



# Illinois Department of Financial and Professional Regulation

## Division of Professional Regulation

J.B. Pritzker  
Governor

DEBORAH HAGAN  
Secretary

CECILIA ABUNDIS  
Acting Director  
Division of Professional Regulation

**Department of Financial and Professional Regulation**  
**Division of Professional Regulation**  
**Collaborative Pharmaceutical Task Force Advisory Board Meeting**

Date: June 19, 2019  
Meeting Convened: 1:30 P.M.  
Meeting Adjourned: 3:06 P.M.  
Location: Chicago: JRTC CBD Rooms 16-504; SPI: Stratton CBD 376

Roll Call: Philip P. Burgess, MBA, DPh, RPh, Chairperson (Absent)  
Helga Brake, PharmD  
Scott A. Reimers, (Springfield)  
Brian H. Kramer, RPh, MBA  
Thomas Stiede, Teamsters 25  
Adam Bursua, PharmD  
Lemry Al Carter, RPh  
Garth Reynolds, RPh  
Jerry L. Bauman, PharmD  
Scott Meyers, MS, RPh

Staff Present: Lucienne Doler, IDFPR  
Richard Schultz, IDFPR  
Hunter Wiggins, IDFPR  
Robert Dixon, IDFPR  
Matt Sanchez, IDFPR  
Samantha Ortiz, IDFPR

Guests Present: Brian Cryder, Midwestern University  
John Long, CVS Health  
Sarah Stolz, Jewel Osco  
Danuta Dukala, Jewel Osco  
Lila Valinoti, ISMS  
Kristyn Foust, Jewel Osco  
Lisa Florence-Ray, Roosevelt  
Melissa Senatore, Teamsters  
Katherine Lee-Mosio, UI Health  
Rob Karr, IRMA  
Kathleen Johnson, RPH Innovations  
Noelle Chapman, ICHP/AAH  
Isha Rana, UI Health  
Tomson George, Walgreens  
Laura Licari, IPHA/Roosevelt University  
Ryan McCann, Jewel Osco

Topic	Discussion	Action
<b>Call to Order</b>	<ul style="list-style-type: none"> <li>• <b>AI:</b> Advised the Task Force that Chairperson Philp Burgess could not attend the meeting due to a family matter. He requested that the Task Force vote to appoint him as the Vice-chairman of the Task Force, which would permit him to act as Chairman of the Task Force and conduct the meeting in Mr. Burgess' absence. The members of the Collaborative Pharmaceutical Task Force unanimously agreed that AI be appointed as the Vice-chairman of the Task Force and, in the absence of Philp Burgess, will act as Chairman of this meeting.</li> </ul>	Approved
<b>Old Business</b>	<ul style="list-style-type: none"> <li>• The draft May 14, 2019 minutes were unanimously approved.</li> </ul>	Approved
<b>New Business</b>	<ul style="list-style-type: none"> <li>• <b>Hunter:</b> Conveyed thanks from the Secretary of the Illinois Department of Financial and Professional Regulation (the "Department") for the Task Forces' continued engagement in this process. He explained that the current version of the Pharmacy Practice Act is scheduled to be repealed on January 1, 2020. Considering that deadline, a bill was presented this past legislative session to extend the Pharmacy Act beyond that date, while maintaining most of the current provisions of the Act. That bill passed the Senate this past legislative session. However, in the House of Representatives, the bill's language related to the extension of the Pharmacy Practice Act was deleted. Instead, that bill was used for another purpose. Therefore, there is currently no pending bill to extend the current Pharmacy Practice Act beyond January 1, 2020. It is our understanding that there is an expectation in the legislature that any new proposed bill would address the recommendations of this Task Force. While section 4.5 of the Pharmacy Practice Act gives the Department until November 1, 2019, to recommend legislation or proposed rules that are consistent with the recommendations of this task force, a current absence of replacement for the Pharmacy Practice Act makes it imperative for the Task Force's recommendations to be completed as soon as possible, so that they may be addressed in new legislation. Therefore, the Department asks that the Task Force complete its votes on recommendations concerning the standards listed in the Act as soon as possible and preferably well in advance of the November 1, 2019 deadline, which is included in the Act.</li> <li>• <b>Scott R.:</b> Requested whether there are expectations that the Task Force would meet for additional sessions, which were not previously contemplated, to complete its recommendations.</li> <li>• <b>Hunter:</b> Responded that at this point, it did not appear to be necessary for the Task Force to have additional meetings to consider and vote on recommendations. If additional sessions are required, the Task Force could work with Staff to arrange these meetings.</li> <li>• <b>Garth:</b> Reminded the Task Force that they have been asked to produce a report, not legislation, and that once the report is completed there is still a great deal of work to be accomplished to produce a bill which can be presented to the legislature.</li> </ul>	



