

They're Back: The Collaborative Pharmaceutical Task Force and Other Legislative Poltergeists

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Conflict of Interest

- Scott does not have any conflicts of interest regarding the content of this presentation.



Learning Objectives for Pharmacists and Technicians

1. Describe the recent deliberations of the Collaborative Pharmaceutical Task Force and potential impacts on pharmacy practice.
2. List the recommendations from last year's deliberations of the Collaborative Pharmaceutical Task Force and whether or not they were implemented by the General Assembly and Department of Financial and Professional Regulation.
3. Review current legislative initiatives before the Illinois General Assembly that, if passed, would impact the practice of pharmacy.
4. Explain steps a pharmacist or pharmacy technician may take to inform their State legislators about pharmacy and health care related legislation on which they may need to vote.



Glossary

- Bill:
 - a **draft** of a law presented to a legislature for enactment.
- Statute:
 - a law **enacted** by the legislative branch of a government and signed by the Governor.
- Regulation:
 - **a**: an authoritative **rule** dealing with details or procedures.
 - **b**: a rule or order issued by an executive authority or regulatory agency of a government and having the force of law.
- Poltergeist:
 - a noisy usually mischievous ghost.



Test your knowledge!

A public act is a _____?

- A. Bill
- B. Law
- C. Regulation
- D. Poltergeist



Public Act 100-497 – They’re Here!

- Effective date September 8, 2017
- Established the Collaborative Pharmaceutical Task Force
- 8 voting members plus 3 non-voting members.
- Appointed by the General Assembly and the Secretary of IDFP.
- Representing:
 - Voting - ICHP, IPhA, IRMA, IALTCP, ISMS, IHA, Labor, Chair.
 - Non-Voting – UIC College of Pharmacy, Med. Safety Pharmacist, IDFP.
- Began deliberations - January 9, 2018.
- Completed deliberations – August 13, 2019.



So What Were the Recommendations?

- Recommendation 1: Whistleblower Protection (recommendations are paraphrased for brevity)
 - Anyone reporting violations to IDFP are specifically protected under the Illinois Whistleblower Act (740 ILCS 174/15(b)). **Accepted.**
- Recommendation 2: Requirement to Employ At Least One Pharmacy Technician
 - The Task Force **did not recommend** a requirement for at least one pharmacy technician on duty whenever the practice of pharmacy is conducted.



So What Were the Recommendations?

- Recommendation 3: 10 prescription/hour/pharmacy Limit
 - The Task Force **did not recommend** a ten prescription per hour limit or 10 hours of technician coverage per 100 prescriptions filled by a pharmacy.
- Recommendation 4: Prohibition of Distractions
 - The Task Force recommended the addition to the Act or the Rules a new section of "Grounds for Discipline" that include failure to provide a working environment that protects the health, safety and welfare of the patient which includes providing sufficient personnel to prevent fatigue, distraction or other conditions that interfere with the pharmacist's ability to practice safely. **Accepted.**



So What Were the Recommendations?

- Recommendation 5: No Work During Break
 - The Task Force recommended additional language to the "Grounds for Discipline" that includes: failure to provide a working environment that includes appropriate opportunities for uninterrupted rest periods and meal breaks. **Accepted.**
- Recommendation 6: Triple Pay for No Breaks
 - The Task Force **did not recommend** a requirement for triple pay for the entire shift should the meal or rest breaks be denied.



So What Were the Recommendations?

- Recommendation 7: Required Break Room
 - The Task Force **did not recommend** the requirement that all pharmacies provide a separate break room for rest periods and meal breaks.
- Recommendation 8: Required Break Records
 - The Task Force recommended that all pharmacies will be required to retain records of all rest periods and meal breaks. **Accepted.**



So What Were the Recommendations?

- Recommendation 9: Required 8-Hour Work Day
 - The Task Force **did not recommend** setting a maximum shift length of 8 hours per day for pharmacists.
 - The Task Force **did recommend** a maximum shift length of 12 hours per day for pharmacists with the allowance for emergent or other situations. **Accepted.**



So What Were the Recommendations?

