Louisiana Board of Pharmacy

3388 Brentwood Drive
Baton Rouge, Louisiana 70809-1700
Telephone 225.925.6496 ~ E-mail: info@pharmacy.la.gov

Board Meeting

February 19, 2019

NOTE: *Pursuant to the Open Meetings Law at La. R.S. 42:16, the Board may, upon 2/3 affirmative vote of those members present and voting, enter into executive session for the limited purposes of (1) discussion of the character, professional competence, or physical or mental health of a licensee, (2) investigative proceedings regarding allegations of misconduct, (3) strategy sessions or negotiations with respect to litigation, (4) discussions regarding personnel matters, or other purposes itemized at La. R.S. 42:17.*

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Acronyms

AACP	American Association of Colleges of Pharmacy
AAPS	American Association of Pharmaceutical Scientists
AAPT	American Association of Pharmacy Technicians
ACA	American College of Apothecaries
ACCME	Accreditation Council for Continuing Medical Education
ACCP	American College of Clinical Pharmacy
ACE	Advisory Committee on Examinations (NABP)
ACHC	Accreditation Commission for Health Care
ACPE	Accreditation Council for Pharmacy Education
ADA	American Dental Association
ADC	automated dispensing cabinet
ADS	automated dispensing system
AFDO	Association of Food & Drug Officials
AFPE	American Foundation for Pharmaceutical Education
AIHP	American Institute of the History of Pharmacy
AMA	American Medical Association
AMCP	Academy of Managed Care Pharmacy
AMS	automated medication system
APEC	Australian Pharmacy Examining Council
APhA	American Pharmacists Association
APPE	advanced pharmacy practice experience
ASAE	American Society of Association Executives
ASAP	American Society for Automation in Pharmacy
ASCP	American Society of Consultant Pharmacists
ASHP	American Society of Health-System Pharmacists
ASPEN	American Society of Parenteral & Enteral Nutrition
ASPL	American Society for Pharmacy Law
ATT	authorization to test
AVMA	American Veterinary Medical Association
AWARxE	NABP consumer protection program
BNDD	Bureau of Narcotics and Dangerous Drugs
BPS	Board of Pharmacy Specialties
CAC	Citizen Advocacy Center
CCAPP	Canadian Council for Accreditation of Pharmacy Programs
CCGP	Commission for Certification in Geriatric Pharmacy
CDC	U.S. Centers for Disease Control and Prevention
CDER	U.S. Center for Drug Evaluation and Research (FDA)
CDTM	collaborative drug therapy management
CDS	controlled dangerous substances
CE	continuing education
CFR	Code of Federal Regulations
CHPA	Consumer Healthcare Products Association
CLEAR	Council on Licensure, Enforcement and Regulation
CMI	consumer medication Information
CMS	U.S. Centers for Medicare and Medicaid Services
CPD	continuing professional development
CPhA	Canadian Pharmacists Association
CPPA	Center for Pharmacy Practice Accreditation
CPSC	U.S. Consumer Product Safety Commission

DEA	U.S. Drug Enforcement Administration
DEQ	La. Department of Environmental Quality
DME	durable medical equipment
DMEPOS	durable medical equipment, prosthetics, orthotics, and supplies
DNV	Det Norske Veritas (Norwegian accreditation organization)
DOA	La. Div. of Administration
DOA – FPC	La. Div. of Administration – Facility Planning & Control
DOA – ORM	La. Div. of Administration – Office of Risk Management
DOA – OSR	La. Div. of Administration – Office of State Register
DOA – OSRAP	La. Div. of Administration – Office of Statewide Reporting & Accounting Policy
DOE	La. Dept. of Education
DPSC	La. Dept. of Public Safety & Corrections
DSCS	La. Dept. of State Civil Service
DSM	disease state management
EDK	emergency drug kit
ELTP	Electronic Licensure Transfer Program (NABP)
EPA	U.S. Environmental Protection Agency
EPCS	Electronic Prescribing of Controlled Substances (DEA)
ETS	Educational Testing Service
EU	European Union
ExCPT	Examination for the Certification of Pharmacy Technicians
FARB	Federation of Associations of Regulatory Boards
FBI	Federal Bureau of Investigation
FD&C	Federal Food, Drug & Cosmetic Act
FDA	U.S. Food & Drug Administration
FEIS	Fiscal & Economic Impact Statement
FIP	Federation Internationale Pharmaceutique
FMI	Food Marketing Institute
FPGEC	Foreign Pharmacy Graduate Examination Committee (NABP)
FPGEE	Foreign Pharmacy Graduate Equivalency Examination (NABP)
FSBPT	Federation of State Boards of Physical Therapy
FSMB	Federation of State Medical Boards
FRC	Foreign Pharmacy Graduate Equivalency Examination Review Committee (NABP)
FTC	U.S. Federal Trade Commission
GOHSEP	Governor's Office of Homeland Security & Emergency Preparedness
GPhA	Generic Pharmaceutical Association
GPO	U.S. Government Publishing Office
gTLD	generic top level domain (Internet addresses)
HCFA	Health Care Financing Administration
HDMA	Healthcare Distribution Management Association
HIPAA	Health Insurance Portability and Accountability Act (of 1996)
HIPDB	Healthcare Integrity and Protection Data Bank
HMO	health maintenance organization
IACP	International Academy of Compounding Pharmacists
ICANN	Internet Corporation for Assigned Numbers and Names
ICPT	Institute for the Certification of Pharmacy Technicians
IDOI	Internet Drug Outlet Identification (NABP)
INEOA	International Narcotic Enforcement Officers Association
IOM	Institute of Medicine
IPPE	introductory pharmacy practice experience
IRS	U.S. Internal Revenue Service

ISMP	Institute for Safe Medication Practices
JCPP	Joint Commission of Pharmacy Practitioners
JLCB	Joint Legislative Committee on the Budget
LAC	Louisiana Administrative Code
LAMP	Louisiana Academy of Medical Psychologists
LANP	Louisiana Association of Nurse Practitioners
LAPA	Louisiana Academy of Physician Assistants
LASERS	La. State Employees Retirement System
LASIE	Louisiana Association of Self-Insured Employers
LBDDD	La. Board of Drug & Device Distributors
LBP	La. Board of Pharmacy
LDA	Louisiana Dental Association
LDAF	La. Dept. of Agriculture & Forestry
LDH	La. Dept. of Health
LDI	La. Dept. of Insurance
LDR	La. Dept. of Revenue
LFO	Legislative Fiscal Office
LHA	Louisiana Hospital Association
LIPA	Louisiana Independent Pharmacies Association
LLA	La. Legislative Auditor
LPA	Louisiana Pharmacists Association
LPC	Louisiana Pharmacy Congress
LPTA	Louisiana Physical Therapy Association
LPTB	Louisiana Physical Therapy Board
LSA	Louisiana Sheriffs' Association
LSBD	La. State Board of Dentistry
LSBME	La. State Board of Medical Examiners
LSBN	La. State Board of Nursing
LSBOE	La. State Board of Optometry Examiners
LSBPNE	La. State Board of Practical Nurse Examiners
LSBVM	La. State Board of Veterinary Medicine
LSHP	Louisiana Society of Health-System Pharmacists
LSMS	Louisiana State Medical Society
LSNA	Louisiana State Nurses Association
LTC	long term care
LTCF	long term care facility
LVMA	Louisiana Veterinary Medical Association
MPJE	Multistate Pharmacy Jurisprudence Examination (NABP)
MRC	MPJE Review Committee (NABP)
NABP	National Association of Boards of Pharmacy
NABP-F	National Association of Boards of Pharmacy Foundation
NABPLAW	National Association of Boards of Pharmacy – Law Database
NACDS	National Association of Chain Drug Stores
NADDI	National Association of Drug Diversion Investigators
NAMSDL	National Alliance for Model State Drug Laws
NAPLEX	North American Pharmacist Licensure Examination (NABP)
NAPRA	National Association of Pharmacy Regulatory Authorities (Canada)
NASCSA	National Association of State Controlled Substance Authorities
NASPA	National Alliance of State Pharmacy Associations
NASPER	National All Schedules Prescription Electronic Reporting Act
NCC MERP	National Coordinating Council for Medication Error Reporting and Prevention

NCPA	National Community Pharmacists Association
NCPDP	National Council for Prescription Drug Programs
NCPIE	National Council on Patient Information and Education
NCPO	National Conference of Pharmaceutical Organizations
NCSBN	National Council of State Boards of Nursing
NCVHS	National Committee on Vital and Health Statistics
NDC	National Drug Code
NDMA	Nonprescription Drug Manufacturing Association
NIPCO	National Institute for Pharmacist Care Outcomes
NISPC	National Institute for Standards in Pharmacist Credentialing
NOCA	National Organization for Competency Assurance
NPA	National Pharmacy Association
NPC	National Pharmaceutical Council
NPDB	National Practitioner Data Bank
NPTA	National Pharmacy Technician Association
NRC	NAPLEX Review Committee (NABP)
	Federal Nuclear Regulatory Commission
OAL	Optometry Association of Louisiana
OBRA	Omnibus Budget Reconciliation Act
OIG	Office of Inspector General
ONDCP	Office of National Drug Control Policy
ONDD	Office of Narcotics and Dangerous Drugs
OPEB	other post employment benefits
OSHA	Occupational Safety and Health Administration
PBM	pharmacy benefit management
PCAB	Pharmacy Compounding Accreditation Board
PCCA	Professional Compounding Centers of America
PCMA	Pharmaceutical Care Management Association
PCOA	Pharmacy Curriculum Outcomes Assessment (NABP)
PDMA	Prescription Drug Marketing Act
PEBC	Pharmacy Examining Board of Canada
PhRMA	Pharmaceutical Research and Manufacturers of America
PMP	Prescription Monitoring Program
PMP-i	Prescription Monitoring Program Interconnect (NABP)
PTAC	Pharmacy Technician Accreditation Commission
PTCB	Pharmacy Technician Certification Board
PTCE	Pharmacy Technician Certification Examination
PTEC	Pharmacy Technician Educators Council
PTTP	pharmacy technician training program
RFID/EPC	Radio Frequency Identification / Electronic Product Code
RS	Louisiana Revised Statutes
SAMSHA	U.S. Substance Abuse & Mental Health Services Administration
SEGBP	State Employees Group Benefit Program
TJC	The Joint Commission
TOEFL	Test of English as a Foreign Language
TOEFL iBT	Test of English as a Foreign Language Internet-based Test
TSE	Test of Spoken English
URAC	Utilization Review Accreditation Commission
USP	United States Pharmacopeia / United States Pharmacopeial Convention
USP DI	U.S. Pharmacopeia Dispensing Information
USP-NF	U.S. Pharmacopeia – National Formulary

VAWD	Verified-Accredited Wholesale Distributors (NABP)
Vet-VIPPS	Veterinary-Verified Internet Pharmacy Practice Sites (NABP)
VIPPS	Verified Internet Pharmacy Practice Sites (NABP)
VPP	Verified Pharmacy Practice (NABP)
WHO	World Health Organization
WHPA	World Health Professions Alliance

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NOTICE IS HEREBY GIVEN that a meeting of the Board has been ordered and called for 9:00 a.m. on Tuesday, February 19, 2019 at Bayou Pointe Event Center, located at 1 Warhawk Way (ULM campus) in Monroe, La. 71201, for the purpose to wit:

A G E N D A

NOTE: This agenda is tentative until 24 hours in advance of the meeting, at which time the most recent revision becomes official.

Revised 02-12-2019

1. Call to Order
2. Invocation & Pledge of Allegiance
3. Quorum Call
4. Call for Additional Agenda Items & Adoption of Agenda
5. Consideration of Minutes from Previous Meetings – November 14, 2018
6. Report on Action Items
7. Confirmation of Acts
8. Opportunity for Public Comment
9. Special Orders of the Day
10. Committee Reports
    - A. Finance – Mr. McKay
      - Review of Interim Report for Fiscal Year 2018-2019
    - B. Application Review – Mr. Soileau
      - Consideration of Committee Recommendations re Applications
    - C. Reciprocity – Mr. Cassidy
    - D. Violations – Mr. Indovina
      - Consideration of Proposed Voluntary Consent Agreements
      - Consideration of New *PPM.I.C.7.d ~ Violations Committee – Licensing Record Changes (Draft #2)*
    - E. Impairment – Ms. Hall
      - Consideration of Committee Recommendations re Applications
    - F. Reinstatement – Mr. Moore
      - Consideration of Committee Recommendations re Applications
    - G. Tripartite – Mr. Resweber
      - Consideration of Committee Recommendations
    - H. Regulation Revision – Mr. McKay
      - Consideration of *Legislative Proposal 2019-A ~ CDS Update (Draft #2)*
      - Consideration of *Legislative Proposal 2019-B ~ CBC for CDS (Draft #1)*
      - Consideration of *Legislative Proposal 2019-C ~ Access to PMP (Draft #1)*
      - Consideration of *Regulatory Proposal 2019-B ~ Marijuana Pharmacies (Draft #2)*
      - Reconsideration of *Regulatory Proposal 2018-C ~ Investigational Drugs (Draft #1)*

(cont.)

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10. Committee Reports (cont.)
    I. Executive – Mr. Aron
    - Consideration of Proposed Revision to *PPM.I.A.26 ~ Sale of CBD Oil (Guidance Document)*
    - Consideration of Proposed New *PPM.I.A.27 ~ Electronic Prior Authorizations (Rule Interpretations)*
    - Consideration of Proposed New Subsection *PPM.II.E ~ Financial Services*
    - Consideration of Proposed Revision of *PPM.II.H.2 ~ Sexual Harassment*
    - Consideration of Proposed Revision of *PPM.III.B.06 ~ Application for New Pharmacy Permit*
    - Consideration of Proposed Revision of *PPM.III.B.07 ~ Application for New Nonresident Pharmacy Permit*
    - Consideration of Proposed New Section *PPM.V ~ Prescription Monitoring Program (PMP)*
    - Consideration of Proposed Revision of Board's *Roster of Accredited Pharmacy Technician Training Programs*
    - Consideration of Annual Renewal of Contracts and Agreements
11. Staff Reports
    J. Assistant Executive Director – Mr. Fontenot
    - Consideration of Requests for Waivers from PMP Reporting Requirement

    K. General Counsel – Mr. Finalet
    - Consideration of Proposed Voluntary Consent Agreements

    L. Executive Director – Mr. Broussard
12. Request to Amend Advertising Restrictions in Marijuana Pharmacy Rule – Mr. Jesse McCormick, Capitol Partners
13. Request for Additional Time to Open Marijuana Pharmacy – Mr. Douglas Boudreaux, Hope Pharmacy [Shreveport, LA]
14. Request for Approval of Additional English Language Proficiency Examination – Ms. Cerise Santoro, International Test of English Proficiency [iTEP]
15. New Agenda Items Added During Meeting
16. Announcements
17. Adjourn

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Minutes

Regular Meeting	Wednesday, November 14, 2018 at 8:00 a.m.
&	
Administrative Hearing	Thursday, November 15, 2018 at 8:30 a.m.
Location:	Louisiana Board of Pharmacy 3388 Brentwood Drive Baton Rouge, Louisiana 70809-1700

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A regular meeting of the Louisiana Board of Pharmacy was held on Wednesday, November 14, 2018 in the Boardroom of the Louisiana Board of Pharmacy, located at 3388 Brentwood Drive in Baton Rouge, Louisiana. The meeting was held pursuant to public notice, each member received notice, and public notice was properly posted.

