



# Illinois Department of Financial and Professional Regulation

## Division of Professional Regulation

J.B. Pritzker  
Governor

DEBORAH HAGAN  
Acting Secretary

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

Date: May 14, 2019  
Meeting Convened: 1:30 P.M.  
Meeting Adjourned: 3:08 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. Reimers, (Springfield)  
Brian H. Kramer, RPh, MBA  
Thomas Stiede, Teamsters  
Adam Bursua, PharmD  
Lemry Al Carter, RPh (Springfield)  
Garth Reynolds, RPh (Springfield)  
Jerry L. Bauman, PharmD  
Scott Meyers, MS, RPh (Absent)

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

Guests Present: Jayna Brown, Teamsters Local 727  
Brooke Griffin, Midwestern University  
Brian Cryder, Midwestern University  
Alfred Evans, South Suburban College  
Kathleen Johnson, RPH Innovations  
Amanda McKee, CVS  
Joel Baise, Walgreens  
Noelle Chapman, ICHP/AAH  
Jan Keresztes, Talent First  
Melissa Hogan, Roosevelt University College of Pharmacy  
Isha Rana, UIC  
Clara Gray, UIC  
Tomson George, Walgreens  
Zach Frankenbach, Teamsters 727  
Joel Kurzman, NACDS  
Tanya Triche Dawood, IRMA  
Laura Licari, IPHA/Roosevelt University (Springfield)  
Ryan McCann, Jewel Osco (Springfield)  
Denise L. Scarpelli, University of Chicago (Springfield)  
Glen Pietrandoni, Walgreens (Springfield)

Topic	Discussion	Action
<b>Call to Order</b>	<ul style="list-style-type: none"> <li>• <b>Phil:</b> Of the eight voting task force members, seven members are present with Scott Meyers being absent. April 9, 2019 minutes approved.</li> </ul>	Approved
<b>New Business Discussion</b>	<p>A. <b><u>Further review of language regarding “Grounds of Discipline” (to include information from Munaza Aman regarding the current complaint process to the Department received from pharmacists as it relates to the Whistleblower Act). Potential vote on final recommended language – Al Carter and Tom Stiede</u></b></p> <ul style="list-style-type: none"> <li>• <b>Phil:</b> Stated that the discussion regarding the Grounds of Discipline raised questions about Whistleblower Protections and the complaint process for pharmacists who file a complaint with the Illinois Department of Financial and Professional Regulation (the “Department”). A memorandum was created by counsel for the Department to explain the Department’s complaint process. It was distributed to the Task Force and available to the public for review.</li> <li>• <b>Garth:</b> The memorandum will help guide the Task Force toward its final recommendation. However, it shows that the Department needs more inspectors to appropriately administer the function of the Department regarding its responsibilities to oversee pharmacies and to handle complaints. The Department needs to have at least nine to ten inspectors to accomplish these functions. The Department needs to look at avenues to ensure that it has adequate staff to appropriately administer the Department’s duties. This could be one of the recommendations from the Task Force.</li> <li>• <b>Scott R.:</b> In addition to individual votes which were taken in the past, will the Task Force members also take a vote to approve the final report?</li> <li>• <b>Phil:</b> There are 16 standards that are contained in the Act, and the Task Force is charged with voting on these standards. After the votes on these standards and two other matters which are being considered by the Task Force, I will be working with the Task Force and the Department to prepare a final summary describing the vote tallies, the Task Force’s feelings regarding the standards. Those individuals who had a differing opinion will have an opportunity to add the basis for the disagreement. Once the votes are taken, there will not be a second vote regard the entire summary based on time considerations.</li> <li>• <b>Scott R.:</b> Just wants to know if the final summary will be subject to a vote?</li> <li>• <b>Phil:</b> Doesn’t foresee a vote on final summary and provide a chance for those with dissenting opinions to voice those disagreements.</li> <li>• <b>Luci:</b> There will not be a report <i>per se</i>, but the final product will be the recommendations of the Task Force. It will clearly identify who voted for the recommendations as well as who, if anyone, voted against recommendations, so that everyone has their voice heard.</li> <li>• <b>Scott R.:</b> Supports some individual recommendations from the Task Force but opposes others, so he wants the right to comment and to make some points as the Task Force approaches the final product.</li> <li>• <b>Luci:</b> After the Task Force votes on the various standards, which must be prior to the September 1<sup>st</sup> deadline, the Department will work with the</li> </ul>	

