**2017 END OF SESSION REPORT**

**ILLINOIS COLLEGE OF EMERGENCY PHYSICIANS**

***The titles of bills that passed by houses and have or will be sent to the Governor for signature are in red.***

**EMS**

* **HB 1910 (Sosnowski-R/Syverson-R) LOCAL GOVERNMENT-TECH**

Amends the Rescue Squad Districts Act. Provides that a rescue squad district may levy a special tax, after referendum, to pay for emergency ambulance services. Provides that the rate of the special tax shall not exceed .40% of the value of all taxable property within the district as equalized or assessed by the Department of Revenue. Provides for public policy statements, referendum requirements, and provisions concerning rescue district board powers as it relates to emergency ambulance services. Effective immediately.

**Last Action 5/26/2017 Senate Assignments Committee**

* **HB 1952 (Cabello-R/Anderson-R) REGULATION-TECH**

Amends the Emergency Medical Services (EMS) Systems Act. Adds provisions concerning ambulance assistance vehicle provider upgrades. Provides that an ambulance assistance vehicle provider may submit a proposal to the EMS Medical Director requesting approval of specified ambulance assistance vehicle provider in-field service level upgrades. Provides that if the EMS Medical Director approves a proposal for a ambulance assistance vehicle provider's in-field service level upgrade under these provisions, he or she shall submit the proposal to the Department of Public Health along with a statement of approval signed by him or her. Provides that once the Department has approved the proposal, the ambulance assistance vehicle provider shall be authorized to function at the highest level of EMT license or Pre-Hospital RN certification held by any person staffing the provider's ambulance assistance vehicle. Provides that nothing in these provisions shall allow for the approval of a request to downgrade the service level licensure for an ambulance assistance vehicle provider. Defines "ambulance assistance vehicle" and "ambulance assistance vehicle provider". Effective immediately.

**Last Action 6/28/2017 Sent to the Governor**

* **HB 2661 (Sente-D/T. Cullerton-D) EMS-TRANSPORTING POLICE DOGS**

Amends the Emergency Medical Services (EMS) Systems Act. Provides that an EMR, EMT, EMT-I, A-EMT, or Paramedic may transport a police dog injured in the line of duty to a veterinary clinic or similar facility if there are no persons requiring medical attention or transport at that time. Defines "police dog".

**Last Action 6/16/2017 Sent to the Governor**

* **HB 3206 (Davidsmeyer-R) EMERGENCY MEDICAL SERVICES**

Amends the Emergency Medical Services (EMS) Systems Act. Provides that a Vehicle Service Provider that serves a rural or semi-rural population of 10,000 or fewer inhabitants and exclusively uses volunteers, paid-on-call, or a combination thereof to provide patient care may apply for alternate rural staffing authorization from the Department of Public Health to authorize the ambulance, Non-Transport Vehicle, Special-Use Vehicle, or Limited Operation Vehicle to be staffed by one EMT licensed at or above the level at which the vehicle is licensed, plus one Emergency Medical Responder when 2 licensed Emergency Services personnel are not available to respond. Provides that an alternate rural staffing authorization shall not expire. Effective immediately.

**Last Action 3/31/2017 House Rules Committee**

* **HB 3771 (Soto-D) DEFIBRILLATOR ACCESS ACT**

Creates the Defibrillator at Marathons Act. Provides that a unit of local government that requires a permit in order to conduct an organized marathon or similar race must make an automated external defibrillator available to the organized marathon or similar race permittee through the permitting process.

**Last Action 3/31/2017 House Rules Committee**

* **HB 3916 (Gordon-Booth-D) CIV PRO-PRIVILEGE-PEER COUNSEL**

Amends the Code of Civil Procedure. Provides that, with exceptions, communications pertaining to peer support counseling sessions for emergency services or public safety personnel are privileged and confidential. Provides that any communication made by a participant or counselor in a peer support counseling session, and any oral or written information conveyed in a peer support counseling session, is not admissible in any judicial proceeding, administrative proceeding, arbitration proceeding, or other adjudicatory proceeding. Provides that communications and information shall not be disclosed by the participants in any judicial proceeding, administrative proceeding, arbitration proceeding, or other adjudicatory proceeding. Provides that any notes, records, or reports arising out of a peer support counseling session are exempt from the disclosure requirements of the Freedom of Information Act and makes a corresponding change in the Freedom of Information Act.

**Last Action 2/16/2017 House - Tabled**

* **SB 1893 (McCann-R) VOLUNTEER EMS TEAMS-AMBULANCES**

Amends the Emergency Medical Services (EMS) Systems Act. Provides that a volunteer emergency medical services team or volunteer rescue squad providing ambulance services that is licensed by the Department of Public Health to provide emergency and non-emergency medical services under the Act may not be required to transfer an individual that is being provided with ambulance services to a private vehicle service provider except in certain circumstances. Provides that a volunteer emergency medical services team or volunteer rescue squad that is licensed by the Department to provide emergency and non-emergency medical services under the Act may not be required to pay to a private vehicle service provider for ambulance services more than the volunteer emergency medical services team or volunteer rescue squad collects for ambulance services under the State's Medical Assistance Program as provided in specified provisions of the Illinois Public Aid Code, or is reimbursed by a private insurer for providing ambulance services.

**Last Action 4/26/2017 Senate Third Reading**

* **SB 1895 (McCann-R/Phelps-D) VOLUNTEER EMS-FIREFIGHTERS**

Amends the Volunteer Emergency Worker Job Protection Act. Provides that any person who serves as either emergency medical services worker on a volunteer basis may not be disciplined or terminated by his or her employer for responding to an emergency call or emergency text message during work hours that requests the individual's volunteer emergency medical services or volunteer firefighter services. Provides that written policies governing the use of cell phones shall prevail and control.

**Last Action 6/29/2017 Sent to the Governor**

* **HJR 16 (Willis-D/Holmes-D) MOBILE HEALTHCARE TASK FORCE**

Extends the operation of the Mobile Integrated Healthcare Task Force.

**Last Action 5/31/2017 Resolution Adopted in Both Chambers**

**MEDICAID**

* **HB 292 (Olsen-R) MEDICAID-OTC MEDICATIONS**

Amends the Medical Assistance Article of the Illinois Public Aid Code. Provides that over-the-counter medications that are prescribed to a recipient of medical assistance by a physician, a physician assistant, a nurse practitioner, or any other medical care provider qualified to prescribe medications shall be covered under the State's medical assistance program. Provides that pharmacies providing prescribed over-the-counter medications shall be reimbursed at the same rate determined by the Department of Healthcare and Family Services for prescription medications covered under the State's medical assistance program. Requires the Department to establish guidelines and standards by administrative rule on the documentation, if any, a medical care provider must submit when prescribing an over-the-counter medication to a recipient of medical assistance. Effective immediately.

**Last Action 5/30/2017 House - Tabled**

* **HB 705 (Bellock-R) MEDICAID-VENDOR FRAUD**

Amends the Illinois Public Aid Code. Provides that notwithstanding any other provision of the Code to the contrary, the Department of Healthcare and Family Services' Inspector General shall report all suspected cases of provider fraud involving a vendor, a medical provider, or any other provider authorized to participate in the medical assistance program to the State's Attorney of the county where the alleged fraud occurred or, when appropriate, to the Office of the Attorney General or to the Offices of the several United States Attorneys in Illinois. Effective immediately.

**Last Action 3/31/2017 House Rules Committee**

* **HB 2358 (Bellock-R) DHFS-MCO-RX DRUG FORMULARY**

Amends the Illinois Public Aid Code. Requires managed care organizations under contract with the Department of Healthcare and Family Services to follow a standard prescription drug formulary established by the Department by rule. Requires the Department to adopt any rules necessary to implement the provision. Effective January 1, 2018.

**Last Action 3/31/2017 House Rules Committee**

* **HB 2616 (Gabel-D) MEDICAID-MCO-DISCHARGE NOTICE**

Amends the Medical Assistance Article of the Illinois Public Aid Code. Provides that whenever a hospital notifies a managed care organization that a medical assistance enrollee has a discharge order from the attending physician and is ready for discharge from an inpatient hospital stay to another level of care, the managed care organization must secure the enrollee's placement in or transfer to another facility within 24 hours of receiving the hospital's notification. Provides that in addition to any payments for which the managed care organization is responsible through the designated discharge date, a managed care organization that fails to comply with the requirement shall reimburse the hospital for each additional inpatient day beyond the designated discharge date until the enrollee is actually discharged at a rate no less than the effective per day rate for the initial inpatient stay. Effective July 1, 2017.

**Last Action 3/31/2017 House Rules Committee**

* **HB 2649 (Harper-D) SAFETY-NET HOSPITAL-LOAN PROGRAM**

Amends the State Finance Act. Creates the Safety-Net Hospital Service Loan Forgiveness Program Fund. Amends the Illinois Public Aid Code. Requires the Department of Healthcare and Family Services to establish the Safety-Net Hospital Service Loan Forgiveness Program to make loan repayment disbursements to physicians and medical residents, as defined, who agree to practice in a Safety-Net Hospital. Requires physicians and medical residents who are selected to participate in the Program to agree, by contract, to serve a minimum 3-year full-time service obligation. Requires the Department to make annual disbursements directly to the selected physician or medical resident equivalent to 35% of the average educational debt for indebted graduates in his or her profession not to exceed the balance of the physician or medical resident's qualifying educational loans. Provides that before receiving loan repayment disbursements and as requested, the physician or medical resident must complete a confirmation of practice form verifying that he or she is practicing as required under the Program. Provides that if a physician or medical resident fails to fulfill the required minimum commitment of service, the Department shall collect the total amount paid to the physician or medical resident under the Program plus interest and shall deposit such moneys into the Safety-Net Hospital Service Loan Forgiveness Program Fund. Requires the Department to adopt any rules necessary to implement the Program.

**Last Action 3/31/2017 House Rules Committee**

* **HB 2906 (Bellock-R) LONG TERM ACUTE CARE HOSPITALS**

Amends the Long Term Acute Care Hospital Quality Improvement Transfer Program Act. Provides that the Department of Healthcare and Family Services' annual medical program report shall include, but not be limited to, LTAC hospital specific quality measures under specified provisions of the Act. Provides that every Medicaid managed care organization shall allow every LTAC hospital qualified under certain provisions of the Act in its service area an opportunity to be a network contracted facility at the plan's standard terms, conditions, and a rate no less than the Medicaid fee-for-service rate. Provides that nothing in provisions concerning network adequacy prevents a managed care organization and LTAC hospital from agreeing to other reimbursement arrangements different from the Medicaid fee-for-service rate. Provides that with certain exceptions, a Medicaid managed care organization shall only terminate or refuse to renew a contract with a qualified LTAC hospital if specified conditions are met. Provides that a Medicaid managed care organization may terminate or refuse to renew a contract with a LTAC hospital for a material breach of the contract, including, but not limited to, failure to grant reasonable and timely access to the Medicaid managed care organization's care coordinators and other providers, termination from the Medicare or Medicaid program, or revocation of license.

**Last Action 3/31/2017 House Rules Committee**

* **HB 2908 (Bellock-R) MEDICAID-UTILIZATION CONTROLS**

Amends the Medical Assistance Article of the Illinois Public Aid Code. In provisions concerning medical assistance for the treatment of alcohol dependence or opioid dependence, provides that on or after July 1, 2017 such coverage may be subject to utilization controls or prior authorization mandates consistent with the most current edition of the American Society of Addiction Medicine's National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use, as now or hereafter revised, or any successor publication (rather than on or after July 1, 2015 such coverage shall not be subject to any (1) utilization control, other than those established under the American Society of Addiction Medicine patient placement criteria, (2) prior authorization mandate, or (3) lifetime restriction limit mandate). Provides that on or after July 1, 2017, opioid antagonists prescribed for the treatment of an opioid overdose may be subject to (A) utilization controls or (B) prior authorization mandates consistent with the most current edition of the American Society of Addiction Medicine's National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use, as now or hereafter revised, or any successor publication.

**Last Action 3/31/2017 House Rules Committee**

* **SB 1654 (Manar-D) MEDICAID-MCO-DISCHARGE NOTICE**

Amends the Medical Assistance Article of the Illinois Public Aid Code. Provides that whenever a hospital notifies a managed care organization that a medical assistance enrollee has a discharge order from the attending physician and is ready for discharge from an inpatient hospital stay to another level of care, the managed care organization must secure the enrollee's placement in or transfer to another facility within 24 hours of receiving the hospital's notification. Provides that in addition to any payments for which the managed care organization is responsible through the designated discharge date, a managed care organization that fails to comply with the requirement shall reimburse the hospital for each additional inpatient day beyond the designated discharge date until the enrollee is actually discharged at a rate no less than the effective per day rate for the initial inpatient stay. Effective July 1, 2017.

