispense, deliver, or  
14          possess with intent to deliver such anabolic steroid for  
15          purposes of this Act.

16          (d) "Administration" means the Drug Enforcement  
17          Administration, United States Department of Justice, or its  
18          successor agency.

19          (d-5) "Clinical Director, Prescription Monitoring Program"  
20          means a Department of Human Services administrative employee  
21          licensed to either prescribe or dispense controlled substances  
22          who shall run the clinical aspects of the Department of Human  
23          Services Prescription Monitoring Program and its Prescription  
24          Information Library.

25          (d-10) "Compounding" means the preparation and mixing of  
26          components, excluding flavorings, (1) as the result of a

1 prescriber's prescription drug order or initiative based on the  
2 prescriber-patient-pharmacist relationship in the course of  
3 professional practice or (2) for the purpose of, or incident  
4 to, research, teaching, or chemical analysis and not for sale  
5 or dispensing. "Compounding" includes the preparation of drugs  
6 or devices in anticipation of receiving prescription drug  
7 orders based on routine, regularly observed dispensing  
8 patterns. Commercially available products may be compounded  
9 for dispensing to individual patients only if both of the  
10 following conditions are met: (i) the commercial product is not  
11 reasonably available from normal distribution channels in a  
12 timely manner to meet the patient's needs and (ii) the  
13 prescribing practitioner has requested that the drug be  
14 compounded.

15 (e) "Control" means to add a drug or other substance, or  
16 immediate precursor, to a Schedule whether by transfer from  
17 another Schedule or otherwise.

18 (f) "Controlled Substance" means (i) a drug, substance, or  
19 immediate precursor in the Schedules of Article II of this Act  
20 or (ii) a drug or other substance, or immediate precursor,  
21 designated as a controlled substance by the Department through  
22 administrative rule. The term does not include distilled  
23 spirits, wine, malt beverages, or tobacco, as those terms are  
24 defined or used in the Liquor Control Act of 1934 and the  
25 Tobacco Products Tax Act of 1995.

26 (f-5) "Controlled substance analog" means a substance:

1           (1) the chemical structure of which is substantially  
2 similar to the chemical structure of a controlled substance  
3 in Schedule I or II;

4           (2) which has a stimulant, depressant, or  
5 hallucinogenic effect on the central nervous system that is  
6 substantially similar to or greater than the stimulant,  
7 depressant, or hallucinogenic effect on the central  
8 nervous system of a controlled substance in Schedule I or  
9 II; or

10          (3) with respect to a particular person, which such  
11 person represents or intends to have a stimulant,  
12 depressant, or hallucinogenic effect on the central  
13 nervous system that is substantially similar to or greater  
14 than the stimulant, depressant, or hallucinogenic effect  
15 on the central nervous system of a controlled substance in  
16 Schedule I or II.

17          (g) "Counterfeit substance" means a controlled substance,  
18 which, or the container or labeling of which, without  
19 authorization bears the trademark, trade name, or other  
20 identifying mark, imprint, number or device, or any likeness  
21 thereof, of a manufacturer, distributor, or dispenser other  
22 than the person who in fact manufactured, distributed, or  
23 dispensed the substance.

24          (h) "Deliver" or "delivery" means the actual, constructive  
25 or attempted transfer of possession of a controlled substance,  
26 with or without consideration, whether or not there is an



1 agency relationship.

2 (i) "Department" means the Illinois Department of Human  
3 Services (as successor to the Department of Alcoholism and  
4 Substance Abuse) or its successor agency.

5 (j) (Blank).

6 (k) "Department of Corrections" means the Department of  
7 Corrections of the State of Illinois or its successor agency.

8 (l) "Department of Financial and Professional Regulation"  
9 means the Department of Financial and Professional Regulation  
10 of the State of Illinois or its successor agency.

11 (m) "Depressant" means any drug that (i) causes an overall  
12 depression of central nervous system functions, (ii) causes  
13 impaired consciousness and awareness, and (iii) can be  
14 habit-forming or lead to a substance abuse problem, including  
15 but not limited to alcohol, cannabis and its active principles  
16 and their analogs, benzodiazepines and their analogs,  
17 barbiturates and their analogs, opioids (natural and  
18 synthetic) and their analogs, and chloral hydrate and similar  
19 sedative hypnotics.

20 (n) (Blank).

21 (o) "Director" means the Director of the Illinois State  
22 Police or his or her designated agents.

23 (p) "Dispense" means to deliver a controlled substance to  
24 an ultimate user or research subject by or pursuant to the  
25 lawful order of a prescriber, including the prescribing,  
26 administering, packaging, labeling, or compounding necessary

1 to prepare the substance for that delivery.

2 (q) "Dispenser" means a practitioner who dispenses.

3 (r) "Distribute" means to deliver, other than by  
4 administering or dispensing, a controlled substance.

5 (s) "Distributor" means a person who distributes.

6 (t) "Drug" means (1) substances recognized as drugs in the  
7 official United States Pharmacopoeia, Official Homeopathic  
8 Pharmacopoeia of the United States, or official National  
9 Formulary, or any supplement to any of them; (2) substances  
10 intended for use in diagnosis, cure, mitigation, treatment, or  
11 prevention of disease in man or animals; (3) substances (other  
12 than food) intended to affect the structure of any function of  
13 the body of man or animals and (4) substances intended for use  
14 as a component of any article specified in clause (1), (2), or  
15 (3) of this subsection. It does not include devices or their  
16 components, parts, or accessories.

17 (t-3) "Electronic health record" or "EHR" means an  
18 electronic record of health-related information on an  
19 individual that is created, gathered, managed, and consulted by  
20 authorized health care clinicians and staff.

21 (t-5) "Euthanasia agency" means an entity certified by the  
22 Department of Financial and Professional Regulation for the  
23 purpose of animal euthanasia that holds an animal control  
24 facility license or animal shelter license under the Animal  
25 Welfare Act. A euthanasia agency is authorized to purchase,  
26 store, possess, and utilize Schedule II nonnarcotic and

1 Schedule III nonnarcotic drugs for the sole purpose of animal  
2 euthanasia.

3 (t-10) "Euthanasia drugs" means Schedule II or Schedule III  
4 substances (nonnarcotic controlled substances) that are used  
5 by a euthanasia agency for the purpose of animal euthanasia.

6 (u) "Good faith" means the prescribing or dispensing of a  
7 controlled substance by a practitioner in the regular course of  
8 professional treatment to or for any person who is under his or  
9 her treatment for a pathology or condition other than that  
10 individual's physical or psychological dependence upon or  
11 addiction to a controlled substance, except as provided herein:  
12 and application of the term to a pharmacist shall mean the  
13 dispensing of a controlled substance pursuant to the  
14 prescriber's order which in the professional judgment of the  
15 pharmacist is lawful. The pharmacist shall be guided by  
16 accepted professional standards including, but not limited to  
17 the following, in making the judgment:

18 (1) lack of consistency of prescriber-patient  
19 relationship,

20 (2) frequency of prescriptions for same drug by one  
21 prescriber for large numbers of patients,

22 (3) quantities beyond those normally prescribed,

23 (4) unusual dosages (recognizing that there may be  
24 clinical circumstances where more or less than the usual  
25 dose may be used legitimately),

26 (5) unusual geographic distances between patient,

1 pharmacist and prescriber,

2 (6) consistent prescribing of habit-forming drugs.

3 (u-0.5) "Hallucinogen" means a drug that causes markedly  
4 altered sensory perception leading to hallucinations of any  
5 type.

6 (u-1) "Home infusion services" means services provided by a  
7 pharmacy in compounding solutions for direct administration to  
8 a patient in a private residence, long-term care facility, or  
9 hospice setting by means of parenteral, intravenous,  
10 intramuscular, subcutaneous, or intraspinal infusion.

11 (u-5) "Illinois State Police" means the State Police of the  
12 State of Illinois, or its successor agency.

13 (v) "Immediate precursor" means a substance:

14 (1) which the Department has found to be and by rule  
15 designated as being a principal compound used, or produced  
16 primarily for use, in the manufacture of a controlled  
17 substance;

18 (2) which is an immediate chemical intermediary used or  
19 likely to be used in the manufacture of such controlled  
20 substance; and

21 (3) the control of which is necessary to prevent,  
22 curtail or limit the manufacture of such controlled  
23 substance.

24 (w) "Instructional activities" means the acts of teaching,  
25 educating or instructing by practitioners using controlled  
26 substances within educational facilities approved by the State

1 Board of Education or its successor agency.

2 (x) "Local authorities" means a duly organized State,  
3 County or Municipal peace unit or police force.

4 (y) "Look-alike substance" means a substance, other than a  
5 controlled substance which (1) by overall dosage unit  
6 appearance, including shape, color, size, markings or lack  
7 thereof, taste, consistency, or any other identifying physical  
8 characteristic of the substance, would lead a reasonable person  
9 to believe that the substance is a controlled substance, or (2)  
10 is expressly or impliedly represented to be a controlled  
11 substance or is distributed under circumstances which would  
12 lead a reasonable person to believe that the substance is a  
13 controlled substance. For the purpose of determining whether  
14 the representations made or the circumstances of the  
15 distribution would lead a reasonable person to believe the  
16 substance to be a controlled substance under this clause (2) of  
17 subsection (y), the court or other authority may consider the  
18 following factors in addition to any other factor that may be  
19 relevant:

20 (a) statements made by the owner or person in control  
21 of the substance concerning its nature, use or effect;

22 (b) statements made to the buyer or recipient that the  
23 substance may be resold for profit;

24 (c) whether the substance is packaged in a manner  
25 normally used for the illegal distribution of controlled  
26 substances;

1           (d) whether the distribution or attempted distribution  
2           included an exchange of or demand for money or other  
3           property as consideration, and whether the amount of the  
4           consideration was substantially greater than the  
5           reasonable retail market value of the substance.

6           Clause (1) of this subsection (y) shall not apply to a  
7           noncontrolled substance in its finished dosage form that was  
8           initially introduced into commerce prior to the initial  
9           introduction into commerce of a controlled substance in its  
10          finished dosage form which it may substantially resemble.

11          Nothing in this subsection (y) prohibits the dispensing or  
12          distributing of noncontrolled substances by persons authorized  
13          to dispense and distribute controlled substances under this  
14          Act, provided that such action would be deemed to be carried  
15          out in good faith under subsection (u) if the substances  
16          involved were controlled substances.

17          Nothing in this subsection (y) or in this Act prohibits the  
18          manufacture, preparation, propagation, compounding,  
19          processing, packaging, advertising or distribution of a drug or  
20          drugs by any person registered pursuant to Section 510 of the  
21          Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360).

22          (y-1) "Mail-order pharmacy" means a pharmacy that is  
23          located in a state of the United States that delivers,  
24          dispenses or distributes, through the United States Postal  
25          Service or other common carrier, to Illinois residents, any  
26          substance which requires a prescription.

1           (z) "Manufacture" means the production, preparation,  
2 propagation, compounding, conversion or processing of a  
3 controlled substance other than methamphetamine, either  
4 directly or indirectly, by extraction from substances of  
5 natural origin, or independently by means of chemical  
6 synthesis, or by a combination of extraction and chemical  
7 synthesis, and includes any packaging or repackaging of the  
8 substance or labeling of its container, except that this term  
9 does not include:

10           (1) by an ultimate user, the preparation or compounding  
11 of a controlled substance for his or her own use; or

12           (2) by a practitioner, or his or her authorized agent  
13 under his or her supervision, the preparation,  
14 compounding, packaging, or labeling of a controlled  
15 substance:

16           (a) as an incident to his or her administering or  
17 dispensing of a controlled substance in the course of  
18 his or her professional practice; or

19           (b) as an incident to lawful research, teaching or  
20 chemical analysis and not for sale.

21           (z-1) (Blank).

22           (z-5) "Medication shopping" means the conduct prohibited  
23 under subsection (a) of Section 314.5 of this Act.

24           (z-10) "Mid-level practitioner" means (i) a physician  
25 assistant who has been delegated authority to prescribe through  
26 a written delegation of authority by a physician licensed to

1 practice medicine in all of its branches, in accordance with  
2 Section 7.5 of the Physician Assistant Practice Act of 1987,  
3 (ii) an advanced practice nurse who has been delegated  
4 authority to prescribe through a written delegation of  
5 authority by a physician licensed to practice medicine in all  
6 of its branches or by a podiatric physician, in accordance with  
7 Section 65-40 of the Nurse Practice Act, (iii) an animal  
8 euthanasia agency, or (iv) a prescribing psychologist.