	<p><b>C. <u>Final vote on motion regarding “Break Room” Standard (Motion No. 3)</u></b></p> <p><b>Al:</b> For the third motion, the Collaborative Pharmaceutical Task Force recommends against the adoption of any language within the Pharmacy Practice Act, or the Rules thereunder, addressing the following standard listed in Section 4.5 of the Act: “to make available at all times a room on the pharmacy’s premises with adequate seating and tables for the purpose of allowing a pharmacist to enjoy break periods in a clean and comfortable environment.”</p> <ul style="list-style-type: none"> <li>• <b>Al:</b> Asks if someone willing to make this motion?</li> <li>• <b>Motion:</b> Moved by Garth and seconded by Scott M.</li> <li>• <b>Al:</b> Asks if there is any further discussion prior to a vote.</li> <li>• There was no discussion.</li> <li>• <b>Collaborative Pharmaceutical Task Force votes:</b> 5 yes votes (Helga, Brian, Al, Scott M., Garth), 1 no vote (Thomas), and 1 abstention (Scott R.)</li> <li>• <b>Al:</b> The Motion is approved.</li> </ul> <p><b>D. <u>Final vote on motion regarding “Prescription Limits” and “Pharmacy Technician Hours” Standards (Motion No. 4)</u></b></p> <ul style="list-style-type: none"> <li>• <b>Al:</b> For the fourth motion, the Collaborative Pharmaceutical Task Force intends to address the following standards contained in Section 4.5 of the Pharmacy Practice Act, which are: “to set a prescription limit of not more than 10 prescriptions filled per hour;” and “to mandate at least 10 pharmacy technician hours per 100 prescriptions filled,” by modifying them in recommending that the legislature enact a new section in the Pharmacy Practice Act entitled “Grounds for Discipline,” which would include the following provisions: <ul style="list-style-type: none"> <li>(2) Failure to provide a working environment for all pharmacy personnel that protects that health, safety and welfare of a patient which includes, but is not limited to: <ul style="list-style-type: none"> <li>....</li> <li>(c) Adequate time for a pharmacist to complete professional duties and responsibilities including, but not limited to: <ul style="list-style-type: none"> <li>(A) Drug Utilization Review;</li> <li>(B) Immunization;</li> <li>(C) Counseling;</li> <li>(D) Verification of the accuracy of a prescription; and</li> <li>(E) All other duties and responsibilities of a pharmacist as specified in the Pharmacy Practice Act Administrative Rules Part 1300.</li> </ul> </li> </ul> </li> </ul> </li> <li>• <b>Al:</b> Explains that while there is additional language relating to the provisions contained in the proposed “Grounds for Discipline,” the vote on this motion only involves the language listed above. There</li> </ul>	<p>Approved</p>
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	<p>will be a separate vote later that addresses other Grounds for Discipline language.</p> <ul style="list-style-type: none"> <li>• <b>Garth:</b> Recommends that the language “or Rules” be added for clarity and consistency after “the Pharmacy Practice Act.”</li> <li>• As the Task Force raised no concerns about the recommendation so the revised motion stated as follows: The Collaborative Pharmaceutical Task Force intends to address the following standards contained in Section 4.5 of the Pharmacy Practice Act, which are: “to set a prescription limit of not more than 10 prescriptions filled per hour;” and “to mandate at least 10 pharmacy technician hours per 100 prescriptions filled,” by modifying them in recommending that the legislature enact a new section in the Pharmacy Practice Act or Rules entitled “Grounds for Discipline,” which would include the following provisions: <ul style="list-style-type: none"> <li>(2) Failure to provide a working environment for all pharmacy personnel that protects that health, safety and welfare of a patient which includes, but is not limited to: <ul style="list-style-type: none"> <li>....</li> <li>(c) Adequate time for a pharmacist to complete professional duties and responsibilities including, but not limited to: <ul style="list-style-type: none"> <li>(A) Drug Utilization Review;</li> <li>(B) Immunization;</li> <li>(C) Counseling;</li> <li>(D) Verification of the accuracy of a prescription; and</li> <li>(E) All other duties and responsibilities of a pharmacist as specified in the Pharmacy Practice Act Administrative Rules Part 1300.</li> </ul> </li> </ul> </li> </ul> </li> <li>• <b>Al:</b> After agreement to recommendation to amend the motion and no further discussion, asks if someone willing to make this motion?</li> <li>• <b>Motion:</b> Moved by Scott M. and seconded by Thomas.</li> <li>• <b>Collaborative Pharmaceutical Task Force votes:</b> 7 yes votes (Scott R., Thomas, Helga, Brian, Al, Scott M., Garth), 0 no votes, and 0 abstentions.</li> </ul> <p><b>E. <u>Final vote on motion regarding “Prohibiting Distractions” Standard (Motion No. 5) - Phil Burgess</u></b></p> <ul style="list-style-type: none"> <li>• <b>Al:</b> For the fifth motion, the Collaborative Pharmaceutical Task Force, intends to address the following standard contained in Section 4.5 of the Pharmacy Practice Act, which is: “to place a general prohibition on activities that distract pharmacists,” by modifying this standard in recommending that the legislature enact a new Section in the Pharmacy Practice Act entitled “Grounds for Discipline,” which would include the following provision: <ul style="list-style-type: none"> <li>(2) Failure to provide a working environment for all pharmacy personnel that protects that health, safety and welfare of a patient which includes, but is not limited to:</li> </ul> </li> </ul>	<p>Approved As Revised</p>
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	<p>(a) Sufficient personnel to prevent fatigue, distraction or other conditions that interfere with a pharmacist’s ability to practice with competency and safety or creates an environment that jeopardizes patient care.</p> <ul style="list-style-type: none"> <li>• <b>Garth:</b> Recommends that the language “or Rules” be added for clarity and consistency after “the Pharmacy Practice Act.”</li> <li>• As the Task Force raised no concerns about the recommendation so the revised motion stated as follows: The Collaborative Pharmaceutical Task Force intends to address the following standard contained in Section 4.5 of the Pharmacy Practice Act, which is: “to place a general prohibition on activities that distract pharmacists,” by modifying this standard in recommending that the legislature enact a new Section in the Pharmacy Practice Act or Rules entitled “Grounds for Discipline,” which would include the following provision: (2) Failure to provide a working environment for all pharmacy personnel that protects that health, safety and welfare of a patient which includes, but is not limited to: (a) Sufficient personnel to prevent fatigue, distraction or other conditions that interfere with a pharmacist’s ability to practice with competency and safety or creates an environment that jeopardizes patient care.</li> <li>• <b>Al:</b> After agreement to recommendation to amend the motion and no further discussion, asks if someone willing to make this motion?</li> <li>• <b>Motion:</b> Moved by Scott M. and seconded by Garth</li> <li>• <b>Collaborative Pharmaceutical Task Force votes:</b> 7 yes votes (Scott R., Thomas, Helga, Brian, Al, Scott M., Garth), 0 no votes, and 0 abstentions.</li> </ul> <p><b><u>F. Final vote on motion regarding “No Work During Break” Standard (Motion No. 6)</u></b></p> <ul style="list-style-type: none"> <li>• <b>Al:</b> For the sixth motion, the Collaborative Pharmaceutical Task Force, intends to address the following standard contained in Section 4.5 of the Pharmacy Practice Act, which is: “to not require a pharmacist to work during a break period,” by modifying the standard and recommending that the legislature enact a provision in the Pharmacy Practice Act stating that a new section entitled “Grounds for Discipline” include the following provisions: (2) Failure to provide a working environment for all pharmacy personnel that protects that health, safety and welfare of a patient which includes, but is not limited to: ..... (b) Appropriate opportunities for uninterrupted rest periods and meal breaks.</li> <li>• <b>Garth:</b> Recommends that the language “or Rules” be added for clarity and consistency after “the Pharmacy Practice Act.”</li> </ul>	<p>Approved As Revised</p>
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	<ul style="list-style-type: none"> <li>• As the Task Force raised no concerns about the recommendation so the revised motion stated as follows: The Collaborative Pharmaceutical Task Force, intends to address the following standard contained in Section 4.5 of the Pharmacy Practice Act, which is: “to not require a pharmacist to work during a break period,” by modifying the standard and recommending that the legislature enact a provision in the Pharmacy Practice Act or Rules stating that a new section entitled “Grounds for Discipline” include the following provisions:  <ul style="list-style-type: none"> <li>(2) Failure to provide a working environment for all pharmacy personnel that protects that health, safety and welfare of a patient which includes, but is not limited to:  <ul style="list-style-type: none"> <li>• . . . .</li> <li>(b) Appropriate opportunities for uninterrupted rest periods and meal breaks.</li> </ul> </li> </ul> </li> <li>• <b>Al:</b> After there is an agreement to the recommendation to amend the motion and no further discussion, asks if someone willing to make this motion?</li> <li>• <b>Motion:</b> Moved by Thomas and seconded by Brian</li> <li>• <b>Collaborative Pharmaceutical Task Force votes:</b> 7 yes votes (Scott R., Thomas, Helga, Brian, Al, Scott M., Garth), 0 no votes and 0 abstentions.</li> </ul> <p><b>G. <u>Final vote on motion regarding “Whistleblower Protection” Standard (Motion No. 7)</u></b></p> <ul style="list-style-type: none"> <li>• <b>Al:</b> For the seventh motion, the Collaborative Pharmaceutical Task Force, intends to address the following standard contained in Section 4.5 of the Pharmacy Practice Act, which is: “the extent to which providing whistleblower protections for pharmacists and pharmacy technicians reporting violations or worker policies,” by recommending that the legislature enact a provision in the Pharmacy Practice Act stating that a new section entitled “Grounds for Discipline” include the following provision:  <ul style="list-style-type: none"> <li>(5) Anyone reporting violations of this section to the Department of Financial and Professional Regulation are specifically protected under the Illinois Whistleblower Act” (740 ILCS 174/15(b)).</li> </ul> </li> <li>• <b>Garth:</b> Recommends that the language “or Rules” be added for clarity and consistency after “the Pharmacy Practice Act.” Also, questions whether the inclusion of this provision is the best approach to this problem in that it does not provide any additional protection for workers, but merely provides a reference to another provision.</li> <li>• <b>Brian:</b> Agrees with Garth.</li> <li>• <b>Scott R.:</b> Asks Garth whether he has a proposed alternative.</li> <li>• <b>Garth:</b> Responds that he believes that the Task Force would offer rationale as additional background for each of its responses to the standards in the Act. He believed that the report could state that we</li> </ul>	<p>Approved As Revised</p>
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	<p>recognize the protection and have researched the matter, but there is no additional language needed for this protection.</p> <ul style="list-style-type: none"> <li>• <b>Helga:</b> Responded that she agreed with the comment that the provision in the motion does not provide any additional benefits, however, it may not be intuitive to the pharmacists that they are included under the whistle blowing protections.</li> <li>• <b>Garth:</b> Responded that there could be numerous other provisions that involve pharmacists in other laws and it does not make sense to include all those provisions.</li> <li>• <b>Scott M.:</b> Agrees with Helga, because the Task Force is introducing a new section which includes protections, so this would be another protection. Also noted that there are currently complaints about working conditions from Pharmacists and they do not appear to be aware that they have whistle blower protections. Agrees that do not want to clutter the Act with references to other laws, but notes that this is an important protection, so he agrees with Helga.</li> <li>• <b>Thomas:</b> Wholeheartedly agrees with Helga’s and Scott M.’s comments and believes that the whistleblower’s protections should be referenced in the Act.</li> <li>• <b>Al:</b> As there was an agreement to Garth’s recommendation to amend the motion and appears to be no further discussion, asks if someone willing to make this motion which is as follows with Garth’s recommendation:  The Collaborative Pharmaceutical Task Force, intends to address the following standard contained in Section 4.5 of the Pharmacy Practice Act, which is: “the extent to which providing whistleblower protections for pharmacists and pharmacy technicians reporting violations or worker policies,” by recommending that the legislature enact a provision in the Pharmacy Practice Act or Rules stating that a new section entitled “Grounds for Discipline” include the following provision:  (5) Anyone reporting violations of this section to the Department of Financial and Professional Regulation are specifically protected under the Illinois Whistleblower Act” (740 ILCS 174/15(b)).</li> <li>• <b>Motion:</b> Moved by Thomas and seconded by Scott M.</li> <li>• <b>Collaborative Pharmaceutical Task Force votes:</b> 7 yes votes (Scott R., Thomas, Helga, Brian, Al, Scott M., Garth), 0 no votes, and 0 abstentions.</li> </ul> <p><b>H. <u>Final vote on motion regarding “Length of Work Day” Standard (Motion No. 8A and Motion 8B, if necessary)</u></b></p> <ul style="list-style-type: none"> <li>• <b>Al:</b> Explains that there are two alternatives for the eighth motion, the Task Force will have to vote for moving forward with either 8A which limits the work day to 8 hours, or 8B which limits the work day to 12 hours. Motion number 8A states as follows:</li> </ul>	<p>Approved As Revised</p>
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So moved that the Collaborative Pharmaceutical Task Force intends to address the following standard listed in Section 4.5 of the Act: “to limit a pharmacist from working more than 8 hours a workday,” by recommending that the legislature enact a provision in the Pharmacy Practice Act under a new Section entitled “Pharmacy Work Conditions,” which states the following:

