



Illinois Department of Financial and Professional Regulation
Division of Professional Regulation

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Governor

DEBORAH HAGAN
Secretary

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Acting Director
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MEMORANDUM

TO: The Honorable JB Pritzker, Governor
Deborah Hagan, Secretary of the Department of Financial and Professional Regulation
The Illinois General Assembly

FROM: **The Illinois Collaborative Pharmaceutical Task Force**

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SUBJECT: Illinois Collaborative Pharmaceutical Task Force Report and Recommendations

On behalf of the Illinois Collaborative Pharmaceutical Task Force, chaired by Philip P. Burgess, this Report and Recommendations regarding pharmacies, pharmacists and pharmacy technicians in the State of Illinois is hereby submitted in compliance with the Illinois Pharmacy Act, 225 ILCS 85/4.5.

Illinois Collaborative Pharmaceutical Task Force Report and Recommendations

Mandated by 225 ILCS 85/4.5
August __, 2019

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Collaborative Pharmaceutical Task Force Authorizing Statute

Public Act 100-497 amended the Illinois Pharmacy Practice Act [225 ILCS 85/4.5] (the “Act”) to create an eleven-person Collaborative Pharmaceutical Task Force made up of various representatives appointed by the Department of Financial and Professional Regulation, the President of the Senate, the Minority Leader of the Senate, the Speaker of the House and the Minority Leader of the House. The voting members of the Collaborative Pharmaceutical Task Force was charged with voting on recommendations concerning the standards in the Section and the Illinois Department of Financial and Professional Regulation was directed to propose rules for adoption that are consistent with the Collaborative Pharmaceutical Task Force’s recommendations or recommend legislation to the General Assembly, concerning the standards in the section. 225 ILCS 85/4.5 reads in full:

In order to protect the public and provide quality pharmaceutical care, the Collaborative Pharmaceutical Task Force is established. The Task Force shall discuss how to further advance the practice of pharmacy in a manner that recognizes the needs of the healthcare system, patients, pharmacies, pharmacists, and pharmacy technicians. As a part of its discussions, the Task Force shall consider, at a minimum, the following:

(1) the extent to which providing whistleblower protections for pharmacists and pharmacy technicians reporting violation of worker policies and requiring pharmacies to have at least one pharmacy technician on duty whenever the practice of pharmacy is conducted, to set a prescription filling limit of not more than 10 prescriptions filled per hour, to mandate at least 10 pharmacy technician hours per 100 prescriptions filled, to place a general prohibition on activities that distract pharmacists, to provide a pharmacist a minimum of 2 15-minute paid rest breaks and one 30-minute meal period in each workday on which the pharmacist works at least 7 hours, to not require a pharmacist to work during a break period, to pay to the pharmacist 3 times the pharmacist's regular hourly rate of pay for each workday during which the required breaks were not provided, to make available at all times a room on the pharmacy's premises with adequate seating and tables for the purpose of allowing a pharmacist to enjoy break periods in a clean and comfortable environment, to keep a complete and accurate record of the break periods of its pharmacists, to limit a pharmacist from working more than 8 hours a workday, and to retain records of any errors in the receiving, filling, or dispensing of prescriptions of any kind could be integrated into the Pharmacy Practice Act; and

(2) the 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, to require patient verification features for pharmacy automated prescription refills, and 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 whether prescribed through electronic prescriptions or paper prescriptions may be integrated into the Pharmacy Practice Act to better protect the public.

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) and Public Act 99-863 (enhancing reporting requirements to the Department of pharmacy employee terminations) may be relevant to the issues listed in paragraphs (1) and (2).

The voting members of the Collaborative Pharmaceutical Task Force shall be appointed as follows:

(1) the Speaker of the House of Representatives, or his or her designee, shall appoint: a representative of a statewide organization exclusively representing retailers, including pharmacies; and a retired licensed pharmacist who has previously served on the Board of Pharmacy and on the executive committee of a national association representing pharmacists and who shall serve as the chairperson of the Collaborative Pharmaceutical Task Force;

(2) the President of the Senate, or his or her designee, shall appoint: a representative of a statewide organization representing pharmacists; and a representative of a statewide organization representing unionized pharmacy employees;

(3) the Minority Leader of the House of Representatives, or his or her designee, shall appoint: a representative of a statewide organization representing physicians licensed to practice medicine in all its branches in Illinois; and a representative of a statewide professional association representing pharmacists, pharmacy technicians, pharmacy students, and others working in or with an interest in hospital and health-system pharmacy; and

(4) the Minority Leader of the Senate, or his or her designee, shall appoint: a representative of a statewide organization representing hospitals; and a representative of a statewide association exclusively representing long-term care pharmacists.

The Secretary, or his or her designee, shall appoint the following non-voting members of the Task Force: a representative of the University of Illinois at Chicago College of Pharmacy; a clinical pharmacist who has done extensive study in pharmacy e-prescribing and e-discontinuation; and a representative of the Department.

The Department shall provide administrative support to the Collaborative Pharmaceutical Task Force. The Collaborative Pharmaceutical Task Force shall meet at least monthly at the call of the chairperson.

No later than September 1, 2019, the voting members of the Collaborative Pharmaceutical Task Force shall vote on recommendations concerning the standards in paragraphs (1) and (2) of this Section.

No later than November 1, 2019, the Department, in direct consultation with the Collaborative Pharmaceutical Task Force, shall propose rules for adoption that are consistent with the Collaborative Pharmaceutical Task Force's recommendations, or

recommend legislation to the General Assembly, concerning the standards in paragraphs (1) and (2) of this Section.

This Section is repealed on November 1, 2020.

Task Force Votes and Rationales Regarding Recommended Standards

The Collaborative Pharmaceutical Task Force made the following recommendations regarding the standards delineated in Section 4.5 of the Act, as well as other recommendations regarding changes to the Pharmacy Practice Act, the rules promulgated thereunder and the remuneration for pharmaceutical services.

Whistleblower Protections

Regarding the standard contained in Section 4.5 of the Act involving a consideration of “the extent to which providing whistleblower protections for pharmacists and pharmacy technicians reporting violations or worker policies,” the Task Force’s recommendation was that a new section listing “Grounds for Discipline” should be included in the Act, or rules promulgated thereunder, and that one of these grounds would include the following provision:

- (5) Anyone reporting violations of this section to the Department of Financial and Professional Regulation are specifically protected under the Illinois Whistleblower Act” (740 ILCS 174/15(b)).

The Task Force recommended the adoption of this language within the Act, or the rules promulgated thereunder, in response to this standard by a vote of seven in favor, none opposed, no abstentions and one absent.

