

**Illinois Healthcare
Legislation 2024**

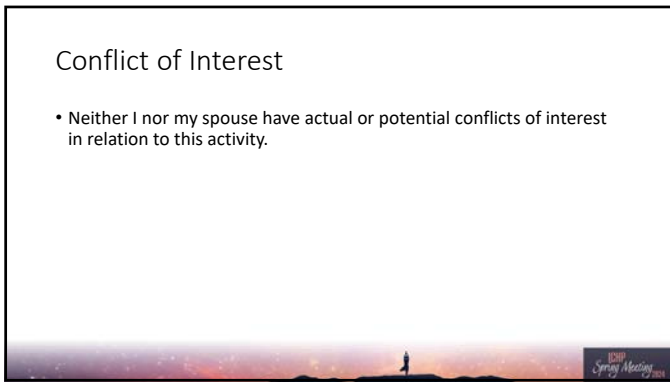
Christopher W Crank, PharmD, MS, BCPS, FASHP
Executive Vice President
Illinois Council of Health-System Pharmacists
Loves Park, Illinois



1

Conflict of Interest

- Neither I nor my spouse have actual or potential conflicts of interest in relation to this activity.



2

**Pharmacist and Technician
Learning Objectives**

- Identify your Illinois representative and senator.
- Review how to look up proposed legislation in Illinois.
- Review the current regulatory and legislative landscape in Illinois in 2024.



3

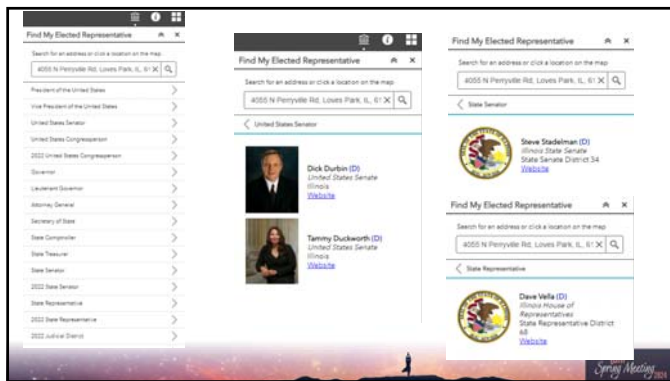
Illinois Senator and Representative

- <https://elections.il.gov/ElectionOperations/DistrictLocator/DistrictOfficialSearchByAddress.aspx>

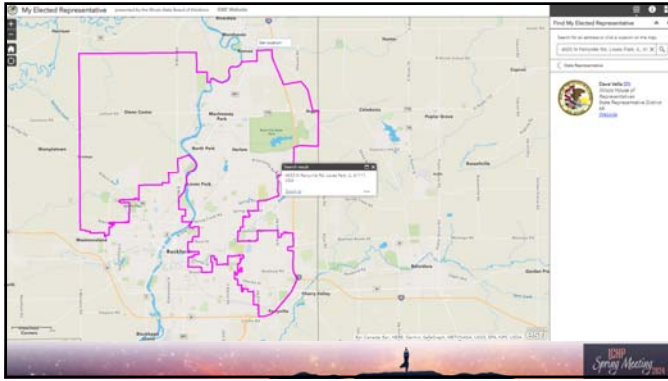
4



5



6



7

(225 ILCS 85/)
 Illinois Pharmacy Practice Act

- Set to be repealed January 1, 2028
- <https://www.ilga.gov/LEGISLATION/ILCS/ilcs3.asp?ActID=1318&ChapterID=24>

The bottom of the slide features a sunset graphic with a person silhouette and the text 'IDIP Spring Meeting 2024'.

8

Joint Committee on Administrative Rules

- **PART 1330 PHARMACY PRACTICE ACT**
 - Rules were recently updated
 - Illinois Register: December 15, 2023
 - https://www.ilsos.gov/departments/index/register/volume47/register_volume47_50.pdf

The bottom of the slide features a sunset graphic with a person silhouette and the text 'IDIP Spring Meeting 2024'.