A pharmacy licensed under Illinois Statutes, which is located within Illinois, shall not require a pharmacist, student pharmacist, or pharmacy technician to work longer than eight (8) continuous hours per day, inclusive of the breaks required under subpart 2.

- **Brian:** Believed that they have had a lot of discussion regarding this topic. He noted that there were businesses which typically employ pharmacists or pharmacy technicians to work more than 10 hours during a work day and Motion 8A is telling these businesses that these individuals cannot work more than 8 hours in a workday without exception.
- **Al:** Responded that there is Motion 8B which limits the workday to 12 hours, so there are two alternatives which the Task Force will be considering. He noted that at the last meeting there was discussion whether to recommend a limit of an 8-hour workday or a 12-hour work-day. In responding to a question, he stated that the Task Force does not have to recommend both Motions 8A and 8B, or either of the two, but to consider as alternatives, an 8-hour workday or a 12-hour workday.
- **Audience Member:** Asked that the Task Force permit two pharmacists to speak on this matter.
- **Al:** Explained that this topic would not be open for public discussion. He noted that there have been several previous meetings which provided opportunities to discuss this topic, as well as the standard related to breaks. That is why the Task Force has to take this matter to a vote. Explained that the intent was to consider which of the two motions can be recommended or if neither motion would be approved.
- **Thomas:** Stated that minutes reflected that any dissenting comments would be heard during these votes, and asked Al if this meant that dissenting comments would be limited to just the Task Force members.
- **Al:** Agrees that the dissenting comments were limited to those by the Task Force members for this meeting.
- **Thomas:** Points out that the 8-hour workday is being driven by retail, and he understands that there were valid concerns from other non-retail business which employ pharmacists, but asked if there was an explanation why the Task Force could not distinguish between retail and other business settings in establishing a maximum length for a workday.

