AN ACT concerning electronic prescriptions.

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

Section 5. The Pharmacy Practice Act is amended by changing Section 19 as follows:

(225 ILCS 85/19) (from Ch. 111, par. 4139)

(Section scheduled to be repealed on January 1, 2028)

Sec. 19. Nothing contained in this Act shall be construed to prohibit a pharmacist licensed in this State from filling or refilling a valid prescription for prescription drugs which is on file in a pharmacy licensed in any state and has been transferred from one pharmacy to another by any means, including by way of electronic data processing equipment upon the following conditions and exceptions:

(1) Prior to dispensing pursuant to any such prescription, the dispensing pharmacist shall:

(a) Advise the patient that the prescription on file at such other pharmacy must be canceled before he or she will be able to fill or refill it.

(b) Determine that the prescription is valid and on file at such other pharmacy and that such prescription may be filled or refilled, as requested, in accordance with the prescriber's intent expressed

on such prescription.

(c) Notify the pharmacy where the prescription is on file that the prescription must be canceled.

(d) Record in writing or electronically the prescription order, the name of the pharmacy at which the prescription was on file, the prescription number, the name of the drug and the original amount dispensed, the date of original dispensing, and the number of remaining authorized refills.

(e) Obtain the consent of the prescriber to the refilling of the prescription when the prescription, in the professional judgment of the dispensing pharmacist, so requires.

(2) Upon receipt of a request for prescription information set forth in subparagraph (d) of paragraph (1) of this Section, if the requested pharmacist is satisfied in his professional judgment that such request is valid and legal, the requested pharmacist shall:

(a) Provide such information accurately and completely.

(b) Record electronically or, if in writing, on the face of the prescription, the name of the requesting pharmacy and pharmacist and the date of request.

(c) Cancel the prescription on file by writing the word "void" on its face or the electronic equivalent,

if not in written format. No further prescription information shall be given or medication dispensed pursuant to such original prescription.

(3) In the event that, after the information set forth in subparagraph (d) of paragraph (1) of this Section has been provided, a prescription is not dispensed by the requesting pharmacist, then such pharmacist shall provide notice of this fact to the pharmacy from which such information was obtained; such notice shall then cancel the prescription in the same manner as set forth in subparagraph (c) of paragraph (2) of this Section.

(4) When filling or refilling a valid prescription on file in another state, the dispensing pharmacist shall be required to follow all the requirements of Illinois law which apply to the dispensing of prescription drugs. If anything in Illinois law prevents the filling or refilling of the original prescription it shall be unlawful to dispense pursuant to this Section.

(5) Prescriptions for drugs in Schedules II, III, IV, and V of the Illinois Controlled Substances Act may be transferred only once and may not be further transferred, consistent with 21 CFR 1306. However, pharmacies electronically sharing a real-time, online database may transfer up to the maximum refills permitted by the law and the prescriber's authorization.

(6) Upon a patient's request, a pharmacy must transfer

the prescription to another pharmacy, including Schedule II controlled substances, if the prescription has been received but not yet filled. However, the transfer is not required if:

(a) the prescriber prohibits transfer in writing on the prescription and documents a clinical reason prohibiting transfer on the prescription; or

(b) the transfer is otherwise prohibited by federal law.

Transfers may occur electronically or by facsimile when permitted by federal law, and a licensed pharmacy technician may perform the transfer if delegated by a pharmacist.

(Source: P.A. 100-497, eff. 9-8-17.)

Section 10. The Illinois Controlled Substances Act is amended by changing Section 311.6 as follows:

(720 ILCS 570/311.6)

Sec. 311.6. Prescriptions for substance classified in Schedule II, III, IV, or V sent electronically; exceptions.

(a) Notwithstanding any other provision of law, a prescription for a substance classified in Schedule II, III, IV, or V must be sent electronically, in accordance with Section 316. Prescriptions sent in accordance with this subsection (a) must be accepted by the dispenser in electronic

format.

