

Illinois State Medical Society

2017 Update on ISMS Legislative Activity

in the

Illinois General Assembly



Illinois
State
Medical
Society

July 2017

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Dear Colleague,

In early July, the Illinois General Assembly was successful in passing a budget, ending an impasse that spanned over 700 days. What happens next in Springfield is still uncertain, but we are hopeful that the state can start moving forward in paying down its debt, much of which is owed to physicians participating in Medicaid and the state's employee group health program.

While Illinois' fiscal crisis slowly finds resolution, ISMS continues to advocate for the interests of physicians and patients. The following pages will provide an in-depth look at ISMS' efforts to protect you, your practice and your patients. These efforts include:

- Introducing network adequacy standards and transparency requirements for insurance plans sold in Illinois. ISMS-backed legislation would require health insurers to develop networks of health professionals, hospitals and facilities to meet the needs of enrollees; maintain up-to-date directories of in-network professionals and facilities; and communicate with patients clearly and quickly about changes to their network.
- Supporting common sense initiatives to improve the public health system in Illinois.

ISMS is also active in opposing legislation that would:

- Further reduce reimbursement on the workers' compensation medical fee schedule and inhibit physicians from treating injured workers.
- Inappropriately expand other health care professionals' scope of practice.
- Establish onerous mandates on medicine.

I encourage all of you to read this document, and consider how the outcome of each of these issues could be different if ISMS were not advocating for you in Springfield.

I also urge you to share this document with your colleagues to show them the value of being a member of the Illinois State Medical Society. On behalf of the Board of Trustees, I would like to say thank you to every physician member who makes ISMS' efforts possible.

Sincerely,

Nestor A. Ramirez, MD, MPH
President, Illinois State Medical Society

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Fiscal Year 2017 and 2018 State Budget

After over two full years without a state budget, the General Assembly enacted a three-bill budget package that became effective on July 6, 2017 and included the following:

- SB 6 (Sen. Steans/Rep. Greg Harris) – A spending plan for FY 17 (\$1.8 billion) and FY 18 (\$36 billion);
- SB 9 (Sen. Hutchinson/Rep. William Davis) – A revenue plan to increase income taxes permanently from 3.25% to 4.95% for individuals and 5.25% to 7% for corporations, effective July 1, 2017; and
- SB 42 (Sen. Trotter/Rep. Greg Harris) – A Budget Implementation Bill (BIMP) that further specifies various spending parameters for FY 18, including a bonding program to pay back between \$6 and 8 billion of the estimated \$14 billion in past-due state bills.

Fifteen House Republican members broke with Governor Rauner’s request to pass a tax hike with necessary reforms and voted for the tax increase, giving the House enough votes to pass the bills and possibly override a governor veto. The Senate then approved all three measures, with one Republican joining the Democrats in supporting the tax increase.

Just three hours after receiving the bills, Governor Rauner vetoed all three pieces of legislation, arguing against a \$5 billion tax increase on taxpayers without passage of any reforms to improve the state’s business climate, create new jobs, or spur economic growth. While negotiations among the legislative leaders on those proposed reforms have been ongoing, including on workers’ compensation, the House and Senate moved forward and overrode the veto without acting on the governor’s reform initiatives.

Bond rating agencies threatened to downgrade Illinois’ credit to “junk bond” status when the state entered its third fiscal year without an approved budget, citing Illinois’ \$15 billion unpaid bill backlog and almost \$7 billion budget deficit. Following passage of the budget package, Moody’s Investors Service indicated it is still concerned with the state’s unfunded pension liabilities, estimated at \$251 billion, and backlog of unpaid bills, noting that the budget plan “lacks concrete measures...to materially improve Illinois’ long-term capacity to address unfunded pension liabilities.” It also noted the plan’s “substantial implementation risk” since the governor opposes the legislation. In the end, the rating agencies could still downgrade Illinois’ credit even with a full-year budget in place.

Both Speaker Madigan and Senate President Cullerton stated they will continue to work on the accompanying reform issues, but it remains to be seen whether the Democratic leaders will call any of the governor’s bills for votes now that a budget has been passed.

WORKERS' COMPENSATION

Changes to the workers' compensation system in Illinois once again were at the forefront of the 2017 spring legislative session. As part of the efforts to craft a "Grand Bargain" budget compromise in the Senate, negotiations between a working group of senators centered on some elements of the Administration's proposed "Turnaround Agenda." These proposed changes to the Workers' Compensation Act include increased use of the American Medical Association's Guides to the Evaluation of Permanent Impairment to establish permanent partial disability awards and further reductions to the medical fee schedule, which was subject to an arbitrary 30 percent reduction in the 2011 reform legislation.

ISMS continued to advocate against proposals that would utilize Medicare rates to identify service reimbursements to be cut once again and use Medicare as a basis for fee schedule reimbursement rates; these were contained in legislation that was part of the "Grand Bargain" and the "Capitol Compromise." In addition, ISMS also proactively advocated for other changes to the workers' compensation system that will help physicians who treat injured workers, such as implementing meaningful electronic billing requirements for workers' compensation insurers and enforcing the late interest payment on agreed workers' compensation claims.

While several amendments were filed on the "Grand Bargain" workers' compensation proposal, neither the underlying bill nor any of those amendments were called for a vote. Toward the conclusion of the regular spring session, efforts in the Senate to pass a "Grand Bargain" package of legislation began to break down and ultimately resulted in several of the "Grand Bargain" bills being decoupled from the other proposals and called for separate votes. Meanwhile, the House Democrats passed a workers' compensation package out of the House, which was then approved by the Senate, signaling the end of Senate negotiations on workers' compensation, at least for the time being.

Grand Bargain Workers' Compensation Package – Senate Bill 12 (Sen. Radogno) makes several changes to the Workers' Compensation Act, including significant changes to the medical fee schedule. The bill also has five filed amendments representing different stages in the Senate "Grand Bargain" negotiations. As introduced, SB 12 addresses both the medical and indemnity portions of the Workers' Compensation system. On the medical side, the bill:

- Institutes reductions to physician reimbursements in the medical fee schedule. Specifically, the bill enacts a 15 percent reduction to fees for Ambulatory Surgical Treatment Centers (ASTCs) and Ambulatory Surgical Treatment Facilities (ASTFs) and both the hospital and professional service codes for radiology and pathology.
- Reduces all hospital outpatient and professional services codes for surgeries by 10 percent.
- Requires the Illinois Workers' Compensation Commission (the Commission), in consultation with the Medical Fee Advisory Board, to create an evidence-based closed drug formulary.

- Compels the Department of Insurance to institute rules that will add penalties for failure to comply with electronic billing procedures for workers' compensation medical claims.

