Prescription Monitoring Program Requirements

December 13, 2017

MEMORANDUM

Governor Signs SB772: New Prescription Monitoring Program Requirements for Hospitals and Prescribers of Controlled Substances

Governor Bruce Rauner this morning signed legislation (SB772/Public Act 100-0564), which amends the Illinois Controlled Substance Act (720 ILCS 570/). The legislation, sponsored by Senator Melinda Bush (D-31, Grayslake) and passed by the General Assembly in the November Veto Session without any opposing votes, includes provisions intended to complement the state’s landmark 2015 legislation, the Heroin Crisis Act, addressing drug abuse prevention for illegal substances and management of opioid overdoses (Public Act 99-0480).

This new law, which goes into effect January 1, 2018, will impact prescribing policies, protocols and operations in hospital departments under your supervision.

The following outlines key requirements imposed under Public Act 100-0564:

- Each prescriber possessing an Illinois Controlled Substance license must register with the state’s Prescription Monitoring Program (PMP), which is managed by the Department of Human Services (DHS).
- Each prescriber (or their designee) must document in the patient’s medical record attempts to assess patient access to controlled substances in the PMP database when providing an initial prescription for Schedule II narcotics (opioids). Exemptions to this activity include:
  - Prescriptions for oncology treatment or palliative care; or
  - 7 day or less supply provided by hospital ED when treating an acute, traumatic medical condition.
- Hospitals must facilitate the designation of prescriber’s designee for purpose of accessing the PMP for services provided at the hospital.
- Within one year of the new law being enacted, DHS must adopt rules requiring all Electronic Health Records Systems to interface with the state’s PMP by January 2021:
  - Rules are to address electronic integration of pharmacy records with the PMP to allow for faster transmission;
  - DHS will establish actions to address when prescriber’s EHRS does not effectively interface with the PMP.
- DHS must consult with the agency’s PMP Advisory Committee to adopt rules for registered prescribers or pharmacists to authorize a designee to consult PMP on their behalf.

IHA has been working closely with DHS PMP leadership since the passage of the 2015 Heroin Crisis Act. Numerous efforts are underway to enhance the use of the PMP as an essential clinical resource, rather than for use only for law enforcement purposes.

IHA is a member of DHS’ PMP Advisory Committee, actively engaging in its work. IHA also participates on a statewide interagency strategic planning group, the Opioid Crisis Advisory Council, that recently announced its Action Plan for curtailing addiction and abuse. In September, key DHS staff attended IHA’s Medical Executive Forum (MEF) to share the agency’s collaborative efforts for addressing Opioid Use Disorder and provider prescribing practices. A dedicated workgroup comprised of IHA MEF members and other member prescribers is being formed to assist ongoing PMP implementation and regulatory activity with the state.
Additional IHA Resources:

- Memo on HB1/PA99-0480
- Memo on Illinois Standing Orders for Naloxone
- FAQs: Illinois PMP Pilot – Integrated Connection of PMP and EHR
- Collaborative Pilot Program – Connecting EHRs with Illinois PMP

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