The Task Force is aware that the Illinois Whistleblower Act (740 ILCS 174/15(b)) protections already apply to pharmacists and pharmacy technicians; however, the Task Force unanimously recommended placing the above reference provision in either the Pharmacy Practice Act or the rules promulgated thereunder to reemphasize and reinforce the pharmacist’s or pharmacy technician’s ability to file a complaint, without repercussion, when they identify a violation of the Pharmacy Practice Act or the rules thereunder which the pharmacy and/or Pharmacist-In-Charge refuses to address or correct.

Requiring Pharmacies to Employ at Least One Pharmacy Technician

Section 4.5 of the Act provided another standard that the Task Force considered, which was “requiring pharmacies to have at least one pharmacy technician on duty whenever the practice of pharmacy is conducted.” The Task Force recommended against the adoption of any language within the Act, or the rules promulgated thereunder, regarding this standard by a vote of five in favor, one opposed, one abstention and one absent.

The majority believed that it would be unduly costly to require all pharmacies in the State of Illinois to employ a pharmacy technician whenever the practice of pharmacy is being conducted, as there are various

types of pharmacies across the State that have no need or use for a pharmacy technician in general or during specific times of the day or week. For example, there are pharmacies, which could not afford to employ and would not have sufficient work to be required to employ a pharmacy technician. In addition, there are pharmacies which do not fill enough prescriptions, either all day or at particular times, to justify employing a pharmacy technician. Finally, there are often clinical and administrative tasks a pharmacist undertakes that have no need for a pharmacy technician. A requirement that pharmacies in the State employ a pharmacy technician whenever it is operational would be costly and unduly burdensome.

Rationale Provided by Dissenter

While I agree with the majority that it may be “unduly costly to require that all pharmacies” employ a pharmacy technician whenever the practice of pharmacy is being conducted, the same does not hold true in retail pharmacy settings. As an important reminder, the issues before this Task Force arose from the voice of Unionized pharmacists working exclusively in the retail setting. It is this particular practice of pharmacy that is the most vulnerable to technician understaffing and prescription errors. In fact, the Chicago Tribune’s investigation highlighted errors found only in retail pharmacy settings (as opposed to hospital and long-term care facilities mentioned by the majority). Retail pharmacies, unlike small independent pharmacies or long-term care facilities, can most certainly afford to employ at least one pharmacy technician at all times. Additionally, as made clear by the Tribune’s study, the rate of prescription errors in the retail setting (referred to as “chain” pharmacies in the Tribune story) are much higher than other settings, further amplifying the need for a pharmacy technician at all times. The workload in the retail setting is also undisputedly higher than other settings, making pharmacists working alone vulnerable to fatigue and errors unlike slower settings. Additionally, while overnight pharmacists who work in small hospitals and long-term care facilities may not “fill enough prescriptions” during that time to justify employing a pharmacy technician, the same cannot be said for retail pharmacists. The majority has failed to take these key differences into consideration and has not provided a basis as to why technicians should not be mandated solely in the retail setting. Accordingly, the Pharmacy Practice Act should be amended to require a pharmacy technician be on duty at all times in retail pharmacies such as Walgreens, Walmart, Target, CVS, Osco, and Marianos.

Limits on the Number of Prescriptions Filled and Mandated Pharmacy Technician Hours

Regarding the standards contained in Section 4.5 of the Act, which required a consideration whether “to set a prescription limit of not more than ten (10) prescriptions filled per hour,” and whether “to mandate at least 10 pharmacy technician hours per 100 prescriptions filled,” the Task Force recommended a modification of these standards. The Task Force’s recommendation was that a new section listing “Grounds for Discipline” should be included in the Act, or rules promulgated thereunder, and that one of these grounds would include the following provision:

(2) Failure to provide a working environment for all pharmacy personnel that protects the health, safety and welfare of a patient which includes, but is not limited to:

....

- (c) Adequate time for a pharmacist to complete professional duties and responsibilities including, but not limited to:
 - (A) Drug Utilization Review;
 - (B) Immunization;
 - (C) Counseling;
 - (D) Verification of the accuracy of a prescription; and
 - (E) All other duties and responsibilities of a pharmacist as specified in the Pharmacy Practice Act Administrative Rules Part 1330.

The Task Force recommended the adoption of this language within the Act, or the rules promulgated thereunder, regarding this standard by a vote of seven in favor, none opposed, no abstentions and one absent.

The Task Force reached this recommendation by balancing the need to allow a pharmacist sufficient time to effectively complete his or her job against the establishment of arbitrary numerical limits on the prescriptions that are filled. Several Members of the Task Force recognized that it may be unduly costly and unworkable to require that all pharmacies in the State of Illinois only fill a specified number of prescriptions over a set time and require a specific number of pharmacy technicians based on an arbitrary number of prescriptions filled by the pharmacy. Again, some the Task Force Members recognized that there are many types of pharmacies with a variety of technological capabilities throughout Illinois, which causes the establishment of a specific limit on the number of prescriptions filled over a certain time to be unworkable in some settings. The Task Force's recommendation is based on a recognition that a restriction based on an arbitrary absolute number of prescriptions filled cannot be fairly applied, while basing restrictions on the overall work burdens of a pharmacist is a much more meaningful method of evaluating overall patient safety. The Task Force determined that monitoring the working environment of pharmacists and establishing a disciplinary action if the work load is excessive or the environment is too distracting as to prevent a pharmacist from properly completing all of his or her duties and obligations is a more reasonable and rational approach.

Prohibitions on Distractions

Regarding the standard contained in Section 4.5 of the Act, which involved a consideration whether "to place a general prohibition on activities that distract pharmacists," the Task Force recommended a modification of this standard. The Task Force's recommendation was that a new section listing "Grounds for Discipline" should be included in the Act, or rules promulgated thereunder, and that one of these grounds would include the following provision:

- (2) Failure to provide a working environment for all pharmacy personnel that protects that health, safety and welfare of a patient which includes, but is not limited to:
 - (a) Sufficient personnel to prevent fatigue, distraction or other conditions that interfere with a pharmacist's ability to practice with competency and safety or creates an environment that jeopardizes patient care.

The Task Force recommended the adoption of this language within the Act, or the rules promulgated thereunder, regarding this standard by a vote of seven in favor, none opposed, no abstentions and one absent.

The Task Force strongly believes that activities that distract pharmacists from their jobs are harmful and could affect the safety of the public. However, the Task Force decided that it would be impossible to define and list all possible activities which could cause distractions for pharmacists and which may or may not result from distractions based on volume, time of day, staffing, technology, etc. They recommended the addition of the language under Grounds for Discipline, which would afford flexibility to the pharmacist and the Board of Pharmacy.

