



March 6, 2017

**ILLINOIS HEALTH AND HOSPITAL ASSOCIATION  
STATE ADVOCACY ALERT**

**TO:** Chief Executive Officers, Member Hospitals and Health Systems  
Chief Financial Officers  
Government Relations Personnel

**FROM:** A.J. Wilhelmi, President & CEO  
Dave Gross, Senior Vice President, Government Relations

**SUBJECT: Urge Your State Representative to OPPOSE any Pharmacy Staffing/Productivity Mandate (HB2392)**

Legislation has been filed in the Illinois House that mandates staffing levels in pharmacy operations, sets limits on prescription fills per hour, and identifies parameters with regard to meal times and rest breaks for pharmacists and pharmacist assistants. As proposed, [HB2392](#), sponsored by Rep. Mary Flowers (D-31) adds unnecessary operational constraints, significantly increases costs and offers minimal evidence-based strategies for enhancing medication safety.

**If enacted, the bill's requirements would mean that a 150 bed hospital would need an estimated additional 10 FTEs of pharmacy staff in order to comply with staffing mandates.**

**ACTION REQUESTED:** Contact your state Representative and urge him/her to oppose and vote NO on [House Bill 2392](#) – and object to any state efforts to impose operational mandates on pharmacy and pharmacy professionals that ignores national best practice standards.

To look up your state Representative and her/his contact information, [click here](#), and fill in your location information in the "Find Officials" box. Or to send an email to your state Representative, [click here](#).

**Suggested Talking Points**

- **I urge you to oppose and vote NO on House Bill 2392.**
- Prescribing arbitrary and rigid “one- size-fits-all” formula for pharmacy practice across all pharmacy settings and professionals is inappropriate, inefficient and unreasonable.
- Illinois’ more than 200 hospitals specifically tailor their medication processes and pharmaceutical staffing resources to align best with the dynamic and unique needs of their patient populations.
- Hospitals already employ numerous quality checks and safeguards to assure that the right medication, reaches the right patient at the right time:

-Every organization under the state's existing Hospital Licensing Act is required to have a Pharmacy and Therapeutic Committee that oversees and evaluates all pharmacy processes from dispensing medications to patient and family teaching;  
-Majority of hospitals are invested in sophisticated electronic medical record systems that ensure the right medication to the right patient with:  
-Interfaces that provide ordering guidance to prescribers with automated safeguards that identifies drug-drug interactions, dosing errors, and possible allergic reactions prior to the order reaching the pharmacy;  
-Critical pharmacy review conducted in real time to order with ability to relay any concerning inquiries directly to prescriber.

- Every licensed health care professional, including pharmacists and pharmacist assistants, receives a background and certification check before hire and are subjected to ongoing peer review and competency and proficiency evaluations post-hire.
- Prescription/medication orders reviews are conducted at a minimum every 24 hours by nursing and pharmacy staff, with interdisciplinary rounds occurring daily at the patient's bedside to confirm therapeutic objectives and outcomes, including potential interactions.
- Hospitals employ dynamic quality and patient safety programs aimed at facilitating robust staff teams and learning environment to identify near misses, adverse events, including medication errors, and unsafe processes to prevent the occurrence of any future event.

**I ask that you oppose and vote NO on House Bill 2392.**

**If you have any questions about HB 2392, please call Cathy Grossi at 630-276-5706 or [cgrossi@team-ihastaff.org](mailto:cgrossi@team-ihastaff.org) or Nichole Magalis at 217-541-1162 or [nmagalis@team-iha.org](mailto:nmagalis@team-iha.org).**