9

ADMINISTRATIVE CODE

TITLE 68 PROFESSIONS AND OCCUPATIONS
CHAPTER VII DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
SUBCHAPTER 16 PROFESSIONS AND OCCUPATIONS
PART 160 PHARMACY PRACTICE ACT

The General Assembly's Illinois Administrative Code database includes only those subchapters that have been permanently adopted. This series will point out the Sections on which an emergency rule is filed for a maximum of 10 days, usually used replaced by a permanent rulemaking rule. The emergency rulemaking is linked through the asterisk that follows the Section heading in the menu.

SEMPART A: GENERAL PROVISIONS

- Section 110.02 Definitions
- Section 110.03 Fees
- Section 110.04 Unprofessional and Unethical Conduct
- Section 110.05 Violations
- Section 110.06 Miscellaneous Provisions
- Section 110.07 Jurisdiction
- Section 110.08 General Provisions
- Section 110.09 General Provisions
- Section 110.10 Examinations of a Pharmacist License
- Section 110.11 Examinations of a Pharmacy Technician License
- Section 110.12 Examinations of a Pharmacy Technician License

SEMPART B: PHARMACY TECHNICIANS

- Section 110.200 Application for Certificate of Registration as a Pharmacy Technician
- Section 110.210 Pharmacy Technician Training
- Section 110.220 Application for Certificate of Registration as a Certified Pharmacy Technician
- Section 110.230 Continuing Education (C.E.) for Certified Pharmacy Technicians

SEMPART C: PHARMACIST


- Section 110.300 Application of Pharmacy Programs
- Section 110.310 Graduates of Programs Outside the United States
- Section 110.320 Application for Examination
- Section 110.330 Examination for Licensure
- Section 110.340 Application for Licensure on the Basis of Examination
- Section 110.350 Licensure
- Section 110.360 Pharmacy Students



10


How to Look Up Proposed Legislation

- Current Session (103rd General Assembly)
 - <http://www.ilga.gov/legislation/>
- Previous Sessions
 - <http://www.ilga.gov/previousga.asp>



11


103rd Illinois General Assembly



12

103rd General Assembly


- Senate: 41 Democrats | 19 Republicans (-1 Dem / +1 Rep)
- House: 78 Democrats | 40 Republicans (+5 Dem / -5 Rep)
- Democrats have Super Majority in both chambers
- Bills filed, so far
 - Senate 3,814 → 9,568
 - House 5,754
- Usually monitoring over 300 bills/resolutions
- January 1, 2023 – December 31, 2024



13

HB 4294 | Pharmacy Standing Order School


- Representative Janet Yang-Rohr
 - Amends the Pharmacy Practice Act.
 - Provides that, in accordance with a standing order by a physician licensed to practice medicine in all its branches or a standing order by the Department of Public Health, a pharmacist may provide a school district, public school, charter school, or nonpublic school with undesignated epinephrine injectors, asthma medication, glucagon, and opioid antagonists for the use by the school district, public school, charter school, or nonpublic school under the School Code.
 - Provides that the Department of Public Health shall issue a standing order consistent with the current guidelines
- Status: Assigned to Public Health Committee (H)



14

HB 4411 | Pharmacy – Opioid Warning


- Representative Dave Vella
 - Amends the Pharmacy Practice Act
 - Provides that a pharmacist must ensure that a sign warning of the dangers associated with opioids is conspicuously displayed in the pharmacy.
- STATUS: Assigned to Public Health Committee (H)



15

HB 4472 | Health Care Availability


- Representative Nabeela Syed
 - Creates the Health Care Availability and Access Board Act
 - Establishes the Health Care Availability and Access Board to protect State residents, State and local governments, commercial health plans, health care providers, pharmacies licensed in the State, and other stakeholders within the health care system from the high costs of prescription drug products.
- STATUS: Referred to Rules Committee (H)



16

HB 4480 | Pharmacy Patient Records


- Representative Dan Caulkins
 - Amends the Pharmacy Practice Act
 - Provides that a pharmacy shall inform a patient if the pharmacy releases the patient's records to any person or entity without the patient's written consent.
 - Provides that a pharmacy shall create and publish an annual report containing the number of patient information requests, including subpoenas and warrants, that the pharmacy received and how many of those requests the pharmacy fulfilled during the preceding calendar year.
- STATUS: Assigned to Health Care Licenses (H)