1. Call to Order
Mr. Carl Aron, President, called the meeting to order at 8:10 a.m.

2. Invocation & Pledge
Mr. Aron called upon Mr. Rhonny Valentine for the invocation. Mr. Don Resweber then led the group in the Pledge of Allegiance.

3. Quorum Call
Mr. Aron called upon the Secretary, Mr. Richard M. Indovina, Jr., to call the roll to establish a quorum.

Members Present:

Mr. Carl W. Aron
Mr. Allen W. Cassidy, Jr.
Dr. J. Robert Cloud
Ms. Jacqueline L. Hall
Mr. Richard M. Indovina, Jr.
Mr. Kevin LaGrange
Mr. Robert C. LeBas
Mr. Richard Mannino
Mr. Marty R. McKay
Ms. Diane G. Milano
Mr. Blake P. Pitre
Mr. Don L. Resweber
Mr. Douglas E. Robichaux
Mr. Richard A. Soileau
Dr. Raymond J. Strong
Mr. Rhonny K. Valentine

Members Absent:

Mr. Ronald E. Moore

Staff Present:

Mr. Malcolm J. Broussard, Executive Director
Mr. Carlos M. Finalet, III, General Counsel
Mr. Benjamin S. Whaley, Chief Compliance Officer

Guests:

Mr. Michael Dorman – Consultant Pharmacist to LSU Agricultural Center
Mr. Jacob Simpson – BSW, on behalf of Sterling Pharmacy
Mr. David Chauvin – Barker's Pharmacy
Ms. Laura Churns – Albertsons Pharmacies

Ms. Julie Hessick – CoverMyMeds
Mr. Johnny Garcia – AllianceRx Walgreens Prime
Dr. Monica Dziuba – Ochsner Health System
Dr. Heather Maturin – Ochsner Health System
Mr. Jacob Irving – JAM Consulting
Mr. Ricky Brown – JAM Consulting
Dr. Jessica Adams – TelePharm
Ms. Deborah Dunn – The Picard Group
Mr. Rodney Krumm – PPI
Mr. Jeenu Philip – Walgreens Pharmacies
Mr. Perry Catchings – WalMart Pharmacies
Mr. Robert Lancon – Adams & Reese
Mr. Russell Caffery – La. Independent Pharmacies Association
Dr. Dana Antoon – Channell Drugs
Mr. Matthew Naquin
Mr. Jeff Drozda – La. Association of Health Plans
Mr. Jerrett Richter – La. Independent Pharmacies Association
Mr. Eric Bopp – Bopp Law Office
Mr. Eddie Lau – RM Strategies
Mr. Ken Whittemore, Jr. – SureScripts
Mr. Wallace Luke – My CannaLog
Mr. James Smith – My CannaLog
Mr. Bud Courson – Courson Nickel
Mr. Nick Harmon – La. Independent Pharmacies Association
Mr. Randal Johnson – La. Independent Pharmacies Association

Mr. Indovina certified Mr. Moore was absent; however, the remaining 16 members were present, constituting a quorum for the conduct of official business.

4. Call for Additional Agenda Items & Adoption of Agenda
Mr. Aron asked if there were any additional agenda items, but none were requested. Without objection, the members adopted the posted agenda dated November 12, 2018. Mr. Aron requested authority to re-order the agenda as may become necessary, and there were no objections to that request.

5. Consideration of Minutes
Mr. Aron reminded the members they had received the draft minutes from the Regular Board Meeting held on August 15, 2018 in Baton Rouge, Louisiana. With no objections, he waived the reading of the draft minutes. With no requests for amendment or any objection to their approval, Mr. Aron declared the minutes were approved as presented. Mr. Indovina reminded the members to sign the Minute Book.

6. Report on Action Items
Mr. Aron called on Mr. Broussard for the report. Mr. Broussard directed the members to a copy of the report in their meeting binder. There were no questions from the members.

7. Confirmation of Acts

Pursuant to Mr. Aron's declaration that the officers, committees, and executive director had attended to the business of the Board since their last meeting in accordance with policies and procedures previously approved by the Board, Mr. Robichaux moved,

> **Resolved**, that the actions taken and decisions made by the Board officers, Board committees, and Executive Director in the general conduct and transactions of Board business since August 15, 2018 are approved, adopted, and ratified by the entire Board.

There was no member discussion or public comment. The motion was adopted after a unanimous vote in the affirmative.

8. Opportunity for Public Comment

Mr. Aron reminded the members and guests the Open Meetings Law requires all public bodies to provide an opportunity for public comment at all meetings and for each agenda item upon which a vote is to be taken. He solicited general comments on non-agenda items from the guests present, and none were offered.

** Statement of Purpose*

Mr. Aron reminded the members of the purpose and mission of the Board of Pharmacy by reciting the relevant portion of the Louisiana Pharmacy Practice Act. He urged the members to keep their legislative mandate in mind as they considered all the matters before them.

9. Special Orders of the Day

Mr. Aron reminded the members and guests of the annual election of officers usually conducted at the final meeting of the calendar year. He announced he would conduct elections for each of the five officer positions in rank order, with the newly-elected officer assuming their position immediately. Mr. Rhonny Valentine nominated the entire slate of current officers in their same positions. Mr. Aron requested additional nominations but none were offered; he then closed the nominations. Mr. Valentine moved to re-elect, by acclamation, the current slate of officers in their same positions. With no discussion or public comment, the motion was adopted after a unanimous vote in the affirmative. The following members were re-elected to officer positions:

- Mr. Carl Aron – President
- Mr. Marty McKay – First Vice President
- Ms. Jacqueline Hall – Second Vice President
- Mr. Richard Soileau – Third Vice President
- Mr. Richard Indovina – Secretary

Mr. Aron congratulated all of the officers.

10. Committee Reports

A. Finance Committee

Mr. Aron called upon Mr. Pitre for the committee report. Mr. Pitre directed the members to the *Interim Report for Fiscal Year 2018-2019* in their meeting binder. He summarized the report for the members; there were no questions. Mr. Pitre reminded the members no action was necessary for that report. He then directed the members to the *Proposed Budget Amendment*

*No. 2 for Fiscal Year 2018-201*9 in their meeting binder. He reported the committee had met the previous day to review the proposal developed by staff and had voted to recommend its approval. He then moved,

> **Resolved**, to approve and adopt the *Proposed Budget Amendment No. 2 for Fiscal Year 2018-2019*.

He described the two primary reasons for the second budget amendment – the increase in price to operate the state prescription monitoring program following the recent public bid, as well as the need to recognize the receipt and expenditure of grant funds to implement a statewide integration of the prescription monitoring program in healthcare facilities, pharmacies, and medical offices across the state. He responded to a question from one member. Several members offered comments about the increased expenditures for the state prescription monitoring program. There were no public comments. The motion was adopted after a unanimous vote in the affirmative. Mr. Pitre then directed the members to the *Proposed Budget for Fiscal Year 2019-2020* in their meeting binder. He reported the committee had reviewed the staff proposal the previous day and had voted to recommend its approval. He then moved,

> **Resolved**, to approve and adopt the *Proposed Budget for Fiscal Year 2019-2020*.

Several members offered comments about the increased expenditures for the state prescription monitoring program. There were no public comments. The motion was adopted after a unanimous vote in the affirmative.

Finally, Mr. Pitre closed his report with appreciation to the other committee members for their ongoing efforts.

B. Application Review Committee

Mr. Aron called upon Mr. Soileau for the committee report. Mr. Soileau reported the committee had not met since the previous Board meeting but would probably meet in January 2019.

C. Reciprocity Committee

Mr. Aron called upon Mr. Cassidy for the committee report. He reported the staff had evaluated 64 applications for pharmacist licensure by reciprocity since the last Board meeting and that none of them contained information that warranted a committee level review. In conformance with policies and procedures previously approved by the Board, the staff approved the applications and issued the credentials.

Finally, he closed his report with appreciation to the other committee members for their ongoing efforts.

D. Violations Committee

Mr. Aron called upon Mr. Indovina for the committee report. Mr. Indovina reported the committee held preliminary hearings on September 12 to consider their posted agenda which included nine cases: two pharmacists, two pharmacy technicians, two pharmacy technician candidates, and three pharmacy permits. After interviews and deliberations, the committee took no

action on one of the respondents. The committee also directed the inactivation of the registration for a pharmacy technician candidate they discovered was no longer enrolled in a pharmacy technician training program. On respondent failed to appear as noticed, and that case was scheduled for an administrative hearing. The committee then offered proposed voluntary consent agreements to the remaining six respondents. Mr. Indovina reported three of the respondents requested a rehearing by the committee and that request had been granted. The remaining three respondents had accepted their proposed agreements. Mr. Indovina then presented proposed consent agreements for the following respondents.

Tonisha Re'nette Sanders (CPT.011400): Mr. Indovina moved to approve the proposed voluntary consent agreement. There were no member questions or public comments. The motion was adopted after a unanimous vote in the affirmative. The Board suspended the certificate for one year and stayed the execution of the suspension, then placed the certificate on probation for one year effective November 14, 2018 subject to certain terms enumerated within the consent agreement, and further, assessed administrative costs.

Germ's Thrift Clinic Pharmacy, LLC *d/b/a* Germ's Thrift Clinic Pharmacy [Opelousas, LA] (PHY.007705): Mr. Indovina moved to approve the proposed voluntary consent agreement. There were no member questions or public comments. The motion was adopted after a unanimous vote in the affirmative. The Board assessed a fine of $7,500 plus administrative and investigative costs.

Thrift Clinic Pharmacy on Union, LLC *d/b/a* Thrift Clinic Pharmacy on Union [Opelousas, LA] (PHY.006398): Mr. Indovina moved to approve the proposed voluntary consent agreement. He replied to questions from a member. There were no public comments. The motion was adopted after a unanimous vote in the affirmative. The Board assessed a fine of $7,500 plus administrative and investigative costs.

Mr. Indovina reminded the members of a new policy they adopted at their previous meeting in August 2018 relative to the establishment of a threshold for completion of investigations of complaints received by the Board. The policy requires all cases still open 180 days after receipt by the Board to be reviewed by the chair of the violations committee. He also noted the inclusion of a new report in the executive director's report package tracking the number of cases and the number of investigations exceeding the policy threshold. He then reported the Board had opened 150 new cases since the beginning of the fiscal year and closed 122 cases. Of the cases closed, the average number of days to complete the investigation was 50 days. Five of the cases (4.1%) exceeded the policy threshold of 180 days; all five of those cases were opened in the previous fiscal year prior to the approval of the policy. He reported the Chief Compliance Officer had informed the staff of

the policy and was monitoring their performance on the policy benchmark.

Mr. Indovina reported the committee was scheduled to meet on December 5-6 to consider the 22 cases on that docket, which includes six pharmacists, nine pharmacy technicians, and seven pharmacy permits.

Finally, he concluded his report with appreciation to the other committee members for their ongoing efforts.

E. Impairment Committee

Mr. Aron called upon Ms. Hall for the committee report. Ms. Hall reported the committee met the previous day to consider 11 referrals from the staff – six applications for reinstatement of credentials, three applications for modification of previous orders, and two appearances for informal conference. Following their interviews of the applicants and subsequent deliberations, the committee granted two requests for continuances – one to an applicant for reinstatement of a pharmacist's license, and one of the pharmacists at informal conference. In addition, the committee took no action on one of the pharmacists at informal conference. Ms. Hall reported the committee developed recommendations for the eight remaining applicants, and then presented the following files to the members for their consideration.

Matthew John Guarisco (PST.014303) Ms. Hall moved to approve the proposed voluntary consent agreement. There was no member discussion or public comment. The motion was adopted after a unanimous vote in the affirmative. The Board granted the applicant's request for reinstatement of the previously suspended license, converted the duration of the suspensive period from an indefinite term to a term of five years and stayed the execution of the suspension, then placed the license on probation for five years, effective November 14, 2018, subject to certain terms enumerated within the consent agreement.

Nancy Lynn Odom (PST.014796) Ms. Hall moved to approve the proposed voluntary consent agreement. There were no member questions or public comments. The motion was adopted after a unanimous vote in the affirmative. The Board granted the applicant's request for reinstatement of the previously suspended license, contingent upon the completion of certain requirements identified within the consent agreement, converted the duration of the suspensive period from an indefinite term to a term of five years and stayed the execution of the suspension, then placed the special work permit and subsequently reinstated license on probation for five years, effective on the issuance of the special work permit, subject to certain terms enumerated within the consent agreement.

Lauren Moore Caldwell (PST.020057) Ms. Hall moved to approve the proposed voluntary consent agreement. There were no member questions or public comments. The Board granted the applicant's request for reinstatement of the previously suspended license, converted the duration of

the suspensive period from an indefinite term to a term of two years and stayed the execution of the suspension, then placed the license on probation for two years effective November 14, 2018 subject to certain terms enumerated within the consent agreement.

Jeffery Charles Pierre (PST.020332) Ms. Hall moved to approve the proposed voluntary consent agreement. There were no member questions or public comments. The Board granted the applicant's request for reinstatement of the previously suspended license, converted the duration of the suspensive period from an indefinite term to a term of five years and stayed the execution of the suspension, then placed the license on probation for five years effective November 14, 2018 subject to certain terms enumerated within the consent agreement.

Lauren Ruffino Etienne (PST.019969) Ms. Hall moved to approve the proposed voluntary consent agreement. There were no member questions or public comments. The Board granted the applicant's request for reinstatement of the previously suspended license, converted the duration of the suspensive period from an indefinite term to a term of five years and stayed the execution of the suspension, then placed the license on probation for five years effective November 14, 2018 subject to certain terms enumerated within the consent agreement.

Tiffany Cathleen Upshaw (PST.018936) Ms. Hall moved to approve the applicant's request to terminate the probationary period scheduled to conclude on November 13, 2019. There was no member discussion or public comment. The motion was adopted after a unanimous vote in the affirmative. The Board removed all probationary terms and restored the license to active and unrestricted status.