(b) Beginning on January 1, 2024 (the effective date of Public Act 103-425) until December 31, 2028, notwithstanding any other provision of this Section or any other provision of law, a prescriber shall not be required to issue prescriptions electronically if he or she certifies to the Department of Financial and Professional Regulation that he or she will not issue more than 150 prescriptions during a 12-month period. Prescriptions in both oral and written form for controlled substances shall be included in determining whether the prescriber will reach the limit of 150 prescriptions. Beginning January 1, 2029, notwithstanding any other provision of this Section or any other provision of law, a prescriber shall not be required to issue prescriptions electronically if he or she certifies to the Department of Financial and Professional Regulation that he or she will not issue more than 50 prescriptions during a 12-month period. Prescriptions in both oral and written form for controlled substances shall be included in determining whether the prescriber will reach the limit of 50 prescriptions.

(b-5) Notwithstanding any other provision of this Section or any other provision of law, a prescriber shall not be required to issue prescriptions electronically under the following circumstances:

(1) prior to January 1, 2026, the prescriber demonstrates financial difficulties in buying or managing

an electronic prescription option, whether it is an electronic health record or some other electronic prescribing product;

(2) on and after January 1, 2026, the prescriber provides proof of a waiver from the Centers for Medicare and Medicaid Services for the Electronic Prescribing for Controlled Substances Program due to demonstrated economic hardship for the previous compliance year;

(3) there is a temporary technological or electrical failure that prevents an electronic prescription from being issued;

(4) the prescription is for a drug that the practitioner reasonably determines would be impractical for the patient to obtain in a timely manner if prescribed by an electronic data transmission prescription and the delay would adversely impact the patient's medical condition;

(4.5) prescriptions issued prior to January 1, 2028 that may need to be filled outside of typical retail pharmacy operating hours;

(4.6) prescriptions issued prior to January 1, 2028 that may be difficult to obtain because the prescriber knows of drug shortages or pharmacy inventory limitations;

(5) the prescription is for an individual who:

(A) resides in a nursing or assisted living facility;

(B) is receiving hospice or palliative care;

(C) is receiving care at an outpatient renal dialysis facility and the prescription is related to the care provided;

(D) is receiving care through the United States Department of Veterans Affairs; or

(E) is incarcerated in a state, detained, or confined in a correctional facility;

(6) the prescription prescribes a drug under a research protocol;

(7) the prescription is a non-patient specific prescription dispensed under a standing order, approved protocol for drug therapy, collaborative drug management, or comprehensive medication management, or in response to a public health emergency or other circumstance in which the practitioner may issue a non-patient specific prescription;

(8) the prescription is issued when the prescriber and dispenser are the same entity;

(9) the prescription is issued for a compound prescription containing 2 or more compounds; or

(10) the prescription is issued by a licensed veterinarian within 7 years after November 17, 2023 (the effective date of Public Act 103-563).

(c) The Department of Financial and Professional Regulation may adopt rules for the administration of this

Section to the requirements under this Section that the Department of Financial and Professional Regulation may deem appropriate.

(d) Any prescriber who makes a good faith effort to prescribe electronically, but for reasons not within the prescriber's control is unable to prescribe electronically, may be exempt from any disciplinary action.

(e) Any pharmacist who dispenses in good faith based upon a valid prescription that is not prescribed electronically may be exempt from any disciplinary action. A pharmacist is not required to ensure or responsible for ensuring the prescriber's compliance under subsection (b), nor may any other entity or organization require a pharmacist to ensure the prescriber's compliance with that subsection. A pharmacist may not refuse to fill a valid prescription solely because it is not prescribed electronically.

(f) It shall be a violation of this Section for any prescriber or dispenser to adopt a policy contrary to this Section.

(g) A compliance action with respect to this Section initiated by the Department of Financial and Professional Regulation prior to December 31, 2030 is limited to a non-disciplinary warning letter or citation, unless the prescriber or dispenser fails to abide by the initial non-disciplinary warning letter or citation, has acted in bad faith, or a pattern of practice in violation of this Section

occurs.

(Source: P.A. 103-425, eff. 1-1-24; 103-563, eff. 11-17-23; 103-732, eff. 8-2-24; 104-424, eff. 8-15-25.)