



Illinois Department of Financial and Professional Regulation
Division of Professional Regulation

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

Date: August 18, 2020
Meeting Convened: 12:32 P.M.
Meeting Adjourned: 1:32 P.M.
Location: The Collaborative Pharmaceutical Task Force convened the meeting at 12:40 P.M. CST on Tuesday, August 18, 2020, via WebEx conference call per Executive Order 2020-07 for the purpose of conducting a public meeting.

The following members were present for all or portions of the meeting:

Roll Call: Philip P. Burgess, MBA, DPh, RPh, Chairperson
Hunter Wiggins, General Counsel, Department of Financial &
Professional Regulation
Scott Meyers, MS, RPh
Helga Brake, PharmD
Brian H. Kramer, RPh, MBA
Jerry L. Bauman, PharmD
Adam Bursua, PharmD
Scott A. Reimers
Garth Reynolds, RPh
Thomas Stiede
Jayna Brown
Ryan McCann, PharmD
Robb Karr

Staff Present: Munaza Aman, Associate General Counsel, IDFPR
Alex Martell, General Counsel Law Clerk, IDFPR

Guests were Present.

Topic	Discussion	Action
Roll Call & Introductions	<ul style="list-style-type: none"> Chairman Philip P. Burgess provided introductions and took roll call for the task force. Additionally, the September meeting will be used to finalize all recommendations to the General Assembly. 	
Old Business	<ol style="list-style-type: none"> <u>Approval of Previous Minutes</u> The July Minutes Approved with edits to grammatical errors. <ul style="list-style-type: none"> Scott Meyers moved to approve minutes Seconded by Jayna Brown <u>A vote was then taken to approve the minutes.</u> <ol style="list-style-type: none"> <u>Ayes: Philip P. Burgess, Helga Brake, Brian H. Kramer, Scott Meyers, Jayna Brown, Scott A. Reimers, Garth Reynolds, Tom Stiede, and Ryan McCann</u> <u>Nays:</u> <u>Abstains:</u> <u>Discussion Topics</u> <ul style="list-style-type: none"> The chairman provided a recap of topics that will be discussed at this meeting. <p>A. Review language requesting a Task Force to be formed regarding remuneration of pharmacists for patient care services including specific areas of concern- Garth Reynolds/ Scott Meyers/ Scott Reimers</p> <ul style="list-style-type: none"> Garth: Thank you to Scott and Scott for the revision help to redirect these questions in a more “open” manner. I think that these questions provide a foundation for both Departments to have with the issues currently faced by the industry Scott Reimers: Appreciate all of the help. Ultimately, we want pharmacists to be paid for the services that they provide to the patients. The question is whether to submit these or to hold on until a future task force meeting. I will continue to abstain from voting on the matter. Phil: Do we make the statement a recommendation for another task force? Scott Meyers: I think this should go back to the General Assembly to possibly find a solution with the other Departments without task force intervention. Let the General Assembly ask the Departments themselves. Garth: The ultimate goal is to have further conversation on this topic. The General Assembly may be the best vehicle to finding the solutions we are seeking. Brian: I agree with the others. 	July Minutes Approved

- Jerry: I agree also. We want everyone to work collectively.
- Adam: Are there services that other providers provide that pharmacists should also be reimbursed for. Ultimately, what are the goals?
- Garth: In regard to question #3, Pharmacists are not reimbursed on the same level as other healthcare providers that do the exact same service i.e. vaccinations and consultations. With the lack of “provider status” insurance companies are not paying pharmacists for these services. Covid testing is one area that even Medicaid will not reimburse. Another issue: State employees are directed to go to one specific pharmacy instead of one of their choice.
- Phil: Would it help to add examples of these issues in the recommendation?
- Garth: Sure. We can do that.
- Adam: This seems to be a patient safety and satisfaction issue above all else. Sometimes the relationship between a patient and pharmacist is just as important as the doctor patient relationship. Forcing patients to go to a specific pharmacy could have negative implications to both safety and satisfaction.
- Garth: Exactly. Now we are starting to see examples of insurance companies intervening to the prescriber on specific medications for patients based on coverage.
- Phil: One advantage of framing this as a patient care and safety issue will increase the likelihood of acceptance among the General Assembly What I think people are saying is, “can we reframe this to be more acceptable to the General Assembly”
- Scott Reimers: Agreed.
- Phil: Do we need a vote?
- Munaza: No, not until it’s finalized.