Amanda Elizabeth Shubert Balli (PST.019454) Ms. Hall moved to deny the applicant's request to terminate the probationary period scheduled to conclude on November 15, 2022, and further, to remove Article 2.e from her November 2017 Probation Order which restricts her acceptance of an appointment as the pharmacist-in-charge of a pharmacy. There was no member discussion or public comment. The motion was adopted after a unanimous vote in the affirmative. The Board denied the applicant's request for termination of probation and removed Article 2.e from her November 2017 Probation Order, allowing her to accept an appointment as the pharmacist-in-charge of a pharmacy.

Scott Nolan Gewin (PST.017104) Ms. Hall moved to grant the applicant's request to remove Article 2.e from his May 2014 Probation Order which restricts his acceptance of an appointment as the pharmacist-in-charge of a pharmacy. There was no member discussion or public comment. The motion was adopted after a unanimous vote in the affirmative. The Board removed Article 2.e from his May 2014 Probation Order, allowing him to accept an

appointment as the pharmacist-in-charge of a pharmacy.

Finally, Ms. Hall closed her report with appreciation to her fellow committee members for their work the previous day and for the ongoing staff support.

F. Reinstatement Committee

In the absence of the committee chair (Mr. Moore), Mr. Aron called upon Mr. Pitre for the committee report. Mr. Pitre reported the committee met the previous day to consider four referrals from the staff – two applications for reinstatement of lapsed pharmacy technician certificates, one application for modification of previous orders for a pharmacist on probation, and one application to return a pharmacist license currently on voluntary inactive status to active status. Following interviews and deliberations, the committee authorized the conversion of the pharmacist license on voluntary inactive status to active status without restriction. The committee developed recommendations for the remaining applications, and Mr. Pitre presented the following files to the members for their consideration.

Isabel Flores Booth (CPT.010495) Mr. Pitre moved to approve the proposed voluntary consent agreement. There was no member discussion or public comment. The motion was adopted after a unanimous vote in the affirmative. The Board granted the applicant's request for reinstatement of the previously lapsed certificate, contingent upon the completion of certain requirements identified within the consent agreement prior to November 14, 2020.

Edna Diane Johnston (CPT.005876) Mr. Pitre moved to approve the proposed voluntary consent agreement. There was no member discussion or public comment. The motion was adopted after a unanimous vote in the affirmative. The Board granted the applicant's request for reinstatement of the previously lapsed certificate, contingent upon the completion of certain requirements identified within the consent agreement prior to November 14, 2020.

Thadrian Marquis Johnson (PST.013542) Mr. Pitre moved to grant the applicant's request for modification of previous orders by removing Article 5.e from her February 2015 Probation Order which restricts her from accepting an appointment as the pharmacist-in-charge of a pharmacy. There was no member discussion or public comment. The motion was adopted after a unanimous vote in the affirmative. The Board removed Article 5.e from her February 2015 Probation Order, allowing her to accept an appointment as the pharmacist-in-charge of a pharmacy.

Mr. Pitre closed his report with appreciation to the other committee members for their work the previous day.

G. Tripartite Committee

Mr. Aron called upon Mr. Resweber for the committee report. Mr. Resweber noted the committee had not met since the previous Board meeting; however, he was planning a meeting in connection with the Board's next meeting in February 2019.

Mr. Aron declared a recess. It was noted the members recessed at 9:10 am and then reconvened at 9:30 am. Mr. Aron resumed the sequence of the posted agenda.

H. Regulation Revision Committee

Mr. Aron called upon Mr. McKay for the committee report. Mr. McKay noted that since the previous Board meeting, there had been a legislative oversight committee hearing, two public hearings, and two committee meetings. He then presented the following topics to the Board for their consideration.

Regulatory Project 2018-1 ~ Pharmacy Benefit Managers

Mr. McKay reminded the members of the October 8 legislative oversight committee hearing, at the conclusion of which the Senate Committee on Health and Welfare voted to reject the Board's proposed rule. He directed the members to a copy of that committee report in their meeting binder. Mr. Aron informed the members of a preliminary meeting held the previous week to begin work on a legislative proposal relative to regulation of pharmacy benefit managers.

Regulatory Project 2018-2 ~ Louisiana Uniform Prescription Drug Prior Authorization Form

Mr. McKay reminded the members this regulatory project had been expedited by the board president to comply with the legislatively-imposed deadline of January 1, 2019. He reported the receipt of two letters of comment during the September 28 public hearing and the staff's replies to those commentators at the president's direction. He also reported the staff's submission of the required report to the Joint Legislative Oversight Committee on Health & Welfare on October 25, a copy of which was included in their meeting binder. Finally, he informed the members of the Board's intent to publish the original proposed rule and form in the December 2018 edition of the state register with a delayed effective date of January 1, 2019.

Regulatory Project 2018-3 ~ Drugs of Concern - Naloxone

Mr. McKay reported the receipt of one letter of comment at the October 26 public hearing. Mr. Aron asked Mr. Broussard to summarize and explain the two concerns raised by the commentator. Mr. Broussard reported the commentator raised two issues: (1) There is a risk of false impression by the viewer of a naloxone transaction in the state prescription monitoring program (PMP) database, who might falsely believe the recipient of the naloxone was at risk for opiate abuse, given the legal authority for anyone to obtain

naloxone, whether they are an opioid user or a caregiver of such a person. The commentator raised the concern a caregiver might be reticent to obtain naloxone for fear of such false impression. (2) Drugs of concern require special coding in a pharmacy information system to ensure those prescription transactions are uploaded to the state PMP database along with the controlled substance transactions. There is a cost for such special coding procedures.

Following substantial discussion, the members requested staff to confirm their understanding of the PMP vendor's technical capacity to mask the identity of a recipient in a naloxone dispensing transaction viewable in the PMP database. The members also suggested that if the technical capacity could be confirmed and implemented, then no revisions to the original proposed rule were necessary, and the Board should continue with the promulgation process. Mr. McKay then moved,

> **Resolved**, to direct staff to confirm the prescription monitoring program vendor's technical capacity to mask the identity of a recipient in naloxone prescription transactions viewable in the prescription monitoring program database; and further, to reply to the commentator of the Board's decision to implement such masking technology, and further, duly note the commentator's general objection to the coding requirements for drugs of concern, and further, to inform the commentator of the Board's determination that no revisions of the original proposed rule were warranted; and further, to direct staff to compile and submit the required report to the Joint Legislative Oversight Committee on Health & Welfare.

There was no additional member discussion and no public comment. The motion was adopted after a unanimous vote in the affirmative.

Regulatory Proposal 2018-A ~ Immunizations (Draft #2)

Mr. McKay reported the committee had two separate assignments from the Board relative to immunizations and the committee combined both assignments into this single proposal. He then moved.

> **Resolved**, to approve *Regulatory Proposal 2018-A ~ Immunizations (Draft #2)*, and further, to authorize the Executive Director to promulgate the proposed rule upon the instruction of the President, and further, to authorize the President to approve acceptable amendments as may become necessary during the promulgation process.

Following substantial discussion concerning the 24-hour limit to report immunizations to the state registry, Mr. McKay moved to amend Subsection F.2 of the proposal to replace 24 hours with 72 hours, and further, to delete the second sentence relative to mass immunization events. Following additional member discussion and one public comment, the motion for the amendment was adopted after a unanimous vote in the affirmative. Mr. Aron then solicited additional discussion on the proposal as amended. There was no further member discussion or public comment. The motion for

the proposal as amended was then adopted after a unanimous vote in the affirmative.

Regulatory Proposal 2018-C ~ Investigational Drugs (Draft #1)

Mr. McKay reminded the members this item had been referred to the committee following a presentation to the Board from a hospital pharmacy seeking guidance regarding its participation in investigational drug studies. He reported the committee developed this proposal and voted to recommend its approval. Mr. McKay then moved,

> **Resolved**, to approve *Regulatory Proposal 2018-C ~ Investigational Drugs (Draft #1)*, and further, to authorize the Executive Director to promulgate the proposed rule upon the instruction of the President, and further, to authorize the President to approve acceptable amendments as may become necessary during the promulgation process.

There was no member discussion or public comment. The motion was adopted after a unanimous vote in the affirmative.

Regulatory Proposal 2018-G ~ Telepharmacy (Draft #4)

Mr. McKay reminded the members this item had been referred to the committee following a presentation from an industry stakeholder. The committee received additional information from the public during its deliberations and voted to recommend the fourth draft of the proposal to the Board. Mr. McKay then moved,

> **Resolved**, to approve *Regulatory Proposal 2018-G ~ Telepharmacy (Draft #4)*, and further, to authorize the Executive Director to promulgate the proposed rule upon the instruction of the President, and further, to authorize the President to approve acceptable amendments as may become necessary during the promulgation process.

Mr. McKay replied to questions and comments from several members; there was one public comment. The motion was adopted after a unanimous vote in the affirmative.

Regulatory Proposal 2018-H ~ Correctional Center Pharmacies (Draft #2)

Mr. McKay reminded the members of the directive from the legislature via Act 310 of the 2016 Legislature. The committee developed the proposal and recommended its approval. Mr. McKay then moved,

> **Resolved**, to approve *Regulatory Proposal 2018-H ~ Correctional Center Pharmacies (Draft #2)*, and further, to authorize the Executive Director to promulgate the proposed rule upon the instruction of the President, and further, to authorize the President to approve acceptable amendments as may become necessary during the promulgation process.

Mr. McKay replied to questions and comments from several members. Mr. LaGrange asked about the use of automated medication systems in correctional centers without on-site pharmacies. Mr. Aron indicated the

Board office had received inquiries on that point and reminded the members of the eligibility requirements for automated medication system registrations. In particular, such registrations are available to pharmacies and facilities with credentials issued by the state health department. At Mr. LaGrange's request, Mr. Aron referred Chapter 12 – Automated Medication Systems to the Regulation Revision Committee to develop a proposal authorizing placement of such systems in other locations including correctional centers without on-site pharmacies. The motion for approval of the proposal was then adopted following a unanimous vote in the affirmative.

Regulatory Proposal 2018-J ~ PMP Data Archive (Draft #1)

Mr. McKay reminded the members of the provisions of Act 188 of the 2016 Legislature authorizing the Board to archive some of the older data in the PMP database. The committee developed the proposal and recommended its approval. Mr. McKay then moved,

> **Resolved**, to approve *Regulatory Proposal 2018-J ~ PMP Data Archive (Draft #1)*, and further, to authorize the Executive Director to promulgate the proposed rule upon the instruction of the President, and further, to authorize the President to approve acceptable amendments as may become necessary during the promulgation process.

Mr. McKay replied to questions from the members; there was no public comment. The motion was adopted after a unanimous vote in the affirmative.

Regulatory Proposal 2018-K ~ Veterinary Hospital Pharmacy (Draft #2)

Mr. McKay reminded the members this item had been referred following a presentation from the LSU Veterinary Teaching Hospital and the initiation of a pilot project which had been extended and was still in place. The committee developed the proposal and recommended its approval. Mr. McKay then moved,

> **Resolved**, to approve *Regulatory Proposal 2018-K ~ Veterinary Hospital Pharmacy (Draft #2)*, and further, to authorize the Executive Director to promulgate the proposed rule upon the instruction of the President, and further, to authorize the President to approve acceptable amendments as may become necessary during the promulgation process.

There was no member discussion or public comment. The motion was adopted after a unanimous vote in the affirmative.

Regulatory Proposal 2018-L ~ Refill Dispensing (Draft #4)

Mr. McKay reminded the members this item had been requested by a previous member of the Board. Following considerable discussion, the committee voted to recommend the approval of the fourth draft of the proposal. Mr. McKay then moved,

> **Resolved**, to approve *Regulatory Proposal 2018-L ~ Refill Dispensing (Draft #4)*, and further, to authorize the Executive

Director to promulgate the proposed rule upon the instruction of the President, and further, to authorize the President to approve acceptable amendments as may become necessary during the promulgation process.

Mr. McKay replied to questions from several members; there was one public comment seeking clarification. The motion was adopted following a unanimous vote in the affirmative.

Regulatory Proposal 2018-Q ~ Examination Delays (Draft #1)

Mr. McKay reminded the members this item had been referred to the committee to reconsider the requirement for a one year wait following the third failure of a licensing examination since some candidates are able to complete their remediation in a lesser period of time. The committee developed the proposal and recommended its approval. Mr. McKay then moved,

> **Resolved**, to approve *Regulatory Proposal 2018-Q ~ Examination Delays (Draft #1)*, and further, to authorize the Executive Director to promulgate the proposed rule upon the instruction of the President, and further, to authorize the President to approve acceptable amendments as may become necessary during the promulgation process.

Mr. McKay replied to questions from members. There were no public comments. The motion was adopted after a unanimous vote in the affirmative.

Regulatory Proposal 2018-R ~ License Transfer for Pharmacy Technicians (Draft #1)

Mr. McKay reminded the members this item had been requested by a previous member of the Board. The committee felt the current rule imposes an unnecessary burden on pharmacy technicians licensed and practicing in other states who wish to relocate to Louisiana. The committee developed the proposal and recommended its approval. Mr. McKay then moved,

> **Resolved**, to approve *Regulatory Proposal 2018-R ~ License Transfer for Pharmacy Technicians (Draft #1)*, and further, to authorize the Executive Director to promulgate the proposed rule upon the instruction of the President, and further, to authorize the President to approve acceptable amendments as may become necessary during the promulgation process.

Mr. Aron and Mr. McKay replied to questions from members. There were no public comments. The motion was adopted after a unanimous vote in the affirmative.

Regulatory Proposal 2018-S ~ Continuing Education Records (Draft #1)

Mr. McKay reminded the members of the previous amendment to the technician rules updating the recordkeeping requirements for continuing education. The committee developed the proposal to make the same recordkeeping amendment for the pharmacists, and they voted to

recommend the approval of the proposal. Mr. McKay then moved,

> **Resolved**, to approve *Regulatory Proposal 2018-S ~ Continuing Education Records (Draft #1)*, and further, to authorize the Executive Director to promulgate the proposed rule upon the instruction of the President, and further, to authorize the President to approve acceptable amendments as may become necessary during the promulgation process.

Mr. McKay and Mr. Aron replied to questions from several members. There were no public comments. The motion was adopted after a unanimous vote in the affirmative.