No Work During Break

Regarding the standard contained in Section 4.5 of the Act, which involved a consideration whether to require that a pharmacy “to not require a pharmacist to work during a break period,” by modifying the standard in recommending that the Pharmacy Practice Act or the rules promulgated thereunder to add a new section entitled “Grounds for Discipline,” which would include the following provisions:

- (2) Failure to provide a working environment for all pharmacy personnel that protects that health, safety and welfare of a patient which includes, but is not limited to:

....

- (b) Appropriate opportunities for uninterrupted rest periods and meal breaks.

The Task Force recommended the adoption of this language within the Act, or the rules promulgated thereunder, in response to this standard by a vote of seven in favor, none opposed, no abstentions and one absent.

The Task Force also believes that pharmacists generally need to have uninterrupted rest periods and meal breaks throughout the work day to ensure that they can effectively carry out their job responsibilities and to protect the safety of the public. However, the Task Force recognized that flexibility is necessary for addressing emergencies which would occasionally require the interruption of a pharmacist’s rest breaks and lunch periods. The Task Force recommended the addition of the language under Grounds for Discipline because it would afford flexibility to the pharmacists, while allowing for generally uninterrupted breaks and lunch periods for the pharmacists.

Triple Pay for No Breaks

Section 4.5 of the Act also provided the standard that the Task Force considered, which required pharmacies “to pay the pharmacist 3 times the pharmacist’s regular hourly rate of pay for each workday during which the required breaks were not provided.” The Task Force recommended against the adoption of any language within the Act or the rules promulgated thereunder regarding this standard by a vote of five in favor, one opposed, one abstention and one absent.

The majority of the Task Force determined that it would be overly broad and unduly burdensome to require that pharmacies make mandated payment of three times the amount of a pharmacist's wages for an entire day for the failure of a pharmacy to permit the pharmacist to receive breaks during that workday. The majority noted that the proposed standard failed to account for different types and sizes of pharmacies, workflow, technology, etc. The majority believed that it is a professional obligation for a pharmacist to serve his or her patients in a timely and safe manner and that pharmacists are medical professionals who should be trusted to manage their responsibilities as are other medical professionals. The enactment of the other changes overwhelmingly recommended by the Task Force would remove any ambiguity that the pharmacist is empowered to protect patients.

Rationale Provided by Dissenter

I agree with the majority that pharmacists have a professional obligation to serve patients in a "timely and safe manner." The problem, however, is that retail pharmacies have prevented this from happening. As made clear by reports and numerous examples presented to the Task Force Members during this process, the current state of retail pharmacy is unsafe. Retail Pharmacists simply are not provided the time or adequate coverage to actually take breaks. Furthermore, having clear monetary penalties with strict liability for each violation would alleviate the necessity for long drawn-out investigations and hearings by the IDFP or Board of Pharmacy on penalties after a violation has occurred. Additionally, having a clear penalty will act as both a sword and a shield, as it will shield pharmacists from undue interference with their breaks by Employers in the retail setting (a fact which has gone largely un rebutted during Task Force Meetings) and will also act as a sword by penalizing Employers who do not comply. This will have a direct impact on protecting patient safety as it will incentivize Employers to provide the mandated breaks, much like speeding or traffic violations operate to incentivize safe driving.

Required Break Room

Section 4.5 of the Act provided the standard that the Task Force considered, which required pharmacies "to make available at all times a room on the pharmacy's premises with adequate seating and tables for the purpose of allowing a pharmacist to enjoy break periods in a clean and comfortable environment." The Task Force recommended against the adoption of any language within the Act or the rules promulgated thereunder regarding this standard by a vote of five in favor, one opposed, one abstention and one absent.

The majority of the Task Force noted that many pharmacists already have access to areas which would be considered break rooms or areas. For example, pharmacies in hospitals and long-term nursing facilities have cafeterias or sequestered vending areas for pharmacists to take their breaks or lunch periods. The majority also considered that a requirement for a separate break room with seating tables could be unduly burdensome for some retail pharmacies because of space limitations, and a requirement that all pharmacies maintain a clean break room would not provide a significant contribution to public safety but could add significant unreimbursed costs.

Rationale Provided by Dissenter

As was correctly pointed out by several majority members, it may be an OSHA violation to require pharmacists to take their break in the pharmacy given the drugs that are stored therein. Furthermore, failing to provide a breakroom forces a pharmacist to store his/her food in the same refrigerator where pharmacy drugs are stored. While small retail pharmacies may not have the space for it, larger retailers like Walmart, Osco, Target, CVS, Walgreens and Marianos simply have no excuse. Providing a separate breakroom and access to the breakroom is the only way to ensure that pharmacists in the retail setting actually receive an “uninterrupted” break. Pharmacists in the retail setting have no way to shield themselves from the viewing public if they are forced to take their break in the pharmacy, unlike other settings. Because of this there is no physical way to prevent a member of the public from accessing the pharmacists while he or she was on their uninterrupted break (something that this Task Force has agreed is vital for patient safety).

Required Break Records

Regarding the standard contained in Section 4.5 of the Act, which involved a consideration whether to require that a pharmacy “to keep a complete and accurate record of the break periods of its pharmacists,” by recommending that the legislature enact a provision in the Pharmacy Practice Act under a new Section entitled “Pharmacy Work Conditions,” which states the following:

The Employer shall keep and maintain a complete and accurate record of the daily break periods of its pharmacists.

The Task Force recommended the adoption of this language within the Act, or the rules promulgated thereunder, in response to this standard by a vote of four in favor, two opposed, one abstention and one absent.

The majority of the Task Force determined that records of the breaks taken by pharmacists was necessary to ensure that pharmacists are provided the rest breaks and lunch periods that the Act or rules require. Without a requirement that records of breaks and lunch periods be maintained, pharmacists may not be able to establish that they are not being permitted to take the rest and lunch time to which they are entitled under separate recommendations of the Task Force.

The dissenters were given an opportunity to provide an explanation for their vote but chose not to submit a rationale.

Required 8-Hour Work Day

Regarding the standard contained in Section 4.5 of the Act, which involved a consideration whether to require a pharmacy to “limit a pharmacist from working more than 8 hours a workday,” the Task Force considered a motion to recommend that the legislature enact a provision in the Pharmacy Practice Act under a new Section entitled “Pharmacy Work Conditions,” which states as follows:

A pharmacy licensed under Illinois Statutes, which is located within Illinois, shall not require a pharmacist, student pharmacist, or pharmacy technician to work longer than eight (8) continuous hours per day, inclusive of the breaks.

