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:	July 9, 2019
Meeting Convened:	1:30 P.M.
Meeting Adjourned:	2:37 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 (Absent) Thomas Stiede, Teamsters Scott Meyers, MS, PPh Adam Bursua, PharmD Lemry Al Carter, RPh Garth Reynolds, RPh Jerry L. Bauman, PharmD
Staff Present:	Lucienne Doler, IDFPR Richard Schultz, IDFPR Samantha Ortiz, IDFPR Matt Sanchez, IDFPR
Guests Present:	John Long, CVS Health Stephanie Hasan, Chicago Pharmacist Association Margaret Ward, Teamsters Local 727 Denise Scarpelli, University of Chicago Ryan McCann, Jewel Osco Lila Valinoti, ISMS Joel Kurzman, NACDS Katherine Lee-Mosio, UIC/UI Health Kevin Swanson, Walgreens Melissa Senatore, Teamsters Joel Baise, Walgreens Melissa Hogan, Roosevelt University College of Pharmacy

Topic	Discussion	Action
Call to Order	• **Phil:** Of the eight voting task force members, seven members are present with Brian Kramer being absent.	
Old Business	• The draft of the June 19, 2019 minutes was considered and modified at the request of the Task Force. The modifications were changing the phrase: "ACPE or ASHP" to ACPE/ASHP," in three instances on page 15; "CCPE" to "PTCB," on the same page; and "pharmacists" to "pharmacists-in-charge," on page 16. • **Phil:** Asked Task Force Members to double check the voting information contained in the minutes to ensure that the minutes accurately represented their votes at that meeting. No Task Force Members identified any inaccurate voting information in the draft minutes and they reaffirmed their votes from the last meeting. • The modified draft of the June 19, 2019 minutes was unanimously approved.	Approved as Modified
New Business Discussion	**A. <u>Review of Progress Chart reflecting previous votes and agenda items that still need to be addressed as required by the legislation – Phil Burgess</u>** • **Phil:** Stated that the progress chart reflected the 16 items that, by legislation, the Task Force was required to address and the votes on the particular items. Noted a few minor grammatical modifications and asked whether there were any other substantive changes to the chart. • **Scott R.**: Asked whether these descriptions were different from Garth's project listing the justifications. • **Garth**: Responded that the chart was different from the information that he plans on presenting at the August Task Force meeting. • There were no other questions or suggested changes to the chart. **B. <u>Final vote on specific amendments to the language in the "Proposed Changes Related to Duties of Pharmacy Technicians." – Scot Myers, Garth Reynolds, Brian Kramer, and Jerry Bauman</u>** • **Phil**: Stated that the Task Force will be considering these proposed motions and recommendations, based on all of the previous testimony that had been presented to the Task Force and discussions regarding these topics at its previous meetings. Said that if a proposed motion is not made and seconded, then the motion or recommendation will die, and will not be voted on nor considered by the Task Force. He then moved that the Collaborative Pharmaceutical Task Force intends to address the following directive contained in Section 4.5 of the Pharmacy Practice Act, which states that: In developing standards related to its discussions, the Collaborative Pharmaceutical Task Force shall consider the extent to which Public Act 99-473 (enhancing continuing education requirements for pharmacy technicians) may be relevant to the issues listed in Section 4.5 of the Pharmacy Practice Act. By recommending amendments to Sections of the Pharmacy Practice Act and the Controlled Substance Act, as shown on the document entitled "Proposed	

Changes Related to Duties of Pharmacy Technicians." These amendments are intended to accomplish the following:

A. Require that pharmacy technicians be specifically trained for the tasks which they are assigned to accomplish, while retaining the exception that certain tasks cannot be delegated to pharmacy technicians;
B. Require that pharmacy technicians obtain documentation from a pharmacist-in-charge verifying that he or she has successfully completed a standardized nationally accredited education and training program with an objective assessment mechanism to be licensed, if they have not graduated from a pharmacy technician training program meeting the requirements of the Act;
C. Permit pharmacy technicians to administer vaccinations/ immunizations to persons who are 14 years or older, as long as they successfully complete a course of training on the administration of vaccines approved by the Department and are directly supervised by a pharmacist; and
D. Permit student pharmacists and registered pharmacy technicians to transfer prescriptions between pharmacies for the purpose of original or refill dispensing, and to receive prescriptions for controlled substances from an employee or agent of the individual practitioner pursuant to the directions and order of that practitioner.