9 (aa) "Narcotic drug" means any of the following, whether  
10 produced directly or indirectly by extraction from substances  
11 of vegetable origin, or independently by means of chemical  
12 synthesis, or by a combination of extraction and chemical  
13 synthesis:

14 (1) opium, opiates, derivatives of opium and opiates,  
15 including their isomers, esters, ethers, salts, and salts  
16 of isomers, esters, and ethers, whenever the existence of  
17 such isomers, esters, ethers, and salts is possible within  
18 the specific chemical designation; however the term  
19 "narcotic drug" does not include the isoquinoline  
20 alkaloids of opium;

21 (2) (blank);

22 (3) opium poppy and poppy straw;

23 (4) coca leaves, except coca leaves and extracts of  
24 coca leaves from which substantially all of the cocaine and  
25 ecgonine, and their isomers, derivatives and salts, have  
26 been removed;



1           (5) cocaine, its salts, optical and geometric isomers,  
2           and salts of isomers;

3           (6) ecgonine, its derivatives, their salts, isomers,  
4           and salts of isomers;

5           (7) any compound, mixture, or preparation which  
6           contains any quantity of any of the substances referred to  
7           in subparagraphs (1) through (6).

8           (bb) "Nurse" means a registered nurse licensed under the  
9           Nurse Practice Act.

10          (cc) (Blank).

11          (dd) "Opiate" means any substance having an addiction  
12          forming or addiction sustaining liability similar to morphine  
13          or being capable of conversion into a drug having addiction  
14          forming or addiction sustaining liability.

15          (ee) "Opium poppy" means the plant of the species *Papaver*  
16          *somniferum* L., except its seeds.

17          (ee-5) "Oral dosage" means a tablet, capsule, elixir, or  
18          solution or other liquid form of medication intended for  
19          administration by mouth, but the term does not include a form  
20          of medication intended for buccal, sublingual, or transmucosal  
21          administration.

22          (ff) "Parole and Pardon Board" means the Parole and Pardon  
23          Board of the State of Illinois or its successor agency.

24          (gg) "Person" means any individual, corporation,  
25          mail-order pharmacy, government or governmental subdivision or  
26          agency, business trust, estate, trust, partnership or

1 association, or any other entity.

2 (hh) "Pharmacist" means any person who holds a license or  
3 certificate of registration as a registered pharmacist, a local  
4 registered pharmacist or a registered assistant pharmacist  
5 under the Pharmacy Practice Act.

6 (ii) "Pharmacy" means any store, ship or other place in  
7 which pharmacy is authorized to be practiced under the Pharmacy  
8 Practice Act.

9 (ii-5) "Pharmacy shopping" means the conduct prohibited  
10 under subsection (b) of Section 314.5 of this Act.

11 (ii-10) "Physician" (except when the context otherwise  
12 requires) means a person licensed to practice medicine in all  
13 of its branches.

14 (jj) "Poppy straw" means all parts, except the seeds, of  
15 the opium poppy, after mowing.

16 (kk) "Practitioner" means a physician licensed to practice  
17 medicine in all its branches, dentist, optometrist, podiatric  
18 physician, veterinarian, scientific investigator, pharmacist,  
19 physician assistant, advanced practice nurse, licensed  
20 practical nurse, registered nurse, hospital, laboratory, or  
21 pharmacy, or other person licensed, registered, or otherwise  
22 lawfully permitted by the United States or this State to  
23 distribute, dispense, conduct research with respect to,  
24 administer or use in teaching or chemical analysis, a  
25 controlled substance in the course of professional practice or  
26 research.

1           (11) "Pre-printed prescription" means a written  
2 prescription upon which the designated drug has been indicated  
3 prior to the time of issuance; the term does not mean a written  
4 prescription that is individually generated by machine or  
5 computer in the prescriber's office.

6           (mm) "Prescriber" means a physician licensed to practice  
7 medicine in all its branches, dentist, optometrist,  
8 prescribing psychologist licensed under Section 4.2 of the  
9 Clinical Psychologist Licensing Act with prescriptive  
10 authority delegated under Section 4.3 of the Clinical  
11 Psychologist Licensing Act, podiatric physician, or  
12 veterinarian who issues a prescription, a physician assistant  
13 who issues a prescription for a controlled substance in  
14 accordance with Section 303.05, a written delegation, and a  
15 written supervision agreement required under Section 7.5 of the  
16 Physician Assistant Practice Act of 1987, or an advanced  
17 practice nurse with prescriptive authority delegated under  
18 Section 65-40 of the Nurse Practice Act and in accordance with  
19 Section 303.05, a written delegation, and a written  
20 collaborative agreement under Section 65-35 of the Nurse  
21 Practice Act.

22           (nn) "Prescription" means a written, facsimile, or oral  
23 order, or an electronic order that complies with applicable  
24 federal requirements, of a physician licensed to practice  
25 medicine in all its branches, dentist, podiatric physician or  
26 veterinarian for any controlled substance, of an optometrist

1 ~~for a Schedule II, III, IV, or V controlled substance~~ in  
2 accordance with Section 15.1 of the Illinois Optometric  
3 Practice Act of 1987, of a prescribing psychologist licensed  
4 under Section 4.2 of the Clinical Psychologist Licensing Act  
5 with prescriptive authority delegated under Section 4.3 of the  
6 Clinical Psychologist Licensing Act, of a physician assistant  
7 for a controlled substance in accordance with Section 303.05, a  
8 written delegation, and a written supervision agreement  
9 required under Section 7.5 of the Physician Assistant Practice  
10 Act of 1987, or of an advanced practice nurse with prescriptive  
11 authority delegated under Section 65-40 of the Nurse Practice  
12 Act who issues a prescription for a controlled substance in  
13 accordance with Section 303.05, a written delegation, and a  
14 written collaborative agreement under Section 65-35 of the  
15 Nurse Practice Act when required by law.

16 (nn-5) "Prescription Information Library" (PIL) means an  
17 electronic library that contains reported controlled substance  
18 data.

19 (nn-10) "Prescription Monitoring Program" (PMP) means the  
20 entity that collects, tracks, and stores reported data on  
21 controlled substances and select drugs pursuant to Section 316.

22 (oo) "Production" or "produce" means manufacture,  
23 planting, cultivating, growing, or harvesting of a controlled  
24 substance other than methamphetamine.

25 (pp) "Registrant" means every person who is required to  
26 register under Section 302 of this Act.

1           (qq) "Registry number" means the number assigned to each  
2 person authorized to handle controlled substances under the  
3 laws of the United States and of this State.

4           (qq-5) "Secretary" means, as the context requires, either  
5 the Secretary of the Department or the Secretary of the  
6 Department of Financial and Professional Regulation, and the  
7 Secretary's designated agents.

8           (rr) "State" includes the State of Illinois and any state,  
9 district, commonwealth, territory, insular possession thereof,  
10 and any area subject to the legal authority of the United  
11 States of America.

12           (rr-5) "Stimulant" means any drug that (i) causes an  
13 overall excitation of central nervous system functions, (ii)  
14 causes impaired consciousness and awareness, and (iii) can be  
15 habit-forming or lead to a substance abuse problem, including  
16 but not limited to amphetamines and their analogs,  
17 methylphenidate and its analogs, cocaine, and phencyclidine  
18 and its analogs.

19           (ss) "Ultimate user" means a person who lawfully possesses  
20 a controlled substance for his or her own use or for the use of  
21 a member of his or her household or for administering to an  
22 animal owned by him or her or by a member of his or her  
23 household.

24           (Source: P.A. 97-334, eff. 1-1-12; 98-214, eff. 8-9-13; 98-668,  
25 eff. 6-25-14; 98-756, eff. 7-16-14; 98-1111, eff. 8-26-14;  
26 revised 10-1-14.)

1 (720 ILCS 570/301) (from Ch. 56 1/2, par. 1301)

2 Sec. 301. The Department of Financial and Professional  
3 Regulation shall promulgate rules and charge reasonable fees  
4 and fines relating to the registration and control of the  
5 manufacture, distribution, and dispensing of controlled  
6 substances within this State. The Department shall request a  
7 contact email address in its application for a new or renewed  
8 license to dispense controlled substances. All moneys received  
9 by the Department of Financial and Professional Regulation  
10 under this Act shall be deposited into the respective  
11 professional dedicated funds in like manner as the primary  
12 professional licenses.

13 A pharmacy, manufacturer of controlled substances, or  
14 wholesale distributor of controlled substances that is  
15 regulated under this Act and owned and operated by the State is  
16 exempt from fees required under this Act. Pharmacists and  
17 pharmacy technicians working in facilities owned and operated  
18 by the State are not exempt from the payment of fees required  
19 by this Act and any rules adopted under this Act. Nothing in  
20 this Section shall be construed to prohibit the Department of  
21 Financial and Professional Regulation from imposing any fine or  
22 other penalty allowed under this Act.

23 (Source: P.A. 97-334, eff. 1-1-12.)

24 (720 ILCS 570/312) (from Ch. 56 1/2, par. 1312)

1           Sec. 312. Requirements for dispensing controlled  
2 substances.

3           (a) A practitioner, in good faith, may dispense a Schedule  
4 II controlled substance, which is a narcotic drug listed in  
5 Section 206 of this Act; or which contains any quantity of  
6 amphetamine or methamphetamine, their salts, optical isomers  
7 or salts of optical isomers; phenmetrazine and its salts; or  
8 pentazocine; and Schedule III, IV, or V controlled substances  
9 to any person upon a written or electronic prescription of any  
10 prescriber, dated and signed by the person prescribing (or  
11 electronically validated in compliance with Section 311.5) on  
12 the day when issued and bearing the name and address of the  
13 patient for whom, or the owner of the animal for which the  
14 controlled substance is dispensed, and the full name, address  
15 and registry number under the laws of the United States  
16 relating to controlled substances of the prescriber, if he or  
17 she is required by those laws to be registered. If the  
18 prescription is for an animal it shall state the species of  
19 animal for which it is ordered. The practitioner filling the  
20 prescription shall, unless otherwise permitted, write the date  
21 of filling and his or her own signature on the face of the  
22 written prescription or, alternatively, shall indicate such  
23 filling using a unique identifier as defined in paragraph (v)  
24 of Section 3 of the Pharmacy Practice Act. The written  
25 prescription shall be retained on file by the practitioner who  
26 filled it or pharmacy in which the prescription was filled for

1 a period of 2 years, so as to be readily accessible for  
2 inspection or removal by any officer or employee engaged in the  
3 enforcement of this Act. Whenever the practitioner's or  
4 pharmacy's copy of any prescription is removed by an officer or  
5 employee engaged in the enforcement of this Act, for the  
6 purpose of investigation or as evidence, such officer or  
7 employee shall give to the practitioner or pharmacy a receipt  
8 in lieu thereof. If the specific prescription is machine or  
9 computer generated and printed at the prescriber's office, the  
10 date does not need to be handwritten. A prescription for a  
11 Schedule II controlled substance shall not be issued for more  
12 than a 30 day supply, except as provided in subsection (a-5),  
13 and shall be valid for up to 90 days after the date of  
14 issuance. A written prescription for Schedule III, IV or V  
15 controlled substances shall not be filled or refilled more than  
16 6 months after the date thereof or refilled more than 5 times  
17 unless renewed, in writing, by the prescriber. A pharmacy shall  
18 maintain a policy regarding the type of identification  
19 necessary, if any, to receive a prescription in accordance with  
20 State and federal law. The pharmacy must post such information  
21 where prescriptions are filled.

22 (a-5) Physicians may issue multiple prescriptions (3  
23 sequential 30-day supplies) for the same Schedule II controlled  
24 substance, authorizing up to a 90-day supply. Before  
25 authorizing a 90-day supply of a Schedule II controlled  
26 substance, the physician must meet ~~both~~ of the following



1 conditions:

2 (1) Each separate prescription must be issued for a  
3 legitimate medical purpose by an individual physician  
4 acting in the usual course of professional practice.

5 (2) The individual physician must provide written  
6 instructions on each prescription (other than the first  
7 prescription, if the prescribing physician intends for the  
8 prescription to be filled immediately) indicating the  
9 earliest date on which a pharmacy may fill that  
10 prescription.

11 (3) The physician shall document in the medical record  
12 of a patient the medical necessity for the amount and  
13 duration of the 3 sequential 30-day prescriptions for  
14 Schedule II narcotics.

15 (b) In lieu of a written prescription required by this  
16 Section, a pharmacist, in good faith, may dispense Schedule  
17 III, IV, or V substances to any person either upon receiving a  
18 facsimile of a written, signed prescription transmitted by the  
19 prescriber or the prescriber's agent or upon a lawful oral  
20 prescription of a prescriber which oral prescription shall be  
21 reduced promptly to writing by the pharmacist and such written  
22 memorandum thereof shall be dated on the day when such oral  
23 prescription is received by the pharmacist and shall bear the  
24 full name and address of the ultimate user for whom, or of the  
25 owner of the animal for which the controlled substance is  
26 dispensed, and the full name, address, and registry number

1 under the law of the United States relating to controlled  
2 substances of the prescriber prescribing if he or she is  
3 required by those laws to be so registered, and the pharmacist  
4 filling such oral prescription shall write the date of filling  
5 and his or her own signature on the face of such written  
6 memorandum thereof. The facsimile copy of the prescription or  
7 written memorandum of the oral prescription shall be retained  
8 on file by the proprietor of the pharmacy in which it is filled  
9 for a period of not less than two years, so as to be readily  
10 accessible for inspection by any officer or employee engaged in  
11 the enforcement of this Act in the same manner as a written  
12 prescription. The facsimile copy of the prescription or oral  
13 prescription and the written memorandum thereof shall not be  
14 filled or refilled more than 6 months after the date thereof or  
15 be refilled more than 5 times, unless renewed, in writing, by  
16 the prescriber.