The Task Force did not approve a motion recommending the adoption of this language within the Act, or the rules promulgated thereunder, in response to this standard by a vote of one in favor, six opposed, and one abstention.

However, a majority of the Task Force determined to modify this standard to limit the hours worked by a pharmacist to 12 hours a workday, and recommending that the legislature enact a provision in the Pharmacy Practice Act under a new Section entitled “Pharmacy Work Conditions,” which states as follows:

A pharmacy licensed under Illinois Statutes, which is located within Illinois, shall not require a pharmacist, student pharmacist, or pharmacy technician to work longer than twelve (12) continuous hours per day, inclusive of the breaks.

The Task Force recommended the adoption of this language within the Act, in response to this standard by a vote of five in favor, one opposed, one abstention and one absent.

Most of the Task Force noted that currently many pharmacies in Illinois regularly use a ten or twelve-hour workday. The majority recognized that there was a need to be flexible regarding the length of the workday and by setting the length of the workday at twelve hours would not preclude any pharmacy from permitting a shorter workday. The majority further determined that requiring pharmacists to work over twelve hours a workday on a consistent basis could create public health safety concerns. They determined that allowing an exception to the number of hours that a pharmacist can work when there is, in the judgment of the pharmacist, an emergency or other situation, would protect the safety of the public while offering some flexibility.

Rationale Provided by Dissenter

While I agree with the majority that hospitals, home pharmacies, and smaller community pharmacists may regularly use a ten or twelve-hour workday, the impact to patient safety is not the same in those settings as it is in the retail setting where far more prescriptions are filled on a daily basis. In fact, it is the retail setting that had the highest error rate and it is in this setting that a twelve-hour day should be banned absent emergencies. The work of a retail pharmacist, in terms of prescription count and administrative duties, varies greatly from a pharmacist working in a hospital, home pharmacy, or community pharmacy. Retail pharmacists are held to unsafe quotas, performance standards, and high prescription fill rates making the work they perform in an 8-hour window exhausting. The rate of prescription errors in Illinois in the retail setting has never been analyzed from a work hour perspective, thus it is impossible and negligent to assume that this factor is not vital to patient safety. At the very least, the State should consider carving out retail pharmacies to limit the workday to 8 hours.

Mandatory Breaks and Lunch Period

Regarding the standard contained in Section 4.5 of the Act, which required that the Task Force consider whether to require a pharmacy to “provide a pharmacist a minimum of 2 15-minute paid rest breaks and one 30-minute meal period in each working day on which the pharmacist works at least 7 hours,” by modifying this standard in recommending that the legislature enact a new Section in the Pharmacy Practice Act entitled “Pharmacy Work Conditions,” which would include the following provision:

- A. A pharmacist working longer than six (6) continuous hours per day shall be allowed during that time period to take a 30-minute uninterrupted meal break and (1) 15-minute break. The pharmacist qualifies for an additional 15-minute break if working twelve (12) continuous hours per day. No pharmacist shall be required to work longer than five (5) continuous hours per day without the opportunity to take an uninterrupted meal break.

The Task Force recommended the adoption of this language within the Act, or the rules promulgated thereunder, in response to this standard by a vote of six in favor, none opposed, one abstention and one absent.¹

The Task Force determined that this was a reasonable accommodation which provided sufficient minimal rest periods for a pharmacist, based on the majority’s decision to limit the pharmacist’s workday to a maximum of twelve hours. This recommendation recognizes that: pharmacies may require pharmacists to work twelve-hour shifts; and to ensure public safety, the pharmacists working those shifts on a regular basis need to have specified rest breaks and lunch periods to practice effectively.

Maintaining Error Records

Regarding the standard contained in Section 4.5 of the Act, which involved a consideration whether to require a pharmacy “to retain records of any errors in the receiving, filling, or dispensing of prescriptions of any kind,” by modifying this standard to establish a Continuous Quality Improvement (“CQI”) Program and recommending that the legislature enact a provision in the Pharmacy Practice Act under a new Section entitled “Continuous Quality Improvement Program,” which states the following:

Each pharmacy shall implement a program for continuous quality improvement, for the purpose of detecting, documenting, assessing, and preventing Quality-Related Events (QREs). At a minimum, a CQI Program shall include provisions to:

- (i) designate an individual or individuals responsible for implementing, maintaining, and monitoring the CQI Program, which is managed in accordance with written policies and procedures maintained in the pharmacy in an immediately retrievable form;

¹ The Task Force only considered provisions related to recommended breaks and lunch period based on a twelve-hour work day, because as discussed above, it separately determined that a pharmacy licensed under Illinois Statutes, which is located within Illinois, shall not require that a pharmacist, student pharmacist, or pharmacy technician work longer than twelve continuous hours per day, inclusive of the breaks, rather than eight continuous hours per day.

- (ii) initiate documentation of QREs as soon as possible, but no more than seven days, after determining their occurrence;
- (iii) analyze data collected in response to QREs to assess causes and any contributing factors;
- (iv) use the findings of the analysis to formulate an appropriate response and develop pharmacy systems and workflow processes designed to prevent QREs and increase good outcomes for patients;
- (v) provide ongoing CQI education at least annually to all pharmacy personnel

Any pharmacy that contracts with a federally-listed Patient Safety Organization (PSO) and has developed and implemented a Patient Safety Evaluation System in order to advance the goal of continuous quality improvement under the Patient Safety and Quality Improvement Act of 2005 (P.L. 109-41) shall be deemed in compliance with this Section.

All information, communication, data, reports, deliberations and analyses of any pharmacy which satisfies the CQI Program requirements set forth that have the potential to improve quality and/or patient safety and are maintained as a component of a pharmacy CQI Program are privileged and confidential and shall not be subject to discovery or admissible into evidence in a state or federal proceeding nor subject to a judicial subpoena.

These protections shall not prevent the review of a pharmacy's CQI Program materials, policies, procedures and corrective actions taken pursuant to their Program. In addition, the Department may collect information of any adverse event or error that is maintained outside of a PSO's Patient Safety Evaluation System or outside of a CQI program, in response to a subpoena. The disclosure of documents or information under subpoena does not constitute a waiver of the privilege or confidentiality protections associated with a CQI Program.

The Task Force recommended the adoption of this language within the Act, or the rules promulgated thereunder, in response to this standard by a vote of seven in favor, none opposed, and one abstention.