Regulatory Proposal 2018-T ~ Epidemiologist Access to PMP (Draft #1)

Mr. McKay reminded the members of the provisions of Act 232 of the 2018 Legislature authorizing the Board to allow an epidemiologist with the state health department to have access to PMP data for public health surveillance purposes. The committee developed the proposal and voted to recommend its approval. Mr. McKay then moved,

> **Resolved**, to approve *Regulatory Proposal 2018-T ~ Epidemiologist Access to PMP (Draft #1)*, and further, to authorize the Executive Director to promulgate the proposed rule upon the instruction of the President, and further, to authorize the President to approve acceptable amendments as may become necessary during the promulgation process.

There was no member discussion or public comment. The motion was adopted after a unanimous vote in the affirmative.

Regulatory Proposal 2018-U ~ Partial Fills for Schedule II Drugs (Draft #1)

Mr. McKay reminded the members of the provisions of Act 32 of the 2018 Legislature, which amended the controlled substance law to allow for partial fills of prescriptions for all Schedule II drugs, not just the opiates currently allowed. The committee developed the proposal and voted to recommend its approval. Mr. McKay then moved,

> **Resolved**, to approve *Regulatory Proposal 2018-U ~ Partial Fills for Schedule II Drugs (Draft #1)*, and further, to authorize the Executive Director to promulgate the proposed rule upon the instruction of the President, and further, to authorize the President to approve acceptable amendments as may become necessary during the promulgation process.

Mr. McKay replied to questions from members. There was one public comment seeking clarification of the proposed rule. The motion was adopted after a unanimous vote in the affirmative.

Mr. Aron declared a luncheon recess. It was noted the members recessed at 11:35 a.m. and then reconvened at 12:35 p.m. Mr. Aron resumed the sequence of the posted agenda.

Regulatory Proposal 2018-V ~ CDS License for Third Party Logistics Providers (Draft #1)

Mr. McKay reminded the members of the provisions of Act 186 of the 2018 Legislature, which amended the controlled substance law to provide for the licensure of third party logistics providers which elect to distribute controlled substances. The committee developed the proposal to implement the legislation; it also includes several unrelated but technical changes to update the rule that was promulgated 10 years ago. Mr. McKay then moved,

> **Resolved**, to approve *Regulatory Proposal 2018-V ~ CDS License for Third Party Logistics Providers (Draft #1)*, and further, to authorize the Executive Director to promulgate the proposed rule upon the instruction of the President, and further, to authorize the President to approve acceptable amendments as may become necessary during the promulgation process.

There was no member discussion. Mr. McKay replied to one public commentator seeking clarification of the proposed rule. The motion was adopted after a unanimous vote in the affirmative.

Regulatory Proposal 2018-W ~ Rulemaking Procedures (Draft #1)

Mr. McKay reminded the members of the provisions of Act 454 of the 2018 Legislature. The committee developed the proposal and voted to recommend its approval. Mr. McKay then moved,

> **Resolved**, to approve *Regulatory Proposal 2018-W ~ Rulemaking Procedures (Draft #1)*, and further, to authorize the Executive Director to promulgate the proposed rule upon the instruction of the President, and further, to authorize the President to approve acceptable amendments as may become necessary during the promulgation process.

Mr. McKay replied to questions from the members. There were no public comments. The motion was adopted after a unanimous vote in the affirmative.

Advisory Opinion re LAC 46:LIII.1123.K.3 re Recordkeeping Requirements for Computerized Faxed Prescriptions in Pharmacy Records

Mr. McKay reminded the members this item had been referred to the committee during the previous Board meeting. Following stakeholder input and substantial discussion, the committee developed the proposed advisory opinion and voted to recommend its approval. Mr. McKay then moved,

> **Resolved**, to approve the proposed *Advisory Opinion re LAC 46:LIII.1123.K.3 re Recordkeeping Requirements for Computerized Faxed Prescriptions in Pharmacy Records*.

There was no member discussion or public comment. The motion was adopted after a unanimous vote in the affirmative.

Joint Accreditation of Interprofessional Continuing Education

Mr. McKay reminded the members this item had been referred to the committee to consider the necessity of a new rule to recognize the new credit

mark for interprofessional continuing education. The committee did not believe a rule amendment was necessary but suggested a policy recognizing that accreditation would be appropriate. The committee requested the Executive Committee develop a proposed policy for the Board's consideration. Mr. McKay indicated the Executive Committee did develop a proposed policy which would be considered later that day.

Reporting of Changes in Pharmacy Employment and Mailing Address

Mr. McKay reminded the members this item had been referred to the committee at the request of a current member of the Board, to develop a proposal requiring the Pharmacist-in-Charge to report staffing changes in the pharmacy to the Board. After considerable discussion and two draft proposals, the committee determined that additional rules were not necessary, and that the Board should enforce the rules already in place. The committee voted to return the assignment to the Board. In lieu of a regulatory proposal, the Committee recommends the Violations Committee develop a policy and procedure outlining the enforcement procedures and the sanctions to be imposed when violations of the current rule are discovered. Following substantial member discussion, Mr. Aron referred the matter to the Violations Committee to develop a policy for the Board's consideration.

Act 31 of the 2018 Legislature

Mr. McKay reminded the member of this new legislation which amended the requirements for licensure by reciprocity, removing the one year of previous practice. He reminded the members of their approval of an amendment to the existing policy on licensure by reciprocity; staff had incorporated the new legislation in that policy amendment. Further, staff already amended the licensure application package to reflect that change. Finally, there is no rule specific for reciprocity requirements, and the committee declined to offer such a proposal at this time.

Act 63 of the 2018 Legislature

Mr. McKay reminded the members of this new legislation which provides for a waiver of licensure renewal fees for pharmacist and technician military spouses. Staff developed the PST-MS classification of licensure and two pharmacists had already converted their PST license to the new classification. He reported staff was prepared to develop a CPT-MS classification but no technicians had yet requested such a change. Finally, he indicated staff would prepare a formal policy and procedure document for this licensure classification at a future date. The committee declined to offer a regulatory proposal on this topic at this time.

Act 64 of the 2018 Legislature

Mr. McKay reminded the members of this new legislation which amended the definition of the term "approved college of pharmacy" to remove a specifically-named and obsolete reference book. Since the same term does

not appear in any current rule, the committee determined no change to any rule was necessary.

Act 317 of the 2018 Legislature

Mr. McKay reminded the members of this new legislation which provides for pharmacist communication with patients, to specifically permit such communications to include information about costs of medication. The committee determined the law was sufficiently detailed that no rules were necessary to further elaborate on the law.

Finally, Mr. McKay closed his report with appreciation for the other committee members for their ongoing efforts.

I. Executive Committee

Mr. Aron reported the committee had met the previous day to consider the items on their posted agenda. He indicated Mr. McKay was prepared to offer motions on behalf of the committee.

Review of Policies & Procedures

Mr. Aron reported the staff had prepared minor revisions to the policies relative to applications for new pharmacy permits, as well as a new policy relative to inspection of nuclear pharmacy services. Mr. McKay then moved,

> **Resolved**, to approve the proposed revision to *PPM.III.B.06 ~ Application for New In-state Pharmacy Permit* for the Board's *Policy & Procedure Manual*.

There was no member discussion or public comment. The motion was adopted after a unanimous vote in the affirmative. Mr. McKay then moved,

> **Resolved**, to approve the proposed revision to *PPM.III.B.07 ~ Application for New Nonresident Pharmacy Permit* for the Board's *Policy & Procedure Manual*.

There was no member discussion or public comment. The motion was adopted after a unanimous vote in the affirmative. Mr. McKay then moved,

> **Resolved**, to approve the proposed policy *PPM.IV.B.2.g ~ Inspection of Nuclear Pharmacy Services* for the Board's *Policy & Procedure Manual*.

Mr. Aron replied to questions from two members. There was no public comment. The motion was adopted after a unanimous vote in the affirmative.

Review of Proposed Memorandum of Understanding with La. Dept. of Health

Mr. Aron reminded the members of the 2018 legislation authorizing an epidemiologist with the state health department to have access to PMP data for public health surveillance. He reported staff had been working with the department to establish the framework for the epidemiologist access and use of PMP data. The department requested the execution of a memorandum of understanding to authorize that activity. Mr. McKay then moved,

> **Resolved**, to approve the proposed *Memorandum of*

Understanding between the Board and the Bureau of Health Informatics in the Office of Public Health at the La. Dept. of Health to facilitate epidemiologist access to PMP data.

There was no member discussion or public comment. The motion was adopted after a unanimous vote in the affirmative.

Review of Proposed InterAgency Agreement with La. Dept. of Health

Mr. Aron reported the Dept. of Health had received federal grant funds for its activities related to the opioid crisis. The department contacted the Board office to discuss the feasibility of a statewide integration of the PMP Gateway and NarxCare services offered by the PMP vendor, Appriss. The department decided to allocate a portion of their grant funds to implement both services and pay the subscription costs for two years. The department requested the execution of an interagency agreement for the transfer of the funds to the board for payment to the vendor. Mr. McKay then moved,

Resolved, to approve the proposed *InterAgency Agreement between the Board and the Bureau of Community Preparedness in the Office of Public Health at the La. Dept. of Health* to facilitate the statewide integration of PMP Gateway and NarxCare.

There was no member discussion or public comment. The motion was adopted after a unanimous vote in the affirmative.

Review of Public Bid Price for Operation of Prescription Monitoring Program

Mr. Aron reminded the members of the five year limitation on contracts awarded pursuant to public bid. The contract for the current vendor, Appriss, was scheduled to terminate on November 30, 2018. He reported staff worked with the state procurement office to develop technical specifications for the invitation to bid. He reported the receipt of one bid, and it was from the current vendor. Staff reviewed the proposed bid and found the bidder to be a responsible bidder by meeting the eligibility requirements, and further, found the bid to be responsive to the technical specifications, and further, recommends the Board accept the bid. The Office of State Procurement was in the process of reviewing the proposed bid to ensure their requirements were met. He then reported the committee had reviewed the bid price and voted to recommend the acceptance of the bid and the award to Appriss. Mr. McKay then moved,

Resolved, to accept the bid for the operation of the state prescription monitoring program as responsible and responsive, and to recommend the award of the contract to Appriss, Inc.

There was no member discussion or public comment. The motion was adopted after a unanimous vote in the affirmative.

Review of Proposed Cooperative Endeavor Agreement with University of Louisiana Monroe College of Pharmacy

Mr. Aron reminded the members of their previous action to approve a Memorandum of Understanding (MOU) with the college to develop and maintain a drug price website for the Board. When the signed MOU was

sent to the university for execution, the university legal staff requested the execution of a cooperative endeavor agreement instead of the MOU. The committee reviewed the proposed agreement furnished by the university and voted to recommend its approval. Mr. McKay then moved,

> **Resolved**, to approve the *Cooperative Endeavor Agreement between the Board and the University of Louisiana Monroe College of Pharmacy* for the development and maintenance of the Board's drug price website.

There was no member discussion or public comment. The motion was adopted after a unanimous vote in the affirmative.

Proposed Advisory Opinion re Joint Accreditation of Interprofessional Continuing Education

Mr. Aron reported the committee received a request from the Regulation Revision Committee for the development of an advisory opinion. In lieu of a new rule to recognize Joint Accreditation of Interprofessional Continuing Education, the committee determined it appropriate to interpret the existing rule for continuing education such that programs meeting the accreditation standards for Joint Accreditation of Interprofessional Continuing Education are valid for the Board's continuing education requirements. Mr. McKay then moved,

> **Resolved**, to approve the proposed *Advisory Opinion re Joint Accreditation of Interprofessional Continuing Education*.

There was no member discussion or public comment. The motion was adopted after a unanimous vote in the affirmative.

Finally, Mr. Aron closed his report with appreciation for the other committee members and their work the previous day.

11. Staff Reports

J. Report of Assistant Executive Director

Mr. Aron called upon Mr. Broussard for the report. He directed the members to the quarterly report of the prescription monitoring program, detailing the prescription transaction counts as well as queries from prescribers, dispensers, and law enforcement agencies.

Mr. Broussard then directed the members to the requests from pharmacies seeking a waiver from the duty to report zero prescription transaction reports to the prescription monitoring program. Mr. Soileau then moved,

> **Resolved**, to authorize the issuance of full PMP reporting waivers to:
> > PHY.007754-NR – Alta Rx (UT);
> > PHY.007542-NR – Brookshire Pharmacy #9000 (TX);
> > PHY.007759-HOS – Byrd Regional Hospital Pharmacy (LA);
> > PHY.007753-NR – Caring Pharmacy (GA);
> > PHY.007764-NR – Crestview Pharmacy Services (AZ);
> > PHY.007789-NR – Dania Rexall (FL);

> PHY.007746-NR – Drugco Health (NC);
> PHY.007790-NR – Express Veterinary Pharmacy (AZ);
> PHY.007760-NR – Omnicare Clinical Intervention Center (SC):
> PHY.007762-NR – Optime Care (MO);
> PHY.007716-IR – Option Care (LA);
> PHY.007748-NR – Rx to Go (FL);
> PHY.007772-NR – Vet Approved Rx (TN); and
> PHY.007755-NR – WellDyne Rx (CO);

once they have executed the standard consent agreement for that purpose.

Mr. Broussard replied to a question from one member. There was no public comment. The motion was adopted after a unanimous vote in the affirmative.

Finally, Mr. Broussard indicated completion of his report.

K. Report of General Counsel

Mr. Aron called upon Mr. Finalet for the report. Mr. Finalet informed the members of a regulatory conference sponsored by the Federation of Associations of Regulatory Boards (FARB) and distributed a brochure about the conference. He then presented the following files to the members for their consideration.

Diamond Drugs, Inc. *d/b/a* Diamond Pharmacy [Indiana, PA] (PHY.004594): Mr. Indovina moved to approve the proposed voluntary consent agreement. There was no member discussion or public comment. The motion was adopted after a unanimous vote in the affirmative. The Board assessed a fine of $10,000 plus administrative and investigative costs.

Laisha Javon Duhon (CPT.013316): Mr. Indovina moved to approve the proposed voluntary consent agreement. There was no member discussion or public comment. The motion was adopted after a unanimous vote in the affirmative. The Board issued a Letter of Reprimand, and further, assessed a fine of $250 plus administrative costs.

Henry Ford Pharmacy Advantage Southfield, Inc. *d/b/a* Henry Ford Pharmacy Advantage Southfield [Rochester Hills, MI] (PHY.007154): Mr. Indovina moved to approve the proposed voluntary consent agreement. There was no member discussion or public comment. The motion was adopted after a unanimous vote in the affirmative. The Board assessed a fine of $5,000 plus administrative costs.

Steve Khai Vu (PST.015586): Mr. Indovina moved to accept the voluntary surrender of the credential. There was no member discussion or public comment. The motion was adopted after a unanimous vote in the affirmative. The Board accepted the voluntary surrender, resulting in the active suspension of the license for an indefinite period of time effective September 10, 2018.