	<ul style="list-style-type: none"> <li>• <b>Luci:</b> Noted that there had been previous discussions regarding this matter and explained that the Pharmacy Practice Act was amended several years ago to change from different types of pharmacies to combining all types of business pharmacies to a single type of license. So, the provisions of the Act apply to all types of pharmacies. It would be very difficult to start amending the Act to establish different types of pharmacies which are treated differently under the provisions of the Act.</li> <li>• <b>Thomas:</b> Asks whether there is any path for establishing differing maximum lengths of the workday for different types of pharmacies.</li> <li>• <b>Luci:</b> Based on the need to list all the possible exceptions and the difficulty in defining the differing types of pharmacies, along with the manner that multifunctional pharmacies would be treated, it is too difficult to categorize the pharmacies within the Act. given that the Department made a change previously to consolidate the licenses, that change would be very complicated.</li> <li>• <b>Al:</b> In response to a question, explained that: if no one moves Motion 8A, it will not pass; if no one moves 8B it will not pass; and if no one moves both Motion 8A and 8B, the Task Force’s decision will be that it will make no recommendation regarding the length of the work-day.</li> <li>• <b>Hunter:</b> Notes that voting yes for an 8-hour and voting yes for the 12-hour day creates an inconsistency between the voting.</li> <li>• <b>Thomas:</b> Moves that the Task Force consider the Motion 8A.</li> <li>• There is no second for Motion 8A.</li> <li>• <b>Al:</b> Stated that as there was no second for Motion 8A, that motion dies and will not move forward. Now turn to Motion 8B which states as follows: So moved, the Collaborative Pharmaceutical Task Force intends to address the following standard contained in Section 4.5 of the Pharmacy Practice Act, which is: “to limit a pharmacist from working more than 8 hours a workday,” by modifying this standard to limit the hours worked to 12 hours a workday and recommending that the legislature enact a provision in the Pharmacy Practice Act under a new Section entitled “Pharmacy Work Conditions,” which states the following: A pharmacy licensed under Illinois Statutes, which is located within Illinois, shall not require a pharmacist, student pharmacist, or pharmacy technician to work longer than twelve (12) continuous hours per day, inclusive of the breaks required under subpart 2.</li> <li>• <b>Adam:</b> Asked whether there would be any allowance in case of an emergencies to extend the workday past 12 hours.</li> <li>• <b>Al:</b> Responds that there would be a separate section with exceptions for emergencies to work longer than a 12-hour workday as deemed by the professional judgment of the pharmacist.</li> </ul>	<p style="text-align: center;">Motion Fails</p>
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	<p>pharmacist shall be required to work longer than 5 continuous hours per day without the opportunity to take an uninterrupted meal break.</p> <ul style="list-style-type: none"> <li>• <b>Thomas:</b> For obvious reasons he is in favor of the motion and will move that it be approved.</li> <li>• <b>Al:</b> Asked if someone was willing to second Motion 10B.</li> <li>• <b>Motion:</b> Moved by Thomas and seconded by Garth.</li> <li>• <b>Collaborative Pharmaceutical Task Force votes:</b> 6 yes votes (Helga, Brian, Al, Thomas, Garth, Scott M.), 0 no votes, and 1 abstention (Scott R.)</li> </ul> <p><b><u>K. Final vote on additional language contained in document entitled “Grounds for Discipline” (as previously discussed)</u></b></p> <ul style="list-style-type: none"> <li>• <b>Al:</b> Stated that the Task Force will consider whether to approve the language on the document entitled “Grounds for Discipline,” which includes language previously approved in the consideration of Motions numbered 4, 5, 6 and 7. The full text of the language contained in “Grounds for Discipline” was previously distributed to the Task Force and states as follows:  Unprofessional conduct as defined in Pharmacy Practice Act Administrative Rules Section 1330.30 shall include the following: <ol style="list-style-type: none"> <li>(1) Advertising or soliciting that may jeopardize the health, safety, or welfare of the patient including, but not be limited to, advertising or soliciting that: <ol style="list-style-type: none"> <li>(a) Is false, fraudulent, deceptive, or misleading; or</li> <li>(b) Makes any claim regarding a professional service or product or the cost or price thereof which cannot be substantiated by the licensee.</li> <li>(c) Requiring pharmacists to participate in such activities.</li> </ol> </li> <li>(2) Failure to provide a working environment for all pharmacy personnel that protects the health, safety and welfare of a patient which includes but is not limited to: <ol style="list-style-type: none"> <li>(a) Sufficient personnel to prevent fatigue, distraction or other conditions that interfere with a pharmacist’s ability to practice with competency and safety or creates an environment that jeopardizes patient care.</li> <li>(b) Appropriate opportunities for uninterrupted rest periods and meal breaks.</li> <li>(c) Adequate time for a pharmacist to complete professional duties and responsibilities including, but not limited to: <ol style="list-style-type: none"> <li>(A) Drug Utilization Review;</li> <li>(B) Immunization;</li> <li>(C) Counseling;</li> <li>(D) Verification of the accuracy of a prescription; and</li> <li>(E) All other duties and responsibilities of a pharmacist as specified in the Pharmacy Practice Act Administrative Rules Part 1300.</li> </ol> </li> </ol> </li> <li>(3) Introducing external factors such as productivity or production quotas or other programs to the extent that they</li> </ol> </li> </ul>	<p>Approved</p>
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	<p>interfere with the ability to provide appropriate professional services to the public.</p> <p>(4) Incenting or inducing the transfer of a prescription absent professional rationale.</p> <p>(5) Anyone reporting violations of this section to the Department of Financial and Professional Regulation are specifically protected under the Illinois Whistle Blower Act (740 ILCS 174/15(b)).</p> <ul style="list-style-type: none"> <li>• <b>Al:</b> Opens the matter for discussion. As there was no discussion, asked if someone was willing to move that the Task Force recommend the additional language contained in the Grounds for Discipline that was not previously approved by the Task Force’s earlier votes.</li> <li>• <b>Motion:</b> Moved by Thomas and seconded by Scott M.</li> <li>• <b>Collaborative Pharmaceutical Task Force votes:</b> 7 yes votes (Helga, Brian, Al, Thomas, Garth, Scott M., Scott R.), 0 no votes and 0 abstentions.</li> </ul> <p><b><u>L. Final vote on additional language contained in the document entitled “Pharmacy Work Conditions,” regarding activities allowed in a pharmacy department (including in hospitals) when the pharmacist is on break but remains accessible in the physical facility (as previously discussed)</u></b></p> <ul style="list-style-type: none"> <li>• <b>Al:</b> Stated that the Task Force will consider whether to approve the language on the document entitled “Pharmacy Work Conditions,” which includes language previously approved in the consideration of Motions numbered 8B and 10B. The full text of the language contained in “Pharmacy Work Conditions” was previously distributed to the Task Force and states as follows:  <b>Subpart - Limitation on continuous hours worked.</b>  A pharmacy licensed under Illinois Statutes, 225 ILCS 85/15, which is located within Illinois, shall not require a pharmacist, student pharmacist, or pharmacy technician to work longer than 12 continuous hours per day, inclusive of the breaks required under subpart 2.  <b>Subpart 2 - Requirements for breaks.</b>  A. A pharmacist working longer than six continuous hours per day shall be allowed during that time period to take a 30-minute uninterrupted meal break and (1) 15-minute breaks. The pharmacist qualifies for an additional 15-minute break if working 12 continuous hours per day. No pharmacist shall be required to work longer than 5 continuous hours per day without the opportunity to take an uninterrupted meal break.  B. A pharmacy may, but is not required to, close when a pharmacist is on a break. If the pharmacy does not close, the pharmacist shall either remain within the licensed pharmacy or within the establishment in which the licensed pharmacy is located in order to be available for emergencies. In addition, the following apply:</li> </ul>	<p>Approved</p>