In reaching this unanimous (with one abstention) recommendation, the Task Force determined that in order to maintain effective error records, there must be continuous quality improvement ("CQI") to build a "just" culture and improve overall safety and quality of patient care. The Task Force believed that this proposal provides the Department and other oversight authorities with access to pharmacies' processes in monitoring and preventing quality-related events, while protecting the documentation of the errors from discovery in litigation and disciplinary actions – which discourage addressing errors. The Task Force believed that this provision gives pharmacies and pharmacists an incentive to strive toward providing accurate prescriptions and reports of adverse incidents without fear of litigation. The Task Force determined that the amendments would open any CQI process to review, but not the documentation involving the specific incident. Documentation of specific adverse events are intended to be used to improve systems and processes for the purpose of better patient safety.

In its review of this provision, the Task Force also considered Section 30.1 of the Pharmacy Practice Act (225 ILCS 85/30.1), which requires the reporting of any termination of a pharmacist or pharmacy

technician for actions which may have threatened patient safety. The Task Force determined that the proposed provision plus Section 30.1 would afford the Department the ability to determine whether any safety concerns are systemic within the pharmacy or are related to a single individual's unprofessional behavior.

Report of Prescription Discontinuation

Regarding the standard contained in Section 4.5 of the Act, which involved a consideration of "the extent to which . . . the Department [should be required] to adopt rules requiring pharmacy prescription systems contain mechanisms to require prescription discontinuation orders to be forwarded to a pharmacy," by recommending that the Pharmacy Practice Act, or the rule promulgated thereunder, be amended to state as follows:

- 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.

The Task Force recommended the adoption of this language within the Act, or the rules promulgated thereunder, in response to this standard by a vote of eight in favor, none opposed, and no abstentions.

In reviewing the background information for this standard, the Task Force noted that the "CancelRx" function, which provides electronic notifications to cancel a prescription, was not included in the original meaningful use program which provided incentives for implementing the e-prescribing program. If the "CancelRx" function is not enabled, the prescriber is required to call the pharmacy on the telephone to discontinue the refills. Failure to notify the pharmacy of cancelled prescriptions could lead to patients continuing to take medications which the prescriber has determined are no longer necessary, potentially causing adverse drug events and increasing overall health care costs. Therefore, enabling the "CancelRx" function would permit the prescriber to electronically transmit instructions to prevent the issuance of refills for any discontinued medication.

Patient Verification and Detailed Automated Prescription Refill Notices

The Collaborative Pharmaceutical Task Force also considered the appropriate response to the provisions contained in Section 4.5 of the Pharmacy Practice Act, which stated that:

- [T]he extent to which requiring the Department to adopt rules requiring pharmacy prescription systems contain mechanisms:
- (1) To require patient verification features for pharmacy automated prescription refills; and
 - (2) 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 whether prescribed through electronic prescriptions or paper prescriptions may be integrated into the Pharmacy Practice Act to better protect the public.

In response to these provisions, the Collaborative Pharmaceutical Task Force recommended an amendment to the Pharmacy Practice Act, or the rules promulgated thereunder, which states that:

Prior to a prescription that has a refill on file from a prescribing practitioner being included in an auto-refill program, a patient or patient's agent must enroll each prescription medication in an auto-refill program. Prescriptions without a refill on file are not eligible for auto-refill.

The Task Force recommended the adoption of this requirement within the language of the Act, or the rules promulgated thereunder, in response to this provision of the Act by a vote of seven in favor, one opposed, and no abstentions.

The majority of the Task Force considered that the patient's approval to be placed in an auto-refill program was necessary to prevent the patient from receiving prescription medication which had not been approved by the patient's medical provider.

The dissenter was given an opportunity to provide an explanation for his vote but chose not to submit a rationale.

Duties of Pharmacy Technicians and Their Continuing Education Requirements

Regarding the direction contained in Section 4.5 of the Act, which stated 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," the Committee recommended amendments to Sections of the Act and the Controlled Substance Act. 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. 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 Task Force recommended the adoption of this language within the Act, and the Controlled Substance Act, in response to this standard by a vote of eight in favor, none opposed, and no abstentions.

In reaching this unanimous recommendation, the majority of the Task Force concluded that there should be one standardized education and training program for all new pharmacy technicians. The amendments also clarified that a new pharmacy technician should obtain documentation from the Pharmacist-In-Charge, who verifies that the pharmacy technician has successfully completed a standardized nationally accredited education and training program to remain licensed. Furthermore, the majority of the Task Force recognized that there were certain tasks that appropriately trained and supervised pharmacy technicians can effectively undertake, thereby allowing the pharmacist to focus on more critical tasks. The amendments also recommend clarification in the current Act to specifically identify the only tasks that pharmacy technicians are prohibited from carrying out. This will allow a pharmacist to delegate any other task to an appropriately trained and supervised pharmacy technician.

Employee Terminations

The Task Force also considered the direction contained in Section 4.5 of the Act, which stated that in “developing standards related to its discussions, the Collaborative Pharmaceutical Task Force shall consider the extent to which . . . Public Act 99-863 (enhancing reporting requirements to the Department of pharmacy employee terminations) may be relevant to the issues listed in paragraphs (1) and (2).” After considering the standard, the Task Force recommended against the adoption of any language within the Act or the rules promulgated thereunder regarding this provision by a vote of eight in favor, none opposed, and no abstentions.

The Task Force noted that Section 30.1 of the Pharmacy Practice Act (225 ILCS 85/30.1) mandates 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 registered pharmacy technician is terminated for actions which may threaten patient safety. The Task Force determined that these provisions were sufficient to protect public safety without unfairly harming the reputation of pharmacists or pharmacy technicians, as the Staff’s investigations are confidential. The Task Force recommends that the Board of Pharmacy and State pharmacy professional organizations remind all Illinois licensed pharmacists of this requirement and emphasize the importance of submitting such reports. Also, these organizations should remind all pharmacists that no information about the individual named in a report is disclosed unless formal disciplinary action is taken against that person.

Grounds for Discipline

In response to several standards contained in Section 4.5 of the Act (225 ILCS 85/4.5), the Task Force recommended overall changes to the provisions which define unprofessional and unethical conduct,

contained in Administrative Rule Section 1330.30. The proposed additional definitions of unprofessional and unethical conduct would include the following provisions:

- (1) Advertising or soliciting that may jeopardize the health, safety, or welfare of the patient including, but not be limited to, advertising or soliciting that:
 - (a) Is false, fraudulent, deceptive, or misleading;
 - (b) Makes any claim regarding a professional service or product or the cost or price thereof which cannot be substantiated by the licensee; or
 - (c) Requiring pharmacists to participate in such activities.
- (2) Failure to provide a working environment for all pharmacy personnel that protects the health, safety and welfare of a patient which includes but is not limited to:
 - (a) Sufficient personnel to prevent fatigue, distraction or other conditions that interfere with a pharmacist's ability to practice with competency and safety or creates an environment that jeopardizes patient care.
 - (b) Appropriate opportunities for uninterrupted rest periods and meal breaks.
 - (c) Adequate time for a pharmacist to complete professional duties and responsibilities including, but not limited to:
 - (A) Drug Utilization Review;
 - (B) Immunization;
 - (C) Counseling;
 - (D) Verification of the accuracy of a prescription; and
 - (E) All other duties and responsibilities of a pharmacist as specified in the Pharmacy Practice Act Administrative Rules Part 1330.
- (3) 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.
- (4) Incenting or inducing the transfer of a prescription absent professional rationale.
- (5) Anyone reporting violations of this section to the Department of Financial and Professional Regulation are specifically protected under the Illinois Whistle Blower Act (740 ILCS 174/15(b)).

