



Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

J.B. Pritzker
Governor

DEBORAH HAGAN
Acting Secretary

<p style="text-align: center;">Department of Financial and Professional Regulation Division of Professional Regulation Collaborative Pharmaceutical Task Force Advisory Board Meeting</p>
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Date: April 9, 2019
Meeting Convened: 1:30 P.M.
Meeting Adjourned: 3:23 P.M.
Location: Chicago: JRTC CBD Rooms 2-025; SPI: Stratton CBD 376

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

Staff Present: Lucienne Doler, IDFPR (Springfield)
Richard Schultz, IDFPR
Samantha Ortiz, IDFPR

Guests Present: Katherine Lee Mosio, UI Health
Joel Kurzman, NACDS
Melissa Senatore, Teamsters 727
Melissa Hogan, Roosevelt University College of Pharmacy
Jan Keresztes, Talent First
Tomson George, Walgreens
John Long, CVS Health
Denise Scarpelli, University of Chicago
Sarah Stolz, Jewel Osco
Kristyn Foust, Jewel Osco
Amanda McKee, CVS Health
Bret Benjamin, CVS Health
Kathleen Johnson, RPH Innovations
Kevin Swanson, Walgreens
Isha Rana, UIC
Ray Long, Chicago Tribune

Topic	Discussion	Action
<p>Call to Order</p>	<ul style="list-style-type: none"> • Phil: March minutes approval subject to edits which distinguish between Scott Reimers and Scott Meyers. 	<p>Approved</p>
<p>New Business Discussion</p>	<p>A. <u>Review of responses from the Illinois Department of Labor regarding multiple issues on guidelines for payments/breaks/etc. for pharmacy personnel - Lucienne Doler</u></p> <ul style="list-style-type: none"> • Lucienne: Report was provided to Task Force. No new comments or questions were raised in response to the report. <p>B. <u>Further review of potential language regarding “Grounds of Discipline” (to include information received from the Oregon State Board of Pharmacy) - Al Carter and Tom Stiede</u></p> <ul style="list-style-type: none"> • Al: Provided a report about his conversation with a representative of the Oregon State Board of Pharmacy (“Oregon Board”) regarding the impact of their rule changes. The representative stated that over the last couple of years after the rule changes a majority of pharmacies are closing while the pharmacist takes a meal break. The Oregon Board receives complaints from pharmacists’ and others in a variety of ways, including online and by the telephone. The complaint then goes to a compliance committee after which it is formally presented to the Oregon Board. Based on the Oregon Board deliberations, the complaints are handled on a case by case basis. • Phil: How many complaints have been received? • Al: The representative said that initially after the rule changed in 2012 there was an increase in the number of complaints, but after that, they received on average the same number of complaints that had been received prior to the implementation of the rule changes. The Oregon Board also sent out an initial survey to all their licensed pharmacists in 2012, a second survey in 2015 and a third survey in 2017, which sought comments regarding the meal-break and other changes. They said that some responses received noted issues that the pharmacists wanted to address, but overall most feedback they received regarding the meal-break rule was that the pharmacists could better handle their work load. • Phil: Any updates on the status of the grounds for discipline regarding the basis for the grounds for disciplinary actions? • Audience: What is the complaint process for the Department and the time frame for the process? • Lucienne: An update regarding a description of the complaint process and general time frames for the process will be provided at the next meeting. • Audience: She is curious about who would be sanctioned for violations that are investigated as a result of a whistleblower? • Tom: Noted that Oregon has a different process for certain complaints to make the review for these complaints more efficient. • Lucienne: Complaints can be submitted to the Department by phone, fax, internet, or in person. However, creating a secondary type of investigative unit to investigate certain complaints is not possible, and there are numerous factors to determine the time it takes from the filing of a complaint to the resolution of the complaint. 	