	<p>Chairman and possibly all of the Task Force members to prepare wording for amendments to statutes or rules to match the intention of the Task Force.</p> <ul style="list-style-type: none"> <li>• <b>Phil:</b> Next, does anybody have any questions about the Grounds for Discipline language?</li> <li>• <b>Tom:</b> Deferred to Jayna in the audience so that she could speak on this matter.</li> <li>• <b>Audience/Jayna:</b> There is an ambiguity between paragraphs two and four of the proposed Grounds for Discipline, which could lead to abuse. For paragraph four, particularly in a retail setting, the ambiguity could be an issue.</li> <li>• <b>Al:</b> Agreed that the new proposed new language in Paragraph 4 may cause some ambiguity, because a pharmacy can require that a pharmacist meet productivity quotas or participate in marketing activities based on the language that pharmacies should not require a “pharmacist to meet productivity quotas, participate in marketing activities ... except those that directly support therapy management or other patient care activities.” Suggests replacing new language in paragraph four with the previously stricken language in paragraph four.</li> <li>• <b>Audience/Jayna:</b> Agrees to strike the new language in paragraph four, and replace it with the previously proposes language, with a clause “in the pharmacist’s professional judgment.”</li> <li>• <b>Phil:</b> Summarizes proposed changes by stating that the current paragraph 4 of the Grounds for Discipline, is deleted, and replaced with the following statement: <ul style="list-style-type: none"> <li>“Introducing external factors such as productivity or production quotas or other programs to the extent, in the pharmacist’s professional judgment, that they interfere with the ability to provide appropriate professional services to the public.”</li> </ul> </li> <li>• <b>Adam:</b> Provided an example where a pharmacist could be hindered in providing appropriate services to the public and believes that the revised language does satisfy that pharmacist’s judgment and addresses the concerns and does not make it subjective.</li> <li>• <b>Garth:</b> Only concern is whether we should add that the “delivery of patient care is not impeded,” and make it clear that the external factors involve marketing activities, so there is no question that the pharmacist still must provide and deliver patient care services.</li> <li>• <b>Al:</b> Agreed that by adding the clause “in the pharmacist’s professional judgment,” too much discretion is provided to the pharmacist to determine what care they want to provide, or do not want to provide. Would not support the proposed language. He stated that he would recommend the following language: <ul style="list-style-type: none"> <li>“Introducing external factors such as productivity or production quotas or other programs to the extent that they interfere with the ability to provide appropriate professional services to the public.”</li> </ul> </li> <li>• <b>Phil:</b> Calls the matter for a vote on the proposed language offered by Al.</li> <li>• <b>Scott R.:</b> Asks for one more month before taking a vote because he believes that there is a substantive change to the wording and wants to make sure that</li> </ul>	
--	---	--

the language is typed out accurately. He believed that there were substantive changes made and he was not comfortable voting today.

- **Phil:** Asks Scott R. if he can commit that he will vote on the proposed language for the Grounds of Discipline at the next meeting.
- **Scott R.:** Confirms he will vote on the proposed language if there are no changes at the next meeting.

**B. Further review of language regarding activities allowed in a pharmacy department (including in hospitals) when the pharmacist is on break (but remains accessible in the physical facility). Potential vote on final recommended language. – Al Carter, Tom Stiede and Scott Meyers**