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	<p>(1) Pharmacy technicians, student pharmacist, and other supportive staff, authorized by the pharmacist on duty, may continue to perform duties as allowed under this chapter;</p> <p>(2) No duties reserved to pharmacists and student pharmacist under any part of this chapter, or that require the professional judgment of a pharmacist, may be performed by pharmacy technicians or other supportive staff; and</p> <p>(3) Only prescriptions that have received final verification by a pharmacist, may be dispensed while the pharmacist is on break; except that prescriptions that require counseling by a pharmacist, including all new prescriptions as defined in 1330.700 and those refill prescriptions for which a pharmacist has determined that counseling is necessary, may be dispensed only if the following conditions are met:</p> <ul style="list-style-type: none"><li>(a) The patient or other individual who is picking up the prescription on behalf of the patient, is told that the pharmacist is on a break and is offered the chance to wait until the pharmacist returns from break in order to receive counseling;</li><li>(b) If the patient or caregiver declines to wait, a telephone number at which the patient or a caregiver can be reached is obtained;</li><li>(c) After returning from the break, the pharmacist makes a reasonable effort to contact the patient or a caregiver and provide counseling; and</li><li>(d) The pharmacist documents the counseling that was provided or documents why counseling was not provided after a minimum of two attempts, including a description of the efforts made to contact the patient or caregiver. The documentation shall be retained by the pharmacy, and be made available for inspection by the board or its authorized representatives, for a period of at least two years.</li></ul> <p>C. In pharmacies staffed by two or more pharmacists, the pharmacists shall stagger breaks so that at least one pharmacist remains on duty at all times that the pharmacy remains open for the transaction of business.</p> <p>D. The Employer shall keep and maintain a complete and accurate record of the daily break periods of its pharmacists.</p> <p><b>Subpart 3 - Exceptions for emergencies.</b></p> <p>Subpart 1 and subpart 2, item A, shall not apply in the event that an emergency, as deemed by the professional judgment of the pharmacist, necessitates that a pharmacist, student pharmacist, or pharmacy technician work longer than 12 continuous hours, work without taking required meal breaks, or have a break interrupted in order to minimize immediate health risks for patients.</p> <ul style="list-style-type: none"><li>• <b>AI:</b> Opened the matter to discussion. As there was no discussion, asked if someone was willing to move that the Task Force recommend the additional language contained in the “Pharmacy Work Conditions” that was not previously approved by the Task Force’s earlier votes.</li></ul>	
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	<ul style="list-style-type: none"> <li>• <b>Motion:</b> Moved by Scott M. and seconded by Garth.</li> <li>• <b>Collaborative Pharmaceutical Task Force votes:</b> 6 yes votes (Helga, Brian, Al, Thomas, Garth, Scott M.), 0 no votes, and 1 abstention (Scott R.).</li> </ul> <p><b>M. <u>Recap of training requirements for technicians in other states</u></b></p> <p><b>N. <u>Discussion regarding specific language for the expanded requirements for technician training (as previously discussed)</u></b></p> <p><b>O. <u>Discussion regarding specific language regarding prohibited technician activities (as previously discussed)</u></b></p> <ul style="list-style-type: none"> <li>• <b>Al:</b> Noted that the Task Force received a document entitled “Technician Training Requirements by State,” which was a summary of training requirements for technicians by state, and another packet entitled “Pharmacy Technician Training Requirements by State,” which listed training requirements for technicians by state. Notes that there is a wide variation in the requirements for technician training by other states. The proposed language appears to be similar to the language in West Virginia that looks toward ACPE/ASHP board requirements. The language for the rules in Illinois is in line with the states that require national training standards with specific experiential education requirements and specific numbers of hours of company-based training programs with certification testing after the training.</li> <li>• <b>Garth:</b> Questions clarification whether a 16-year-old that applied as a technician will have two years to take the PTCB examination and complete the ACPE/ASHP program requirements prior to becoming a certified pharmacy technician or could complete while acting as a pharmacy technician.</li> <li>• <b>Scott M.:</b> Said that his expectation is that the education and training would be required prior to acting as a pharmacy technician. However, by 2022, an individual who wants to be a Registered Certified Pharmacy Technician will need to graduate from an ACPE/ASHP program. That gives them two years to complete both things done. This is the only part that may need some review after implementation.</li> <li>• <b>Scott R.:</b> Notes that one of the charges of the Task Force is to determine the requirements for continuing education for pharmacy technicians. Questions whether we are addressing this issue.</li> <li>• <b>Scott M.:</b> The Act already required twenty hours of continuing education for pharmacy technicians every two years. But the problem is that the rules have not been written yet, so there is no enforcement process.</li> <li>• <b>Scott R.:</b> Still has questions about what functions we expect a pharmacy technician to complete at a pharmacy under the Practice Act. He wants to make sure that there is adequate training for the pharmacy technicians to ensure patient safety.</li> </ul>	<p>Approved</p>
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	<ul style="list-style-type: none"> <li>• <b>Al:</b> To address Scott’s concerns, the amendments contain language that requires successful completion of training to ensure that the pharmacy technician can accomplish the tasks that assigned to him or her.</li> <li>• <b>Scott M.:</b> That requirement is included in Section 17.1 (a) of the proposed amendments, which requires all new pharmacy technicians be educated and trained using a standardized nationally accredited education and training program like those accredited by ACPE/ASHP or other board approved education and training program. It also required training in certain practice areas as they apply to Illinois law. In addition, the provisions require that it be the joint responsibility of the pharmacies and the pharmacists-in-charge to train the pharmacy technician or obtain proof of prior training they received related to the practice site or document that the technician is making appropriate progress. While it doesn’t get specific as to the type of training, it requires documentation that the technician has been trained for their responsibilities. This would permit an inspector to request documentation showing the training that the pharmacy technician received for the tasks that he was assigned to accomplish.</li> <li>• <b>Scott R:</b> Raised question whether a pharmacist can delegate anything that he does to a pharmacy technician.