- **Scott M.:** Raised concerns with Item 3(a) of proposed Grounds of Discipline, in that he is not sure how to measure fatigue or workload because the draft wording is ambiguous. He thought that more specific guidelines, like number of prescriptions filled per hour, would be appropriate.
- **Phil:** Asks that members think about how to make the language more specific.
- **Brian:** Questions adopting very specific language because of the diverse nature of pharmacies throughout the State.
- **Audience:** Questioned what happened to the language proposed last month? There is concerns about Item 4 of the Grounds of Discipline.
- **Phil:** Asks her to resend the language to Lucienne and the Task Force will look at this language next meeting.
- **Garth:** Make sure that don't prohibit any type of operational functions for pharmacies, while making sure that the spirit that activities are developed that prohibit the pharmacist from delivering safe patient care. Need both parts of the equation in balance.

C. Responses from the request made to attendees at March meeting regarding the percentage of NEW prescriptions vs. refills/continuation of therapy (as defined in Illinois statute) – Phil Burgess

- **Audience/Jewel Osco:** Osco representative explains it was tough to accurately track every new prescription, as opposed to renewed prescriptions. At least one Jewel Osco location estimated a maximum of twenty percent new prescriptions per day as opposed to renewals.
- **Audience/CVS 1:** CVS representative believes that twenty percent new prescriptions is a good number, but it varies between twenty to forty percent at various locations.
- **Audience/Health System:** Health Systems estimates that eighty percent are new prescriptions and only twenty percent are renewal prescriptions.
- **Audience/CVS 2:** CVS representative estimates that twenty-eight percent are new prescriptions.
- **Audience/Walgreens:** Walgreens estimates that about forty percent prescriptions are new prescriptions.
- **Audience/Health Systems:** They have four pharmacists during the week at their locations and the pharmacists take scattered lunch breaks. However, there is only one pharmacist on staff during Saturdays, so the pharmacy closes when the pharmacist takes a lunch break on those days.

D. Further review of potential language regarding activities allowed in pharmacy department (including in hospitals) when the pharmacist is on break (but remains accessible in the physical facility) – Al Carter, Tom Stiede, and Scott Meyers

- **Al:** Proposes the following language, “a pharmacist, student pharmacist and pharmacy technician, working longer than six (6) continuous hours per day, shall be allowed during the time period to take a thirty (30) minute uninterrupted break.”
- **Audience:** Questions whether the pharmacist need to remain in the pharmacy, or could go out for thirty minutes?

- **Al:** The way the requirement is written, it does not require that pharmacist stay in the pharmacy, only that the time is uninterrupted.
- **Audience:** Suggests including language from the Department of Labor (“DOL”) law that the lunch break occur within five (5) hours after the work period.
- **Phil:** Pharmacy technicians are covered under the DOL law, so that would not be an issue for those individuals.
- **Scott M.:** Stated that can add the language from the DOL law to the Pharmacy Act, by including the twenty (20) break beginning no later than five (5) hours after the start of the work period.
- **Garth:** Agrees with Scott M. to stay with time limits contained in the DOL law regarding breaks, and recommends that the provision not include pharmacy technicians because they are covered under the DOL regulations. He questions how student pharmacists are treated.
- **Jerry:** Supports Scott M.’s recommendation to use same language as DOL law for the length of lunch breaks.
- **Phil:** Explains that he prefers sticking to a thirty-minute lunch break for pharmacists because it appears to be consistent with pharmacies current practice, and reminds the task force that they should only focus on pharmacists when considering the proper amount of break time.
- **Audience/Jewel Osco:** If it is an eight (8) hour shift, pharmacists get thirty (30) minutes, if less than eight (8) hours gets twenty (20) minutes.
- **Audience/Health Systems:** For eight (8) hour shift, pharmacists get thirty (30) minute lunch break and two fifteen (15) minute breaks.
- **Audience/Walgreens:** For eight (8) hour shift, pharmacists get thirty (30) minute break.
- **Garth:** Still believes that the time breaks should be consistent with Illinois labor law and the proposed amendment should only provide for a twenty (20) minute lunch break.
- **Brian:** States that including only a twenty (20) minute lunch break in the law may encourage pharmacies to reduce the length of the lunch break from thirty (30) minutes to twenty (20) minutes.
- **Adam:** States that pharmacists are getting twenty (20) minutes more than they are statutorily provided by using twenty (20) minutes and the including the twenty (20) minute language would make their statutorily provided lunch break would equal pharmacy technicians.
- **Al:** Prefers using the thirty (30) minute language.
- **Phil:** Proposes eliminating “student pharmacists and pharmacy technicians” from the proposed language. Suggests that they should move on to the next topic.
- **Al:** Proposes language stating the things that the pharmacy can do while the pharmacist is on a lunch break. He proposes the following language: Only prescriptions that have been verified 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:

