



Illinois Department of Financial and Professional Regulation
Division of Professional Regulation

JB PRITZKER
Governor

DEBORAH HAGAN
Secretary

CECILIA ABUNDIS
Acting Director
Division of Professional
Regulation

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

Date: July 21, 2020
Meeting Convened: 12:39 P.M.
Meeting Adjourned: 2:05 P.M.
Location: The Collaborative Pharmaceutical Task Force convened the meeting at 12:40 P.M. CST on Tuesday, July 21, 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

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

Guests Present:
Denise CarPELLi
Dennis
Elise Wozniak, Northwestern
Sean McCough

Stacy Doyle, Mariano's Pharmacy
 Zach Brakenbach 727
 John Long, CVS

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, future meetings will continue to be virtual throughout the summer pending an Executive Order. 	
Old Business	<ol style="list-style-type: none"> <u>Approval of Previous Minutes</u> The June Minutes Approved with edits to roll call votes. <ul style="list-style-type: none"> Scott Meyers moved to approve minutes Seconded by Brian Kramer <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, Ryan McCann</u> <u>Nays:</u> <u>Abstains:</u> <u>Discussion Topics</u> The chairman provided a recap of topics that will be discussed at future taskforce meetings. Final review "Meal Break Timing" language- Jayna and Adam <ul style="list-style-type: none"> Jayna: Will let Adam speak on this. Adam did a lot of the heavy lifting, and we believe we have found some compromises to issues raised previously Adam Bursa: Two separate things to accomplish. 1 close loophole that some pharmacies were taking advantage of regarding shift times. The first and second change in the document accomplish closing the loophole: <ol style="list-style-type: none"> "The breaks shall be provided no earlier than 3 hours after the pharmacist begins work unless otherwise requested by the pharmacist. If such pharmacist is required to work 12 continuous hours per day, at a minimum, he or she qualifies for an additional 15-minute break. The additional 15 minute break shall be provided no earlier than 6 hours after the pharmacist begins work unless otherwise requested by the pharmacist." Jayna: We have not made changes to the language from our previous meeting, but they are changes to the current Act. Adam: The second topic is to exclude pharmacists that are not intended for: Managing Pharmacists and those not having a 	<p>June Minutes Approved</p>

patient care role. The original attempt to streamline language was to use a new definition to “product verification.” There were concerns with how the definition was written. If we use an existing definition to “dispense” then we would not have to argue semantics while still excluding the appropriate pharmacists,

- Phil: Comments from the task force
- Scott Meyers: Can we put some sort of measurable limit “this subsection does not apply to pharmacists that do not dispense more than 1/3 of their shift?” We should exclude administrative pharmacists that may check one or two orders to ensure compliance. 1/3 seems to be a fair.
- Jayna: This may create issues when trying to implement these rules. As we add more, enforcement becomes more difficult, and we do not want the added language to exclude the pharmacists we are trying to protect.
- Ryan: I agree with Jayna. This could create additional confusion. Section B language needs to stay consistent. “Shall be allowed” v. “Shall be provided” “Shall be allowed should be the term for consistency.
- Jayna: My concern with “allowed” is that it does not provide enough weight to the meal break *requirement*.
- Garth: I think it should be “allowed” instead of “provided” The new subsection (g) could negatively impact pharmacists that are enjoying the breaks but now may be excluded with the new language. We appear to be exempting people that find it too difficult to properly document the pharmacist breaks. If there are issues with compliance, there are ways to correct these issues without the presented language. I believe the votes on this matter should be divided based on section. Section B and G should be voted on separately.
- Phil: let’s try and focus on the terms “allowed” v. “provided” My personal opinion is that I do not see a difference. Jayna, what is your view
- Jayna: When you look at the highlighted sections, “shall be provided” implies that you are guaranteed the break unless the pharmacist requests otherwise. Using “allowed” makes the required meal breaks seem to be optional instead of mandatory.
- Jerry: I agree with Jayna on this based on her rationale
- Brain: I agree with Jayna from a grammatical sense
- Phil: how do we vote on this?
- Jayna: When I was drafting this, it was to address the issues Adam previously stated.
- Phil: We will vote on this
- **A vote was then taken on section B as Proposed (“Provided”).**