17 (c) Except for any non-prescription targeted  
18 methamphetamine precursor regulated by the Methamphetamine  
19 Precursor Control Act, a controlled substance included in  
20 Schedule V shall not be distributed or dispensed other than for  
21 a medical purpose and not for the purpose of evading this Act,  
22 and then:

23 (1) only personally by a person registered to dispense  
24 a Schedule V controlled substance and then only to his or  
25 her patients, or

26 (2) only personally by a pharmacist, and then only to a

1 person over 21 years of age who has identified himself or  
2 herself to the pharmacist by means of 2 positive documents  
3 of identification.

4 (3) the dispenser shall record the name and address of  
5 the purchaser, the name and quantity of the product, the  
6 date and time of the sale, and the dispenser's signature.

7 (4) no person shall purchase or be dispensed more than  
8 120 milliliters or more than 120 grams of any Schedule V  
9 substance which contains codeine, dihydrocodeine, or any  
10 salts thereof, or ethylmorphine, or any salts thereof, in  
11 any 96 hour period. The purchaser shall sign a form,  
12 approved by the Department of Financial and Professional  
13 Regulation, attesting that he or she has not purchased any  
14 Schedule V controlled substances within the immediately  
15 preceding 96 hours.

16 (5) (Blank).

17 (6) all records of purchases and sales shall be  
18 maintained for not less than 2 years.

19 (7) no person shall obtain or attempt to obtain within  
20 any consecutive 96 hour period any Schedule V substances of  
21 more than 120 milliliters or more than 120 grams containing  
22 codeine, dihydrocodeine or any of its salts, or  
23 ethylmorphine or any of its salts. Any person obtaining any  
24 such preparations or combination of preparations in excess  
25 of this limitation shall be in unlawful possession of such  
26 controlled substance.

1           (8) a person qualified to dispense controlled  
2 substances under this Act and registered thereunder shall  
3 at no time maintain or keep in stock a quantity of Schedule  
4 V controlled substances in excess of 4.5 liters for each  
5 substance; a pharmacy shall at no time maintain or keep in  
6 stock a quantity of Schedule V controlled substances as  
7 defined in excess of 4.5 liters for each substance, plus  
8 the additional quantity of controlled substances necessary  
9 to fill the largest number of prescription orders filled by  
10 that pharmacy for such controlled substances in any one  
11 week in the previous year. These limitations shall not  
12 apply to Schedule V controlled substances which Federal law  
13 prohibits from being dispensed without a prescription.

14           (9) no person shall distribute or dispense butyl  
15 nitrite for inhalation or other introduction into the human  
16 body for euphoric or physical effect.

17           (d) Every practitioner shall keep a record or log of  
18 controlled substances received by him or her and a record of  
19 all such controlled substances administered, dispensed or  
20 professionally used by him or her otherwise than by  
21 prescription. It shall, however, be sufficient compliance with  
22 this paragraph if any practitioner utilizing controlled  
23 substances listed in Schedules III, IV and V shall keep a  
24 record of all those substances dispensed and distributed by him  
25 or her other than those controlled substances which are  
26 administered by the direct application of a controlled

1 substance, whether by injection, inhalation, ingestion, or any  
2 other means to the body of a patient or research subject. A  
3 practitioner who dispenses, other than by administering, a  
4 controlled substance in Schedule II, which is a narcotic drug  
5 listed in Section 206 of this Act, or which contains any  
6 quantity of amphetamine or methamphetamine, their salts,  
7 optical isomers or salts of optical isomers, pentazocine, or  
8 methaqualone shall do so only upon the issuance of a written  
9 prescription blank or electronic prescription issued by a  
10 prescriber.

11 (e) Whenever a manufacturer distributes a controlled  
12 substance in a package prepared by him or her, and whenever a  
13 wholesale distributor distributes a controlled substance in a  
14 package prepared by him or her or the manufacturer, he or she  
15 shall securely affix to each package in which that substance is  
16 contained a label showing in legible English the name and  
17 address of the manufacturer, the distributor and the quantity,  
18 kind and form of controlled substance contained therein. No  
19 person except a pharmacist and only for the purposes of filling  
20 a prescription under this Act, shall alter, deface or remove  
21 any label so affixed.

22 (f) Whenever a practitioner dispenses any controlled  
23 substance except a non-prescription Schedule V product or a  
24 non-prescription targeted methamphetamine precursor regulated  
25 by the Methamphetamine Precursor Control Act, he or she shall  
26 affix to the container in which such substance is sold or

1 dispensed, a label indicating the date of initial filling, the  
2 practitioner's name and address, the name of the patient, the  
3 name of the prescriber, the directions for use and cautionary  
4 statements, if any, contained in any prescription or required  
5 by law, the proprietary name or names or the established name  
6 of the controlled substance, and the dosage and quantity,  
7 except as otherwise authorized by regulation by the Department  
8 of Financial and Professional Regulation. No person shall  
9 alter, deface or remove any label so affixed as long as the  
10 specific medication remains in the container.

11 (g) A person to whom or for whose use any controlled  
12 substance has been prescribed or dispensed by a practitioner,  
13 or other persons authorized under this Act, and the owner of  
14 any animal for which such substance has been prescribed or  
15 dispensed by a veterinarian, may lawfully possess such  
16 substance only in the container in which it was delivered to  
17 him or her by the person dispensing such substance.

18 (h) The responsibility for the proper prescribing or  
19 dispensing of controlled substances that are under the  
20 prescriber's direct control is upon the prescriber. The  
21 responsibility for the proper filling of a prescription for  
22 controlled substance drugs rests with the pharmacist. An order  
23 purporting to be a prescription issued to any individual, which  
24 is not in the regular course of professional treatment nor part  
25 of an authorized methadone maintenance program, nor in  
26 legitimate and authorized research instituted by any

1 accredited hospital, educational institution, charitable  
2 foundation, or federal, state or local governmental agency, and  
3 which is intended to provide that individual with controlled  
4 substances sufficient to maintain that individual's or any  
5 other individual's physical or psychological addiction,  
6 habitual or customary use, dependence, or diversion of that  
7 controlled substance is not a prescription within the meaning  
8 and intent of this Act; and the person issuing it, shall be  
9 subject to the penalties provided for violations of the law  
10 relating to controlled substances.

11 (i) A prescriber shall not pre-print ~~preprint~~ or cause to  
12 be pre-printed ~~preprinted~~ a prescription for any controlled  
13 substance; nor shall any practitioner issue, fill or cause to  
14 be issued or filled, a pre-printed ~~preprinted~~ prescription for  
15 any controlled substance.

16 (i-5) A prescriber may use a machine or electronic device  
17 to individually generate a printed prescription, but the  
18 prescriber is still required to affix his or her manual  
19 signature.

20 (j) No person shall manufacture, dispense, deliver,  
21 possess with intent to deliver, prescribe, or administer or  
22 cause to be administered under his or her direction any  
23 anabolic steroid, for any use in humans other than the  
24 treatment of disease in accordance with the order of a  
25 physician licensed to practice medicine in all its branches for  
26 a valid medical purpose in the course of professional practice.

1 The use of anabolic steroids for the purpose of hormonal  
2 manipulation that is intended to increase muscle mass, strength  
3 or weight without a medical necessity to do so, or for the  
4 intended purpose of improving physical appearance or  
5 performance in any form of exercise, sport, or game, is not a  
6 valid medical purpose or in the course of professional  
7 practice.

8 (k) Controlled substances may be mailed if all of the  
9 following conditions are met:

10 (1) The controlled substances are not outwardly  
11 dangerous and are not likely, of their own force, to cause  
12 injury to a person's life or health.

13 (2) The inner container of a parcel containing  
14 controlled substances must be marked and sealed as required  
15 under this Act and its rules, and be placed in a plain  
16 outer container or securely wrapped in plain paper.

17 (3) If the controlled substances consist of  
18 prescription medicines, the inner container must be  
19 labeled to show the name and address of the pharmacy or  
20 practitioner dispensing the prescription.

21 (4) The outside wrapper or container must be free of  
22 markings that would indicate the nature of the contents.

23 (Source: P.A. 96-166, eff. 1-1-10; 97-334, eff. 1-1-12; revised  
24 12-10-14.)

25 (720 ILCS 570/314.5)



1           Sec. 314.5. Medication shopping; pharmacy shopping.

2           (a) It shall be unlawful for any person knowingly or  
3 intentionally to fraudulently obtain or fraudulently seek to  
4 obtain any controlled substance or prescription for a  
5 controlled substance from a prescriber or dispenser while being  
6 supplied with any controlled substance or prescription for a  
7 controlled substance by another prescriber or dispenser,  
8 without disclosing the fact of the existing controlled  
9 substance or prescription for a controlled substance to the  
10 prescriber or dispenser from whom the subsequent controlled  
11 substance or prescription for a controlled substance is sought.

12           (b) It shall be unlawful for a person knowingly or  
13 intentionally to fraudulently obtain or fraudulently seek to  
14 obtain any controlled substance from a pharmacy while being  
15 supplied with any controlled substance by another pharmacy,  
16 without disclosing the fact of the existing controlled  
17 substance to the pharmacy from which the subsequent controlled  
18 substance is sought.

19           (c) A person may be in violation of Section 3.23 of the  
20 Illinois Food, Drug and Cosmetic Act or Section 406 of this Act  
21 when medication shopping or pharmacy shopping, or both.

22           (d) When a person has been identified as having 3 ~~6~~ or more  
23 prescribers or 3 ~~6~~ or more pharmacies, or both, that do not  
24 utilize a common electronic file as specified in Section 20 of  
25 the Pharmacy Practice Act for controlled substances within the  
26 course of a continuous 30-day period, the Prescription

1 Monitoring Program may issue an unsolicited report to the  
2 prescribers, dispensers, and their designees informing them of  
3 the potential medication shopping.

4 (e) Nothing in this Section shall be construed to create a  
5 requirement that any prescriber, dispenser, or pharmacist  
6 request any patient medication disclosure, report any patient  
7 activity, or prescribe or refuse to prescribe or dispense any  
8 medications.

9 (f) This Section shall not be construed to apply to  
10 inpatients or residents at hospitals or other institutions or  
11 to institutional pharmacies.

12 (g) Any patient feedback, including grades, ratings, or  
13 written or verbal statements, in opposition to a clinical  
14 decision that the prescription of a controlled substance is not  
15 medically necessary shall not be the basis of any adverse  
16 action, evaluation, or any other type of negative  
17 credentialing, contracting, licensure, or employment action  
18 taken against a prescriber or dispenser.

19 (Source: P.A. 97-334, eff. 1-1-12.)

20 (720 ILCS 570/316)

21 Sec. 316. Prescription monitoring program.

22 (a) The Department must provide for a prescription  
23 monitoring program for Schedule II, III, IV, and V controlled  
24 substances that includes the following components and  
25 requirements:

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

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

5                   (B) The recipient's date of birth and gender  
6 address.

7                   (C) The national drug code number of the controlled  
8 substance dispensed.

9                   (D) The date the controlled substance is  
10 dispensed.

11                   (E) The quantity of the controlled substance  
12 dispensed and days supply.

13                   (F) The dispenser's United States Drug Enforcement  
14 Administration registration number.

15                   (G) The prescriber's United States Drug  
16 Enforcement Administration registration number.

17                   (H) The dates the controlled substance  
18 prescription is filled.

19                   (I) The payment type used to purchase the  
20 controlled substance (i.e. Medicaid, cash, third party  
21 insurance).

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

25                   (K) Any additional information that may be  
26 required by the department by administrative rule,

1 including but not limited to information required for  
2 compliance with the criteria for electronic reporting  
3 of the American Society for Automation and Pharmacy or  
4 its successor.

5 (2) The information required to be transmitted under  
6 this Section must be transmitted not later ~~more~~ than the  
7 end of the next business day ~~7 days~~ after the date on which  
8 a controlled substance is dispensed, or at such other time  
9 as may be required by the Department by administrative  
10 rule.

11 (3) A dispenser must transmit the information required  
12 under this Section by:

13 (A) an electronic device compatible with the  
14 receiving device of the central repository;

15 (B) a computer diskette;

16 (C) a magnetic tape; or

17 (D) a pharmacy universal claim form or Pharmacy  
18 Inventory Control form;

19 (4) The Department may impose a civil fine of up to  
20 \$100 per day for willful failure to report controlled  
21 substance dispensing to the Prescription Monitoring  
22 Program. The fine shall be calculated on no more than the  
23 number of days from the time the report was required to be  
24 made until the time the problem was resolved, and shall be  
25 payable to the Prescription Monitoring Program.

