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## Government Affairs Update No Major Damage from This Year's Session!

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by Jim Owen and Scott Meyers

May 31st came and went quite peacefully this year with an approved budget that has already been signed by Governor Rauner and there have been no significant hits to the Pharmacy Practice Act. SB3170 extends prescription life to 15 months if the physician approves and most of the rest of the bills have little impact on the overall practice of pharmacy. HB4650 grants access to the PMP to PBM and managed care pharmacists which would be the first non-prescribers or non-dispensers granted access to this clinical tool. While these pharmacists are required to notify the prescribers when a problem is identified, they are not required to do the same for the dispensers involved in the patient's care. It will be interesting to see what impact these individuals will have and how they will use their newly granted access. ICHP will request that the Department of Human Services monitor their activities closely.

The bills included in the summary below are only those bills which have or will be sent to the Governor with any impact on pharmacy or health care. The only exception is HB3479 championed by IPhA this session to regulate the managed care industry and PBMs' impact on the care of Medicaid patients. As the Governor and the Medicaid agency, the Department of Healthcare and Family Services, has moved the majority of Medicaid patients to managed care plans, pharmacies across Illinois have seen dramatic cuts in reimbursement for medications. Sometime reimbursement does not cover the actual cost of the medication, let alone pay for the rest of the pharmacy services provided. Much of the blame is rightfully placed on PBMs, often run by pharmacists, and often seen as using predatory practices that could drive independent and small pharmacy chains out of the marketplace. ICHP supports IPhA's efforts in requesting strong regulation of the PBM industry as the lack of transparency and these predatory practices have impacted our members' outpatient pharmacies with equal harm. HB3479 will continue to be discussed this summer and fall with the hope that it may move during the fall veto session. ICHP will continue to work with IPhA and other pharmacy organizations to seek regulation and transparency to help reduce overall health care costs without driving pharmacies out of business.

This summer the halls of the Capitol will be relatively quiet, but the members of the General Assembly will be out raising campaign funds and pressing the flesh with their constituents. It's a great time for you, as an advocate for your profession, to get out there and press the flesh right back. Barbecues, pig roasts, golf outings, picnics and more will be the venues for great

**Regularly Scheduled  
Network Meetings**

Chicago Area Pharmacy  
Directors Network Dinner  
3rd Thursday of Odd Months  
5:30pm

**Regularly Scheduled  
Division and  
Committee Calls**

Executive Committee  
Second Tuesday of each month  
at 7:00 p.m.

Educational Affairs  
Third Tuesday of each month at  
11:00 a.m.

Government Affairs  
Third Monday of each month at  
5:00 p.m.

Marketing Affairs  
Third Tuesday of each month at  
8:00 a.m.

Organizational Affairs  
Fourth Thursday of each month  
at 12:00 p.m.

Professional Affairs  
Fourth Thursday of each month  
at 2:00 p.m.

New Practitioner Network  
Second Thursday of each month  
at 5:30 p.m.

Technology Committee  
Second Friday of each month at  
8:00 a.m.

Chicago Area Pharmacy  
Directors Network Dinner  
Bi-monthly in odd numbered  
months with dates to be  
determined. Invitation only.

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opportunities to talk about the issues you face daily. Whether it is drug shortages, drug pricing, opioid abuse, provider status, or anything else on your personal agenda, take the time and find a chance to make a difference for pharmacy. Get out and let your legislators know that you're paying attention, that you care about your patients and all the patients in Illinois, but most importantly get out there. We can't make a difference unless they know who we are and what we stand for!

Below, as mentioned, are the bills that were passed by the House and Senate in this Spring's legislative session. Take a few minutes and get familiar with each of them.