Finally, the effective date of SB 12 is tied to the passage of the 11 other bills representing the Senate "Grand Bargain." The introduced version of SB 12 was not called for a vote on the floor. Five amendments were filed on SB 12, none of which were called for a full vote in the Senate. Most notably, amendments 3 and 4 to SB 12 replaced the fee schedule cuts in the introduced version of the bill and instead would implement fee schedule reductions using Medicare to identify services to be reduced, and tie future reimbursements to a percentage of Medicare. Specifically, starting September 1, 2017, the fee schedule would be determined by the following process:

- Within 45 days after the effective date of the bill, the Commission would determine the Medicare percentage amount for each CPT and DRG code using the "most recent data available."
- "Medicare percentage amount" means for each CPT code and DRG code, the workers' compensation maximum fee as a percentage of the Medicare fee. The "Medicare fee" is defined as the current maximum fee charged by CMS for that geographic region. The maximum fee shall be the greater of the current fee "charged" by CMS or the maximum fee "charged" by CMS in that geographic region on January 1, 2017.
- CPT or DRG codes "which have a value" but are not covered expenses under Medicare are still "compensable" for workers' compensation.
- The Commission would have 30 days to adjust the fee schedule as follows:
 - If the Medicare percentage amount for that CPT or DRG code is equal to or less than 125 percent, then the worker's compensation maximum fee for that CPT or DRG code shall be adjusted so that it equals 125 percent of the most recent Medicare maximum fee for that code.
 - If the Medicare percentage amount for that CPT or DRG code is greater than 125 percent but less than 150 percent, then the worker's compensation maximum fee for that CPT or DRG code shall not be adjusted.
 - If the Medicare percentage amount for that CPT or DRG code is greater than 150 percent but less than or equal to 225 percent, then the worker's compensation maximum fee for that CPT or DRG code shall be adjusted so that it equals the greater of 150 percent of the most recent Medicare maximum fee for that CPT or DRG code or 80 percent of the most recent workers' compensation maximum amount for that CPT or DRG code.
 - If the Medicare percentage amount for that CPT or DRG code is greater than 225 percent but less than or equal to 428.57 percent, then the worker's compensation maximum fee for that CPT or DRG code shall be adjusted so that it equals the greater of 191.25 percent of the most recent Medicare maximum fee for that CPT

or DRG code or 70 percent of the most recent workers' compensation maximum amount for that CPT or DRG code.

- If the Medicare percentage amount for that CPT or DRG code is greater than 428.57 percent, then the worker's compensation maximum fee for that CPT or DRG code shall be adjusted so that it equals 275 percent of the most recent Medicare maximum fee for that CPT or DRG code.
- The annual adjustment to the medical fee schedule, which is currently tied to CPI-U, would be reduced by half.

Amendment 3 to SB 12 would also create administrative hassles for physicians who seek to demonstrate a significant limitation to access quality health care due to fee schedule reductions. This petition process would essentially be a request to modify the fee schedule reimbursement for a specific service. The amendment also included language that would restrict prescription of and reimbursement for "custom compound drugs."

Finally, the amendment creates the Workers' Compensation Transparency Task Force. The purpose of the Task Force is to collect and review information about the changes to workers' compensation law enacted by the General Assembly. It also states that its purpose is to make "as transparent as possible" all information relating to the medical treatment provided and benefits paid to injured workers in the state. The amendment creates extensive reporting requirements for medical professionals who treat injured workers, including requiring them to report the following to the Task Force: (1) gross revenue attributable to workers' compensation care; (2) expenses incurred in the medical treatment of injured workers; (4) the time and resources expended on the medical treatment of injured workers; (5) complaints registered with the licensing authority for medical professionals relating to the treatment of injured workers; and (6) profits made as a result of the medical treatment provided to injured workers.

Amendment 4 to SB 12 contained the same paradigm for fee schedule reductions, except with slightly increased maximum reduction caps. Amendment #4 to SB 12 also removed the provisions that would have instituted the Workers' Compensation Transparency Task Force and the "profit reporting" requirements on Illinois physicians.

ISMS opposed all of these amendment to SB 12, which are currently being held in the Senate.

House Democrats' Workers' Compensation Package – House Bill 2525 (Rep. Hoffman/Sen. Raoul) is legislation promoted by the House Democratic Caucus as the workers' compensation reform legislation that they would be willing to accept. The bill does not institute any reductions in the medical fee schedule. HB 2525 includes language that would require workers' compensation insurers and employers to utilize electronic billing systems for the payment of workers' compensation medical claims. The bill also contains many provisions that would change the way that workers' compensation premium rates are reviewed by the Illinois Department of Insurance. HB 2525 passed the House by a vote of 66-50-0. Late in the Session, the bill was approved by the Senate. The governor issued a total veto of HB 2525 and further legislative action regarding this veto is currently pending. ISMS supports HB 2525.

“Capitol Compromise” Workers’ Compensation Package – As part of the package of bills filed by the House Republicans’ House Bill 4068 (Rep. Durkin) represents the changes sought by the governor’s administration to the Workers’ Compensation Act. Like other proposals, HB 4068 uses Medicare to identify reimbursements within the medical fee schedule to be either increased (to 125 percent of Medicare) or reduced (based on a sliding scale up to 300 percent of Medicare). The bill also contains language to establish a closed formulary for workers’ compensation prescriptions, and to require implementation of electronic billing rules. HB 4068 does not contain any provisions addressing insurance reform or the way workers’ compensation insurance premiums are established.

Reimbursement for Physician-Dispensed Drugs – House Bill 2892 (Rep. Barb Wheeler) and Senate Bill 1660 (Sen. McCarter) would amend the Workers’ Compensation Act to limit reimbursement for prescriptions filled and dispensed outside of a licensed pharmacy, a practice commonly known as physician dispensing. The bills provide that a medical professional shall not be reimbursed for the cost of a physician-dispensed drug prescribed to an injured worker except in cases in which there is no licensed pharmacy within five miles of the prescribing physician’s practice. The bills further provide that if there is not a licensed pharmacy within five miles of the prescribing physician’s practice, then the medical professional who dispenses the drug is limited to reimbursement only for a supply of prescriptions which lasts no longer than 72 hours from the date of the injury or 24 hours from the date of the first referral to the medical professional, whichever is greater.

Finally, the legislation specifies that the limitation on “filling and dispensing” shall not apply when, on the date the employee sustained his or her injury, there is a pre-arranged agreement between the medical professional and a preferred provider program regarding the filling and dispensing of prescriptions outside a licensed pharmacy.

ISMS opposed the restrictions on physician dispensing set forth in HB 2892 and SB 1660, as the five-mile requirement would essentially prohibit physicians from dispensing in Illinois. In the context of treating workers’ compensation patients, physician dispensing is often necessary for those injured workers who are unable to fill their prescriptions at a retail pharmacy. HB 2892 was assigned to the House Labor Workers’ Compensation Subcommittee, where it was not called for a vote. SB 1660 was assigned to the Senate Judiciary Subcommittee on Tort Reform, where it was also never called for a vote.

State Run Workers’ Compensation Insurance Company – Senate Bill 1349 (Sen. Biss) and House Bill 2622 (Rep. Fine) would create the Illinois Employers Mutual Insurance Company, which is a state-run workers’ compensation insurance company. The legislation provides that the initial start-up funding for the Illinois Employers Mutual Insurance Company shall be a loan from the Illinois Workers’ Compensation Commission Operations Fund and it shall be operated as a domestic mutual insurance company, subject to all applicable provisions of the Illinois Insurance Code.

SB 1349 and HB 2622 are initiatives of the Illinois Laborers’ Union. Throughout the debate on workers’ compensation reform in Illinois, organized labor has consistently maintained that the insurance industry failed to pass the savings of the 2011 reform on to Illinois employers. A state-run insurance company would potentially bring more competition to the market for workers’

compensation insurance. State-run insurance companies operate as a competitor to private companies in several other states such as Maryland, Maine, and New York.