- The motion was moved by Scott M. and seconded by Garth.
- **Scott M.**: Noted that the Task Force recommended amendments to a couple of other motions at last meeting, to add that the proposed changes may be to the rules rather than only sections of the Pharmacy Practice Act, and the Controlled Substance Act. Requested that similar language be included in the current motion.
- **Phil**: Confirmed that the motion will state that the changes could be in the Pharmacy Practice Act and/or the Rules thereunder, and the Controlled Substance Act. There was no discussion regarding that proposed change.
- **Scott M:** Stated that he hoped that the provisions specifically list what pharmacy technicians cannot do.
- **Phil**: Pointed out that the Act already specifically states what pharmacy technicians cannot do. Asks if he wanted this restated.
- **Scott M**.: Responded that it could be restated in the rationale.
- **Al**: Raised a question regarding the permissible age that Pharmacists can immunize patients?
- **Garth**: Responded that immunizations for patients 10 years or older are limited to influenza and Tdap vaccines and all other immunizations can be administered to patients 14 years or older.
- **Al:** Asked how comfortable Scott R. was regarding leaving the age requirements at 10 for influenza and Tdap vaccines for properly trained technicians, or whether he would prefer to raise all immunizations by pharmacy technicians to 14 years or older.

- **Scott R**.: Responded that he is not comfortable answering that question.
- **Phil**: Stated that he believes that the draft changes limited immunizations to patients 14 years or older, and would recommend that the Task Force leaves the limit at that age or older.
- **Scott R**.: Initially stated that he appreciated his discussions with Al, Scott and the Department Staff about the current law regarding the duties that pharmacy technicians are permitted to perform. He said the he has a deeper understanding of the proposed changes and that based on that understanding he was likely to support the proposed changes. He suggested that paragraph D of proposed motion be changed because he was not comfortable with a technician transferring a prescription for a controlled substance, especially a Schedule 2 or 3 medication, and believed that this responsibility should remain with the pharmacist.
- **Phil:** Noted that Schedule 2 drugs could not be transferred by anybody, but a prohibition of pharmacy technicians transferring Schedule 3 medications can be added to the comments section.
- **Scott R.**: Explained that he had concerns regarding the chain of custody for those particular drugs and believed that the transfer and control of those drugs should remain with the pharmacist.
- **Adam**: Stated that he believed having a different age limit for immunizations permitted by pharmacists and pharmacy technicians could be confusing. He suggested that trained pharmacy technicians should be permitted to administer vaccines to anybody the pharmacists could administer vaccines, unless there was a specific safety concern.
- **Garth**: Agreed with Adam regarding the potential confusion for pharmacists and the public. Believed that it would be better to permit pharmacy technicians to provide immunizations for the same aged patients as pharmacists.
- **Phil:** Asked if he wanted to modify the motion to immunize patients "who are 14 years or older," to patients "who are 10 years or older."
- **Scott M**.: Yes, when appropriate or perhaps remove paragraph C from the motion altogether?
- **Phil**: Stated that he believed paragraph C had other important changes so suggested removing the phrase "who are 14 years or older" from paragraph C of the motion.
- **Scott M**.: Agreed to the modification of the motion.
- **Thomas**: Seconded the change to the motion.
- **Scott R**.: Asked whether some of the changes conflict with the current statute.
- **Garth**: Said that allowing pharmacy technicians to administer vaccinations will require statutory changes, and with the change in paragraph C, the Act restrictions on administering vaccinations for pharmacy technicians would mirror the current age restrictions for pharmacists administering vaccinations.
- **Scott R**.: Asked if the motion with the changes could be read again.
- **Phil**: Stated that paragraph C is being modified to read: "Permit pharmacy technicians to administer vaccinations/immunizations to persons as long as they successfully complete a course of training on the administration of

vaccines approved by the Department and are directly supervised by a pharmacist."

