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

Date: September 11, 2018
Meeting Convened: 1:31 P.M.
Meeting Adjourned: 2:54 P.M.
Location: Chicago: JRTC CBD Rooms 14-612; SPI: Stratton CBD 349C
Call-in Number: (888) 494-4032

Roll Call:
Philip P. Burgess, MBA, DPh, RPh, Chairperson
Adam Bursua, PharmD
Jerry L. Bauman, PharmD
Scott A. Reimers (dial in)
Brian Kramer (dial in)
Scott Meyers, MS, RPh
Lemrey Al Carter, RPh
Garth Reynolds, IPHA
Helga Brake, PharmD
Thomas Stiede

Staff Present:
Lucienne Doler, IDFPR
Munaza Aman, IDFPR
Bryan Schneider, IDFPR
Kathleen Alcorn, IDFPR (Springfield)

Guests Present:
John Long, CVS Health
Ryan McCann, Jewel Osco
Tomson George, Walgreens
Jan Keresztes, Talent First
Lauren Ballwed, SIUE Student
Laura Licari, Roosevelt University/IPHA
Brian Hrad, Symbria RX Services
Zachary Frankenbach, Teamster 727
Jayna Brown, Teamsters 727
Melissa Senatore, Teamsters 727
Rob Karr, IL Retail Merchants Association
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<td>Call to Order</td>
<td>• Philip: welcome and introductions</td>
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| Approval of the Minutes     | • July Minutes  
  ○ Motion-Philip  
  ○ Second-Brian                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | • August Minutes unanimously approved as amended |
| Discussion                  | 1) Philip: Whistleblower protections for pharmacists to come forward will be discussed by Munaza and Lucienne.  
  2) Munaza: Reads the current whistleblower Act. Provides an explanation as it applies to pharmacists and background.  
  a) Munaza: The Whistleblower act provides protection for what is specifically required in the Act.  
  b) Scott: is that covered or do we have to say it? If we put in the act the violation or unprofessional or unethical conduct includes anything that puts the patient’s safety at risk, is that too general?  
  c) Munaza: The Act already has unprofessional conduct. It would have to be more specific. It is also in the rules and further defined in the pharmacy rules currently.  
  3) Lucienne: Presents on labor laws and provides administration rules. Currently all in the one-day rest and seven Act.  
  a) Lucienne: Anyone that works for 7.5 continuous hours or longer gets at least 20 minutes of a meal period beginning no later than 5-hours of the start of their work period. I Could not find anything about 15-minute or 5-minute breaks. Board member questions were answered and clarification was given.  
  b) Scott: if we stated 30 minutes, it would be within state law.  
  c) Lucienne: It has to occur before the 5th hour  
  d) Scott: should we state that – reference in accordance to?  
  e) Lucienne: I would be cautious about referring to this act because you are not currently covered in the act. If you want to state it, then just state the language of the act instead of just referencing an act.  
  f) Philip: so we are not in violation of this because we are not currently covered, Correct?  
  g) Lucienne: The section that every employer shall permit. Except those that are specified in this section. The only people that are covered are those in the collective bargaining unit. What about people with an illness or disability? They are not covered in this either. It says that they do not have to. To say that they must is not consistent. I would like to state the 20-minute break because that is what the state allows. That would be consistent.  
  h) Munaza: provides clarification about 30-minute break to occur before the 5th hour.  
  i) AL: So, are student pharmacists and pharmacy techs included in the Act?  
  j) Scott: there is no “must” language, but “permit” language, so pharmacists do not have to take the break? The only ones specified a pharmacists and techs who work under a collective bargaining agreement. I’d like to stay consistent with a 20-minute break.                                                                                     |                                              |
k) Al: who takes 20-minutes breaks though?
l) Munaza: So, you would like it to mirror the language? We just come forward with a recommendation for the pharmacy Act.
m) Scott: Yes
n) Philip: We are working off a list of 16 items that the GA wants us to address. We are not limited to this, however. #6, 7, 8 all address pharmacist breaks. Nothing states anything about the pharmacy technicians.
o) Scott: The language from these 16 bullet points came from (2) separate bills…I think that we need to address all parties who work in this setting. I suggest that we refer to the 1 day of rest and 7 act, and section 3, and just mirror it. I don’t understand why pharmacists need more break time than an iron worker, auto worker, or office worker.
p) Al: one argument is that none of these people have nor need to have the mental capacity to be sharp, nor have people’s lives in their hands.
q) Scott: Does the medical practice act have anything about this?
r) Scott: No it does not.
s) Philip: Just to bring it back, let’s go back to #6. It is looking at a minimum of two 15-minute and one 30-minute breaks.
t) Scott: If the nursing and medical practice act does not have anything about breaks, why should we?
u) Bryan S.: another thing that I would like to promote – if we shorten it to 20, and the pharmacists are unable to take a break due to the nature of their job, we are going backwards on this.
v) Lucienne: There is nothing I see that would provide an exemption for pharmacists in particular from breaks, they would however be exempt for wage and labor law requirements.
w) Luci: Either way, they would still be covered under breaks.
x) Philip: we can begin Al’s presentation regarding breaks. I want to have a clear definition of what a new Rx is. 1300.37. There is clear description of what an new Rx is. Basically, when a pharmacy closes, relates back to … if you look at patient counseling, in that same section that I was not aware of.
y) Al and Philip: based on the last meeting… 1300.37 – new Rx with the definition and the emergency language. So, what we did, we didn’t change subpart B, section 3, just made reference to 1300-700, goes through a list of definitions.
z) Philip: any questions or comments?