B. Review language requesting specific action to maximize the utilization of pharmacists’ expertise and training to improve patient care including expansion of the use of standing orders/point of care testing

- Jerry: I drafted this first, and I sent it to other members to get some ideas of improvement. I agree “top of license” could be changed to be clearer:
 1. “The Pharmaceutical Task Force strongly recommends continued efforts to enable pharmacists to maximize the use of their training and expertise to improve patient care. Expansion of the use of standing orders is one example that would greatly benefit the citizens in the State of Illinois. It is our opinion that Illinois lags many states in allowing pharmacists these functions and the provision of such

	<p>(though already permitted in the current Pharmacy Practice Act) will improve the public health of Illinois citizens and improve access to care. The provision of self-administered contraception and nicotine replacement products by pharmacists are clear examples where standing orders could be expanded. Moreover, the literature is replete with studies demonstrating the capabilities and benefits of pharmacists to provide these functions in cooperation with the patient’s primary care provider. The Task Force believes that the State of Illinois, through its Department of Public Health can and should facilitate these processes and more as opportunities are identified.”</p> <ul style="list-style-type: none"> • Scott Meyers: I agree with the change of the “top of your license.” I believe the change is appropriate • Jayna: I think I am looking at an older version. The only hesitation I have is regarding the headway we have made in the previous taskforce. I would suggest a reference to the alignment of this recommendation with our previous task force recommendations. As more duties are added to a pharmacist’s job, there could be concern that it could create “distractions” that could negatively impact the practice. Specifically, staffing concerns. • Rob Karr: I do not think that is necessary since those are already required under the law. • Scott Meyers Moved to vote on the language • Garth Second • <u>A vote was then taken on revised language as read.</u> <ol style="list-style-type: none"> 1. <u>Ayes: Philip P. Burgess, Helga Brake, Brian H. Kramer, Scott Meyers, Garth Reynolds, Rob Karr, Ryan McCann</u> 2. <u>Nays:</u> 3. <u>Abstains: Scott A. Reimers, Tom Stiede, Jayna Brown</u> 	<p>Motion Passed</p>
<p>New Business</p>	<p>A. <u>New Business</u></p> <ul style="list-style-type: none"> • Jayna: One of the topics I though we agreed on was with the Enforcement piece of the Practice Act. Possible changes to the website to make improvements on the complaint intake process works. • Phil: I think Munaza provided that info. • Munaza: I think the question at the time was “where” to file violations of the Act, which our website allows. • Jayna: I thought we were going to go further. • Adam: We had talked about some mechanism for making our pharmacists aware of any changes to the pharmacy practice Act. I think we discussed a CE of sorts to provide these updates. The other discussion was about specific CE regarding public health and safety i.e. opioids and Covid. 	

	<ul style="list-style-type: none"> • Jayna: I would only say that changes to the practice Act should be circulated better, and a CE may be the best option. The Department can do something similar to the change in sexual harassment changes • Scott Reimers: Mandated CE can become a slippery slope that eats up all of your hours. • Garth: We have our annual law review that looks specifically at these changes to the Act. It was open to the public, members, and non-members. This year it will occur at the end of September. There are definitely opportunities for pharmacists to be educated on the topic. • Scott Meyers: I agree 100%. It is the pharmacist’s personal responsibility to know their Act. If people are not seeking it out, other associations can provide that to their members. • Garth: I agree with Scott. We have to be cautious about required CEs. It could cause many logistical issues like the sexual harassment CE. • Brian: I see the other points. I do not think mandated topics would be the best path forward. • Jerry: I agree with Scott, Scott, and Garth. It would just eat up the hours. • Helga: I think the associations do their best to provide information about these changes. • Munaza: The Department did provide a summary of the recent changes on our website. • Ryan McCann: I do not think it is necessary to make a requirement out of it. • Adam: I do hope that everyone understands where I am coming from. I do not think there is a lot of awareness universally among pharmacists. • Garth: We used to have a Board newsletter that went out, but it seems to have faded away in recent history. • Munaza: We have looked into restarting the newsletter. • Phil: I think a newsletter would accomplish a lot of what we are all looking for. • Hunter: I do not have a good answer at this time, but we can take this back and work on a solution. • Munaza: We do not need a formal recommendation for that. I can look into what it will take to start the newsletter again. • Phil: Next month, I will be working with the Department to try and summarize what we have done and what will be presented to the General Assembly. At the September meeting, we will meet for the last time to make our final recommendations. 	
<p>Public Comment</p>	<p>B. <u>Public Comment</u></p> <ul style="list-style-type: none"> • John Long, CVS: Regarding expansion of standing orders. Is the thought that it will be a further clarification of the current definitions regarding standing orders such as the nicotine and oral contraceptives? Will it be a separate statute? • Scott Meyers: I believe it is under the current statute. 	

	<ul style="list-style-type: none"> • Munaza: It would be included in the Pharmacy Practice Act, but it would require a new bill to make such an amendment. You are right it is not entirely clear and could use improvements, but it would be in the Act. • Phil: We are making recommendations, so what actually ends up in the Act is up to the General Assembly. • Garth: For many years, we looked at surveying pharmacists in general. I think it could benefit the industry to look at the data that these surveys may provide. • Phil: I am not sure how we would do that. • Garth: That is ok. 	
Adjournment	<ul style="list-style-type: none"> • Adjournment <ul style="list-style-type: none"> ○ Motion Garth ○ Scott Meyers Second ○ <u>A vote was then taken to Adjourn.</u> <ul style="list-style-type: none"> • <u>Ayes: Philip P. Burgess, Helga Brake, Brian H. Kramer, Scott Meyers, Jayna Brown, Scott A. Reimers, Garth Reynolds, Ryan McCann, and Robb Karr</u> 1. Adjourned 1:32 p.m. 	Motion Passed