



HJ0139

LRB099 21233 GRL 46700 r

1 HOUSE JOINT RESOLUTION

2 WHEREAS, A gap exists in Illinois in communication between
3 all healthcare providers with regards to a patient's transition
4 in care within and between healthcare practice settings,
5 including but not limited to community, health-system, and
6 long-term care; and

7 WHEREAS, When medications are discontinued, added,
8 changed, or replaced by a prescriber, the notification of the
9 change is inconsistently communicated to the next healthcare
10 provider responsible for that patient's care, including but not
11 limited to the primary care physician, pharmacist, nurse
12 practitioner, or physician's assistant; and

13 WHEREAS, This inconsistency in communication, as the
14 patient transitions in the healthcare continuum, may cause
15 medication duplications, adverse reactions, and subtherapeutic
16 or suprathapeutic dosing of medications for the treatment of
17 the patient's disease and healthcare conditions; these
18 situations may expose the patient to increased risks and costs;
19 and

20 WHEREAS, The State of Illinois maintains very little data
21 on this issue; the only available studies are extremely limited
22 in scope and pertain only to high-risk medications within a

1 connected healthcare system; and

2 WHEREAS, Each day in Illinois, thousands of medication
3 discontinuations, additions, and modifications occur; and

4 WHEREAS, When a prescriber makes any medication change, the
5 medication change should be communicated to all other
6 healthcare providers and practitioners involved in other
7 healthcare settings who use different electronic health
8 records; and

9 WHEREAS, Medication reconciliation and effective
10 communication between healthcare providers improves patient
11 outcomes and allows pharmacists to assure that patients only
12 receive current medications for the treatment of their disease
13 and health conditions; and

14 WHEREAS, Many patients have limited knowledge of the exact
15 names or doses of all of their medications and depend on the
16 medication education they receive from their pharmacist; and

17 WHEREAS, Mechanisms to enable the transmission of
18 "discontinue", "cancel", or "stop" orders through
19 interoperability of healthcare systems are being developed by
20 the relevant stakeholders; and

1 WHEREAS, Patients with chronic diseases often have
2 frequent changes to their medication regimens, which are not
3 consistently communicated to pharmacies and each has the
4 potential to cause misutilization of medications; therefore,
5 be it

6 RESOLVED, BY THE HOUSE OF REPRESENTATIVES OF THE
7 NINETY-NINTH GENERAL ASSEMBLY OF THE STATE OF ILLINOIS, THE
8 SENATE CONCURRING HEREIN, that we urge the Department of Public
9 Health to undertake a study coordinating with the University of
10 Illinois at Chicago College of Pharmacy (Chicago and Rockford
11 campuses), the Southern Illinois University Edwardsville
12 School of Pharmacy, and the Chicago State University College of
13 Pharmacy to determine the appropriateness of promoting and
14 encouraging interprofessional communication between healthcare
15 providers, be they physicians, nurse practitioners,
16 physician's assistants, or pharmacists to facilitate more
17 effective methods for transitioning care of a patient between
18 the various healthcare settings or managing their medication
19 regimens; and be it further

20 RESOLVED, That we urge the Department of Public Health to
21 examine and recommend solutions for a mechanism or process for
22 electronically-prescribed prescription orders to
23 electronically transmit "discontinuation", "cancel", or "stop"
24 notifications to the pharmacy upon discontinuation or

1 cancellation of the order; and be it further

2 RESOLVED, That we urge the Department of Public Health to
3 examine the overall benefits of mandated pharmacist-led
4 medication reconciliation upon patient entrance into a new
5 healthcare setting and patient discharge education upon
6 transition to a new healthcare setting, follow-up
7 communication with patients by healthcare providers after a
8 specified period of time after transitioning, electronic
9 communication to pharmacies whenever a change in medication
10 occurs, and use of the primary care provider as a nexus for
11 communication between healthcare providers, including
12 pharmacists, to assure a centralized medication list is
13 maintained for each patient; and be it further

14 RESOLVED, That we urge the Department of Public Health to
15 complete its study and submit its findings to the General
16 Assembly, the Governor, and the Secretary of Public Health by
17 January 1, 2017.