- **Scott R**.: Asks if this type of training routinely available today and who offers it?
- **Phil**: Responded that the training will have to be approved by the Department. He noted that there is a training program for immunizations offered by the American Pharmacy Association ("APhA").
- **Jerry**: Added that the most common training program is offered by the APhA.
- **Garth**: Explained that the APhA immunization program incorporated in all curriculums of college programs. Also, stated that an APhA immunization program is routinely offered. For pharmacy technicians, there would be an additional module set up since the current program does not address them at this point. These programs would have to be developed and approved by the Department.
- **Scott R**.: Asked how many hours of immunization training is required by the certificate program.
- **Garth:** If it was modeled after the pharmacist's program, it would be a 20-hour program, just to be authorized to give injections.
- **Phil**: Added that when we are talking about pharmacy technicians administering immunizations, the pharmacy technician is only doing the actual vaccination, and pharmacist is still responsible for reviewing: the patient's profile; whether there are any drug interactions; whether the immunization is appropriate; whether the age of the patient is appropriate, to ensure that it is appropriate for this person to receive the vaccine.
- **Scott R**.: Thanked Phil for the clarification and noted that he was not being combative but wanted to clarify the issue.
- **Phil**: Stated that the pharmacy technicians will not be acting on their own, and pharmacists will be directly involved to make sure that everything is completed appropriately. As there was no further discussion, he called for a vote on the motion as amended which stated as follows:

> So moved, that the Collaborative Pharmaceutical Task Force, intends to address the following directive contained in Section 4.5 of the Pharmacy Practice Act, which states that:
>
> > In developing standards related to its discussions, the Collaborative Pharmaceutical Task Force shall consider the extent to which Public Act 99-473 (enhancing continuing education requirements for pharmacy technicians) may be relevant to the issues listed in Section 4.5 of the Pharmacy Practice Act.
>
> By recommending amendments to Sections of the Pharmacy Practice Act and/or the Rules thereunder, and the Controlled Substance Act, as shown on the document entitled "Proposed Changes Related to Duties of Pharmacy Technicians." These amendments are intended to accomplish the following:

A. Require that pharmacy technicians be specifically trained for the tasks which they are assigned to accomplish, while retaining the exception that certain tasks cannot be delegated to pharmacy technicians;
B. Require that pharmacy technicians obtain documentation from a pharmacist-in-charge verifying that he or she has successfully completed a standardized nationally accredited education and training program with an objective assessment mechanism to be licensed, if they have not graduated from a pharmacy technician training program meeting the requirements of the Act;
C. Permit pharmacy technicians to administer vaccinations/ immunizations to persons, as long as they successfully complete a course of training on the administration of vaccines approved by the Department and are directly supervised by a pharmacist; and
D. Permits student pharmacists and registered pharmacy technicians to transfer prescriptions between pharmacies for the purpose of original or refill dispensing, and to receive prescriptions for controlled substances from an employee or agent of the individual practitioner pursuant to the directions and order of that practitioner.

- **Collaborative Pharmaceutical Task Force votes**: 8 yes votes (Scott R., Thomas, Jerry, Phil, Helga, Al, Scott M., Garth), 0 no votes and 0 abstentions.