17

HB 4504 | INS CD - Inhaler Coverage


- Representative Laura Faver Dias
 - Amends the Illinois Insurance Code.
 - Provides that a health plan shall limit the total amount that a covered person is required to pay for a covered prescription inhaler at an amount not to exceed \$25 per 30-day supply and shall limit the total amount that a covered person is required to pay for all covered prescription inhalers at an amount not to exceed \$50 in total per 30 days.
 - Provides that coverage for prescription inhalers shall not be subject to any deductible.
 - Provides that nothing in the provisions prevents a health plan from reducing a covered person's cost sharing to an amount less than the cap.
- Status: Referred to Rules Committee (H)



18

HB 4525 | Prescription Drug Import Act


- Representative Maurice West
 - Creates the Wholesale Prescription Drug Importation Program Act.
 - Requires IDPH to establish the Wholesale Prescription Drug Importation Program.
 - Provides that the Department shall implement the program by: contracting with one or more prescription drug wholesalers and Canadian suppliers to import prescription drugs and provide prescription drug cost savings to consumers in this State.
- STATUS: Assigned to Appropriations Health & Human Services Committee (H)



19

HB 4548 | INS – Pharmacy Benefit Managers


- Representative Thaddeus Jones
 - Amends the Illinois Insurance Code.
 - Prohibits spread pricing
 - Prohibits patient steering
 - Requires 100% of rebates go back to the health plan
 - Establishes reimbursement at NADAC plus professional dispensing fee of \$10.49 or WAC + \$10.49
 - Requires PBM to provide data reports to the Department of Insurance
- STATUS: Referred to Rules Committee (H)



20

HB 4707 | Medicaid – Lift 4-Meds Limit

- Representative Hoan Huynh
 - Amends the Medical Assistance Article of the Illinois Public Aid Code.
 - Removes a provision requiring the Department of Healthcare and Family Services to impose a 4-prescription drug limit and prior authorization requirement under the medical assistance program.
- Status: Referred to Rules Committee (H)



21

HB 4874 | Control Sub - Opioids - Compliance

- Representative Dagmara Avelar
 - Amends the Illinois Controlled Substances Act.
 - Provides that a pharmacist may not refuse to fill a valid prescription solely because it is not prescribed electronically.
 - Provides that a compliance action with respect to this provision initiated by the Department of Financial and Professional Regulation prior to December 31, 2030 is limited to a non-disciplinary warning letter or citation, unless the prescriber fails to abide by the initial non-disciplinary warning letter or citation, has acted in bad faith, or a pattern of practice in violation of this Section occurs.
- Status: Referred to Rules Committee (H)

22

HB 5051 | Prior Auth – Prescription Drugs

- Representative Jenn Ladisch Douglass
 - Amends the Prior Authorization Reform Act.
 - Provides that a health insurance issuer may not require prior authorization for a prescription drug prescribed to a patient by a health care professional for 6 or more consecutive months, regardless of whether the prescription drug is a non-preferred medication pursuant to the patient's health insurance coverage; or for specified prescription drugs, including insulin, human immunodeficiency virus prevention medication; human immunodeficiency virus treatment medication; viral hepatitis medication; estrogen; and progesterone.
- Status: Referred to Rules Committee (H)

23


HB 5456 | Hospitals – Fentanyl Testing

- Representative Mary Gill
 - Amends the Hospital Licensing Act.
 - Provides that if an individual is treated at a hospital and the hospital conducts a urine drug screening to assist in diagnosing the individual's condition, the hospital shall include testing for fentanyl in the individual's urine screening.
 - Provides that if the urine drug screening, conducted in accordance with the amendatory Act, detects fentanyl, the hospital shall report the test results, which shall be deidentified, to the Department of Public Health through the State-designated health information exchange.
 - Provides that a hospital which does not have chemical analyzer equipment is not subject to the amendatory Act.
 - Provides that the amendatory Act does not affect any State law which provides civil or criminal immunity to an individual who is in need of medical assistance after ingesting or using alcohol or drugs, or to an individual who, in good faith, assists another who is in need of medical assistance after ingesting or using alcohol or drugs.
- Status: Referred to Rules Committee (H)