**Last Action 5/5/2017 Senate Assignments Committee**

* **SB 1691 (Raoul-D) SAFETY-NET HOSPITAL-LOAN PROGRAM**

Amends the State Finance Act. Creates the Safety-Net Hospital Service Loan Forgiveness Program Fund. Amends the Illinois Public Aid Code. Requires the Department of Healthcare and Family Services to establish the Safety-Net Hospital Service Loan Forgiveness Program to make loan repayment disbursements to physicians and medical residents, as defined, who agree to practice in a Safety-Net Hospital. Requires physicians and medical residents who are selected to participate in the Program to agree, by contract, to serve a minimum 3-year full-time service obligation. Requires the Department to make annual disbursements directly to the selected physician or medical resident equivalent to 35% of the average educational debt for indebted graduates in his or her profession not to exceed the balance of the physician or medical resident's qualifying educational loans. Provides that before receiving loan repayment disbursements and as requested, the physician or medical resident must complete a confirmation of practice form verifying that he or she is practicing as required under the Program. Provides that if a physician or medical resident fails to fulfill the required minimum commitment of service, the Department shall collect the total amount paid to the physician or medical resident under the Program plus interest and shall deposit such moneys into the Safety-Net Hospital Service Loan Forgiveness Program Fund. Requires the Department to adopt any rules necessary to implement the Program.

Expands the scope of the Safety-Net Hospital Service Loan Forgiveness Program to include physicians and medical residents who agree to practice in a Critical Access Hospital. Makes conforming changes to the name of the Program and its corresponding Fund. Defines "Critical Access Hospital" to mean an Illinois hospital designated as a critical care hospital by the Department of Public Health in accordance with federal regulations.

**Last Action 4/26/2017 Senate Third Reading**

* **SB 1888 (McCann-R) MEDICAID-MCCN-PHARMACY RATES**

Amends the Medical Assistance Article of the Illinois Public Aid Code. In addition to other specified actions required under the Code, requires a managed care community network that contracts with the Department of Healthcare and Family Services to establish, maintain, and provide a fair and reasonable reimbursement rate to pharmacy providers for pharmaceutical services, prescription drugs and drug products, and pharmacy or pharmacist-provided services. Provides that the reimbursement methodology shall not be less than the current reimbursement rate utilized by the Department for prescription and pharmacy or pharmacist-provided services and shall not be below the actual acquisition cost of the pharmacy provider. Requires a managed care community network to ensure that the pharmacy formulary used by the managed care community network and its contract providers is no more restrictive than the Department's pharmaceutical program. Effective July 1, 2018.

**Last Action 5/5/2017 Senate Assignments Committee**

* **HB 2358 (Bellock-R) DHFS-MCO-RX DRUG FORMULARY**

Amends the Illinois Public Aid Code. Requires managed care organizations under contract with the Department of Healthcare and Family Services to follow a standard prescription drug formulary established by the Department by rule. Requires the Department to adopt any rules necessary to implement the provision. Effective January 1, 2018.

**Last Action 3/31/2017 House Rules Committee**

**LICENSED PROFESSIONALS/CREDENTIALING/PRIVILEGES**

* **HB 312 (Feigenholtz-D) NURSES-APRN-SCOPE OF PRACTICE**

Amends the Regulatory Sunset Act. Extends the repeal date of the Nurse Practice Act from January 1, 2018 to January 1, 2028. Amends the Nurse Practice Act. Changes references to "advanced practice nurse" to references to "advanced practice registered nurse" throughout the Act and in other Acts, including changing the name of the Board of Nursing and the Advanced Practice Nursing Board to the Board of Nursing and Advanced Practice Registered Nursing Board. Effective immediately.

**Last Action 4/28/2017 House Rules Committee**

* **HB 313 (Feigenholtz-D/Martinez-D) NURSE PRACTICE ACT-VARIOUS**

Amends the Regulatory Sunset Act. Extends the repeal date of the Nurse Practice Act from January 1, 2018 to January 1, 2028. Amends the Nurse Practice Act. Eliminates the position of Assistant Nursing Coordinator. Eliminates the Advanced Practice Nursing Board. Provides that the Department of Financial and Professional Regulation may provide notice to a licensee or applicant by certified or registered mail to the address of record or by email to the email address of record. Provides provisions for change of address of record and email address of record, application for license, confidentiality of any information collected by the Department in the course of an examination or investigation of a license or applicant, and disposition by a consent order. Changes references to "advanced practice nurse" to references to "advanced practice registered nurse" throughout the Act and in other Acts. Changes references to "Illinois Center for Nursing" to references to "Illinois Nursing Workforce Center". Makes changes concerning definitions, application of the Act, unlicensed practice, prohibited acts, Department powers and duties, nursing delegation, qualifications for licensed practical nurse, registered nurse, and advanced practice registered nurse licensure, registered nurse education program requirements, registered nurse scope of practice, grounds for disciplinary action, intoxication and drug abuse, the Nursing Dedicated and Professional Fund, investigations, notices, hearings, use of stenographers and transcripts, review under the Administrative Review Law, certification of records, the Center for Nursing Advisory Board, and medication aide licensure requirements. Repeals provisions concerning registered nurse externship permits, rosters, liability of the State, hearing officers, and orders for rehearings. Makes other changes. Effective immediately.

In provisions amending the Nurse Practice Act concerning definitions, defines "comprehensive nursing assessment", makes changes to various definitions, and removes the definition of "monitoring". In provisions concerning prohibited acts, provides that no person shall discipline or take adverse action against a nurse who refused to delegate a nursing intervention based on patient safety. In provisions concerning nursing delegation by a registered professional nurse, removes references to "advanced practice registered nurses". Makes changes to actions a registered professional nurse is authorized to take. Makes changes to the scope of practice for a licensed practical nurse and registered professional nurse.

Amends the Medical Practice Act of 1987. In provisions concerning physician delegation of authority, provides that the provisions apply to advanced practice registered nurses who have not been granted full practice authority. Provides that a licensee under the Act may not directly or indirectly divide, share, or split any professional fee or other form of compensation for professional services with anyone in exchange for a referral or otherwise. Further amends the Nurse Practice Act. Defines "full practice authority". Adds language concerning the scope of practice of advanced practices nurses with full practice authority, including provisions concerning prescriptive authority. Makes changes to continuing education requirements for advanced practice registered nurses. Amends the Illinois Controlled Substances Act. Expands the definition of "prescriber" to include full practice authority advanced practice registered nurses and makes a conforming change in the definition of "prescription". In provisions concerning mid-level practitioner licenses, provides that the mid-level practitioner license applies to advanced practice registered nurses who do not have full practice authority. Makes other changes. Effective January 1, 2018, except that some provisions take effect immediately.

**Last Action 6/25/2017 Passed Both Chambers**

* **HB 2408 (Davidsmeyer-R/Connelly-R) PROFESSION REGULATION-VARIOUS**

Amends the Department of Professional Regulation Law of the Civil Administrative Code of Illinois. Defines "applicant", "email address of record", "license", and "licensee". Provides that the Department of Financial and Professional Regulation shall require all applicants and licensees to provide a valid address and email address, which shall serve as the address and email address of record, and to inform the Department of any change of address or email address through specified means. Provides that the Department shall provide notice of a suspension to the licensee by mailing a copy of the Department's order to the licensee's address of record or emailing a copy of the order to the licensee's email address of record (rather than mailing a copy of the order by certified and regular mail to the licensee's last known address as registered with the Department). Changes references of "registrant" to "licensee or applicant" and references of "certificate" to "license" throughout the Law. Provides that if a licensed health care worker has been convicted of a criminal battery against any patient in the course of patient care or treatment or is required to register as a sex offender and the health care worker has had his or her license revoked for a forcible felony conviction, the health care worker may not petition the Department to restore his or her license. Provides that an applicant or licensee may request to the Department that his or her permanent denial or revocation be classified as confidential. Makes other changes. Effective immediately.

**Last Action 6/28/2017 Sent to the Governor**

* **HB 2441 (Sommer-R) DFPR-COMPLAINTS**

Amends the Department of Professional Regulation Law of the Civil Administrative Code of Illinois. Requires the Department of Financial and Professional Regulation to provide a copy of the complaint filed against a licensee to the licensee with the identity of the complainant redacted and an indication as to whether the complaint was filed anonymously or by an identified party.

**Last Action 3/31/2017 House Rules Committee**

* **HB 2542 (Williams-D) MED STAFF-CONFLICT OF INTEREST**

Amends the University of Illinois Hospital Act and the Hospital Licensing Act. Provides that no hospital may require as a condition of medical staff credentialing or membership completion of a conflict of interest form unless the medical staff applicant or member holds a specified position.

**Last Action 3/31/2017 House Rules Committee**

* **HB 2769 (Williams-D) HOSPITAL-ADVERSE ACTION NOTICE**

Amends the University of Illinois Hospital Act and the Hospital Licensing Act. Provides that if agreeing to a medical staff member's resignation, surrender, restriction, or limitation of his or her medical staff membership or clinical privileges; determining a medical staff member's leave of absence of greater than 30 days has begun; or determining a medical staff member's medical staff membership or clinical privileges have expired due to failure of the medical staff member to reapply requires a hospital to file a report with the National Practitioner Data Bank, then, upon request or prior to such agreement or determination, the hospital must provide the medical staff member with specified notice and opportunities to postpone such adverse action. Provides that medical staff members shall be given at least 14 days after the date of notice to exercise their right to postpone.

**Last Action 3/31/2017 House Rules Committee**

* **HB 2933 (Soto-D) PHYSICIAN ASSISTANT-VARIOUS**

Amends the Regulatory Sunset Act. Extends the repeal date of the Physician Assistant Practice Act of 1987 from January 1, 2018 to January 1, 2028. Amends the Physician Assistant Practice Act of 1987. Reorganizes the Act by adding titles and renumbering provisions. Replaces references to "supervising physicians" with references to "collaborating physicians" throughout the Act. Replaces references to "supervision agreement" with references to "collaborative agreement" throughout the Act. Adds provisions concerning continuing education. In provisions concerning grounds for disciplinary action, provides that the Department of Financial and Professional Regulation may refuse to issue or renew a physician assistant license or discipline a licensee for willfully or negligently violating a patient's confidentiality, except as required by law, or failing to provide copies of medical records as required by law. Amends various Acts to conform references and terminology. Makes other changes. Effective immediately.

**Last Action 4/28/2017 House Rules Committee**

* **HB 3002 (Cavaletto-R/Manar-D) INFECTIOUS DISEASE TESTING**

Creates the Infectious Disease Testing Act. Provides that an individual shall be required to submit, and informed consent shall not be required, to a test to detect an infectious disease upon the request of a health care provider, employee of a health facility, PHRN, EMR, EMT, EMT-I, A-EMT, paramedic, firefighter, or law enforcement officer who, accidentally or in the line of duty, comes into direct skin or mucous membrane contact with the blood or bodily fluids of the individual that is of a nature that may transmit an infectious disease, as determined by a physician in his or her medical judgment. Defines terms. Effective immediately.

**Last Action 6/28/2017 Sent to the Governor**

* **HB 3342 (Sims-D/Althoff-R) DFPR-CRIMINAL HISTORY**

Amends the Department of Professional Regulation Law of the Civil Administrative Code of Illinois. Requires the Department of Financial and Professional Regulation to consider certain mitigating factors and evidence of rehabilitation for certain applicants of licenses, certificates, and registrations. Requires the Department, upon denial of a license, certificate, or registration, to provide the applicant certain information concerning the denial. Provides that no application for licensure or registration shall be denied by reason of a finding of lack of good moral character when the finding is based solely upon the fact that the applicant has one or more previous convictions. Provides that the Department shall not require applicants to report certain criminal history information and the Department shall not consider the information. Provides that on May 1 of each year, the Department shall prepare, publicly announce, and publish certain statistical information. Amends the Criminal Identification Act. Includes applications for license, certification, and registration that must contain specific language which states that the applicant is not obligated to disclose sealed or expunged records of conviction or arrest and entities authorized to grant professional licenses, certifications, and registrations that may not ask if an applicant has had records expunged or sealed. Provides that certain sealed or impounded felony records shall not be disseminated in connection with an application for a professional or business license, except specified health care worker licenses. Effective immediately.

