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Government Affairs Report
The CPTF and the PMP: More Than Just Letters

by Jim Owen and Scott Meyers

Many of you know that the PMP is an acronym for the Prescription Monitoring Program used in Illinois and most other states (all but Missouri) to monitor controlled substance prescriptions in the outpatient setting. You will see more and more discussions about the PMP as the opioid crisis awareness continues to grow. The CPTF on the other hand is a new abbreviation for Illinois' newly established Collaborative Pharmaceutical Task Force (CPTF). Acronyms are a huge part of pharmacy just as they probably are with every industry so adding new ones should not surprise anyone. But their importance is often overlooked at the time of introduction only to eventually develop as they are used over and over again.

So, if that's the case, let's start making the importance of the PMP and CPTF greater right now! Tackling the PMP first, how many of you have registered with the PMP so that you can use it when reviewing outpatient or even inpatient orders? You know you should not only register with the PMP but jump in and really get to know it. That's a primary way we can stop the opioid crisis! I (Scott) would love to say that I have registered but unfortunately, I don't work in a real pharmacy and so the last thing I want to do is jeopardize my still active pharmacist license by lying on a state registration form! You do have to identify your primary workplace when you register.

But every one of you pharmacists reading this who do work in a licensed pharmacy need to get busy and register and learn your way around the PMP. SB772 which was signed in mid-December and went into effect on January 1, 2018 allows every prescriber and pharmacist registrant to also delegate access to the PMP to up to three designees. So I encourage all of you to entrust your most reliable technicians with this opportunity and especially if you have med-rec or clinical techs on your staff so they can help you do the screening. While SB772 or Public Act 100-0564 as it is now known, does not require accessing the PMP for inpatient orders for controlled substances, that doesn't mean you shouldn't anyway. It's probably a good idea to screen every patient for a history of opioid abuse at initial admission and pre-operatively if you can. You never know what you might uncover. There's an article in the December KeePosted with all the details of the bill if you want to learn more which can be quickly accessed here.

As for the CPTF, that creation will get legs very soon as the first meeting is scheduled for the second Tuesday of January (the 9th) in the afternoon following the morning Board of Pharmacy meeting. At the time of this writing not all members of the CPTF have been appointed by the legislative leaders yet but by the 9th of January, they

should all be in place and ready to begin work. But "What is the work of the CPTF?" you may ask. The CPTF was established by HB3462 or now Public Act 100-0497 which extended the Illinois Pharmacy Practice Act for two more years (through the end of 2019) and made several other minor changes to it, as reported in earlier issues of the KP (KeePosted – we love our acronyms!).

The CPTF will be made up of representatives from ICHP, IPhA, IRMA (Illinois Retail Merchants Association), ISMS (Illinois State Medical Society), IHA (Illinois Hospital and Health-System Association), ISCP (Illinois Society of Consultant Pharmacists), one representative of organized labor representing pharmacists, and a Chair. The CPFT will also have three non-voting members representing the UIC College of Pharmacy, the Department of Financial and Professional Regulation, and a pharmacist with a background in patient safety and IT (Information Technology).

The CPFT has been charged with reviewing the Pharmacy Practice Act and discussing *"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."* The discussions will consider at a minimum the following:

- Whistleblower protections for pharmacists and pharmacy technicians for violations of worker policies,
- Requiring pharmacies to have at least one technician on duty whenever the practice of pharmacy is conducted,
- Setting prescription filling limits of not more than 10 prescriptions per hour,
- Requiring at least 10 technician hours per 100 prescriptions filled,
- Placing a general prohibition on activities that distract pharmacists,
- Providing the pharmacist with at least two 15-minute paid rest breaks and one 30-minute meal period in each workday on which the pharmacist works at least 7 hours,
- Prohibit making the pharmacist work through those breaks and, if that does occur, paying the pharmacist triple time for the entire shift,
- Providing a clean and comfortable break area with table and chairs for said breaks,
- Limit the pharmacist work shift to no more than 8 hours per day,
- Retaining records of errors in the receiving, filling, or dispensing of prescriptions of any kind,
- Requiring pharmacy systems to contain mechanisms that requires prescription discontinuation orders be forwarded to the pharmacy,
- Require patient verification features for pharmacy automated prescription refills, and
- Require that automated prescription notices clearly communicate to patients the medication name, dosage strength, and any other information required by the Department.

These bullet points must be discussed but may or may not be included in any revisions to the pharmacy practice act. But you can clearly see the tasks ahead for the CPFT are not small. In addition, the actions recommended by the CPFT will most definitely have a future on the practice of pharmacy for years to come.

So the PMP and CPFT are definitely more than letters! Please continue to watch for more information in this column and in e-mail alerts as we continue to work for you and for pharmacy on ICHP's behalf.