Approved as Revised

C. **<u>Discussion and potential vote on language about requiring "pharmacy prescription systems to contain mechanism to require prescription discontinuation orders to be forwarded to a pharmacy" (as specified in 225 ILCS 85/4.5) – Adam Bursua</u>**

- **Adam:** Stated that at the last meeting there was a lengthy discussion regarding the prescription discontinuation program and how it can significantly improve patient safety and reduce interruptions or distractions to pharmacists, because of a reduction of telephone calls regarding discontinuances of prescriptions. He further stated that he moved, that the Collaborative Pharmaceutical Task Force, intends to address the following directive contained in Section 4.5 of the Pharmacy Practice Act, which states that:

  [T]he extent to which requiring the Department to adopt rules requiring pharmacy prescription systems contain mechanisms to require prescription discontinuation orders to be forwarded to a pharmacy.

  By recommending amendments to Sections of the Pharmacy Practice Act, or the Rules promulgated thereunder, which state the following:

  A. Effective January 1, 2021, all pharmacies that use the SCRIPT standard for receiving electronic prescriptions must enable, activate, and maintain the ability to receive transmissions of electronic prescription cancellation and to transmit cancellation response transactions.
  B. Within two (2) business days of receipt of a prescription cancellation transaction, pharmacy staff must either review the cancellation

	transaction for deactivation or provide that deactivation occurs automatically. • **Phil**: As there was no additional discussion regarding this motion, asks whether anyone would make that motion? • **Motion**: Moved by Al and seconded by Scott R. • **Collaborative Pharmaceutical Task Force votes**: 8 yes votes (Scott R., Thomas, Jerry, Phil, Helga, Al, Scott M., Garth), 0 no votes and 0 abstentions. **D. <u>Discussion and potential vote regarding whether any enhancements are needed to the "reporting requirements" for "pharmacy employee terminations," considering the reporting requirements contained in 225 ILCS 85/30.1 – Phil Burgess</u>** • **Phil**: Noted that reporting requirements already exist in 225 ILCS 85/30.1 of the Pharmacy Practice Act, which contains a very extensive section requiring reporting. He stated that he believed the standard was included in this legislation because many pharmacies are unaware that the reporting requirements exists. Stated a potential motion that as the Pharmacy Practice Act currently requires that pharmacies or pharmacists-in-charge file a report with the Department's Chief Pharmacy Coordinator in every instance where a pharmacist, registered certified pharmacy technician or a registered pharmacy technician "is terminated for actions that may have threatened patient safety," it is moved, that the Collaborative Pharmaceutical Task Force recommends against the adoption of any additional language within the Pharmacy Practice Act, or the Rules thereunder, addressing the following directive listed in Section 4.5 of the Act: > In developing standards related to its discussion, the Collaborative Pharmaceutical Task Force shall consider the extent to which… Public Act 99-863 (enhancing reporting requirements to the Department of pharmacy employee termination) may be relevant to the issues listed in paragraphs (1) and (2). • **Phil:** Stated that by this motion, the Task Force was simply re-affirming that this reporting requirement already exists. Asked if someone was willing to make this motion? • **Motion**: Moved by Garth and seconded by Scott M. • **Phil**: Opened the matter for discussion. • **Al**: Stated that the question before the Task Force on this motion was what was considered a threat to patient safety. It was not clear whether patient safety was simply prescription error or something greater. Stated that licensees have raised concerns that as there is no definition of "patient safety," which can be interpreted very broadly. Explained that may be the reason that the terminations were not reported to the Department. • **Garth**: Agreed with Al, that there is no definition of "patient safety" in the Pharmacy Practice Act. Said the reason for the concern was that there was no rule defining the term, and he believed that when the wording of the statute was negotiated, the Department agreed that rules would be written which defined the term. These rules have never been proposed.	Approved