The Task Force recommended the adoption of this language within the Act, or the rules promulgated thereunder, in response to this standard by a vote of seven in favor, none opposed, no abstentions and one absent.

The Task Force recognized that this motion included a number of standards that had been individually considered. However, a separate vote was taken on all the provisions because they include language that is not a part of the previously considered standards. The Task Force unanimously recommended these provisions to provide reassurance to pharmacists and pharmacy technicians that their work environment should be as free of distractions as possible, and sufficiently staffed so that they are able to provide safe and effective care for their patients. These standards allow the pharmacist to exercise his/her professional medical judgment while also giving the Department and the Board of Pharmacy a means to discipline pharmacists and pharmacy owners who permit unsafe pharmacy practices to occur.

Pharmacy Working Conditions

The Task Force also considered language for inclusion in Illinois statutes or rules, including the votes regarding standards discussed above, with some additional language. The proposed changes involve a new section of the statute or the rules which state the following:

1. Limitation on continuous hours worked.

A pharmacy licensed under Illinois Statutes, 225 ILCS 85/15, which is located within Illinois, shall not require a pharmacist, student pharmacist, or pharmacy technician to work longer than twelve (12) continuous hours per day, inclusive of the breaks required under Subpart 2.

2. Requirements for breaks.

A. A pharmacist working longer than six continuous hours per day shall be allowed during that time period to take a 30-minute uninterrupted meal break and one 15-minute break. The pharmacist qualifies for an additional 15-minute break if working twelve continuous hours per day. No pharmacist shall be required to work longer than five continuous hours per day without the opportunity to take an uninterrupted meal break.

B. A pharmacy may, but is not required to, close when a pharmacist is on a break. If the pharmacy does not close, the pharmacist shall either remain within the licensed pharmacy or within the establishment in which the licensed pharmacy is located in order to be available for emergencies. In addition, the following apply:

(1) Pharmacy technicians, student pharmacists, and other supportive staff, authorized by the pharmacist on duty, may continue to perform duties as allowed under this chapter;

(2) No duties reserved to pharmacists and student pharmacists under any part of this chapter, or that require the professional judgment of a pharmacist, may be performed by pharmacy technicians or other supportive staff; and

(3) Only prescriptions that have received final verification by a pharmacist may be dispensed while the pharmacist is on break, except those 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 and provide counseling; and
 - (d) 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. 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.
 - C. In pharmacies staffed by two or more pharmacists, the pharmacists shall stagger breaks so that at least one pharmacist remains on duty at all times that the pharmacy remains open for the transaction of business.
 - D. The Employer shall keep and maintain a complete and accurate record of the daily break periods of its pharmacists.
3. Exceptions for emergencies.

Subpart 1 and subpart 2, item A, shall not apply in the event that an emergency, as deemed by the professional judgment of the pharmacist, necessitates that a pharmacist, student pharmacist, or pharmacy technician work longer than 12 continuous hours, work without taking required meal breaks, or have a break interrupted in order to minimize immediate health risks for patients.

The Task Force recommended the adoption of this language within the Act, or the rules promulgated thereunder, in response to this standard by a vote of six in favor, none opposed, one abstention and one absent.

The Task Force recognized that this motion included several standards that had been individually considered. However, a separate vote was taken on all the combined provisions because they include language related to exceptions from the established rule regarding the length of time that a pharmacist can work per day. The Task Force unanimously (with one abstention) recommended these provisions recognizing that there is a need to address the issue of required breaks for meals and restroom use. These newly recommended standards for work conditions provide the pharmacist and pharmacy technician with assurances of fairness and empower the pharmacist and pharmacy technician while providing the pharmacy employer with reasonable flexibility and, most importantly, providing the patient with safe and effective care.

Recommendation and Rationale Regarding Additional Study of the System for Compensating Pharmacists in Illinois

Regarding the language contained in Section 4.5 of the Act, which directed the Task Force to “discuss how to further advance the practice of pharmacy in a manner that recognizes the needs of the healthcare system, patients, pharmacies, pharmacists, and pharmacy technicians,” it approved a motion to strongly recommend that the General Assembly establish another task force which:

Will be charged with studying the issues related to the current system for remunerating pharmacists, and developing alternative methods for remunerating pharmacists for their professional patient care services, separate from the sale of drug products.”

A majority of the Task Force believed that despite their formidable education and experience, the most important barrier to pharmacist contributions to safe and effective care in any setting is how they are paid. This is especially true in the setting of community pharmacy. They believed that many of the issues assigned to the task force are symptoms of insufficient reimbursement and virtually non-existent remuneration that exists in the current payment model to pharmacies and pharmacists. Fixing these other parts of pharmacy practice without altering current practices in payment will not solve the problems that drive risks to medication therapy in our patients. Without addressing the payment model for pharmacists, we continue to fail to take advantage of the significant contributions of highly trained healthcare professionals whose specific expertise is exactly what our system needs. Unlike other healthcare professions, no “professional fee” is usually attached to pharmacists’ services. Total reimbursement is connected only to a commodity, the drug product. A typical prescription payment consists of reimbursement for the “ingredient cost” (cost of the drug) plus a dispensing fee (payment to cover the cost of providing the drug). The ingredient cost is typically calculated by the payer (insurance company or pharmacy benefits manager [PBM]), and, because of the high cost of drugs, the dispensing fee paid on prescriptions has significantly declined in recent years. It is not uncommon for insurers or PBM organizations to pay as little as 50 cents or nothing at all as a dispensing fee. Therefore, it is not unusual for the pharmacy or pharmacist to be reimbursed at an amount that is lower than the actual acquisition cost of the drug. That is, it is not uncommon for a pharmacy to lose money by filling a prescription.