26 (b) The Department, by rule, may include in the monitoring

1 program certain other select drugs that are not included in  
2 Schedule II, III, IV, or V. The prescription monitoring program  
3 does not apply to controlled substance prescriptions as  
4 exempted under Section 313.

5 (c) The collection of data on select drugs and scheduled  
6 substances by the Prescription Monitoring Program may be used  
7 as a tool for addressing oversight requirements of long-term  
8 care institutions as set forth by Public Act 96-1372. Long-term  
9 care pharmacies shall transmit patient medication profiles to  
10 the Prescription Monitoring Program monthly or more frequently  
11 as established by administrative rule.

12 (d) The Department of Human Services shall appoint a  
13 full-time Clinical Director of the Prescription Monitoring  
14 Program.

15 (e) Within one year of the effective date of this  
16 amendatory Act of the 99th General Assembly, the Department  
17 shall adopt rules establishing pilot initiatives involving a  
18 cross-section of hospitals in this State to increase electronic  
19 integration of a hospital's electronic health record with the  
20 Prescription Monitoring Program on or before January 1, 2019 to  
21 ensure all providers have timely access to relevant  
22 prescription information during the treatment of their  
23 patients. These rules shall also establish pilots that enhance  
24 the electronic integration of outpatient pharmacy records with  
25 the Prescription Monitoring Program to allow for faster  
26 transmission of the information required under this Section. In

1 collaboration with the Department of Human Services, the  
2 Prescription Monitoring Program Advisory Committee shall  
3 identify funding sources to support the pilot projects in this  
4 Section and distribution of funds shall be based on voluntary  
5 and incentive-based models. The rules adopted by the Department  
6 shall also ensure that the Department continues to monitor  
7 updates in Electronic Health Record Technology and how other  
8 states have integrated their prescription monitoring databases  
9 with Electronic Health Records.

10 (Source: P.A. 97-334, eff. 1-1-12.)

11 (720 ILCS 570/317)

12 Sec. 317. Central repository for collection of  
13 information.

14 (a) The Department must designate a central repository for  
15 the collection of information transmitted under Section 316 and  
16 former Section 321.

17 (b) The central repository must do the following:

18 (1) Create a database for information required to be  
19 transmitted under Section 316 in the form required under  
20 rules adopted by the Department, including search  
21 capability for the following:

22 (A) A recipient's name and address.

23 (B) A recipient's date of birth and gender ~~address~~.

24 (C) The national drug code number of a controlled  
25 substance dispensed.

1 (D) The dates a controlled substance is dispensed.

2 (E) The quantities and days supply of a controlled  
3 substance dispensed.

4 (F) A dispenser's Administration registration  
5 number.

6 (G) A prescriber's Administration registration  
7 number.

8 (H) The dates the controlled substance  
9 prescription is filled.

10 (I) The payment type used to purchase the  
11 controlled substance (i.e. Medicaid, cash, third party  
12 insurance).

13 (J) The patient location code (i.e. home, nursing  
14 home, outpatient, etc.) for controlled substance  
15 prescriptions other than those filled at a retail  
16 pharmacy.

17 (2) Provide the Department with a database maintained  
18 by the central repository. The Department of Financial and  
19 Professional Regulation must provide the Department with  
20 electronic access to the license information of a  
21 prescriber or dispenser.

22 (3) Secure the information collected by the central  
23 repository and the database maintained by the central  
24 repository against access by unauthorized persons.

25 All prescribers shall designate one or more medical  
26 specialties or fields of medical care and treatment for which

1 the prescriber prescribes controlled substances when  
2 registering with the Prescription Monitoring Program.

3 No fee shall be charged for access by a prescriber or  
4 dispenser.

5 (Source: P.A. 97-334, eff. 1-1-12.)

6 (720 ILCS 570/318)

7 Sec. 318. Confidentiality of information.

8 (a) Information received by the central repository under  
9 Section 316 and former Section 321 is confidential.

10 (b) The Department must carry out a program to protect the  
11 confidentiality of the information described in subsection  
12 (a). The Department may disclose the information to another  
13 person only under subsection (c), (d), or (f) and may charge a  
14 fee not to exceed the actual cost of furnishing the  
15 information.

16 (c) The Department may disclose confidential information  
17 described in subsection (a) to any person who is engaged in  
18 receiving, processing, or storing the information.

19 (d) The Department may release confidential information  
20 described in subsection (a) to the following persons:

21 (1) A governing body that licenses practitioners and is  
22 engaged in an investigation, an adjudication, or a  
23 prosecution of a violation under any State or federal law  
24 that involves a controlled substance.

25 (2) An investigator for the Consumer Protection



1 Division of the office of the Attorney General, a  
2 prosecuting attorney, the Attorney General, a deputy  
3 Attorney General, or an investigator from the office of the  
4 Attorney General, who is engaged in any of the following  
5 activities involving controlled substances:

6 (A) an investigation;

7 (B) an adjudication; or

8 (C) a prosecution of a violation under any State or  
9 federal law that involves a controlled substance.

10 (3) A law enforcement officer who is:

11 (A) authorized by the Illinois State Police or the  
12 office of a county sheriff or State's Attorney or  
13 municipal police department of Illinois to receive  
14 information of the type requested for the purpose of  
15 investigations involving controlled substances; or

16 (B) approved by the Department to receive  
17 information of the type requested for the purpose of  
18 investigations involving controlled substances; and

19 (C) engaged in the investigation or prosecution of  
20 a violation under any State or federal law that  
21 involves a controlled substance.

22 (e) Before the Department releases confidential  
23 information under subsection (d), the applicant must  
24 demonstrate in writing to the Department that:

25 (1) the applicant has reason to believe that a  
26 violation under any State or federal law that involves a

1 controlled substance has occurred; and

2 (2) the requested information is reasonably related to  
3 the investigation, adjudication, or prosecution of the  
4 violation described in subdivision (1).

5 (f) The Department may receive and release prescription  
6 record information under Section 316 and former Section 321 to:

7 (1) a governing body that licenses practitioners;

8 (2) an investigator for the Consumer Protection  
9 Division of the office of the Attorney General, a  
10 prosecuting attorney, the Attorney General, a deputy  
11 Attorney General, or an investigator from the office of the  
12 Attorney General;

13 (3) any Illinois law enforcement officer who is:

14 (A) authorized to receive the type of information  
15 released; and

16 (B) approved by the Department to receive the type  
17 of information released; or

18 (4) prescription monitoring entities in other states  
19 per the provisions outlined in subsection (g) and (h)  
20 below;

21 confidential prescription record information collected under  
22 Sections 316 and 321 (now repealed) that identifies vendors or  
23 practitioners, or both, who are prescribing or dispensing large  
24 quantities of Schedule II, III, IV, or V controlled substances  
25 outside the scope of their practice, pharmacy, or business, as  
26 determined by the Advisory Committee created by Section 320.

1           (g) The information described in subsection (f) may not be  
2 released until it has been reviewed by an employee of the  
3 Department who is licensed as a prescriber or a dispenser and  
4 until that employee has certified that further investigation is  
5 warranted. However, failure to comply with this subsection (g)  
6 does not invalidate the use of any evidence that is otherwise  
7 admissible in a proceeding described in subsection (h).

8           (h) An investigator or a law enforcement officer receiving  
9 confidential information under subsection (c), (d), or (f) may  
10 disclose the information to a law enforcement officer or an  
11 attorney for the office of the Attorney General for use as  
12 evidence in the following:

13                 (1) A proceeding under any State or federal law that  
14 involves a controlled substance.

15                 (2) A criminal proceeding or a proceeding in juvenile  
16 court that involves a controlled substance.

17           (i) The Department may compile statistical reports from the  
18 information described in subsection (a). The reports must not  
19 include information that identifies, by name, license or  
20 address, any practitioner, dispenser, ultimate user, or other  
21 person administering a controlled substance.

22           (j) Based upon federal, initial and maintenance funding, a  
23 prescriber and dispenser inquiry system shall be developed to  
24 assist the health care community in its goal of effective  
25 clinical practice and to prevent patients from diverting or  
26 abusing medications.

1           (1) An inquirer shall have read-only access to a  
2 stand-alone database which shall contain records for the  
3 previous 12 months.

4           (2) Dispensers may, upon positive and secure  
5 identification, make an inquiry on a patient or customer  
6 solely for a medical purpose as delineated within the  
7 federal HIPAA law.

8           (3) The Department shall provide a one-to-one secure  
9 link and encrypted software necessary to establish the link  
10 between an inquirer and the Department. Technical  
11 assistance shall also be provided.

12           (4) Written inquiries are acceptable but must include  
13 the fee and the requestor's Drug Enforcement  
14 Administration license number and submitted upon the  
15 requestor's business stationery.

16           (5) As directed by the Prescription Monitoring Program  
17 Advisory Committee and the Clinical Director for the  
18 Prescription Monitoring Program, aggregate data that does  
19 not indicate any prescriber, practitioner, dispenser, or  
20 patient may be used for clinical studies.

21           (6) Tracking analysis shall be established and used per  
22 administrative rule.

23           (7) Nothing in this Act or Illinois law shall be  
24 construed to require a prescriber or dispenser to make use  
25 of this inquiry system.

26           (8) If there is an adverse outcome because of a

1           prescriber or dispenser making an inquiry, which is  
2           initiated in good faith, the prescriber or dispenser shall  
3           be held harmless from any civil liability.

4           (k) The Department shall establish, by rule, the process by  
5           which to evaluate possible erroneous association of  
6           prescriptions to any licensed prescriber or end user of the  
7           Illinois Prescription Information Library (PIL).

8           (l) The Prescription Monitoring Program Advisory Committee  
9           is authorized to evaluate the need for and method of  
10          establishing a patient specific identifier.

11          (m) Patients who identify prescriptions attributed to them  
12          that were not obtained by them shall be given access to their  
13          personal prescription history pursuant to the validation  
14          process as set forth by administrative rule.

15          (n) The Prescription Monitoring Program is authorized to  
16          develop operational push reports to entities with compatible  
17          electronic medical records. The process shall be covered within  
18          administrative rule established by the Department.

19          (o) Hospital emergency departments and freestanding  
20          healthcare facilities providing healthcare to walk-in patients  
21          may obtain, for the purpose of improving patient care, a unique  
22          identifier for each shift to utilize the PIL system.

23          (p) The Prescription Monitoring Program shall  
24          automatically create a log-in to the inquiry system when a  
25          prescriber or dispenser obtains or renews his or her controlled  
26          substance license. The Department of Financial and

1 Professional Regulation must provide the Prescription  
2 Monitoring Program with electronic access to the license  
3 information of a prescriber or dispenser to facilitate the  
4 creation of this profile. The Prescription Monitoring Program  
5 shall send the prescriber or dispenser information regarding  
6 the inquiry system, including instructions on how to log into  
7 the system, instructions on how to use the system to promote  
8 effective clinical practice, and opportunities for continuing  
9 education for the prescribing of controlled substances. The  
10 Prescription Monitoring Program shall also send to all enrolled  
11 prescribers, dispensers, and designees information regarding  
12 the unsolicited reports produced pursuant to Section 314.5 of  
13 this Act.

14 (q) A prescriber or dispenser may authorize a designee to  
15 consult the inquiry system established by the Department under  
16 this subsection on his or her behalf, provided that all the  
17 following conditions are met:

18 (1) the designee so authorized is employed by the same  
19 hospital or health care system; is employed by the same  
20 professional practice; or is under contract with such  
21 practice, hospital, or health care system;

22 (2) the prescriber or dispenser takes reasonable steps  
23 to ensure that such designee is sufficiently competent in  
24 the use of the inquiry system;

25 (3) the prescriber or dispenser remains responsible  
26 for ensuring that access to the inquiry system by the

1 designee is limited to authorized purposes and occurs in a  
2 manner that protects the confidentiality of the  
3 information obtained from the inquiry system, and remains  
4 responsible for any breach of confidentiality; and

5 (4) the ultimate decision as to whether or not to  
6 prescribe or dispense a controlled substance remains with  
7 the prescriber or dispenser.

8 The Prescription Monitoring Program shall send to  
9 registered designees information regarding the inquiry system,  
10 including instructions on how to log onto the system.

11 (r) The Prescription Monitoring Program shall maintain an  
12 Internet website in conjunction with its prescriber and  
13 dispenser inquiry system. This website shall include, at a  
14 minimum, the following information:

15 (1) current clinical guidelines developed by health  
16 care professional organizations on the prescribing of  
17 opioids or other controlled substances as determined by the  
18 Advisory Committee;

19 (2) accredited continuing education programs related  
20 to prescribing of controlled substances;

21 (3) programs or information developed by health care  
22 professionals that may be used to assess patients or help  
23 ensure compliance with prescriptions;

24 (4) updates from the Food and Drug Administration, the  
25 Centers for Disease Control and Prevention, and other  
26 public and private organizations which are relevant to

1       prescribing;

2           (5) relevant medical studies related to prescribing;

3           (6) other information regarding the prescription of  
4       controlled substances; and

5           (7) information regarding prescription drug disposal  
6       events, including take-back programs or other disposal  
7       options or events.

