AN ACT concerning health.

Be it enacted by the People of the State of Illinois, represented in the General Assembly:

Section 5. The Mental Health and Developmental Disabilities Administrative Act is amended by changing Section 4 as follows:

(20 ILCS 1705/4) (from Ch. 91 1/2, par. 100-4)

Sec. 4. Supervision of facilities and services; quarterly reports.

(a) To exercise executive and administrative supervision over all facilities, divisions, programs and services now existing or hereafter acquired or created under the jurisdiction of the Department, including, but not limited to, the following:

The Alton Mental Health Center, at Alton

The Clyde L. Choate Mental Health and Developmental Center, at Anna

The Chester Mental Health Center, at Chester

The Chicago-Read Mental Health Center, at Chicago

The Elgin Mental Health Center, at Elgin

The Metropolitan Children and Adolescents Center, at Chicago

The Jacksonville Developmental Center, at Jacksonville

The Governor Samuel H. Shapiro Developmental Center, at Kankakee

The Tinley Park Mental Health Center, at Tinley Park

The Warren G. Murray Developmental Center, at Centralia

The Jack Mabley Developmental Center, at Dixon

The Lincoln Developmental Center, at Lincoln

The H. Douglas Singer Mental Health and Developmental Center, at Rockford

The John J. Madden Mental Health Center, at Chicago

The George A. Zeller Mental Health Center, at Peoria

The Elizabeth Parsons Ware Packard ~~Andrew McFarland~~ Mental Health Center, at Springfield

The Adolf Meyer Mental Health Center, at Decatur

The William W. Fox Developmental Center, at Dwight

The Elisabeth Ludeman Developmental Center, at Park Forest

The William A. Howe Developmental Center, at Tinley Park

The Ann M. Kiley Developmental Center, at Waukegan.

(b) Beginning not later than July 1, 1977, the Department shall cause each of the facilities under its jurisdiction which provide in-patient care to comply with standards, rules and regulations of the Department of Public Health prescribed under Section 6.05 of the Hospital Licensing Act.

(b-5) The Department shall cause each of the facilities

under its jurisdiction that provide in-patient care to comply with Section 6.25 of the Hospital Licensing Act.

(c) The Department shall issue quarterly electronic reports to the General Assembly on admissions, deflections, discharges, bed closures, staff-resident ratios, census, average length of stay, and any adverse federal certification or accreditation findings, if any, for each State-operated facility for the mentally ill and for persons with developmental disabilities. The quarterly reports shall be issued by January 1, April 1, July 1, and October 1 of each year. The quarterly reports shall include the following information for each facility reflecting the period ending 15 days prior to the submission of the report:

(1) the number of employees;

(2) the number of workplace violence incidents that occurred, including the number that were a direct assault on employees by residents and the number that resulted from staff intervention in a resident altercation or other form of injurious behavior;

(3) the number of employees impacted in each incident; and

(4) the number of employee injuries resulting, descriptions of the nature of the injuries, the number of employee injuries requiring medical treatment at the facility, the number of employee injuries requiring outside medical treatment, and the number of days off work

per injury.

(d) The requirements in subsection (c) do not relieve the Department from the recordkeeping requirements of the Occupational Safety and Health Act.

(e) The Department shall:

(1) establish a reasonable procedure for employees to report work-related assaults and injuries. A procedure is not reasonable if it would deter or discourage a reasonable employee from accurately reporting a workplace assault or injury;

(2) inform each employee:

(A) of the procedure for reporting work-related assaults and injuries;

(B) of the right to report work-related assaults and injuries; and

(C) that the Department is prohibited from discharging or in any manner discriminating against employees for reporting work-related assaults and injuries; and

(3) not discharge, discipline, or in any manner discriminate against any employee for reporting a work-related assault or injury.

(Source: P.A. 99-143, eff. 7-27-15; 100-1075, eff. 1-1-19.)

(405 ILCS 95/Act rep.)

Section 10. The Perinatal Mental Health Disorders

Prevention and Treatment Act is repealed.

Section 15. The Maternal Mental Health Conditions Education, Early Diagnosis, and Treatment Act is amended by changing Sections 5, 10, and 15 and by adding Sections 9 and 14 as follows:

(405 ILCS 120/5)

Sec. 5. Findings. The General Assembly finds the following:

(1) Maternal depression is a common complication of pregnancy. Maternal mental health disorders encompass a range of mental health conditions, such as depression, anxiety, and postpartum psychosis.

(2) Maternal mental health conditions affect one in 5 women during or after pregnancy, but all women are at risk of suffering from maternal mental health conditions.

(3) Untreated maternal mental health conditions significantly and negatively impact the short-term and long-term health and well-being of affected women and their children.

(4) Untreated maternal mental health conditions cause adverse birth outcomes, impaired maternal-infant bonding, poor infant growth, childhood emotional and behavioral problems, and significant medical and economic costs, estimated to be $22,500 per mother.

(5) Lack of understanding and social stigma of mental health conditions prevent women and families from understanding the signs, symptoms, and risks involved with maternal mental health conditions and disproportionately affect women who lack access to social support networks.

~~(6) It is the intent of the General Assembly to raise awareness of the risk factors, signs, symptoms, and treatment options for maternal mental health conditions among pregnant women and their families, the general public, primary health care providers, and health care providers who care for pregnant women, postpartum women, and newborn infants.~~

(Source: P.A. 101-512, eff. 1-1-20.)

(405 ILCS 120/9 new)

Sec. 9. Intent. It is the intent of the General Assembly:

(1) to raise awareness of the risk factors, signs, symptoms, and treatment options for maternal mental health conditions among pregnant women and their families, the general public, primary care providers, and health care providers who care for pregnant women, postpartum women, and newborn infants;

(2) to provide information to women and their families about maternal mental health conditions in order to lower the likelihood that new mothers will continue to suffer from this illness in silence;

(3) to develop procedures for assessing women for maternal mental health conditions during prenatal and postnatal visits to licensed health care professionals; and

(4) to promote early detection of maternal mental health conditions to promote early care and treatment and, when medically appropriate, to avoid medication.

(405 ILCS 120/10)

Sec. 10. Definitions. In this Act:

"Birthing hospital" means a hospital that has an approved obstetric category of service and licensed beds by the Health Facilities and Services Review Board.

"Department" means the Department of Human Services.

"Licensed health care professional" means a physician licensed to practice medicine in all its branches, a licensed advanced practice registered nurse, or a licensed physician assistant.

"Maternal mental health condition" means a mental health condition that occurs during pregnancy or during the postpartum period and includes, but is not limited to, postpartum depression.

"Postnatal care" means an office visit to a licensed health care professional occurring after birth, with reference to the infant or mother.

"Prenatal care" means an office visit to a licensed health

care professional for pregnancy-related care occurring before the birth.

"Questionnaire" means an assessment tool administered by a licensed health care professional to detect maternal mental health conditions, such as the Edinburgh Postnatal Depression Scale, the Postpartum Depression Screening Scale, the Beck Depression Inventory, the Patient Health Questionnaire, or other validated assessment methods.

(Source: P.A. 101-512, eff. 1-1-20.)

(405 ILCS 120/14 new)

Sec. 14. Maternal mental health conditions prevention and treatment. The Department of Human Services, in conjunction with the Department of Healthcare and Family Services, the Department of Public Health, and the Department of Financial and Professional Regulation and the Medical Licensing Board, shall work with birthing hospitals and licensed health care professionals in this State to develop policies, procedures, information, and educational materials to meet each of the following requirements concerning maternal mental health conditions:

(1) Licensed health care professionals providing prenatal care to women shall provide education to women and, if possible and with permission, to their families about maternal mental health conditions in accordance with the formal opinions and recommendations of the American

College of Obstetricians and Gynecologists.

(2) All birthing hospitals shall provide new mothers, prior to discharge following childbirth, and, if possible, shall provide fathers and other family members with complete information about maternal mental health conditions, including its symptoms, methods of coping with the illness, treatment resources, post-hospital treatment options, and community resources. The Department of Human Services shall provide written information that hospitals may use to satisfy this subsection (2). A birthing hospital shall supplement the materials provided by the Department to include relevant resources to the region or community in which the birthing hospital is located.

(3) Licensed health care professionals providing prenatal care at a prenatal visit shall invite each pregnant patient to complete a questionnaire and shall review the completed questionnaire in accordance with the formal opinions and recommendations of the American College of Obstetricians and Gynecologists. Assessment for maternal mental health conditions must be repeated when, in the professional judgment of the licensed health care professional, a reasonable possibility exists that the woman suffers from a maternal mental health condition.

(4) Licensed health care professionals providing postnatal care to women shall invite each patient to complete a questionnaire and shall review the completed

questionnaire in accordance with the formal opinions and recommendations of the American College of Obstetricians and Gynecologists.

(5) Licensed health care professionals providing pediatric care to an infant shall invite the infant's mother to complete a questionnaire at any well-baby check-up at which the mother is present prior to the infant's first birthday, and shall review the completed questionnaire in accordance with the formal opinions and recommendations of the American College of Obstetricians and Gynecologists, in order to ensure that the health and well-being of the infant are not compromised by an undiagnosed maternal mental health condition in the mother. In order to share results from an assessment with the mother's primary licensed health care professional, consent should be obtained from the mother in accordance with the Illinois Health Insurance Portability and Accountability Act. If the mother is determined to present an acute danger to herself or someone else, consent is not required.

(405 ILCS 120/15)

Sec. 15. Educational materials about maternal mental health conditions. The Department, in conjunction with the Department of Healthcare and Family Services, the Department of Public Health, and the Department of Financial and

Professional Regulation and the Medical Licensing Board, shall develop educational materials for health care professionals ~~and patients~~ about maternal mental health conditions. A birthing hospital shall, on or before January 1, 2021, distribute these materials to employees regularly assigned to work with pregnant or postpartum women and incorporate these materials in any employee training that is related to patient care of pregnant or postpartum women. ~~A birthing hospital shall supplement the materials provided by the Department to include relevant resources to the region or community in which the birthing hospital is located.~~ The educational materials developed under this Section shall include all of the following:

~~(1) Information for postpartum women and families about maternal mental health conditions, post-hospital treatment options, and community resources.~~

(1) ~~(2)~~ Information for hospital employees regularly assigned to work in the perinatal unit, including, as appropriate, registered nurses and social workers, about maternal mental health conditions.

(2) ~~(3)~~ Any other service the birthing hospital determines should be included in the program to provide optimal patient care.

(Source: P.A. 101-512, eff. 1-1-20.)

Section 20. The Illinois Controlled Substances Act is

amended by changing Sections 100, 102, 201, 203, 205, 207, 208, 209, 210, 211, 216, 312, 313, 318, 320, 410, 411.2, 413, 504, 508, and 509 as follows:

(720 ILCS 570/100) (from Ch. 56 1/2, par. 1100)

Sec. 100. Legislative intent. It is the intent of the General Assembly, recognizing the rising incidence in the misuse ~~abuse~~ of drugs and other dangerous substances and its resultant damage to the peace, health, and welfare of the citizens of Illinois, to provide a system of control over the distribution and use of controlled substances which will more effectively: (1) limit access of such substances only to those persons who have demonstrated an appropriate sense of responsibility and have a lawful and legitimate reason to possess them; (2) deter the unlawful and destructive misuse ~~abuse~~ of controlled substances; (3) penalize most heavily the illicit traffickers or profiteers of controlled substances, who propagate and perpetuate the misuse ~~abuse~~ of such substances with reckless disregard for its consumptive consequences upon every element of society; (4) acknowledge the functional and consequential differences between the various types of controlled substances and provide for correspondingly different degrees of control over each of the various types; (5) unify where feasible and codify the efforts of this State to conform with the regulatory systems of the Federal government; and (6) provide law enforcement

authorities with the necessary resources to make this system efficacious.

It is not the intent of the General Assembly to treat the unlawful user or occasional petty distributor of controlled substances with the same severity as the large-scale, unlawful purveyors and traffickers of controlled substances. However, it is recognized that persons who violate this Act with respect to the manufacture, delivery, possession with intent to deliver, or possession of more than one type of controlled substance listed herein may accordingly receive multiple convictions and sentences under each Section of this Act. To this end, guidelines have been provided, along with a wide latitude in sentencing discretion, to enable the sentencing court to order penalties in each case which are appropriate for the purposes of this Act.

(Source: P.A. 97-334, eff. 1-1-12.)

(720 ILCS 570/102) (from Ch. 56 1/2, par. 1102)

Sec. 102. Definitions. As used in this Act, unless the context otherwise requires:

(a) "Person with a substance use disorder ~~Addict~~" means any person who has a substance use disorder diagnosis defined as a spectrum of persistent and recurring problematic behavior that encompasses 10 separate classes of drugs: alcohol; caffeine; cannabis; hallucinogens; inhalants; opioids; sedatives, hypnotics and anxiolytics; stimulants; and tobacco;

and other unknown substances leading to clinically significant impairment or distress ~~habitually uses any drug, chemical, substance or dangerous drug other than alcohol so as to endanger the public morals, health, safety or welfare or who is so far addicted to the use of a dangerous drug or controlled substance other than alcohol as to have lost the power of self control with reference to his or her addiction~~.