	• **Adam**: Questioned whether the intent of this reporting was to commence action against an individual's license based on the termination. He noted that there are three basic types of errors: human error, at-risk behavior, or recklessness. He explained that human error is the type of error that in a just culture should not be punished. Believed that it would not be just for a licensee to be fired for human error, which was an isolated event, and then to be punished for that error. On the other hand, if the person was terminated for conduct which involved repeated errors or recklessness, then it may be appropriate to hold those people accountable with a disciplinary action. • **Phil**: Noted that the first sentence of the Section 30.1(a) states "[w]hen a pharmacist, registered certified pharmacy technician, or a registered pharmacy technician licensed by the Department is terminated for actions which may have threatened patient safety, the pharmacy or pharmacist-in-charge, pursuant to the policies and procedures of the pharmacy at which he or she is employed, shall report the termination to the chief pharmacy coordinator." He emphasized that it was pursuant to the policies and procedures of the pharmacy. • **Scott M.**: Explained that he assumed that a person would not be terminated for a singled medical error. But, if a person: came to work inebriated or under the influence of some chemical; engaged in a continuing pattern of negligence; or engaged in other at-risk behavior, then some disciplinary action may be appropriate. If a pharmacy does not have a policy regarding these examples, then the company can be cited for a violation. • **Phil**: Concurred that the pharmacy can be cited because it is required to obtain approval for its CQI program, that is required in another proposal by the Task Force. • **Adam**: Asked if anyone knew of instances where a pharmacist had been fired for a mistake where he or she was not inebriated or was not acting recklessly. • **Luci**: Mentioned that it was important to take into consideration that just because a report is filed with the Department, it does not mean discipline is going to occur. Said that there were many instances related to mandatory reporting in which the Department opens an investigation, but closes it without taking any action. Many times, complaints were closed in investigations or even prosecutions for instances that were not the pharmacist's fault. However, the Department may pursue instances of human error if it involved repeated conduct. • **Al**: Noted that a single prescription error involving negligence will not necessarily result in the Board bringing a case for prescription error, unless there is some underlying issue or concern of negligence. • **Luci**: Added that if a pharmacist was fired from several pharmacies, all for human error, then that may be investigated to determine if there was some underlying cause for these human errors. That matter may be presented to the Pharmacy Board based on the repeated conduct which could involve public safety. Also, stated that it is important to know that reporting something to the Department does not mean that the subject of the report would automatically be disciplined. • **Phil:** Concluded that as there was no further discussion, the motion can be called for a vote.	

	• **Collaborative Pharmaceutical Task Force votes**: 8 yes votes (Scott R., Thomas, Jerry, Phil, Helga, Al, Scott M., Garth), 0 no votes and 0 abstentions. • **Al**: Suggested that the Pharmacy Board remind all licensees of the requirement to file reports if pharmacists and pharmacy technicians are terminated for matters which involve public safety. **E. <u>Discussion regarding the appropriate recommendations to address the standard containing the phrase "to require patient verification features for pharmacy automated prescription refills," contained in 225 ILCS 85/4.5(2) – Phil Burgess</u>** • **Phil**: Stated that the Task Force members could initially have an open discussion regarding the topics in E and F, and then there can be an open discussion with the public attendees. The first topic was the standard containing the phrase "to require patient verification features for pharmacy automated prescription refills." • **Scott M**.: Explained that the provision means that pharmacies which offer automated refill programs under which refills are automatically available to be picked up by patients. He thought this would require that the patient agree to enter an automated refill program. • **Phil**: Asked whether some pharmacy systems automatically refill medications even without the customer being proactively asked in each instance, and whether the provision in question would require that the patient be proactively asked if they wanted to have refills automatically filled on a periodic basis. • **Scott M.:** Responded yes. • **Al:** Noted that Oregon had a similar requirement in its laws, which was enacted because pharmacies automatically refilled all prescriptions for patients without their consent. • **Adam:** Questioned whether this required a patient to specifically request a refill for every prescription which can be refilled. • **Scott M.**: Responded that the patient's approval would only occur once and then the prescription would be automatically refilled without any further requests from the patient. • **Al:** Believed that Oregon law required that a patient separately consent for each medication which was prescribed and included refills, rather than permitting a blanket consent for all medications. • **Scott M.**: Believed that this was a good idea for drugs like opioids where it would not be good to have automatic refills for those medications. • **Adam:** Expressed concern about automatic refill programs for medications where the doses change over time, because the patient could be over-issued identical drugs with different doses. • **Phil:** Responded that med-synchronization programs could supply multiple medications at the appropriate dosages. • **Audience**: Stated that this would be helpful for pharmacists because it would improve efficiency and not waste pharmacists' time due to filling unnecessary refills.	Approved