In provisions amending the Department of Professional Regulation Law of the Civil Administrative Code of Illinois, includes licensing Acts administered by the Department of Financial and Professional Regulation in which convictions of certain enumerated offenses are a bar to licensure as an exception to the requirement that the Department consider mitigating factors and rehabilitation. Requires the Department, when examining certain factors, to determine whether a prior conviction will impair the ability of the applicant to engage in the practice for which a license, certificate, or registration is sought (rather than examining certain factors in determining whether to grant a license, certificate, or registration). Removes an affirmative obligation of the Department to demonstrate that a prior conviction would impair the ability of an applicant. Requires the Department to notify an applicant of a denial of a license or certificate or refuse to grant registration based upon a conviction or convictions, in whole or in part. Makes changes to the items that must be included in the notice. Makes changes to the information that the Department shall not require applicants to report. Changes various references of "new and renewal license, certificate, or registration" to "new license, certificate, or registration". Makes changes to information the Department must report. Restores a fee to be charged by the Department, but reduces the fee from $200 to $175. Makes changes to when the Department may consider an application to make disciplinary records confidential. In provisions amending the Criminal Identification Act, removes amendatory changes concerning entry of orders and the effect of expungement or sealing records. Provides that the entity authorized to grant a license, certification, or registration shall include in its application specific language stating that the applicants is not obligated to disclose sealed or expunged records of a conviction or arrest. Provides that if the inclusion of the specific language in an application is not practical, the entity shall publish the language on its website. Removes changes to provisions concerning retention and release of sealed records. Removes the immediate effective date.

**Last Action 5/19/2017 Senate Third Reading**

* **HB 3453 (Soto-D) MEDICAL PRACTICE-VARIOUS**

Amends the Regulatory Sunset Act. Extends the repeal date of the Medical Practice Act of 1987 from December 31, 2017 to December 31, 2027. Amends the Medical Practice Act of 1987. Provides that all applicants and licensees shall provide a valid address and email address, which shall serve as the address and email address of record, and shall inform the Department of any change of address or email address through specified means. Defines "email address of record". In provisions concerning grounds for discipline, provides that the Department of Financial and Professional Regulation may take action with regard to a person licensed under the Act for: willfully failing to report an instance of suspected abuse, neglect, financial exploitation, or self-neglect of an eligible adult as defined in and required by the Adult Protective Services Act; and being named as an abuser in a verified report by the Department on Aging under the Adult Protective Services Act, and upon proof by clear and convincing evidence that the licensee abused, neglected, or financially exploited an eligible adult as defined in the Adult Protective Services Act. In provisions authorizing the Secretary of Financial and Professional Regulation to appoint a hearing officer, provides that the hearing officer's findings and recommendations shall also be provided to the Medical Licensing Board along with the Medical Disciplinary Board so both Boards may review the information and present their findings to the Secretary. Makes changes in provisions concerning stenographers. Changes references to "stenographer" to references to "certified shorthand reporter". Makes other changes. Effective immediately.

**Last Action 3/31/2017 House Rules Committee**

* **HB 3461 (Soto-D) PHYSICIAN ASSISTANTS-VARIOUS**

Amends the Regulatory Sunset Act. Extends the repeal date of the Physician Assistant Practice Act of 1987 from January 1, 2018 to January 1, 2028. Amends the Physician Assistant Practice Act of 1987. Provides that all applicants and licensees shall provide a valid address and email address, which shall serve as the address and email address of record, and shall inform the Department of Financial and Professional Regulation of any change of address or email address through specified means. Provides provisions concerning confidentiality of information collected by the Department in the course of an examination or investigation. Makes changes in provisions concerning the application of the Illinois Administrative Procedure Act, definitions, supervision requirements, prescriptive authority, physician assistants in hospitals, hospital affiliates, or ambulatory surgical treatment centers, application for licensure, identification, qualifications for licensure, Department powers and duties, fees, expiration and renewal of license, grounds for disciplinary action, investigation notices, hearings, hearing officers, restoration of license, administrative review, and certification of the record. Makes other changes. Effective immediately.

**Last Action 3/31/2017 House Rules Committee**

* **HB 3472 (Soto-D) NURSE PRACTICE ACT-VARIOUS**

Amends the Regulatory Sunset Act. Extends the repeal date of the Nurse Practice Act from January 1, 2018 to January 1, 2028. Amends the Nurse Practice Act. Eliminates the position of Assistant Nursing Coordinator. Eliminates the Advanced Practice Nursing Board. Provides that the Department of Financial and Professional Regulation may provide notice to a licensee or applicant by certified or registered mail to the address of record or by email to the email address of record. Provides provisions for change of address of record and email address of record, application for license, confidentiality of any information collected by the Department in the course of an examination or investigation of a license or applicant, and disposition by a consent order. Changes references to "advanced practice nurse" to references to "advanced practice registered nurse" throughout the Act and other Acts. Changes references to "Illinois Center for Nursing" to references to "Illinois Nursing Workforce Center". Makes changes concerning definitions, application of the Act, unlicensed practice, prohibited acts, Department powers and duties, nursing delegation, qualifications for LPN, RN, and APRN licensure, RN education program requirements, grounds for disciplinary action, intoxication and drug abuse, the Nursing Dedicated and Professional Fund, investigations, notices, hearings, use of stenographers and transcripts, review under the Administrative Review Law, certification of records, the Center for Nursing Advisory Board, and medication aide licensure requirements. Removes provisions concerning registered nurse externship permits, rosters, liability of the State, hearing officers, and orders for rehearings. Makes other changes. Effective immediately.

**Last Action 3/31/2017 House Rules Committee**

* **HB 3565 (Soto-D) MEDICAL PRACTICE ACT-SUNSET**

Amends the Regulatory Sunset Act. Extends the repeal of the Medical Practice Act of 1987 from December 31, 2017 to December 31, 2027. Effective immediately.

**Last Action 3/31/2017 House Rules Committee**

* **HB 3654 (Swanson-R) VETERANS-MEDICAL RECORD COPIES**

Amends the Code of Civil Procedure. Provides that notwithstanding any other provision of law, a health care practitioner shall provide without charge one complete copy of the a patient's records if the records are being requested by the patient, or a person, entity, or organization presenting a valid authorization for the release of records signed by the patient or the patient's legally authorized representative, for the purpose of use in supporting a claim for federal veterans' disability benefits.

**Last Action 4/28/2017 House Rules Committee**

* **SB 625 (Martinez-D) NURSE PRACTICE ACT-VARIOUS**

Amends the Regulatory Sunset Act. Extends the repeal date of the Nurse Practice Act from January 1, 2018 to January 1, 2028. Amends the Nurse Practice Act. Eliminates the position of Assistant Nursing Coordinator. Eliminates the Advanced Practice Nursing Board. Provides that the Department of Financial and Professional Regulation may provide notice to a licensee or applicant by certified or registered mail to the address of record or by email to the email address of record. Provides provisions for change of address of record and email address of record, application for license, confidentiality of any information collected by the Department in the course of an examination or investigation of a license or applicant, and disposition by a consent order. Changes references to "advanced practice nurse" to references to "advanced practice registered nurse" throughout the Act and in other Acts. Changes references to "Illinois Center for Nursing" to references to "Illinois Nursing Workforce Center". Makes changes concerning definitions, application of the Act, unlicensed practice, prohibited acts, Department powers and duties, nursing delegation, qualifications for licensed practical nurse, registered nurse, and advanced practice registered nurse licensure, registered nurse education program requirements, registered nurse scope of practice, grounds for disciplinary action, intoxication and drug abuse, the Nursing Dedicated and Professional Fund, investigations, notices, hearings, use of stenographers and transcripts, review under the Administrative Review Law, certification of records, the Center for Nursing Advisory Board, and medication aide licensure requirements. Repeals provisions concerning registered nurse externship permits, rosters, liability of the State, hearing officers, and orders for re hearings. Makes other changes. Effective immediately.

**Last Action 3/30/2017 Senate Third Reading**

* **SB 642 (Steans-D) NURSES-APRN SCOPE OF PRACTICE**

Amends the Nurse Practice Act. In provisions concerning scope of practice, written collaborative agreements, temporary practice with a collaborative agreement, prescriptive authority with a collaborative agreement, titles, advertising, continuing education, and reports relating to professional conduct and capacity, changes references of "advanced practice nurse" and "APN" to "advanced practice registered nurse" and "APRN". Provides that a written collaborative agreement is required for all postgraduate advanced practice registered nurses until specific requirements have been met. Provides that postgraduate advanced practice registered nurses may enter into written collaborative agreements with collaborating advanced practice registered nurses or physicians (rather than collaborating physicians or podiatric physicians). In provisions concerning prescriptive authority for postgraduate advanced practice registered nurses, sets forth the requirements for postgraduate advanced practice registered nurses to have prescriptive authority and the limitations of such authority. Defines "full practice authority" and provides requirements for it to be granted to an advanced practice registered nurse. Removes provisions concerning advanced practice nursing in hospitals, hospital affiliates, or ambulatory surgical treatment centers, except the provision for anesthesia services and the provision requiring advanced practice registered nurses to provide services in accordance with other Acts. Makes other changes. Effective immediately.

**Last Action 3/30/2017 Senate Third Reading**

* **SB 677 (Althoff-R) NURSE LICENSURE COMPACT**

Amends the Nurse Practice Act. Ratifies and approves the Nurse Licensure Compact, which allows for the issuance of multistate licenses that allow nurses to practice in their home state and other compact states. Provides that the Compact does not supersede existing State labor laws.

**Last Action 5/31/2017 House Rules Committee**

* **SB 1348 (Martinez-D/Soto-D) MEDICAL PRACTICE-VARIOUS**

Amends the Regulatory Sunset Act. Extends the repeal date of the Medical Practice Act of 1987 from December 31, 2017 to December 31, 2019. Amends the Medical Practice Act of 1987. Provides that all applicants and licensees shall provide a valid address and email address, which shall serve as the address and email address of record, and shall inform the Department of any change of address or email address through specified means. Defines "email address of record". In provisions concerning grounds for discipline, provides that the Department of Financial and Professional Regulation may take action with regard to a person licensed under the Act for: willfully failing to report an instance of suspected abuse, neglect, financial exploitation, or self-neglect of an eligible adult as defined in and required by the Adult Protective Services Act; and being named as an abuser in a verified report by the Department on Aging under the Adult Protective Services Act, and upon proof by clear and convincing evidence that the licensee abused, neglected, or financially exploited an eligible adult as defined in the Adult Protective Services Act. In provisions authorizing the Secretary of Financial and Professional Regulation to appoint a hearing officer, provides that the hearing officer's findings and recommendations shall also be provided to the Medical Licensing Board along with the Medical Disciplinary Board so both Boards may review the information and present their findings to the Secretary. Makes changes in provisions concerning stenographers. Changes references to "stenographer" to references to "certified shorthand reporter". Makes other changes. Effective immediately.

**Last Action 6/29/2017 Sent to the Governor**

* **SB 1525 (Weaver-R/Davidsmeyer-R) PROFESSION REGULATION-VARIOUS**

Amends the Department of Professional Regulation Law of the Civil Administrative Code of Illinois. Defines "applicant", "email address of record", "license", and "licensee". Provides that the Department of Financial and Professional Regulation shall require all applicants and licensees to provide a valid address and email address, which shall serve as the address and email address of record, and to inform the Department of any change of address or email address through specified means. Provides that the Department shall provide notice of a suspension to the licensee by mailing a copy of the Department's order to the licensee's address of record or emailing a copy of the order to the licensee's email address of record (rather than mailing a copy of the order by certified and regular mail to the licensee's last known address as registered with the Department). Changes references of "registrant" to "licensee or applicant" and references of "certificate" to "license" throughout the Law. Provides that if a licensed health care worker has been convicted of a criminal battery against any patient in the course of patient care or treatment or is required to register as a sex offender and the health care worker has had his or her license revoked for a forcible felony conviction, the health care worker may not petition the Department to restore his or her license. Provides that an applicant or licensee may request to the Department that his or her permanent denial or revocation be classified as confidential. Makes other changes. Effective immediately.