Sydney Lee Driggers (CPT.009699): Mr. Indovina moved to approve the proposed voluntary consent agreement. There was no member discussion or public comment. The motion was adopted after a unanimous vote in the affirmative. The Board issued a Letter of Reprimand, and further, assessed a fine of $250 plus administrative costs.

Laurie Bonin Warf (CPT.002632): Mr. Indovina moved to approve the proposed voluntary consent agreement. There was no member discussion or public comment. The motion was adopted after a unanimous vote in the affirmative. The Board revoked the certificate effective September 12, 2018, and further, permanently prohibited the acceptance of any future application for the reinstatement of the certificate or for any other credential issued by the Board.

Leroy Harris, Jr. (CPT.011026): Mr. Indovina moved to approve the proposed voluntary consent agreement. There was no member discussion or public comment. The motion was adopted after a unanimous vote in the affirmative. The Board issued a Letter of Reprimand, and further, assessed a fine of $250 plus administrative costs.

Chasity Simone Tucker (CPT.012031): Mr. Indovina moved to approve the proposed voluntary consent agreement. There was no member discussion or public comment. The motion was adopted after a unanimous vote in the affirmative. The Board issued a Letter of Reprimand, and further, assessed a fine of $250 plus administrative costs.

Lydia Rose Borden (CPT.012709): Mr. Indovina moved to approve the proposed voluntary consent agreement. There was no member discussion or public comment. The motion was adopted after a unanimous vote in the affirmative. The Board issued a Letter of Reprimand, and further, assessed a fine of $250 plus administrative costs.

Danyel Deone D'Shay Wilson (CPT.011347): Mr. Indovina moved to approve the proposed voluntary consent agreement. There was no member discussion or public comment. The motion was adopted after a unanimous vote in the affirmative. The Board revoked the certificate effective October 3, 2018, and further, permanently prohibited the acceptance of any future application for the reinstatement of the certificate or for any other credential issued by the Board.

Ralph Samuel Welch, Jr. (CPT.010182): Mr. Indovina moved to approve the proposed voluntary consent agreement. There was no member discussion or public comment. The motion was adopted after a unanimous vote in the affirmative. The Board issued a Letter of Reprimand, and further, assessed a fine of $250 plus administrative costs.

Nakia Richelle Lockett (CPT.012426): Mr. Indovina moved to accept the voluntary surrender of the credential. There was no member discussion or public comment. The motion was adopted after a unanimous vote in the affirmative. The Board accepted the voluntary surrender, resulting in the active suspension of the certificate for an indefinite period of time effective October 9, 2018.

Bailey Nicole Bel (CPT.011146): Mr. Indovina moved to approve the proposed voluntary consent agreement. There was no member discussion or public comment. The motion was adopted after a unanimous vote in the affirmative. The Board revoked the certificate effective October 12, 2018, and further, permanently prohibited the acceptance of any future application for reinstatement of the certificate or for any other credential issued by the Board.

Bocage Pharmacy Centre, Inc. *d/b/a* Bocage Pharmacy Centre [Baton Rouge, LA] (CDS.039257-PHY): Mr. Indovina moved to accept the voluntary surrender of the credential. There was no member discussion or public comment. The motion was adopted after a unanimous vote in the affirmative. The Board accepted the voluntary surrender, resulting in the active suspension of the state controlled substance license for the pharmacy for an indefinite period of time effective October 30, 2018.

Brittney Kaye Burrell (CPT.010887): Mr. Indovina moved to approve the proposed voluntary consent agreement. There was no member discussion or public comment. The motion was adopted after a unanimous vote in the affirmative. The Board issued a Letter of Reprimand, and further, assessed a fine of $250 plus administrative costs.

Finally, Mr. Finalet indicated the completion of his report.

L. Report of Executive Director

Mr. Aron called upon Mr. Broussard for the report. Mr. Broussard directed the members to his report in the meeting binder. He reviewed the following topics:

- Meeting Activity
- Reports
  - Internal Reports
    - Credentials Division
      - Census Report
      - Licensure Activity Report
      - Application Activity Report
      - Exceptions Report
    - Compliance Division
      - Census Report
      - Complaint Investigation Policy Monitor

Mr. Soileau requested an overview of this new report. Mr. Broussard

reminded the members of their new policy on the topic from their previous meeting. The report monitors complaint investigations to ensure compliance with the 180-day completion threshold required by the policy.

- External Reports
  Administrative and Legislative Agency Reports

Mr. Broussard directed the members to the annual reports for Fiscal Year 2017-2018 prepared for the Board and for the prescription monitoring program. He noted those reports require Board approval to authorize their filing. Mr. McKay then moved,

> **Resolved**, to approve the *Annual Report for Fiscal Year 2017-2018 for the Board of Pharmacy*.

There was no member discussion or public comment. The motion was adopted after a unanimous vote in the affirmative. Mr. McKay then moved,

> **Resolved**, to approve the *Annual Report for Fiscal Year 2017-2018 for the Board's Prescription Monitoring Program.*

There was no member discussion or public comment. The motion was adopted after a unanimous vote in the affirmative.

- Examinations
  - MPJE
  - NAPLEX
  - ExCPT
- Operations
  - Credentials Division
  - Compliance Division
  - PMP Division
- State Activities
  - La. Legislature
- Regional & National Activities
  - National Association of Boards of Pharmacy (NABP)
  - NABP-AACP District 6
  - MALTAGON
- International Activities
  - International Pharmaceutical Federation (FIP)
  - dotPharmacy Verified Websites Program

Finally, Mr. Broussard indicated the completion of his report.

Mr. Aron declared a brief recess. It was noted the members recessed at 2:00 p.m. and then reconvened at 2:30 p.m. Mr. Aron resumed the sequence of the posted agenda.

12. Electronic Prescribing of Controlled Substances (Ken Whittemore, SureScripts)

Mr. Aron introduced Mr. Ken Whittemore, Jr., RPh, MBA, Vice President of Professional & Regulatory Affairs at SureScripts. Mr. Whittemore reviewed the current

status of electronic prescribing in the U.S., including the electronic prescribing of controlled substances. He described the process of how electronic prescriptions originate with the prescriber and are communicated to the pharmacies.

Mr. Whittemore presented Louisiana Prescriber and Pharmacy Enablement Status Report for October 2018. The report indicated there were approximately 18,218 prescribers in the state, of which 12,509 were actively e-prescribing, indicating 68.7% of physicians were enabled for e-prescribing. With respect to electronic prescribing of controlled substances, however, only 4,466 were actively e-prescribing controlled substances, indicating 24.5% of physicians were enabled for e-prescribing of controlled substances. With respect to the 1,107 pharmacies in the state, 1,083 pharmacies are actively receiving electronic prescriptions, indicating 97.8% of pharmacies were enabled for e-prescriptions. With respect to electronic prescriptions for controlled substances, 1,055 pharmacies were actively receiving e-prescriptions for controlled substances, indicating 95.3% of pharmacies are enabled for e-prescriptions of controlled substances.

Mr. Whittemore replied to questions from several members about different aspects of e-prescribing. He concluded his presentation with information about different states which had adopted legislation mandating e-prescribing of either all medications or just controlled substances.

Mr. Broussard informed the members Mr. Aron had requested Mr. Whittemore make a presentation about e-prescribing in anticipation of a legislative initiative in the 2019 or 2020 legislative session that would consider mandating e-prescribing for either all medications, controlled substances only, or some variation thereof. Mr. Aron expressed his appreciation to Mr. Whittemore for the presentation as well as his replies to the members' questions.

13. Request for Approval of Pharmacy Technician Training Program (Lamar State College, Orange, TX)

Mr. Aron asked Mr. Broussard to describe the request. Mr. Broussard directed the members to a screen shot of the school's accreditation record. Mr. McKay then moved

> **Resolved**, to approve the pharmacy technician training program at Lamar State College in Orange, TX and add the school to the Board's roster of approved pharmacy technician training programs.

There was no member discussion or public comment. The motion was adopted after a unanimous vote in the affirmative.

14. Consideration of Guidance Information re Over-the Counter Sale of CBD Oil

Mr. Aron requested Mr. Broussard to describe the request. Mr. Broussard directed the members to a guidance document on the retail sale of CBD oil products recently posted by the Ohio Board of Pharmacy. He reviewed the status of cannabidiol in federal and state law. He reported the office had received multiple requests for information on the topic from persons (including persons with credentials issued by the Board) seeking information on the legal status of the product and whether it was permissible to sell such products. Mr. Aron solicited comments from different guests interested in the topic. Following member discussion and public comment, Mr. Resweber moved,

> **Resolved**, to direct staff to issue a guidance document based on the guidance document issued by the Ohio Board of Pharmacy and

tailored to Louisiana facts.

Several members offered comments. There were no further public comments. The motion was adopted after a unanimous vote in the affirmative.

15. Request for Approval of Change in Ownership for Marijuana Pharmacy Permit

Mr. Aron invited Mr. LaGrange, a current member of the Board, to proceed to the witness table to present his request, and further, once he concluded his presentation, to then recuse himself from any decision process. Mr. LaGrange agreed, then presented his request to allow him to take an ownership position in the marijuana pharmacy permit awarded to a firm in Lafayette, La. At the conclusion of Mr. LaGrange's presentation, and at Mr. Aron's request, Mr. Broussard reminded the members of the rule and policy on ownership changes for marijuana pharmacy permits. Following a brief discussion, Mr. Soileau moved,

> **Resolved**, to approve the request from Mr. Kevin LaGrange to acquire 2.5% ownership interest in The Apothecary Shoppe, LLC *d/b/a* The Apothecary Shoppe, a firm which was awarded a permit to operate a marijuana pharmacy in Lafayette, La.

Several members offered comments, but there were no public comments. The motion was adopted after a unanimous vote in the affirmative.

Mr. Aron declared a brief recess. It was noted the members recessed at 4:20 p.m. and then reconvened at 4:45 p.m. Mr. Aron resumed the sequence of the posted agenda.

He informed the members of concerns expressed to him during the recess about the vote which occurred just prior to the recess. He indicated some members thought his final vote was on the call for the question and not the main motion. Mr. Aron indicated a motion to reconsider the vote by which the previous motion was adopted would be in order, must be made by anyone who voted in the affirmative (which was everyone), and the adoption of the motion to reconsider required a majority affirmative vote. Mr. Indovina moved to reconsider the vote by which the previous motion was adopted. The motion to reconsider was adopted after a unanimous roll call vote in the affirmative. Mr. Aron indicated the original motion to approve the request from Mr. LaGrange to acquire an ownership interest in a marijuana pharmacy permit was open for discussion. With no further discussion and no public comment, Mr. McKay requested a roll call vote. The motion was adopted following a majority vote in the affirmative; Ms. Hall and Mr. McKay objected.

16. Request to Change Maximum Amount of THC in Marijuana Products

Mr. Aron reminded the members of the request received from a private citizen expressing concern for the limitation in the Board's marijuana rules on the amount of tetrahydrocannabinol (THC) in a single dose as well as a package of marijuana products. Mr. Broussard reminded the members of the limitations in the rule which were predicated on the original set of qualifying medical conditions, which did not include the autism spectrum disorder discussed in the citizen's request. Following a brief discussion, Mr. Aron referred the request to the Board's Regulation Revision Committee with a request for expedited consideration.

17. Patient Identification Cards in Louisiana Medical Marijuana Program
Mr. Aron recognized Mr. Jesse McCormick, Mr. Jacob Irving, Mr. Eric Bopp, and Mr. Wallace Luke, all representing *MyCannaLog*. Mr. Irving began by describing what he perceived to be a shortfall of the original legislation which did not provide for a patient identification or registration system. Mr. McCormick described recent activity from the state medical board relative to proposed revisions to certain aspects of their rules for medical marijuana, including the limitation on number of patients, timeline for return visits, and the recommendation form. He also described activities in other states with medical marijuana programs which could establish a foundation for future reciprocity activities wherein patients registered in one state may be able to procure marijuana products in another state. Mr. Luke delivered a presentation describing *MyCannaLog* as a patient-centric personal health record system. At the conclusion of the presentation, Mr. Aron asked the presenters what they want from the pharmacy board. The presenter and some members believed that some legislation may be required in order to authorize rulemaking by the board. Mr. Aron referred the matter to the Regulation Revision Committee for their consideration of legislative or regulatory proposals as appropriate.

18. Request for Opinion re Physician Supervision of Pharmacy Technicians
Mr. Aron requested Mr. Broussard to describe the request. Mr. Broussard directed the members to the communications in their meeting binder. Following a brief discussion, the members requested Mr. Broussard to reply to the request by reaffirming previously issued staff guidance, such that pharmacy technicians, by law, may only practice under the direct and immediate supervision of a licensed pharmacist.

19. Request for Opinion re Compounding of Infusions by Nurse Practitioner
Mr. Aron requested Mr. Broussard to describe the request. Mr. Broussard directed the members to the information in their meeting binder, describing the historical guidance relative to compounding as agreed with the boards of nursing and pharmacy. Following a brief discussion, the members requested Mr. Broussard to reply to the request by reaffirming previously issued staff guidance, such that nurses may prepare medications for immediate administration in emergent situations. The board was not of the opinion the request described a patient care setting with emergent situations.

20. New Agenda Items Added During Meeting
There were no new agenda items added during the meeting.

21. Announcements
Mr. Aron directed the members to the announcements in their meeting binder. He announced the next meeting of the board would be held in February at the ULM campus in Monroe, La. He encouraged them to take note of the dates for all of the meetings planned for Calendar Year 2019.

22. Recess
Having completed the tasks itemized on the posted agenda, with no further business pending before the Board, and without objection, Mr. Aron recessed the meeting at 6:05 p.m.

* * * * * * *

An Administrative Hearing was convened on Thursday, November 15, 2018 in the Boardroom of the Board's office, located at 3388 Brentwood Drive in Baton Rouge, Louisiana. The hearing was held pursuant to public notice, each member received notice, each respondent received notice (unless specifically stated otherwise in the official transcript), and public notice was properly posted.

A. Call to Order
Mr. Aron called the hearing to order at 8:40 a.m.

B. Invocation & Pledge
Mr. Aron called upon Mr. Valentine, and he delivered the invocation. Dr. Robert Cloud then led the group in the Pledge of Allegiance.

C. Quorum Call
Mr. Aron called upon Secretary Indovina and he called the roll. After doing so, he certified Mr. Moore and Mr. Soileau were absent; however, the remaining 15 members were present, constituting a quorum for the conduct of official business.

D. Call for Additional Agenda Items & Adoption of Agenda
Mr. Aron asked if there were any additional agenda items, and none were requested. With no objection, the Board adopted the posted agenda, dated November 1, 2018.