aa) Jan Keresztes: the certified was discussed that is was supposed to be verified by a pharmacist rather than certified?
bb) Al & Philip: Good catch, Jane!
cc) Al: Subpart 3, exception for emergencies, we couldn’t find a state that specifically spelled out the definition of emergency. We reached out to NABP to see if they have model language and they did not. We added language that reads “as deemed by the pharmacists,” which leaves the judgement to the pharmacists. Counseling is not considered an immediate health-care risk to the patient. The pharmacist is used because the pharmacist is the specific person in charge of the pharmacy.

dd) Al: for clarification, this part is not about counseling, this part is about emergencies and the meal period in its entirety. I would defer to the Department to see if this would be accepted.
Bryan Harad: Can there be a refusal for a pharmacist for new prescriptions?

Philip: For new Rx’s the language says… certain exceptions on how that should be handled should the pharmacists still be on break.

Al: I would defer to the Department to see if this would be accepted. I think that if there is anything to discuss, it should be reviewed by them. My personal opinion…

Thomson George: the Act is modeled from the Act from Minnesota? In Minnesota, the way they practice the counseling should be with the pharmacists, but if they are on break, then documentation is a part of this. If it is over a phone or there is a documented phone number, the pharmacists will do a follow-up call.

ii) Philip: Summary – Yes, this was modeled from the Act in Minnesota. If a pharmacist is on break, the pharmacist is available, either leave a phone number for the pharmacist to call back or they can wait. If the patient refuses for either option, this is then documented. We allow in out current regulations for a patient to say no.

Philip: By legislation, we have to have our recommendations to the department by September 1, etc. process of the task force.

Adam: My concern that if the pharmacist is on break, and the patient refuses counseling, I think that we are countering, I think that if the pharmacist is on break, we are encouraging the refusal of the counsel. This is not safe if it is a new Rx.

ll) Philip: a way to counter that is for the pharmacist’s staff to let the patient know that the pharmacists would like to review this new Rx with them.

Ryan McCann: the question is the pharmacist shall provide – the muddiness with the new Rx. The pharmacist should engage with the patient on counseling on a new Rx. We’re interpreting as the pharmacist has to engage in the refusal not the technician.

Jayna Brown: What we are running into – examples given – when the patient can see the pharmacists, the sacrifices made. On the union side, breaks don’t happen and they’re not interrupted.

oo) Philip: the other side when there is a backlog of 5 patients waiting to be counseled.

Audience: Walmart puts up a sign that says that the pharmacists is not available.

Tomson George: Adam raises a good point about. The pharmacists get the support – patient counseling – what about the patient who carries x 30% of the time. The pharmacist having to make the effort (could not hardly hear him)

Adam: What if we said shall not be interrupted during that 20 minutes, unless it is an emergency.

Philip: There is already a requirement. There is a mandated sign with the language that says what that sign says. We have the potential of adding to that sign. If the pharmacist is on break, the pharmacist must still be available.

Philip: Clearly, we are not all on the same page. Can we recommend that we put this on hold and come back to this? We have more stuff to talk about this. Let’s go back to this next month.