In addition, payers often invoke other ways to reduce their expenses and their reimbursement to pharmacies. Most insurers or PBMs have formularies composed of preferred or formulary drugs; however, non-formulary drugs differ between insurers and PBMs, requiring the pharmacist to navigate these complexities to ensure the patient can receive the medication. In addition, some drugs require prior approval before dispensing, similar to medical procedures. Still other payers invoke penalties (so called “claw-back fees”) for not making performance metrics (e.g., adherence, as judged by refill records). Audits conducted by the payer under the pretense of preventing fraud, waste, and abuse are frequent and time-consuming. Moreover, they often focus specifically on high-cost drugs and administrative errors rather than metrics that more closely improve outcomes for the insured.

So, it is clear that the margins on prescriptions in most community pharmacies are razor-thin and that the reimbursement models imposed by the various payers are incredibly complex. This lack of a viable financial and business model for the provision of patient care services in community pharmacies has prompted a trend of community pharmacy closures (both chain and independent). Recent research has

concluded that these closures can decrease patient adherence and negatively impact health.² Importantly, there is no payment for the pharmacist's cognitive services (such as counseling patients, detecting drug interactions, insuring adherence, getting rid of unneeded or duplicate medications, etc.), and without incentivizing these services through reasonable payment, it is unlikely that pharmacists will be able to perform them well, while simultaneously satisfying their important roles in drug distribution and dispensing. To ensure a safe medication use system, the public needs these roles to be appropriately incentivized, reimbursed, and remunerated. Payment models can significantly modulate health care professional behavior and performance. Another significant issue, often overlooked, is the conflict of interest that occurs when the pharmacist's only form of payment is tied to the drug product (i.e., there is no financial incentive to discontinue unneeded drugs). In fact, there is a perverse incentive to use as many drugs as possible in order to enhance revenue. This is out of sync with the needs of the public and payers, and it would greatly benefit from being counterbalanced by incentives toward rationale drug therapy. Clinical pharmacists in a hospital setting can attest that (1) drugs are overused and (2) the first step in the pharmacist's quest to ensure a rational drug regimen for an individual patient is to get rid of unnecessary prescriptions. Thus, in some way, if a pharmacist were paid for cognitive duties, this function and the revenue stream would be separated from the drug product. Pharmacists could and should be incentivized, through payment, for positive patient outcomes (e.g., discontinuing unnecessary medications, preventing a serious drug interaction, detecting adverse events, optimizing dosages) rather than a small or non-existent fee attached to a commodity, the drug product. The reimbursement model for pharmacists must be radically altered and unbundled from the drug product³ in order to optimize medication therapy outcomes and reduce unnecessary health care spending. This change from volume-based reimbursement to service based and outcome-based reimbursement and population health would certainly be consistent with the current initiatives in organized medicine and health care in general.

It is our contention that paying pharmacists for their patient care services separately from the drug product would improve drug safety, adherence and overall public health for the citizens of Illinois. Other states (e.g., North Carolina, Washington, California, Minnesota and others)⁴ have put into place such polices; Illinois should implement these policies as well.

² Qato DM, Alexander GC, Chakraborty A, Guadamuz JS, Jackson JW, "Association between pharmacy closures and adherence to cardiovascular medications among older US adults," JAMA Network Open April 19, 2019. doi:10.1001/jamanetworkopen.2019.2606. (Accessed April 26, 2019).

³ Stubbings JA, Nutescu E, Durley SF, Bauman JL. "Payment for clinical pharmacy services revisited," *Pharmacotherapy* 2011;31:1-8.

⁴ Guglielmo BJ, Sullivan SD, "Pharmacists as health care providers: Lessons from California and Washington," *J Am Coll Clin Pharm* 2018;1:32-37.

Collaborative Pharmaceutical Task Force Recommendation Log (225 ILCS 85/4.5)

Short Name	Language in Statute	Task Force's Recommendation	Date of Vote on Recommendation	Change in Statute or Rule
Whistleblower Protection	"The extent to which providing whistleblower protections for pharmacists and pharmacy technicians reporting violations of worker policies,"	Restate whistleblower provisions from Illinois Statutes Chapter 740, Civil Liabilities Section 174/15 into the Pharmacy Practice Act, and revisit whether it needed to be expanded at a later date. Vote was 8-0. Also, recommended a modification to adopt "Grounds for Discipline" to include "Anyone reporting violations of this section to the Department of Financial and Professional Regulation are specifically protected under the Illinois Whistleblower Act" (740 ILCS 174/15(b))." Vote was 7 in favor, 0 against and no abstentions.	11/13/2018 and 06/19/2019	Either Statute or Rule
Pharmacy Tech on Duty	"Requiring pharmacies to have at least one pharmacy technician on duty whenever the practice of pharmacy is conducted,"	Recommended against the adoption of any language within the Pharmacy Practice Act, or the Rules thereunder, addressing standard. Vote was 5 in favor, 1 against, with 1 abstention.	6/19/2019	N/A
Prescription Limit	"To set a prescription limit of not more than 10 prescriptions filled per hour,"	Recommended a modification to adopt "Grounds for Discipline" to include "the Failure to provide a working environment for all pharmacy personnel that protects the health, safety and welfare of a patient which includes, but is not limited to: (A)Drug Utilization Review; (B)Immunization; (C)Counseling;(D)Verification of the accuracy of a prescription; and (E)All other duties and responsibilities of a pharmacist as specified in the Pharmacy Practice Act Administrative Rules Part 1300." Vote was 7 in favor and 0 against with no abstentions.	6/19/2019	Either Statute or Rule
Pharmacy Tech Hours	"To mandate at least 10 pharmacy technician hours per 100 prescriptions filled,"	Recommended a modification to adopt "Grounds for Discipline" to include "the Failure to provide a working environment for all pharmacy personnel that protects the health, safety and welfare of a patient which includes, but is not limited to: Adequate time for a pharmacist to complete professional duties and responsibilities including, but not limited to: (A)Drug Utilization Review; (B)Immunization; (C)Counseling;(D)Verification of the accuracy of a prescription; and (E)All other duties and responsibilities of a pharmacist as specified in the Pharmacy Practice Act Administrative Rules Part 1300. Vote was 7 in favor and 0 against, with no abstentions.	6/19/2019	Either Statute or Rule