- Recommendation 10: Mandatory Breaks and Lunch Period
 - The Task Force recommended that pharmacists working longer than 6 hours be allowed a 30-minute meal break and one 15-minute rest period and any pharmacist working twelve continuous hours be allow one additional 15-minute rest period. **Accepted.**
- Recommendation 11: Maintaining Error Reports
 - The Task Force recommended that all pharmacies be required to establish a continuous quality improvement (CQI) program to address medication errors and reporting. **Ignored.**



So What Were the Recommendations?

- Recommendation 12: Report of Prescription Discontinuation
 - The Task Force recommended that effective Jan. 1, 2021 all pharmacies that use the SCRIPT standard for e-prescribing must be able to receive prescription cancellations and provide acknowledgement to the prescriber. **Accepted.**
- Recommendation 13: Patient Verification for Auto-Refills
 - The Task Force recommended that all pharmacies must obtain approval of the patient to participate in auto-refill programs for every prescription that is eligible. **Accepted.**



So What Were the Recommendations?

- Recommendation 14: Clarification of Duties of Pharmacy Technicians
 - New pharmacy technicians must complete standardized accredited training and education to obtain their registration,
 - Technicians may undertake any task delegated to them including administration of vaccinations, if properly trained, with the exception of patient counseling, drug regimen review and clinical conflict resolution,
 - Pharmacy technicians and student pharmacists may transfer prescriptions between pharmacies and receive controlled substance prescriptions from prescribers' agents.
- **Accepted.**



So What Were the Recommendations?

- Recommendation 15: Employee Terminations
 - The Task Force **did not recommend** any new language regarding the reporting of pharmacists of pharmacy technicians to IDFPR if their employment was terminated for patient safety reasons.
- Recommendation 16: System for Compensating Pharmacies
 - The Task Force recommended that the General Assembly appoint a new Task Force to specifically review and revise the current model for pharmacy and pharmacist remuneration. **Ignored.**



Public Act 101-0621 – They’re Back and More!

- It reconvened the Collaborative Pharmaceutical Task Force through September of 2020.
- It added 6 new members to the Task Force.
- The Task Force will look for opportunities to revise the Practice Act further by incorporating “Best Practices”.
- The intention is not to rehash the discussions of the previous Task Force.



Test your knowledge!

What two major recommendations of the **original** Collaborative Pharmaceutical Task Force did the General Assembly ignore?

- A. The 8-hour shift length limit and the 10 prescriptions per hour limit.
- B. The triple pay for interrupted breaks and 10-hour technician requirement per 100 prescriptions.
- C. The CQI program requirement and the new Task Force on pharmacy reimbursement.
- D. All of the above.



So Where Has the New Task Force Gotten?

- Crafted Rules language that will exempt pharmacy residents from the 12-hour shift length limit, providing they are in an accredited residency program.
- Crafted Rules language that will exempt non-dispensing pharmacists from the meal break record keeping requirement.
- Is drafting language to request that the General Assembly consider new reimbursement models for pharmacies and pharmacists.
- Discussed a standardize process for creating standing orders through the Department of Public Health.
- Reconfirmed the request that all pharmacies establish protected Continuous Quality Improvement programs (error reporting systems) to improve patient safety.



Test Your Knowledge!

This year's Task Force was supposed to add 6 new members. Which new members were not added as of the end of August?

- A. The second representative of the Illinois Retail Merchants Association.
- B. The two State Senators.
- C. The second representative of organized labor.
- D. The two State Representatives.



So What are the Next Poltergeists in the Closet?

- ICHP was monitoring 33 new pieces of legislation and 1 returning bill.
- Two standing order bills: hormonal contraceptives and smoking cessation products.
- Four revisions to the Controlled Substance Act, related to opioids.
- Ten bills that amend the Insurance Code related to PBMs and managed care providers.
- Six revisions to the Pharmacy Practice Act.
- Four bills that are related to medication pricing, including one that would allow importation from Canada.
- And more, so let's get specific.