Helga: May I ask that Walgreens come back with the patient response to the signs?
vv) Tomson: I will figure this out.

ww) Philip: next topic, quotas and time guarantees. My understanding is that we will come back to this?

xx) Al: Yes, but one of the things we talked about is the Rx language, and maybe create something new. There is a couple of parts that we added to, pharmacy regulations and meal breaks that were not there previously. At some part, there is a part about advertising and soliciting that is fraudulent and misleading. We feel that “jeopardizing” is too unclear.

yy) Philip: I am almost sure that there is a state that specifically prohibits against advertising time guarantees – we guarantee your Rx in 15 minutes.

zz) Garth: If we talk about labor vs work volume, we have to really talk about root causes, and that is the lack of pharmacists. We have to talk about the root cause. We have to make sure that the pharmacies are able to do this.

aaa) Philip: Can I ask if there is a baseline for regulation, chapter 855 division 21 dash 1170 for discipline. They address time guarantees, time quotas, etc. There are progressive things. Let’s move on. Helga.


ccc) Philip: I think in general, I ask, if we can try and keep the act, and have minimal guidelines. My thought is once the act is in place it is difficult to change that act. It would be easier to make changes in the rules. Our goal for the rules with the department would be recommended. I guess jumping off the bat, I would like… any opposition to mandating CQI program?

ddd) Brian K. – phone: No opposition, what would that look like if we do not give recommendations. Who is up to then to place things in the rules?

eee) Philip: I did not mean that at all, going back to Helga, to what we think would be in rules, and how it should be structured.

fff) Al: Would there be a law that CQI would mandate and then the rules would define what the specifics would be?

ggg) Philip: We would define what a CQI program is, we need specificity in the Act. Are we saying that it has to be a part of x and things like that. What that program would initially be, that would mandate privacies and protections. (The protections would have to be in the act).

hhh) Al: Virginia I believe passed a law mandating a CQI program, I’m not sure.

iii) Helga: What I wanted to show that the model rules would show. So the next time I would craft language that would be discussed in the next meeting, that would mandate membership and protections. Perhaps a recommendation for CQI.

jjj) Philip: You do have good language that protects.

kkk) Garth: I think that this should be included…

lll) Al: That’s tough because mom and pop pharmacists that come to IL should be a part of the PSO programs, it is not our business.

mmm) John Lang: small organization that could afford that – the option of either or.

nnn) Helga: There is a fee for PSOs.
Audience: There is language that … subsidiaries… what is the requirements for x small hospitals… would there be programs…

ppp) Brian K-Phone: (long term care facilities) nothing that requires them to be a PSO member.

qqq) Helga: We would … PSO’s page 7-8, language as written there is no protection… federal x of Manhattan… what information that Phil brought up, pharmacy board of investigations, there is a list that is complete on page 4, that would be discoverable regardless of x of the act, which is the only current law that covers that PSO. Page 4 is a list, any actions that are taken. My view is to determine what is discoverable and not discoverable to get to the information that is needed.

rrr) Helga: Once a discipline action has taken place that information is no longer privilege.

sss) Philip: Moving on, the last thing, the electronic prescribing. Scott, are you still with us?

ttt) Philip: Adam and I had an offline discussion about what CMS may do about 1/1/20.

uuu) Philip: CMS requirements – Scott do you have any information about what that entails? Part of this is that they have not passed both houses, before we move down this path any further, lets see what happens on the federal level, before adding an unnecessary level.

vvv) Adam: One thing that we should not wait for are… eRx platform, cancel Rx functionalities. Some pharmacies are already at that level. Have the capability will be required by CMS. You have to turn it on. It is similar to the use of Medicare. Our role would be to say that you got to turn on that functionality. The state of CT is looking into this exact same thing, the cancel Rx functionality. They did a small study in a few clinics and pharmacies. Not sure of the load of the study, which showed efficiencies. Concerns, that may reduce efficiencies, but also increases efficiencies. Greatly reduces the amount of phone calls.

www) Philip: you’ve done a great job with this, do you think we will be moving forward with this?

xxx) Adam: Cancel Rx must be enabled unless there is other timeline concerns. If everyone agrees, this is something we should be moving forward with soon.

yyy) Jan Kereztek: I’m confused, will there be an opportunity to say this patient has not filled this prescription in months and have us communicate with the physician?

zzz) Adam: Yes, this is a two-way street, it will cancel the prescription at the pharmacy and it will send it back to the physician. (cancel Rx). It will only cancel that specific prescription, not all, only the prescription selected. It’s almost entirely an automated process, unless a match cannot be found through signatures and information.

aaaaa) Laura: How do you transfer a cancelled prescription?

bbbb) Adam: I do not know, but if the prescriber has a feeling the patient is not safe, then the prescriber can let the patient know about this.

cccc) Jan: So, if the patient does not pick up the prescription and gets reversed in the insurance does that information go back to the physician?

dddd) Adam: No, that does not apply to cancel Rx, it’s not related. This is a different type of adherence that it helps with.

eeee) Philip: so, this could potentially help with abuse
| fff) | Adam: Potentially helps with abuse for refillable controlled substances |
| gggg) | Philip: I think where we’re at now we can move forward but we still need to look into language. Thank you. |
| hhhh) | Philip: I believe we can hedge at our normal time. |

| **Adjournment** | Adjourned 2:54 p.m. |