</li> <li>• <b>Scott M:</b> Responded that is not the case because there are specific descriptions of things that cannot be delegated to pharmacy technicians. He noted that the Act specifically prevents the delegation of patient counseling, drug regimen review and clinical conflict resolution. He adds that the pharmacist is required to specifically train pharmacy technicians for all tasks that they are assigned and document the training.</li> <li>• <b>Scott R.:</b> Noted that the amendments are not going to specify what training is required for each activity.</li> <li>• <b>Scott M.:</b> Responded that that is correct, because it would require the Act to quadruple in size just for that section.</li> <li>• <b>Al:</b> Added that training requirements are constantly changing, so the Act would be constantly be amended, and this would not change anything regarding what a pharmacist can already do today.</li> <li>• <b>Scott R.:</b> Asked whether there would be any change regarding what only a pharmacist can do today.</li> <li>• <b>Al:</b> The proposed changes would not affect anything that only a pharmacist can do today. The proposed changes only state that the pharmacist is responsible for training the pharmacy technician for assigned duties, which are not prohibited by statute.</li> <li>• <b>Luci:</b> Questions whether the training requirements will be in the form of a rule or will be approved by the Pharmacy Board.</li> <li>• <b>Al:</b> Responds that in practice, most training programs are approved by the Board or the Department, rather than specified by rule.</li> </ul>	
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	<ul style="list-style-type: none"> <li>• <b>Scott M:</b> Added that it is a standard of practice set by APHA or NCPA on a national level. If a pharmacist wanted to train at a lower level, they take a risk of being in violation of the Act or good practice.</li> <li>• <b>Luci:</b> Noted that the standards of the training would be established through inspections and enforcement actions.</li> <li>• <b>Al:</b> Responded that there are certain provisions of the Pharmacy Practice Act that state that the Board has to approve specific requirements of the provisions. The training requirements could be applied in a similar manner.</li> <li>• <b>Scott R.:</b> Asked if there would be one training protocol for everyone or could each pharmacy or hospital have their own training.</li> <li>• <b>Scott M.:</b> Responded that it depended on the task which was being considered.</li> <li>• <b>Al:</b> Responded that it would depend on the task or the activity and whether there were national testing services covering the task in question.</li> <li>• <b>Scott R:</b> Asked whether the certification courses were reviewed or approved by the Department. Asked if relying on certification programs recognized in the pharmaceutical community.</li> <li>• <b>Al:</b> Responded that usually it is a national certifying body which approves the training program. These bodies are usually selective in their approval process.</li> <li>• <b>Scott M:</b> Also, the training again depends on the duties that are delegated and the nature of the pharmacies. Certain tasks or types of pharmacies have several national bodies which certify training programs for those tasks. He gave a number of examples of the national bodies which certify practice specifics or types of pharmacies.</li> <li>• <b>Scott R:</b> Questioned which party is liable to the pharmacy or pharmacists for delegating duties to pharmacy techs. He expressed his concern for patient safety in dealing with pharmacy technicians.</li> <li>• <b>Scott M.:</b> Responded that the delegating pharmacy or pharmacist are responsible for the pharmacy technician and emphasized that the delegation of tasks is not new. He also said that several states have permitted delegation of certain tasks and they have not seen a spike in complaints of injury to patients.</li> <li>• <b>Al:</b> Responded that the pharmacy and pharmacists would be 100 percent liable for the acts of the pharmacy technicians, just as they currently are responsible. Also, analogized the examples for a hospital's or physician's liability for the tasks delegated to a nurse practitioner.</li> <li>• <b>Scott R.:</b> Stated that he wants to ensure that pharmacies and pharmacists are aware that they are assuming liability for the pharmacy technicians whom they certify that they train. Wanted the Department to monitor training companies to ensure that they</li> </ul>	
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	<p>adequately train pharmacy technicians. He emphasized that he just wanted to make sure that safety is not compromised.</p> <ul style="list-style-type: none"> <li>• <b>Al:</b> Department could make recommendations to ensure that training is sufficient to ensure patient safety, in collaboration with the other medical boards.</li> <li>• <b>Luci:</b> Asked if there are different certifications available covering different tasks, such as injections have different tests that other services.</li> <li>• <b>Al:</b> Said that there were different certification programs for the tasks and different tests for the programs.</li> <li>• <b>Scott R.:</b> Asked how many certification testing programs were available.</li> <li>• <b>Scott M.:</b> Responded that he did not know the precise number, but it is less than 50 such programs, and noted that not every task has a certification program.</li> <li>• <b>Brian:</b> Stated that the pharmacist is delegating to the pharmacy technician and certain tasks do not have a certification program, as the ability to count tablets.</li> <li>• <b>Scott M.:</b> Noted that several the certification programs are developed by national associations or accredited colleges of pharmacy, so there are not being developed by fly-by-night organizations.</li> <li>• <b>Audience/Florence-Ray:</b> Stated that in New Hampshire, there are licensed pharmacist assistant, which is an advanced pharmacy technician. They provide pharmacy functions which are required to be completed by a licensed pharmacist in Illinois, such as product verification, process refills and repackaging drugs. They can also be held liable for their conduct.</li> <li>• <b>Al:</b> Asked if it was a separate license outside of a pharmacy technician?</li> <li>• <b>Audience/Florence-Ray:</b> Responded that is was.</li> <li>• <b>Garth:</b> Stated that these tasks could be assigned to pharmacy technicians under the amendments that he is proposing. Also noted that the scrutiny of the Pharmacy Practice Act and the proposed amendments is far in excess of the laws of other states.</li> <li>• <b>Scott R.:</b> Noted that the delegation of tasks to pharmacy technicians was designed to provide pharmacist more time, and asked what tasks the pharmacists were expected to do with their additional time.</li> <li>• <b>Al:</b> Responded that pharmacist have greater responsibility for medication review, medication management or spend more time with the patients and clinical duties.</li> <li>• <b>Scott R.:</b> Stated that he is trying to learn about the activities of pharmacists and that at this time the Task Force is not looking for an expansion of the role of pharmacists.</li> <li>• <b>Al:</b> Responded that was correct.</li> </ul>	
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- **Audience/Long:** Asked whether under the proposed language a company’s accrediting program could still be approved?
- **Al:** Responded that it could.
- **Audience/George:** It is good to have board approved technician programs to avoid situations where you do not have enough qualified technicians, even with an in-house certification program. We also need to think of workers who do not need all this training because they work behind the counter as cashiers, performing only clerical duties.
- **Garth:** Voiced his agreement with George that there are certain positions at a pharmacy, such as a clerk, which does not require the person to be licensed. He stated that proposed amendments do not require that such persons with limited duties are required to be licensed.