- **Phil:** Noted that there were no changes to the language contained in the pharmacy work conditions.
- **Brian:** Raised a question whether a pharmacist with a hospital who takes a break at the hospital cafeteria would still be considered on site if he had a pager or phone and could still be contacted.
- **Al:** Discussed this question with Scott M. because he was the person who brought up the concern, and after these further conversations, he agreed that no additional changes to the proposed language would be necessary.
- **Phil:** This topic overlaps with the pharmacy work conditions, so the Task Force began discussions regarding that issue. The document entitled “Pharmacy Work Conditions,” which explains work conditions and breaks for pharmacists. There are two areas of concern, limitations of continuous work hours (between eight (8) and twelve (12)), and a requirement to provide breaks and when the breaks must be allowed. Scott M. submitted an email stating that he supported the 30-minute lunch break requirement but would not support the two (2) fifteen-minute breaks and limits on shifts.
- **Tom:** Raised the issue regarding creating the maximum of twelve (12) hour shifts in a retail setting. He explained that one of the reasons the Task Force was created was because of concerns raised by a twelve (12) hour shift in retail settings, so he wanted to at least have a discussion about limiting shifts to no longer than eight (8) hours.
- **Brian:** Raised a concern about the eight (8) hour limit, and he thought that Scott M. would have an objection as well. He knew that overnight shifts are typically twelve (12) hours and noted that the working situations are different between hospital and retail pharmacies. He did not believe that the Department would want to differentiate between hospital, retail and all other types of pharmacies where the expectations regarding the number of hours worked in a day are different.
- **Tom:** Noted that one of the pillar issues for the Task Force was the requirement of a twelve (12) hour day in retail pharmacy. Therefore, the issue should be fully vetted.
- **Al:** Stated that the 2017 assessment issued by the Institute of Safe Medication Practices (“ISMP”), which stated that for community or invalid care that pharmacy staff work no more than a 12-hour workday, with exceptions for staff be allowed to work one fifteen (15) minute break and one thirty (30) minute break for eight (8) for hours worked, with the exception of isolated

	<p>instances of unusual situations. Believes ISMP has been a reputable source of pharmacy practice across the United States and the National Association of Boards of Pharmacy. Would prefer that the Task Force stick to a maximum twelve (12) hour work day.</p> <ul style="list-style-type: none"> <li>• <b>Scott R.:</b> Raised question regarding what constitutes an emergency that would allow for longer shifts and how would it be documented?</li> <li>• <b>Audience/Denise:</b> In hospitals, it would be an instance where a pharmacist could not arrive in time to begin his scheduled shift, so another pharmacist would have to stay and work more hours to ensure that the pharmacy is staffed, rather than an extreme large number of prescriptions to be filled.</li> <li>• <b>Scott R.:</b> So, a pharmacy must have a reason to require that a pharmacist work longer than twelve (12) hours, rather than an inability to staff the pharmacy.</li> <li>• <b>Al:</b> There can also be an emergency scenario, like a natural disaster.</li> <li>• <b>Scott R.:</b> Not looking for loopholes, but for a way to define an emergency.</li> <li>• <b>Phil:</b> Would you recommend adding a national emergency as one of the examples?</li> <li>• <b>Luci:</b> It could be as simple as stating “an emergency that includes an interruption of patient care.” However, attempting to list all possible emergencies in rules could be difficult, because there could be emergencies which were not anticipated. It could give examples of emergencies and describe how they should be documented.</li> <li>• <b>Phil:</b> Can state “included, but not limited to, national emergencies.”</li> <li>• <b>Audience/Jayna:</b> Concerned that poor staffing could cause pharmacists to have to work longer than twelve (12) hours, and that should not be considered an emergency in a retail setting.</li> <li>• <b>Audience/Denise:</b> Works in a hospital and it has never closed because there was not a pharmacist on duty.</li> <li>• <b>Al:</b> Believes that Subpart 3 of the draft document already addresses everything that the Task Force is discussing.</li> <li>• <b>Adam:</b> Pointed out that there is a difference in emergencies between hospital and retail pharmacists, because if a pharmacy in a retail store has to close the customer can go to another store, where in a hospital there could be a greater risk to patient health because there is no immediately available pharmacy to have prescriptions filled.</li> <li>• <b>Luci:</b> As stated in the draft document, the exceptions for emergencies must involve an immediate health risk and the pharmacist has the discretion to make that determination. For example, if a hospital pharmacy must close for an entire shift because there is no pharmacist, it is a more urgent situation than a retail pharmacy which has to close for two hours because a pharmacist is running late. The language in Subpart 3 addressed that difference.</li> <li>• <b>Al:</b> Believes that an employer cannot force an employee to work beyond their shift, and the language in the proposed amendment gives the employee the option to work longer if he or she chooses.</li> <li>• <b>Luci:</b> Agreed that the language in the exceptions for emergencies also states that while a pharmacist cannot be required to remain at work for emergencies, but they permitted to work beyond the limited number of hours.</li> </ul>	
--	--	--