ISMS remains neutral on this legislation. SB 1349 was assigned to the Senate Judiciary Subcommittee on Tort Reform and was not called for a vote. HB 2622 passed the House by a vote of 67-51-0 and was approved by the Senate by a vote of 32-20-1. The governor has issued a total veto for HB 2622. Action regarding a potential override is pending. Due to opposition by the insurance industry and business groups, it is likely that this legislation will be vetoed.

STATE EMPLOYEE GROUP HEALTH INSURANCE

Only a comprehensive budget solution will provide certainty and sustainable payment cycles to physicians and hospitals. Even prior to the budget stalemate beginning in 2016, physicians and health care facilities were – and continue to be – owed almost \$5 billion in payments under Illinois' State Employee Group Insurance Program (SEGIP). This shortfall does not include the millions those physicians and hospitals are also owed by Medicaid or in reimbursement for health care services associated with workers' compensation. With the lack of a state budget, the payment problem has intensified.

Prior to the enactment of the FY 18 budget package, SEGIP had not been funded through either an appropriation or a court order for both FY16 and FY17. Estimated total incurred liabilities for this program are \$2.75 billion in FY16 and \$2.9 billion in FY17. The program serves almost 360,000 state employees and retirees. SEGIP is fully funded with \$1.8 billion in state General Revenue Funds (GRF) in FY2018.

ISMS consistently reminded key policy-makers that if the delay in reimbursing physicians for the care they provide to state employees and their dependents was not addressed, the failure would create severe access issues. Many Illinois practices and large clinics have taken out substantial loans to keep their medical practices viable while they wait for reimbursement. ISMS supports full funding for this program going forward and strongly advocates that immediate action be taken to pay for care that has been provided.

One of ISMS' top legislative priorities this year has been to fully fund SEGIP. Throughout the legislative session, ISMS concentrated lobbying efforts on fully funding the program while advocating for release of any available funds to pay physicians and hospitals during the impasse. The administration is acutely aware of ISMS' concerns and the need to end the budget stalemate so that our members can be paid for their services.

Debt Restructuring Plan – Due to the fact that the SEGIP has been without an appropriation for almost two years and the courts have not ordered payment for claims, ISMS supported the debt restructuring plan in Senate Bill 42 (Sen. Trotter/Rep. Greg Harris). SB 42 as law provides for the issuance of \$6 billion in fully guaranteed State General Obligation Bonds (GOB) that would be used to pay health care professionals who have been without reimbursement during this budget impasse. Combined with the other budget-related bills that have been enacted, legislative sponsors hope to pay down \$6-8 billion in back-debt for those who provide services to state employees and Medicaid recipients. SB42 was enacted as Public Act 100-23.

SCOPE OF PRACTICE

Advanced Practice Registered Nurses – The Illinois State Medical Society prevented the Illinois Society for Advanced Practice Nursing (ISAPN) from moving its top priority this year: House Bill 312 (Rep. Feigenholtz) and Senate Bill 642 (Sen. Steans), bills to allow advanced practice registered nurses (APRNs) to practice and prescribe completely independent of a physician.

ISAPN introduced legislation that would have granted APRNs full independent practice, including full prescriptive authority, after completing additional clinical training under the supervision of either another APRN or a physician. ISMS opposed this legislation.

Over the years, legislators have supported proposals that would grant APRNs more independence. This year there was strong support within the Illinois legislature for both HB 312 and SB 642, but instead of voting against ISMS, legislators asked ISMS to draft an alternative.

ISMS offered alternative language that was eventually accepted by the APRNs. ISMS' language:

1. Maintains the requirement that APRNs have a written collaborative agreement, unless the APRN receives substantial post-graduate training under the direct supervision of a physician (4,000 hours of clinical training and 250 hours in additional educational/training components). The physician then must sign a written attestation confirming that the training was completed.
2. Does not change current practice within a hospital setting; APRNs must still be recommended for credentialing by the hospital medical staff.
3. Requires APRNs to maintain a formalized relationship with a physician that must be noted in the state's Prescription Monitoring Program (PMP) if that APRN wishes to prescribe Schedule II opioids and benzodiazepines. The opioids to be prescribed must be specifically noted in the PMP and the APRN must meet with the consulting physician at least monthly to discuss the patient's care.
4. APRNs are prohibited from administering opiates via injection. APRNs are also prohibited from performing operative surgery.
5. The ISMS alternative prohibits APRNs from advertising as "Dr.," which is extremely misleading to patients. APRNs who have doctoral degrees must tell patients that they are not medical doctors or physicians.
6. CRNAs are not included in the agreement; nothing changes as to how CRNAs currently must practice.

APRNs rejected the ISMS proposal because it did not grant them complete independence, but because ISMS had offered alternative language, the APRNs were forced back to the table and after numerous negotiating sessions and intense advocacy from physicians throughout Illinois, ISMS' language was accepted.

In most other states, APRNs already have full practice authority to diagnose and treat patients, including full prescriptive authority. Some 24 states and the District of Columbia don't require any physician involvement for APRNs to diagnose, treat, or prescribe. In addition to those, eight states allow APRNs to diagnose and treat independently but require physician involvement for APRNs to prescribe.

ISMS physicians are committed to ensuring that care is centered on each patient's needs and that each patient receives high-quality care by a well-trained team of professionals. These important provisions have been amended to HB 313 (Rep. Feigenholtz/Sen. Steans). HB 313 has passed both the House and the Senate and is currently on the governor's desk awaiting signature. It is expected that HB 313 will be signed into law later this summer.

Certified Registered Nurse Anesthetists – House Bill 3382 (Rep. Feigenholtz) would remove the requirement that physicians remain physically present during delivery of anesthesia administered by a certified registered nurse anesthetist (CRNAs). ISMS opposed this legislation, which was not called for a vote in the House Health Care Licenses Committee and has been reassigned to the House Rules Committee.

Speech Pathologists and Audiologists Sunset – Senate Bill 771 (Sen. Martinez/Rep. Soto) amends the Illinois Speech-Language Pathology and Audiology Practice Act. ISMS opposed the bill as originally introduced, as it would have allowed audiologists to perform neurophysiologic intraoperative monitoring without any restrictions on what that monitoring would include. Working with neurologists, ISMS proposed language that limits neurophysiologic intraoperative monitoring to the seventh or eighth cranial nerve function. ISMS was neutral on the bill as amended, which has to return to the Senate for a motion to concur with the House amendment. The bill then moves to the governor's desk for further action.

Acupuncturists Sunset – House Bill 2630 (Rep. Mah/Sen. Martinez) encompasses changes to the Acupuncture Practice Act, which is currently subject to its ten-year sunset. These changes included the addition of the practice of East Asian medicine to the defined scope of an acupuncturist. ISMS supported HB 2630, which passed both chambers and has been signed into law by the governor as Public Act 100-375.

Pharmacists Prescribing Birth Control – House Bill 274 (Rep. Mussman) is a measure that would inappropriately blur the roles of physicians and pharmacists by allowing pharmacists to prescribe birth control. While pharmacists are experts in drugs and an essential part of the health care team, they are not experts in diagnosing and treating conditions, diseases and other maladies of the human body. Pharmacists and physicians have very distinct roles in our health care system; blurring these roles is not in the best interest of patient safety, and will only increase episodic care.