**P. Presentation on “requiring pharmacy prescription systems to contain mechanisms to require prescription discontinuation orders to be forwarded to a pharmacy” (as specified in 225 ILCS 85/4.5).**

- **Adam:** Discussed CancelRx, which provides the capability for electronic cancellation of prescriptions for the past decade without having to call pharmacies. However, the CancelRx was not included in the “meaningful use” program which provided incentives for uptake of e-prescribing. Even though the program helps promote efficiency, promotes patient safety, and avoids disruptions, pharmacies were not required to use the system. If a pharmacy does not use CancelRx, the physician is required to call the pharmacy to cancel the prescription. The phone calls are disruptive to both the prescriber and pharmacy workflow. Said that electronic cancelling is important to the pharmacist and the prescriber in assisting the work flow. It also assists the patient by reducing the risk that they inadvertently continue to take medications after they have been discontinued and adverse drug reactions. Stated that one study showed that about five percent of prescriptions were picked up after the prescription was discontinued. Adam proposed that effective January 1, 2021, all pharmacies that use script standard for receiving electronic prescriptions must enable, activate, and maintain the ability to receive transmission of electronic prescription cancellation and to transmit cancellation response transaction. A second part of the proposal is that within two business days after receipt of a prescription cancellation notice, the pharmacy staff must either review the cancellation transaction for deactivation or deactivate the prescription automatically.
- **Audience/McCann:** Asked whether the pharmacy must start program, or are the pharmacies required to work with the physicians to turn on the program.
- **Adam:** Requirement is only on the pharmacy, as there is already an incentive for prescribers to enable this transaction.