	<ul style="list-style-type: none"> <li>• <b>Garth:</b> Believes that the language regarding exceptions is adequate as drafted.</li> <li>• <b>Phil:</b> There is still disagreement between the maximum of eight (8) and twelve (12) hours in a workday and the two fifteen (15) minute breaks.</li> <li>• <b>Al:</b> Believes that the question to be resolved is Subpart 2A, and based on the report by ISMP, the workday would be limited to twelve (12) hours, with one thirty (30) minute lunch break and one fifteen (15) minute break.</li> <li>• <b>Adam:</b> He reads the ISMP report as stating that one thirty (30) minute lunch break and one fifteen (15) minute break would be available if working eight (8) hours. But based on Brian’s statements regarding hospitals, they would have difficulty observing these limits because hospital pharmacists work longer shifts.</li> <li>• <b>Tom:</b> Explains that if there would be a thirty (30) minute lunch break and fifteen (15) minute additional break for an eight (8) hour shift with proper reporting documentation at the time the pharmacist takes the break, he could support the amendments.</li> <li>• <b>Phil:</b> Presumes that there is no problem with the pharmacy requiring that records be kept confirming when pharmacies take breaks, in that it does not appear to be an onerous task for the pharmacies.</li> <li>• <b>Al:</b> Proposed that the amendment states that there be no more that twelve (12) continuous hours in a work day, with a thirty (30) minute lunch break and two fifteen (15) minute breaks if work twelve (12) hours. If only work eight (8) hours, then can have a thirty (30) minute lunch break and one fifteen (15) minute break. The documentation is still required.</li> <li>• <b>Al and Tom:</b> After discussions about the appropriate language to properly define breaks between Tom and Al, they represent that they will discuss the matter and produce agreed language by May 21, 2019.</li> <li>• <b>Phil:</b> Disagreed with a comment from the audience that the precise time of the breaks need to be regulated, based on studies that conclude breaks are necessary. Also, stated that the requirement that pharmacists are granted breaks is included in the proposed language and the pharmacists have whistleblower protections if they feel they are not permitted to take proper breaks.</li> <li>• <b>Brian:</b> Stated that hospitals are in favor of allowing pharmacists to take breaks. However, detailing the time that breaks must be taken, and the specific documentation required to record the time of breaks is extreme, because pharmacists are professionals.</li> <li>• <b>Tom:</b> Proposed that the Task Force limit the work day for retail pharmacists to 8 continuous hours per day.</li> <li>• <b>Phil:</b> Stated that we may have to agree to disagree regarding limiting the work day to 8 or 12 hours. He noted that individuals can voice their disagreement by submitting reasons for their votes. Documentation is required because if a pharmacist cannot substantiate when breaks were allowed, the law cannot be enforced.</li> </ul>	
--	--	--