8       The content of the Internet website shall be periodically  
9       reviewed by the Prescription Monitoring Program Advisory  
10       Committee as set forth in Section 320 and updated in accordance  
11       with the recommendation of the advisory committee.

12       (s) The Prescription Monitoring Program shall regularly  
13       send electronic updates to the registered users of the Program.  
14       The Prescription Monitoring Program Advisory Committee shall  
15       review any communications sent to registered users and also  
16       make recommendations for communications as set forth in Section  
17       320. These updates shall include the following information:

18           (1) opportunities for accredited continuing education  
19       programs related to prescribing of controlled substances;

20           (2) current clinical guidelines developed by health  
21       care professional organizations on the prescribing of  
22       opioids or other drugs as determined by the Advisory  
23       Committee;

24           (3) programs or information developed by health care  
25       professionals that may be used to assess patients or help  
26       ensure compliance with prescriptions;



1           (4) updates from the Food and Drug Administration, the  
2           Centers for Disease Control and Prevention, and other  
3           public and private organizations which are relevant to  
4           prescribing;

5           (5) relevant medical studies related to prescribing;

6           (6) other information regarding prescribing of  
7           controlled substances;

8           (7) information regarding prescription drug disposal  
9           events, including take-back programs or other disposal  
10          options or events; and

11          (8) reminders that the Prescription Monitoring Program  
12          is a useful clinical tool.

13          (Source: P.A. 97-334, eff. 1-1-12; 97-813, eff. 7-13-12.)

14           (720 ILCS 570/319)

15           Sec. 319. Rules. The Department shall ~~must~~ adopt rules  
16           under the Illinois Administrative Procedure Act to implement  
17           Sections 316 through 321, including the following:

18           (1) Information collection and retrieval procedures  
19           for the central repository, including the controlled  
20           substances to be included in the program required under  
21           Section 316 and Section 321 (now repealed).

22           (2) Design for the creation of the database required  
23           under Section 317.

24           (3) Requirements for the development and installation  
25           of on-line electronic access by the Department to

1 information collected by the central repository.

2 (Source: P.A. 97-334, eff. 1-1-12.)

3 (720 ILCS 570/320)

4 Sec. 320. Advisory committee.

5 (a) There is created a Prescription Monitoring Program  
6 Advisory Committee ~~The Secretary of the Department of Human~~  
7 ~~Services must appoint an advisory committee~~ to assist the  
8 Department of Human Services in implementing the Prescription  
9 Monitoring Program ~~controlled substance prescription~~  
10 ~~monitoring program~~ created by this Article and to advise the  
11 Department on the professional performance of prescribers and  
12 dispensers and other matters germane to the advisory  
13 committee's field of competence ~~Section 316 and former Section~~  
14 ~~321 of this Act. The Advisory Committee consists of prescribers~~  
15 ~~and dispensers.~~

16 (b) The Clinical Director of the Prescription Monitoring  
17 Program shall appoint ~~Secretary of the Department of Human~~  
18 ~~Services or his or her designee must determine the number of~~  
19 members to serve on the advisory committee. The advisory  
20 committee shall be composed of prescribers and dispensers as  
21 follows: 4 physicians licensed to practice medicine in all its  
22 branches; one advanced practice nurse; one physician  
23 assistant; one optometrist; one dentist; one podiatric  
24 physician; and 3 pharmacists. The Clinical Director of the  
25 Prescription Monitoring Program may appoint a representative

1 of an organization representing a profession required to be  
2 appointed. The Clinical Director of the Prescription  
3 Monitoring Program shall serve as the chair of the committee.  
4 ~~The Secretary must choose one of the members of the advisory~~  
5 ~~committee to serve as chair of the committee.~~

6 (c) The advisory committee may appoint its other officers  
7 as it deems appropriate.

8 (d) The members of the advisory committee shall receive no  
9 compensation for their services as members of the advisory  
10 committee but may be reimbursed for their actual expenses  
11 incurred in serving on the advisory committee.

12 (e) The advisory committee shall:

13 (1) provide a uniform approach to reviewing this Act in  
14 order to determine whether changes should be recommended to  
15 the General Assembly; ~~;~~

16 (2) review current drug schedules in order to manage  
17 changes to the administrative rules pertaining to the  
18 utilization of this Act; ~~;~~

19 (3) review the following: current clinical guidelines  
20 developed by health care professional organizations on the  
21 prescribing of opioids or other controlled substances;  
22 accredited continuing education programs related to  
23 prescribing and dispensing; programs or information  
24 developed by health care professional organizations that  
25 may be used to assess patients or help ensure compliance  
26 with prescriptions; updates from the Food and Drug

1 Administration, the Centers for Disease Control and  
2 Prevention, and other public and private organizations  
3 which are relevant to prescribing and dispensing; relevant  
4 medical studies; and other publications which involve the  
5 prescription of controlled substances;

6 (4) make recommendations for inclusion of these  
7 materials or other studies which may be effective resources  
8 for prescribers and dispensers on the Internet website of  
9 the inquiry system established under Section 318;

10 (5) on at least a quarterly basis, review the content  
11 of the Internet website of the inquiry system established  
12 pursuant to Section 318 to ensure this Internet website has  
13 the most current available information;

14 (6) on at least a quarterly basis, review opportunities  
15 for federal grants and other forms of funding to support  
16 projects which will increase the number of pilot programs  
17 which integrate the inquiry system with electronic health  
18 records; and

19 (7) on at least a quarterly basis, review communication  
20 to be sent to all registered users of the inquiry system  
21 established pursuant to Section 318, including  
22 recommendations for relevant accredited continuing  
23 education and information regarding prescribing and  
24 dispensing.

25 (f) The Clinical Director of the Prescription Monitoring  
26 Program shall select 5 members, 3 physicians and 2 pharmacists,

1 of the Prescription Monitoring Program Advisory Committee to  
2 serve as members of the peer review subcommittee. The purpose  
3 of the peer review subcommittee is to advise the Program on  
4 matters germane to the advisory committee's field of  
5 competence, establish a formal peer review of professional  
6 performance of prescribers and dispensers, and develop  
7 communications to transmit to prescribers and dispensers. The  
8 deliberations, information, and communications of the peer  
9 review subcommittee are privileged and confidential and shall  
10 not be disclosed in any manner except in accordance with  
11 current law.

12 (1) The peer review subcommittee shall periodically  
13 review the data contained within the prescription  
14 monitoring program to identify those prescribers or  
15 dispensers who may be prescribing or dispensing outside the  
16 currently accepted standards in the course of their  
17 professional practice.

18 (2) The peer review subcommittee may identify  
19 prescribers or dispensers who may be prescribing outside  
20 the currently accepted medical standards in the course of  
21 their professional practice and send the identified  
22 prescriber or dispenser a request for information  
23 regarding their prescribing or dispensing practices. This  
24 request for information shall be sent via certified mail,  
25 return receipt requested. A prescriber or dispenser shall  
26 have 30 days to respond to the request for information.

1           (3) The peer review subcommittee shall refer a  
2           prescriber or a dispenser to the Department of Financial  
3           and Professional Regulation in the following situations:

4                   (i) if a prescriber or dispenser does not respond  
5                   to three successive requests for information;

6                   (ii) in the opinion of a majority of members of the  
7                   peer review subcommittee, the prescriber or dispenser  
8                   does not have a satisfactory explanation for the  
9                   practices identified by the peer review subcommittee  
10                   in its request for information; or

11                   (iii) following communications with the peer  
12                   review subcommittee, the prescriber or dispenser does  
13                   not sufficiently rectify the practices identified in  
14                   the request for information in the opinion of a  
15                   majority of the members of the peer review  
16                   subcommittee.

17           (4) The Department of Financial and Professional  
18           Regulation may initiate an investigation and discipline in  
19           accordance with current laws and rules for any prescriber  
20           or dispenser referred by the peer review subcommittee.

21           (5) The peer review subcommittee shall prepare an  
22           annual report starting on July 1, 2017. This report shall  
23           contain the following information: the number of times the  
24           peer review subcommittee was convened; the number of  
25           prescribers or dispensers who were reviewed by the peer  
26           review committee; the number of requests for information

1 sent out by the peer review subcommittee; and the number of  
2 prescribers or dispensers referred to the Department of  
3 Financial and Professional Regulation. The annual report  
4 shall be delivered electronically to the Department and to  
5 the General Assembly. The report prepared by the peer  
6 review subcommittee shall not identify any prescriber,  
7 dispenser, or patient.

8 (Source: P.A. 97-334, eff. 1-1-12.)

9 (720 ILCS 570/406) (from Ch. 56 1/2, par. 1406)

10 Sec. 406. (a) It is unlawful for any person:

11 (1) who is subject to Article III knowingly to  
12 distribute or dispense a controlled substance in violation  
13 of Sections 308 through 314.5 of this Act; or

14 (2) who is a registrant, to manufacture a controlled  
15 substance not authorized by his or her registration, or to  
16 distribute or dispense a controlled substance not  
17 authorized by his or her registration to another registrant  
18 or other authorized person; or

19 (3) to refuse or fail to make, keep or furnish any  
20 record, notification, order form, statement, invoice or  
21 information required under this Act; or

22 (4) to refuse an entry into any premises for any  
23 inspection authorized by this Act; or

24 (5) knowingly to keep or maintain any store, shop,  
25 warehouse, dwelling, building, vehicle, boat, aircraft, or

1 other structure or place, which is resorted to by a person  
2 unlawfully possessing controlled substances, or which is  
3 used for possessing, manufacturing, dispensing or  
4 distributing controlled substances in violation of this  
5 Act.

6 Any person who violates this subsection (a) is guilty of a  
7 Class A misdemeanor for the first offense and a Class 4 felony  
8 for each subsequent offense. The fine for each subsequent  
9 offense shall not be more than \$100,000. In addition, any  
10 practitioner who is found guilty of violating this subsection  
11 (a) is subject to suspension and revocation of his or her  
12 professional license, in accordance with such procedures as are  
13 provided by law for the taking of disciplinary action with  
14 regard to the license of said practitioner's profession.

15 (b) It is unlawful for any person knowingly:

16 (1) to distribute, as a registrant, a controlled  
17 substance classified in Schedule I or II, except pursuant  
18 to an order form as required by Section 307 of this Act; or

19 (2) to use, in the course of the manufacture or  
20 distribution of a controlled substance, a registration  
21 number which is fictitious, revoked, suspended, or issued  
22 to another person; or

23 (3) to acquire or obtain, or attempt to acquire or  
24 obtain, possession of a controlled substance by  
25 misrepresentation, fraud, forgery, deception or  
26 subterfuge; or



1           (3.1) to withhold information requested from a  
2           practitioner, with the intent to obtain a controlled  
3           substance that has not been prescribed, by  
4           misrepresentation, fraud, forgery, deception, subterfuge,  
5           or concealment of a material fact; or

6           (4) to furnish false or fraudulent material  
7           information in, or omit any material information from, any  
8           application, report or other document required to be kept  
9           or filed under this Act, or any record required to be kept  
10          by this Act; or

11          (5) to make, distribute or possess any punch, die,  
12          plate, stone or other thing designed to print, imprint or  
13          reproduce the trademark, trade name or other identifying  
14          mark, imprint or device of another, or any likeness of any  
15          of the foregoing, upon any controlled substance or  
16          container or labeling thereof so as to render the drug a  
17          counterfeit substance; or

18          (6) (blank); or

19          (7) (blank).

20          Any person who violates this subsection (b) is guilty of a  
21          Class 4 felony for the first offense and a Class 3 felony for  
22          each subsequent offense. The fine for the first offense shall  
23          be not more than \$100,000. The fine for each subsequent offense  
24          shall not be more than \$200,000.

25          (c) A person who knowingly or intentionally violates  
26          Section 316, 317, 318, or 319 is guilty of a Class A

1 misdemeanor.

2 (Source: P.A. 97-334, eff. 1-1-12.)

3 (720 ILCS 570/410) (from Ch. 56 1/2, par. 1410)

4 Sec. 410. (a) Whenever any person who has not previously  
5 been convicted of, or placed on probation or court supervision  
6 for any offense under this Act or any law of the United States  
7 or of any State relating to cannabis or controlled substances,  
8 pleads guilty to or is found guilty of possession of a  
9 controlled or counterfeit substance under subsection (c) of  
10 Section 402 or of unauthorized possession of prescription form  
11 under Section 406.2, the court, without entering a judgment and  
12 with the consent of such person, may sentence him or her to  
13 probation.

14 (b) When a person is placed on probation, the court shall  
15 enter an order specifying a period of probation of 24 months  
16 and shall defer further proceedings in the case until the  
17 conclusion of the period or until the filing of a petition  
18 alleging violation of a term or condition of probation.