SB2972 and SB3147 Standing Orders

- SB2972 – Sen. Bertino-Tarrant – Plainfield, D
 - Standing order from IDPH for pharmacist dispensing hormonal contraceptives.
 - Requires patient self-assessment and pharmacist review.
 - Additional training for the pharmacist.
 - Requires insurance to pay for medication and service.
- SB3147 – Sen. Feigenholtz – Chicago, D
 - Standing order from IDPH for pharmacist dispensing of smoking cessation products.
 - Requires additional pharmacist training.
 - Requires insurance to pay for medication and service.



Controlled Substance Act

- SB2340/ HB4997 – Sen. Fine – Glenview, D – Rep. Meier – Highland, D
 - Prescriber must counsel pt., parent, or care-giver on the addictive nature of opioids prior to issuing a prescription.
- HB4785 – Rep. Eadly-Allen – Libertyville, D
 - Opioid prescriptions must bear orange "Opioid" sticker and warning label "Risk of addiction and overdose".
- HB4998 – Rep. Meier – Highland, D
 - Initial prescriptions for an opioid may only be issued for 7-day supply.



Revising the Pharmacy Practice Act

- SB3060 – Sen. Manar – Bunker Hill, D
 - Removes the provision limiting consumer to 10 retail price requests.
- SB3159 – Sen. Manar – Bunker Hill, D
 - Requires disclosure of current retail price for each prescription at the point of sale, including when patient co-pay is higher than retail price.
- **SB3266** – Sen. Fine – Glenview, D
 - Requires hospitals and surgery centers to offer unused meds to patients at discharge if the meds are continued. Must meet labeling requirements.
- **HB4475** – Rep. Zalewski – Riverside, D
 - Makes the PIC rather than pharmacist responsible for determining when an emergency occurs relating to the 12-hour shift length limit.



Revising the Pharmacy Practice Act

- HB0197 – Rep. Flowers – Chicago, D
 - Limits pharmacies to filling 10 prescriptions per hour.
 - Requires 10-hours of technician staffing per 100 prescriptions.
 - Limits pharmacist shift length to 12-hours.
 - Requires a technician on-duty whenever pharmacy is practiced.
 - Requires special break room and recordkeeping for meal and rest breaks.
 - Requires pharmacies to maintain a record of any medication errors.
 - Prohibits pharmacies from requiring pharmacists from participating in advertising or soliciting activities.



Revising the Pharmacy Practice Act

- HB5659 – Rep. Walsh – Joliet, D
 - Creates Disciplinary Review Board to approve findings and actions of IDFPR.
 - Provides that the Department may not deny application for licensure or take any disciplinary or non-disciplinary action against a license without approval of the newly established Disciplinary Review Board.
 - 9 member Board, appointed by the Governor from a list of recommendations provided by the Indian American Pharmacists, the Illinois Pharmacists Association and the Illinois Retail Pharmacists.
 - ICHP is working on being part of the nomination process.



The Price is Right!

- SB3060 – Sen. Manar – Bunker Hill, D
 - Removes 10 price request limit for consumers in the PPA 225ILCS85/41.
- SB3159 – Sen. Manar – Bunker Hill, D
 - Requires disclosure of the retail price to consumer when less than their cost-sharing amount (co-pay).
- HB3493 – Guzzardi – Chicago, D
 - Creates the Prescription Drug Affordability Act. Sets limits on purchase prices and reimbursement.
- HB4822 – Deemer – Dixon, R
 - Creates the Preserving Access to Affordable Drugs Act. Makes it a violation to settle a patent infringement claim in an anticompetitive manner.



Keeping the Trash Drug-Free!

- HB4888 – Gong-Gershowitz – Glenview, D
 - Creates the Pharmaceutical Recovery Act, charging each manufacturer \$5000 annually and requiring them to participate in an approved take-back program.
- HB5005 – LaPointe – Chicago, D
 - Creates the Prescription Drug Repository Program Act. Requires IDPH to establish a repository program for unused medications. Provides for immunity for manufacturers and pharmacists. Not pharmacies or physicians.