(b) "Administer" means the direct application of a controlled substance, whether by injection, inhalation, ingestion, or any other means, to the body of a patient, research subject, or animal (as defined by the Humane Euthanasia in Animal Shelters Act) by:

(1) a practitioner (or, in his or her presence, by his or her authorized agent),

(2) the patient or research subject pursuant to an order, or

(3) a euthanasia technician as defined by the Humane Euthanasia in Animal Shelters Act.

(c) "Agent" means an authorized person who acts on behalf of or at the direction of a manufacturer, distributor, dispenser, prescriber, or practitioner. It does not include a common or contract carrier, public warehouseman or employee of the carrier or warehouseman.

(c-1) "Anabolic Steroids" means any drug or hormonal substance, chemically and pharmacologically related to testosterone (other than estrogens, progestins,

corticosteroids, and dehydroepiandrosterone), and includes:

(i) 3[beta],17-dihydroxy-5a-androstane,

(ii) 3[alpha],17[beta]-dihydroxy-5a-androstane,

(iii) 5[alpha]-androstan-3,17-dione,

(iv) 1-androstenediol (3[beta], 17[beta]-dihydroxy-5[alpha]-androst-1-ene),

(v) 1-androstenediol (3[alpha], 17[beta]-dihydroxy-5[alpha]-androst-1-ene),

(vi) 4-androstenediol (3[beta],17[beta]-dihydroxy-androst-4-ene),

(vii) 5-androstenediol (3[beta],17[beta]-dihydroxy-androst-5-ene),

(viii) 1-androstenedione ([5alpha]-androst-1-en-3,17-dione),

(ix) 4-androstenedione (androst-4-en-3,17-dione),

(x) 5-androstenedione (androst-5-en-3,17-dione),

(xi) bolasterone (7[alpha],17a-dimethyl-17[beta]-hydroxyandrost-4-en-3-one),

(xii) boldenone (17[beta]-hydroxyandrost-1,4,-diene-3-one),

(xiii) boldione (androsta-1,4-diene-3,17-dione),

(xiv) calusterone (7[beta],17[alpha]-dimethyl-17[beta]-hydroxyandrost-4-en-3-one),

(xv) clostebol (4-chloro-17[beta]-hydroxyandrost-4-en-3-one),

(xvi) dehydrochloromethyltestosterone (4-chloro-17[beta]-hydroxy-17[alpha]-methyl-androst-1,4-dien-3-one),

(xvii) desoxymethyltestosterone (17[alpha]-methyl-5[alpha]-androst-2-en-17[beta]-ol)(a.k.a., madol),

(xviii) [delta]1-dihydrotestosterone (a.k.a. '1-testosterone') (17[beta]-hydroxy-5[alpha]-androst-1-en-3-one),

(xix) 4-dihydrotestosterone (17[beta]-hydroxy-androstan-3-one),

(xx) drostanolone (17[beta]-hydroxy-2[alpha]-methyl-5[alpha]-androstan-3-one),

(xxi) ethylestrenol (17[alpha]-ethyl-17[beta]-hydroxyestr-4-ene),

(xxii) fluoxymesterone (9-fluoro-17[alpha]-methyl-1[beta],17[beta]-dihydroxyandrost-4-en-3-one),

(xxiii) formebolone (2-formyl-17[alpha]-methyl-11[alpha], 17[beta]-dihydroxyandrost-1,4-dien-3-one),

(xxiv) furazabol (17[alpha]-methyl-17[beta]-hydroxyandrostano[2,3-c]-furazan),

(xxv) 13[beta]-ethyl-17[beta]-hydroxygon-4-en-3-one,

(xxvi) 4-hydroxytestosterone (4,17[beta]-dihydroxy-androst-4-en-3-one),

(xxvii) 4-hydroxy-19-nortestosterone (4,17[beta]-dihydroxy-estr-4-en-3-one),

(xxviii) mestanolone (17[alpha]-methyl-17[beta]-hydroxy-5-androstan-3-one),

(xxix) mesterolone (1amethyl-17[beta]-hydroxy-[5a]-androstan-3-one),

(xxx) methandienone (17[alpha]-methyl-17[beta]-hydroxyandrost-1,4-dien-3-one),

(xxxi) methandriol (17[alpha]-methyl-3[beta],17[beta]-dihydroxyandrost-5-ene),

(xxxii) methenolone (1-methyl-17[beta]-hydroxy-5[alpha]-androst-1-en-3-one),

(xxxiii) 17[alpha]-methyl-3[beta], 17[beta]-dihydroxy-5a-androstane,

(xxxiv) 17[alpha]-methyl-3[alpha],17[beta]-dihydroxy -5a-androstane,

(xxxv) 17[alpha]-methyl-3[beta],17[beta]-dihydroxyandrost-4-ene),

(xxxvi) 17[alpha]-methyl-4-hydroxynandrolone (17[alpha]-methyl-4-hydroxy-17[beta]-hydroxyestr-4-en-3-one),

(xxxvii) methyldienolone (17[alpha]-methyl-17[beta]-hydroxyestra-4,9(10)-dien-3-one),

(xxxviii) methyltrienolone (17[alpha]-methyl-17[beta]-hydroxyestra-4,9-11-trien-3-one),

(xxxix) methyltestosterone (17[alpha]-methyl-17[beta]-hydroxyandrost-4-en-3-one),

(xl) mibolerone (7[alpha],17a-dimethyl-17[beta]-hydroxyestr-4-en-3-one),

(xli) 17[alpha]-methyl-[delta]1-dihydrotestosterone (17b[beta]-hydroxy-17[alpha]-methyl-5[alpha]-androst-1-en-3-one)(a.k.a. '17-[alpha]-methyl-1-testosterone'),

(xlii) nandrolone (17[beta]-hydroxyestr-4-en-3-one),

(xliii) 19-nor-4-androstenediol (3[beta], 17[beta]-dihydroxyestr-4-ene),

(xliv) 19-nor-4-androstenediol (3[alpha], 17[beta]-dihydroxyestr-4-ene),

(xlv) 19-nor-5-androstenediol (3[beta], 17[beta]-dihydroxyestr-5-ene),

(xlvi) 19-nor-5-androstenediol (3[alpha], 17[beta]-dihydroxyestr-5-ene),

(xlvii) 19-nor-4,9(10)-androstadienedione (estra-4,9(10)-diene-3,17-dione),

(xlviii) 19-nor-4-androstenedione (estr-4-en-3,17-dione),

(xlix) 19-nor-5-androstenedione (estr-5-en-3,17-dione),

(l) norbolethone (13[beta], 17a-diethyl-17[beta]-hydroxygon-4-en-3-one),

(li) norclostebol (4-chloro-17[beta]-hydroxyestr-4-en-3-one),

(lii) norethandrolone (17[alpha]-ethyl-17[beta]-

hydroxyestr-4-en-3-one),

(liii) normethandrolone (17[alpha]-methyl-17[beta]-hydroxyestr-4-en-3-one),

(liv) oxandrolone (17[alpha]-methyl-17[beta]-hydroxy-2-oxa-5[alpha]-androstan-3-one),

(lv) oxymesterone (17[alpha]-methyl-4,17[beta]-dihydroxyandrost-4-en-3-one),

(lvi) oxymetholone (17[alpha]-methyl-2-hydroxymethylene-17[beta]-hydroxy-(5[alpha]-androstan-3-one),

(lvii) stanozolol (17[alpha]-methyl-17[beta]-hydroxy-(5[alpha]-androst-2-eno[3,2-c]-pyrazole),

(lviii) stenbolone (17[beta]-hydroxy-2-methyl-(5[alpha]-androst-1-en-3-one),

(lix) testolactone (13-hydroxy-3-oxo-13,17-secoandrosta-1,4-dien-17-oic acid lactone),

(lx) testosterone (17[beta]-hydroxyandrost-4-en-3-one),

(lxi) tetrahydrogestrinone (13[beta], 17[alpha]-diethyl-17[beta]-hydroxygon-4,9,11-trien-3-one),

(lxii) trenbolone (17[beta]-hydroxyestr-4,9,11-trien-3-one).

Any person who is otherwise lawfully in possession of an anabolic steroid, or who otherwise lawfully manufactures, distributes, dispenses, delivers, or possesses with intent to

deliver an anabolic steroid, which anabolic steroid is expressly intended for and lawfully allowed to be administered through implants to livestock or other nonhuman species, and which is approved by the Secretary of Health and Human Services for such administration, and which the person intends to administer or have administered through such implants, shall not be considered to be in unauthorized possession or to unlawfully manufacture, distribute, dispense, deliver, or possess with intent to deliver such anabolic steroid for purposes of this Act.

(d) "Administration" means the Drug Enforcement Administration, United States Department of Justice, or its successor agency.

(d-5) "Clinical Director, Prescription Monitoring Program" means a Department of Human Services administrative employee licensed to either prescribe or dispense controlled substances who shall run the clinical aspects of the Department of Human Services Prescription Monitoring Program and its Prescription Information Library.

(d-10) "Compounding" means the preparation and mixing of components, excluding flavorings, (1) as the result of a prescriber's prescription drug order or initiative based on the prescriber-patient-pharmacist relationship in the course of professional practice or (2) for the purpose of, or incident to, research, teaching, or chemical analysis and not for sale or dispensing. "Compounding" includes the preparation

of drugs or devices in anticipation of receiving prescription drug orders based on routine, regularly observed dispensing patterns. Commercially available products may be compounded for dispensing to individual patients only if both of the following conditions are met: (i) the commercial product is not reasonably available from normal distribution channels in a timely manner to meet the patient's needs and (ii) the prescribing practitioner has requested that the drug be compounded.

(e) "Control" means to add a drug or other substance, or immediate precursor, to a Schedule whether by transfer from another Schedule or otherwise.

(f) "Controlled Substance" means (i) a drug, substance, immediate precursor, or synthetic drug in the Schedules of Article II of this Act or (ii) a drug or other substance, or immediate precursor, designated as a controlled substance by the Department through administrative rule. The term does not include distilled spirits, wine, malt beverages, or tobacco, as those terms are defined or used in the Liquor Control Act of 1934 and the Tobacco Products Tax Act of 1995.

(f-5) "Controlled substance analog" means a substance:

(1) the chemical structure of which is substantially similar to the chemical structure of a controlled substance in Schedule I or II;

(2) which has a stimulant, depressant, or hallucinogenic effect on the central nervous system that

is substantially similar to or greater than the stimulant, depressant, or hallucinogenic effect on the central nervous system of a controlled substance in Schedule I or II; or

(3) with respect to a particular person, which such person represents or intends to have a stimulant, depressant, or hallucinogenic effect on the central nervous system that is substantially similar to or greater than the stimulant, depressant, or hallucinogenic effect on the central nervous system of a controlled substance in Schedule I or II.

(g) "Counterfeit substance" means a controlled substance, which, or the container or labeling of which, without authorization bears the trademark, trade name, or other identifying mark, imprint, number or device, or any likeness thereof, of a manufacturer, distributor, or dispenser other than the person who in fact manufactured, distributed, or dispensed the substance.

(h) "Deliver" or "delivery" means the actual, constructive or attempted transfer of possession of a controlled substance, with or without consideration, whether or not there is an agency relationship. "Deliver" or "delivery" does not include the donation of drugs to the extent permitted under the Illinois Drug Reuse Opportunity Program Act.

(i) "Department" means the Illinois Department of Human Services (as successor to the Department of Alcoholism and

Substance Abuse) or its successor agency.

(j) (Blank).

(k) "Department of Corrections" means the Department of Corrections of the State of Illinois or its successor agency.

(l) "Department of Financial and Professional Regulation" means the Department of Financial and Professional Regulation of the State of Illinois or its successor agency.

(m) "Depressant" means any drug that (i) causes an overall depression of central nervous system functions, (ii) causes impaired consciousness and awareness, and (iii) can be habit-forming or lead to a substance misuse or substance use disorder ~~abuse problem~~, including, but not limited to, alcohol, cannabis and its active principles and their analogs, benzodiazepines and their analogs, barbiturates and their analogs, opioids (natural and synthetic) and their analogs, and chloral hydrate and similar sedative hypnotics.

(n) (Blank).

(o) "Director" means the Director of the Illinois State Police or his or her designated agents.

(p) "Dispense" means to deliver a controlled substance to an ultimate user or research subject by or pursuant to the lawful order of a prescriber, including the prescribing, administering, packaging, labeling, or compounding necessary to prepare the substance for that delivery.

(q) "Dispenser" means a practitioner who dispenses.