E. Opportunity for Public Comment
Mr. Aron reminded the members and guests the Open Meetings Law requires all public bodies to provide an opportunity for public comment at all meetings and prior to the vote on each agenda item. He solicited general comments on non-agenda items from the guests present, and none were offered.

Appearances
Mr. Aron indicated he would serve as the Hearing Officer. Ms. Celia Cangelosi and Mr. Carlos Finalet served as Prosecuting Attorneys. Ms. Susan Erkle served as the Official Recorder, and Mr. Malcolm Broussard served as the Hearing Clerk.

Mr. Aron indicated the third case listed on the agenda, relative to Mr. Grevious, had been continued until a future date. He also informed the members the first case listed on the agenda, relative to Ms. King, originated from the Reinstatement Committee and that the remaining cases originated from the Violations Committee. He indicated he would remind the members to be recused from each of those cases at the outset of the proceedings for each case.

Without objection, Mr. Aron waived the reading of the posted agenda and instead directed the insertion thereof into these minutes. The posted agenda is re-created here.

A G E N D A

NOTE: This agenda is tentative until 24 hours in advance of the meeting, at which time the most recent revision becomes official.
Revised 11-01-2018

A. Call to Order

B. Invocation & Pledge of Allegiance

C. Quorum Call

D. Call for Additional Agenda Items & Adoption of Agenda

E. Opportunity for Public Comment

* Appearances

F. Formal Hearings

01. Case No. 18-0211 ~ CPT.008866 – Latasha Monique King

02. Case No. 18-0116 ~ PTC.025764 – Bryanna Danae' Wilridge

03. Case No. 18-0205 ~ CPT.011226 – Kyle Trumaine Grevious

04. Case No. 18-0270 ~ PTC.026695 – Kathryn Elizabeth Hutchings

G. Adjourn

F. Formal Hearings

Latasha Monique King (CPT.008866) Mr. Aron informed the members the case originated from the Reinstatement Committee, and therefore, the members of that committee present and participating in the committee's May 22, 2018 meeting would be recused from this proceeding. In particular, Mr. Cassidy, Mr. Pitre, and Mr. Valentine abstained from any participation in that case. Ms. Cangelosi appeared for the Board. The respondent, Latasha Monique King, was present and was not represented by counsel. Ms. Cangelosi informed the hearing panel she had consulted with the respondent prior to the hearing and the respondent had agreed to stipulate to the admission of several exhibits by Ms. Cangelosi. Ms. Cangelosi offered an opening statement, presented one witness and 17 exhibits. The respondent, Ms. King presented herself as a witness and no exhibits. Ms. Cangelosi then proffered proposed Findings of Facts, Conclusions of Law, and Board Order and tendered the matter to the hearing panel for its consideration. Mr. Robichaux moved to enter into executive session for the purpose of deliberating the disciplinary matter and discussing the respondent's professional competency and fitness for practice. There was no member discussion or public comment. The motion for executive session was adopted after a unanimous roll call vote in the affirmative.

It was noted the hearing panel entered into executive session at 9:35 a.m. and then reconvened at 10:25 a.m. Mr. Aron returned the hearing panel to open session; he reported no decision was made during the executive session and questioned the members as to their disposition of the case.

Mr. Indovina then moved,

> **Resolved**, that the hearing panel, having heard the testimony, considered the evidence, observed the demeanor of the witnesses and weighed the credibility of each, accept the Findings of Fact as proposed by the Prosecuting Attorney, modify them by amending Item 3 to correct the name of the drug to read 'promethazine with codeine', Item 5 to correct the number of the Exhibit to 'Board 3', Item 8 to correct the name of the drug to read 'promethazine with codeine', and Item 22 to reflect the presence of the respondent at these proceedings, adopt the amended findings as our own, and then enter them into the hearing record.

There was no member discussion or public comment. The motion was adopted after a unanimous vote in the affirmative. Mr. Indovina then moved,

> **Resolved**, that the hearing panel adopt the following Conclusions of Law and then enter them into the hearing record:
>
> Latasha Monique King failed to demonstrate and support with substantial evidence her rehabilitation from the conduct which resulted in the criminal conviction which resulted in her disciplinary history with the Board.
>
> Latasha Monique King failed to demonstrate and support with substantial evidence that the reinstatement of her Louisiana pharmacy technician certificate would not pose a danger to the public health, safety and welfare.
>
> All of the above constitutes sufficient grounds for the denial of the application for the reinstatement of Pharmacy Technician Certificate No. 8866 held by Latasha Monique King.

There was no member discussion or public comment. The motion was adopted after a unanimous vote in the affirmative. Mr. Indovina then moved,

> **Resolved**, that the hearing panel enter the following order at this time:
>
> It is ordered, adjudged, and decreed that Louisiana Pharmacy Technician Certificate No. 8866, held by Latasha Monique King, shall be, and is hereby, suspended for an indefinite period of time, effective on the entry of this order; and further, the respondent shall pay the following assessments:
>
> (1) The administrative hearing fee of $250; and
> (2) The investigative and hearing costs, including the costs of the prosecuting attorney and the official recorder; and
>
> It is further ordered, the acceptance of any future application for the reinstatement of this certificate, or any application for any other credential issued by the board, shall be conditioned upon the satisfaction of the following terms:
>
> (1) Respondent shall not submit such application until after November 1, 2020;
> (2) Respondent shall have paid all assessments levied

herein; and

(3) Respondent shall have no pending legal or disciplinary matters pending against her in any jurisdiction.

There was no member discussion or public comment. The motion was adopted after a unanimous vote in the affirmative.

Mr. Aron informed the members that both of the remaining cases originated from the Violations Committee, and therefore, the members of that committee present and participating at the committee's June 13, 2018 meeting would be recused from these proceedings. In particular, Mr. Indovina and Mr. Valentine abstained from any participation in these proceedings.

Bryanna Danae' Wilridge (PTC.025764) Mr. Finalet appeared for the Board. The respondent, Bryanna Danae' Wilridge, did not appear and was not represented by counsel. Mr. Aron ruled the hearing would proceed as noticed in the form of a default proceeding. Mr. Finalet offered an opening statement, presented no witnesses and five exhibits, and then proffered proposed Findings of Facts, Conclusions of Law, and Board Order. Mr. Finalet then tendered the matter to the hearing panel for its consideration. Dr. Strong moved to enter into executive session for the purpose of deliberating the disciplinary matter and discussing the respondent's professional competency and fitness for practice. There was no member discussion or public comment. The motion for executive session was adopted after a unanimous roll call vote in the affirmative.

It was noted the hearing panel entered into executive session at 10:40 a.m. and then reconvened at 11:00 a.m. Mr. Aron returned the hearing panel to open session; he reported no decision was made during the executive session and questioned the members as to their disposition of the case.

Ms. Milano then moved,

Resolved, that the hearing panel, having heard the testimony and considered the evidence, accept the Findings of Fact as proposed by the Prosecuting Attorney, modify them by amending Item 3 to correct the quoted statement to read, in part, "… I took 4 bottles …", adopt the amended findings as our own, and then enter them into the hearing record.

There was no member discussion or public comment. The motion was adopted after a unanimous vote in the affirmative. Ms. Milano then moved,

Resolved, that the hearing panel accept the Conclusions of Law as proposed by the Prosecuting Attorney, modify them by removing the citation referring to La. R.S. 37:1241(A)(15) and the citation referring to LAC 46:LIII.2501(A), adopt the amended conclusions as our own, and then enter them into the hearing record.

There was no member discussion or public comment. The motion was adopted after a unanimous vote in the affirmative. Ms. Milano then moved,

Resolved, that the hearing panel enter the following order at this

time:

It is ordered, adjudged, and decreed that Louisiana Pharmacy Technician Candidate Registration No. 25764, held by Bryanna Danae' Wilridge, shall be, and is hereby, revoked, effective on the entry of this order; and further, the respondent shall pay the following assessments:

(1) The administrative hearing fee of $250; and

(2) The investigative and hearing costs, including the costs of the prosecuting attorney and the official recorder; and

It is further ordered, the acceptance of any future application for the reinstatement of this registration, or any application for any other credential issued by the board, shall be conditioned upon the satisfaction of the following terms:

(1) Respondent shall have paid all assessments levied herein; and

(2) Respondent shall have no pending legal or disciplinary matters pending against her in any jurisdiction.

There was no member discussion or public comment. The motion was adopted after a unanimous vote in the affirmative.

Kathryn Elizabeth Hutchings (PTC.026695) Mr. Finalet appeared for the Board. The respondent, Kathryn Elizabeth Hutchings, did not appear and was not represented by counsel. Mr. Aron ruled the hearing would proceed as noticed in the form of a default proceeding. Mr. Finalet offered an opening statement, presented no witnesses and four exhibits, and then proffered proposed Findings of Facts, Conclusions of Law, and Board Order. Mr. Finalet then tendered the matter to the hearing panel for its consideration. Mr. McKay moved to enter into executive session for the purpose of deliberating the disciplinary matter and discussing the respondent's professional competency and fitness for practice. There was no member discussion or public comment. The motion for executive session was adopted after a unanimous roll call vote in the affirmative.

It was noted the hearing panel entered into executive session at 11:07 a.m. and then reconvened at 11:17 a.m. Mr. Aron returned the hearing panel to open session; he reported no decision was made during the executive session and questioned the members as to their disposition of the case.

Mr. McKay then moved,

Resolved, that the hearing panel, having heard the testimony and considered the evidence, accept the Findings of Fact as proposed by the Prosecuting Attorney, adopt them as our own, and then enter them into the hearing record.

There was no member discussion or public comment. The motion was adopted after a unanimous vote in the affirmative. Mr. McKay then moved,

Resolved, that the hearing panel accept the Conclusions of Law as proposed by the Prosecuting Attorney, adopt them as our own, and then enter them into the hearing record.

There was no member discussion or public comment. The motion was adopted after a unanimous vote in the affirmative. Mr. McKay then moved,

Resolved, that the hearing panel enter the following order at this time:

It is ordered, adjudged, and decreed that Louisiana Pharmacy Technician Candidate Registration No. 26695, held by Kathryn Elizabeth Hutchings, shall be, and is hereby, revoked, effective on the entry of this order; and further, the respondent shall pay the following assessments:

(3) The administrative hearing fee of $250; and

(4) The investigative and hearing costs, including the costs of the prosecuting attorney and the official recorder; and

It is further ordered, the acceptance of any future application for the reinstatement of this registration, or any application for any other credential issued by the board, shall be conditioned upon the satisfaction of the following terms:

(3) Respondent shall have paid all assessments levied herein; and

(4) Respondent shall have no pending legal or disciplinary matters pending against her in any jurisdiction.

There was no member discussion or public comment. The motion was adopted after a unanimous vote in the affirmative.

Mr. Finalet indicated completion of the cases scheduled for that day. Mr. Aron expressed his appreciation to Ms. Erkle for her recording services that day.

G. Adjourn

Having completed the tasks itemized on the posted agenda, with no further business pending before the Board, and without objection, Mr. Aron adjourned the hearing at 11:25 a.m.

Respectfully submitted,

_____

Richard M. Indovina, Jr.
Secretary

Louisiana Board of Pharmacy

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Baton Rouge, Louisiana 70809-1700
Telephone 225.925.6496 ~ E-mail: info@pharmacy.la.gov

February 19, 2019

Agenda Item 6: Report on Action Items

During the report from the Finance Committee at your last meeting on August 15, you approved *Budget Amendment No. 2 for Fiscal Year 2018-2019* as well as the *Proposed Budget for Fiscal Year 2019-2020*. We reported both budget documents to the required legislative agencies: House Health & Welfare Committee, Senate Health & Welfare Committee, Legislative Auditor, Legislative Fiscal Office, and the Joint Legislative Committee on the Budget.

During the reports from the Violations, Impairment and Reinstatement Committees, the report of General Counsel, as well as the administrative hearings, you took disciplinary action against a number of credentials. We entered those decisions in the eLicense system which enables their public access in the credential verification module of the Board's website. We filed the required reports on those actions to the NABP Disciplinary Clearinghouse and the National Practitioner Data Bank. We also published your actions in the quarterly newsletter, with the exception of those cases exempted from such publication by your policies.

During the report from the Regulation Revision Committee, you took action on one regulatory project and several regulatory proposals:

- Pursuant to your consideration of the comments and testimony from the October 26, 2018 public hearing on *Regulatory Project 2018-3 ~ Drugs of Concern – Naloxone*, you directed staff to confirm the PMP vendor's technical ability to mask the patient's name for all naloxone prescriptions in replies to queries, reply appropriately to the commentators, and then continue the promulgation process. We submitted the required report to the Joint Legislative Oversight Committee on Health & Welfare on December 3, 2018. With no legislative intervention, we published the Final Rule in the January 20, 2019 edition of the Louisiana Register with an immediate effective date. We sent electronic notices to the pharmacies about the new rule on December 3, 2018 and again on January 15, 2019.
- Act 623 of the 2018 Legislature established a new Occupational Licensing Review Commission, a new entity which must approve proposed rulemaking anticipated by occupational licensing boards controlled by active market participants. We are waiting for that commission to develop its own policies and procedures and provide guidance to the licensing boards on how to submit their documents for review. When we have the required information, we will begin the process of promulgating the following regulatory proposals you approved at your last meeting:
    - *Regulatory Proposal 2018-A ~ Immunizations (Draft #2, as amended)* to require immunizing pharmacists to report their immunizations to the state immunization registry within 72 hours.
    - *Regulatory Proposal 2018-C ~ Investigational Drugs (Draft #1)* to allow hospital pharmacies to dispense investigational drugs to all study patients even if they are not patients of that hospital. The proposal also establishes minimum standards for all pharmacies dispensing investigational drugs.
    - *Regulatory Proposal 2018-G ~ Telepharmacy (Draft #4)* to adjust the mileage radius for telepharmacy dispensing sites and to revise other licensing criteria.
    - *Regulatory Proposal 2018-H ~ Correctional Center Pharmacies (Draft #2)* to make technical changes in Chapter 18 of the Board's rules.
    - *Regulatory Proposal 2018-J ~ PMP Data Archive (Draft #1)* to allow the Board to archive dispensing transactions after five years.
    - *Regulatory Proposal 2018-K ~ Veterinary Hospital Pharmacy (Draft #2)* to provide for the duties of the pharmacist-in-charge at a veterinary hospital pharmacy located within a veterinary teaching hospital operated by a public university.