**Final 2018 Illinois General Assembly Bill Summary**

Bill Number	Sponsor	Summary	Location	ICHP Position
SB2226	Nybo - Lombard, R	Amends the State Police Act. Provides that a physician, physician's assistant with prescriptive authority, or advanced practice registered nurse with prescriptive authority who provides a standing order or prescription for epinephrine auto-injectors in the name of the Department of State Police shall incur no civil or professional liability, except for willful and wanton conduct, as a result of any injury or death arising from the use of an epinephrine auto-injector. Amends the Illinois Police Training Act. Provides that a physician, physician's assistant with prescriptive authority, or advanced practice registered nurse with prescriptive authority who provides a standing order or prescription for epinephrine auto-injectors in the name of a local governmental agency shall incur no civil or professional liability, except for willful and wanton conduct, as a result of any injury or death arising from the use of an epinephrine auto-injector. Makes conforming changes to the Medical Practice Act of 1987 and the Public Health Standing Orders Act. Effective immediately.	Passed both chambers  05/22/2018	
SB2341	Collins – Chicago, D	Replaces everything after the enacting clause. Amends the Illinois Controlled Substances Act. Expands the existing list of specified synthetic cathinones that are Schedule I controlled substances to include any synthetic cathinone which is not	Passed by both chambers  5/25/2018	

		approved by the United States Food and Drug Administration or, if approved, is not dispensed or possessed in accordance with State or federal law. Provides that synthetic cannabinoids and piperazines are Schedule I controlled substances when they are not approved by the United States Food and Drug Administration or, if approved, is not dispensed or possessed in accordance with State or federal law. Defines "synthetic drug".		
SB2524 SAM002	Rose - Champaign, R	<p>Sen. Amendment 1: Amends the Environmental Protection Act by creating the Pharmaceutical Disposal Task Force. The task force will coordinate a statewide public information campaign to highlight the benefits and opportunities of properly disposing of pharmaceutical products. Identifies the members of the task force and responsibilities.</p> <p>Sen. Amendment 2: Added representatives of physician, coroner and pharmaceutical manufacturer to the task force.</p>	Passed both chambers  5/21/2018	Neutral
SB2889	Rose – Champaign, R	Creates the Epinephrine Administration Act. Provides that a health care practitioner may prescribe epinephrine pre-filled syringes in the name of an authorized entity where allergens capable of causing anaphylaxis may be present. Provides that an authorized entity may acquire and stock a supply of undesignated epinephrine pre-filled syringes provided the undesignated epinephrine pre-filled syringes are stored in a specified location. Requires each employee, agent, or other individual of the authorized entity to complete a specified training program before using a pre-filled syringe to administer epinephrine. Provides that a trained employee, agent, or other individual of the authorized entity may either provide or administer an epinephrine pre-filled syringe to a person whom the employee, agent, or other individual believes in good faith is experiencing anaphylaxis. Provides that training under the	Passed both chambers  5/21/2018	

		<p>Act shall be valid for 2 years. Requires the Department of Public Health to approve training programs, to list the approved programs on the Department's website, and to include links to training providers' websites on the Department's website. Contains provisions concerning costs, limitations, and rulemaking. Defines terms. Amends the School Code. In provisions concerning epinephrine administration, provides that epinephrine may be administered with a pre-filled syringe. Makes conforming changes.</p> <p>Senate Amendment 1: Changed "auto-injectors" to "injectors"</p> <p>Senate Amendment 2: Removes provision creating Epinephrine Administration Act.</p>		
SB2951	Bush - Grayslake, D	<p>Creates the Early Mental Health and Addictions Treatment Act. Requires the Department of Healthcare and Family Services, and other specified agencies and entities, to develop a pilot program under which a qualifying adolescent or young adult may receive community-based mental health treatment from a youth-focused community support team for early treatment that is specifically tailored to the needs of youth and young adults in the early stages of a serious emotional disturbance or serious mental illness. Requires the Department to apply, no later than September 30, 2019, for any necessary federal waiver or State Plan amendment to implement the pilot program. Requires the Department to implement the pilot program no later than December 31, 2019 if federal approval is not necessary. Contains provisions concerning the creation of a community-based treatment model under the pilot program; the development of a pay-for-performance payment model; Department rules to implement the pilot program; and analytics and outcomes report. Requires the Department to develop an Assertive Engagement and Community-Based Clinical Treatment Pilot Program for</p>	<p>Passed by both chambers</p> <p>5/25/2018</p>	

