



**Illinois Department of Financial and Professional Regulation**  
**Division of Professional Regulation**

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**Division of Professional**  
**Regulation**

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

Date: March 10, 2020  
Meeting Convened: 1:30 P.M.  
Meeting Adjourned: 3:27 P.M.  
Location: Chicago: JRTC CBD Rooms 2-025; SPI: Stratton CBD 376

Roll Call: Philip P. Burgess, MBA, DPh, RPh, Chairperson  
Hunter Wiggins, General Counsel, Department of Financial & Professional  
Regulation

Helga Brake, PharmD  
Scott A. Reimers (Springfield)  
Brian H. Kramer, RPh, MBA  
Scott Meyers, MS, PPh  
Adam Bursua, PharmD  
Lemrey Al Carter, RPh  
Garth Reynolds, RPh  
Rob Karr  
Jayna Brown

Staff Present: Munaza Aman, Associate General Counsel, IDFPR  
Lauren Craig, Assistant General Counsel, IDFPR

Guests Present:

|                  |                      |               |
|------------------|----------------------|---------------|
| John Long        | Brian R.             | Stacy Doyle   |
| Laura Licari     | Joel Baise           | Dana Sethness |
| Cynthia Collins  | Kristin Ohler        | Tim Ortman    |
| Ryan McCann      | Lara Ellinger Fetzer |               |
| Kevin Swanson    | Jenn Miller          |               |
| Melissa Senatore | Kelsey Waier         |               |
| Zach Frankenbach | Matthew Plassmeyer   |               |
| Sean McGrath     | Joel Kurzman         |               |

| Topic                                | Discussion  | Action        |
|--------------------------------------|---|---------------|
| <b>Roll Call &amp; Introductions</b> | <ul style="list-style-type: none"> <li>Chairman Philip P. Burgess provided introductions for the task force. Vice Chair Al Carter announced that he would be resigning from the task force. The group then moved for a vote for a new Vice Chair. Scott Meyers was nominated and approved unanimously by the task force.</li> </ul>   |               |
| <b>Old Business</b>                  | <p><b>A. <u>Approval of Previous Minutes</u></b></p> <ul style="list-style-type: none"> <li>The previous meeting minutes required edits and therefore were not voted on at this meeting.</li> </ul> <p><b>B. <u>Meeting Dates</u></b></p> <p><b>C. <u>Discussion Topics</u></b></p> <ul style="list-style-type: none"> <li>The chairman provided a recap of topics that will be discussed at future taskforce meetings. <ol style="list-style-type: none"> <li>Expansion of the use of standing orders and patient care <b>extended to May meeting</b></li> <li>Review of longevity of prescription refills <b>extended to May meeting.</b></li> <li>Methods to facilitate better enforcement of existing pharmacy practice regulations <ol style="list-style-type: none"> <li>NABP offered to come in and give a presentation-waiting on date from them</li> </ol> </li> <li>Alternative methods for remunerating pharmacists for their patient care services separate from sale of drug products <b>extended until April meeting</b></li> </ol> </li> </ul>   |               |
| <b>New Business</b>                  | <p><b>A. <u>Review COI program language</u></b></p> <ul style="list-style-type: none"> <li>The Chairman reiterated last years' concerns with the CQI program language. The legislators did not incorporate the CQI recommendations because there was not enough of a consensus with other stakeholders, and it was thought to be beneficial to hold off on the controversial issues until a later date. After presenting previous concerns, the Chairman then requested a vote to represent the CQI recommendations.</li> <li><b>A vote was then taken to reintegrate the same CQI language as the previous task force.</b> <ul style="list-style-type: none"> <li><b>Ayes:</b> Philip P. Burgess, Helga Brake, Brian H. Kramer, Scott Meyers, Lemrey Al Carter, Garth Reynolds, Rob Karr, Jayna Brown</li> <li><b>Nays:</b></li> <li><b>Abstains:</b> Scott A. Reimers</li> </ul> </li> </ul> <p><b>B. <u>Review Meal Break timing language</u></b></p> <ul style="list-style-type: none"> <li>Jayna presented an overview of the meal break language and the difficulties in finding a solution. She stressed that patient safety is the core concern instituting the language. One improvement in the language is placing the word "meal" before break to specify which type of break would be covered. One concern was how instituting meal break language would have on pharmacist scheduling in different settings. One such setting would be pharmacists working in administrative roles within</li> </ul> | Motion Passed |