(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;

(b) If the patient or caregiver declines to wait, a telephone number at which the patient or a caregiver can be reached is obtained;

(c) After returning from the break, the pharmacist makes a reasonable effort to contact the patient or a caregiver by telephone and provides counseling; and

(d) The pharmacist documents the counseling that was provided or documents why counseling was not provided, 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.

- **Scott R.:** Had no new additional or replacement language to offer.
- **Phil:** Asks Walgreens' representative of sign placed when a pharmacist is on break.
- **Audience/Walgreens:** Usually, signs provide a timeframe during when the pharmacist will be unavailable.
- **Audience:** Stores have a sign which reads the following: "Pharmacist will not be available between [a specific time period]. New prescriptions will not be sold during this time since the pharmacist is on meal break and cannot provide patient counseling."
- **Al:** Suggests a clarification for the language in Section 3(c) above, to include that the word "must make a reasonable effort" is needed for the proposed language in section 3(c), for duty of pharmacists to attempt to contact patients after break. Also, in Section 3(d) should be amended Pharmacist add language requiring a minimum of two attempts to contact the patient or caregiver.
- **Phil:** Recommends the change of the language contained in the first sentence of Section 3(d) to state: "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." Asks if there is agreement to the proposed language.
- **Scott R.:** Explains that he cannot vote on the proposed language until he has seen the language in writing.

- **Phil:** Due to the desire of Task Force members to see the wording, it is agreed that the members will vote on the pharmacy work conditions language during the next meeting.

E. Further review of language regarding prohibited technician activities
– Scott Meyers, Garth Reynolds, and Brian Kramer

- **Scott M.:** Discusses proposed changes related to duties of pharmacy technicians. The changes would allow pharmacy technicians to participate in tasks that pharmacists specifically delegate to them and for which pharmacy technicians receive specific training.
- **Adam:** Since the amendments may be effective for ten (10) years, does anyone think that there's certain activities, such as proving insulin shots or taking blood pressure, that the Task Force does not want pharmacy technicians to perform? In addition, are there any types of counseling that pharmacy technicians can provide, such as instructing how to provide insulin shots?
- **Garth:** Seeks to know whether a pharmacy technician can provide information in the same manner as a community health worker, and not in the same manner as a pharmacist. He explained that community health workers, who are not licensed, teach people about diabetes and how to manage the disease. They are not instructed regarding how to give insulin shots or how to take a person's blood pressure.
- **Scott M.:** Raises concerns about pharmacy technicians providing patient counseling and the ability of pharmacists to train pharmacy technicians how to provide patient counseling.
- **Jerry:** Says that he believes that unless the Act is very granular regarding everything that the pharmacy technician is permitted to do, it is hard to identify such tasks. The Act should highlight that pharmacists should provide professional counseling activities. The draft amendments are good the way that they are written, as it does not preclude unusual circumstances requiring pharmacy technicians to assist in activities for which they are trained.
- **Scott M.:** He is not against delegation of duties from pharmacists to pharmacy technicians, but does not think pharmacy technicians should be doing any patient counseling because it identifies a lot of problems that occur with these patients.
- **Scott R.:** States that if it the goal to permit pharmacists delegate any task to pharmacy technicians, then his group is strongly opposed to that position. He does not believe that a pharmacy technician should do any counseling, and is struggling with the training available to pharmacy technicians. They are not comfortable with just stating that pharmacy technicians must take approved accredited programs,