Allowing pharmacists to prescribe drugs will not improve access to important health services and is detrimental to patient care. Because ISMS is not opposed to increasing access to contraception, an amendment was offered that would allow pharmacists to dispense contraception under a standing order issued by the IDPH. While the sponsor accepted the ISMS amendment, other issues remained. HB 274 was not called for a vote in the House Health Care Licenses Committee and therefore did not advance.

Direct-Entry Midwife Licensure – House Bill 677 (Rep. Gabel) and Senate Bill 1754 (Sen. Martinez) would have created the Home Birth Safety Act and provided for the licensure of “certified professional midwives” (CPMs) by the Illinois Department of Financial and Professional Regulation (IDFPR). ISMS, along with several hospitals and medical specialty groups, opposed these bills.

While the bills would allow midwives to provide home birthing services in Illinois, neither proposal has adequate educational requirements to create a newly licensed health care profession. The legislation seems to require that candidates obtain “accredited” training by the Midwifery Education and Accreditation Council; however, there are loopholes in the bill that allow a midwife to be apprentice-trained with a minimal amount of “continuing education” hours and still seek licensure.

Furthermore, the bill does not require even minimal education to address emergencies that may arise in home birth settings. Complications become more significant when they occur in a home birth setting, especially when the nearest medical facility can be many miles away. Calling 911 is not enough to address the complications that may arise in childbirth. Again, while the bills seem to require that candidates obtain training from what is referred to as a “pathway” accredited by the Midwifery Education and Accreditation Council, the actual education and training requirements in the bill are inconsistent and unclear. Inconsistent educational requirements mean that a midwife will not have the training or experience to address medical complications that may arise.

Finally, the Illinois Trial Lawyers Association continually seeks adoption of an amendment that would hold any consulting physician or medical facility liable for the actions of a midwife.

Due to ISMS’ opposition, HB 677 was not called for a vote in the House Health Care Licenses Committee and therefore did not advance. SB 1754 did pass out of the Senate Licensed Activities and Pensions Committee, but was not called for a vote on the Senate floor.

Expanding the Scope of Practice for Athletic Trainers – House Bill 3020 (Rep. McAuliffe) would have amended the Illinois Athletic Trainers Practice Act to make several significant changes to the scope of practice and collaborative requirements to practice as an athletic trainer in Illinois. HB 3020 is an initiative of the Illinois Athletic Trainers Association (IATA) and reflects its continuing desire to accommodate the growth of the athletic trainer profession.

ISMS opposed HB 3020 as drafted because the changes sought would drastically expand the type of patients that athletic trainers are eligible to treat by allowing athletic trainers to treat *all* patients, not simply the athletic population they currently serve. The measure would have allowed athletic trainers to diagnose and treat with minimal restrictions. In addition, this legislation would allow athletic trainers to collaborate with any physician or chiropractor. Current law requires athletic trainers to collaborate with team physicians. HB 3020 did not advance out of the House Health Care Licenses Committee.

Anesthesia Assistants – House Bill 2975 (Rep. Zalewski) is a proposal from the Illinois Society of Anesthesiologists and supported by ISMS that would license anesthesiologist assistants (AAs). AAs are highly trained master’s-degree-level anesthesia providers whose function is similar to that of a specialized physician assistant for anesthesiologists. They would work under the direction of

physician anesthesiologists to implement anesthesia care plans. The bill was not called for a vote in the House Health Care Licenses Committee and has been reassigned to the House Rules Committee.

Naturopath Licensure – House Bill 2530 (Rep. Gabel) and Senate Bill 708 (Sen. Martinez) would have created the Naturopathic Medical Practice Act and provided for the regulation of “naturopathic physicians” through licensure by IDFPR.

Naturopaths hope to offer the public a form of “alternative treatment” that includes the use of nutrition, herbal therapy, homeopathy, and behavior modification.

Naturopaths are neither trained for nor capable of diagnosing and treating physical ailments. In the face of very strong ISMS opposition, neither bill was called for a vote in committee.

Pharmacy Practice Act – House Bill 3462 (Rep. Zalewski/Sen. Martinez) and SB 902 (Sen. Righter/Rep. Reis) provides for a two-year extension of the Pharmacy Practice Act and creates a Collaborative Pharmaceutical Task Force charged with responding to recent issues and concerns that have been raised regarding the protection of public safety and the provision of efficient and high-quality pharmaceutical care. A representative from ISMS will be appointed to this task force. This represents continued negotiations among various stakeholders to provide resolutions for a variety of issues relevant to the Pharmacy Practice Act, including prescription limits, pharmacist work rules, and ISMS legislation regarding discontinuing prescription orders. ISMS supported both bills. SB 902 passed the Senate but was not assigned to a committee in the House. HB 3462 has been sent to the governor for further action.

Physician Assistants Sunset – Senate Bill 1585 (Sen. Martinez/Rep. Soto), as amended, represents an agreement of the Illinois Academy of Physician Assistants (IAPA) with IDFPR and ISMS.

SB 1585 extends the Physician Assistant Practice Act by 10 years. The bill also replaces the written supervisory agreement under which physician assistants (PAs) need to practice with a written collaborative agreement with a collaborating physician. SB 1585 also contains various updates to the Physician Assistant Practice Act.

ISMS initially opposed SB 1585 as it would have provided PAs with broad authority to diagnose and treat independent of a physician and removed the current five-to-one ratio. ISMS opposed this language and it was removed from the bill.

ISMS supported SB 1585 as amended. SB 1585 passed both chambers and has been signed into law by the governor as Public Act 100-453.

Physical Therapists/Dry Needling – SB 898 (Sen. Althoff/Rep. Mah) amends the Illinois Physical Therapy Act by expanding the definition of “physical therapy” to include dry needling. This language was negotiated and agreed to by ISMS, the Illinois Association of Acupuncture & Oriental Medicine, the Illinois Physical Therapy Association, and IDFPR. Under SB 898, a physical therapist will only be able to utilize dry needling if he or she has completed additional postgraduate clinical education and training. A didactic component of at least 30 hours must also

be completed. ISMS was neutral on the bill as amended. SB 898 passed both chambers and has been signed into law by the governor as Public Act 100-418,

INSURANCE AND THIRD-PARTY PAYER ISSUES

Network Adequacy – Continuing ISMS’ work from last year to address the growth of narrow insurance networks, ISMS introduced House Bill 311 (Rep. Greg Harris/Sen. Holmes) and Senate Bill 70 (Sen. Holmes), the *Network Adequacy and Transparency Act* (NAT Act). While the previously filed version of the NAT Act did not advance during the last legislative session, ISMS continued to work on the bill over the legislative break, including working with the Illinois Department of Insurance and meeting with other stakeholders to address concerns with the bill.

Like the previously filed versions of the bill, HB 311 provides several important protections for patients in Illinois to ensure that their health insurance networks will provide for the healthcare they need. This legislation:

- Provides the Illinois Department of Insurance a framework to establish standards to ensure that patients have access to necessary health care professionals, including specialists and appropriate health care facilities.
- Requires health insurers to provide notice to patients when their health care professional is no longer in a network.
- Allows patients with serious health conditions or who are pregnant to stay with their health care professional for a designated period of time if the network changes.
- Ensures that network directories are accurate and kept up-to-date for patients to make informed decisions about selecting both their health insurance plans and health professionals.