**Last Action 5/9/2017 House Rules Committee**

* **SB 1585 (Martinez-D/Soto-D) PHYSICIAN ASSISTANT-VARIOUS**

Extends the repeal date of the Physician Assistant Practice Act of 1987 from January 1, 2018 to January 1, 2028. Amends the Physician Assistant Practice Act of 1987. Replaces references to "supervising physician" with references to "collaborating physician" throughout the Act. Replaces references to "supervision agreement" with references to "collaborative agreement" throughout the Act. Makes conforming changes in the Medical Practice Act of 1987 and the Illinois Controlled Substances Act. Removes references to "alternate supervising physician". Adds provisions concerning continuing education. Provides that all applicants and licensees shall provide a valid address and email address, which shall serve as the address and email address of record, and shall inform the Department of Financial and Professional Regulation of any change of address or email address through specified means. Provides language concerning confidentiality of information collected by the Department in the course of an examination or investigation. Makes changes in provisions concerning the application of the Illinois Administrative Procedure Act, definitions, advertising, billing, the use of titles, collaboration requirements, prescriptive authority, physician assistants in hospitals, hospital affiliates, or ambulatory surgical treatment centers, unlicensed practice, application for licensure, identification, qualifications for licensure, Department powers and duties, fees, expiration and renewal of a license, grounds for disciplinary action, investigation notices, hearings, hearing officers, restoration of a license, administrative review, and certification of the record. Amends the Illinois Public Aid Code to allow the Department of Healthcare and Family Services to provide for the legally authorized services of licensed physician assistants. Makes other changes. Effective immediately.

**Last Action 6/28/2017 Sent to the Governor**

* **SB 1604 (Nybo-R) PHARMACY-PRESCRIPTION DRUGS**

Amends the Pharmacy Practice Act. Provides that if a physician or other authorized prescriber does not prohibit drug product substitution, a pharmacist shall dispense a brand name drug product as a substitute for an unavailable nonbrand name drug product specified in the prescription. Provides that if the substitute drug product has a unit price greater than the unavailable drug product specified in the prescription, then the pharmacist shall dispense that substitute drug product at the lesser unit price of the drug product specified in the prescription. Amends the Regulatory Sunset Act to extend the repeal date for the Pharmacy Practice Act to January 1, 2020. Makes conforming changes. Effective immediately.

**Last Action 4/7/2017 Senate Assignments Committee**

* **SB 1688 (Raoul-D/Sims-D) DFPR-CRIMINAL HISTORY**

Amends the Department of Professional Regulation Law of the Civil Administrative Code of Illinois. Requires the Department of Financial and Professional Regulation to consider certain mitigating factors and evidence of rehabilitation for certain applicants of licenses, certificates, and registrations. Requires the Department, when examining certain factors, to determine whether a prior conviction will impair the ability of the applicant to engage in the practice for which a license, certificate, or registration is sought. Provides that no application for licensure or registration shall be denied by reason of a finding of lack of good moral character when the finding is based solely upon the fact that the applicant has one or more previous convictions. Provides that the Department shall not require applicants to report certain criminal history information and the Department shall not consider the information. Provides that on May 1 of each year, the Department shall prepare, publicly announce, and publish certain statistical information. Amends the Criminal Identification Act. Provides that the entity authorized to grant a license, certificate, or registration shall include in an application specific language stating that the applicant is not obligated to disclose sealed or expunged records of a conviction or arrest. If the inclusion of specific language on an application is not practical, the entity shall publish specific instructions on its website concerning disclosing sealed or expunged records of a conviction or arrest. Amends the Illinois Insurance Code. Provides that the Director of Insurance must find that a resident insurance producer or public adjuster applicant has not committed certain acts or has been sufficiently rehabilitated to approve the application. Requires the Department to consider certain mitigating factors and evidence of rehabilitation for license applicants. Provides for licensure of nonresident licensees if certain standards are met. Requires the Department, upon denial of a license, to provide the applicant certain information concerning the denial. Amends various professional licensing Acts with the following changes: Provides that the licensing agency shall not require applicants to report certain criminal history information and the licensing agency shall not consider the information. Makes other changes. Requires the licensing agency to consider certain mitigating factors and evidence of rehabilitation for license applicants. Requires the licensing agency, upon denial of a license, to provide the applicant certain information concerning the denial. Provides that on May 1 of each year, the licensing agency shall prepare, publicly announce, and publish certain statistical information. Makes other changes. Effective January 1, 2018.

In provisions amending the Department of Professional Regulation Law of the Civil Administrative Code of Illinois concerning applicants with criminal convictions, includes if, due to the applicant's criminal conviction history, the applicant would be explicitly prohibited by federal rules or regulations from working in the position for which a license is sought among the mitigating factors the Department of Financial and Professional Regulation shall consider to determine whether a prior conviction will impair the ability of the applicant to engage in the practice for which a license, certificate, or registration is sought.

In various Acts, makes changes in the criteria to be used in determining whether the issuance of a license, certificate, or certificate of registration may be granted or denied because of criminal convictions, rehabilitation, mitigating factors, or other factors. Makes other changes.

**Last Action 6/29/2017 Sent to the Governor**

* **SB 1790 (Stadelman-D/Wallace-D) PHARMACY-EMERGENCY REFILLS**

Amends the Pharmacy Practice Act. Provides that a pharmacist may exercise professional judgment to dispense an emergency supply of medication for a chronic disease or condition if the pharmacist is unable to obtain refill authorization from the prescriber when certain conditions are met. Provides that the emergency supply must be limited to the amount needed for the emergency period as determined by the pharmacist but the amount shall not exceed a 30-day supply. Effective immediately.

**Last Action 6/20/2017 Sent to the Governor**

* **SB 1811 (Althoff-R/Soto-D) TELEHEALTH ACT**

Creates the Telehealth Act. Defines "health care professional" and "telehealth". Provides that a health care professional treating a patient located in the State through telehealth must be licensed in Illinois. Provides that a health care professional may engage in the practice of telehealth in Illinois to the extent of his or her scope of practice as established in his or her respective licensing Act consistent with the standards of care for in-person services. Provides that the Act does not alter the scope of practice of any health care professional or authorize the delivery of health care services not authorized by the law of the State. Amends the Medical Practice Act of 1987. Makes changes to provisions concerning telemedicine. Provides that "telemedicine" does not include health care services provided to an existing patient while the person licensed under the Act or patient is traveling.

Expands the Telehealth Act to apply to mental health care professionals authorized in Illinois to provide services.

**Last Action 6/29/2017 Sent to the Governor**

* **SB 2038 (Rose-R) SCH CD-EPINEPHRINE INJECTOR**

Creates the Epinephrine Administration Act. Provides that a health care practitioner may prescribe epinephrine glass vials, ampules, and pre-filled syringes in the name of an authorized entity where allergens capable of causing anaphylaxis may be present. Provides that an authorized entity may acquire and stock a supply of undesignated epinephrine glass vials, ampules, and pre-filled syringes provided the undesignated epinephrine glass vials, ampules, and pre-filled syringes are stored in a specified location. Requires each employee, agent, or other individual of the authorized entity to complete a specified training program before using a glass vial, ampule, or pre-filled syringe to administer epinephrine. Provides that a trained employee, agent, or other individual of the authorized entity may either provide or administer epinephrine from a glass vial, ampule, or pre-filled syringe to a person whom the employee, agent, or other individual believes in good faith is experiencing anaphylaxis. Provides that training under the Act shall be valid for 2 years. Requires the Department of Public Health to approve training programs, to list the approved programs on the Department's website, and to include links to training providers' websites on the Department's website. Contains provisions concerning costs, limitations, and rulemaking. Defines terms. Amends the School Code. In provisions concerning epinephrine administration, provides that epinephrine may be administered with a glass vial, auto-injector, ampule, or pre-filled syringe. Makes conforming changes.

**Last Action 4/26/2017 Senate Third Reading**

* **SB 2058 (Rose-R) PHARMACY-ELECTRONIC PRESCRIPTION**

Amends the Pharmacy Practice Act. Provides that, beginning on January 1, 2022, all prescriptions orders for drugs or medical devices must be electronically transmitted to the patient's pharmacy of choice. Requires the Department of Financial and Professional Regulation to adopt rules governing the use of electronically transmitted prescription orders.

**Last Action 3/17/2017 Senate Second Reading**

* **HR 59 (Cassidy-D) SELF-CARE MONTH**

Recognizes the importance of improving awareness of self-care and the value it represents to the citizens of Illinois. Supports increased consumer empowerment through the development of new nonprescription medicines and the appropriate switch of certain prescription medicines to nonprescription. Acknowledges that over-the-counter medicines can greatly improve and reduce costs to the public health system. Encourages consumers, healthcare practitioners, policymakers and regulators to communicate the benefits of self-care. Recognizes February of 2017 as Self-Care Month in Illinois.

**Last Action 6/22/2017 Resolution Adopted**

**LIABILITY**

* **HB 389 (Bennett-R) CIV PRO-VENUE; TORT LIABILITY**

Amends the Code of Civil Procedure. Deletes a provision authorizing an action to be commenced in any county if all defendants are nonresidents of this State. Limits venue for actions against corporations, partnerships, and insurance companies. Provides that in actions in which no party is a resident of this State and over which another forum has jurisdiction, the court shall, upon motion, dismiss the action subject to specified conditions. Provides that joint and several liability attaches when a defendant is found to be 50%, rather than 25%, at fault. Limits amounts recovered for medical care, treatment, or services and caretaking expenses to the amounts actually paid for those expenses regardless of the amounts initially billed.

**Last Action 3/30/2017 House Rules Committee**

* **HB 3564 (Phelps-D) GOOD SAMARITAN-DISASTER RELIEF**

Amends the Good Samaritan Act. Provides that the immunity extended to disaster relief volunteers extends to any health practitioner, as that term is defined in the Uniform Emergency Volunteer Health Practitioners Act. Provides that the immunity is extended to a class of specified individuals who in good faith and without fee or compensation provide "health services", as that term is defined in the Uniform Emergency Volunteer Health Practitioners Act. Provides that the period of immunity lasts 30 (instead of 10) days following a disaster or catastrophic event or during the time the Governor has declared a disaster pursuant to the Illinois Emergency Management Agency Act. Provides that the immunity applies only to a disaster relief volunteer who provides health services in relief of a disaster, as that term is defined by the Illinois Emergency Management Agency Act (instead of in relief of an earthquake, hurricane, tornado, nuclear attack, terrorist attack, epidemic, or pandemic). Makes other changes. Effective immediately.

**Last Action 3/31/2017 House Rules Committee**

* **SB 1890 (McCann-R) GOOD SAMARITAN EMS-FIREFIGHTER**

Amends the Good Samaritan Act. Provides that any individual who serves as either a firefighter on a volunteer basis or as EMS personnel under the Emergency Medical Services (EMS) Systems Act on a volunteer basis, who in good faith provides emergency care, including the administration of an opioid antagonist, without fee or compensation to any person shall not, as a result of his or her acts or omissions, except willful and wanton misconduct on the part of the person, in providing the care, be liable to a person to whom such care is provided for civil damages.

**Last Action 5/5/2017 Senate Assignments Committee**

**TRAUMA CENTER FUNDING**

* **HB 477 (Jones-D) SOUTH SUBURB TRAUMA CENTER**

Amends the Illinois Health Facilities Planning Act. Creates the South Suburban Trauma Center Fund. Provides for the construction of a south suburban trauma center. Provides that the Health Facilities Review Board, in consultation with the Department of Public Health, shall select a provider to operate and provide healthcare services to the trauma center.

Provides that the South Suburban Trauma Center Fund shall receive revenue generated from a specified toll plaza together with moneys appropriated from the Trauma Center Fund. Provides that of the revenue generated from that toll plaza, 20% shall be collected and deposited into the South Suburban Trauma Center Fund.

**Last Action 4/28/2017 House Rules Committee**

**REPORTING/COLLECTION OF EVIDENCE**

* **HB 528 (McDermed-R/McConchie-R) SEXUAL ASSAULT EVIDENCE TRACKING**

Amends the Sexual Assault Evidence Submission Act. Creates the Sexual Assault Evidence Tracking and Reporting Commission to research and develop a plan to create and implement a statewide mechanism to track and report sexual assault evidence information. Provides that the Commission shall within one year of its initial meeting: (1) research options to create a tracking system and develop guidelines and a plan to implement a uniform statewide system to track the location, lab submission status, completion of forensic testing, and storage of sexual assault evidence; (2) develop guidelines and a plan to implement a system with secure electronic access that allows a victim, or his or her designee, to access or receive information about the location, lab submission status, and storage of sexual assault evidence that was gathered from him or her, provided that the disclosure does not impede or compromise an ongoing investigation; (3) develop guidelines and a plan to safeguard confidentiality and limited disclosure of the information contained in the statewide system; (4) recommend sources of public and private funding; (5) recommend changes to law or policy required to support the implementation of the plans developed; and (6) report its findings and recommendations to submit any and all proposed legislation to the Governor and General Assembly. Repealed on January 1, 2019. Effective immediately.