		individuals with opioid and other drug addictions. Contains provisions on in-office, in-home, and in-community services provided under the pilot program; application for a federal waiver or State Plan amendment to implement the pilot program; development of a pay-for-performance payment model; Department rules to implement the pilot program; and analytics and outcomes report. Effective immediately.		
SB2952	Bush – Grayslake, D	Amends the Illinois Controlled Substances Act. Provides that the Department of Human Services, in consultation with the Advisory Committee, shall adopt rules allowing licensed prescribers or pharmacists who have registered to access the Prescription Monitoring Program to authorize a licensed or non-licensed designee (rather than any designee) employed in that licensed prescriber's office or licensed pharmacist's pharmacy and who has received training in the federal Health Insurance Portability and Accountability Act to consult the Prescription Monitoring Program on their behalf. Requires the Clinical Director of the Prescription Monitoring Program to select 6 members (rather than 5 members), 3 physicians, 2 pharmacists, and one dentist, of the Prescription Monitoring Program Advisory Committee to serve as members of the peer review subcommittee. Effective immediately	Passed by both chambers  05/31/2018	
SB3015	Koehler - Peoria, D	Amends the School Code. With regard to the self-administration and self-carry of asthma medication, provides that a school district, public school, charter school, or nonpublic school may authorize a school nurse or trained personnel to (i) provide undesignated asthma medication to a student for self-administration only or to any personnel authorized under a student's Individual Health Care Action Plan or asthma action plan, plan pursuant to Section 504 of the federal Rehabilitation Act of 1973,	Passed by both chambers  5/25/2018	

		<p>or individualized education program plan to administer to the student that meets the student's prescription on file, (ii) administer an undesignated asthma medication that meets the prescription on file to any student who has an Individual Health Care Action Plan or asthma action plan, plan pursuant to Section 504 of the federal Rehabilitation Act of 1973, or individualized education program plan that authorizes the use of asthma medication; and (iii) administer an undesignated asthma medication to any person that the school nurse or trained personnel believes in good faith is having respiratory distress; defines "undesignated asthma medication" and "respiratory distress". Changes the definition of "asthma medication" to mean quick-relief asthma medication that is approved by the United States Food and Drug Administration for the treatment of respiratory distress. Provides that a school nurse or trained personnel may administer undesignated asthma medication to any person whom the school nurse or trained personnel in good faith believes to be experiencing respiratory distress (i) while in school, (ii) while at a school-sponsored activity, (iii) while under the supervision of school personnel, or (iv) before or after normal school activities. Provides that a school district, public school, charter school, or nonpublic school may maintain a supply of an asthma medication in any secure location where a person is most at risk. Provides that a training curriculum to recognize and respond to respiratory distress may be conducted online or in person. Specifies training requirements. Makes other changes. Effective immediately.</p> <p>Senate Amendment 1: Added must notify the child's health care provider AND school nurse within 24 hours after the administration of an undesignated asthma medication.</p>		
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SB3109	Martinez – Chicago, D	Amends the Department of Professional Regulation Law. Provides that the Department of Financial and Professional regulation shall allow an applicant to provide his or her individual taxpayer identification number as an alternative to provide a social security number when applying for a license. Provides that no applicant shall be denied a license solely based on his or her immigration status or citizenship status. Further amends the Pharmacy Practice Act. Removes language providing that an applicant for a registered pharmacist license shall provide evidence indicating that he or she is a United States citizen or legally admitted alien.	Passed by both chambers  5/31/2018	
SB3116	Hunter – Chicago, D	Amends the Nurse Practice Act. In provisions concerning written collaborative agreements, restores the ability of podiatric physicians to collaborate with advanced practice registered nurses. Makes other changes. Effective immediately.	Passed by both chambers  5/30/2018	
SB3170	Stadelman - Rockford, D	Amends the Pharmacy Practice Act and the Illinois Food, Drug and Cosmetic Act. Provides that a prescription for medication other than controlled substances shall be valid for up to 15 months from the date issued for the purpose of refills, unless the prescription states otherwise.	Passed by both chambers  5/21/2018	
HB3479	Feigenholtz – Chicago, D	Amends the Medical Assistance Article of the Illinois Public Aid Code. In addition to other specified actions required under the Code, requires a managed care community network that contracts with the Department of Healthcare and Family Services to establish, maintain, and provide a fair and reasonable reimbursement rate to pharmacy providers for pharmaceutical services, prescription drugs and drug products, and pharmacy or pharmacist-provided services. Provides that the reimbursement methodology shall not be less than the current reimbursement rate utilized by the Department for prescription and pharmacy or pharmacist-provided services and shall not be below the actual	On 2 <sup>nd</sup> Reading in the Senate  5/22/2018	Support