- **Phil**: Stated that under the program a patient with a new prescription having three refills can agree to have the refills ready for them at the specific time, but only if they agree to that program.
- **Al:** Noted language from Oregon law, which required that: a patient or patient's agent must enroll each medication in the automatic refill program; the medication is not a controlled substance; and the pharmacy may discontinue automatic refill enrollment when requested by the patient or patient's agent.
- **Phil:** Suggested that any proposal be limited to a requirement that for each prescription, a patient must proactively agree to any automatic refill program. Requests that Al come up with specific language and send it to Department staff for circulation to the Task Force.
- **Jerry:** Stated that he liked more detail in a proposal especially regarding prohibitions for narcotic drugs and opioids.
- **Phil:** Questioned whether people who receive Schedule 3 and 4 controlled substances would have the option of enrolling in an automatic refill program.
- **Scott M:** Stated that he was more concerned about opioid medications being on an automatic refill program.
- **Luci:** Noted that the Controlled Substance Act prohibited any prescription for a schedule two substance being refilled, so this would already prevent those drugs from being in an automatic refill program.
- **Jerry:** Questioned how this provision would apply to someone who needs medication for chronic pain.
- **Adam:** Responded that medication would be a Class 3 controlled substance.
- **Phil:** Suggested that Al to come up with specific language for a motion, so that it can be voted on at the August meeting.
- Everyone agreed.

F. <u>Discussion regarding the appropriate recommendation to address the standard containing the phrase "to require that automated prescription refills notices clearly communicate to patients the medication name, dosage strength, and any other information required by the Department governing the use of automated dispensing and storage systems to ensure that discontinued medications are not dispensed to a patient by a pharmacist or by any automatic refill dispensing systems," contained in 225 ILCS 85/4.5(2).</u>

- **Phil:** Noted that the next topic for discussion regarded the appropriate recommendation to address the standard in the Act containing the phrase "to require automated prescription refills notices clearly communicate to patients the medication name, dosage, strength, and any other information required by the Department governing the use of automated dispensing and storage systems to ensure that discontinued medications are not dispensed to a patient by a pharmacist or by any automatic refill dispensing systems." Explained that some of this was addressed in Adam's motion regarding cancelling prescription refills.
- **Scott M.:** Noted that the language was confusing because it appears to be related to some type of automated refill system or a kiosk.

	• **Denise S./Audience:** Also noted that the language did not make sense, because it appears to be discussing an automated dispensing machine. • **Phil:** Stated that the purpose of this provision appeared to be designed to ensure that continued medications were not dispensed. • **Adam:** Said that it appeared that the purpose of this provision cannot be achieved because the disclosure would violate HIPAA. • **Phil:** Concluded that the motion concerning discontinued medication will significantly address this problem, because further disclosure of patient information is prohibited by HIPAA. • **Luci:** Agreed that the response to this provision can be added to the language that Al will be drafting to include the requirement that patients have to agree to automated refills rather than being placed in them automatically. • **Phil:** Asked whether there would still need to be a motion. • **Luci:** Agreed and stated to clearly show that it had been considered. • **Phil:** Directed staff to work with Al to draft language for these two motions, send it to the Task Force and put it to a vote during the August meeting. **G. <u>Discussion and possible votes regarding draft language explaining the rationale for the Collaborative Pharmaceutical Task Force's approval of recommendations voted on at previous meetings – Garth Reynolds and Scott Meyers</u>** • **Garth:** Moved to table this topic until the August meeting. • **Al:** Asked whether the Task Force would be provided with language to review in the August meeting? • **Garth:** Agreed to provide the draft at the August meeting. • **Al:** Asked whether August would be the Task Forces last meeting. • **Phil:** Responded "yes." Also, mentioned that he approached Tom and offered him an opportunity to prepare a part of the report, which will go to the Legislature, include rationale for his opposition to certain votes. Hopefully, Tom will then get Garth's input, so Garth could properly respond. We would incorporate anything Tom provides but will not be voting on Tom's language. It would be his opportunity to provide a rationale to support his objections to some of the Task Force's votes. • **Garth:** Expected to prepare rationales for all votes on standards.	
General Discussion	• **Jerry**: Believed that one of the Task Force's recommendations should be to investigate new mechanisms for reimbursing pharmacists regarding their professional activities in the future. • **Gath**: Agreed with Jerry. • **Jerry**: Stated that pharmacists fail to catch drug interactions for a variety of reasons, but one of them is that they are not paid to catch drug interactions. Said that pharmacists are paid to dispense drugs and their form of reimbursement is always coupled with a commodity; the drug. Explained that if anything, there is a perverse incentive for a pharmacist to dispense as many drugs as he or she could, instead of looking at patient's medication regiment and making sure it is logical and rational. In his view, the whole system is wrong and needs to be reviewed.	