(r) "Distribute" means to deliver, other than by

administering or dispensing, a controlled substance.

(s) "Distributor" means a person who distributes.

(t) "Drug" means (1) substances recognized as drugs in the official United States Pharmacopoeia, Official Homeopathic Pharmacopoeia of the United States, or official National Formulary, or any supplement to any of them; (2) substances intended for use in diagnosis, cure, mitigation, treatment, or prevention of disease in man or animals; (3) substances (other than food) intended to affect the structure of any function of the body of man or animals and (4) substances intended for use as a component of any article specified in clause (1), (2), or (3) of this subsection. It does not include devices or their components, parts, or accessories.

(t-3) "Electronic health record" or "EHR" means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff.

(t-3.5) "Electronic health record system" or "EHR system" means any computer-based system or combination of federally certified Health IT Modules (defined at 42 CFR 170.102 or its successor) used as a repository for electronic health records and accessed or updated by a prescriber or authorized surrogate in the ordinary course of his or her medical practice. For purposes of connecting to the Prescription Information Library maintained by the Bureau of Pharmacy and Clinical Support Systems or its successor, an EHR system may

connect to the Prescription Information Library directly or through all or part of a computer program or system that is a federally certified Health IT Module maintained by a third party and used by the EHR system to secure access to the database.

(t-4) "Emergency medical services personnel" has the meaning ascribed to it in the Emergency Medical Services (EMS) Systems Act.

(t-5) "Euthanasia agency" means an entity certified by the Department of Financial and Professional Regulation for the purpose of animal euthanasia that holds an animal control facility license or animal shelter license under the Animal Welfare Act. A euthanasia agency is authorized to purchase, store, possess, and utilize Schedule II nonnarcotic and Schedule III nonnarcotic drugs for the sole purpose of animal euthanasia.

(t-10) "Euthanasia drugs" means Schedule II or Schedule III substances (nonnarcotic controlled substances) that are used by a euthanasia agency for the purpose of animal euthanasia.

(u) "Good faith" means the prescribing or dispensing of a controlled substance by a practitioner in the regular course of professional treatment to or for any person who is under his or her treatment for a pathology or condition other than that individual's physical or psychological dependence upon ~~or addiction to~~ a controlled substance, except as provided

herein: and application of the term to a pharmacist shall mean the dispensing of a controlled substance pursuant to the prescriber's order which in the professional judgment of the pharmacist is lawful. The pharmacist shall be guided by accepted professional standards, including, but not limited to, the following, in making the judgment:

(1) lack of consistency of prescriber-patient relationship,

(2) frequency of prescriptions for same drug by one prescriber for large numbers of patients,

(3) quantities beyond those normally prescribed,

(4) unusual dosages (recognizing that there may be clinical circumstances where more or less than the usual dose may be used legitimately),

(5) unusual geographic distances between patient, pharmacist and prescriber,

(6) consistent prescribing of habit-forming drugs.

(u-0.5) "Hallucinogen" means a drug that causes markedly altered sensory perception leading to hallucinations of any type.

(u-1) "Home infusion services" means services provided by a pharmacy in compounding solutions for direct administration to a patient in a private residence, long-term care facility, or hospice setting by means of parenteral, intravenous, intramuscular, subcutaneous, or intraspinal infusion.

(u-5) "Illinois State Police" means the Illinois State

Police or its successor agency.

(v) "Immediate precursor" means a substance:

(1) which the Department has found to be and by rule designated as being a principal compound used, or produced primarily for use, in the manufacture of a controlled substance;

(2) which is an immediate chemical intermediary used or likely to be used in the manufacture of such controlled substance; and

(3) the control of which is necessary to prevent, curtail or limit the manufacture of such controlled substance.

(w) "Instructional activities" means the acts of teaching, educating or instructing by practitioners using controlled substances within educational facilities approved by the State Board of Education or its successor agency.

(x) "Local authorities" means a duly organized State, County or Municipal peace unit or police force.

(y) "Look-alike substance" means a substance, other than a controlled substance which (1) by overall dosage unit appearance, including shape, color, size, markings or lack thereof, taste, consistency, or any other identifying physical characteristic of the substance, would lead a reasonable person to believe that the substance is a controlled substance, or (2) is expressly or impliedly represented to be a controlled substance or is distributed under circumstances

which would lead a reasonable person to believe that the substance is a controlled substance. For the purpose of determining whether the representations made or the circumstances of the distribution would lead a reasonable person to believe the substance to be a controlled substance under this clause (2) of subsection (y), the court or other authority may consider the following factors in addition to any other factor that may be relevant:

(a) statements made by the owner or person in control of the substance concerning its nature, use or effect;

(b) statements made to the buyer or recipient that the substance may be resold for profit;

(c) whether the substance is packaged in a manner normally used for the illegal distribution of controlled substances;

(d) whether the distribution or attempted distribution included an exchange of or demand for money or other property as consideration, and whether the amount of the consideration was substantially greater than the reasonable retail market value of the substance.

Clause (1) of this subsection (y) shall not apply to a noncontrolled substance in its finished dosage form that was initially introduced into commerce prior to the initial introduction into commerce of a controlled substance in its finished dosage form which it may substantially resemble.

Nothing in this subsection (y) prohibits the dispensing or

distributing of noncontrolled substances by persons authorized to dispense and distribute controlled substances under this Act, provided that such action would be deemed to be carried out in good faith under subsection (u) if the substances involved were controlled substances.

Nothing in this subsection (y) or in this Act prohibits the manufacture, preparation, propagation, compounding, processing, packaging, advertising or distribution of a drug or drugs by any person registered pursuant to Section 510 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360).

(y-1) "Mail-order pharmacy" means a pharmacy that is located in a state of the United States that delivers, dispenses or distributes, through the United States Postal Service or other common carrier, to Illinois residents, any substance which requires a prescription.

(z) "Manufacture" means the production, preparation, propagation, compounding, conversion or processing of a controlled substance other than methamphetamine, either directly or indirectly, by extraction from substances of natural origin, or independently by means of chemical synthesis, or by a combination of extraction and chemical synthesis, and includes any packaging or repackaging of the substance or labeling of its container, except that this term does not include:

(1) by an ultimate user, the preparation or compounding of a controlled substance for his or her own

use;

(2) by a practitioner, or his or her authorized agent under his or her supervision, the preparation, compounding, packaging, or labeling of a controlled substance:

(a) as an incident to his or her administering or dispensing of a controlled substance in the course of his or her professional practice; or

(b) as an incident to lawful research, teaching or chemical analysis and not for sale; or

(3) the packaging, repackaging, or labeling of drugs only to the extent permitted under the Illinois Drug Reuse Opportunity Program Act.

(z-1) (Blank).

(z-5) "Medication shopping" means the conduct prohibited under subsection (a) of Section 314.5 of this Act.

(z-10) "Mid-level practitioner" means (i) a physician assistant who has been delegated authority to prescribe through a written delegation of authority by a physician licensed to practice medicine in all of its branches, in accordance with Section 7.5 of the Physician Assistant Practice Act of 1987, (ii) an advanced practice registered nurse who has been delegated authority to prescribe through a written delegation of authority by a physician licensed to practice medicine in all of its branches or by a podiatric physician, in accordance with Section 65-40 of the Nurse

Practice Act, (iii) an advanced practice registered nurse certified as a nurse practitioner, nurse midwife, or clinical nurse specialist who has been granted authority to prescribe by a hospital affiliate in accordance with Section 65-45 of the Nurse Practice Act, (iv) an animal euthanasia agency, or (v) a prescribing psychologist.

(aa) "Narcotic drug" means any of the following, whether produced directly or indirectly by extraction from substances of vegetable origin, or independently by means of chemical synthesis, or by a combination of extraction and chemical synthesis:

(1) opium, opiates, derivatives of opium and opiates, including their isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, whenever the existence of such isomers, esters, ethers, and salts is possible within the specific chemical designation; however the term "narcotic drug" does not include the isoquinoline alkaloids of opium;

(2) (blank);

(3) opium poppy and poppy straw;

(4) coca leaves, except coca leaves and extracts of coca leaves from which substantially all of the cocaine and ecgonine, and their isomers, derivatives and salts, have been removed;

(5) cocaine, its salts, optical and geometric isomers, and salts of isomers;

(6) ecgonine, its derivatives, their salts, isomers, and salts of isomers;

(7) any compound, mixture, or preparation which contains any quantity of any of the substances referred to in subparagraphs (1) through (6).

(bb) "Nurse" means a registered nurse licensed under the Nurse Practice Act.

(cc) (Blank).

(dd) "Opiate" means a drug derived from or related to opium ~~any substance having an addiction forming or addiction sustaining liability similar to morphine or being capable of conversion into a drug having addiction forming or addiction sustaining liability~~.

(ee) "Opium poppy" means the plant of the species Papaver somniferum L., except its seeds.

(ee-5) "Oral dosage" means a tablet, capsule, elixir, or solution or other liquid form of medication intended for administration by mouth, but the term does not include a form of medication intended for buccal, sublingual, or transmucosal administration.

(ff) "Parole and Pardon Board" means the Parole and Pardon Board of the State of Illinois or its successor agency.

(gg) "Person" means any individual, corporation, mail-order pharmacy, government or governmental subdivision or agency, business trust, estate, trust, partnership or association, or any other entity.

(hh) "Pharmacist" means any person who holds a license or certificate of registration as a registered pharmacist, a local registered pharmacist or a registered assistant pharmacist under the Pharmacy Practice Act.

(ii) "Pharmacy" means any store, ship or other place in which pharmacy is authorized to be practiced under the Pharmacy Practice Act.

(ii-5) "Pharmacy shopping" means the conduct prohibited under subsection (b) of Section 314.5 of this Act.

(ii-10) "Physician" (except when the context otherwise requires) means a person licensed to practice medicine in all of its branches.

(jj) "Poppy straw" means all parts, except the seeds, of the opium poppy, after mowing.

(kk) "Practitioner" means a physician licensed to practice medicine in all its branches, dentist, optometrist, podiatric physician, veterinarian, scientific investigator, pharmacist, physician assistant, advanced practice registered nurse, licensed practical nurse, registered nurse, emergency medical services personnel, hospital, laboratory, or pharmacy, or other person licensed, registered, or otherwise lawfully permitted by the United States or this State to distribute, dispense, conduct research with respect to, administer or use in teaching or chemical analysis, a controlled substance in the course of professional practice or research.

(ll) "Pre-printed prescription" means a written

prescription upon which the designated drug has been indicated prior to the time of issuance; the term does not mean a written prescription that is individually generated by machine or computer in the prescriber's office.

(mm) "Prescriber" means a physician licensed to practice medicine in all its branches, dentist, optometrist, prescribing psychologist licensed under Section 4.2 of the Clinical Psychologist Licensing Act with prescriptive authority delegated under Section 4.3 of the Clinical Psychologist Licensing Act, podiatric physician, or veterinarian who issues a prescription, a physician assistant who issues a prescription for a controlled substance in accordance with Section 303.05, a written delegation, and a written collaborative agreement required under Section 7.5 of the Physician Assistant Practice Act of 1987, an advanced practice registered nurse with prescriptive authority delegated under Section 65-40 of the Nurse Practice Act and in accordance with Section 303.05, a written delegation, and a written collaborative agreement under Section 65-35 of the Nurse Practice Act, an advanced practice registered nurse certified as a nurse practitioner, nurse midwife, or clinical nurse specialist who has been granted authority to prescribe by a hospital affiliate in accordance with Section 65-45 of the Nurse Practice Act and in accordance with Section 303.05, or an advanced practice registered nurse certified as a nurse practitioner, nurse midwife, or clinical nurse specialist who

has full practice authority pursuant to Section 65-43 of the Nurse Practice Act.

(nn) "Prescription" means a written, facsimile, or oral order, or an electronic order that complies with applicable federal requirements, of a physician licensed to practice medicine in all its branches, dentist, podiatric physician or veterinarian for any controlled substance, of an optometrist in accordance with Section 15.1 of the Illinois Optometric Practice Act of 1987, of a prescribing psychologist licensed under Section 4.2 of the Clinical Psychologist Licensing Act with prescriptive authority delegated under Section 4.3 of the Clinical Psychologist Licensing Act, of a physician assistant for a controlled substance in accordance with Section 303.05, a written delegation, and a written collaborative agreement required under Section 7.5 of the Physician Assistant Practice Act of 1987, of an advanced practice registered nurse with prescriptive authority delegated under Section 65-40 of the Nurse Practice Act who issues a prescription for a controlled substance in accordance with Section 303.05, a written delegation, and a written collaborative agreement under Section 65-35 of the Nurse Practice Act, of an advanced practice registered nurse certified as a nurse practitioner, nurse midwife, or clinical nurse specialist who has been granted authority to prescribe by a hospital affiliate in accordance with Section 65-45 of the Nurse Practice Act and in accordance with Section 303.05 when required by law, or of an

advanced practice registered nurse certified as a nurse practitioner, nurse midwife, or clinical nurse specialist who has full practice authority pursuant to Section 65-43 of the Nurse Practice Act.

