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**ILLINOIS HEALTH AND HOSPITAL ASSOCIATION  
M E M O R A N D U M**

**New Illinois Law: HB1/PA99-0480 Addresses Abuse & Illegal Use of Opioids  
and Other Substances Contributing to Drug Overdoses**

This landmark legislation ([PA99-0480](#)), effective September 9, 2015, amends nearly 25 existing state laws, including the Hospital Licensing Act and Controlled Substance Act, to facilitate coordinated activity across multiple state agencies and key stakeholders to increase drug abuse prevention and management of opioid overdoses. Since many of the Act's provisions requires coordination across multiple agencies and interests with related policy and program development, implementation activity is likely to evolve over time.

The law requires hospitals to:

- **Report to the Illinois Department of Public Health (DPH)** within 48 hours of providing treatment for a drug overdose in the emergency department or when a drug overdose is confirmed. DPH must create the new form through rules, involving input from IHA. While the report needs to include whether an opioid antagonist was administered, the cause of the overdose and the demographic information of the person treated and identifiable information of the person experiencing the overdose will not be disclosed. (210 ILCS 85/6.14g)
- **Have physicians and other authorized prescribers document** in the patient's medical record the medical necessity for the amount and duration of any three sequential 30-day prescriptions for Schedule II narcotics. (720 ILCS 570/312 (a) (5) (3))
- **Download and display in each pharmacy**, the Environmental Protection Agency's (EPA) signage identifying approved drop-off sites, mail-back programs, local take-back programs and/or household waste collection events for disposal of unused medications. The EPA must first create the signs in order for hospitals to comply.
- **Factor EMS obligations in keeping with your hospital operations:**
  - ✓ Every publicly or privately owned ambulance, special emergency medical services vehicle and other transports described in the Emergency Medical Services (EMS) Systems Act, which responds to requests for emergency services or transports patients between hospitals in emergency situations must possess opioid antagonists. (20 ILCS 301/5-23 (e) (2))

- ✓ Every school district, public or private school must immediately activate the EMS system (call 911) after administering an opioid antagonist. (105 ILCS 5/22-30(f-5))
- ✓ EMS Medical Directors shall address Regional standing medical orders for the administration of opioid antagonists. (210 ILCS 50/3.30 (10))

### **Background**

Prompted by concern over a growing number of heroin-related overdose deaths, the Illinois House formed a special Task Force last year that conducted several regional hearings across the state. Participants' frequent comments underscored that diversion and misuse activity is a likely consequence of the increasing amount of opioids prescribed across the general population. The abundance of unused medications available in people's homes inadvertently creates opportunities for unauthorized access to controlled II substances and may be fueling addictive behaviors leading to heroin abuse.

Representative Lou Lang (D-Skokie), served as chair of the Task Force on the Heroin Crisis, and introduced HB1 earlier this year, convening various healthcare professionals, state agencies and industry leaders on numerous occasions during the Spring session to encourage a consensus-based approach for implementing effective strategies to address opioid and heroin misuse and overdoses.

IHA actively participated in a healthcare consortium that included the Illinois State Medical Society, Illinois Society of Advanced Practice Nurses, Illinois Council of Health System Pharmacists and others to address the bill's myriad operating and patient care implications. Eventually, the bill unanimously passed the House and moved through the Senate with only four dissenting votes.

### **HB1/PA99-0480: Key Provisions**

Overall, HB1/PA99-0480 supports comprehensive educational and training initiatives involving law enforcement, schools, emergency responders, healthcare providers and interested individuals to enhance awareness, access and use of opioid antagonists to treat drug overdoses. The law provides civil and criminal immunity protections for healthcare professionals and others participating in training activities and providing opioid antagonists.

The new measure also includes mandates for public awareness campaigns on the dangers of the availability of unused prescription medications and offers options to encourage their safe and secure disposal.

Since 1986 and enactment of the state's Controlled Substances Act, Illinois' Prescription Monitoring Program (PMP) has offered a repository that registered prescribers could access to review an individual's prescription history for controlled substances. Over time, the repository has expanded from initially profiling Schedule II activity only to now displaying all controlled substance activity as classified within five schedules (I-V) based on their abuse potential, medical application and safety profile.

HB1/PA99-0480 seeks to upgrade Illinois' PMP, transforming it from primarily a law enforcement tool for monitoring drug-seeking behavior to one that functions as a dynamic clinical resource for point-of-care prescribers.

Under the law, future PMP enhancements include:

- Requiring all pharmacies to transmit their prescriptive activity daily instead of the current weekly uploads;
- Automatically enrolling prescribers as they obtain or renew their individual controlled substances license;
- Enabling licensed prescribers to designate others to access the PMP on their behalf for retrieving an individual's prescription history;
- Lowering "medication shopping" thresholds for identifying individuals seeking controlled substances from prescriber or pharmacies within 30-day timeframe that may trigger an unsolicited DHS report to the prescriber;
- Supporting pilots and potential funding for technology upgrades to foster seamless electronic health record connectivity to the state's PMP;
- Requiring the Illinois Department of Human Services (DHS), the agency in charge of the PMP, to appoint a full-time Clinical Director for the PMP;
- Creating a new Advisory Committee, chaired by the Clinical Director and composed of prescribers and dispensers, including advance practitioners. Advisory Committee is charged with reviewing clinical guidelines for prescribing opioids and other controlled substances, including updates from the Food and Drug Administration, the Centers for Disease Control and Prevention and others;
- Establishing a peer review subcommittee comprised of representatives serving on the Advisory Committee to periodically review licensed prescribers and dispensers exceeding recommended practice standards for opioids and engage individuals in communication to explore their variance.
- Referrals to the Illinois Department of Financial and Professional Regulation for further investigation in cases where responses are insufficient or concerning; and
- Updating the DHS website as a "one-stop" information center, adding related opioid prescriptive content, medical studies, funding opportunities and continuing education opportunities.

The law's other highlights include amendments to the Illinois Insurance Code (215 ILCS 5/132) to provide coverage for opioid antagonists, including the medication product, administration devices and any pharmacy administration fees related to dispensing the drug. Other sections support coverage parity aligning addiction needs with mental health benefits.

Additionally, the new law requires many reports from various state agencies for delivery to the General Assembly to track and trend the impact of the comprehensive efforts to address opioid misuse and heroin overdoses.

### **IHA Commitment**

IHA's Institute for Innovations in Care and Quality is engaged in various initiatives aimed at advancing medication safety and therapeutic compliance, including strategies to improve medication reconciliation, care coordination and quality improvement across the continuum. This legislative initiative demonstrates the challenges and opportunities for collaboratively addressing a complex matter in a multifaceted approach to benefit the public, our care systems and the professionals striving to deliver safe, quality and coordinated care with the appropriate resources for furthering our Illinois residents' optimal health and well-being.

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