

ILLINOIS STATE MEDICAL SOCIETY

**Resolution 04.2024-09
(A-25)**

Introduced by: George Beranek, MD, ISMS Member

Subject: Electronic Prescription Exemptions

Referred to: Council on Medical Service

1 Whereas, the Illinois Controlled Substance Act (720 ILCS 570/311.6) has been
2 amended to include requirements and exceptions for mandatory electronic prescriptions
3 that became effective January 1, 2024; and
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5 Whereas, an electronic prescription is not required when:
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- 7 1. Prescribers have obtained a hardship waiver from the mandatory electronic
8 prescription requirements.
- 9 2. There is a temporary technological or electrical failure that prevents an electronic
10 prescription from being issued.
- 11 3. The prescription is for a drug that the practitioner reasonably determines would be
12 impractical for the patient to obtain in a timely manner if prescribed by an electronic
13 data transmission prescription and the delay would adversely impact the patient's
14 medical condition.
- 15 4. The prescription is for an individual who:
 - 16 a. Resides in a nursing or assisted living facility.
 - 17 b. Is receiving hospice or palliative care.
 - 18 c. Is receiving care at an outpatient renal dialysis facility and the prescription is
19 related to the care provided.
 - 20 d. Is receiving care through the United States Department of Veterans Affairs.
 - 21 e. Is incarcerated in a state, detained, or confined in a correctional facility.
 - 22 f. The prescription prescribes a drug under a research protocol.
 - 23 g. The prescription is a non-patient specific prescription dispensed under a standing
24 order, approved protocol for drug therapy, collaborative drug management, or
25 comprehensive medication management, or in response to a public health
26 emergency or other circumstance in which the practitioner may issue a non-
27 patient specific prescription.
 - 28 h. The prescription is issued when the prescriber and dispenser are the same entity.
 - 29 i. The prescription is issued for a compound prescription containing two or more
30 compounds.

31 j. The prescription is issued by a licensed veterinarian within two years after the
32 effective date of this amendatory Act of the 103rd General Assembly. Prior to
33 January 1, 2029, the practitioner does not prescribe more than 150 controlled
34 substance prescriptions during a 12-month period. After January 1, 2029, the
35 practitioner prescribes not prescribe more than 50 controlled substance
36 prescriptions in a 12-month period; and
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38 Whereas, there have been reports of pharmacies refusing to fill prescriptions for
39 controlled substances presented to them in written form for patients in these exempt
40 categories; therefore, be it
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42 RESOLVED, that ISMS work to better educate pharmacies about these
43 exemptions directly and through collaboration with other professional organizations
44 such as the Illinois Pharmacists Association and the Illinois Council of Health-System
45 Pharmacists; and be it further
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47 RESOLVED, that ISMS encourage the Illinois Department of Financial and
48 Professional Regulation to provide additional education of pharmacists about these
49 exemptions.

Fiscal Note:

n/a

Existing ISMS policy related to this issue:

House of Delegates adopted Resolution C322 (A-18), Opioid Prescription Safety, which states: RESOLVED, that ISMS develop a standardized tool(s), or process, by which physicians can efficiently prescribe opiates with both informed consent and notification of proper storage and the need for safe disposal of any unused medication, and be it further RESOLVED, that the ISMS support legislation that would require a pharmacy filling a new opioid prescription to give the patient an easily read information sheet covering the risks of opioids, the need for safe storage, the methods of safe disposal and the name and location of any unused prescription drop-off sites that are in the county of the prescription. (HOD 2018)

Board of Trustees approved that ISMS support or cause the introduction of legislation to require the Illinois Department of Financial and Professional Regulation to promulgate rules requiring pharmacy prescription systems to contain mechanisms that allow prescription discontinuation orders to be forwarded to a pharmacy, to require 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 other information. This action relates to Resolution C306 (A-16). (BOT 2017 - JAN)

House of Delegates adopted Substitute Resolution C306 (A-16) which calls for ISMS to: Support or cause to be introduced legislation to require that electronic health records include a mechanism to forward prescription discontinuation orders to the pharmacy, require patient verification features for pharmacy automated prescription refills, and require that automated prescription refill notices clearly communicate to patients the medication name, dosage strength, and other information; Request the Illinois Department of Financial and Professional Regulation (IDFPR) to investigate those autofill refill programs encouraged by large pharmacy chains in order to identify the incidence of distribution to patients of prescriptions that have been previously discontinued; Urge IDFPR to investigate those pharmacies faxing 90-day medication requests to physicians and other prescribers who state that patients requested the 90-day supply when patients have not made such requests; and Urge the IDFPR to take corrective action on the autofill programs in order to protect patients from taking incorrect doses. (HOD 2016)

Board of Trustees approved that, as a way to address the shortage of pharmacists, ISMS should not oppose having the issue of remote order review by pharmacists addressed by the Illinois Division of Financial and Professional Regulation. (BOT 2006-JAN)

House of Delegates adopted Sub. Res. 12 (A-99) in lieu of Res. 12 & 30 (A-99) which directed that ISMS seek legislation to prohibit the use of physician DEA numbers except for the purpose of prescribing and procurement of scheduled drugs and that ISMS remind all ISMS member physicians of the AMA's position on the appropriate use of the DEA number. It also directed that ISMS call upon the State of Illinois to advise the pharmacists and the third party payers in the State of Illinois of the appropriate use of physicians' DEA number and for ISMS to send a resolution to the AMA calling upon the AMA to advise the physicians, the pharmacists and the third party payers in the country of the appropriate use of DEA numbers. (HOD 1999)