HB 311 quickly gained the support of the majority of House members. As such, HB 311 advanced instead of SB 70, which was not called for a vote in the Senate Insurance Committee. ISMS was able to secure the neutrality of several large insurance companies, which assisted in efforts to pass the bill out of the House despite the lobbying efforts of the Illinois Chamber of Commerce and other insurers.

House Bill 311 has passed both the House and Senate and is on the governor’s desk awaiting signature. It is expected that HB 311 will be signed into law later this summer.

Health Insurance Rate Review – House Bill 2624 (Rep. Fine/Sen. John Cullerton) creates the *Health Insurance Rate Review Act* which would establish an independent quasi-judicial Health Insurance Rate Review Board to ensure that insurance rates are reasonable and justified. The Board would be responsible for reviewing and approving or disapproving all rates and rate schedules filed or used by a health insurance company. The bill provides for provisions concerning rate standards, public notice, hearings, and the disapproval and approval of rates and rate schedules. ISMS was neutral on this legislation, which passed the House but currently remains in the Senate Committee on Assignments.

Preexisting Conditions – House Bill 2959 (Rep. Fine/Sen. Biss) prohibits individual or group accident and health insurance issued, amended, delivered, or renewed in Illinois from imposing any preexisting condition exclusion with respect to that plan or coverage. After passing out of the House, HB 2959 was amended in the Senate to clarify that the provisions do not apply to certain plans, such as those relating to short-term travel, disability, and long term care.

ISMS supported HB 2959, which passed both chambers and has been signed into law by the governor as Public Act 100-386.

MEDICAID

Illinois' Medicaid program has operated without an enacted budget for Fiscal Years 2016 and 2017. Last year, two federal court orders required the Illinois Department of Healthcare and Family Services (HFS) and then-Comptroller Leslie Munger to continue to pay Medicaid claims in the absence of a state budget.

Various state laws and rulemakings continue to push Medicaid recipients into managed care. Physicians have faced many challenges with this move/expansion of managed care for Medicaid recipients. The continually changing landscape of physicians, hospitals, and insurance companies that operate via different guidelines has been a challenge for all stakeholders.

ISMS worked throughout the session to advocate for legislation that will promote greater transparency for those who provide and receive Medicaid services. This will help ensure that physicians can focus on providing quality, affordable healthcare rather than being bogged down in a bureaucratic morass.

Governor Rauner and HFS Director Felicia Norwood Seek to Restructure Medicaid Managed Care Program

In March, HFS Director Felicia Norwood issued a request for proposal (RFP) to change how Medicaid services are delivered through the managed care program. Director Norwood indicated that the state has consistently received feedback that the current managed care construct is overly complex and places unnecessary burdens on beneficiaries and providers who need to navigate the system. HFS hopes that creating a more transparent structure with clearer guidelines will make the system more manageable for people in need of care and for the caregivers who provide these services.

ISMS members routinely expressed frustration with the current Medicaid Managed Care system due to the fact that there were 13 managed care organizations (MCOs) participating in the program, but coverage areas are scattered. Each MCO also has unique drug formularies and credentialing processes that make the system difficult for physicians and other health care professionals to navigate. Under the new contract, HFS believes every county will have a minimum of five MCO plans from which Medicaid recipients can choose under the new contracts; those in the Chicagoland area would have at least seven plans. Enrollment in managed care is currently at 65 percent of the Medicaid population. It could rise to 80 percent with the new alignment of MCOs by the end of 2017.

ISMS took a cautious but supportive approach to the RFP as the goal was to develop a new Medicaid program that is attractive to physician participation. ISMS has communicated other issues to HFS such as the need for transparency in MCO staffing, MCO public reporting, timely reimbursement, and prior approval process. The stated goal of the RFP is to reduce the number of total MCOs, leaving four to seven entities that would provide networks to the entire statewide Medicaid population with two specific exemptions solely for Cook County.

HFS is asking for bids for managed care coverage of the Medicaid population, competing for roughly \$9 billion in annual business. Proposals have been submitted. The four-year contracts are scheduled to be awarded by July 1.

Questions Raised Regarding the RFP

The House adopted House Resolution 100 (Rep. Crespo) to direct the state's Auditor General to conduct an audit of Medicaid managed care organizations, including a comparison of state expenditures between MCOs and fee-for-service entities.

Senate Bill 1446 (Sen. Koehler/Rep. Greg Harris) was amended in the House to require the state to use its regular procurement process in seeking a new contract for managed care providers in the Medicaid program. In effect, the bill would block the administration from using its own process currently underway. The sponsor noted that the process is "not being done with adequate scrutiny." The House passed the bill as amended, but the Senate failed in its efforts to concur with SB 1446.

Sen. Sandoval introduced Senate Resolution 480 to urge the administration to immediately suspend the Medicaid managed care RFP to allow a review by the General Assembly and ensure transparency, non-discriminatory actions, and fair competition for managed care entities of all sizes and business models. The resolution was posted to the Special Committee on Medicaid Managed Care but has not yet been called.

Several Democratic legislators have voiced concern over the lack of legislative review of the RFP. In response, Director Norwood penned an op-ed explaining that the "reboot," or Medicaid Managed Care 2.0, will enhance care coordination, guarantee access to services, and put more emphasis on prevention and behavioral health. Overhead costs will be reduced with managed care plans competitively bidding on their contracts, according to the Rauner administration.

Medicaid 1115 Waiver

Medicaid members with behavioral health needs constitute 25 percent of the Illinois Medicaid enrollment but account for 56 percent of its overall expenditures. Because Illinois expanded Medicaid under the Affordable Care Act (ACA), approximately 600,000 childless adults in Illinois have been enrolled in the Medicaid program since 2014, dramatically increasing the state's ability to draw federal Medicaid funds for the newly enrolled population. Illinois has been rapidly transitioning its Medicaid population into managed care, with 65 percent of Medicaid clients currently enrolled in a coordinated care model. Looking for new ways to address the Medicaid

population challenges, HFS applied for a Medicaid 1115 waiver to change the way behavioral health services are provided and to secure additional federal funding to expand coverage. The waiver request is currently pending before the Trump Administration.

HFS states that the purpose of the health care transformation effort is to secure more from the state's human services investment by transforming the methods and delivery of human services in Illinois. The transformation effort's initial focus is behavioral health (mental health and substance abuse), specifically the integration of behavioral health and physical health service delivery.

The state believes an 1115 waiver is critical to the successful implementation of a behavioral healthcare transformation. Within the waiver, the state seeks approval for initial investments that will generate future-year savings. The state intends for its waiver application to lay the foundation for an integrated physical and behavioral health care system and test new ideas that promote innovation in integration and value-based payment models.

All Medicaid eligibility standards and methodologies for determining eligibility shall remain applicable and are not altered within the waiver application.