		acquisition cost of the pharmacy provider. Requires a managed care community network to ensure that the pharmacy formulary used by the managed care community network and its contract providers is no more restrictive than the Department's pharmaceutical program. Effective July 1, 2018.		
HB4096	Harris – Chicago, D	Amends the Medical Assistance Article of the Illinois Public Aid Code. Provides that the Department of Healthcare and Family Services shall require each Medicaid Managed Care Organization to list as preferred on the Medicaid Managed Care Organization's preferred drug list every pharmaceutical that is listed as preferred on the Department's preferred drug list. Provides that the Department shall not prohibit, or adopt any rules or policies that prohibit, a Medicaid Managed Care Organization from: (i) covering additional pharmaceuticals that are not listed on the Department's preferred drug list; or (ii) removing from the Medicaid Managed Care Organization's preferred drug list any prior approval requirements applicable under the Department's preferred drug list. Provides that the Department shall not require a Medicaid Managed Care Organization to utilize a single, statewide preferred drug list and shall not prohibit a plan from negotiating drug pricing concessions or rebates on any drug with pharmaceutical companies, unless otherwise required by federal law. Provides that no later than July 1, 2018, the Department shall develop a standardized format for all Medicaid Managed Care Organization preferred drug lists in cooperation with Medicaid Managed Care Organizations and stakeholders, including, but not limited to, community-based organizations, providers, and individuals or entities with expertise in drug formulary development. Requires each Medicaid Managed Care Organization to post its preferred	Passed by both chambers 5/23/2018	



		drug list on its website without restricting access to enrolled members and to update the preferred drug list posted on its website within 2 business days of making any changes to the preferred drug list, including, but not limited to, any and all changes to requirements for prior approval. Effective immediately.		
HB4146	Fine – Glenview, D	House Amendment 1 : n language providing that a health care plan is not prohibited from requiring a pharmacist to effect substitutions of prescription drugs, provides that the health care plan is not prohibited from requiring a pharmacist to effect substitutions consistent with provisions from the Pharmacy Practice Act that allow a pharmacist to substitute an interchangeable biologic for a prescribed biologic product and select a generic drug determined to be therapeutically equivalent by the United States Food and Drug Administration and in accordance with the Illinois Food, Drug and Cosmetic Act.	Passed by both chambers  5/31/2018	
HB4440	Gabel - Evanston, D	Amends the Nursing Home Care Act. Provides that the Department of Public Health shall provide facilities with educational information on all vaccines recommended by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices, including, but not limited to, the risks associated with shingles and how to protect oneself against the varicella-zoster virus. Requires a facility to distribute the information to each resident who requests the information and each newly admitted resident. Allows the facility to distribute the information to residents electronically. Effective January 1, 2019.	Passed by both chambers  5/29/2018	
HB4643	Burke - Chicago, D	Amends the Illinois Physical Therapy Act. Provides that the limitation on determining a differential diagnosis shall not in any manner limit a physical therapist from establishing a relevant diagnosis. In the definition of "documented current and relevant diagnosis" and in provisions concerning disciplinary	Passed by both chambers  5/23/2018	