24

HB 5462 | Pharmacists - Vaccines & Dosage


- Representative Anna Moeller
 - Amends the Pharmacy Practice Act
 - Requires reimbursement for ordering and administration of vaccine to be equal to that of a physician
 - Removes requirements for immunization related training and CPE for pharmacists
 - Expands conditions for which pharmacists may order therapeutics
 - Allows for increased use of pharmacist professional judgement
 - Prescription quantity, package size, dosage form, maintenance drug fill, addition of pharmaceutical devices or durable medical equipment, and filling in missing information on a prescription
- STATUS: Referred to Rules Committee (H)



25

SB 1413 | Pharmaceuticals - Social Media


- Senator Sue Rezin
 - Creates the Sale of Pharmaceuticals on Social Media Act.
 - Provides that, notwithstanding any other provision of law, no individual shall sell or advertise the sale of a pharmaceutical on social media unless the individual has completed a verification process with specified requirements.
- Status: Assigned to Subcommittee on Special Issues



26

SB 2672 | INS CD-Generic Drug Shortage

- Senator Laura Murphy
 - Amends the Illinois Insurance Code.
 - Provides that if a generic drug is unavailable due to a supply issue and dosage cannot be adjusted.... shall provide coverage for a brand name eligible prescription drug until supply of the generic drug is available.
- STATUS: Assigned to Insurance (S)



27

SB 2790 | DHFS – MCO – PBM Contracts

- Senator Laura Murphy
 - Amends the Illinois Public Aid Code.
 - Provides HFS shall not contract with a MCO or PBM that does not:
 - Utilize a pharmacy reimbursement methodology of the lesser of NADAC plus a professional dispensing fee, WAC plus a professional dispensing fee, or the U&C by the pharmacy;
 - Reimburse for a legally valid claim at a rate not less than the rate in effect at the time the original claim adjudication was submitted at the point of sale;
 - Agree to move to a transparent pass-through pricing model, in which the pharmacy benefit manager discloses the administrative fee as a percentage of the professional dispensing costs to the Department;
 - Agree to not create new pharmacy administration fees and to not increase current fees more than the rate of inflation; and
 - Agree to not terminate an existing contract with a pharmacy licensed under the Pharmacy Practice Act for the sole reason of the additional professional dispensing fee authorized under item
- STATUS: Referred to Assignments (S)

28

SB 3225 | “White-bagging and Brown-bagging”

- Senator Cristina Castro
 - Amends the Illinois Insurance Code
 - To ensure access to safe and effective drug therapies, a health benefit plan amended, delivered, issued, or renewed on or after January 1, 2025 that provides prescription drug coverage through a medical or pharmacy health benefit or its contracted pharmacy benefit manager shall not:
 - (1) require an enrollee to obtain a covered clinician-administered drug from a pharmacy selected by the health benefit plan or pharmacy benefit manager with the intent to transport the drug to another site of service for administration;

29

SB 3225 | “White-bagging and Brown-bagging”

- (2) require an enrollee to obtain a covered clinician-administered drug from a pharmacy selected by the health benefit plan or pharmacy benefit manager;
- (3) notwithstanding any other provision of law, steer or offer financial or other incentives to induce an enrollee to obtain a clinician-administered drug from a pharmacy identified by the health benefit plan or pharmacy benefit manager;
- (4) condition, deny, restrict, refuse to authorize, or otherwise limit benefits and coverage to an enrollee for medically necessary clinician-administered drugs and related services obtained from the provider that administers the drug or from a pharmacy that is not selected by the health benefit plan or pharmacy benefit manager;
- (5) condition, deny, restrict, refuse to authorize, or otherwise limit reimbursement to a provider for covered medically necessary clinician-administered drugs and related services obtained from the provider that administers the drug or from a pharmacy that is not selected by the health benefit plan or pharmacy benefit manager;