Under the 1115 waiver, Illinois requests coverage of six benefits. Each benefit is designed to enable Illinois to provide a higher-value, higher-quality behavioral health system. HFS designed each benefit listed below based on strong evidence showing improvements in cost and quality of care in similar initiatives across the country. HFS recognized the importance of tailoring programs to specific geographic and population-specific variations to achieve optimum outcomes. Therefore, HFS has designated pilot target populations most in need of the proposed benefits, as well as those for whom the benefit will result in the greatest savings and increases in quality of care. As the project progresses, benefits may be readjusted to reach broader populations, if appropriate. The initial set of benefits is as follows:

1. Supportive housing services: Individuals with serious mental illness (SMI) at risk of institutionalization or homelessness, or currently residing in permanent housing.
2. Supported employment services: Individuals aged 14 years and older with serious and persistent mental illness, substance abuse disorder, or serious emotional disturbance needing ongoing support to obtain and maintain a job.
3. Services to ensure successful transitions for Illinois Department of Corrections (DOC) and Cook County Jail: Medicaid-eligible services for DOC-involved individuals within 30 days of release into the community, as well as Cook County detainees eligible for managed care, including opioid treatment.
4. Redesign of the substance use disorder service continuum: Short-term residential treatment in an institution for mental disease (IMD), substance abuse case management, withdrawal management, and recovery coaching for substance abuse disorders.

5. Appropriate utilization of inpatient mental health services: Short-term residential treatment in an IMD and crisis beds.
6. Additional benefits for children and youth with significant mental health needs (children 5-21): Intensive in-home services and respite care services for families and children with high behavioral health needs.

The timeline for approval of the 1115 waiver is pending. ISMS will continue to monitor this situation.

Sickle Cell Readmission Policies – Senate Bill 1847 (Sen. Hunter) is ISMS legislation that would remove Sickle Cell Disease from the SMART Act readmission penalties, as Sickle Cell Anemia is a disease that often presents for readmissions. SB 1847 will receive further study to determine the cost associated with the potential impact of this change. While SB 1847 did not advance, ISMS will continue to advocate for its passage when the General Assembly reconvenes.

Medicaid Telemedicine – HB 2907 (Rep. Bellock/Sen. McGuire) and SB 2069 (Sen. McGuire) were introduced to provide that HFS shall not require that a physician or other licensed health care professional be physically present in the same room as the patient for the entire time during which the patient is receiving telepsychiatry and telemedicine services. ISMS joined the Illinois Psychiatric Society in support of this legislation. HB 2907 passed both houses and has been signed into law by the governor as Public Act 100-385.

Medicaid Drug Formulary – House Bill 2358 (Rep. Bellock) is an ISMS initiative that would require managed care organizations under contract with HFS to follow a standard prescription drug formulary established by HFS by rule. Due to the fact that HFS issued an RFP to change the Medicaid MCO structure, ISMS asked the sponsor to hold the bill until the current RFP process is complete and ultimately reviewed. HB 2358 remains in the House.

Health Insurance Assessment to Fund Medicaid – House Bill 1796 (Rep. Greg Harris) imposes a new assessment of one percent on claims paid by a health insurance carrier or third-party administrator. All money collected via the new assessment would be deposited into the Healthcare Provider Relief Fund to increase funding for Medicaid services and would be eligible for a federal match once the Healthcare Provider Relief Fund makes payments on a Medicaid claim. ISMS raised concerns about the proposal's potential to increase patient co-pays. HB 1796 is an initiative of the Association of Safety-Net Community Hospitals. HB 1796 was assigned to the House Human Services Appropriations Committee, but the bill was never called for a vote this session. Discussion at the subject matter hearing focused on the need to include this proposal in the discussions regarding a potential comprehensive budget agreement; however, numerous business and insurance entities opposed this bill and oppose further discussions on the matter.

MEDICAL PRACTICE ACT

Ten Year Extension of the Medical Practice Act – Senate Bill 1346 (Sen. Martinez) and House Bill 3565 (Rep. Soto), both ISMS initiatives, would extend the Illinois Medical Practice Act by 10 years from December 31, 2017, to December 31, 2027. These bills were not called for a vote during this spring session, as other bills extending the sunset provision of the *Medical Practice Act* advanced.

Two Year Extension of the Medical Practice Act– Senate Bill 1348 (Sen. Martinez/Rep. Soto) is an initiative of IDFP. The bill extends the Illinois Medical Practice Act from December 31, 2017, to December 31, 2019. The bill also contains several technical changes offered by IDFP. Senate Bill 1348 passed both the House and Senate unanimously and has been signed into law by the governor as Public Act 100-429.

MEDICAL RECORDS, PRACTICE AND REGULATION

Mandated Child Abuse Training – Senate Bill 912 (Sen. Bush) amends the Abused and Neglected Child Reporting Act to require any mandated reporter, including physicians, to complete no less than four hours of training every year to recognize signs of domestic violence against minors and non-minors. The bill also specified that this training could be conducted by any local domestic violence shelter, hospital, or other domestic violence advocacy group.

ISMS opposed SB 912, as physicians are motivated partners in the detection of child abuse and domestic violence, but mandated training on the subject could possibly interfere with the 150 hours of required continuing medical education that must be completed every three years by physicians licensed in Illinois. The bill was amended by the sponsor to limit the training requirement to members of the clergy. The bill advanced from the Senate Human Services Committee, but was not called for a vote in the Senate. ISMS was neutral on the bill as amended.

Physician Reporting to Secretary of State – Senate Bill 655 (Sen. Mulroe) would amend the Illinois Medical Practice Act to require every physician to report to the Secretary of State certain medical conditions of a patient that are likely to cause loss of consciousness or any loss of ability to safely operate a motor vehicle within 10 days of the physician becoming aware of the condition. The bill also provides that physicians who report patients shall be immune from civil or criminal liability for a motor vehicle accident caused by the medical condition.

Senate Bill 655 was introduced in response to a constituent request involving a driver who had been told not to drive by several physicians, but still did so and passed out at the wheel, killing a young woman. While the medical community remains concerned about the safety of drivers in Illinois, ISMS and the Illinois College of Emergency Physicians (ICEP) opposed SB 655, as it would potentially require the reporting of over one million patients by physicians to the Secretary of State. SB 655 was not called for a vote in the Senate Criminal Law Committee and was re-referred to the Committee on Assignments.

Repeal of Health Facilities Planning Board – HB 384 (Rep. David Harris) was introduced to repeal the Illinois Health Facilities Planning Act and abolish the Health Facilities and Services Review Board. ISMS supported the bill. HB 384 was assigned to the House Cost Benefit Analysis Committee and then to the Analytics Subcommittee. Rep. Harris presented the bill for subject matter testimony. However, the bill was never called for a vote. Rep. Harris committed to refiling this bill next year to find a solution. The bill was re-referred to the House Rules Committee.

Consent to Medical Care by Minors – Various proposals were introduced this last session that would amend the Consent by Minors to Medical Procedures Act to allow optometrists and chiropractors to provide care to minors who are separated from their parents or guardians. The purpose of the Act is to allow minors 14 years old and older to seek out medical services from physicians, APRNs and/or PAs. Because the definition of medical services is not overly restrictive in the act, adding optometrists and chiropractors could have expanded their scope of practice. For that reason, ISMS opposed the bills as originally introduced.

ISMS successfully amended House Bill 2700 (Rep. Hoffman/Sen. Steans) to include limited care by optometrists and chiropractors within a more limited definition of “health care services.”