19 (c) The conditions of probation shall be that the person:  
20 (1) not violate any criminal statute of any jurisdiction; (2)  
21 refrain from possessing a firearm or other dangerous weapon;  
22 (3) submit to periodic drug testing at a time and in a manner  
23 as ordered by the court, but no less than 3 times during the  
24 period of the probation, with the cost of the testing to be  
25 paid by the probationer; and (4) perform no less than 30 hours

1 of community service, provided community service is available  
2 in the jurisdiction and is funded and approved by the county  
3 board.

4 (d) The court may, in addition to other conditions, require  
5 that the person:

6 (1) make a report to and appear in person before or  
7 participate with the court or such courts, person, or  
8 social service agency as directed by the court in the order  
9 of probation;

10 (2) pay a fine and costs;

11 (3) work or pursue a course of study or vocational  
12 training;

13 (4) undergo medical or psychiatric treatment; or  
14 treatment or rehabilitation approved by the Illinois  
15 Department of Human Services;

16 (5) attend or reside in a facility established for the  
17 instruction or residence of defendants on probation;

18 (6) support his or her dependents;

19 (6-5) refrain from having in his or her body the  
20 presence of any illicit drug prohibited by the Cannabis  
21 Control Act, the Illinois Controlled Substances Act, or the  
22 Methamphetamine Control and Community Protection Act,  
23 unless prescribed by a physician, and submit samples of his  
24 or her blood or urine or both for tests to determine the  
25 presence of any illicit drug;

26 (7) and in addition, if a minor:

1 (i) reside with his or her parents or in a foster  
2 home;

3 (ii) attend school;

4 (iii) attend a non-residential program for youth;

5 (iv) contribute to his or her own support at home  
6 or in a foster home.

7 (e) Upon violation of a term or condition of probation, the  
8 court may enter a judgment on its original finding of guilt and  
9 proceed as otherwise provided.

10 (f) Upon fulfillment of the terms and conditions of  
11 probation, the court shall discharge the person and dismiss the  
12 proceedings against him or her.

13 (g) A disposition of probation is considered to be a  
14 conviction for the purposes of imposing the conditions of  
15 probation and for appeal, however, discharge and dismissal  
16 under this Section is not a conviction for purposes of this Act  
17 or for purposes of disqualifications or disabilities imposed by  
18 law upon conviction of a crime.

19 (h) There may be only one discharge and dismissal under  
20 this Section, Section 10 of the Cannabis Control Act, Section  
21 70 of the Methamphetamine Control and Community Protection Act,  
22 Section 5-6-3.3 or 5-6-3.4 of the Unified Code of Corrections,  
23 or subsection (c) of Section 11-14 of the Criminal Code of 1961  
24 or the Criminal Code of 2012 with respect to any person.

25 (i) If a person is convicted of an offense under this Act,  
26 the Cannabis Control Act, or the Methamphetamine Control and

1 Community Protection Act within 5 years subsequent to a  
2 discharge and dismissal under this Section, the discharge and  
3 dismissal under this Section shall be admissible in the  
4 sentencing proceeding for that conviction as evidence in  
5 aggravation.

6 (j) Notwithstanding subsection (a), before a person is  
7 sentenced to probation under this Section, the court may refer  
8 the person to the drug court established in that judicial  
9 circuit pursuant to Section 15 of the Drug Court Treatment Act.  
10 The drug court team shall evaluate the person's likelihood of  
11 successfully completing a sentence of probation under this  
12 Section and shall report the results of its evaluation to the  
13 court. If the drug court team finds that the person suffers  
14 from a substance abuse problem that makes him or her  
15 substantially unlikely to successfully complete a sentence of  
16 probation under this Section, then the drug court shall set  
17 forth its findings in the form of a written order, and the  
18 person shall not be sentenced to probation under this Section,  
19 but may be considered for the drug court program.

20 (Source: P.A. 97-334, eff. 1-1-12; 97-1118, eff. 1-1-13;  
21 97-1150, eff. 1-25-13; 98-164, eff. 1-1-14.)

22 Section 5-105. The Methamphetamine Control and Community  
23 Protection Act is amended by changing Section 70 as follows:

24 (720 ILCS 646/70)

1           Sec. 70. Probation.

2           (a) Whenever any person who has not previously been  
3 convicted of, or placed on probation or court supervision for  
4 any offense under this Act, the Illinois Controlled Substances  
5 Act, the Cannabis Control Act, or any law of the United States  
6 or of any state relating to cannabis or controlled substances,  
7 pleads guilty to or is found guilty of possession of less than  
8 15 grams of methamphetamine under paragraph (1) or (2) of  
9 subsection (b) of Section 60 of this Act, the court, without  
10 entering a judgment and with the consent of the person, may  
11 sentence him or her to probation.

12           (b) When a person is placed on probation, the court shall  
13 enter an order specifying a period of probation of 24 months  
14 and shall defer further proceedings in the case until the  
15 conclusion of the period or until the filing of a petition  
16 alleging violation of a term or condition of probation.

17           (c) The conditions of probation shall be that the person:

18               (1) not violate any criminal statute of any  
19 jurisdiction;

20               (2) refrain from possessing a firearm or other  
21 dangerous weapon;

22               (3) submit to periodic drug testing at a time and in a  
23 manner as ordered by the court, but no less than 3 times  
24 during the period of the probation, with the cost of the  
25 testing to be paid by the probationer; and

26               (4) perform no less than 30 hours of community service,

1 if community service is available in the jurisdiction and  
2 is funded and approved by the county board.

3 (d) The court may, in addition to other conditions, require  
4 that the person take one or more of the following actions:

5 (1) make a report to and appear in person before or  
6 participate with the court or such courts, person, or  
7 social service agency as directed by the court in the order  
8 of probation;

9 (2) pay a fine and costs;

10 (3) work or pursue a course of study or vocational  
11 training;

12 (4) undergo medical or psychiatric treatment; or  
13 treatment or rehabilitation approved by the Illinois  
14 Department of Human Services;

15 (5) attend or reside in a facility established for the  
16 instruction or residence of defendants on probation;

17 (6) support his or her dependents;

18 (7) refrain from having in his or her body the presence  
19 of any illicit drug prohibited by this Act, the Cannabis  
20 Control Act, or the Illinois Controlled Substances Act,  
21 unless prescribed by a physician, and submit samples of his  
22 or her blood or urine or both for tests to determine the  
23 presence of any illicit drug; or

24 (8) if a minor:

25 (i) reside with his or her parents or in a foster  
26 home;

- 1           (ii) attend school;
- 2           (iii) attend a non-residential program for youth;
- 3           or
- 4           (iv) contribute to his or her own support at home
- 5           or in a foster home.

6           (e) Upon violation of a term or condition of probation, the

7           court may enter a judgment on its original finding of guilt and

8           proceed as otherwise provided.

9           (f) Upon fulfillment of the terms and conditions of

10           probation, the court shall discharge the person and dismiss the

11           proceedings against the person.

12           (g) A disposition of probation is considered to be a

13           conviction for the purposes of imposing the conditions of

14           probation and for appeal, however, discharge and dismissal

15           under this Section is not a conviction for purposes of this Act

16           or for purposes of disqualifications or disabilities imposed by

17           law upon conviction of a crime.

18           (h) There may be only one discharge and dismissal under

19           this Section, Section 410 of the Illinois Controlled Substances

20           Act, Section 10 of the Cannabis Control Act, Section 5-6-3.3 or

21           5-6-3.4 of the Unified Code of Corrections, or subsection (c)

22           of Section 11-14 of the Criminal Code of 1961 or the Criminal

23           Code of 2012 with respect to any person.

24           (i) If a person is convicted of an offense under this Act,

25           the Cannabis Control Act, or the Illinois Controlled Substances

26           Act within 5 years subsequent to a discharge and dismissal



1 under this Section, the discharge and dismissal under this  
2 Section are admissible in the sentencing proceeding for that  
3 conviction as evidence in aggravation.

4 (j) Notwithstanding subsection (a), before a person is  
5 sentenced to probation under this Section, the court may refer  
6 the person to the drug court established in that judicial  
7 circuit pursuant to Section 15 of the Drug Court Treatment Act.  
8 The drug court team shall evaluate the person's likelihood of  
9 successfully completing a sentence of probation under this  
10 Section and shall report the results of its evaluation to the  
11 court. If the drug court team finds that the person suffers  
12 from a substance abuse problem that makes him or her  
13 substantially unlikely to successfully complete a sentence of  
14 probation under this Section, then the drug court shall set  
15 forth its findings in the form of a written order, and the  
16 person shall not be sentenced to probation under this Section,  
17 but may be considered for the drug court program.

18 (Source: P.A. 97-1118, eff. 1-1-13; 97-1150, eff. 1-25-13;  
19 98-164, eff. 1-1-14.)

20 Section 5-110. The Unified Code of Corrections is amended  
21 by changing Sections 5-6-3.3, 5-6-3.4, 5-9-1.1, and 5-9-1.1-5  
22 as follows:

23 (730 ILCS 5/5-6-3.3)

24 Sec. 5-6-3.3. Offender Initiative Program.

1           (a) Statement of purpose. The General Assembly seeks to  
2 continue other successful programs that promote public safety,  
3 conserve valuable resources, and reduce recidivism by  
4 defendants who can lead productive lives by creating the  
5 Offender Initiative Program.

6           (a-1) Whenever any person who has not previously been  
7 convicted of, or placed on probation or conditional discharge  
8 for, any felony offense under the laws of this State, the laws  
9 of any other state, or the laws of the United States, is  
10 arrested for and charged with a probationable felony offense of  
11 theft, retail theft, forgery, possession of a stolen motor  
12 vehicle, burglary, possession of burglary tools, possession of  
13 cannabis, possession of a controlled substance, or possession  
14 of methamphetamine, the court, with the consent of the  
15 defendant and the State's Attorney, may continue this matter to  
16 allow a defendant to participate and complete the Offender  
17 Initiative Program.

18           (a-2) Exemptions. A defendant shall not be eligible for  
19 this Program if the offense he or she has been arrested for and  
20 charged with is a violent offense. For purposes of this  
21 Program, a "violent offense" is any offense where bodily harm  
22 was inflicted or where force was used against any person or  
23 threatened against any person, any offense involving sexual  
24 conduct, sexual penetration, or sexual exploitation, any  
25 offense of domestic violence, domestic battery, violation of an  
26 order of protection, stalking, hate crime, driving under the

1 influence of drugs or alcohol, and any offense involving the  
2 possession of a firearm or dangerous weapon. A defendant shall  
3 not be eligible for this Program if he or she has previously  
4 been adjudicated a delinquent minor for the commission of a  
5 violent offense as defined in this subsection.

6 (b) When a defendant is placed in the Program, after both  
7 the defendant and State's Attorney waive preliminary hearing  
8 pursuant to Section 109-3 of the Code of Criminal Procedure of  
9 1963, the court shall enter an order specifying that the  
10 proceedings shall be suspended while the defendant is  
11 participating in a Program of not less 12 months.

12 (c) The conditions of the Program shall be that the  
13 defendant:

14 (1) not violate any criminal statute of this State or  
15 any other jurisdiction;

16 (2) refrain from possessing a firearm or other  
17 dangerous weapon;

18 (3) make full restitution to the victim or property  
19 owner pursuant to Section 5-5-6 of this Code;

20 (4) obtain employment or perform not less than 30 hours  
21 of community service, provided community service is  
22 available in the county and is funded and approved by the  
23 county board; and

24 (5) attend educational courses designed to prepare the  
25 defendant for obtaining a high school diploma or to work  
26 toward passing high school equivalency testing or to work

1           toward completing a vocational training program.

2           (d) The court may, in addition to other conditions, require  
3 that the defendant:

4           (1) undergo medical or psychiatric treatment, or  
5 treatment or rehabilitation approved by the Illinois  
6 Department of Human Services;

7           (2) refrain from having in his or her body the presence  
8 of any illicit drug prohibited by the Methamphetamine  
9 Control and Community Protection Act, the Cannabis Control  
10 Act or the Illinois Controlled Substances Act, unless  
11 prescribed by a physician, and submit samples of his or her  
12 blood or urine or both for tests to determine the presence  
13 of any illicit drug;

14           (3) submit to periodic drug testing at a time, manner,  
15 and frequency as ordered by the court;

16           (4) pay fines, fees and costs; and

17           (5) in addition, if a minor:

18           (i) reside with his or her parents or in a foster  
19 home;

20           (ii) attend school;

21           (iii) attend a non-residential program for youth;

22           or

23           (iv) contribute to his or her own support at home  
24 or in a foster home.

25           (e) When the State's Attorney makes a factually specific  
26 offer of proof that the defendant has failed to successfully

1 complete the Program or has violated any of the conditions of  
2 the Program, the court shall enter an order that the defendant  
3 has not successfully completed the Program and continue the  
4 case for arraignment pursuant to Section 113-1 of the Code of  
5 Criminal Procedure of 1963 for further proceedings as if the  
6 defendant had not participated in the Program.

7 (f) Upon fulfillment of the terms and conditions of the  
8 Program, the State's Attorney shall dismiss the case or the  
9 court shall discharge the person and dismiss the proceedings  
10 against the person.