(nn-5) "Prescription Information Library" (PIL) means an electronic library that contains reported controlled substance data.

(nn-10) "Prescription Monitoring Program" (PMP) means the entity that collects, tracks, and stores reported data on controlled substances and select drugs pursuant to Section 316.

(oo) "Production" or "produce" means manufacture, planting, cultivating, growing, or harvesting of a controlled substance other than methamphetamine.

(pp) "Registrant" means every person who is required to register under Section 302 of this Act.

(qq) "Registry number" means the number assigned to each person authorized to handle controlled substances under the laws of the United States and of this State.

(qq-5) "Secretary" means, as the context requires, either the Secretary of the Department or the Secretary of the Department of Financial and Professional Regulation, and the Secretary's designated agents.

(rr) "State" includes the State of Illinois and any state, district, commonwealth, territory, insular possession thereof, and any area subject to the legal authority of the United

States of America.

(rr-5) "Stimulant" means any drug that (i) causes an overall excitation of central nervous system functions, (ii) causes impaired consciousness and awareness, and (iii) can be habit-forming or lead to a substance use disorder ~~abuse problem~~, including, but not limited to, amphetamines and their analogs, methylphenidate and its analogs, cocaine, and phencyclidine and its analogs.

(rr-10) "Synthetic drug" includes, but is not limited to, any synthetic cannabinoids or piperazines or any synthetic cathinones as provided for in Schedule I.

(ss) "Ultimate user" means a person who lawfully possesses a controlled substance for his or her own use or for the use of a member of his or her household or for administering to an animal owned by him or her or by a member of his or her household.

(Source: P.A. 101-666, eff. 1-1-22; 102-389, eff. 1-1-22; 102-538, eff. 8-20-21; 102-813, eff. 5-13-22.)

(720 ILCS 570/201) (from Ch. 56 1/2, par. 1201)

Sec. 201. (a) The Department shall carry out the provisions of this Article. The Department or its successor agency may, by administrative rule, add additional substances to or delete or reschedule all controlled substances in the Schedules of Sections 204, 206, 208, 210 and 212 of this Act. In making a determination regarding the addition, deletion, or

rescheduling of a substance, the Department shall consider the following:

(1) the actual or relative potential for misuse ~~abuse~~;

(2) the scientific evidence of its pharmacological effect, if known;

(3) the state of current scientific knowledge regarding the substance;

(4) the history and current pattern of misuse ~~abuse~~;

(5) the scope, duration, and significance of misuse ~~abuse~~;

(6) the risk to the public health;

(7) the potential of the substance to produce psychological or physiological dependence or a substance use disorder;

(8) whether the substance is an immediate precursor of a substance already controlled under this Article;

(9) the immediate harmful effect in terms of potentially fatal dosage; and

(10) the long-range effects in terms of permanent health impairment.

(b) (Blank).

(c) (Blank).

(d) If any substance is scheduled, rescheduled, or deleted as a controlled substance under Federal law and notice thereof is given to the Department, the Department shall similarly control the substance under this Act after the expiration of

30 days from publication in the Federal Register of a final order scheduling a substance as a controlled substance or rescheduling or deleting a substance, unless within that 30 day period the Department objects, or a party adversely affected files with the Department substantial written objections objecting to inclusion, rescheduling, or deletion. In that case, the Department shall publish the reasons for objection or the substantial written objections and afford all interested parties an opportunity to be heard. At the conclusion of the hearing, the Department shall publish its decision, by means of a rule, which shall be final unless altered by statute. Upon publication of objections by the Department, similar control under this Act whether by inclusion, rescheduling or deletion is stayed until the Department publishes its ruling.

(e) (Blank).

(f) (Blank).

(g) Authority to control under this Section does not extend to distilled spirits, wine, malt beverages, or tobacco as those terms are defined or used in the Liquor Control Act of 1934 and the Tobacco Products Tax Act of 1995.

(h) Persons registered with the Drug Enforcement Administration to manufacture or distribute controlled substances shall maintain adequate security and provide effective controls and procedures to guard against theft and diversion, but shall not otherwise be required to meet the

physical security control requirements (such as cage or vault) for Schedule V controlled substances containing pseudoephedrine or Schedule II controlled substances containing dextromethorphan.

(Source: P.A. 97-334, eff. 1-1-12; 98-756, eff. 7-16-14.)

(720 ILCS 570/203) (from Ch. 56 1/2, par. 1203)

Sec. 203. The Department, taking into consideration the recommendations of its Prescription Monitoring Program Advisory Committee, may issue a rule scheduling a substance in Schedule I if it finds that:

(1) the substance has high potential for misuse ~~abuse~~; and

(2) the substance has no currently accepted medical use in treatment in the United States or lacks accepted safety for use in treatment under medical supervision.

(Source: P.A. 97-334, eff. 1-1-12.)

(720 ILCS 570/205) (from Ch. 56 1/2, par. 1205)

Sec. 205. The Department, taking into consideration the recommendations of its Prescription Monitoring Program Advisory Committee, may issue a rule scheduling a substance in Schedule II if it finds that:

(1) the substance has high potential for misuse ~~abuse~~;

(2) the substance has currently accepted medical use in treatment in the United States, or currently accepted

medical use with severe restrictions; and

(3) the misuse ~~abuse~~ of the substance may lead to severe psychological or physiological dependence.

(Source: P.A. 97-334, eff. 1-1-12.)

(720 ILCS 570/207) (from Ch. 56 1/2, par. 1207)

Sec. 207. The Department, taking into consideration the recommendations of its Prescription Monitoring Program Advisory Committee, may issue a rule scheduling a substance in Schedule III if it finds that:

(1) the substance has a potential for misuse ~~abuse~~ less than the substances listed in Schedule I and II;

(2) the substance has currently accepted medical use in treatment in the United States; and

(3) misuse ~~abuse~~ of the substance may lead to moderate or low physiological dependence or high psychological dependence.

(Source: P.A. 97-334, eff. 1-1-12.)

(720 ILCS 570/208) (from Ch. 56 1/2, par. 1208)

Sec. 208. (a) The controlled substances listed in this Section are included in Schedule III.

(b) Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous

system, including its salts, isomers (whether optical position, or geometric), and salts of such isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation;

(1) Those compounds, mixtures, or preparations in dosage unit form containing any stimulant substances listed in Schedule II which compounds, mixtures, or preparations were listed on August 25, 1971, as excepted compounds under Title 21, Code of Federal Regulations, Section 308.32, and any other drug of the quantitative composition shown in that list for those drugs or which is the same except that it contains a lesser quantity of controlled substances;

(2) Benzphetamine;

(3) Chlorphentermine;

(4) Clortermine;

(5) Phendimetrazine.

(c) Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a potential for misuse ~~abuse~~ associated with a depressant effect on the central nervous system:

(1) Any compound, mixture, or preparation containing amobarbital, secobarbital, pentobarbital or any salt thereof and one or more other active medicinal ingredients which are not listed in any schedule;

(2) Any suppository dosage form containing amobarbital, secobarbital, pentobarbital or any salt of any of these drugs and approved by the Federal Food and Drug Administration for marketing only as a suppository;

(3) Any substance which contains any quantity of a derivative of barbituric acid, or any salt thereof:

(3.1) Aprobarbital;

(3.2) Butabarbital (secbutabarbital);

(3.3) Butalbital;

(3.4) Butobarbital (butethal);

(4) Chlorhexadol;

(5) Methyprylon;

(6) Sulfondiethylmethane;

(7) Sulfonethylmethane;

(8) Sulfonmethane;

(9) Lysergic acid;

(10) Lysergic acid amide;

(10.1) Tiletamine or zolazepam or both, or any salt of either of them.

Some trade or other names for a tiletamine-zolazepam combination product: Telazol.

Some trade or other names for Tiletamine: 2-(ethylamino)-2-(2-thienyl)-cyclohexanone.

Some trade or other names for zolazepam: 4-(2-fluorophenyl)-6,8-dihydro-1,3,8-trimethylpyrazolo-[3,4-e], [1,4]-diazepin-7(1H)-one, and flupyrazapon.

(11) Any material, compound, mixture or preparation containing not more than 12.5 milligrams of pentazocine or any of its salts, per 325 milligrams of aspirin;

(12) Any material, compound, mixture or preparation containing not more than 12.5 milligrams of pentazocine or any of its salts, per 325 milligrams of acetaminophen;

(13) Any material, compound, mixture or preparation containing not more than 50 milligrams of pentazocine or any of its salts plus naloxone HCl USP 0.5 milligrams, per dosage unit;

(14) Ketamine;

(15) Thiopental.

(d) Nalorphine.

(d.5) Buprenorphine.

(e) Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation containing limited quantities of any of the following narcotic drugs, or their salts calculated as the free anhydrous base or alkaloid, as set forth below:

(1) not more than 1.8 grams of codeine per 100 milliliters or not more than 90 milligrams per dosage unit, with an equal or greater quantity of an isoquinoline alkaloid of opium;

(2) not more than 1.8 grams of codeine per 100 milliliters or not more than 90 milligrams per dosage unit, with one or more active non-narcotic ingredients in

recognized therapeutic amounts;

(3) (blank);

(4) (blank);

(5) not more than 1.8 grams of dihydrocodeine per 100 milliliters or not more than 90 milligrams per dosage unit, with one or more active, non-narcotic ingredients in recognized therapeutic amounts;

(6) not more than 300 milligrams of ethylmorphine per 100 milliliters or not more than 15 milligrams per dosage unit, with one or more active, non-narcotic ingredients in recognized therapeutic amounts;

(7) not more than 500 milligrams of opium per 100 milliliters or per 100 grams, or not more than 25 milligrams per dosage unit, with one or more active, non-narcotic ingredients in recognized therapeutic amounts;

(8) not more than 50 milligrams of morphine per 100 milliliters or per 100 grams with one or more active, non-narcotic ingredients in recognized therapeutic amounts.

(f) Anabolic steroids, except the following anabolic steroids that are exempt:

(1) Androgyn L.A.;

(2) Andro-Estro 90-4;

(3) depANDROGYN;

(4) DEPO-T.E.;

(5) depTESTROGEN;

(6) Duomone;

(7) DURATESTRIN;

(8) DUO-SPAN II;

(9) Estratest;

(10) Estratest H.S.;

(11) PAN ESTRA TEST;

(12) Premarin with Methyltestosterone;

(13) TEST-ESTRO Cypionates;

(14) Testosterone Cyp 50 Estradiol Cyp 2;

(15) Testosterone Cypionate-Estradiol Cypionate injection; and

(16) Testosterone Enanthate-Estradiol Valerate injection.

(g) Hallucinogenic substances.

(1) Dronabinol (synthetic) in sesame oil and encapsulated in a soft gelatin capsule in a U.S. Food and Drug Administration approved product. Some other names for dronabinol: (6aR-trans)-6a,7,8,10a-tetrahydro-6,6,9-trimethyl-3-pentyl-6H-dibenzo (b,d) pyran-1-ol) or (-)-delta-9-(trans)-tetrahydrocannabinol.

(2) (Reserved).

(h) The Department may except by rule any compound, mixture, or preparation containing any stimulant or depressant substance listed in subsection (b) from the application of all or any part of this Act if the compound, mixture, or

preparation contains one or more active medicinal ingredients not having a stimulant or depressant effect on the central nervous system, and if the admixtures are included therein in combinations, quantity, proportion, or concentration that vitiate the potential for misuse ~~abuse~~ of the substances which have a stimulant or depressant effect on the central nervous system.

(Source: P.A. 100-368, eff. 1-1-18.)

(720 ILCS 570/209) (from Ch. 56 1/2, par. 1209)

Sec. 209. The Department, taking into consideration the recommendations of its Prescription Monitoring Program Advisory Committee, may issue a rule scheduling a substance in Schedule IV if it finds that:

(1) the substance has a low potential for misuse ~~abuse~~ relative to substances in Schedule III;

(2) the substance has currently accepted medical use in treatment in the United States; and

(3) misuse ~~abuse~~ of the substance may lead to limited physiological dependence or psychological dependence relative to the substances in Schedule III.

(Source: P.A. 97-334, eff. 1-1-12.)

(720 ILCS 570/210) (from Ch. 56 1/2, par. 1210)

Sec. 210. (a) The controlled substances listed in this Section are included in Schedule IV.

(b) Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation containing limited quantities of any of the following narcotic drugs, or their salts calculated as the free anhydrous base or alkaloid, as set forth below:

(1) Not more than 1 milligram of difenoxin (DEA Drug Code No. 9618) and not less than 25 micrograms of atropine sulfate per dosage unit.