ISMS was neutral on the HB 2700, which passed both chambers and has been signed into law by the governor as Public Act 100-378,

Liens by ASTFs – Senate Bill 1530 (Sen. Weaver) and House Bill 3386 (Rep. Williams) are ISMS initiatives that amend the Health Care Services Lien Act to allow Ambulatory Surgical Treatment Facilities (ASTFs) to file liens. Under current law, only hospitals, home health agencies, and Ambulatory Surgical Treatment Centers (ASTCs) are able to file a liens. These bills were strongly opposed by the Illinois Health and Hospital Association (IHA) and are being held pending further negotiations.

Emergency Refills – As introduced, Senate Bill 1790 (Sen. Stadelman/Rep. Wallace) amends the Pharmacy Practice Act to authorize a pharmacist to refill a patient’s prescription without prescriber authorization if the pharmacist is unable to contact the prescriber after reasonable effort, a failure to refill the prescription may result in an interruption of therapeutic regimen or create patient suffering, and the prescription is not for a controlled substance. The bill also provided that the pharmacist must inform the prescriber at the earliest convenience of the emergency refills and the prescriptions may be refilled pursuant to the provisions for a period of time reasonably necessary for the pharmacist to secure prescriber authorization.

SB 1790 was an initiative of Sen. Stadelman inspired by his personal experience of being unable to obtain a refill of his son’s prescription. ISMS expressed concerns about the duration of these emergency refills and offered an amendment that was adopted to limit the refill to 30 days. ISMS supported the bill as amended. The bill passed both houses and has been signed into law by the governor as Public Act 100-237.

Telehealth – Senate Bill 1811 (Sen. Althoff/Rep. Soto) creates the Telehealth Act to require that a health care professional treating a patient located in Illinois through telehealth must be licensed in Illinois. SB 1811 seeks to add clarity regarding the use of telehealth and telemedicine in Illinois, which will provide for increased safety for both physicians and patients. SB 1811 allows health care professionals to engage in telehealth within their scope of practice. An amendment was added in the House to ensure that mental health care professionals are also authorized to provide services. ISMS supported SB 1811, as did IDFP and IHA. SB 1811 passed both houses and has been signed into law as Public Act 100-317.

Electronic Prescribing – Senate Bill 2058 (Sen. Rose) would require that all prescriptions be transmitted electronically by January 1, 2022. ISMS opposed the legislation. ISMS' primary concern with this legislation is that not all practitioners have electronic systems that are capable of electronically transmitting prescriptions; as such, this legislation would represent an unfunded mandate for physicians in Illinois. The bill remains in the Senate.

Medical Staff Conflict of Interest Reports – House Bill 2542 (Rep. Williams), an ISMS initiative, would have prohibited any hospital from requiring physicians, as a condition of medical staff credentialing or membership, to complete conflict of interest forms unless the medical staff applicant or member holds a specified leadership position. Due to strong opposition from IHA, this bill did not advance.

Pharmacists Automatic Refills – House Bill 2742 (Rep. Zalewski) would amend the Pharmacy Practice Act to require IDFP to adopt rules requiring pharmacy prescription systems, including electronic systems, to contain mechanisms to require prescription discontinuation orders to be forwarded to a pharmacy. HB 2742 would also require pharmacy prescription system to include patient verification features for pharmacy automated prescription refills and to require that automated prescription refill notices clearly communicate to patients the medication name, dosage strength, and any other information required by IDFP governing the use of automated dispensing and storage systems. The bill would require that the rules ensure that discontinued medications are not automatically dispensed to a patient by a pharmacist or by any automatic refill dispensing system, whether they were prescribed electronically or on paper.

HB 2742 did not advance. It will be part of larger discussions within a task force created under House Bill 3462 (see p. 11).

Notice of Adverse Action by Hospital – House Bill 2769 (Rep. Williams), an ISMS initiative, would require hospitals, when required to file a report with the National Practitioner Data Bank, to notify the physician and provide opportunities to postpone such adverse action. It also provides that medical staff members shall be given at least 14 days after the date of notice to exercise their right to postpone. The IHA expressed concerns about this proposal. While the bill did not advance this session, conversations with IHA will continue.

Drug Sample Records – House Bill 2951 (Rep. Williams) would have allowed physicians to label sample prescriptions with certain information instead of maintaining a separate book or file of prescription samples. This bill would not apply to the dispensing of manufacturers' samples or other legend drugs in a maximum 72 hour supply. Various groups including consumer advocacy

groups and the Illinois Pharmacists Association expressed strong concerns about the bill, which did not advance.

Copies of Medical Records for Veterans – House Bill 3654 (Rep. Swanson) as introduced would have required that a health care professional provide one complete copy of a patient’s records without charge if the person or organization is a veteran or is representing a veteran in support of a federal veterans’ disability claim. ISMS raised concerns regarding this mandate on professionals and offered alternative language.

HB 3654 was assigned to the Judiciary-Civil Law Committee, where Rep. Swanson offered the ISMS amendment to narrow the mandate so that health care professionals would be required to provide one complete copy of a patient’s records without charge if the patient is an indigent, homeless veteran and the records are requested to support a claim for federal veterans’ disability benefits. ISMS and the IHA supported this amendment; however, Rep. Swanson chose not to move this bill pending further discussions over the summer.

School Mental Health Screening – House Bill 3811 (Rep. Manley) would amend the School Code to require any school that discovers that a physician, APRN, or PA refuses to conduct a developmental screening or social and emotional screening, despite the request of a parent or legal guardian, to report the refusal to IDFPR, which then must impose a \$500 civil penalty. ISMS opposed this legislation along with the Illinois Chapter of the American Academy of Pediatrics. The bill was not called for a vote in the House Elementary & Secondary Education Committee and was re-referred to the House Rules Committee.

Disposal of Medications at Hospice – House Bill 706 (Rep. Bellock/Sen. Connelly) is an initiative of the DuPage County Coroner and ISMS member Dr. Richard Jorgensen to ensure that nurses providing care at hospice are authorized to dispose of dangerous medications following a death. A 2014 federal Drug Enforcement Administration (DEA) ruling suggests that state authorization is necessary for officials and medical professionals to directly take possession of such substances for the purpose of disposal. HB 706 has been signed into law as Public Act 100-345.

Mandated Check of Prescription Monitoring Program – Senate Bill 1607 (Sen. Bush/Rep. Zalewski) requires all prescribers to check the Illinois Prescription Monitoring Program (PMP) prior to prescribing any Schedule II through V drug. While the bill exempts prescribers from having to complete a check of the PMP for any prescription prescribed in the course of oncology treatment, a condition associated with oncology, or hospice care, ISMS opposed the bill due to the unintended consequences that may result because of this legislative mandate, including those related to the current technological limitations of the PMP. SB 1607 passed the Senate and negotiations began in the House to find alternative ways to reduce the burden on physicians.

ISMS drafted language in House Amendment #1 that would reduce the burden on physicians by removing the mandate currently in SB 1607 by replacing it with language providing for the following:

- All prescribers with a controlled substance license will have to enroll in the PMP;
- All prescribers or their designee shall have to attempt to check the PMP prior to prescribing an initial prescription for a Schedule II opioid. That attempt will be documented in the

patient's medical record. This language protects physicians who attempt to check the PMP, but due to technical or other problems cannot access the system;

- Exemptions to checking the PMP include oncology treatment, palliative care, or a seven day or less supply provided in the emergency room for acute traumatic medical conditions; and
- The hospital will facilitate the designation of a prescriber's designee for services provided at the hospital.