- *Regulatory Proposal 2018-L ~ Refill Dispensing (Draft #4)* to prohibit the dispensing of refills not requested by the patient or caregiver, with certain exceptions in long-term care facilities.
- *Regulatory Proposal 2018-Q ~ Examination Delays (Draft #1)* to remove the one year waiting period follow a third failure of a licensing examination for pharmacists and technicians.
- *Regulatory Proposal 2018-R ~ License Transfer for Pharmacy Technicians (Draft #1)* to simplify the process for a pharmacy technician licensed in another state to obtain licensure in this state.
- *Regulatory Proposal 2018-S ~ Continuing Education Records (Draft #1)* to relieve the pharmacist from maintaining copies of CE records at their employment sites and to require them to maintain their CE records at CPE Monitor.
- *Regulatory Proposal 2018-T ~ Epidemiologist Access to PMP (Draft #1)* to enable an epidemiologist with the state health department to have access to PMP data for public health surveillance purposes.
- *Regulatory Proposal 2018-U ~ Partial Fills for Schedule II Drugs (Draft #1)* to authorize the partial filling of prescriptions for Schedule II drugs within 30 days.
- *Regulatory Proposal 2018-V ~ CDS License for Third Party Logistics Providers (Draft #1)* to amend the rules for CDS licenses to recognize TPL providers and integrate them into existing recordkeeping and other requirements.
- *Regulatory Proposal 2018-W ~ Rulemaking Procedures (Draft #1)* to provide direction to third parties seeking rulemaking activity by the Board.

During the report from the Executive Committee, you took action on a number of different types of documents.

- You approved revisions to two policy documents relative to applications for new pharmacy permits, and you also approved a new policy relative to inspection of nuclear pharmacies. We updated the Board's *Policy & Procedure Manual* with those changes.
- You approved a proposed *Memorandum of Understanding with the La. Dept. of Health* to establish a framework for their epidemiologist to have access to PMP data for public health surveillance purposes. We executed that MOU on November 20 and the department co-signed the document on December 12.
- You approved a proposed *InterAgency Agreement with the La. Dept. of Health* to implement a statewide integration of the PMP Gateway and NarxCare to all providers across the state, using grant funds from the department. The department co-signed the document on December 3.
- You approved the single bid price for the new contract to operate the state prescription monitoring program. The state purchasing office approved the public bid and initiated a new contract effective January 1, 2019.
- You approved a proposed *Cooperative Endeavor Agreement with the ULM College of Pharmacy* to establish a new website to host drug pricing data from manufacturers. We executed that agreement on November 14, and ULM co-signed the document on November 21. ULM has executed a contract with Essential Solutions to provide their technical assistance. We received the grant funds from PhRMA in September 2018; we transmitted those funds to ULM on January 18, 2019.
- You approved a proposed advisory opinion relative to Joint Accreditation of Interprofessional Continuing Education. We posted that advisory opinion in the Public Library section of the Board's website.

During the report from the Executive Director, you approved the FY 17-18 Annual Reports for the Board of Pharmacy and the Prescription Monitoring Program. We transmitted those reports to the Office of the Governor on November 18. We then posted those reports in the Public Library section of the Board's website.

During the general information session of the Board meeting, you took the following actions:

- You approved the request for recognition from Lamar State College in Orange, TX for their nationally-accredited pharmacy technician training program. We updated your roster of approved programs and posted that roster on the Board's website.
- You approved a guidance document relative to the retail sale of CBD oil products. We distributed that guidance document to all pharmacies, pharmacists, pharmacy interns, pharmacy technicians,

pharmacy technician candidates, as well as all prescribers with CDS licenses.

- You approved a request from a Board member to allow him to assume a share of ownership of a marijuana pharmacy. That ownership change was communicated to the Board on January 28, 2019.

Finally, with respect to the action items from the 2018 Legislature, we have completed work on many items and are still in process for others. A summary is attached to this report.

Respectfully submitted,
Malcolm J Broussard
Executive Director

Louisiana Board of Pharmacy
Action Plans to Implement 2018 Legislation

Bill	Act	Topic	Citation(s)	Law Book	Rules	PPM	Guidance	Forms	Operations	Completion
HB 45	2018-186	CDS license for 3rd party logistics providers	40:961(42); 972(B)(7); 973(A)(1)	8/1/2018	Reg Prop 2018-V approved					
HB 150	2018-063	Military spouse renewal fee waiver	37:1208.1	8/1/2018	No rule required	PST-MS		#12-MS		11/1/2018
HB 151	2018-064	Definition of 'approved school of pharmacy'	37:1164(2)	8/1/2018	No rule required					11/1/2018
HB 153	2018-119	New substances to Schedules I and II	40:964	8/1/2018						8/1/2018
HB 165	2018-677	Penalties for CS violations	40:966; 967	8/1/2018						8/1/2018
HB 186	2018-199	Penalties for CS violations	40:979	8/1/2018						8/1/2018
HB 188	2018-200	Acceptance of gifts by public servants	42:1115.2				anticipated			
HB 189	2018-454	Rulemaking procedures	49:953(C)	8/1/2018	Reg Prop 2018-W approved					
HB 224	2018-203	Penalties for legend drug violations	40:1060(13); (15)	8/1/2018						8/1/2018
HB 326	2018-206	Technical corrections to practice acts	37:1164; 1182; 1226.1; 1226.2	8/1/2018						8/1/2018
HB 372	2018-623	Occupational licensing review commission	37:41-47						1/31/2019	1/31/2019
HB 579	2018-708	New indications for therapeutic marijuana	40:1046	8/1/2018						8/1/2018
HB 627	2018-496	New indications for therapeutic marijuana	40:1046	8/1/2018						8/1/2018
HB 748	2018-693	Occupational licensing review by Gov office	49:903				anticipated			
HB 823	2018-715	Delay termination date of marijuana program	40:1046(J)	8/1/2018						8/1/2018
HCR 70		Review of military licensing procedures					anticipated			
SB 27	2018-644	Nominations to Medicaid P&T Cmte	46:153.3(D)			8/15/2018				8/15/2018
SB 28	2018-219	Exemptions for veterinarians	37:1251(D); 40:978(F)(3); 978.3(E)	8/1/2018						8/1/2018
SB 29	2018-423	Uniform prior authorization form	22:1006.1; 1651(J); 46:460.33	1/20/2018	§1129 & 1130					1/1/2019
SB 40	2018-515	Consumer members to licensing boards	37:1172(A); 1174(B)	8/1/2018						8/1/2018
SB 75	2018-405	Prescriber licensing boards re PMP access	40:978(F)(2)	8/1/2018						8/1/2018
SB 90	2018-028	Voluntary nonopioid directive form	40:1156.1	8/1/2018				LDH		11/1/2018
SB 109	2018-232	Epidemiologist access to PMP	40:1007(E)(8)	8/1/2018	Reg Prop 2018-T approved					
SB 110	2018-146	PMP definition of 'drugs of concern'	40:1003(10)	8/1/2018	§2901					1/20/2019
SB 131	2018-031	Pharmacist licensure by reciprocity	37:1202; 1203	8/1/2018	No rule required					11/1/2018
SB 134	2018-032	Partial fills for all Schedule II drugs	40:978(A)	8/1/2018	Reg Prop 2018-U approved					
SB 241	2018-317	Pharmacist communication with patients	22:1657; 37:1219	8/1/2018	No rule required					11/1/2018
SB 260	2018-655	Complaints re board actions or procedures	37:23.1; 23.2						11/1/2018	11/1/2018
SB 391	2018-669	Internet filters in state agency offices							8/1/2018	8/1/2018
SB 477	2018-602	Chart orders for institutional patients	37:1164(59); 1226.4	8/1/2018	Reg Prop 2019-A in Cmte					
SCR 83		Military licensing info on website								10/1/2018

Louisiana Board of Pharmacy

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Finance Committee

NOTE: *Pursuant to the Open Meetings Law, at LRS 42:6.1, the committee may, upon 2/3 affirmative vote of those members present and voting, enter into executive session for the limited purposes of (1) discussion of the character, professional competence, or physical or mental health of a licensee, (2) investigative proceedings regarding allegations of misconduct, (3) strategy sessions or negotiations with respect to litigation, or (4) discussions regarding personnel matters.*

Louisiana Board of Pharmacy

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Finance Committee

Interim Report
Fiscal Year 2018-2019

February 19, 2019

Blake P. Pitre
Chair

Louisiana Board of Pharmacy
FY 2018-2019
Statement of Assets, Liabilities, Equity

	FY 17-18 Q4 06/30/2018	FY 18-19 Q2 12/31/2018
ASSETS & DEFERRED OUTFLOWS		
Assets		
> ***Current Assets***		
* Cash		
General Operations		
HancockWhitney Bank	245,279.77	245,403.71
Iberia Bank	932,997.64	1,335,624.35
Investment Accounts - Iberia Bank	107,440.90	247,647.86
* Total Cash & Cash Equivalents	1,285,718.31	1,828,675.92
* Accounts Receivable	17,170.00	11,520.07
* Accrued Interest Receivable	11,355.30	0.00
* Prepaid Expenses	8,154.42	2,989.10
Total Current Assets	1,322,398.03	1,843,185.09
> ***Noncurrent Assets***		
* Investment Accounts		
Iberia Bank - General Reserve Fund	1,190,485.88	1,198,639.85
Iberia Bank - OPEB Reserve Fund	1,157,538.40	1,067,819.43
Iberia Bank - Pension Reserve Fund	1,693,121.81	1,708,074.60
	4,041,146.09	3,974,533.88
* Fixed Assets		
Land: Lot 5-A, Towne Center Business Park	709,079.90	709,079.90
Land: Lot 1-A-2, Leonard Place Subdivision	295,860.00	295,860.00
Office Building - 3388 Brentwood Drive	1,065,861.29	1,354,876.72
Construction in Progress	181,353.19	0.00
Office Equipment	227,265.21	230,345.19
Furniture	173,594.14	177,074.08
Software: Licensure & Website	408,560.00	408,560.00
Accumulated Depreciation	(940,172.13)	(964,875.32)
	2,121,401.60	2,210,920.57
Total Noncurrent Assets	6,162,547.69	6,185,454.45
Total Assets	*7,484,945.72*	*8,028,639.54*
Deferred Outflows of Resources		
OPEB Reserve Fund	42,799.00	42,799.00
Pension Reserve Fund	1,227,635.00	1,227,635.00
Total Deferred Outflows of Resources	*1,270,434.00*	*1,270,434.00*
TOTAL ASSETS & DEFERRED OUTFLOWS	***8,755,379.72***	***9,299,073.54***

Louisiana Board of Pharmacy
FY 2018-2019
Statement of Assets, Liabilities, Equity

	FY 17-18 Q4 06/30/2018	FY 18-19 Q2 12/31/2018
LIABILITIES, DEFERRED INFLOWS, & EQUITY		
Liabilities		
> Current Liabilites		
Accrued salaries and benefits	41,335.18	0.00
Unemployment taxes payable	52.92	47.74
State taxes withheld	4,212.00	4,490.98
State retirement withheld	0.00	9,640.22
Deferred compensation withheld	0.00	0.00
Garnishment payable	0.00	0.00
Accounts payable	8,960.31	0.00
Compensated absences (ST)	65,024.75	65,024.75
PES fee payable	100.00	97,600.00
Contract & retainage payable	104,550.00	0.00
Total Current Liabilities	224,235.16	176,803.69
> Long Term Liabilities		
Compensated absences (LT)	62,582.46	62,582.46
Other Post Employment Benefits (OPEB) Payable	1,934,454.00	1,934,454.00
Net Pension Liability	5,455,797.00	5,455,797.00
Total Long Term Liabilities	7,452,833.46	7,452,833.46
Total Liabilities	*7,677,068.62*	*7,629,637.15*
Deferred Inflows of Resources		
OPEB Reserve Fund	106,345.00	106,345.00
Pension Reserve Fund	144,892.00	144,892.00
Total Deferred Inflows of Resources	*251,237.00*	*251,237.00*
Equity	*827,074.10*	*1,418,199.39*
TOTAL LIABILITIES, DEFERRED INFLOWS, & EQUITY	***8,755,379.72***	***9,299,073.54***

Louisiana Board of Pharmacy
Fiscal Year 2018-2019
Statement of Equity

	FY 17-18 Q4 06/30/2018	FY 18-19 Q2 12/31/2018
Balance of Equity at Beginning of Year	1,493,402.25	827,074.10
Restatement due to implementation of GASB Statement 75 ~ Accounting & Financial Reporting for OPEB	(751,686.00)	
	741,716.25	
Net Income	85,357.85	598,077.32
Balance of Equity at End of Year	827,074.10	1,425,151.42

Components of Equity:

Fund Balance at End of Prior Year	(1,596,501.35)
Fund Balance - designated	216,816.00
Invested in Fixed Assets	2,121,401.60
	741,716.25

Louisiana Board of Pharmacy
FY 2018-2019
Statement of Revenue, Expenses, and Budget Performance

Revenue

	FY 17-18 Q4 06/30/2018	FY 18-19 Q2 12/31/2018	FY 18-19 Budget (A#2)
Licensing Fees			
PST License Application Fee	179,100.00	49,500.00	180,000.00
PST License Reciprocity Application Fee	45,750.00	20,700.00	46,000.00
PST License Renewal Fee	849,150.00	794,000.00	850,000.00
PNT Registration Application Fee	2,780.00	2,930.00	3,000.00
PTC Registration Application Fee	35,075.00	13,075.00	35,000.00
CPT Certificate Application Fee	53,500.00	25,900.00	55,000.00
CPT Certificate Renewal Fee	339,100.00	10,000.00	340,000.00
PHY Permit Application & Renewal Fee	282,005.00	253,375.00	285,000.00
AMS Registration Application & Renewal Fee	22,800.00	1,650.00	23,000.00
DME Permit Application & Renewal Fee	86,750.00	79,675.00	87,000.00
EDK Permit Application & Renewal Fee	12,825.00	1,625.00	13,000.00
CDS License Application & Renewal Fee	508,855.00	228,300.00	510,000.00
Credential Reinstatement Fee	28,990.00	11,390.00	30,000.00
Delinquent Renewal Fee for Licenses (people)	13,775.00	11,525.00	13,000.00
Delinquent Renewal Fee for Permits (places)	12,117.50	2,187.50	12,000.00
Sales of Goods & Services			
Product Charge for Duplicate Credentials	4,175.00	2,235.00	4,000.00
Product Charge for Pharmacist Original Certificate	6,845.00	3,225.00	7,000.00
Product Charge for Pharmacist Silver Certificate	500.00	300.00	500.00
Product Charge for Law Book & Supplement	510.00	165.00	500.00
Product Charge for Official List of Licensees	21,000.00	13,500.00	21,000.00
Product Charge for Document Copies	862.00	152.50	900.00
Service Charge for Document Certification	5,100.00	2,380.00	5,000.00
Service Charge for Inspection Services for U.S. CPSC	0.00	3,000.00	3,000.00
Service Charge for PNT Practical Experience	530.00	150.00	200.00
Disposal of Assets	0.00	0.00	0.00
Administrative Fees			
Recovery of Bank Charges for NSF Fees	375.00	175.00	500.00
Handling & Mailing Fees	339.00	72.00	500.00
Enforcement Activities			
Administrative Hearing Fee	31,750.00	11,500.00	32,000.00
Fines	263,750.00	163,750.00	300,000.00
Cost Recoveries	17,088.97	11,172.13	17,000.00
Prescription Monitoring Program (PMP)			
PMP Assessments	555,830.00	258,525.00	560,000.00
Grants			
Private Grants	0.00	81,200.00	81,000.00
Government Grants	0.00	0.00	1,833,900.00
Miscellaneous	1,117.13	258.01	1,000.00
TOTAL REVENUE	**3,382,344.60**	**2,057,592.14**	**5,350,000.00**