	<ol style="list-style-type: none"> 1. <u>Ayes: Philip P. Burgess, Helga Brake, Brian H. Kramer, Jayna Brown, Tom Steide</u> 2. <u>Nays: Scott Meyers, Garth Reynolds, Ryan McCann</u> 3. <u>Abstains: Scott A. Reimers</u> <ul style="list-style-type: none"> • Phil: Now comments on section G. My recollection is that originally this language applied to everyone. The new language provides exemptions that we have discussed. Using the “dispense” language makes perfect sense to me. • Jayna: In the Act itself, are all individuals licensed under the Act considered pharmacists? • Phil: Unsure, I support the changes that you drafted in G. • Garth: The reason I brought it up is that there are plenty of other licensees that do not physically work in the pharmacy. My concern is that it will exempt pharmacists that may be on the floor with physicians and not dispensing or others. These individuals have stresses themselves and should be granted these meal breaks • Adam: We have gotten the opposite reaction from pharmacists in the scenario Garth illustrated. Many of those pharmacists view the meal break requirement as a burden rather than a benefit. • Garth: I agree that the record keeping in E is a step too far. But they should still be granted the rights to the meal breaks • Jayna: Isn't this a two-fold issue: Record keeping and Scheduling? • Adam: We required the record keeping in E was to create an enforcement mechanism to these rules. I do not know how we can enforce the language without the record-keeping. • Jerry: I practiced with a group of Cardiologists for years and I cannot imagine having these breaks when the doctors I worked with did not. Without the need to document, we would not need section G • Garth: So we are OK with removing the benefit because some people do not want to track their activities? • Jerry: To some degree, yes. I never felt it necessary to have mandated breaks. It never seemed to be an issue in the Clinical settings I worked in. • Garth: But those types of statements have been used to hamper pharmacists in a retail setting. What has been experienced by some of us is not necessarily universal. I am most concerned with us taking away a right that we have previously provided. • Brian: I am not sure how the discussion of G has invaded section E. How can we write something to apply to the affected pharmacists without the documentation. A lot of pharmacists in clinical settings do not see an issue with their working conditions. They take the breaks when they can like others working in those settings. 	<p>Motion Passed</p>
--	--	----------------------

	<ul style="list-style-type: none"> • Phil: With regard to G as written • <u>A vote was then taken on section G as Proposed</u> <ol style="list-style-type: none"> 1. <u>Ayes: Philip P. Burgess, Helga Brake, Brian H. Kramer, Jayna Brown, Scott Meyers, Tom Steide</u> 2. <u>Nays: Garth Reynolds, Ryan McCann</u> 3. <u>Abstains: Scott A. Reimers</u> • Phil: We have voted and will recommend as proposed: <u>The breaks shall be provided no earlier than 3 hours after the pharmacist begins work unless otherwise requested by the pharmacist. If such pharmacist is required to work 12 continuous hours per day, at a minimum, he or she qualifies for an additional 15-minute break. The additional 15 minute break shall be provided no earlier than 6 hours after the pharmacist begins work unless otherwise requested by the pharmacist.</u> <u>...Subsections (a), (b), and (e) shall not apply to pharmacists who do not “dispense” during their shift as defined in Sec. 3.</u> <p>6. Phil provided a review of another topic: Review of questions to present to the Department of Insurance regarding the remuneration of pharmacists for patient care services separate from sale of drug product- Garth and Scott Meyers</p> <ul style="list-style-type: none"> • Jayna: What was the original hope for this? • Phil: I think we are saying: the way pharmacist are paid does not include their cognitive time. Ultimately, pharmacists could be reimbursed more similarly to doctors. • Garth: We have never addressed the root cause of the Task Force: The way pharmacists are treated creates potential issues to patient care. We need a safe setting for pharmacists and patients. Should pharmacists be recognized for patient care services? There are major impacts on pharmacies located in areas with greater health disparities. • Phil: Should we go back and say we need another task force that looks at these issues? I do not think we can come up with questions that will get the DOI to change their payment models for pharmacists. • Garth: I think we can get these questions done before the September meeting. • Jerry: Payment drives things. If the state paid pharmacists for certain services it could ultimately save the State money. WA and CA have done this and seen improvements for patients and savings for the State. What the State does can drive private insurance. 	<p>Motion Passed</p>
--	---	--------------------------