(2) Dextropropoxyphene (Alpha-(+)-4-dimethylamino-1, 2-diphenyl-3-methyl-2-propionoxybutane).

(c) Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a potential for misuse ~~abuse~~ associated with a depressant effect on the central nervous system:

(1) Alprazolam;

(2) Barbital;

(2.1) Bromazepam;

(2.2) Camazepam;

(2.3) Carisoprodol;

(3) Chloral Betaine;

(4) Chloral Hydrate;

(5) Chlordiazepoxide;

(5.1) Clobazam;

(6) Clonazepam;

(7) Clorazepate;

(7.1) Clotiazepam;

(7.2) Cloxazolam;

(7.3) Delorazepam;

(8) Diazepam;

(8.05) Dichloralphenazone;

(8.1) Estazolam;

(9) Ethchlorvynol;

(10) Ethinamate;

(10.1) Ethyl loflazepate;

(10.2) Fludiazepam;

(10.3) Flunitrazepam;

(11) Flurazepam;

(11.1) Fospropofol;

(12) Halazepam;

(12.1) Haloxazolam;

(12.2) Ketazolam;

(12.3) Loprazolam;

(13) Lorazepam;

(13.1) Lormetazepam;

(14) Mebutamate;

(14.1) Medazepam;

(15) Meprobamate;

(16) Methohexital;

(17) Methylphenobarbital (Mephobarbital);

(17.1) Midazolam;

(17.2) Nimetazepam;

(17.3) Nitrazepam;

(17.4) Nordiazepam;

(18) Oxazepam;

(18.1) Oxazolam;

(19) Paraldehyde;

(20) Petrichloral;

(21) Phenobarbital;

(21.1) Pinazepam;

(22) Prazepam;

(22.1) Quazepam;

(23) Temazepam;

(23.1) Tetrazepam;

(23.2) Tramadol;

(24) Triazolam;

(24.5) Zaleplon;

(25) Zolpidem;

(26) Zopiclone.

(d) Any material, compound, mixture, or preparation which contains any quantity of the following substances, including its salts, isomers (whether optical, position, or geometric), and salts of such isomers, whenever the existence of such salts, isomers and salts of isomers is possible:

(1) Fenfluramine.

(e) Unless specifically excepted or unless listed in another schedule any material, compound, mixture, or preparation which contains any quantity of the following

substances having a stimulant effect on the central nervous system, including its salts, isomers (whether optical, position or geometric), and salts of such isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:

(1) Cathine ((+)-norpseudoephedrine);

(1.1) Diethylpropion;

(1.2) Fencamfamin;

(1.3) Fenproporex;

(2) Mazindol;

(2.1) Mefenorex;

(3) Phentermine;

(4) Pemoline (including organometallic complexes and chelates thereof);

(5) Pipradrol;

(6) SPA ((-)-1-dimethylamino-1, 2-diphenylethane);

(7) Modafinil;

(8) Sibutramine.

(f) Other Substances. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation that contains any quantity of the following substance, including its salts:

(1) Butorphanol (including its optical isomers).

(g) The Department may except by rule any compound, mixture, or preparation containing any depressant substance listed in subsection (b) from the application of all or any

part of this Act if the compound, mixture, or preparation contains one or more active medicinal ingredients not having a depressant effect on the central nervous system, and if the admixtures are included therein in combinations, quantity, proportion, or concentration that vitiate the potential for misuse ~~abuse~~ of the substances which have a depressant effect on the central nervous system.

(h) Except as otherwise provided in Section 216, any material, compound, mixture, or preparation that contains any quantity of the following substance having a stimulant effect on the central nervous system, including its salts, enantiomers (optical isomers) and salts of enantiomers (optical isomers):

(1) Ephedrine, its salts, optical isomers and salts of optical isomers.

(Source: P.A. 97-334, eff. 1-1-12.)

(720 ILCS 570/211) (from Ch. 56 1/2, par. 1211)

Sec. 211. The Department, taking into consideration the recommendations of its Prescription Monitoring Program Advisory Committee, may issue a rule scheduling a substance in Schedule V if it finds that:

(1) the substance has low potential for misuse ~~abuse~~ relative to the controlled substances listed in Schedule IV;

(2) the substance has currently accepted medical use

in treatment in the United States; and

(3) misuse ~~abuse~~ of the substance may lead to limited physiological dependence or psychological dependence relative to the substances in Schedule IV, or the substance is a targeted methamphetamine precursor as defined in the Methamphetamine Precursor Control Act.

(Source: P.A. 97-334, eff. 1-1-12.)

(720 ILCS 570/216)

Sec. 216. Ephedrine.

(a) The following drug products containing ephedrine, its salts, optical isomers and salts of optical isomers shall be exempt from the application of Sections 312 and 313 of this Act if they: (i) may lawfully be sold over-the-counter without a prescription under the Federal Food, Drug, and Cosmetic Act; (ii) are labeled and marketed in a manner consistent with Section 341.76 of Title 21 of the Code of Federal Regulations; (iii) are manufactured and distributed for legitimate medicinal use in a manner that reduces or eliminates the likelihood of abuse; and (iv) are not marketed, advertised, or labeled for the indications of stimulation, mental alertness, weight loss, muscle enhancement, appetite control, or energy:

(1) Solid oral dosage forms, including soft gelatin caplets, which are formulated pursuant to 21 CFR 341 or its successor, and packaged in blister packs of not more than 2 tablets per blister.

(2) Anorectal preparations containing not more than 5% ephedrine.

(b) The marketing, advertising, or labeling of any product containing ephedrine, a salt of ephedrine, an optical isomer of ephedrine, or a salt of an optical isomer of ephedrine, for the indications of stimulation, mental alertness, weight loss, appetite control, or energy, is prohibited. In determining compliance with this requirement the Department may consider the following factors:

(1) The packaging of the drug product;

(2) The name and labeling of the product;

(3) The manner of distribution, advertising, and promotion of the product;

(4) Verbal representations made concerning the product;

(5) The duration, scope, and significance of ~~abuse or~~ misuse of the particular product.

(c) A violation of this Section is a Class A misdemeanor. A second or subsequent violation of this Section is a Class 4 felony.

(d) This Section does not apply to dietary supplements, herbs, or other natural products, including concentrates or extracts, which:

(1) are not otherwise prohibited by law; and

(2) may contain naturally occurring ephedrine, ephedrine alkaloids, or pseudoephedrine, or their salts,

isomers, or salts of isomers, or a combination of these substances, that:

(i) are contained in a matrix of organic material; and

(ii) do not exceed 15% of the total weight of the natural product.

(e) Nothing in this Section limits the scope or terms of the Methamphetamine Precursor Control Act.

(Source: P.A. 94-694, eff. 1-15-06.)

(720 ILCS 570/312) (from Ch. 56 1/2, par. 1312)

Sec. 312. Requirements for dispensing controlled substances.

(a) A practitioner, in good faith, may dispense a Schedule II controlled substance, which is a narcotic drug listed in Section 206 of this Act; or which contains any quantity of amphetamine or methamphetamine, their salts, optical isomers or salts of optical isomers; phenmetrazine and its salts; or pentazocine; and Schedule III, IV, or V controlled substances to any person upon a written or electronic prescription of any prescriber, dated and signed by the person prescribing (or electronically validated in compliance with Section 311.5) on the day when issued and bearing the name and address of the patient for whom, or the owner of the animal for which the controlled substance is dispensed, and the full name, address and registry number under the laws of the United States

relating to controlled substances of the prescriber, if he or she is required by those laws to be registered. If the prescription is for an animal it shall state the species of animal for which it is ordered. The practitioner filling the prescription shall, unless otherwise permitted, write the date of filling and his or her own signature on the face of the written prescription or, alternatively, shall indicate such filling using a unique identifier as defined in paragraph (v) of Section 3 of the Pharmacy Practice Act. The written prescription shall be retained on file by the practitioner who filled it or pharmacy in which the prescription was filled for a period of 2 years, so as to be readily accessible for inspection or removal by any officer or employee engaged in the enforcement of this Act. Whenever the practitioner's or pharmacy's copy of any prescription is removed by an officer or employee engaged in the enforcement of this Act, for the purpose of investigation or as evidence, such officer or employee shall give to the practitioner or pharmacy a receipt in lieu thereof. If the specific prescription is machine or computer generated and printed at the prescriber's office, the date does not need to be handwritten. A prescription for a Schedule II controlled substance shall not be issued for more than a 30 day supply, except as provided in subsection (a-5), and shall be valid for up to 90 days after the date of issuance. A written prescription for Schedule III, IV or V controlled substances shall not be filled or refilled more

than 6 months after the date thereof or refilled more than 5 times unless renewed, in writing, by the prescriber. A pharmacy shall maintain a policy regarding the type of identification necessary, if any, to receive a prescription in accordance with State and federal law. The pharmacy must post such information where prescriptions are filled.

(a-5) Physicians may issue multiple prescriptions (3 sequential 30-day supplies) for the same Schedule II controlled substance, authorizing up to a 90-day supply. Before authorizing a 90-day supply of a Schedule II controlled substance, the physician must meet the following conditions:

(1) Each separate prescription must be issued for a legitimate medical purpose by an individual physician acting in the usual course of professional practice.

(2) The individual physician must provide written instructions on each prescription (other than the first prescription, if the prescribing physician intends for the prescription to be filled immediately) indicating the earliest date on which a pharmacy may fill that prescription.

(3) The physician shall document in the medical record of a patient the medical necessity for the amount and duration of the 3 sequential 30-day prescriptions for Schedule II narcotics.

(a-10) Prescribers who issue a prescription for an opioid shall inform the patient that opioids are addictive and that

opioid antagonists are available by prescription or from a pharmacy.

(b) In lieu of a written prescription required by this Section, a pharmacist, in good faith, may dispense Schedule III, IV, or V substances to any person either upon receiving a facsimile of a written, signed prescription transmitted by the prescriber or the prescriber's agent or upon a lawful oral prescription of a prescriber which oral prescription shall be reduced promptly to writing by the pharmacist and such written memorandum thereof shall be dated on the day when such oral prescription is received by the pharmacist and shall bear the full name and address of the ultimate user for whom, or of the owner of the animal for which the controlled substance is dispensed, and the full name, address, and registry number under the law of the United States relating to controlled substances of the prescriber prescribing if he or she is required by those laws to be so registered, and the pharmacist filling such oral prescription shall write the date of filling and his or her own signature on the face of such written memorandum thereof. The facsimile copy of the prescription or written memorandum of the oral prescription shall be retained on file by the proprietor of the pharmacy in which it is filled for a period of not less than two years, so as to be readily accessible for inspection by any officer or employee engaged in the enforcement of this Act in the same manner as a written prescription. The facsimile copy of the prescription or oral

prescription and the written memorandum thereof shall not be filled or refilled more than 6 months after the date thereof or be refilled more than 5 times, unless renewed, in writing, by the prescriber.

(c) Except for any non-prescription targeted methamphetamine precursor regulated by the Methamphetamine Precursor Control Act, a controlled substance included in Schedule V shall not be distributed or dispensed other than for a medical purpose and not for the purpose of evading this Act, and then:

(1) only personally by a person registered to dispense a Schedule V controlled substance and then only to his or her patients, or

(2) only personally by a pharmacist, and then only to a person over 21 years of age who has identified himself or herself to the pharmacist by means of 2 positive documents of identification.

The dispenser shall record the name and address of the purchaser, the name and quantity of the product, the date and time of the sale, and the dispenser's signature.

No person shall purchase or be dispensed more than 120 milliliters or more than 120 grams of any Schedule V substance which contains codeine, dihydrocodeine, or any salts thereof, or ethylmorphine, or any salts thereof, in any 96-hour period. The purchaser shall sign a form, approved by the Department of Financial and Professional Regulation, attesting that he or

she has not purchased any Schedule V controlled substances within the immediately preceding 96 hours.

All records of purchases and sales shall be maintained for not less than 2 years.

No person shall obtain or attempt to obtain within any consecutive 96-hour period any Schedule V substances of more than 120 milliliters or more than 120 grams containing codeine, dihydrocodeine or any of its salts, or ethylmorphine or any of its salts. Any person obtaining any such preparations or combination of preparations in excess of this limitation shall be in unlawful possession of such controlled substance.

A person qualified to dispense controlled substances under this Act and registered thereunder shall at no time maintain or keep in stock a quantity of Schedule V controlled substances in excess of 4.5 liters for each substance; a pharmacy shall at no time maintain or keep in stock a quantity of Schedule V controlled substances as defined in excess of 4.5 liters for each substance, plus the additional quantity of controlled substances necessary to fill the largest number of prescription orders filled by that pharmacy for such controlled substances in any one week in the previous year. These limitations shall not apply to Schedule V controlled substances which Federal law prohibits from being dispensed without a prescription.

No person shall distribute or dispense butyl nitrite for

inhalation or other introduction into the human body for euphoric or physical effect.