		actions, removes language requiring a diagnosis to be substantiated by a physician, dentist, advanced practice registered nurse, physician assistant, or podiatric physician. Effective immediately.		
HB4650	Zalewski - Riverside, D	Amends the Illinois Controlled Substance Act. In a provision allowing pharmacists to authorize a designee to consult the Prescription Monitoring Program on their behalf, defines "pharmacist" to include, but be not limited to, a pharmacist associated with a health maintenance organization or a Medicaid managed care entity providing services under the Illinois Public Aid Code. Effective immediately.	Passed by both chambers  5/31/2018	Oppose
HB4707 House Amendment 001	Scherer - Decatur, D	House Amendment 003: Creates the Prescription Drug Task Force Act and a Prescription drug task Force with 18 members, one member from ICHP that will study the extent of over prescribing of opioids to patients and to make recommendations for future legislation to address the issue.	Passed by both chambers  5/31/2018	Neutral
HB4795	Demmer – Rochelle, R	Amends the Alcoholism and Other Drug Abuse and Dependency Act. Changes the short title of the Act to the Substance Use Disorder Act. Removes the terms "addict", "addiction", "alcoholic", "alcoholism", and "substance abuse" and their corresponding definitions. Requires the Department of Human Services to reduce the incidence of substance use disorders (rather than reduce the incidence and consequences of the abuse of alcohol and other drugs). Defines "substance use disorder". Requires the Department to design, coordinate, and fund prevention, early intervention, treatment, and other recovery support services for substance use disorders that are accessible and address the needs of at-risk individuals and their families. Requires the Department to develop a comprehensive plan on the provision of such services; assist other State agencies in developing and establishing	Passed by both chambers  5/17/2018	

		<p>substance use disorder services for the agencies' clients; adopt medical and clinical standards on how to determine a substance use disorder diagnosis; and other matters. Contains provisions concerning the licensing of substance use disorder treatment providers; licensure categories and services; the identification of individuals who need substance use disorder treatment using "SBIRT"; patients' rights; services for pregnant women, mothers, and criminal justice clients; and other matters. Repeals a provision of the Act establishing the Committee on Women's Alcohol and Substance Abuse Treatment. Repeals a provision of the Act setting forth the powers and duties of the Medical Advisory Committee. Makes conforming changes concerning the Substance Use Disorder Act to several Acts including the Department of Human Services Act, the Children and Family Services Act, and the Mental Health and Developmental Disabilities Administrative Act. Effective January 1, 2019.</p>		
HB4907	McAuliffe - Chicago, R	<p>Amends the Illinois Controlled Substances Act. Provides that the Department of Human Services, in consultation with the Advisory Committee, shall adopt rules allowing licensed prescribers or pharmacists who have registered to access the Prescription Monitoring Program to authorize a licensed or non-licensed designee (rather than any designee) employed in that licensed prescriber's office or licensed pharmacist's pharmacy and who has received training in the federal Health Insurance Portability and Accountability Act to consult the Prescription Monitoring Program on their behalf. House Amendment 1 now requires the designee in the pharmacy must be a licensed individual. Requires the Clinical Director of the Prescription Monitoring Program to select 6 members (rather than 5 members), 3 physicians, 2 pharmacists, and one dentist, of</p>	<p>Passed by both chambers  5/24/2018</p>	

		the Prescription Monitoring Program Advisory Committee to serve as members of the peer review subcommittee. Effective immediately		
HB5070	Bellock – Westmont, R	Amends the Telehealth Act. Includes clinicians licensed to provide medical services under Illinois law in the definition of "health care professional". Amendment 001: Added pharmacists and other licensed practitioners under the definition of "health care professional".	Passed by both chambers  05/18/2018	

**Senate Deadlines**

Bill Introduction: February 16, 2018  
Senate bills out of Committee: April 13, 2018  
Third Reading for Senate Bills: April 27, 2018  
House Bills out of Committee: May 11, 2018  
Third Reading House Bills: May 25, 2018  
Adjournment: May 31, 2018  
Veto Session: November 13-15 and 27-29, 2018

**House Deadlines**

Bill Introduction: February 16, 2018  
House Bills out of Committee: April 13, 2018  
Third Reading House Bills: April 27, 2018  
Senate Bills out of Committee: May 18, 2018  
Third Reading Senate Bills: May 25, 2018  
Adjournment: May 31, 2018  
Veto Session: November 13-15 and 27-29,2018

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