Board of Trustees agreed to have legislation introduced to insure that Illinois law applies equally to mail order pharmacies, physicians, and pharmacists with regard to the appropriate dispensing of medications. (BOT 1992-JAN)

Board of Trustees agreed to actively oppose any state legislation that would authorize pharmacists independently to dispense pharmaceutical or therapeutic substitutes to a physician's prescription. (BOT 1984-APR)

Prescription drugs may be dispensed only upon the authorization of a physician licensed to practice medicine in all its branches. Public health departments should not conduct drug dispensing and distribution programs without direct physician supervision of patients receiving medication. Only those generic drugs which are actually bio-equivalent should be included in the Illinois Formulary for the Drug Product Selection Program of the Illinois Department of Public Health (IDPH). ISMS urges IDPH to monitor and enforce proper generic drug substitution by pharmacists according to bio-equivalency based on the formulary. The package insert labeling pharmaceutical preparations is a guide for the clinical application of the product and should not be used as an absolute standard limiting the practice of medicine. (HOD 1982; Last BOT Review 2014)

Board of Trustees adopted Resolution 12.2022-28 (A-23), as amended: RESOLVED, that ISMS advocate for the expansion of viewing access of the Illinois Prescription Drug Monitoring Program in Electronic Health Records to clinical medical students and residents; and be it further RESOLVED, that the Illinois Delegation to the AMA draft a resolution asking the AMA to amend the AMA resolution “Prescription Drug Diversion, Misuse and Addiction H95.945” to include PDMP viewing access as a mainstay of appropriate and comprehensive medical training for clinical medical students and residents. (BOT - FEB 2023)

ISMS affirmed Board action regarding Resolution 12.2022-28 (A-23), Allow viewing access to the Illinois Prescription Drug Monitoring Program through EHR for Clinical-Year Students; Resolution 12.2022-28 (A-23) adopted as amended. (2023 Annual Meeting)

ISMS supports the full electronic prescribing of all prescriptions, without additional cumbersome electronic verification, including Schedule 2-5 controlled substances, eliminating the need for “wet signed” paper prescriptions and faxes for specific classes of prescriptions. (HOD 2017; Reaffirmed 2019)

House of Delegates adopted Resolution C301 (A-17), Electronically Prescribe Controlled Substances Without Added Processes, which calls for ISMS to advocate for full electronic prescribing of all prescriptions, without additional cumbersome electronic verification, including Schedule 2-5 controlled substances, eliminating the need for “wet signed” paper prescriptions and faxes for specific classes of prescriptions; that upon passage of this resolution by the ISMS HOD, the same resolution be submitted to the AMA for consideration. (HOD 2017)

Board of Trustees ratified establishing a panel of physicians to form an ISMS ad hoc committee on the prescription monitoring program. (BOT - JUNE 2017)

Board of Trustees approved an unfinished business report for submission to the 2018 ISMS House of Delegates, which recommends that Resolution C302 (A-17), SEND PRESCRIPTIONS ELECTRONICALLY DIRECT TO CLEARINGHOUSE, be adopted. (BOT - OCT 2017)

Board of Trustees directed the Governmental Affairs Council to take into consideration both paper and electronic mechanisms for prescriptions and discontinuation orders when developing legislation to implement Substitute Resolution C306 (A-16). Also asked the Council on Medical Service to consider a separate but related issue, whereby pharmacies seek physician approval to extend prescriptions to 90-day supplies “at the patient’s request,” when in fact the patient has made no such request. (BOT 2016-JUN)

Board of Trustees approved the following actions: 1. That ISMS continue to develop its Policy Paper for transmittal to the House Heroin Task Force; 2. That ISMS continue to offer education to our members to increase awareness about appropriate prescribing of opioids and other pain medications; 3. That ISMS work with other relevant medical societies to increase education and awareness efforts around appropriate prescribing of pain medications; 4. That ISMS express its support for a robust state Prescription Monitoring Program (PMP) that provides easily accessible, real-time information about a patient’s prescription history, allows a physician to designate an in-office agent who can access the PMP on the physician’s behalf, and encourages integration of the PMP into electronic health records, in order to expedite its ease of use; 5. That ISMS support legislative efforts that facilitate greater availability and use of naloxone, and expand existing “Good Samaritan” protections for those prescribing or administering naloxone; 6. That ISMS oppose any legislation that mandates CME requirements specific to pain medication prescribing or adherence to treatment guidelines when prescribing Schedule II medications; and 7. That ISMS urge the Illinois Departments of Public Health, Healthcare & Family Services, Insurance, the Illinois State Police and other relevant state agencies to increase awareness and coordination of appropriate drug disposal programs, in light of changes in federal regulations. (BOT 2014-OCT)

Board of Trustees did not adopt Resolution 26 (A-11), Prescription Database. (BOT 2012-FEB)

House of Delegates adopted Resolution 14 (A-09), as amended, which directed that the ISMS Delegation to our AMA introduce a resolution to our AMA House of Delegates asking our AMA to work through appropriate channels to permit secure electronic prescriptions of controlled substances. (HOD 2009)

It is the policy of ISMS to allow pharmacies to share databases and information, regardless of pharmacy ownership, regarding a patient's controlled substance medication prescriptions and to share that information with the prescribing physicians. (HOD 2002; Reaffirmed 2019; Last BOT Review 2014)

House of Delegates adopted Res. 67 (A-02) as amended which directed that the Illinois State Medical Society initiate or support legislation or other appropriate action to allow pharmacies to share databases and information, regardless of pharmacy ownership, regarding a patient's controlled substance medication prescriptions and to share that information with the prescribing physicians. (HOD 2002)