Short Name	Language in Statute	Task Force's Recommendation	Date of Vote on Recommendation	Change in Statute or Rule
Prohibit Distractions	"To place general prohibition on activities that distract pharmacists,"	Recommended a modification to adopt "Grounds for Discipline," to include "(2) Failure to provide a working environment for all pharmacy personnel that protects the health, safety and welfare of a patient which includes, but is not limited to:(a) Sufficient personnel to prevent fatigue, distraction or other conditions that interfere with a pharmacist's ability to practice with competency and safety or creates an environment that jeopardizes patient care." Vote was 7 in favor and 0 against with no abstentions.	6/19/2019	Either Statute or Rule
Mandatory Breaks and Lunch Period	"To provide a pharmacist a minimum of 2 15-minute paid rest breaks and one 30-minute meal period in each workday on which the pharmacist works at least 7 hours,"	Recommended a modification to adopt "Pharmacy Work Conditions" which contains "A pharmacist working longer than six continuous hours per day shall be allowed during that time period to take a 30-minute uninterrupted meal break and (1) 15-minute break. The pharmacist qualifies for an additional 15-minute break if working 12 continuous hours per day. No pharmacist shall be required to work longer than 5 continuous hours per day without the opportunity to take an uninterrupted meal break." Vote was 6 in favor, 0 against with 1 abstention.	6/19/2019	Statute
No Work During Break	"To not require a pharmacist to work during a break period,"	Recommended a modification to adopt "Grounds for Discipline," to include "(2) Failure to provide a working environment for all pharmacy personnel that protects the health, safety and welfare of a patient which includes, but is not limited to:(b) Appropriate opportunities for uninterrupted rest periods and meal breaks. Vote was 7 in favor and 0 against with no abstentions.	6/19/2019	Either Statute or Rule
Triple Pay for No Breaks	"To pay the pharmacist 3 times the pharmacist's regular hourly rate of pay for each workday during which the required breaks were not provided,"	Recommended against the adoption of any language within the Pharmacy Practice Act, or the Rules thereunder, addressing this standard. Vote was 5 in favor, 1 against with 1 abstention.	6/19/2019	N/A
Break Room	"To make available at all times a room on the pharmacy's premises with adequate seating and tables for the purpose of allowing a pharmacist to enjoy break periods in a clean and comfortable environment,"	Recommended against the adoption of any language within the Pharmacy Practice Act, or the Rules thereunder, addressing standard. Vote was 5 in favor, 1 against with 1 abstention.	6/19/2019	N/A
Break Records	"To keep a complete and accurate record of the break periods of its pharmacists,"	Recommended a modification to adopt "Pharmacy Work Conditions" which contains "The Employer shall keep and maintain a complete and accurate record of the daily break periods of its pharmacists." Vote was 4 in favor, 2 against, with 1 abstention.	6/19/2019	Statute

Short Name	Language in Statute	Task Force's Recommendation	Date of Vote on Recommendation	Change in Statute or Rule
8-Hour day		Failed to approve a motion containing a recommendation that stated "A pharmacy licensed under Illinois Statutes, which is located within Illinois, shall not require a pharmacist, student pharmacist, or pharmacy technician to work longer than eight (8) continuous hours per day, inclusive of the breaks required under subpart 2." Vote was 1 in favor, 6 against with 1 abstention.	8/13/2019	
		Recommended a modification to adopt "Pharmacy Work Conditions" which contains "A pharmacy licensed under Illinois Statutes, which is located within Illinois, shall not require a pharmacist, student pharmacist, or pharmacy technician to work longer than twelve (12) continuous hours per day, inclusive of the breaks required under subpart 2." Vote was 5 in favor, 1 against, with 1 abstention.	6/19/2019	
Maintaining Error Records	"To limit a pharmacist from working more than 8 hours a workday, and"	Approved a Continuous Quality Improvement ("CQI") program with a vote of 7 in favor, 0 against with 1 abstention.	11/13/2018	Statute
The extent to which requiring the Department to adopt rules requiring pharmacy prescription systems contain mechanisms:				
Report of Prescription Discontinuation	"To retain records of any errors in the receiving, filling or dispensing of prescriptions of any kind could be integrated into the Pharmacy Practice Act."	Recommended amendments to the Act, or the Rules which state the following: 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; and 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. Vote was 7 in favor and 0 against, with no abstentions.	7/9/2019	Either Statute or Rule
Patient Verification	"To require prescription discontinuation orders to be forwarded to a pharmacy,"	Recommended amendments to the Act, or the Rules, which state the following: Prior to a prescription that has a refill on file from a prescribing practitioner being included in an auto-refill program, a patient or patient's agent, must enroll each prescription medication in an auto-refill program. Prescriptions without a refill on file are not eligible for auto-refill. Vote was 7 in favor and 1 against, with no abstentions.	8/13/2019	Either Statute or Rule

Short Name	Language in Statute	Task Force's Recommendation	Date of Vote on Recommendation	Change in Statute or Rule
Detailed Automated Prescription Refill Notices	"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 whether prescribed through electronic prescriptions or paper prescriptions may be integrated into the Pharmacy Practice Act to better protect the public."	Recommend amendments to the Act, or the Rules, which state the following: Prior to a prescription that has a refill on file from a prescribing practitioner being included in an auto-refill program, a patient or patient's agent, must enroll each prescription medication in an auto-refill program. Prescriptions without a refill on file are not eligible for auto-refill. Vote was 7 in favor and 1 against, with no abstentions.	8/13/2019	Either Statute or Rule
Additional Paragraph				
Pharmacy Technicians Continuing Education and Employee Terminations	<p>"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 paragraphs (1) and (2)."</p> <hr/> <p>"In developing standards related to its discussions, the Collaborative Pharmaceutical Task Force shall consider the extent to which . . . Public Act 99-863 (enhancing reporting requirements to the Department of pharmacy employee terminations) may be relevant to the issues listed in paragraphs (1) and (2)."</p>	<p>Recommended amendments to the Act or the Rules, 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: 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; require that pharmacy technicians obtain documentation from a pharmacist-in-charge verifying that he or she has successfully complete 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; 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 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. Vote was 7 in favor and 0 against, with no abstentions.</p> <hr/> <p>Recommended against the adoption of any language within the Pharmacy Practice Act, or the Rules thereunder, addressing standard. Vote was 7 in favor, 0 against with 0 abstentions.</p>	7/9/2019	Either Statute or Rule

Short Name	Language in Statute	Task Force's Recommendation	Date of Vote on Recommendation	Change in Statute or Rule
Additional Recommendation For Further Study				
Review System for Compensating Pharmacists in Illinois	"The Task Force shall discuss how to further advance the practice of pharmacy in a manner that recognizes the needs of the healthcare system, patients, pharmacies, pharmacists, and pharmacy technicians."	Strongly recommended continued efforts to develop alternative methods for remunerating pharmacists for their professional patient care services, separate from sale of drug products, and that another task force be formed to study this critically important issue and product recommended amendments to the Pharmacy Practice Act. Vote was 7 in favor, 0 against and 1 abstention.	8/13/2019	Statute