**Last Action 6/27/2017 Sent to the Governor**

* **HB 2800 (Flowers-D) PERINATAL HIV PREVENTION**

Amends the Perinatal HIV Prevention Act. Provides that every health care professional who provides health care services to a pregnant person, unless a pregnant person already has a documented negative HIV status (currently, already been tested) during the third trimester of the current pregnancy (currently, during the current pregnancy) or is already documented to be HIV-positive, shall provide specified HIV counseling and shall test the person for HIV on an opt-out basis (currently, unless she refuses). Adds provisions concerning when opt-out HIV testing and rapid opt-out HIV testing shall occur. Makes changes to provisions concerning specified HIV counseling requirements. Makes changes to provisions concerning reporting, including requiring that a specified report concerning a HIV-positive pregnant or post-partum person or HIV-exposed newborn shall be made by a health care facility to the Department of Public Health's Perinatal HIV Hotline within 12 hours but not later than 24 hours of test results (currently, a health facility shall report within 24 hours after birth if a woman is HIV-positive and the newborn is HIV-exposed). Provides that the provisions of the Act requiring testing for HIV (currently, provisions of the Act) shall not apply when a parent or guardian objects to HIV testing on certain grounds. Defines "birthing center", "opt-out testing", and "third trimester". Changes references from "pregnant woman" to "pregnant person" and makes other similar changes.

Removes emergency services. Restores references to "pregnant woman" and makes other similar changes. Adds a definition for "birth center" and removes a definition for "birthing center". In amendatory provisions concerning HIV counseling and testing, provides that the counseling and testing or refusal of testing shall comply with the requirements for informed consent in the AIDS Confidentiality Act.

**Last Action 6/28/2017 Sent to the Governor**

* **HB 3287 (Cassidy-D) SEXUAL ASSAULT TREATMENT**

Amends the Sexual Assault Survivors Emergency Treatment Act. Provides that a federally qualified health care center may provide forensic services to sexual assault survivors in a manner that is consistent with the Act. Provides that a federally qualified health care center that chooses to provide forensic services to sexual assault survivors in a manner that is consistent with the Act shall follow specified provisions of the Act and rules concerning the collection of sexual assault evidence, sexual assault evidence testing, and the submission of sexual assault evidence that are applicable to hospitals. Effective immediately.

**Last Action 4/28/2017 House Rules Committee**

* **HB 3334 (Andrade-D) SEXUAL ASSAULT EVIDENCE TRACKING**

Amends the Sexual Assault Evidence Submission Act. Provides that the Department of State Police shall create and operate a statewide sexual assault evidence kit tracking system. Provides that the statewide sexual assault evidence kit tracking system shall: (1) track the location and status of sexual assault evidence kits throughout the criminal justice process, including the initial collection in examinations performed at medical facilities, receipt at local law enforcement agencies, and receipt and analysis at forensic laboratories; (2) allow medical facilities performing sexual assault forensic examinations, law enforcement agencies, prosecutors, State and local crime laboratories, and other entities who have physical custody of sexual assault evidence kits to update and track the status and location of sexual assault evidence kits; (3) allow victims of sexual assault to anonymously track and receive updates regarding the status of their sexual assault evidence kit; and (4) use technology to allow continuous access for appropriate personnel. Provides that the Department may phase in initial participation in the statewide sexual assault evidence kit tracking system by region, volume, or other appropriate classification. Provides that all entities who have custody of sexual assault evidence kits shall fully participate in the system by no later than July 1, 2019. Makes other changes.

**Last Action 3/31/2017 House Rules Committee**

* **HB 3646 (Stratton-D) SEXUAL ASSAULT EVIDENCE TRACKING**

Amends the Sexual Assault Evidence Submission Act. Provides the Department of State Police shall establish, operate, and maintain a sexual assault evidence kit tracking system that uses electronic technology to allow continuous access to approved users within the system. Provides that law enforcement agencies, health care providers, crime laboratories, and prosecuting attorneys in this State shall participate in the system on a schedule and manner required by the Department. Provides that statewide participation in the sexual assault tracking system shall be fully implemented by January 1, 2019. Provides that beginning January 1, 2019 and each year thereafter, the Department shall publish a quarterly report on its website, indicating a breakdown of the number of sexual assault case submissions from every law enforcement agency including: the number of kits in the system, and of those, the number on which analysis has been completed and the number on which analysis has not been completed; the number of kits entered into the system during the prior 6 months, and of those kits the number on which analysis has been completed; the average and median length of time for kits to be sent to analysis after being entered into the system and for analysis to be completed; and the number of kits that has been entered into the system for more than 1 year for which analysis has not yet been completed. Makes other changes.

**Last Action 5/15/2017 House-Tabled**

* **HB 3852 (Unes-R) SEXUAL ASSAULT EMERGENCY SERVICES**

Amends the Sexual Assault Survivors Emergency Treatment Act. Defines "eligible health care facility" as a hospital, emergency department, or outpatient clinic that delivers health care, including, but not limited to, care for a sexual assault survivor. Changes references from "hospital" to "eligible health care facility" and makes conforming changes. Changes references from "hospital emergency services" to "emergency services". Provides that sexual assault nurse examiners who examine pediatric patients should have completed specified training and have a specified certification.

Adds a definition for "child advocacy center". Provides that an "eligible health care facility" means a hospital, emergency department, or outpatient clinic performing child sexual abuse examinations in collaboration with a child advocacy center (rather than that delivers health care, including, but not limited to, care for sexual assault survivors). Makes other changes. Effective immediately.

**Last Action 4/28/2017 House Rules Committee**

**CRIMINAL CODE**

* **HB 633 (Cabello-R) CRIM CD-HATE CRIME-SAFETY**

Amends the Criminal Code of 2012. Provides that it is also a hate crime by reason of the actual or perceived employment as a peace officer, firefighter, emergency medical services personnel of another individual or group of individuals, or by reason of the actual or perceived military status of another individual or group of individuals, regardless of the existence of any other motivating factor or factors to commit assault, battery, aggravated assault, misdemeanor theft, criminal trespass to residence, misdemeanor criminal damage to property, criminal trespass to vehicle, criminal trespass to real property, mob action, disorderly conduct, harassment by telephone, or harassment through electronic communications.

**Last Action 3/31/2017 House Rules Committee**

* **HB 1801 (McAuliffe-R) CRIM CD - HATE CRIME**

Amends the Criminal Code of 2012. Provides a person also commits a hate crime if by reason of the actual or perceived employment as a peace officer, firefighter, or emergency medical services personnel of another individual or group of individuals, regardless of the existence of any other motivating factor or factors, he or she commits assault, battery, aggravated assault, misdemeanor theft, criminal trespass to residence, misdemeanor criminal damage to property, criminal trespass to vehicle, criminal trespass to real property, mob action, disorderly conduct, harassment by telephone, or harassment through electronic communications. Penalty is a Class 4 felony for a first offense and a Class 2 felony for a second or subsequent offense, unless committed in certain specified locations in which case the penalty is a Class 3 felony for a first offense and a Class 2 felony for a second or subsequent offense.

**Last Action 3/31/2017 House Rules Committee**

* **HB 2487 (Hammond-R) CRIM CD-HATE CRIME-PUBLIC SAFETY**

Amends the Criminal Code of 2012. Provides that a person also commits hate crime when, by reason of the actual or perceived employment as a peace officer, firefighter, or emergency medical services personnel of another individual, regardless of the existence of any other motivating factor or factors, he or she causes the death or permanent disability of the peace officer, firefighter, or emergency medical services personnel.

**Last Action 3/31/2017 House Rules Committee**

* **SB 628 (Silverstein-D) CRIM CD-DISCLOSE SCENE PHOTO**

Amends the Criminal Code of 2012. Creates the offense of unauthorized visual recording. Provides that a first responder commits the offense when he or she is present at a motor vehicle accident or other emergency situation for the purpose of providing public safety services or medical care or assistance and knowingly photographs, films, videotapes, records, or otherwise reproduces in any manner the image of a human corpse or a person being provided medical care or assistance, except for a legitimate law enforcement purpose, public safety purpose, health care purpose, insurance purpose, legal investigation or legal proceeding involving an injured or deceased person, or under a court order. Also, provides that a first responder commits the offense when he or she knowingly discloses any photograph, film, videotape, record, or other reproduction of the image of a human corpse or a person being provided medical care or assistance at the scene of a motor vehicle accident or other emergency situation photographed, filmed, videotaped, recorded, or otherwise reproduced by another person in the agency for which the first responder is employed without prior written consent of the injured person, the person's next-of-kin if the injured person cannot provide consent, or personal representative under law of a deceased person, unless the disclosure is for a legitimate law enforcement purpose, public safety purpose, health care purpose, insurance purpose, legal investigation or legal proceeding involving an injured or deceased person, or under a court order. Provides that a violation is a Class C misdemeanor for a first offense and a Class B misdemeanor for a second or subsequent offense.

**Last Action 5/19/2017 Senate Assignments Committee**

**INSURANCE**

* **HB 311 (G. Harris-D/Holmes-D) NETWORK ADEQUACY TRANSPARENCY**

Creates the Network Adequacy and Transparency Act. Provides that administrators and insurers, prior to going to market, must file with the Department of Insurance for review and approval a description of the services to be offered through a network plan, with certain criteria included in the description. Provides that the network plan shall demonstrate to the Department, prior to approval, a minimum ratio of full-time equivalent providers to plan beneficiaries and maximum travel and distance standards for plan beneficiaries, which shall be established annually by the Department based upon specified sources. Provides that the Department shall conduct quarterly audits of network plans to verify compliance with network adequacy standards. Establishes certain notice requirements. Provides that a network plan shall provide for continuity of care for its beneficiaries under certain circumstances and according to certain requirements. Provides that a network plan shall post electronically a current and accurate provider directory and make available in print, upon request, a provider directory subject to certain specifications. Provides that the Department is granted specific authority to issue a cease and desist order against, fine, or otherwise penalize any insurer or administrator for violations of any provision of the Act. Makes other changes. Effective January 1, 2018.

Includes in the definition of "insurer" workers compensation insurance and pharmacy benefit managers. Defines "telehealth" and "telemedicine". Removes references to "administrators" throughout the Act. Removes provisions requiring an insurer providing a network plan to file the following information with the Director of Insurance: the method of the marketing plan and certain written policies and procedures. Provides that insurers shall provide the Director a description of how the use of telemedicine, telehealth, or mobile care services may be used to partially meet the network adequacy standards (rather than a description of each network hospital of the percentage of physicians in certain specialties who practice in the hospital are in the insurer's network). Provides that the Department shall consider establishing ratios for certain physicians or other providers (rather than requiring ratios at a minimum to include certain physicians or other providers). Provides that maximum travel and distance standards for network plan beneficiaries established annually by the Department shall be done in consultation with the Department of Public Health. Removes the requirement that the network plan must demonstrate, prior to approval, that it has contracted with physicians who specialize in certain areas in sufficient numbers at any in-network facility or in-network hospital so patients have reasonable access to the in-network physicians. Provides that the network plan shall demonstrate sufficient inpatient services. Provides that the network plan may consider use of other health care service delivery options. Provides that the Director may (rather than shall) conduct periodic (rather than semi-annual) audits of the accuracy of provider directories. Removes language granting the Director specific authority to issue a cease and desist order against, fine, or otherwise penalize any insurer for violations of any provision of the Act. Makes other changes.

Provides that the Act applies to an individual or group policy of accident and health insurance with a network plan amended, delivered, issued, or renewed in this State on or after January 1, 2019. Defines "authoritative representative". Removes references to "exchange plans or Medicare Advantage Plans". Removes language that requires insurers to file a description of services for review prior to going to market. In provisions concerning notice of renewal or termination, includes language that primary care providers must notify active affected patients of nonrenewal or termination of the provider from the network plan, except in the case of incapacitation. Adds provisions concerning facility nonparticipating provider transparency. Makes other changes. Provides that the bill takes effect upon becoming law (rather than on January 1, 2018).