- **Scott R.:** Stated that the physicians strongly support the discontinuation of prescriptions program and appreciate Adam's efforts in this regard.
- **Garth:** Stated that the matter needs further discussions because there are still many pharmacies who do not utilize Cancel-Rx. There are cost concerns in using electronic prescription services for small pharmacies. While he supports the use of electronic prescriptions, the Task Force needs to view this requirement in a responsible and economical manner. He is not in the position to ask pharmacies to take on any more costs, especially for small pharmacies.
- **Scott R.:** Agreed that the Task Force should not impose mandates which would raise the costs to pharmacies.
- **Garth:** Stated that he is aware of less expensive electronic prescription programs that do not include the prescription discontinuation service.
- **Al:** Asked Adam if he was aware of the average implementation cost for the electronic prescription program that contains the CancelRx functionality.
- **Adam:** Stated that he did not know the average cost. He said that the length of time to implement the CancelRx was an average of eight hours for both the prescriber and the pharmacy.
- **Al:** Said that the Task Force should discuss the costs associated with Cancel-Rx further at the next meeting on July 9, 2019.
- **Adam:** Stated that would like to have wording that the Task Force could consider addressing the requirement and the costs at the next meeting as well.
- **Al:** Agreed that the Task Force should discuss any proposed language changes and the costs associated with the CancelRx at the July meeting. Also, as there was little discussion regarding the specific wording of the duties of pharmacy technicians, that wording would be brought to a vote at the July meeting. If there are concerns, people should address them with their Task Force representatives. The Task Force members should be ready to vote on the language of the proposed changes contained in the duties of pharmacy technicians at the July meeting.

**Q. General Discussion**

- **Garth:** Proposes a motion that the final report include rationale for each of the positions taken by the Task Force. In addition, he proposed that the rationale be brought to the Task Force for consideration and a vote at the July meeting.
- **Scott R.:** Stated that he wanted a month to review the rationales prior to a vote on the matters.
- **Al:** Agreed that the draft language would be considered at the July meeting and there would be a vote on the rationales at the August meeting.

	<ul style="list-style-type: none"> <li>• <b>Scott R.:</b> Asked Adam to investigate whether there are any cost mitigating exemptions available to pharmacies for using the CancelRx program, which are similar to those that are available in the Federal Medicare bill.</li> <li>• <b>Al:</b> Summarized that for the July meeting there will be: a final vote on the proposed changes related to the Duties of Pharmacy Technicians; further discussion around the CancelRx; and discussion regarding the proposed Task Force rationale for today's votes.</li> </ul>	
<b>Adjournment</b>	Adjourned 3:06 p.m.	