	• **Garth**: Agreed with Jerry. Said that pharmacies are being used and mistreated by pharmacy middlemen, and it is something that is changing but not quickly enough. Pharmacies cannot be treated as a utility and a commodity. Pharmacies need to be appropriately reimbursed and remunerated: reimbursed for products and remunerated for services. Currently, they are not receiving either. We are completely discounting the entire profession by the actions of manipulative and organized middlemen. • **Jerry**: Explained that he practiced clinical pharmacy in a hospital for about 25 years. One of the first things he did when he saw a patient was to try to get the patient to cease taking unnecessary drugs. Now, for pharmacists there is no incentive to do that because pharmacies lose money when people stop taking drugs. The compensation system has to be reviewed, and Illinois could be a leader in this regard. Currently we are not leading, in that other states are looking into outcome-based reimbursement systems instead of the current commodity-based reimbursement system. Recommended that another task force be established to investigate this issue because this is one of the root causes why this Task Force was established. This issue should be investigated. • **Scott R.**: Asked how Garth is reimbursed by private insurances. • **Garth**: Responded that there is extreme variation in the reimbursements. Reimbursement is based on the products and not on the professional services. • **Scott R.**: Asked to confirm that for patients with Medicaid, pharmacists are reimbursed per prescription. • **Garth**: Agreed that it is based on the amounts of products sold. Also, responded that the reimbursement varies by insurance plan and insurance group. There is a different result every time a prescription is submitted for reimbursement. • **Phil**: Stated that there are isolated insurance programs which reimburse pharmacists based on other services offered by the pharmacists. Suggested adding an addendum to the recommendations that states the need to recommend a task force to investigate this issue. • **Garth**: Agreed that we need to address this one major root cause of the issues that the Task Force had considered, even if it would be painful to discuss. • **Phil**: Asked Garth if he and Jerry could get together and draft something which they can review and vote on at the next meeting. • **Garth**: Responded that this can be included with the materials for the next meeting. • **Phil**: Asked if there are any other issues. • **John L./Audience**: Asked whether there was any way to add a provision in the Pharmacy Practice Act which would allow something similar to a collaborative practice agreement. • **Phil**: Responded that he believed the current Pharmacy Practice Act allowed for collaborative practice agreements already. Said that the Act allowed a pharmacist to enter into an agreement with a physician to manage the therapy for a patient or group of patients. Admitted that there was isolated use of these agreements and most pharmacists do not know that they can enter into these agreements. If anything, pharmacists have a very robust ability to enter into	

	agreements to manage a patient or group of patients. However, most pharmacists do not know they can enter into such agreements. • **Garth**: Agreed that the right to enter into agreements is permitted under the Act, but they are called "Standing Orders," in the Pharmacy Practice Act instead of collaborative practice agreements. • **Phil**: Confirmed that the next meeting will be August 13, 2019.	
Adjournment	Adjourned 2:37 p.m.	