In provisions concerning network adequacy, removes language providing that the network plan shall demonstrate sufficient inpatient services, including services by preferred providers who specialize in emergency medicine, anesthesiology, pathology, and radiology. Removes provisions concerning facility nonparticipating provider transparency.

**Last Action 6/24/2017 Passed Both Chambers**

* **HB 693 (Martwick-D) INS CD-COPAYMENTS**

Amends the Illinois Insurance Code. Provides that a health benefit plan or health carrier, including, but not limited to, a preferred provider organization, an independent physician association, a third-party administrator, or any entity that contracts with licensed health care providers shall not impose any fixed co-payment that exceeds 50% of the total billed charges for health care services provided to an insured or enrolled during a visit to a health care provider.

**Last Action 3/31/2017 House Rules Committee**

* **HB 694 (Martwick-D) INS CD-NONDISCRIMINATION**

Amends the Illinois Insurance Code. Provides that neither a group health plan nor an accident and health insurer offering group or individual health insurance coverage shall discriminate with respect to participation under the plan or coverage against any health care provider who is acting within the scope of that provider's license or certification under applicable State law.

**Last Action 3/31/2017 House Rules Committee**

* **HB 1796 (G. Harris-D) HEALTH INSURANCE ASSESSMENT**

Creates the Health Insurance Claims Assessment Act. Imposes an assessment of 1% on claims paid by a health insurance carrier or third-party administrator. Provides that the moneys received and collected under the Act shall be deposited into the Healthcare Provider Relief Fund and used solely for the purpose of funding Medicaid services provided under the medical assistance programs administered by the Department of Healthcare and Family Services.

**Last Action 3/31/2017 House Rules Committee**

* **HB 2436 (Flowers-D) MEDICARE FOR ALL HEALTH CARE**

Creates the Illinois Medicare for All Health Care Act. Provides that all individuals residing in the State are covered under the Illinois Health Services Program for health insurance. Sets forth the health coverage benefits that participants are entitled to under the Program. Sets forth the qualification requirements for participating health providers. Sets forth standards for provider reimbursement. Provides that it is unlawful for private health insurers to sell health insurance coverage that duplicates the coverage of the Program. Provides that investor-ownership of health delivery facilities is unlawful. Provides that the State shall establish the Illinois Health Services Trust to provide financing for the Program. Sets forth the requirements for claims billing under the Program. Provides that the Program shall include funding for long-term care services and mental health services. Provides that the Program shall establish a single prescription drug formulary and list of approved durable medical goods and supplies. Creates the Pharmaceutical and Durable Medical Goods Committee to negotiate the prices of pharmaceuticals and durable medical goods with suppliers or manufacturers on an open bid competitive basis. Sets forth provisions concerning patients' rights. Provides that the employees of the Program shall be compensated in accordance with the current pay scale for State employees and as deemed professionally appropriate by the General Assembly. Effective January 1, 2018.

**Last Action 4/28/2017 House Rules Committee**

* **HB 2600 (D. Harris-R) PROMPT PAYMENT-LATE PAYMENT**

Amends the State Prompt Payment Act. Provides that after the effective date of the amendatory Act, if for any bill approved for payment under the Act and pursuant to a health benefit plan under the State Employees Group Insurance Act of 1971 or submitted under Article V of the Illinois Public Aid Code, except a bill for pharmacy or nursing facility services or goods, payment is not issued to the payee in a timely manner under the Section, an interest penalty of 8% per year of any amount approved and unpaid shall apply, applied pro rata for the amount of time the bill remains unpaid. Amends the Illinois Insurance Code. In provisions concerning timely payment for health care services, provides that the interest to be charged on late payments of periodic payments, payments by independent practice associations and physician-hospital organizations, and payments by health insurers, health maintenance organizations, managed care plans, health care plans, preferred provider organizations, and third party administrators shall be 8% per year. Amends the State Employees Group Insurance Act of 1971. Provides that the program of health benefits offered under the Act is subject to certain provisions of the Illinois Insurance Code concerning late payments and assignability except as otherwise provided. Effective January 1, 2018.

**Last Action 3/31/2017 House Rules Committee**

* **HB 2694 (G. Harris-D) PATIENT RIGHTS-TRANSITION**

Amends the Managed Care Reform and Patient Rights Act. In provisions concerning transition of services, provides that the health care plan shall not modify an enrollee's coverage of a drug during the plan year if the drug has been previously approved for coverage by the plan for a medical condition, the plan's prescribing provider continues to prescribe the drug for the medical condition, and the patient continues to be an enrollee of the health care plan. Provides specific prohibited modifications of drug coverage in the health plan. Provides that the provisions do not prohibit a health care plan from requiring a pharmacist to effect generic substitutions of prescription drugs. Provides that the provisions do not prohibit the addition of prescription drugs to a health care plan's list of covered drugs during the coverage year. Effective immediately.

**Last Action 3/31/2017 House Rules Committee**

* **HB 2956 (McAsey-D) INS CD-ABUSE DETERRENT OPIOIDS**

Amends the Illinois Insurance Code, the State Employees Group Insurance Act of 1971, the Counties Code, the Illinois Municipal Code, the School Code, the Health Maintenance Organization Act, the Limited Health Service Organization Act, the Voluntary Health Services Plans Act, and the Illinois Public Aid Code. Prohibits insurers from requiring that a covered individual first use an opioid analgesic drug product without abuse-deterrence labeling claims before providing coverage for an abuse-deterrent opioid analgesic drug product.

**Last Action 3/31/2017 House Rules Committee**

* **HB 2957 (Fine-D/Mulroe-D) INS CD-SYNCHRONIZATION**

Amends the Illinois Insurance Code. Provides that every policy of accident and health insurance amended, delivered, issued, or renewed after the effective date of the amendatory Act that provides coverage for prescription drugs shall provide for synchronization of prescription drug refills on at least one occasion per insured per year provided that certain conditions are met. Requires insurers to provide prorated daily cost-sharing rates when necessary.

In provisions amending the Illinois Insurance Code, defines "synchronization" to mean the coordination of medication refills for a patient taking 2 or more medications for one or more chronic conditions (rather than for a chronic condition) such that the patient's medications are refilled on the same schedule for a given time period. For a policy of health and accident insurance to provide for synchronization of prescriptions drug refills, the prescription drugs must be covered by the policy's clinical coverage policy or have been approved by a formulary exceptions process, among other specified conditions.

Makes conforming changes in the State Employees Group Insurance Act of 1971, the Counties Code, the Illinois Municipal Code, the School Code, the Health Maintenance Organization Act, the Limited Health Services Organization Act, the Voluntary Health Services Plan Act, and the Illinois Public Aid Code. Effective immediately.

**Last Action 6/23/2017 Sent to the Governor**

* **SB 70 (Holmes-D) NETWORK ADEQUACY TRANSPARENCY**

Creates the Network Adequacy and Transparency Act. Provides that administrators and insurers, prior to going to market, must file with the Department of Insurance for review and approval a description of the services to be offered through a network plan, with certain criteria included in the description. Provides that the network plan shall demonstrate to the Department, prior to approval, a minimum ratio of full-time equivalent providers to plan beneficiaries and maximum travel and distance standards for plan beneficiaries, which shall be established annually by the Department based upon specified sources. Provides that the Department shall conduct quarterly audits of network plans to verify compliance with network adequacy standards. Establishes certain notice requirements. Provides that a network plan shall provide for continuity of care for its beneficiaries under certain circumstances and according to certain requirements. Provides that a network plan shall post electronically a current and accurate provider directory and make available in print, upon request, a provider directory subject to certain specifications. Provides that the Department is granted specific authority to issue a cease and desist order against, fine, or otherwise penalize any insurer or administrator for violations of any provision of the Act. Makes other changes. Effective January 1, 2018.

**Last Action 5/5/2017 Senate Assignments Committee**

* **SB 1609 (Bush-D) INS CD-ABUSE DETERRENT OPIOIDS**

Amends the Illinois Insurance Code, the State Employees Group Insurance Act of 1971, the Counties Code, the Illinois Municipal Code, the School Code, the Health Maintenance Organization Act, the Limited Health Service Organization Act, the Voluntary Health Services Plans Act, and the Illinois Public Aid Code. Prohibits insurers from requiring that a covered individual first use an opioid analgesic drug product without abuse-deterrence labeling claims before providing coverage for an abuse-deterrent opioid analgesic drug product.

**Last Action 5/5/2017 Senate Assignments Committee**

* **SB 1971 (Aquino-D) COST LIST-PHARMACY BENEFITS MANAGER**

Amends the Illinois Insurance Code. Provides regulation for the creation of a list of drugs used to set the maximum allowable cost on which reimbursement to a pharmacy or pharmacist may be based. Provides that before a pharmacy benefits manager places or continues a particular drug on a maximum allowable cost list, the drug shall meet specified requirements. Provides for the duties of a pharmacy benefits manager in his or her use of a maximum allowable cost list. Provides for a reasonable administrative appeal procedure to allow pharmacies to challenge maximum allowable costs and reimbursements made under a maximum allowable cost for a specific drug. Provides that a pharmacy benefits manager shall not reimburse a pharmacy or pharmacist in this State in an amount less than the amount that the pharmacy benefits manager reimburses a pharmacy benefits manager affiliate for providing the same pharmacist services. Provides that a pharmacy or pharmacist may decline to provide pharmacist services to a patient or pharmacy benefits manager if, as a result of a maximum allowable cost list, a pharmacy or pharmacist is to be paid less than the pharmacy acquisition cost of the pharmacy providing pharmacist services. Provides that a violation of the provisions concerning maximum allowable cost lists and pharmacy benefits managers is a deceptive trade practice. Amends the Uniform Deceptive Trade Practices Act to make a conforming change. Defines terms.

**Last Action 4/7/2017 Senate Assignments Committee**

* **SB 2027 (Murphy-D) PATIENT BILLING-COLLECTION**

Amends the Fair Patient Billing Act. Provides that before pursuing a collection action against an insured patient for the unpaid amount of services rendered, a health care provider must review a patient's file to ensure that the patient does not have a Medicare supplement policy or any other secondary payer health insurance plan. Provides that if, after reviewing a patient's file, the health care provider finds no supplemental policy in the patient's record, the provider must then provide notice to the patient, and give that patient an opportunity to address the issue. Provides that if a health care provider has neither found information indicating the existence of a supplemental policy, nor received payment for services rendered to the patient, the health care provider may proceed with a collection action against the patient in accordance with specified provisions. Defines "supplemental policy". Makes a conforming change.

**Last Action 4/7/2017 Senate Assignments Committee**

**DRUGS**

* **HB 706 (Bellock-R/Connelly-R) PHARMA DISPOSAL-DOCTORS-NURSES**

Amends the Safe Pharmaceutical Disposal Act. Provides that in the absence of a police officer, State Police officer, coroner, or medical examiner at the scene of a death, a nurse may dispose of unused medication found at the scene while engaging in the performance of his or her duties. Provides that anyone authorized to dispose of unused medications under the Act, and his or her employer, employees, or agents shall incur no criminal liability, or professional discipline, as a result of any injury arising from his or her good faith disposal or non-disposal of unused medication. Defines "nurse". Amends the Nurse Practice Act to make conforming changes.

Adds language providing that a nurse may dispose of any unused medications under provisions concerning the disposal of unused medications at the scene of a death only after consulting with any investigating law enforcement agency to ensure that the unused medications will not be needed as evidence in an investigation.

**Last Action 6/27/2017 Sent to the Governor**

* **HB 707 (Bellock-R) CONT SUB-WHITHHOLD INFO**

Amends the Illinois Controlled Substances Act. Provides various penalties for knowingly withholding information from a practitioner from whom a person seeks to obtain a controlled substance or a prescription for a controlled substance. Provides that a health care practitioner with the intent to provide a controlled substance or combination of controlled substances that are not medically necessary to his or her patient or an amount of controlled substances that is not medically necessary for his or her patient, may not provide a controlled substance or a prescription for a controlled substance by misrepresentation, fraud, forgery, deception, subterfuge, or concealment of a material fact. Provides that a violation is a Class 4 felony for the first offense and a Class 3 felony for each subsequent offense. The fine for the first offense shall be not more than $100,000. The fine for each subsequent offense shall not be more than $200,000.