Look Out PBMs

- SB3058 & SB3059 – Sen. Manar – Bunker Hill, D
 - Technical changes at the moment, may be needed later.
- SB3117 - Sen. Manar – Bunker Hill, D
 - Provides that a PBM has fiduciary duty to third parties they have contracted with. Allow Director of Insurance to suspend, refuse to issue or revoke PBM license.
- SB3543 - Sen. Manar – Bunker Hill, D
 - Requires managed care organizations to reimburse pharmacies at the same rate as the fee-for-service rates.
- SB3734 - Sen. Manar – Bunker Hill, D
 - PBM must reimburse a pharmacy at the same rate it reimburses itself or an affiliate for the same drug or service.

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Look Out PBMs

- SB3740 - Sen. Manar – Bunker Hill, D
 - Provides that a pharmacy benefit manager shall pay the full amount paid by a health insurer or health benefit plan for prescription drug coverage to a pharmacy for such prescription drugs, less the amount of the pharmacy benefit manager's administrative costs.
- SB3741 - Sen. Manar – Bunker Hill, D
 - Prohibits a PBM from requiring that a covered prescription be filled by a mail-order pharmacy as a condition for reimbursement.
- HB5510 – Rep. Harris – Chicago, D
 - Creates the Prior Authorization Reform Act, sponsored by the Illinois State Medical Society. Standardizes the prior authorization process for all PBMs and insurance providers.

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More Insurance Bills

- SB3411 – Sen. Fine – Glenview, D
- HB4477 – Rep. Harris – Chicago, D
 - Amends the Managed Care Reform and Patient Rights Act by limiting a beneficiary's monthly out-of-pocket prescription drug costs to a specified amount, apply a preeductible and flat dollar copayment structure to the entire drug benefit, or limit a beneficiary's annual out-of-pocket prescription drug costs to a specified amount.
- HB5498 – Rep. Conroy – Villa Park, D
 - Amends the Insurance Code and creates the Mental Health and Substance Use Disorder Parity Compliance Officer to assist in enforcing compliance. Group health and accident plans must provide coverage for diagnosis and treatment of mental, emotional, nervous, or substance use disorders or conditions. Prohibits certain limits in coverage.

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Test your knowledge!

Of the pharmacy related bills before the General Assembly this past spring, what did the two environmentally related pharmacy bills do?

- A. Create a State Fund to properly dispose of pharmaceutical wastes paid by manufacturers and create a State Drug Repository.
- B. Create a State Drug Repository and an EPA Task Force to establish fines for improper drug disposal.
- C. Create a State Fund to properly dispose of pharmaceutical wastes and establish an EPA Task Force to establish fines for improper drug disposal.
- D. Establish a pharmacy take back program paid by pharmacies and create a water testing program paid for by manufacturers.



Communicating With Your Legislators

- Dress appropriately.
- Be polite.
- When you introduce yourself, tell them your address.
- Tell them a little about you.
- Talk about your issue(s).
- Keep the discussion simple (minimal details) until **THEY** dig deeper.
- Have a simple fact sheet ready to hand them.
- Stories are valuable tools in getting your message across.
- Provide your business card or add your contact info to the fact sheet.
- Thank them for their time!



Where Can You Talk With Your Legislators?

- At their home office is best!
 - There are no crowds like we see at Legislative Day or any day in the Capitol.
 - You'll have more time to convey your message.
 - It can be less formal and still be important.
 - You don't have to spend all day in the car!
- You should still try to make it to Legislative Day.
 - It demonstrates your commitment to your message.
 - It shows respect that you came to see them in action.
 - It can be a learning experience.
- Don't forget a fundraiser or two!



You Can Make A Difference!

- By knowing who your State Senator and Representative is at all times and getting to know them as soon as they are elected.
- By visiting with your State Senator and Representative every year or more frequently if possible.
- By being a member of a State pharmacy association that has boots on the ground in Springfield.
- By knowing if your State Senator or Representative is a member of a committee that hears pharmacy related bills or is a member of JCAR.
- By contributing to pharmacy related political action committee(s).
- By knowing the issues and daring to get involved.



Test Your Knowledge!

What is the most important thing you should do when meeting with your legislators?

- A. Dress properly
- B. Be Polite
- C. Keep it simple
- D. Thank them for their time