- |  |  |  |
|--|--|--|
|  | <p>C. <u>Recap of training requirements for technicians in other states – Phil Burgess</u></p> <p>D. <u>Review of specific language recommendation regarding expanded requirements for technician training. Potential vote on final recommended language. – Scott Meyers and Jerry Bauman.</u></p> <p>E. <u>Further review of language regarding prohibited technician activities. Potential vote on final recommended language. – Scott Meyers, Garth Reynolds, and Brian Kramer</u></p> <ul style="list-style-type: none"> <li>• <b>Phil:</b> Explained that Idaho has extensive training requirements, but he was not able to locate information. He planned to provide the information at next meeting, along with Rhode Island’s regulations. He also raised a question about the proposed draft language which stated that “beginning on January 1, 2022, all new pharmacy technicians would be required to have” graduated from pharmacy technician training, or obtained documentation a pharmacy verifying that he or she had successfully completed a standardized nationally accredited education and training program. This would appear to prevent entry level positions for untrained pharmacy technicians</li> <li>• <b>Garth:</b> Explained that a clarification from Scott M. was necessary, because he agreed that the language is not clear, and that the ultimate goal was to have more pharmacy technicians working. Perhaps we can consider programs for technicians to receive more training while they are in the process of receiving their license/accreditation.</li> <li>• <b>Audience/Jan:</b> Stated that currently, pharmacy technician students can work at experiential locations while they complete their accreditation. Noted that the proposed revisions state that a pharmacy technician needs to work in a pharmacy to gain some experience, but would not have the ability to work without certification.</li> <li>• <b>Garth:</b> Stated that he heard from some chains that the requirement for a one-year time frame would be substantial. Also noted that some tasks assigned to pharmacy technicians are not professional.</li> <li>• <b>Scott R.:</b> Questioned the type of responsibilities that would be permitted to be delegated to pharmacy technicians, and whether the goal here was to delegate anything that a pharmacist does to a pharmacy technician?</li> <li>• <b>Phil:</b> Responded that the goal was not to permit the pharmacist to delegate all responsibilities to a pharmacy technician.</li> <li>• <b>Brian:</b> Responded that the pharmacist has the responsibility to determine what tasks can be delegated to pharmacy technicians.</li> <li>• <b>Al:</b> Pharmacists are responsible for actions at the pharmacy, including the actions of pharmacy technicians, except for diversion of drugs by the pharmacy technicians.</li> <li>• <b>Scott R.:</b> Noted that there must be continuing education as part of the certification of pharmacy technicians.</li> <li>• <b>Phil:</b> Responded that there is a loophole in Illinois, because the rules related to continuing education had been authorized but never written. Pharmacy technicians have to be certified, but no way to implement a continuing education requirement.</li> <li>• <b>Scott R.:</b> Questioned how many pharmacy technicians can be supervised by each pharmacist, and whether pharmacy technicians are trained to be held accountable.</li> </ul> |  |
|--|--|--|

	<ul style="list-style-type: none"> <li>• <b>Brian:</b> Noted that there is no limit on the number of pharmacy technicians who can be supervised by a pharmacist, but the Act holds pharmacists delegating duties to pharmacy technicians accountable.</li> <li>• <b>Scott R.:</b> Stated that as the duties of pharmacy technicians expands, need to determine how involved pharmacists are regarding their supervision of pharmacy technicians.</li> <li>• <b>Al:</b> Stated that the Pharmacy Practice Act refers to an ACPE accredited college of pharmacy for certification and continuing education requirements of registered pharmacy technicians.</li> <li>• <b>Phil:</b> Stated that Items C, D and E on the Agenda all revolve around pharmacy technicians. Based on the questions raised, he asked that the matters involving these items be tabled until the meeting next month.</li> </ul> <p><b>F. <u>General Discussion</u></b></p> <ul style="list-style-type: none"> <li>• <b>Phil:</b> Promised to permit Adam time to present information regarding e-prescribing.</li> <li>• <b>Adam:</b> Stated that he would like about fifteen (15) minutes to make a presentation regarding electronic prescriptions, such as Surescripts.</li> <li>• <b>Garth:</b> Mentioned that he might offer an alternative to Surescripts because it was reported that the Federal Trade Commission was investigating that company for antitrust violations.</li> <li>• <b>Luci:</b> Stated that at the next month, it would be advisable to start taking votes on the various matters being discussed.</li> <li>• <b>Phil:</b> Asked if he could do that, and questioned whether the legislature would want an explanation for the vote.</li> <li>• <b>Luci:</b> Responded that there has been a lot of time to discuss regarding these topics and explanations are not required by the legislature, this is only a recommendation by voting.</li> <li>• <b>Phil:</b> Confirmed that the next meeting will be held on Wednesday, June 19, 2019.</li> <li>• <b>Scott R.:</b> Asked about SB659, which would extend the Pharmacy Practice Act for ten years, rather than one or two years.</li> <li>• <b>Luci:</b> Explained that the current Pharmacy Practice Act sunsets on January 1, 2020, and the Department wanted to ensure that the current version of the Act was consistently in effect. She stated that the recommendations of the Task Force would be considered as separate legislation, and the length of time for the current legislation would not have any affect on the review of the recommendations from the Task Force.</li> <li>• <b>Audience:</b> Requested that Adam include in his presentation the number of prescriptions that are never picked up after being sent to the pharmacy. According to the person, 53% of electronic prescriptions are not picked up by patients.</li> </ul>	
<b>Adjournment</b>	Adjourned 3:08 p.m.	