**Last Action 3/21/2017 House-Tabled**

* **HB 2534 (Bourne-R/Mulroe-D) CS-SYNTHETIC DRUGS AND ANALOGS**

Amends the Illinois Controlled Substances Act. Eliminates duplications from the list of Schedule I controlled substances. Adds various synthetic drugs and cannabinoids to the list of Schedule I controlled substances. Adds 6-Monoacetylmorphine and Thiafentanyl to the Schedule II list of controlled substances. Lists all hydrocodone derivatives as Schedule II controlled substances. Lists Methorphan optical isomers as a single drug. Deletes references to dihydrocodeinone from the statute concerning the unlawful manufacture or delivery, or possession with intent to manufacture or deliver a controlled substance. Defines "controlled substance analog" for the purpose of the provisions of the unlawful manufacture or delivery, or possession with intent to manufacture or deliver a controlled substance and for the provisions concerning the unlawful possession of a controlled substance, as a substance which is not approved by the United States Food and Drug Administration or, if approved, is not dispensed or possessed in accordance with State or federal law.

**Last Action 6/28/2017 Sent to the Governor**

* **HB 2798 (Costello, II-D) OPIOID OVERDOSE REPORTING**

Amends the Counties Code. Provides that in every case in which an opioid overdose is determined to be a contributing factor in a death, the coroner shall report the death and the age, gender, race, and county of residence, if known, of the decedent to the Department of Public Health. Amends the Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois. Requires the Department to adopt rules to implement the reporting requirements. Requires the Department to annually report to the General Assembly the data collected.

**Last Action 4/28/2017 House Rules Committee**

* **HB 2951 (Williams-D) PHARM-LABEL REQUIREMENTS**

Amends the Medical Practice Act of 1987. Except when dispensing manufacturers' samples or other legend drugs in a maximum 72 hour supply, requires persons licensed under the Act to label samples consistent with specified labeling requirements (rather than maintain a book or file of prescriptions as required in the Pharmacy Practice Act). Effective immediately.

**Last Action 3/31/2017 House Rules Committee**

* **HB 3664 (Jesiel-R) CONT SUB-IMMUNITY DRUG OVDOSE**

Amends the Illinois Controlled Substances Act. Provides that the limited immunity for a person who, in good faith, seeks or obtains emergency medical assistance for someone experiencing an overdose or for a person who is experiencing an overdose shall not be extended if law enforcement has reasonable suspicion or probable cause to detain, arrest, or search that person for criminal activity and the reasonable suspicion or probable cause is based on information obtained prior to or independent of the individual seeking or obtaining emergency medical assistance and not obtained as a direct result of the action of seeking or obtaining emergency medical assistance (rather than taking action to seek or obtain emergency medical assistance).

**Last Action 3/31/2017 House Rules Committee**

* **HB 3680 (Phelps-D) CONTROLLED SUB-U-47700**

Amends the Illinois Controlled Substances Act. Adds 3,4-Dichloro-N-[2-(dimethylamino)cyclohexyl]-N-methylbenzamide (some trade or other name: pink; U-47700) as a Schedule I controlled substance.

**Last Action 3/31/2017 House Rules Committee**

* **HB 3910 (Willis-D/Martinez-D) CONTROLLED SUB-EMS PERSONNEL**

Amends the Illinois Controlled Substances Act. Provides that emergency medical services personnel may administer Schedule II, III, IV, or V controlled substances to a person in the scope of their employment without a written, electronic, or oral prescription of a prescriber. Defines emergency medical services personnel. Includes "emergency medical services personnel" in the definition of "practitioner" under the Act.

**Last Action 6/29/2017 Sent to the Governor**

* **SB 702 (McCarter-R/Conroy-D) CONTROLLED SUB-U-47700**

Amends the Illinois Controlled Substances Act. Adds 3,4-Dichloro-N-[2-(dimethylamino)cyclohexyl]-N-methylbenzamide (some trade or other name: U-47700) as a Schedule I controlled substance. Effective immediately.

**Last Action 7/6/2017 House Rules Committee**

* **SB 892 (Tracy-R/Demmer-R) CONTROLLED SUB-INFO RELEASE**

Amends the Illinois Controlled Substances Act. Provides that the Department of Human Services may release information received by the central repository to select representatives of the Department of Children and Family Services through the indirect online request process. Provides that access shall be established by the Prescription Monitoring Program Advisory Committee by rule.

Provides that access to the confidential information in the central repository by representatives of the Department of Children and Family Services shall be established by an intergovernmental agreement between the Department of Children and Family Services and the Department of Human Services (rather than the Prescription Monitoring Program Advisory Committee by rule).

**Last Action 4/26/2017 House Rules Committee**

* **SB 1607 (Bush-D/Zalewski-D) CRIMINAL LAW-TECH**

Amends the Illinois Controlled Substances Act. Before issuing a prescription for a Schedule II, III, IV, or V controlled substance, a prescriber or his or her designee shall access the prescription monitoring program to determine compliance with the pharmacy and medication shopping provisions of the Act. Provides that within one year of the effective date of the bill, the Department shall adopt rules requiring all Electronic Health Records Systems to interface with the Prescription Monitoring Program application program on or before January 1, 2021 to ensure that all providers have access to specific patient records during the treatment of their patients. These rules shall also address the electronic integration of pharmacy records with the Prescription Monitoring Program to allow for faster transmission of the information required under the Act. Provides that the Department shall establish actions to be taken if a prescriber's Electronic Health Records System does not effectively interface with the Prescription Monitoring Program within the required timeline. Provides that the Department of Human Services, in consultation with the Advisory Committee, shall adopt rules allowing licensed prescribers or pharmacists who have registered to access the Prescription Monitoring Program to authorize a designee to consult the Prescription Monitoring Program on their behalf. The rules shall include reasonable parameters concerning a practitioner's authority to authorize a designee, and the eligibility of a person to be selected as a designee.

Restores language of the law that when a person has been identified as having 3 or more prescribers or 3 or more pharmacies, or both, that do not utilize a common electronic file for controlled substances within the course of a continuous 30-day period, the Prescription Monitoring Program may (rather than shall) issue an unsolicited report to the prescribers, dispensers, and their designees informing them of the potential medication shopping.

Deletes provision that a prescriber who receives the report from the Prescription Monitoring Program concerning a person who has been identified as having 3 or more prescribers or 3 or more pharmacies, or both, either personally or through an agent at his or her place of practice, shall be prohibited from issuing a controlled substance to that same person unless the prescriber signs a statement on the prescription acknowledging receipt of the report. Deletes that if a pharmacy or pharmacist receives a prescription for a person he or she knows or should know to be the subject of the report, and the prescriber fails to provide the required acknowledgement, the pharmacy or pharmacist must contact the prescriber and obtain a signature on the acknowledgement before filling the prescription. Provides that if an unsolicited report is issued to a prescriber or prescribers, then the report must also be sent to the applicable dispensing pharmacy. Restores provision that nothing in this provision shall be construed to create a requirement that any prescriber, dispenser, or pharmacist report any patient activity, or prescribe or refuse to prescribe or dispense any medications. Also provides that a prescriber who prescribes a Schedule II, III, IV, or V controlled substance in the course of oncology treatment, a condition associated with oncology, or hospice care is exempt from having to check the Prescription Monitoring Program prior to prescribing the controlled substance.

**Last Action 7/6/2017 House Rules Committee**

* **SB 2011 (Nybo-R) CONTROLLED SUB-SCHED II**

Amends the Illinois Controlled Substances Act. Provides that a registered pharmacist filling a prescription for an opioid substance listed in Schedule II may dispense the prescribed substance in a lesser quantity than the recommended full quantity indicated on the prescription if requested by the patient provided that the prescription complies with the requirements of the Act. Provides that the remaining quantity in excess of the quantity requested by the patient shall be void. Provides that if the dispensed quantity is less than the recommended full quantity, the pharmacist or his or her designee shall, within a reasonable time following a reduction in quantity but not more than 7 days, notify the prescribing practitioner of the quantity actually dispensed. Provides that nothing in this provision shall be interpreted to conflict with or supersede any other requirement established in the Act for a prescription of an opiate substance or any requirements or conditions for drug substitutions established in the Act. Effective immediately.

Provides that when issuing a prescription for an opiate to a patient 18 years of age or older for outpatient use for the first time, a practitioner may not issue a prescription for more than a 7-day supply. A practitioner may not issue an opiate prescription to a person under 18 years of age for more than a 7-day supply at any time and shall discuss with the parent or guardian of the person under 18 years of age the risks associated with opiate use and the reasons why the prescription is necessary. Provides that notwithstanding this provision, if, in the professional medical judgment of a practitioner, more than a 7-day supply of an opiate is required to treat the patient's acute medical condition or is necessary for the treatment of chronic pain management, pain associated with a cancer diagnoses, or for palliative care, then the practitioner may issue a prescription for the quantity needed to treat that acute medical condition, chronic pain, pain associated with a cancer diagnosis, or pain experienced while the patient is in palliative care. Provides that the condition triggering the prescription of an opiate for more than a 7-day supply shall be documented in the patient's medical record and the practitioner shall indicate that a non-opiate alternative was not appropriate to address the medical condition. Provides that these provisions do not apply to medications designed for the treatment of substance abuse or opioid dependence.

**Last Action 4/26/2017 Senate Third Reading**

**VEHICLE CODE**

* **HB 2447 (Pritchard-R/McConnaughay-R) VEH CD-SEIZURES WHILE DRIVING**

Amends the Illinois Vehicle Code. Provides that a person commits reckless driving when he or she knowingly drives a vehicle and is involved in an accident when the person has been diagnosed with a medical condition that is likely to cause loss of consciousness or any loss of ability to safely operate a vehicle and the person has failed to comply with a health care professional recommendation or prescribed treatment, or failed to take medication for the condition, and the failure to comply or take medication is the proximate cause of the accident. Effective January 1, 2018.

**Last Action 5/12/2017 Senate Assignments Committee**

* **SB 1220 (Silverstein-D) VEH CD-BICYCLE HELMETS & SEATS**

Amends the Illinois Vehicle Code. Makes it unlawful: for a person under the age of 16 to operate or be a passenger on a bicycle unless he or she wears a protective bicycle helmet; for a person who weighs less than 40 pounds or is less than 40 inches in height to be a passenger on a bicycle unless the person can be and is properly seated in and adequately secured to a bicycle safety seat; and for a parent or legal guardian of a person below the age of 12 to permit the person to operate or be a passenger on a bicycle in violation of the foregoing provisions. Provides for a civil penalty, and that moneys collected under this Act shall be deposited into the Share the Road Fund. Provides that, in the case of a first offense in a 12 month period, the court shall waive the civil penalty upon receipt of satisfactory proof that the violator has, since the date of the violation, purchased or otherwise obtained an appropriate protective bicycle helmet or bicycle safety seat. Provides that failure to wear a protective bicycle helmet or to secure a passenger to a restraining seat is not admissible as evidence in a trial of any civil action. Provides that except in cases involving a parent or legal guardian of a person below the age of 12, a law enforcement officer observing a violation of the new provisions shall issue a warning to the person and shall not arrest or take into custody any person solely for a violation. Contains definitions and a statement of purpose. Effective immediately.

**Last Action 5/19/2017 Senate Assignments Committee**

**BUDGET**

* **HB 3993 (Durkin-R) $FY18 IDPH OCE**

Makes appropriations for the ordinary and contingent expenses of the Department of Public Health for the fiscal year beginning July 1, 2017, as follows: General Funds $115,341,200; Other State Funds $164,047,300; Federal Funds $291,129,200; Total $570,517,700.

**Last Action 2/23/2017 House Appropriations-Human Services Committee**

* **SB 6 (Steans-D/G. Harris-D) FY 17 & FY 18 APPROPRIATIONS**

Makes various appropriations and reappropriations for specified purposes. Amends Public Act 99-524 by changing various appropriations and other provisions. Provides that the appropriation authority granted in specified provisions of the bill does not supersede any court order directing the expenditure of funds for fiscal years 2016 or 2017 and shall be added to any amounts established under such court orders. Provides that specified appropriations shall be used for all costs incurred before July 1, 2017. Effective July 1, 2017.