11 (g) There may be only one discharge and dismissal under  
12 this Section with respect to any person.

13 (h) Notwithstanding subsection (a-1), if the court finds  
14 that the defendant suffers from a substance abuse problem, then  
15 before the person participates in the Program under this  
16 Section, the court may refer the person to the drug court  
17 established in that judicial circuit pursuant to Section 15 of  
18 the Drug Court Treatment Act. The drug court team shall  
19 evaluate the person's likelihood of successfully fulfilling  
20 the terms and conditions of the Program under this Section and  
21 shall report the results of its evaluation to the court. If the  
22 drug court team finds that the person suffers from a substance  
23 abuse problem that makes him or her substantially unlikely to  
24 successfully fulfill the terms and conditions of the Program,  
25 then the drug court shall set forth its findings in the form of  
26 a written order, and the person shall be ineligible to

1 participate in the Program under this Section, but may be  
2 considered for the drug court program.

3 (Source: P.A. 97-1118, eff. 1-1-13; 98-718, eff. 1-1-15.)

4 (730 ILCS 5/5-6-3.4)

5 Sec. 5-6-3.4. Second Chance Probation.

6 (a) Whenever any person who has not previously been  
7 convicted of, or placed on probation or conditional discharge  
8 for, any felony offense under the laws of this State, the laws  
9 of any other state, or the laws of the United States, including  
10 probation under Section 410 of the Illinois Controlled  
11 Substances Act, Section 70 of the Methamphetamine Control and  
12 Community Protection Act, Section 10 of the Cannabis Control  
13 Act, subsection (c) of Section 11-14 of the Criminal Code of  
14 2012, Treatment Alternatives for Criminal Justice Clients  
15 (TASC) under Article 40 of the Alcoholism and Other Drug Abuse  
16 and Dependency Act, or prior successful completion of the  
17 Offender Initiative Program under Section 5-6-3.3 of this Code,  
18 and pleads guilty to, or is found guilty of, a probationable  
19 felony offense of possession of a controlled substance that is  
20 punishable as a Class 4 felony; possession of methamphetamine  
21 that is punishable as a Class 4 felony; theft that is  
22 punishable as a Class 3 felony based on the value of the  
23 property or punishable as a Class 4 felony if the theft was  
24 committed in a school or place of worship or if the theft was  
25 of governmental property; retail theft that is punishable as a

1 Class 3 felony based on the value of the property; criminal  
2 damage to property that is punishable as a Class 4 felony;  
3 criminal damage to government supported property that is  
4 punishable as a Class 4 felony; or possession of cannabis which  
5 is punishable as a Class 4 felony, the court, with the consent  
6 of the defendant and the State's Attorney, may, without  
7 entering a judgment, sentence the defendant to probation under  
8 this Section.

9 (a-1) Exemptions. A defendant is not eligible for this  
10 probation if the offense he or she pleads guilty to, or is  
11 found guilty of, is a violent offense, or he or she has  
12 previously been convicted of a violent offense. For purposes of  
13 this probation, a "violent offense" is any offense where bodily  
14 harm was inflicted or where force was used against any person  
15 or threatened against any person, any offense involving sexual  
16 conduct, sexual penetration, or sexual exploitation, any  
17 offense of domestic violence, domestic battery, violation of an  
18 order of protection, stalking, hate crime, driving under the  
19 influence of drugs or alcohol, and any offense involving the  
20 possession of a firearm or dangerous weapon. A defendant shall  
21 not be eligible for this probation if he or she has previously  
22 been adjudicated a delinquent minor for the commission of a  
23 violent offense as defined in this subsection.

24 (b) When a defendant is placed on probation, the court  
25 shall enter an order specifying a period of probation of not  
26 less than 24 months and shall defer further proceedings in the

1 case until the conclusion of the period or until the filing of  
2 a petition alleging violation of a term or condition of  
3 probation.

4 (c) The conditions of probation shall be that the  
5 defendant:

6 (1) not violate any criminal statute of this State or  
7 any other jurisdiction;

8 (2) refrain from possessing a firearm or other  
9 dangerous weapon;

10 (3) make full restitution to the victim or property  
11 owner under Section 5-5-6 of this Code;

12 (4) obtain or attempt to obtain employment;

13 (5) pay fines and costs;

14 (6) attend educational courses designed to prepare the  
15 defendant for obtaining a high school diploma or to work  
16 toward passing high school equivalency testing or to work  
17 toward completing a vocational training program;

18 (7) submit to periodic drug testing at a time and in a  
19 manner as ordered by the court, but no less than 3 times  
20 during the period of probation, with the cost of the  
21 testing to be paid by the defendant; and

22 (8) perform a minimum of 30 hours of community service.

23 (d) The court may, in addition to other conditions, require  
24 that the defendant:

25 (1) make a report to and appear in person before or  
26 participate with the court or such courts, person, or



1 social service agency as directed by the court in the order  
2 of probation;

3 (2) undergo medical or psychiatric treatment, or  
4 treatment or rehabilitation approved by the Illinois  
5 Department of Human Services;

6 (3) attend or reside in a facility established for the  
7 instruction or residence of defendants on probation;

8 (4) support his or her dependents; or

9 (5) refrain from having in his or her body the presence  
10 of any illicit drug prohibited by the Methamphetamine  
11 Control and Community Protection Act, the Cannabis Control  
12 Act, or the Illinois Controlled Substances Act, unless  
13 prescribed by a physician, and submit samples of his or her  
14 blood or urine or both for tests to determine the presence  
15 of any illicit drug.

16 (e) Upon violation of a term or condition of probation, the  
17 court may enter a judgment on its original finding of guilt and  
18 proceed as otherwise provided by law.

19 (f) Upon fulfillment of the terms and conditions of  
20 probation, the court shall discharge the person and dismiss the  
21 proceedings against the person.

22 (g) A disposition of probation is considered to be a  
23 conviction for the purposes of imposing the conditions of  
24 probation and for appeal; however, a discharge and dismissal  
25 under this Section is not a conviction for purposes of this  
26 Code or for purposes of disqualifications or disabilities

1 imposed by law upon conviction of a crime.

2 (h) There may be only one discharge and dismissal under  
3 this Section, Section 410 of the Illinois Controlled Substances  
4 Act, Section 70 of the Methamphetamine Control and Community  
5 Protection Act, Section 10 of the Cannabis Control Act,  
6 Treatment Alternatives for Criminal Justice Clients (TASC)  
7 under Article 40 of the Alcoholism and Other Drug Abuse and  
8 Dependency Act, the Offender Initiative Program under Section  
9 5-6-3.3 of this Code, and subsection (c) of Section 11-14 of  
10 the Criminal Code of 2012 with respect to any person.

11 (i) If a person is convicted of any offense which occurred  
12 within 5 years subsequent to a discharge and dismissal under  
13 this Section, the discharge and dismissal under this Section  
14 shall be admissible in the sentencing proceeding for that  
15 conviction as evidence in aggravation.

16 (j) Notwithstanding subsection (a), if the court finds that  
17 the defendant suffers from a substance abuse problem, then  
18 before the person is placed on probation under this Section,  
19 the court may refer the person to the drug court established in  
20 that judicial circuit pursuant to Section 15 of the Drug Court  
21 Treatment Act. The drug court team shall evaluate the person's  
22 likelihood of successfully fulfilling the terms and conditions  
23 of probation under this Section and shall report the results of  
24 its evaluation to the court. If the drug court team finds that  
25 the person suffers from a substance abuse problem that makes  
26 him or her substantially unlikely to successfully fulfill the

1 terms and conditions of probation under this Section, then the  
2 drug court shall set forth its findings in the form of a  
3 written order, and the person shall be ineligible to be placed  
4 on probation under this Section, but may be considered for the  
5 drug court program.

6 (Source: P.A. 98-164, eff. 1-1-14; 98-718, eff. 1-1-15.)

7 (730 ILCS 5/5-9-1.1) (from Ch. 38, par. 1005-9-1.1)

8 (Text of Section from P.A. 94-550, 96-132, 96-402, 96-1234,  
9 97-545, and 98-537)

10 Sec. 5-9-1.1. Drug related offenses.

11 (a) When a person has been adjudged guilty of a drug  
12 related offense involving possession or delivery of cannabis or  
13 possession or delivery of a controlled substance, other than  
14 methamphetamine, as defined in the Cannabis Control Act, as  
15 amended, or the Illinois Controlled Substances Act, as amended,  
16 in addition to any other penalty imposed, a fine shall be  
17 levied by the court at not less than the full street value of  
18 the cannabis or controlled substances seized.

19 "Street value" shall be determined by the court on the  
20 basis of testimony of law enforcement personnel and the  
21 defendant as to the amount seized and such testimony as may be  
22 required by the court as to the current street value of the  
23 cannabis or controlled substance seized.

24 (b) In addition to any penalty imposed under subsection (a)  
25 of this Section, a fine of \$100 shall be levied by the court,

1 the proceeds of which shall be collected by the Circuit Clerk  
2 and remitted to the State Treasurer under Section 27.6 of the  
3 Clerks of Courts Act for deposit into the Trauma Center Fund  
4 for distribution as provided under Section 3.225 of the  
5 Emergency Medical Services (EMS) Systems Act.

6 (c) In addition to any penalty imposed under subsection (a)  
7 of this Section, a fee of \$5 shall be assessed by the court,  
8 the proceeds of which shall be collected by the Circuit Clerk  
9 and remitted to the State Treasurer under Section 27.6 of the  
10 Clerks of Courts Act for deposit into the Spinal Cord Injury  
11 Paralysis Cure Research Trust Fund. This additional fee of \$5  
12 shall not be considered a part of the fine for purposes of any  
13 reduction in the fine for time served either before or after  
14 sentencing.

15 (d) In addition to any penalty imposed under subsection (a)  
16 of this Section for a drug related offense involving possession  
17 or delivery of cannabis or possession or delivery of a  
18 controlled substance as defined in the Cannabis Control Act,  
19 the Illinois Controlled Substances Act, or the Methamphetamine  
20 Control and Community Protection Act, a fee of \$50 shall be  
21 assessed by the court, the proceeds of which shall be collected  
22 by the Circuit Clerk and remitted to the State Treasurer under  
23 Section 27.6 of the Clerks of Courts Act for deposit into the  
24 Performance-enhancing Substance Testing Fund. This additional  
25 fee of \$50 shall not be considered a part of the fine for  
26 purposes of any reduction in the fine for time served either

1 before or after sentencing. The provisions of this subsection  
2 (d), other than this sentence, are inoperative after June 30,  
3 2011.

4 (e) In addition to any penalty imposed under subsection (a)  
5 of this Section, a \$25 assessment shall be assessed by the  
6 court, the proceeds of which shall be collected by the Circuit  
7 Clerk and remitted to the State Treasurer for deposit into the  
8 Criminal Justice Information Projects Fund. The moneys  
9 deposited into the Criminal Justice Information Projects Fund  
10 under this Section shall be appropriated to and administered by  
11 the Illinois Criminal Justice Information Authority for  
12 funding of drug task forces and Metropolitan Enforcement  
13 Groups.

14 (f) In addition to any penalty imposed under subsection (a)  
15 of this Section, a \$40 ~~\$20~~ assessment shall be assessed by the  
16 court, the proceeds of which shall be collected by the Circuit  
17 Clerk. Of the collected proceeds, (i) 90% shall be remitted to  
18 the State Treasurer for deposit into the Prescription Pill and  
19 Drug Disposal Fund; (ii) 5% shall be remitted for deposit into  
20 the Criminal Justice Information Projects Fund, for use by the  
21 Illinois Criminal Justice Information Authority for the costs  
22 associated with making grants from the Prescription Pill and  
23 Drug Disposal Fund; and (iii) the Circuit Clerk shall retain 5%  
24 for deposit into the Circuit Court Clerk Operation and  
25 Administrative Fund for the costs associated with  
26 administering this subsection.

1 (Source: P.A. 97-545, eff. 1-1-12; 98-537, eff. 8-23-13.)

2 (Text of Section from P.A. 94-556, 96-132, 96-402, 96-1234,  
3 97-545, and 98-537)

4 Sec. 5-9-1.1. Drug related offenses.

5 (a) When a person has been adjudged guilty of a drug  
6 related offense involving possession or delivery of cannabis or  
7 possession or delivery of a controlled substance as defined in  
8 the Cannabis Control Act, the Illinois Controlled Substances  
9 Act, or the Methamphetamine Control and Community Protection  
10 Act, in addition to any other penalty imposed, a fine shall be  
11 levied by the court at not less than the full street value of  
12 the cannabis or controlled substances seized.

13 "Street value" shall be determined by the court on the  
14 basis of testimony of law enforcement personnel and the  
15 defendant as to the amount seized and such testimony as may be  
16 required by the court as to the current street value of the  
17 cannabis or controlled substance seized.