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|                                       | <p>hospitals. Pharmacists in those settings would not be filling prescriptions and should be exempted from these requirements. It was suggested that these requirements are better for retail pharmacy settings than pharmacists filling other roles. Another concern was the limiting of the break time. The proposed language limits the meal break to occur between hour four and hour five of a pharmacy shift. One member proposed widening the meal break window to two hours. Additionally, many members expressed support for exempting certain documentation requirements with meal breaks. However, enforcement of a meal break provision would be hampered without the proper documentation.</p> <ul style="list-style-type: none"> <li>• After discussions, Jayna and the meal break team agreed to add the new comments into a second draft that will be presented and voted upon at the next taskforce meeting.</li> </ul> <p><b>C. <u>Exempting Pharmacy Residents from the 12-hour limit</u></b></p> <ul style="list-style-type: none"> <li>• The Chairman provided an overview of the taskforce’s discussion on adding the 12-hour exception for residents to the agenda. Pharmacy Residents go through a rigorous training program. In some circumstances Residents must work past the 12-hour limit in order to stay in compliance with their programs. The taskforce was provided with three letters of support from pharmacists at three different groups (ICHP, SAHP, and a combination of pharmacists from UI, Rush, Loyola, and Northwestern).</li> <li>• Scott Meyers provided a summary of the pharmacy working condition language the group had worked on. The language that will be added would exempt residents from the 12-hour limit. The reason is that pharmacy residency programs are governed by a separate body that have strict regulations for the pharmacists in the residency programs. The nationally recognized and accredited residency programs already include features to protect both the patients and the residents. The ASHP oversees these programs and the residency programs mirror medical residencies requiring these residents to be on-call for 24 hours with 14 hours rest between. One of the driving forces behind this provision was patient safety and burn out problems for pharmacists. Since the residency programs already take these concerns into account. Therefore, the exemption for residents would be reasonable and further the initial goal.</li> <li>• Hunter presented some potential concerns with adding this language to statute as opposed to the rules adopted by the Department. Including language in statute reduces the flexibility of the regulation, whereas using the rules to implement the regulations would allow greater flexibility for difficult cases and unique situations. Hunter agreed to work on language for the next meeting.</li> </ul> |  |
| <p><b>Revisiting Old Business</b></p> | <p><b>A. <u>Recap of Topics to be discussed at future meetings</u></b></p> <ul style="list-style-type: none"> <li>• The chairman reiterated that there is no topic that would be off limits so long as the votes would support the discussion.</li> </ul> <p><b>1. <u>Expansion of the use of standing orders/Standards of Care</u></b></p>  |  |

- Al and Scott indicated a willingness to address this issue. Both agreed to begin discussions on the topic. The subject matter expert can help to explain the Department of Public Health's resistance to standing orders and help facilitate a solution to the impasse. They agreed that a subject matter expert would be necessary for developing specific language. The group agreed to put this topic off for a couple meetings to ensure enough time for research and development.

**2. Review of longevity of prescriptions/refills**

- Adam, Scott Reimers, and Scott Meyers were tasked with the topic of extending refill limits from 15 months to 24 months. There is a disconnect between the limits imposed on doctors and the limits imposed by individual insurance companies for prescription refills. The refill team determined they would need at least a couple of months to develop language to present to the taskforce.

**3. Methods to facilitate better enforcement of existing pharmacy practice regulations**

- Phil was in charge of this topic. There is a private company, NABP, that provides pharmacy inspection services to state governments. Currently, Michigan uses NABP to facilitate inspections. NABP is willing to make a presentation to the taskforce about what NABP can offer Illinois. The taskforce agreed that a presentation could be helpful.
- Illinois is currently in the process of hiring additional inspectors for pharmacies.
- There was a discussion about how complaints are filed and handled by the Department. According to some members, there is a lot of confusion by pharmacists about reporting potential violations. One example is break time requirements. Some pharmacists believe the Department of Labor handles break issues; however, the break provisions are governed by the Department because it is part of the Pharmacy Practice Act. The issue appears to be with the whistle blower protections for pharmacists. If there is an identified violation of the Pharmacy Practice Act then that complaint goes to IDFPR.

**4. Alternative methods for remunerating pharmacists for their patient care services separate from sale of drug products**

- Garth and Adam are working on getting potential speakers for this topic. There is a potential that presenters could be available as early as the next meeting. Munaza is working on getting members of the Department of Insurance to help answer questions. Discussions will begin at the next meeting, and more meetings will be needed to properly discuss this topic.

**Next Steps**

- **April Meeting:**

- Meal Break language will be presented by Jayna and Adam.
- Resident language will be presented by Hunter.
- Alternative methods discussions will be led by Garth at the next meeting.
- Point of Care/Standard of Care orders will be pushed off until May at the earliest.
- The taskforce is still lacking its Senate members.

**Public Comment**

- An attendee from CVS discussed meal break concerns. Pharmacists are not filing the documents that are required for meal breaks.

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|                    | <ul style="list-style-type: none"> <li>○ Teamsters representative: The 12-hour shift is a problem for labor. There needs to be a better analysis of 12-hour shifts and the exhaustions that result. Some unions are required to sign non-disclosure agreements with the larger national pharmacies. It would benefit these groups to have as much information as possible when negotiating contracts.</li> <li>○ Kristin Ohler, University of Chicago Educational Director: there are studies that show the impact of residency programs in the medical field that are applicable to pharmacy residencies in some circumstances.</li> <li>○ Audience: When is the next meeting? <ul style="list-style-type: none"> <li>▪ A: April 20 in the same room. An agenda will be posted.</li> </ul> </li> <li>○ Scott Meyers: supplemental document emails were received and confusing. It was sent out prematurely. The deadline is now May 1.</li> </ul> |  |
| <b>Adjournment</b> | <ul style="list-style-type: none"> <li>• Adjourned 3:27 p.m.</li> </ul>  |  |