30

SB 3225 | "White-bagging and Brown-bagging"

- (6) assess higher deductibles, copayments, coinsurance, or other cost-sharing amounts for clinician-administered drugs obtained from the provider that administers the drug or from a pharmacy that is not selected by the health benefit plan or pharmacy benefit manager;
- (7) require an enrollee to use a home infusion pharmacy to receive clinician-administered drugs in the enrollee's home or to use a site of service identified by the health benefit plan or pharmacy benefit manager;
- (8) include the site of service in prior approval or medical necessity criteria for clinician-administered drugs;
- (9) require an enrollee to use the pharmacy benefit for specific clinician-administered drugs;
- (10) prohibit a provider from billing the health benefit plan for reimbursement of clinician-administered drugs.

31

SB 3225 | "White-bagging and Brown-bagging"

- Approach: Delays in care, unnecessary patient and healthcare provider coordination, and decreased patient satisfaction
- STATUS: Assigned to Insurance (S)

32

SB 3499 | End of Life Options Act

- Senator Linda Holmes
 - Creates the End-of-Life Options for Terminally Ill Patients Act.
 - Authorizes a qualified patient with a terminal disease to request that a physician prescribe aid-in-dying medication that will allow the patient to end the patient's life in a peaceful manner.
 - Contains provisions concerning: the procedures and forms to be used to request aid-in-dying medication; the responsibilities of attending and consulting physicians; the referral of patients for determinations of mental capacity; the residency of qualified patients; the safe disposal of unused medications; the obligations of health care entities; the immunities granted for actions taken in good faith reliance upon the Act; the reporting requirements of physicians; the effect of the Act on the construction of wills, contracts, and statutes; the effect of the Act on insurance policies and annuities; the procedures for the completion of death certificates; the liabilities and penalties provided by the Act; the construction of the Act; the definitions of terms used in the Act; and other matters.
- Status: Referred to Assignments (S)

33

SB 3727 | Patient Access 340B Pharmacy

- Senator Anne Gillespie
 - Creates the Patient Access to Pharmacy Protection Act
 - No person, including a pharmaceutical manufacturer, may deny, restrict, prohibit, condition, or otherwise interfere with, either directly or indirectly, the acquisition of a 340B drug by, or delivery of a 340B drug to, a 340B covered entity or a 340B contract pharmacy authorized to receive 340B drugs on behalf of the 340B covered entity unless such receipt is prohibited by federal law.
 - No person, including a pharmaceutical manufacturer, may impose any restriction on the ability of a 340B covered entity to contract with or designate a 340B contract pharmacy including restrictions relating to the number, location, ownership, or type of 340B contract pharmacy.



34

SB 3727 | Patient Access 340B Pharmacy

- No person, including a pharmaceutical manufacturer, may require or compel a 340B covered entity or 340B contract pharmacy to:
 - (1) submit or otherwise provide ingredient cost or pricing data pertinent to 340B drugs;
 - (2) institute requirements in any way relating to how a 340B covered entity manages its inventory of 340B drugs that are not required by a state or federal agency, including requirements relating to the frequency or scope of audits of inventory management systems of a 340B covered entity or a 340B contract pharmacy;
 - (3) require a 340B covered entity or its 340B contract pharmacy to submit or otherwise provide data or information that is not required by State or federal law.
- STATUS: Referred to Assignments (S)



35

Three-Pronged Approach to Advocacy


- The Individual
- The Organization
- The Lobbyist



36

ICHP Activities

- PBM reform
- White-bagging and Brown-bagging
- Provider status and reimbursement
- Pharmacy technician education and CE requirements
- 340b Protections



37

ICHP Government Affairs Division

- The Division of Government Affairs
 - Reviews and interprets proposed legislation and regulation and its impact on public health, pharmacy and related practice.
 - Works cooperatively with allied organizations and government agencies on all health-care related public policy.
- If you are interested in monitoring legislation and making a difference in government, join Government Affairs.




38

Illinois Healthcare Legislation 2024

CE Code:

You will need this code to claim credit on CESally.com.



39



40