SB 1607 with House Amendment #1 removes ISMS' opposition and is currently in the House awaiting further action.

Restricted Opioid Prescribing – Senate Bill 2011 (Sen. Nybo), an initiative of the lieutenant governor's office, attempts to address the opioid crisis in two ways. First, the bill authorizes registered pharmacists to dispense less than the full quantity for a Schedule II prescription if requested by a patient. The pharmacist or his designee is required to notify the prescriber of the actual amount of the prescription that was dispensed. Second, the bill was amended to include restrictions on the duration of opiate prescriptions for those patients who are 18 years of age or older. Specifically, the bill provides that for first-time prescriptions, a prescriber may not issue an opiate prescription for more than a 7-day supply. The bill provides that if in the professional medical judgment of the prescriber, more than a 7-day supply of an opiate is required to treat the patient's acute medical condition or is necessary for treatment management of chronic pain, pain associated with a cancer diagnoses, or for palliative care, then the prescriber 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.

ISMS, along with the Illinois Society of Anesthesiologists, opposed the restrictions on opiate prescribing. The bill advanced from the Senate Licensed Activities Committee, but was not called for a vote by the full Senate.

PUBLIC HEALTH

Organ Donor Registry – Senate Bill 868 (Sen. Hunter/Rep. Conroy) and House Bill 1805 (Rep. Conroy/Sen. Hunter) amends the Illinois Vehicle Code to authorize the Secretary of State to offer registration for the organ donor registry to those drivers 16 years of age or older. Current law only allows those 18 years of age or older to be offered the registration with the first issuance or renewal of a driver's license. ISMS supported this legislation. HB 1805 passed both the House and Senate and has been signed into law by the governor as Public Act 100-41.

Unpasteurized Milk – Senate Bill 1662 (Sen. Koehler) and House Bill 2466 (Rep. Breen) were introduced to increase public distribution of raw milk. ISMS, other public health groups, and other agriculture-related associations strongly opposed these two bills. As introduced, SB 1622/HB 2466 would allow IDPH to promulgate rules to regulate the sale of raw milk off of dairy farms.

Various meetings were held to discuss these bills, and the following points were made in opposition:

- Unwitting consumers would be able to buy a product that they may believe is “natural” and assume to be as safe as pasteurized milk, when in fact it is a raw product that may contain disease-causing bacteria. The fact that children are the main consumers of milk makes this bill even more dangerous, as their immune systems are not as well-developed as those of most adults. The Centers for Disease Control and Prevention (CDC), the U.S. Food and Drug Administration, and the American Medical Association strongly advise against human consumption of raw milk since it may contain a wide variety of harmful bacteria that may cause illness and possibly death.
- The Illinois Farm Bureau supports the current limitation of the sale and distribution of raw milk to the dairy farm where it is produced. By limiting the number of hands that touch raw milk during distribution, if a foodborne illness from raw milk does arise, the consumer will know exactly where the raw milk came from.

The sponsors of these bills filed an amendment to narrow the scope of the legislation by stating that unpasteurized milk should not be sold to a third-party retailer for resale and that a person who distributes unpasteurized milk shall keep a record of all unpasteurized milk sales in accordance with DPH rules. This amendment to SB 1662 was adopted but it remains on in the Senate pending further discussions. ISMS remains opposed to this initiative.

Epinephrine Administration Act – Senate Bill 2038 (Sen. Rose) creates the Epinephrine Administration Act. The Act would allow health care professionals to 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. The goal of this legislation is to assist schools that have not been able to purchase epinephrine auto-injectors pens due to rising costs. Both ISMS and the Illinois Chapter of the American Academy of Pediatrics expressed concerns about the administration of epinephrine through syringes. The bill remains in the Senate pending further discussions.

Sex Change on Birth Certificate – House Bill 1785 (Rep. Greg Harris/Sen. Hutchinson) amends the Vital Records Act to allow individuals who have undergone gender transition treatment to change their sex on their birth certificates. Current law requires that an individual must have gender reassignment surgery in order to qualify for a change of sex on the birth certificate. HB 1785 is an initiative of the American Civil Liberties Union and reflects a growing change in attitudes toward transition to different genders, which may be accomplished by an individual without surgery.

ISMS was neutral on this legislation, having negotiated issues regarding definitions of health care professionals. HB 1785 passed out of the House by a vote of 63-43-1 and the Senate by a vote of 32-22-0. It will be sent to the governor for consideration.

Lyme Disease Awareness – House Resolution 350 (Rep. Mussman) encourages increased awareness of Lyme disease in Illinois. While Lyme disease has been associated with outdoor activities that involve being in the woods or in areas with tall grass and weeds, recent reports have connected Lyme disease transmission with the growing incidence of infestations of mice in homes, as mice carry ticks that carry Lyme disease bacteria. In conjunction with the efforts of HR 350, ISMS has also prepared a Lyme disease resource page on its website to promote awareness and detection efforts.

Raising the Smoking Age – House Bill 3208 (Rep. Conyears-Ervin) is an important public health initiative that would raise the smoking age in Illinois to 21. The bill requires anyone purchasing or possessing tobacco products or electronic cigarettes to be 21 years of age, up from the current age of 18. ISMS supported this legislation. Due to strong opposition from the tobacco industry, HB 3208 did not advance from the House this session.

Perinatal HIV Prevention – Under current law, health care professionals treating pregnant patients have to offer HIV counseling and institute opt-out testing for all pregnant patients, unless the patient has been previously tested. House Bill 2800 (Rep. Flowers/Sen. Trotter) would have required all health care professionals, including those treating unrelated conditions in emergency situations, to provide additional counseling and additional testing during the third trimester, unless there exists a documented negative HIV status or the status is already documented to be HIV-positive. The bill would have also required counseling and rapid HIV testing during labor or delivery unless there is a documented known status of HIV.

ISMS opposed the mandates in HB 2800 as originally drafted and successfully amended the bill to reduce the required testing to that during the third trimester and delete the requirement that counseling and testing be done unless the status is documented. ISMS also deleted the requirement that counseling and testing be done in emergency rooms.

ISMS was neutral on the bill as amended, which passed both chambers and awaits further action by the governor.

Coal Tar Ban – House Bill 2958 (Rep. Fine) would prohibit the use of a carcinogenic substance called coal tar. Coal tar sealant is commonly used on driveways, parking lots and playgrounds. The substance contains known carcinogens that are running off into the water system and being tracked into homes. While ISMS supported this bill, there was strong opposition from various business groups. The bill did not advance and remains in the House Rules Committee.

Injections of alpha-hydroxyprogesterone caproate – Senate Bill 317 (Sen. Mulroe/Rep. Gabel) is an initiative of the Illinois Chapter of the American Congress of Obstetricians and Gynecologists (ACOG) and the March of Dimes. The bill allows pharmacists to administer injections of alpha-hydroxyprogesterone caproate pursuant to a valid prescription, by a physician, upon completion of certain training and meeting of certain notification requirements. The intent of the bill, which is modeled off legislation enacted in Ohio, is to facilitate these injections which prevent preterm birth for women who have previously had a preterm birth in a prior pregnancy. ISMS was neutral on SB 317. The bill passed both houses and has been signed into law by the governor as Public Act 100-208.