**Last Action 7/6/2017 Public Act 100-21**

* **SB 9 (Hutchinson-D/Davis-D) REVENUE-VARIOUS**

Creates the State Tax Lien Registration Act. Provides that the Department of Revenue shall establish and maintain a public database known as the State Tax Lien Registry. Creates the Revised Uniform Unclaimed Property Act. Contains provisions for the disposition of abandoned property. Amends the Illinois Income Tax Act, the Retailers' Occupation Tax Act, the Cannabis and Controlled Substances Tax Act, and the Title Insurance Act to make conforming changes. Amends the Illinois Income Tax Act. Provides that, beginning on July 1, 2017, the rate of tax shall be (i) 4.95% for individuals, trusts, and estates and (ii) 7% for corporations. Increases the earned income tax credit. Provides that the education expense credit, the credit for residential real property taxes, and the standard exemption are subject to certain income limitations. Reinstates the research and development credit. Creates a credit for instructional materials and supplies. Amends the Use Tax Act, the Service Use Tax Act, the Service Occupation Tax Act, and the Retailers' Occupation Tax Act. Provides that the incentive for gasohol sunsets on July 1, 2017 (instead of December 31, 2018). Provides that the incentives for majority blended ethanol fuel and certain biodiesel blends apply through December 31, 2023 (instead of December 31, 2018). Makes changes to the graphic arts exemption. Effective immediately, except that certain provisions take effect on January 1, 2018.

**Last Action 7/6/2017 Public Act 100-22**

* **SB 42 (Trotter-D/G. Harris-D) BUDGET IMPLEMENTATION**

Creates the FY2018 Budget Implementation Act. Provides that the purpose of the Act is to make the changes in State programs that are necessary to implement FY2018 budget recommendations. Effective immediately.

**Last Action 7/6/2017 Public Act 100-23**

* **SB 2113 (Radogno-R) $FY18 IDPH OCE**

Makes appropriations for the ordinary and contingent expenses of the Department of Public Health for the fiscal year beginning July 1, 2017, as follows: General Funds $115,341,200; Other State Funds $164,047,300; Federal Funds $291,129,200; Total $570,517,700.

**Last Action 2/22/2017 Senate Assignments Committee**

**WORKERS’ COMPENSATION**

* **HB 200 (Hoffman-D/Raoul-D) WORKERS’ COMPENSATION COMMISSION**

Amends the Freedom of Information Act. Exempts from public inspection certain information collected by the Illinois Workers' Compensation Commission from self-insureds and papers, documents, reports, or evidence relevant to a workers' compensation fraud investigation conducted by the Department of Insurance. Amends the Employer's Liability Rates Article of the Illinois Insurance Code. Provides that a rate is excessive if it is likely to produce a profit that is unreasonably high for the insurance provided or if expenses are unreasonably high in relation to the services rendered. Repeals provisions regarding presumptions that a competitive market exists, determining whether a competitive market exists, and disapproval of rates under specified circumstances. Makes other changes. Amends the Criminal Code of 2012 regarding workers' compensation fraud penalties. Amends the Workers' Compensation Act. Makes changes concerning: when a traveling employee's accidental injuries are considered to be "arising out of the employment"; compensation awards for injuries to the shoulder and hip; additional compensation in cases where there has been unreasonable or vexatious delay of authorization of medical treatment; a requirement that the Illinois Workers' Compensation Commission (i) investigate all procedures, treatments, and services covered under the Act for ambulatory surgical treatment centers and accredited ambulatory surgical treatment facilities and (ii) establish fee schedule amounts for procedures, treatments, and services for which fee schedule amounts have not been established; the assignment and reassignment of arbitrators to hearing sites; the creation of an evidence based drug formulary; annual reports on the state of self-insurance for workers' compensation in Illinois; and other matters.

**Last Action 6/29/2017 Senate Third Reading**

* **HB 2525 (Hoffman-D/Raoul-D) WORKERS’ COMPENSATION RATES**

Amends the Employer's Liability Rates Article of the Illinois Insurance Code. Provides that a rate is excessive if it is likely to produce a long run profit that is unreasonably high for the insurance provided or if expenses are unreasonably high in relation to the services rendered. Repeals provisions regarding presumptions that a competitive market exists, determining whether a competitive market exists, and disapproval of rates under specified circumstances. Amends the Workers' Compensation Act. Provides that accidental injuries sustained while traveling to or from work do not arise out of and in the course of employment. Defines "in the course of employment" and "arising out of the employment". Permits an employer to file with the Illinois Workers' Compensation Commission a workers' compensation safety program or a workers' compensation return to work program implemented by the employer. Provides that the Commission may certify any such safety program as a bona fide safety program after reviewing the program. In a provision concerning compensation for the period of temporary total incapacity for work resulting from an accidental injury, provides that (i) injuries to the shoulder shall be considered injuries to part of the arm and (ii) injuries to the hip shall be considered injuries to part of the leg. Contains provisions concerning repetitive and cumulative injuries; permanent partial disability determinations; electronic claims; annual reports by the Commission concerning the state of self-insurance for workers' compensation in Illinois; and duties of the Workers' Compensation Premium Rates Task Force; and other matters. Effective immediately.

Provides that the Illinois Workers' Compensation Commission, in consultation with the Workers' Compensation Medical Fee Advisory Board shall establish an evidence-based drug formulary. Requires an annual investigation of procedures covered for ambulatory surgical centers and the establishment of a fee schedule. Changes a waiting period for benefits for certain firefighters, emergency medical technicians, and paramedics. Changes compensation computations for subsequent injuries to the same part of the spine. Defines terms.

**Last Action 6/29/2017 Sent to the Governor**

* **HB 2622 (Fine-D/Biss-D) STATE RUN WORKERS’ COMP INSURANCE COMPANY**

Amends the Illinois Insurance Code. In the provision concerning the Illinois Workers' Compensation Commission Operations Fund surcharge, provides that after the effective date of the amendatory Act, the Director of Insurance shall make one or more loans to the Illinois Employers Mutual Insurance Company (the Company) in an amount not to exceed an aggregate amount of $10,000,000 from the Illinois Workers' Compensation Commission Operations Fund for the start-up funding and initial capitalization of the Company. Creates the Illinois Employers Mutual Insurance Company Article in the Code and establishes the Company as a nonprofit, independent public corporation. Provides that the Company (1) shall be operated as a domestic mutual insurance company, subject to all applicable provisions of the Code, (2) shall issue insurance for workers' compensation and occupational disease and shall not provide any other type of insurance, (3) shall not be considered a State agency or instrumentality of the State for any purpose, and (4) shall not receive any State appropriations or funds, except for an initial loan or loans. Sets forth provisions concerning a board of directors, ratemaking, the Illinois Insurance Guaranty Fund, a chief executive officer, liability, a workplace safety plan, investments, dividends, the sale of policies, auditing requirements, and an annual report. Effective immediately.

In provisions concerning the Illinois Workers' Compensation Commission Operations Fund surcharge, provides that after the effective date of the amendatory Act, the Director of Insurance shall make a loan of $10,000,000 (rather than make one or more loans in an amount not to exceed an aggregate amount of $10,000,000) to the Illinois Employers Mutual Insurance Company from the Illinois Workers' Compensation Commission Operations Fund for the start-up funding and initial capitalization of the Company. Makes changes to the term years for members of the Board of directors. Makes changes to the qualifications for the Board director. Provides that the Board shall reflect the ethnic, cultural, and geographical diversity of the State. Removes language prohibiting policies of the Company to be sold by any insurance agent or broker licensed to sell workers' compensation insurance in the State. Makes changes to the dates that reports shall be submitted to the Governor and certain members of the General Assembly.

**Last Action 6/23/2017 Sent to the Governor**

* **HB 2892 (B. Wheeler-R) WORKER COMP-FILL PRESCRIPTIONS**

Amends the Workers' Compensation Act. Provides that no medical provider shall be reimbursed for a supply of prescriptions filled outside of a licensed pharmacy except when there exists no licensed pharmacy within 5 miles of the prescribing physician's practice. Provides that, if there exists no licensed pharmacy within 5 miles of the prescribing physician's practice, no medical provider shall be reimbursed for a prescription, the supply of which lasts for longer than 72 hours from the date of injury or 24 hours from the date of first referral to the medical service provider, whichever is greater, filled and dispensed outside of a licensed pharmacy. Provides that the limitations on filling and dispensing prescriptions do not apply if there exists a pre-arranged agreement between the medical provider and a preferred provider program regarding the filling of prescriptions outside a licensed pharmacy.

**Last Action 3/31/2017 House Rules Committee**

* **HB 4068 (Durkin-R) WORKERS’ COMPENSATION-VARIOUS**

Amends the Freedom of Information Act. Exempts from public inspection certain information collected by the Illinois Workers' Compensation Commission from self-insureds and papers, documents, reports, or evidence relevant to a workers' compensation fraud investigation conducted by the Department of Insurance. Amends the Criminal Code of 2012 regarding workers' compensation fraud penalties. Amends the Workers' Compensation Act. Makes changes concerning: when an accidental injury shall not be considered to be "arising out of and in the course of employment" if the accidental injury or medical condition occurred while the claimant was traveling away from the employer's premises; the maximum compensation rate for a period of temporary total incapacity; compensation awards for injuries to the shoulder and hip; the maximum allowable payment for certain service categories; the assignment and reassignment of arbitrators to hearing sites; the creation of an evidence based drug formulary; annual reports on the state of self-insurance for workers' compensation in Illinois; and other matters. Effective immediately.

**Last Action 7/6/2017 House Rules Committee**

* **SB 12 (Radogno-R) WORKERS' COMPENSATION-VARIOUS**

Amends the Freedom of Information Act. Exempts from public inspection certain information collected by the Illinois Workers' Compensation Commission from self-insureds and papers, documents, reports, or evidence relevant to a workers' compensation fraud investigation conducted by the Department of Insurance. Amends the Criminal Code of 2012 regarding workers' compensation fraud penalties. Amends the Workers' Compensation Act. Makes changes concerning: accidental injuries considered to be "arising out of and in the course of the employment" if an employee is required to travel away from the employer's premises; the maximum compensation rate for a period of temporary total incapacity; wage differential benefits to professional athletes; limitations on the number of chiropractic, occupational therapy, or physical therapy visits an injured worker may receive for injuries; compensation awards for injuries to the shoulder and hip; the maximum allowable payment for certain service categories; the assignment and reassignment of arbitrators to hearing sites; the creation of an evidence based drug formulary; the duties of the Workers' Compensation Edit, Alignment, and Reform Commission; additional compensation awards where there has been a vexatious delay in the authorization of medical treatment or the payment or intentional underpayment of compensation; annual reports on the state of self-insurance for workers' compensation in Illinois; and other matters. Effective immediately, but this Act does not take effect at all unless Senate Bills 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, and 13 of the 100th General Assembly become law.

**Last Action 1/24/2017 Senate Third Reading**

* **SB 1349 (Biss-D) EMPLOYERS INSURANCE COMPMANY**

Amends the Illinois Insurance Code. In the provision concerning the Illinois Workers' Compensation Commission Operations Fund surcharge, provides that after the effective date of the amendatory Act, the Director of Insurance shall make one or more loans to the Illinois Employers Mutual Insurance Company (the Company) in an amount not to exceed an aggregate amount of $10,000,000 from the Illinois Workers' Compensation Commission Operations Fund for the start-up funding and initial capitalization of the Company. Creates the Illinois Employers Mutual Insurance Company Article in the Code and establishes the Company as a nonprofit, independent public corporation. Provides that the Company (1) shall be operated as a domestic mutual insurance company, subject to all applicable provisions of the Code, (2) shall issue insurance for workers' compensation and occupational disease and shall not provide any other type of insurance, (3) shall not be considered a State agency or instrumentality of the State for any purpose, and (4) shall not receive any State appropriations or funds, except for an initial loan or loans. Sets forth provisions concerning a board of directors, ratemaking, the Illinois Insurance Guaranty Fund, a chief executive officer, liability, a workplace safety plan, investments, dividends, the sale of policies, auditing requirements, and an annual report. Effective immediately.

**Last Action 3/17/2017 Senate Assignments Committee**

* **SB 1660 (McCarter-R) WORKER COMPENSATION-FILL PRESCRIPTIONS**

Amends the Workers' Compensation Act. Provides that no medical provider shall be reimbursed for a supply of prescriptions filled outside of a licensed pharmacy except when there exists no licensed pharmacy within 5 miles of the prescribing physician's practice. Provides that, if there exists no licensed pharmacy within 5 miles of the prescribing physician's practice, no medical provider shall be reimbursed for a prescription, the supply of which lasts for longer than 72 hours from the date of injury or 24 hours from the date of first referral to the medical service provider, whichever is greater, filled and dispensed outside of a licensed pharmacy. Provides that the limitations on filling and dispensing prescriptions do not apply if there exists a pre-arranged agreement between the medical provider and a preferred provider program regarding the filling of prescriptions outside a licensed pharmacy.

**Last Action 5/5/2017 Senate Assignments Committee**