(d) Every practitioner shall keep a record or log of controlled substances received by him or her and a record of all such controlled substances administered, dispensed or professionally used by him or her otherwise than by prescription. It shall, however, be sufficient compliance with this paragraph if any practitioner utilizing controlled substances listed in Schedules III, IV and V shall keep a record of all those substances dispensed and distributed by him or her other than those controlled substances which are administered by the direct application of a controlled substance, whether by injection, inhalation, ingestion, or any other means to the body of a patient or research subject. A practitioner who dispenses, other than by administering, a controlled substance in Schedule II, which is a narcotic drug listed in Section 206 of this Act, or which contains any quantity of amphetamine or methamphetamine, their salts, optical isomers or salts of optical isomers, pentazocine, or methaqualone shall do so only upon the issuance of a written prescription blank or electronic prescription issued by a prescriber.

(e) Whenever a manufacturer distributes a controlled substance in a package prepared by him or her, and whenever a wholesale distributor distributes a controlled substance in a package prepared by him or her or the manufacturer, he or she

shall securely affix to each package in which that substance is contained a label showing in legible English the name and address of the manufacturer, the distributor and the quantity, kind and form of controlled substance contained therein. No person except a pharmacist and only for the purposes of filling a prescription under this Act, shall alter, deface or remove any label so affixed.

(f) Whenever a practitioner dispenses any controlled substance except a non-prescription Schedule V product or a non-prescription targeted methamphetamine precursor regulated by the Methamphetamine Precursor Control Act, he or she shall affix to the container in which such substance is sold or dispensed, a label indicating the date of initial filling, the practitioner's name and address, the name of the patient, the name of the prescriber, the directions for use and cautionary statements, if any, contained in any prescription or required by law, the proprietary name or names or the established name of the controlled substance, and the dosage and quantity, except as otherwise authorized by regulation by the Department of Financial and Professional Regulation. No person shall alter, deface or remove any label so affixed as long as the specific medication remains in the container.

(g) A person to whom or for whose use any controlled substance has been prescribed or dispensed by a practitioner, or other persons authorized under this Act, and the owner of any animal for which such substance has been prescribed or

dispensed by a veterinarian, may lawfully possess such substance only in the container in which it was delivered to him or her by the person dispensing such substance.

(h) The responsibility for the proper prescribing or dispensing of controlled substances that are under the prescriber's direct control is upon the prescriber. The responsibility for the proper filling of a prescription for controlled substance drugs rests with the pharmacist. An order purporting to be a prescription issued to any individual, which is not in the regular course of professional treatment nor part of an authorized methadone maintenance program, nor in legitimate and authorized research instituted by any accredited hospital, educational institution, charitable foundation, or federal, state or local governmental agency, and which is intended to provide that individual with controlled substances sufficient to maintain that individual's or any other individual's ~~physical or psychological addiction~~, habitual or customary use, dependence, or diversion of that controlled substance is not a prescription within the meaning and intent of this Act; and the person issuing it, shall be subject to the penalties provided for violations of the law relating to controlled substances.

(i) A prescriber shall not pre-print or cause to be pre-printed a prescription for any controlled substance; nor shall any practitioner issue, fill or cause to be issued or filled, a pre-printed prescription for any controlled

substance.

(i-5) A prescriber may use a machine or electronic device to individually generate a printed prescription, but the prescriber is still required to affix his or her manual signature.

(j) No person shall manufacture, dispense, deliver, possess with intent to deliver, prescribe, or administer or cause to be administered under his or her direction any anabolic steroid, for any use in humans other than the treatment of disease in accordance with the order of a physician licensed to practice medicine in all its branches for a valid medical purpose in the course of professional practice. The use of anabolic steroids for the purpose of hormonal manipulation that is intended to increase muscle mass, strength or weight without a medical necessity to do so, or for the intended purpose of improving physical appearance or performance in any form of exercise, sport, or game, is not a valid medical purpose or in the course of professional practice.

(k) Controlled substances may be mailed if all of the following conditions are met:

(1) The controlled substances are not outwardly dangerous and are not likely, of their own force, to cause injury to a person's life or health.

(2) The inner container of a parcel containing controlled substances must be marked and sealed as

required under this Act and its rules, and be placed in a plain outer container or securely wrapped in plain paper.

(3) If the controlled substances consist of prescription medicines, the inner container must be labeled to show the name and address of the pharmacy or practitioner dispensing the prescription.

(4) The outside wrapper or container must be free of markings that would indicate the nature of the contents.

(l) Notwithstanding any other provision of this Act to the contrary, emergency medical services personnel may administer Schedule II, III, IV, or V controlled substances to a person in the scope of their employment without a written, electronic, or oral prescription of a prescriber.

(Source: P.A. 102-1040, eff. 1-1-23; 103-154, eff. 6-30-23.)

(720 ILCS 570/313) (from Ch. 56 1/2, par. 1313)

Sec. 313. (a) Controlled substances which are lawfully administered in hospitals or institutions licensed under the Hospital Licensing Act shall be exempt from the requirements of Sections 312, 315.6, and 316, except that the prescription for the controlled substance shall be in writing on the patient's record, signed by the prescriber, and dated, and shall state the name and quantity of controlled substances ordered and the quantity actually administered. The records of such prescriptions shall be maintained for two years and shall be available for inspection by officers and employees of the

Illinois State Police and the Department of Financial and Professional Regulation.

The exemption under this subsection (a) does not apply to a prescription (including an outpatient prescription from an emergency department or outpatient clinic) for more than a 72-hour supply of a discharge medication to be consumed outside of the hospital or institution.

(b) Controlled substances that can lawfully be administered or dispensed directly to a patient in a long-term care facility licensed by the Department of Public Health as a skilled nursing facility, intermediate care facility, or long-term care facility for residents under 22 years of age, are exempt from the requirements of Section 312 except that a prescription for a Schedule II controlled substance must be either a prescription signed by the prescriber or a prescription transmitted by the prescriber or prescriber's agent to the dispensing pharmacy by facsimile. The facsimile serves as the original prescription and must be maintained for 2 years from the date of issue in the same manner as a written prescription signed by the prescriber.

(c) A prescription that is generated for a Schedule II controlled substance to be compounded for direct administration to a patient in a private residence, long-term care facility, or hospice program may be transmitted by facsimile by the prescriber or the prescriber's agent to the pharmacy providing the home infusion services. The facsimile

serves as the original prescription for purposes of this paragraph (c) and it shall be maintained in the same manner as the original prescription.

(c-1) A prescription generated for a Schedule II controlled substance for a patient residing in a hospice certified by Medicare under Title XVIII of the Social Security Act or licensed by the State may be transmitted by the practitioner or the practitioner's agent to the dispensing pharmacy by facsimile or electronically as provided in Section 311.5. The practitioner or practitioner's agent must note on the prescription that the patient is a hospice patient. The facsimile or electronic record serves as the original prescription for purposes of this paragraph (c-1) and it shall be maintained in the same manner as the original prescription.

(d) Controlled substances which are lawfully administered and/or dispensed in substance use disorder ~~drug abuse~~ treatment programs licensed by the Department shall be exempt from the requirements of Sections 312 and 316, except that the prescription for such controlled substances shall be issued and authenticated on official prescription logs prepared and maintained in accordance with 77 Ill. Adm. Code 2060: Alcoholism and Substance Abuse Treatment and Intervention Licenses, and in compliance with other applicable State and federal laws. The Department-licensed drug treatment program shall report applicable prescriptions via electronic record keeping software approved by the Department. This software

must be compatible with the specifications of the Department. Substance use disorder ~~Drug abuse~~ treatment programs shall report to the Department methadone prescriptions or medications dispensed through the use of Department-approved File Transfer Protocols (FTPs). Methadone prescription records must be maintained in accordance with the applicable requirements as set forth by the Department in accordance with 77 Ill. Adm. Code 2060: Alcoholism and Substance Abuse Treatment and Intervention Licenses, and in compliance with other applicable State and federal laws.

(e) Nothing in this Act shall be construed to limit the authority of a hospital pursuant to Section 65-45 of the Nurse Practice Act to grant hospital clinical privileges to an individual advanced practice registered nurse to select, order or administer medications, including controlled substances to provide services within a hospital. Nothing in this Act shall be construed to limit the authority of an ambulatory surgical treatment center pursuant to Section 65-45 of the Nurse Practice Act to grant ambulatory surgical treatment center clinical privileges to an individual advanced practice registered nurse to select, order or administer medications, including controlled substances to provide services within an ambulatory surgical treatment center.

(Source: P.A. 102-608, eff. 8-27-21.)

(720 ILCS 570/318)

Sec. 318. Confidentiality of information.

(a) Information received by the central repository under Section 316 and former Section 321 is confidential.

(a-1) To ensure the federal Health Insurance Portability and Accountability Act and confidentiality of substance use disorder patient records rules that mandate the privacy of an individual's prescription data reported to the Prescription Monitoring Program received from a retail dispenser under this Act, and in order to execute the duties and responsibilities under Section 316 of this Act and rules for disclosure under this Section, the Clinical Director of the Prescription Monitoring Program or his or her designee shall maintain direct access to all Prescription Monitoring Program data. Any request for Prescription Monitoring Program data from any other department or agency must be approved in writing by the Clinical Director of the Prescription Monitoring Program or his or her designee unless otherwise permitted by law. Prescription Monitoring Program data shall only be disclosed as permitted by law.

(a-2) As an active step to address the current opioid crisis in this State and to prevent and reduce substance use disorders ~~addiction~~ resulting from a sports injury or an accident, the Prescription Monitoring Program and the Department of Public Health shall coordinate a continuous review of the Prescription Monitoring Program and the Department of Public Health data to determine if a patient may

be at risk of opioid use disorder ~~addiction~~. Each patient discharged from any medical facility with an International Classification of Disease, 10th edition code related to a sport or accident injury shall be subject to the data review. If the discharged patient is dispensed a controlled substance, the Prescription Monitoring Program shall alert the patient's prescriber as to the ~~addiction~~ risk of developing a substance use disorder and urge each to follow the Centers for Disease Control and Prevention guidelines or his or her respective profession's treatment guidelines related to the patient's injury. This subsection (a-2), other than this sentence, is inoperative on or after January 1, 2024.

(b) The Department must carry out a program to protect the confidentiality of the information described in subsection (a). The Department may disclose the information to another person only under subsection (c), (d), or (f) and may charge a fee not to exceed the actual cost of furnishing the information.

(c) The Department may disclose confidential information described in subsection (a) to any person who is engaged in receiving, processing, or storing the information.

(d) The Department may release confidential information described in subsection (a) to the following persons:

(1) A governing body that licenses practitioners and is engaged in an investigation, an adjudication, or a prosecution of a violation under any State or federal law

that involves a controlled substance.

(2) An investigator for the Consumer Protection Division of the office of the Attorney General, a prosecuting attorney, the Attorney General, a deputy Attorney General, or an investigator from the office of the Attorney General, who is engaged in any of the following activities involving controlled substances:

(A) an investigation;

(B) an adjudication; or

(C) a prosecution of a violation under any State or federal law that involves a controlled substance.

(3) A law enforcement officer who is:

(A) authorized by the Illinois State Police or the office of a county sheriff or State's Attorney or municipal police department of Illinois to receive information of the type requested for the purpose of investigations involving controlled substances; or

(B) approved by the Department to receive information of the type requested for the purpose of investigations involving controlled substances; and

(C) engaged in the investigation or prosecution of a violation under any State or federal law that involves a controlled substance.

(4) Select representatives of the Department of Children and Family Services through the indirect online request process. Access shall be established by an

intergovernmental agreement between the Department of Children and Family Services and the Department of Human Services.

(e) Before the Department releases confidential information under subsection (d), the applicant must demonstrate in writing to the Department that:

(1) the applicant has reason to believe that a violation under any State or federal law that involves a controlled substance has occurred; and

(2) the requested information is reasonably related to the investigation, adjudication, or prosecution of the violation described in subdivision (1).

(f) The Department may receive and release prescription record information under Section 316 and former Section 321 to:

(1) a governing body that licenses practitioners;

(2) an investigator for the Consumer Protection Division of the office of the Attorney General, a prosecuting attorney, the Attorney General, a deputy Attorney General, or an investigator from the office of the Attorney General;

(3) any Illinois law enforcement officer who is:

(A) authorized to receive the type of information released; and

(B) approved by the Department to receive the type of information released; or

(4) prescription monitoring entities in other states per the provisions outlined in subsection (g) and (h) below;

confidential prescription record information collected under Sections 316 and 321 (now repealed) that identifies vendors or practitioners, or both, who are prescribing or dispensing large quantities of Schedule II, III, IV, or V controlled substances outside the scope of their practice, pharmacy, or business, as determined by the Advisory Committee created by Section 320.