	<ul style="list-style-type: none"> • Jayna: Are these types of reimbursements even covered in the Act? Can we actually make these changes from a legal standpoint? • Phil: That is the point. We cannot control how DOI and HFS do their jobs. • Munaza: Jayna is correct, the Pharmacy Practice Act doesn't regulate insurance. • Phil: Hunter, how can we approach this? • Hunter: I think the first recommendation was a good one. To the extent that there is another taskforce to address these issues we are simply not the audience, the places that have the authority like you said are insurance and maybe HHS. Maybe reiterate your recommendations, identify some of the issues that the task force should consider. • Garth: If we can get these questions to the Departments that control remuneration, we can solve a lot of problems. Pharmacists are doing COVID testing and not being paid. Most of the pharmacies doing testing are getting paid through Federal grants. • Scott Meyers: We need to reiterate our need to a special task force on remuneration. • Phil: Let me summarize: What if we put forth language recommending a task force specifically aimed at these remuneration issues? • Ryan: I agree with Phil, and also agree with Garth. We should continue on with these questions and see if they respond. • Garth: Agreed • Phil: I do not have a problem with sending the questions. • Scott Reimers: I think these questions are too accusatory as they stand. Another task force would be best suited for addressing these issues. • Jerry: I agree with Scott Reimers. We need to approach this delicately so that we do not create an inter-agency conflict. • Garth: I thought we softened these questions, but we can take another look. Healthcare is breaking with the current pandemic. • Scott Meyers: We may need to soften these first. We should also get another taskforce that includes these other agencies to get the change we want and need. • Jerry: I think it would be great if we can get the State Medical Society with us. • Phil: there are parts of the revised list of questions that may help get to the bottom of the issues. Ultimately, another task force may be best. • Scott Meyers: Garth and I could work further on this. 	
--	--	--

	<ul style="list-style-type: none"> • Jerry: We need to make the point that Garth has made that community pharmacy is beginning to see major shutdowns that could cause many problems. <p>7. Discussion on standing orders/point of care testing/pharmacists initiating therapy protocols</p> <ul style="list-style-type: none"> • Phil presented a brief overview of the topic. • Jerry: The paper I shared helps to show the expansions in pharmacy scope from a state by state basis. There are additional standing orders that we can provide in Illinois by pharmacists: self-administered contraceptives and nicotine replacement. I do not think we can draft the necessary language, but we can work with other groups that could help propose new language to standing orders • Garth: The author is doing great work in breaking down barriers in other states to allow for these two areas of standing orders. We have put legislation forward on these two issues, but we have been met with resistance from the Dept of Public Health. • Phil: some states are specifically allowing pharmacists to provide a Covid Vaccine when one becomes available. Can we do that in Illinois? • Garth: We can so long as IDPH allows it. • Scott Reimers: Just for adults (14 and up) to clarify. • Phil: Are there other things we want pharmacists to do? • Garth: There are other things, but the two that I recommended would be easiest to accomplish quickly. Illinois is very behind in providing quality health care, which has a detrimental impact on patients. • Phil: Jerry, would you be comfortable reaching out to other members to provide input on this topic? • Jerry: Yes. At the very least I think the task force can make a strong statement that we believe in efforts to help pharmacists to fully utilize their training and licensure. 	
New Business	<p>A. <u>New Business</u></p> <ul style="list-style-type: none"> • None 	
Public Comment	<p>B. <u>Public Comment</u></p> <ul style="list-style-type: none"> • None 	
Adjournment	<ul style="list-style-type: none"> • Adjournment <ul style="list-style-type: none"> ○ Motion Scott Meyers ○ Garth Reynolds Second ○ <u>A vote was then taken to Adjourn.</u> 	

	<ul style="list-style-type: none"><li data-bbox="565 199 1409 304">• <u>Ayes: Philip P. Burgess, Helga Brake, Brian H. Kramer, Scott Meyers, Jayna Brown, Scott A. Reimers, Garth Reynolds, Ryan McCann, Tom Stiede</u> <ol style="list-style-type: none"><li data-bbox="565 315 857 346">1. Adjourned 2:05 p.m.	Motion Passed
--	--	---------------