	<p>because they feel that the statute should include number of hours and required courses.</p> <ul style="list-style-type: none">• Scott M.: Does not agree and notes that no other professions, include Medical Practice Act, have hours of schooling and required courses in their statutes.• Scott R.: Disagrees that no other statutes require specific hours and classes, and states that if pharmacists are permitted to delegate duties to techs then these activities need to be included in the statute. Will never be for proposed language unless the training requirements are clearly listed.• Brian: Placing required hours and curriculum for pharmacy technicians in the statute is not ideal because these requirements are constantly changing.• Jerry: There are accredited bodies which establish the required hours and educational curriculum, and schools will be required to maintain those detailed standards to accredit the schools.• Scott R.: States that their opinion is, if the scope of practice for a pharmacy technician is going to expand, the permissible activities for pharmacy technicians must be spelled out in the statute.• Scott M.: Maybe the activities can be spell out in the rules but should not be included in the act.• After some additional discussion, Scott M. reads additional proposed amendments to the Act.• Garth: Suggests changing proposed language to permit two (2) calendar years for time period to afford proper training to pharmacy technician, so the applicant has two calendar cycles and are not short changed or disadvantaged.• Scott M.: States that the proposed amendment is reasonable and agrees to the change.• Scott R.: Asks whether currently a pharmacy technician receive training in how to administer vaccines?• Scott M.: No, because they cannot administer vaccines.• Al: In states that allow pharmacy technicians to administer vaccines, they are required to be trained.• Scott R.: Asks the proposal would permit grandfathering the training required for pharmacy technicians to administer vaccines.• Phil: Responds that the proposal would not permit grandfathering. Also, if there is language that more specifically addresses concern for required training, it would be welcomed.• Scott R.: Stated part of problem is he does not know what training is given to a pharmacy technician today.	
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- **Jerry:** Agrees to provide that information and mentions that this is a “big step” for pharmacy technicians, because they are being required to obtain accredited training.
- **Scott R.:** Asks what the problem that is attempting to be fixed.
- **Jerry:** Responds that the amendments are an attempt to provide more time to the pharmacist to consult with patients and screen for drug interactions.
- **Phil:** While this proposal is fairly new, there are other states that are already allowing pharmacy technicians to perform these tasks. The type of training required by the other states will be investigated, with a report at a later meeting. This will provide better information to make a decision regarding the proposed amendments.
- **Scott M.:** Details amendments related to the transfers of prescriptions.
- **Audience:** Requests whether the amendments should say “registered” pharmacy technicians rather than “certified” pharmacy technicians in certain locations.
- **Scott M.:** Intended to use “certified,” because only “certified” pharmacy technicians should be given the responsibilities detailed in the act.
- **Phil:** States that there is a valid reason for requiring that prescriptions for controlled substances only be accepted by “certified pharmacy technicians,” but believes that transfers of prescriptions or new prescriptions for drugs that are not controlled substances can be accepted by pharmacy technicians who are only registered.
- **Scott M.:** Did not have a problem with amending the language to give the discretion to the pharmacist to permit a registered pharmacy technician to receive the order for the prescription.
- **Garth:** Stated that when the rules were previously amended, the amendments were not intended to make the receipt of transferred prescriptions a non-delegable duty of the pharmacist, because the amendment did not include the word “shall.” A technician of any level who can accept a verbal order, should be permitted to accept a transferred order.
- **Phil:** As the Task Force will revisit certain sections of the amendments, that language can be reconsidered as well.
- **Task Force:** Agrees that the June meeting should be rescheduled from June 11, to June 19, and requests that staff attempt to reserve meeting room for that date.
- **Lucienne:** Encourages Task Force Members to review the Meeting Notices closely because there will be room changes for future meetings.

Adjournment	Adjourned 3:23 p.m.	
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