(f-5) In accordance with a confidentiality agreement entered into with the Department, a medical director, or a public health administrator and their delegated analysts, of a county or municipal health department or the Department of Public Health shall have access to data from the system for any of the following purposes:

(1) developing education programs or public health interventions relating to prescribing trends and controlled substance use; or

(2) conducting analyses and publish reports on prescribing trends in their respective jurisdictions.

At a minimum, the confidentiality agreement entered into with the Department shall:

(i) prohibit analysis and reports produced under subparagraph (2) from including information that identifies, by name, license, or address, any

practitioner, dispenser, ultimate user, or other person administering a controlled substance; and

(ii) specify the appropriate technical and physical safeguards that the county or municipal health department must implement to ensure the privacy and security of data obtained from the system. The data from the system shall not be admissible as evidence, nor discoverable in any action of any kind in any court or before any tribunal, board, agency, or person. The disclosure of any such information or data, whether proper or improper, shall not waive or have any effect upon its confidentiality, non-discoverability, or non-admissibility.

(g) The information described in subsection (f) may not be released until it has been reviewed by an employee of the Department who is licensed as a prescriber or a dispenser and until that employee has certified that further investigation is warranted. However, failure to comply with this subsection (g) does not invalidate the use of any evidence that is otherwise admissible in a proceeding described in subsection (h).

(h) An investigator or a law enforcement officer receiving confidential information under subsection (c), (d), or (f) may disclose the information to a law enforcement officer or an attorney for the office of the Attorney General for use as evidence in the following:

(1) A proceeding under any State or federal law that

involves a controlled substance.

(2) A criminal proceeding or a proceeding in juvenile court that involves a controlled substance.

(i) The Department may compile statistical reports from the information described in subsection (a). The reports must not include information that identifies, by name, license or address, any practitioner, dispenser, ultimate user, or other person administering a controlled substance.

(j) Based upon federal, initial and maintenance funding, a prescriber and dispenser inquiry system shall be developed to assist the health care community in its goal of effective clinical practice and to prevent patients from diverting or abusing medications.

(1) An inquirer shall have read-only access to a stand-alone database which shall contain records for the previous 12 months.

(2) Dispensers may, upon positive and secure identification, make an inquiry on a patient or customer solely for a medical purpose as delineated within the federal HIPAA law.

(3) The Department shall provide a one-to-one secure link and encrypted software necessary to establish the link between an inquirer and the Department. Technical assistance shall also be provided.

(4) Written inquiries are acceptable but must include the fee and the requester's Drug Enforcement

Administration license number and submitted upon the requester's business stationery.

(5) As directed by the Prescription Monitoring Program Advisory Committee and the Clinical Director for the Prescription Monitoring Program, aggregate data that does not indicate any prescriber, practitioner, dispenser, or patient may be used for clinical studies.

(6) Tracking analysis shall be established and used per administrative rule.

(7) Nothing in this Act or Illinois law shall be construed to require a prescriber or dispenser to make use of this inquiry system.

(8) If there is an adverse outcome because of a prescriber or dispenser making an inquiry, which is initiated in good faith, the prescriber or dispenser shall be held harmless from any civil liability.

(k) The Department shall establish, by rule, the process by which to evaluate possible erroneous association of prescriptions to any licensed prescriber or end user of the Illinois Prescription Information Library (PIL).

(l) The Prescription Monitoring Program Advisory Committee is authorized to evaluate the need for and method of establishing a patient specific identifier.

(m) Patients who identify prescriptions attributed to them that were not obtained by them shall be given access to their personal prescription history pursuant to the validation

process as set forth by administrative rule.

(n) The Prescription Monitoring Program is authorized to develop operational push reports to entities with compatible electronic medical records. The process shall be covered within administrative rule established by the Department.

(o) Hospital emergency departments and freestanding healthcare facilities providing healthcare to walk-in patients may obtain, for the purpose of improving patient care, a unique identifier for each shift to utilize the PIL system.

(p) The Prescription Monitoring Program shall automatically create a log-in to the inquiry system when a prescriber or dispenser obtains or renews his or her controlled substance license. The Department of Financial and Professional Regulation must provide the Prescription Monitoring Program with electronic access to the license information of a prescriber or dispenser to facilitate the creation of this profile. The Prescription Monitoring Program shall send the prescriber or dispenser information regarding the inquiry system, including instructions on how to log into the system, instructions on how to use the system to promote effective clinical practice, and opportunities for continuing education for the prescribing of controlled substances. The Prescription Monitoring Program shall also send to all enrolled prescribers, dispensers, and designees information regarding the unsolicited reports produced pursuant to Section 314.5 of this Act.

(q) A prescriber or dispenser may authorize a designee to consult the inquiry system established by the Department under this subsection on his or her behalf, provided that all the following conditions are met:

(1) the designee so authorized is employed by the same hospital or health care system; is employed by the same professional practice; or is under contract with such practice, hospital, or health care system;

(2) the prescriber or dispenser takes reasonable steps to ensure that such designee is sufficiently competent in the use of the inquiry system;

(3) the prescriber or dispenser remains responsible for ensuring that access to the inquiry system by the designee is limited to authorized purposes and occurs in a manner that protects the confidentiality of the information obtained from the inquiry system, and remains responsible for any breach of confidentiality; and

(4) the ultimate decision as to whether or not to prescribe or dispense a controlled substance remains with the prescriber or dispenser.

The Prescription Monitoring Program shall send to registered designees information regarding the inquiry system, including instructions on how to log onto the system.

(r) The Prescription Monitoring Program shall maintain an Internet website in conjunction with its prescriber and dispenser inquiry system. This website shall include, at a

minimum, the following information:

(1) current clinical guidelines developed by health care professional organizations on the prescribing of opioids or other controlled substances as determined by the Advisory Committee;

(2) accredited continuing education programs related to prescribing of controlled substances;

(3) programs or information developed by health care professionals that may be used to assess patients or help ensure compliance with prescriptions;

(4) updates from the Food and Drug Administration, the Centers for Disease Control and Prevention, and other public and private organizations which are relevant to prescribing;

(5) relevant medical studies related to prescribing;

(6) other information regarding the prescription of controlled substances; and

(7) information regarding prescription drug disposal events, including take-back programs or other disposal options or events.

The content of the Internet website shall be periodically reviewed by the Prescription Monitoring Program Advisory Committee as set forth in Section 320 and updated in accordance with the recommendation of the advisory committee.

(s) The Prescription Monitoring Program shall regularly send electronic updates to the registered users of the

Program. The Prescription Monitoring Program Advisory Committee shall review any communications sent to registered users and also make recommendations for communications as set forth in Section 320. These updates shall include the following information:

(1) opportunities for accredited continuing education programs related to prescribing of controlled substances;

(2) current clinical guidelines developed by health care professional organizations on the prescribing of opioids or other drugs as determined by the Advisory Committee;

(3) programs or information developed by health care professionals that may be used to assess patients or help ensure compliance with prescriptions;

(4) updates from the Food and Drug Administration, the Centers for Disease Control and Prevention, and other public and private organizations which are relevant to prescribing;

(5) relevant medical studies related to prescribing;

(6) other information regarding prescribing of controlled substances;

(7) information regarding prescription drug disposal events, including take-back programs or other disposal options or events; and

(8) reminders that the Prescription Monitoring Program is a useful clinical tool.

(t) Notwithstanding any other provision of this Act, neither the Prescription Monitoring Program nor any other person shall disclose any information in violation of the restrictions and requirements of paragraph (3.5) of subsection (a) of Section 316 as implemented under Public Act 102-527.

(Source: P.A. 102-751, eff. 1-1-23.)

(720 ILCS 570/320)

Sec. 320. Advisory committee.

(a) There is created a Prescription Monitoring Program Advisory Committee to assist the Department of Human Services and Department of Public Health in implementing the Prescription Monitoring Program created by this Article and to advise the Department on the professional performance of prescribers and dispensers and other matters germane to the advisory committee's field of competence.

(b) The Prescription Monitoring Program Advisory Committee shall consist of 15 members appointed by the Clinical Director of the Prescription Monitoring Program composed of prescribers and dispensers licensed to practice medicine in his or her respective profession as follows: one family or primary care physician; one pain specialist physician; 4 other physicians, one of whom may be an ophthalmologist; 2 advanced practice registered nurses; one physician assistant; one optometrist; one dentist; one clinical representative from a statewide organization representing hospitals; and 3 pharmacists. The

Advisory Committee members serving on August 26, 2018 (the effective date of Public Act 100-1093) shall continue to serve until January 1, 2019. Prescriber and dispenser nominations for membership on the Committee shall be submitted by their respective professional associations. If there are more nominees than membership positions for a prescriber or dispenser category, as provided in this subsection (b), the Clinical Director of the Prescription Monitoring Program shall appoint a member or members for each profession as provided in this subsection (b), from the nominations to serve on the advisory committee. At the first meeting of the Committee in 2019 members shall draw lots for initial terms and 6 members shall serve 3 years, 5 members shall serve 2 years, and 5 members shall serve one year. Thereafter, members shall serve 3-year terms. Members may serve more than one term but no more than 3 terms. The Clinical Director of the Prescription Monitoring Program may appoint a representative of an organization representing a profession required to be appointed. The Clinical Director of the Prescription Monitoring Program shall serve as the Secretary of the committee.

(c) The advisory committee may appoint a chairperson and other officers as it deems appropriate.

(d) The members of the advisory committee shall receive no compensation for their services as members of the advisory committee, unless appropriated by the General Assembly, but

may be reimbursed for their actual expenses incurred in serving on the advisory committee.

(e) The advisory committee shall:

(1) provide a uniform approach to reviewing this Act in order to determine whether changes should be recommended to the General Assembly;

(2) review current drug schedules in order to manage changes to the administrative rules pertaining to the utilization of this Act;

(3) review the following: current clinical guidelines developed by health care professional organizations on the prescribing of opioids or other controlled substances; accredited continuing education programs related to prescribing and dispensing; programs or information developed by health care professional organizations that may be used to assess patients or help ensure compliance with prescriptions; updates from the Food and Drug Administration, the Centers for Disease Control and Prevention, and other public and private organizations which are relevant to prescribing and dispensing; relevant medical studies; and other publications which involve the prescription of controlled substances;

(4) make recommendations for inclusion of these materials or other studies which may be effective resources for prescribers and dispensers on the Internet website of the inquiry system established under Section

318;

(5) semi-annually review the content of the Internet website of the inquiry system established pursuant to Section 318 to ensure this Internet website has the most current available information;

(6) semi-annually review opportunities for federal grants and other forms of funding to support projects which will increase the number of pilot programs which integrate the inquiry system with electronic health records; and

(7) semi-annually review communication to be sent to all registered users of the inquiry system established pursuant to Section 318, including recommendations for relevant accredited continuing education and information regarding prescribing and dispensing.

(f) The Advisory Committee shall select from its members 10 members of the Peer Review Committee composed of:

(1) 3 physicians;

(2) 3 pharmacists;

(3) one dentist;

(4) one advanced practice registered nurse;

(4.5) (blank);

(5) one physician assistant; and

(6) one optometrist.

The purpose of the Peer Review Committee is to establish a formal peer review of professional performance of prescribers

and dispensers. The deliberations, information, and communications of the Peer Review Committee are privileged and confidential and shall not be disclosed in any manner except in accordance with current law.

(1) The Peer Review Committee shall periodically review the data contained within the prescription monitoring program to identify those prescribers or dispensers who may be prescribing or dispensing outside the currently accepted standard and practice of their profession. The Peer Review Committee member, whose profession is the same as the prescriber or dispenser being reviewed, shall prepare a preliminary report and recommendation for any non-action or action. The Prescription Monitoring Program Clinical Director and staff shall provide the necessary assistance and data as required.

(2) The Peer Review Committee may identify prescribers or dispensers who may be prescribing outside the currently accepted medical standards in the course of their professional practice and send the identified prescriber or dispenser a request for information regarding their prescribing or dispensing practices. This request for information shall be sent via certified mail, return receipt requested. A prescriber or dispenser shall have 30 days to respond to the request for information.

(3) The Peer Review Committee shall refer a prescriber

or a dispenser to the Department of Financial and Professional Regulation in the following situations:

(i) if a prescriber or dispenser does not respond to three successive requests for information;

(ii) in the opinion of a majority of members of the Peer Review Committee, the prescriber or dispenser does not have a satisfactory explanation for the practices identified by the Peer Review Committee in its request for information; or

(iii) following communications with the Peer Review Committee, the prescriber or dispenser does not sufficiently rectify the practices identified in the request for information in the opinion of a majority of the members of the Peer Review Committee.

(4) The Department of Financial and Professional Regulation may initiate an investigation and discipline in accordance with current laws and rules for any prescriber or dispenser referred by the Peer Review Committee.

