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Government Affairs Report

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Government Affairs Report: Collaborative Pharmaceutical Task Force Begins Its Work

by Jim Owen and Scott Meyers

With three members of the Illinois General Assembly Collaborative Pharmaceutical Task Force yet to be appointed, it began its work on Tuesday afternoon, January 9th in downtown Chicago. The Task Force, created by Public Act 100-0497 is to be made up of the following organizations' representatives (those already appointed are named):

Voting Members:

Chair: Phil Burgess (not representing any specific organization)

ISMS: Scott Reimers

IHA: Helga Brake

IRMA: Not yet appointed

IPhA: Not yet appointed

ICHP: Scott Meyers

IALTCPP: Brian Kramer

Organized Labor: Not yet appointed

Non-voting Members:

UIC COP: Jerry Bauman

Med Safety/IT Adam Bursua

IDFPR: Bryan Schneider

The Task Force is charged with reviewing, discussing and providing recommendations to the Illinois General Assembly on Practice Act or Practice Act Rule changes on 16 specific items that could improve the practice of pharmacy in Illinois. These 16 specific items for consideration are:

1. Should the Practice Act provide whistleblower protections for pharmacists and pharmacy technicians reporting violations of worker policies,
2. Requiring pharmacies to have at least one pharmacy technician on duty whenever the practice of pharmacy is conducted,
3. To set a prescription filling limit of not more than 10 prescriptions per hour,
4. To mandate at least 10 pharmacy technician hours per 100 prescriptions filled,
5. To place a general prohibition on activities that distract pharmacists,
6. To provide a pharmacist a minimum of two, 15-minute paid rest breaks and one 30-minute meal period in each workday on which the pharmacist works at least 7 hours,
7. To not require a pharmacist to work during a break period,
8. To pay the pharmacist 3 times the pharmacist's regular hourly rate of pay for each workday during which the required breaks are not provided,
9. To make available at all times a room on the pharmacy's premises with adequate seating and tables for the purpose of allowing the pharmacist to enjoy break periods in a clean and comfortable environment,
10. To keep a complete and accurate record of the break periods of its pharmacists,
11. To limit a pharmacist from working more than 8 hours a workday,
12. To retain records of any errors in the receiving, filling, or dispensing of prescriptions of any kind,
13. Should the Department adopt rules requiring pharmacy prescription systems to contain mechanisms to require receipt of prescription discontinuation orders from prescribers,
14. To require patient verification features for pharmacy automated prescription refills,
15. To require that automated prescription refill 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 system whether prescribed through electronic prescriptions or paper prescriptions,
16. Consider to 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 above issues.

In addition, the Task Force may discuss and recommend other changes to the Pharmacy Practice Act and Rules as it agrees upon.

The Task Force must provide recommendations by September 1, 2019 and proposed language for legislation (practice act changes) or regulation (rule changes) by November 1, 2019. However, the Task Force members in attendance at the January meeting tentatively agreed that they would have all discussions and recommendations completed by June 1, 2019 to give the General Assembly ample time to consider and hopefully pass any recommendations.

The Task Force will continue to meet on the second Tuesday of each month at 1:30 p.m. in both Chicago and Springfield. Video links will be provided to facilitate discussions. Meeting notices will be posted on the IDFPR website and all meetings are open to the public. Audience participation will be limited.

The Task Force has a challenging charge and only time will tell how effective this approach will be to improving the pharmacy practice act and rules. The work has begun and ICHP will be there every step of the way.

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