18 (b) In addition to any penalty imposed under subsection (a)  
19 of this Section, a fine of \$100 shall be levied by the court,  
20 the proceeds of which shall be collected by the Circuit Clerk  
21 and remitted to the State Treasurer under Section 27.6 of the  
22 Clerks of Courts Act for deposit into the Trauma Center Fund  
23 for distribution as provided under Section 3.225 of the  
24 Emergency Medical Services (EMS) Systems Act.

25 (c) In addition to any penalty imposed under subsection (a)

1 of this Section, a fee of \$5 shall be assessed by the court,  
2 the proceeds of which shall be collected by the Circuit Clerk  
3 and remitted to the State Treasurer under Section 27.6 of the  
4 Clerks of Courts Act for deposit into the Spinal Cord Injury  
5 Paralysis Cure Research Trust Fund. This additional fee of \$5  
6 shall not be considered a part of the fine for purposes of any  
7 reduction in the fine for time served either before or after  
8 sentencing.

9 (d) In addition to any penalty imposed under subsection (a)  
10 of this Section for a drug related offense involving possession  
11 or delivery of cannabis or possession or delivery of a  
12 controlled substance as defined in the Cannabis Control Act,  
13 the Illinois Controlled Substances Act, or the Methamphetamine  
14 Control and Community Protection Act, a fee of \$50 shall be  
15 assessed by the court, the proceeds of which shall be collected  
16 by the Circuit Clerk and remitted to the State Treasurer under  
17 Section 27.6 of the Clerks of Courts Act for deposit into the  
18 Performance-enhancing Substance Testing Fund. This additional  
19 fee of \$50 shall not be considered a part of the fine for  
20 purposes of any reduction in the fine for time served either  
21 before or after sentencing. The provisions of this subsection  
22 (d), other than this sentence, are inoperative after June 30,  
23 2011.

24 (e) In addition to any penalty imposed under subsection (a)  
25 of this Section, a \$25 assessment shall be assessed by the  
26 court, the proceeds of which shall be collected by the Circuit

1 Clerk and remitted to the State Treasurer for deposit into the  
2 Criminal Justice Information Projects Fund. The moneys  
3 deposited into the Criminal Justice Information Projects Fund  
4 under this Section shall be appropriated to and administered by  
5 the Illinois Criminal Justice Information Authority for  
6 funding of drug task forces and Metropolitan Enforcement  
7 Groups.

8 (f) In addition to any penalty imposed under subsection (a)  
9 of this Section, a \$40 ~~\$20~~ assessment shall be assessed by the  
10 court, the proceeds of which shall be collected by the Circuit  
11 Clerk. Of the collected proceeds, (i) 90% shall be remitted to  
12 the State Treasurer for deposit into the Prescription Pill and  
13 Drug Disposal Fund; (ii) 5% shall be remitted for deposit into  
14 the Criminal Justice Information Projects Fund, for use by the  
15 Illinois Criminal Justice Information Authority for the costs  
16 associated with making grants from the Prescription Pill and  
17 Drug Disposal Fund; and (iii) the Circuit Clerk shall retain 5%  
18 for deposit into the Circuit Court Clerk Operation and  
19 Administrative Fund for the costs associated with  
20 administering this subsection.

21 (Source: P.A. 97-545, eff. 1-1-12; 98-537, eff. 8-23-13.)

22 (730 ILCS 5/5-9-1.1-5)

23 Sec. 5-9-1.1-5. Methamphetamine related offenses.

24 (a) When a person has been adjudged guilty of a  
25 methamphetamine related offense involving possession or



1 delivery of methamphetamine or any salt of an optical isomer of  
2 methamphetamine or possession of a methamphetamine  
3 manufacturing material as set forth in Section 10 of the  
4 Methamphetamine Control and Community Protection Act with the  
5 intent to manufacture a substance containing methamphetamine  
6 or salt of an optical isomer of methamphetamine, in addition to  
7 any other penalty imposed, a fine shall be levied by the court  
8 at not less than the full street value of the methamphetamine  
9 or salt of an optical isomer of methamphetamine or  
10 methamphetamine manufacturing materials seized.

11 "Street value" shall be determined by the court on the  
12 basis of testimony of law enforcement personnel and the  
13 defendant as to the amount seized and such testimony as may be  
14 required by the court as to the current street value of the  
15 methamphetamine or salt of an optical isomer of methamphetamine  
16 or methamphetamine manufacturing materials seized.

17 (b) In addition to any penalty imposed under subsection (a)  
18 of this Section, a fine of \$100 shall be levied by the court,  
19 the proceeds of which shall be collected by the Circuit Clerk  
20 and remitted to the State Treasurer under Section 27.6 of the  
21 Clerks of Courts Act for deposit into the Methamphetamine Law  
22 Enforcement Fund and allocated as provided in subsection (d) of  
23 Section 5-9-1.2.

24 (c) In addition to any penalty imposed under subsection (a)  
25 of this Section, a \$25 assessment shall be assessed by the  
26 court, the proceeds of which shall be collected by the Circuit

1 Clerk and remitted to the State Treasurer for deposit into the  
2 Criminal Justice Information Projects Fund. The moneys  
3 deposited into the Criminal Justice Information Projects Fund  
4 under this Section shall be appropriated to and administered by  
5 the Illinois Criminal Justice Information Authority for  
6 funding of drug task forces and Metropolitan Enforcement  
7 Groups.

8 (d) In addition to any penalty imposed under subsection (a)  
9 of this Section, a \$40 ~~\$20~~ assessment shall be assessed by the  
10 court, the proceeds of which shall be collected by the Circuit  
11 Clerk. Of the collected proceeds, (i) 90% shall be remitted to  
12 the State Treasurer for deposit into the Prescription Pill and  
13 Drug Disposal Fund; (ii) 5% shall be remitted for deposit into  
14 the Criminal Justice Information Projects Fund, for use by the  
15 Illinois Criminal Justice Information Authority for the costs  
16 associated with making grants from the Prescription Pill and  
17 Drug Disposal Fund; and (iii) the Circuit Clerk shall retain 5%  
18 for deposit into the Circuit Court Clerk Operation and  
19 Administrative Fund for the costs associated with  
20 administering this subsection.

21 (Source: P.A. 97-545, eff. 1-1-12; 98-537, eff. 8-23-13.)

22 Section 5-115. The Drug Court Treatment Act is amended by  
23 changing Section 20 and by adding Sections 45 and 50 as  
24 follows:

1 (730 ILCS 166/20)

2 Sec. 20. Eligibility.

3 (a) A defendant may be admitted into a drug court program  
4 only upon the agreement of ~~the prosecutor and~~ the defendant and  
5 with the approval of the court.

6 (b) A defendant shall be excluded from a drug court program  
7 if any of one of the following apply:

8 (1) The crime is a crime of violence as set forth in  
9 clause (4) of this subsection (b).

10 (2) The defendant denies his or her use of or addiction  
11 to drugs.

12 (3) The defendant does not demonstrate a willingness to  
13 participate in a treatment program.

14 (4) The defendant has been convicted of a crime of  
15 violence within the past 10 years excluding incarceration  
16 time. As used in this Section, "crime of violence" means ~~7~~  
17 ~~including but not limited to:~~ first degree murder, second  
18 degree murder, predatory criminal sexual assault of a  
19 child, aggravated criminal sexual assault, criminal sexual  
20 assault, armed robbery, aggravated arson, arson,  
21 aggravated kidnaping, kidnaping, aggravated battery  
22 resulting in great bodily harm or permanent disability,  
23 stalking, aggravated stalking, or any offense involving  
24 the discharge of a firearm.

25 (c) Notwithstanding subsection (a), the defendant may be  
26 admitted into a drug court program only upon the agreement of

1 the prosecutor if:

2 (1) the defendant is charged with a Class 2 or greater  
3 felony violation of:

4 (A) Section 401, 401.1, 405, or 405.2 of the  
5 Illinois Controlled Substances Act;

6 (B) Section 5, 5.1, or 5.2 of the Cannabis Control  
7 Act;

8 (C) Section 15, 20, 25, 30, 35, 40, 45, 50, 55, 56,  
9 or 65 of the Methamphetamine Control and Community  
10 Protection Act; or

11 (2) the defendant has previously, on 3 or more  
12 occasions, either completed a drug court program, been  
13 discharged from a drug court program, or been terminated  
14 from a drug court program.

15 ~~(5) The defendant has previously completed or has been~~  
16 ~~discharged from a drug court program.~~

17 (Source: P.A. 92-58, eff. 1-1-02.)

18 (730 ILCS 166/45 new)

19 Sec. 45. Education seminars for drug court prosecutors.  
20 Subject to appropriation, the Office of the State's Attorneys  
21 Appellate Prosecutor shall conduct mandatory education  
22 seminars on the subjects of substance abuse and addiction for  
23 all drug court prosecutors throughout the State.

24 (730 ILCS 166/50 new)

1       Sec. 50. Education seminars for public defenders. Subject  
2 to appropriation, the Office of the State Appellate Defender  
3 shall conduct mandatory education seminars on the subjects of  
4 substance abuse and addiction for all public defenders and  
5 assistant public defenders practicing in drug courts  
6 throughout the State.

7       Section 5-120. The Veterans and Servicemembers Court  
8 Treatment Act is amended by changing Section 20 as follows:

9           (730 ILCS 167/20)

10       Sec. 20. Eligibility. Veterans and Servicemembers are  
11 eligible for Veterans and Servicemembers Courts, provided the  
12 following:

13           (a) A defendant, who is eligible for probation based on the  
14 nature of the crime convicted of and in consideration of his or  
15 her criminal background, if any, may be admitted into a  
16 Veterans and Servicemembers Court program only upon the  
17 agreement of the prosecutor and the defendant and with the  
18 approval of the Court.

19           (b) A defendant shall be excluded from Veterans and  
20 Servicemembers Court program if any of one of the following  
21 applies:

22               (1) The crime is a crime of violence as set forth in  
23 clause (3) of this subsection (b).

24               (2) The defendant does not demonstrate a willingness to

1 participate in a treatment program.

2 (3) The defendant has been convicted of a crime of  
3 violence within the past 10 years excluding incarceration  
4 time. As used in this Section, "crime of violence" means ~~including but not limited to:~~ first degree murder, second  
5 degree murder, predatory criminal sexual assault of a  
6 child, aggravated criminal sexual assault, criminal sexual  
7 assault, armed robbery, aggravated arson, arson,  
8 aggravated kidnapping and kidnapping, aggravated battery  
9 resulting in great bodily harm or permanent disability,  
10 stalking, aggravated stalking, or any offense involving  
11 the discharge of a firearm or where occurred serious bodily  
12 injury or death to any person.

14 (4) (Blank).

15 (5) The crime for which the defendant has been  
16 convicted is non-probationable.

17 (6) The sentence imposed on the defendant, whether the  
18 result of a plea or a finding of guilt, renders the  
19 defendant ineligible for probation.

20 (Source: P.A. 97-946, eff. 8-13-12; 98-152, eff. 1-1-14.)

21 Section 5-125. The Good Samaritan Act is amended by adding  
22 Section 36 and by changing Section 70 as follows:

23 (745 ILCS 49/36 new)

24 Sec. 36. Pharmacists; exemptions from civil liability for

1 the dispensing of an opioid antagonist to individuals who may  
2 or may not be at risk for an opioid overdose. Any person  
3 licensed as a pharmacist in Illinois or any other state or  
4 territory of the United States who in good faith dispenses or  
5 administers an opioid antagonist as defined in Section 5-23 of  
6 the Alcoholism and Other Drug Abuse and Dependency Act in  
7 compliance with the procedures or protocols developed under  
8 Section 19.1 of the Pharmacy Practice Act, or the standing  
9 order of any person licensed under the Medical Practice Act of  
10 1987, without fee or compensation in any way, shall not, as a  
11 result of her or his acts or omissions, except for willful or  
12 wanton misconduct on the part of the person, in dispensing the  
13 drug or administering the drug, be liable for civil damages.

14 (745 ILCS 49/70)

15 Sec. 70. Law enforcement officers, firemen, Emergency  
16 Medical Technicians (EMTs) and First Responders; exemption  
17 from civil liability for emergency care. Any law enforcement  
18 officer or fireman as defined in Section 2 of the Line of Duty  
19 Compensation Act, any "emergency medical technician (EMT)" as  
20 defined in Section 3.50 of the Emergency Medical Services (EMS)  
21 Systems Act, and any "first responder" as defined in Section  
22 3.60 of the Emergency Medical Services (EMS) Systems Act, who  
23 in good faith provides emergency care, including the  
24 administration of an opioid antagonist as defined in Section  
25 5-23 of the Alcoholism and Other Drug Abuse and Dependency Act,

1 without fee or compensation to any person shall not, as a  
2 result of his or her acts or omissions, except willful and  
3 wanton misconduct on the part of the person, in providing the  
4 care, be liable to a person to whom such care is provided for  
5 civil damages.

6 (Source: P.A. 93-1047, eff. 10-18-04; 94-826, eff. 1-1-07.)

7 Section 999. Effective date. This Act takes effect upon  
8 becoming law.