(5) The Peer Review Committee shall prepare an annual report starting on July 1, 2017. This report shall contain the following information: the number of times the Peer Review Committee was convened; the number of prescribers or dispensers who were reviewed by the Peer Review Committee; the number of requests for information sent out by the Peer Review Committee; and the number of prescribers or dispensers referred to the Department of

Financial and Professional Regulation. The annual report shall be delivered electronically to the Department and to the General Assembly. The report to the General Assembly shall be filed with the Clerk of the House of Representatives and the Secretary of the Senate in electronic form only, in the manner that the Clerk and the Secretary shall direct. The report prepared by the Peer Review Committee shall not identify any prescriber, dispenser, or patient.

(Source: P.A. 100-513, eff. 1-1-18; 100-861, eff. 8-14-18; 100-1093, eff. 8-26-18;101-81, eff. 7-12-19; 101-414, eff. 8-16-19.)

(720 ILCS 570/410) (from Ch. 56 1/2, par. 1410)

Sec. 410. (a) Whenever any person who has not previously been convicted of any felony offense under this Act or any law of the United States or of any State relating to cannabis or controlled substances, pleads guilty to or is found guilty of possession of a controlled or counterfeit substance under subsection (c) of Section 402 or of unauthorized possession of prescription form under Section 406.2, the court, without entering a judgment and with the consent of such person, may sentence him or her to probation.

(b) When a person is placed on probation, the court shall enter an order specifying a period of probation of 24 months and shall defer further proceedings in the case until the

conclusion of the period or until the filing of a petition alleging violation of a term or condition of probation.

(c) The conditions of probation shall be that the person: (1) not violate any criminal statute of any jurisdiction; (2) refrain from possessing a firearm or other dangerous weapon; (3) submit to periodic drug testing at a time and in a manner as ordered by the court, but no less than 3 times during the period of the probation, with the cost of the testing to be paid by the probationer; and (4) perform no less than 30 hours of community service, provided community service is available in the jurisdiction and is funded and approved by the county board. The court may give credit toward the fulfillment of community service hours for participation in activities and treatment as determined by court services.

(d) The court may, in addition to other conditions, require that the person:

(1) make a report to and appear in person before or participate with the court or such courts, person, or social service agency as directed by the court in the order of probation;

(2) pay a fine and costs;

(3) work or pursue a course of study or vocational training;

(4) undergo medical or psychiatric treatment; or treatment or rehabilitation approved by the Illinois Department of Human Services;

(5) attend or reside in a facility established for the instruction or residence of defendants on probation;

(6) support his or her dependents;

(6-5) refrain from having in his or her body the presence of any illicit drug prohibited by the Cannabis Control Act, the Illinois Controlled Substances Act, or the Methamphetamine Control and Community Protection Act, unless prescribed by a physician, and submit samples of his or her blood or urine or both for tests to determine the presence of any illicit drug;

(7) and in addition, if a minor:

(i) reside with his or her parents or in a foster home;

(ii) attend school;

(iii) attend a non-residential program for youth;

(iv) contribute to his or her own support at home or in a foster home.

(e) Upon violation of a term or condition of probation, the court may enter a judgment on its original finding of guilt and proceed as otherwise provided.

(f) Upon fulfillment of the terms and conditions of probation, the court shall discharge the person and dismiss the proceedings against him or her.

(g) A disposition of probation is considered to be a conviction for the purposes of imposing the conditions of probation and for appeal, however, discharge and dismissal

under this Section is not a conviction for purposes of this Act or for purposes of disqualifications or disabilities imposed by law upon conviction of a crime.

(h) A person may not have more than one discharge and dismissal under this Section within a 4-year period.

(i) If a person is convicted of an offense under this Act, the Cannabis Control Act, or the Methamphetamine Control and Community Protection Act within 5 years subsequent to a discharge and dismissal under this Section, the discharge and dismissal under this Section shall be admissible in the sentencing proceeding for that conviction as evidence in aggravation.

(j) Notwithstanding subsection (a), before a person is sentenced to probation under this Section, the court may refer the person to the drug court established in that judicial circuit pursuant to Section 15 of the Drug Court Treatment Act. The drug court team shall evaluate the person's likelihood of successfully completing a sentence of probation under this Section and shall report the results of its evaluation to the court. If the drug court team finds that the person suffers from a substance use disorder ~~abuse problem~~ that makes him or her substantially unlikely to successfully complete a sentence of probation under this Section, then the drug court shall set forth its findings in the form of a written order, and the person shall not be sentenced to probation under this Section, but shall be considered for the

drug court program.

(Source: P.A. 99-480, eff. 9-9-15; 100-3, eff. 1-1-18; 100-575, eff. 1-8-18.)

(720 ILCS 570/411.2)

Sec. 411.2. Drug Treatment Fund; drug treatment grants.

(a) (Blank).

(b) (Blank).

(c) (Blank).

(d) (Blank).

(e) (Blank).

(f) (Blank).

(g) (Blank).

(h) The Drug Treatment Fund is hereby established as a special fund within the State Treasury. The Department of Human Services may make grants to persons licensed under Section 15-10 of the Substance Use Disorder Act or to municipalities or counties from funds appropriated to the Department from the Drug Treatment Fund for the treatment of pregnant women who have a substance use disorder ~~are addicted to alcohol, cannabis, or controlled substances~~ and for the needed care of minor, unemancipated children of women undergoing residential drug treatment. If the Department of Human Services grants funds to a municipality or a county that the Department determines is not experiencing a healthcare need of ~~problem with~~ pregnant women with a substance use

disorder ~~addicted to alcohol, cannabis, or controlled substances~~, or with care for minor, unemancipated children of women undergoing residential drug treatment, or intervention, the funds shall be used for the treatment of any person with a substance use disorder ~~addicted to alcohol, cannabis, or controlled substances~~. The Department may adopt such rules as it deems appropriate for the administration of such grants.

(i) (Blank).

(Source: P.A. 100-759, eff. 1-1-19; 100-987, eff. 7-1-19; 101-81, eff. 7-12-19.)

(720 ILCS 570/413) (from Ch. 56 1/2, par. 1413)

Sec. 413. (a) Twelve and one-half percent of all amounts collected as fines pursuant to the provisions of this Article shall be paid into the Youth Drug Abuse Prevention Fund, which is hereby created in the State treasury, to be used by the Department for the funding of programs and services for substance use disorder ~~drug abuse~~ treatment, and prevention and education services, for juveniles.

(b) Eighty-seven and one-half percent of the proceeds of all fines received under the provisions of this Article shall be transmitted to and deposited in the treasurer's office at the level of government as follows:

(1) If such seizure was made by a combination of law enforcement personnel representing differing units of local government, the court levying the fine shall

equitably allocate 50% of the fine among these units of local government and shall allocate 37 1/2% to the county general corporate fund. In the event that the seizure was made by law enforcement personnel representing a unit of local government from a municipality where the number of inhabitants exceeds 2 million in population, the court levying the fine shall allocate 87 1/2% of the fine to that unit of local government. If the seizure was made by a combination of law enforcement personnel representing differing units of local government, and at least one of those units represents a municipality where the number of inhabitants exceeds 2 million in population, the court shall equitably allocate 87 1/2% of the proceeds of the fines received among the differing units of local government.

(2) If such seizure was made by State law enforcement personnel, then the court shall allocate 37 1/2% to the State treasury and 50% to the county general corporate fund.

(3) If a State law enforcement agency in combination with a law enforcement agency or agencies of a unit or units of local government conducted the seizure, the court shall equitably allocate 37 1/2% of the fines to or among the law enforcement agency or agencies of the unit or units of local government which conducted the seizure and shall allocate 50% to the county general corporate fund.

(c) The proceeds of all fines allocated to the law enforcement agency or agencies of the unit or units of local government pursuant to subsection (b) shall be made available to that law enforcement agency as expendable receipts for use in the enforcement of laws regulating cannabis, methamphetamine, and other controlled substances. The proceeds of fines awarded to the State treasury shall be deposited in a special fund known as the Drug Traffic Prevention Fund, except that amounts distributed to the Secretary of State shall be deposited into the Secretary of State Evidence Fund to be used as provided in Section 2-115 of the Illinois Vehicle Code. Monies from this fund may be used by the Illinois State Police or use in the enforcement of laws regulating cannabis, methamphetamine, and other controlled substances; to satisfy funding provisions of the Intergovernmental Drug Laws Enforcement Act; to defray costs and expenses associated with returning violators of the Cannabis Control Act and this Act only, as provided in those Acts, when punishment of the crime shall be confinement of the criminal in the penitentiary; and all other monies shall be paid into the general revenue fund in the State treasury.

(Source: P.A. 97-334, eff. 1-1-12.)

(720 ILCS 570/504) (from Ch. 56 1/2, par. 1504)

Sec. 504. (a) The Director and the Secretary of the Department of Financial and Professional Regulation shall each

cooperate with Federal agencies and other State agencies in discharging his or her responsibilities concerning traffic in controlled substances and in suppressing the misuse ~~and abuse~~ of controlled substances. To this end he or she may:

(1) arrange for the exchange of information among governmental officials concerning the use and misuse~~, misuse and abuse~~ of controlled substances;

(2) coordinate and cooperate in training programs concerning controlled substance law enforcement at local and State levels;

(3) cooperate with the federal Drug Enforcement Administration or its successor agency; and

(4) conduct programs of eradication aimed at destroying wild illicit growth of plant species from which controlled substances may be extracted.

(b) Results, information, and evidence received from the Drug Enforcement Administration relating to the regulatory functions of this Act, including results of inspections conducted by it may be relied and acted upon by the Director and the Secretary of the Department of Financial and Professional Regulation in the exercise of their regulatory functions under this Act.

(Source: P.A. 97-334, eff. 1-1-12.)

(720 ILCS 570/508) (from Ch. 56 1/2, par. 1508)

Sec. 508. (a) The Department shall encourage research on

controlled substances. In connection with the research, and in furtherance of the purposes of this Act, the Department may:

(1) establish methods to assess accurately the effect of controlled substances and identify and characterize those with potential for misuse ~~abuse~~;

(2) make studies and undertake programs of research to:

(i) develop new or improved approaches, techniques, systems, equipment and devices to strengthen the enforcement of this Act;

(ii) determine patterns of use and misuse~~, misuse, and abuse~~ of controlled substances and their social effects; and

(iii) improve methods for preventing, predicting, understanding, and dealing with the use and misuse~~, misuse and abuse~~ of controlled substances; and

(3) enter into contracts with public agencies, educational institutions, and private organizations or individuals for the purpose of conducting research, demonstrations, or special projects which relate to the use and misuse~~, misuse and abuse~~ of controlled substances.

(b) Persons authorized to engage in research may be authorized by the Department to protect the privacy of individuals who are the subjects of such research by withholding from all persons not connected with the conduct of the research the names and other identifying characteristics

of such individuals. Persons who are given this authorization shall not be compelled in any civil, criminal, administrative, legislative or other proceeding to identify the individuals who are the subjects of research for which the authorization was granted, except to the extent necessary to permit the Department to determine whether the research is being conducted in accordance with the authorization.

(c) The Department may authorize the possession and dispensing of controlled substances by persons engaged in research, upon such terms and conditions as may be consistent with the public health and safety. The Department may also approve research and treatment programs involving the administration of Methadone. The use of Methadone, or any similar controlled substance by any person is prohibited in this State except as approved and authorized by the Department in accordance with its rules and regulations. To the extent of the applicable authorization, persons are exempt from prosecution in this State for possession, manufacture or delivery of controlled substances.

(d) Practitioners registered under Federal law to conduct research with Schedule I substances may conduct research with Schedule I substances within this State upon furnishing evidence of that Federal registration and notification of the scope and purpose of such research to the Department.

(Source: P.A. 96-328, eff. 8-11-09.)

(720 ILCS 570/509) (from Ch. 56 1/2, par. 1509)

Sec. 509. Whenever any court in this State grants probation to any person that the court has reason to believe is or has a substance use disorder ~~been an addict~~ or unlawful possessor of controlled substances, the court shall require, as a condition of probation, that the probationer submit to periodic tests by the Department of Corrections to determine by means of appropriate chemical detection tests whether the probationer is using controlled substances. The court may require as a condition of probation that the probationer enter an approved treatment program, if the court determines that the probationer has a substance use disorder of ~~is addicted to~~ a controlled substance. Whenever the Prisoner Review Board grants parole or the Department of Juvenile Justice grants aftercare release to a person believed to have been an unlawful possessor or person with a substance use disorder ~~addict of controlled substances~~, the Board or Department shall require as a condition of parole or aftercare release that the parolee or aftercare releasee submit to appropriate periodic chemical tests by the Department of Corrections or the Department of Juvenile Justice to determine whether the parolee or aftercare releasee is using controlled substances.

(Source: P.A. 98-558, eff. 1-1-14; 99-628, eff. 1-1-17.)

Section 99. Effective date. This Section and Section 10 take effect upon becoming law.