Louisiana Board of Pharmacy
FY 2018-2019
Statement of Revenue, Expenses, and Budget Performance

Expenses

	FY 17-18 Q4 06/30/2018	FY 18-19 Q2 12/31/2018	FY 18-19 Budget (A#2)
Operations			
Equipment Rentals	15,668.28	7,395.54	16,000.00
Equipment Maintenance	2,307.12	2,201.88	3,000.00
Telephone	16,668.44	9,407.76	17,000.00
Printing	25,772.54	11,501.76	28,000.00
Postage	58,078.09	30,044.90	58,000.00
Dues & Subscriptions	11,670.64	9,259.66	12,000.00
Financial Service Charges	60,319.77	38,066.33	61,000.00
Office Meeting Expenses	14,465.48	1,724.71	15,000.00
Office Supply Expenses	21,530.38	12,729.63	22,000.00
Utilities	10,885.75	4,408.04	11,000.00
Civil Service Assessments (DSCS)	6,663.00	7,966.00	8,000.00
Office Insurance (ORM)	11,546.00	16,980.00	17,000.00
Depreciation of Fixed Assets	52,453.82	24,703.19	55,000.00
Acquisitions	3,049.36	5,676.36	20,000.00
Miscellaneous Expenses	0.00	0.00	0.00
Personal Services			
Salaries for Employees	1,517,733.96	758,962.14	1,745,000.00
Wages for Temporary Labor	19,370.31	6,564.89	20,000.00
Payroll Taxes (FICA & FUTA)	26,139.00	12,650.47	35,000.00
Health Insurance Premiums (SEGBP)	165,539.60	81,871.11	192,000.00
Pension Plan Premiums (LASERS)	734,659.89	240,373.55	698,000.00
Other Post-Employment Benefits (OPEB)	36,806.00	0.00	40,000.00
Board Member Per Diem	31,425.00	14,025.00	32,000.00
Professional Services			
Accounting & Expense Reimbursement	28,255.00	17,761.50	30,000.00
Legal & Expense Reimbursement	29,096.39	17,257.50	60,000.00
Information Systems	115,230.50	90,820.00	130,000.00
Prescription Monitoring Program	93,700.00	30,500.00	162,000.00
PMP Statewide Integration Project	0.00	0.00	1,833,900.00
Drug Price Transparency Website	0.00	0.00	81,000.00
Property Management	22,520.67	11,417.14	150,000.00
Staff Expenses			
Executive Director	3,634.28	2,901.29	5,000.00
General Counsel	9,616.70	8,174.99	10,000.00
Assistant Executive Director	2,843.74	3,393.94	5,000.00
Compliance Officer - Travel	3,734.72	2,938.44	6,000.00
Compliance Officer - Rental Cars	11,141.71	4,566.74	13,000.00
Compliance Officer - Fuel for Rental Cars	3,891.75	1,544.14	4,000.00
Compliance Officer - Conference Travel Expenses	8,158.21	1,615.08	12,000.00
House Staff Travel & Education	0.00	0.00	100.00
Mileage	23,111.18	10,537.02	24,000.00
Board Expenses			
Board Meetings	20,156.24	8,596.86	20,000.00
Committee Meetings	10,590.77	4,419.89	11,000.00
Conference Travel Expenses	14,865.86	7,188.03	20,000.00
President's Expenses	2,271.36	3,729.97	8,000.00
Mileage - Members & President	17,610.97	9,726.35	18,000.00
TOTAL EXPENSES	**3,263,182.48**	**1,533,601.80**	**5,708,000.00**

Louisiana Board of Pharmacy
FY 2018-2019
Summary of Income Fund Balance Changes

Summary

	FY 17-18 Q4 06/30/2018	FY 18-19 Q2 12/31/2018	FY 18-19 Budget (A#2)
Income Statement			
Total Revenue	3,382,344.60	2,057,592.14	5,350,000.00
Total Expenses	3,263,182.48	1,533,601.80	5,708,000.00
Net Ordinary Income	119,162.12	523,990.34	(358,000.00)
Other Income & Expenses			
Investments	(33,804.27)	74,086.98	0.00
Reserve Account Withdrawal		0.00	358,000.00
Net Income	85,357.85	598,077.32	0.00

	FY 17-18 Q4 06/30/2018	FY 18-19 Q2 12/31/2018	FY 18-19 Budget (A#2)
Fund Balance			
Beginning Fund Balance	1,493,402.25	827,074.10	827,074.10
Total Income	3,348,540.33	2,131,679.12	5,350,000.00
Total Expenses	3,263,182.48	1,533,601.80	5,708,000.00
GASB-75 Restatement	(751,686.00)	0.00	0.00
Ending Fund Balance	827,074.10	1,425,151.42	469,074.10
Reservations of Fund Balance	1,750,000.00	1,750,000.00	1,750,000.00
Unreserved Fund Balance	(922,925.90)	(324,848.58)	(1,280,925.90)

Notes on Reservation of Fund Balance			
Unfunded Pension Liability	1,000,000.00	1,000,000.00	1,000,000.00
Unfunded OPEB Liability	500,000.00	500,000.00	600,000.00
Compensated Absences	150,000.00	200,000.00	150,000.00
Building Renovation & Repair	100,000.00	50,000.00	0.00
Total	*1,750,000.00*	*1,750,000.00*	*1,750,000.00*

Louisiana Board of Pharmacy
FY 2018-2019
Summary of Board Actions

Date	Action
11/14/2017	Original Budget - Finance Committee Approval
11/15/2017	Original Budget - Board Approval
8/14/2018	Budget Amendment #1 - Finance Committee Approval
8/15/2018	Budget Amendment #1 - Board Approval
11/13/2018	Budget Amendment #2 - Finance Committee Approval
11/14/2018	Budget Amendment #2 - Board Approval
	Acceptance of Final Report

Investment Account ~ Portfolio Snapshots

Reserve Account

IBERIA FINANCIAL SERVICES, LLC

Holdings by Investor
H5E-049797

Prepared for: LA Board of Pharmacy

As of: 12/31/18

Core Accounts

LA Board of Pharmacy
Account Name: Louisiana Board of Pharmacy
Account Number: H5E049797
Account Type: Non-Profit Organization

ASSET	TICKER	INVESTMENT OBJECTIVE	MGT. NAME	QUANTITY	PRICE ($)	VALUE ($)
BROKERAGE MONEY MARKET		CASH	BROKERAGE MONEY MARKET	42,538.03	1.00	42,538.03
CASH		CASH		1,178.13	1.00	1,178.13
U S TREASURY NOTE	912828XH8	NON-CLASSIFIED		145,000.00	0.99	143,039.60
US TREAS INFLAT PROT	912828NM8	LONG-TERM BOND		25,000.00	1.16	29,063.06
US TREASUR NT 1.25% UST NOTE DUE 03/31/21	TSRYS44942	NON-CLASSIFIED		457,000.00	0.97	446,305.90
US TREASURY SENIOR NOTE	TSRYS44942	NON-CLASSIFIED		593,000.00	0.98	584,558.04
				Louisiana Board of Pharmacy Total:		**$1,246,682.76**
				LA Board of Pharmacy Total:		**$1,246,682.76**

OPEB Account

IBERIA FINANCIAL SERVICES, LLC

Holdings by Investor
H5E-077160

Prepared for: LA Board of Pharmacy

As of: 12/31/18

Core Accounts

LA Board of Pharmacy
Account Name: OPEB Reserve account
Account Number: H5E077160
Account Type: Non-Profit Organization

ASSET	TICKER	INVESTMENT OBJECTIVE	MGT. NAME	QUANTITY	PRICE ($)	VALUE ($)
BROKERAGE MONEY MARKET		CASH	BROKERAGE MONEY MARKET	38,820.84	1.00	38,820.84
CASH		CASH		100,429.38	1.00	100,429.38
U S TREASURY NOTE	912828XH8	NON-CLASSIFIED		61,000.00	0.99	60,175.28
US TREAS NOTE	912828TC4	INTERMEDIATE GOVERNMENT		63,000.00	0.99	62,527.50
US TREASUR NT 1.25% UST NOTE DUE 03/31/21	TSRYS44942	NON-CLASSIFIED		728,000.00	0.97	710,964.32
US TREASURY SENIOR NOTE	TSRYS44942	NON-CLASSIFIED		241,000.00	0.98	237,569.12
				OPEB Reserve account Total:		**$1,210,486.44**
				LA Board of Pharmacy Total:		**$1,210,486.44**

Pension Account

IBERIA FINANCIAL SERVICES, LLC

Holdings by Investor
H5E-102679

Prepared for: LA Board of Pharmacy

As of: 12/31/18

Core Accounts

LA Board of Pharmacy
Account Name: Pension Reserve account
Account Number: H5E102679
Account Type: Non-Profit Organization

ASSET	TICKER	INVESTMENT OBJECTIVE	MGT. NAME	QUANTITY	PRICE ($)	VALUE ($)
BROKERAGE MONEY MARKET		CASH	BROKERAGE MONEY MARKET	56,755.85	1.00	56,755.85
CASH		CASH		7,925.63	1.00	7,925.63
U S TREASURY NOTE	912828XH8	NON-CLASSIFIED		29,000.00	0.99	28,607.92
US TREASUR NT 2% UST NOTE DUE 12/31/21	912828U81	NON-CLASSIFIED		769,000.00	0.99	758,487.77
US TREASUR NT 1.25% UST NOTE DUE 03/31/21	TSRYS44942	NON-CLASSIFIED		648,000.00	0.97	632,836.37
US TREASURY N/B 1.375% 31 JAN 2021	TSRYS44942	NON-CLASSIFIED		297,000.00	0.98	291,887.65
				Pension Reserve account Total:		**$1,776,501.20**
				LA Board of Pharmacy Total:		**$1,776,501.20**

Louisiana Board of Pharmacy

3388 Brentwood Drive
Baton Rouge, Louisiana 70809-1700
Telephone 225.925.6496 ~ E-mail: info@pharmacy.la.gov

Application Review Committee

NOTE: *Pursuant to the Open Meetings Law, at LRS 42:6.1, the committee may, upon 2/3 affirmative vote of those members present and voting, enter into executive session for the limited purposes of (1) discussion of the character, professional competence, or physical or mental health of a licensee, (2) investigative proceedings regarding allegations of misconduct, (3) strategy sessions or negotiations with respect to litigation, or (4) discussions regarding personnel matters.*

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Baton Rouge, Louisiana 70809-1700
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Reciprocity Committee

NOTE: *Pursuant to the Open Meetings Law, at LRS 42:6.1, the committee may, upon 2/3 affirmative vote of those members present and voting, enter into executive session for the limited purposes of (1) discussion of the character, professional competence, or physical or mental health of a licensee, (2) investigative proceedings regarding allegations of misconduct, (3) strategy sessions or negotiations with respect to litigation, or (4) discussions regarding personnel matters.*

New Pharmacist Credentials Issued by Reciprocity
Issued Since 10/30/2018

	Applicant	*Interviewer*	*Result*		
1	Philip Bruno (NY)	Waived	PST.022787	issued	11/08/18
2	Dawood Ahmad Hamdani (TX)	Waived	PST.022790	issued	11/20/18
3	Renetta Leigharntette Brooks (FL)	Waived	PST.022791	issued	11/20/18
4	Bin Chen (MN)	Waived	PST.022793	issued	11/20/18
5	Ami Dinesh Patel (MO)	Waived	PST.022795	issued	11/27/18
6	Spencer Patrick Donovan (RI)	Waived	PST.022798	issued	11/27/18
7	Tera Morgan Minshew (MS)	Waived	PST.022800	issued	12/04/18
8	Jeffrey Christopher Garcia (NM)	Waived	PST.022806	issued	12/11/18
9	Darvin Thomas Kuruvilla Joy (MD)	Waived	PST.022808	issued	12/17/18
10	Keena L Snyder (PA)	Waived	PST.022809	issued	12/28/18
11	Austin William Ginn (NC)	Waived	PST.022812	issued	01/02/19
12	John Lee McKay (AL)	Waived	PST.022813	issued	01/02/19
13	Andrea Lynn Rambacher (MN)	Waived	PST.022814	issued	01/02/19
14	Mustafa Naimi (NY)	Waived	PST.022815	issued	01/02/19
15	Joseph Anthony Chimenti (IL)	Waived	PST.022817	issued	01/02/19
16	Lauren Marie Quinton (TN)	Waived	PST.022818	issued	01/02/19
17	Urvi Dipak Patel (FL)	Waived	PST.022819	issued	01/02/19
18	Brittany Daniell Franklin (TX)	Waived	PST.022820	issued	01/02/19
19	Diane Rene Parezo (MO)	Waived	PST.022821	issued	01/02/19
20	Jason Ryan Howard (IL)	Waived	PST.022822	issued	01/02/19
21	Julia Ann Smith (MS)	Waived	PST.022824	issued	01/02/19
22	Lyman Dale Eaton II (IN)	Waived	PST.022825	issued	01/02/19
23	Kierra Monet Dotson (OH)	Waived	PST.022826	issued	01/02/19
24	Minh Xuan Do (TX)	Waived	PST.022827	issued	01/02/19
25	Elina Delgado (TX)	Waived	PST.022828	issued	01/02/19
26	Stacy Marie Senra (MA)	Waived	PST.022829	issued	01/02/19
27	Carrol Duane McCord (MI)	Waived	PST.022830	issued	01/02/19
28	Lori Gail Schoeneweg (MI)	Waived	PST.022831	issued	01/02/19
29	Traci Renee Carpenter (KS)	Waived	PST.022832	issued	01/02/19
30	Onyeoma Joan Uyanwune (TX)	Waived	PST.022833	issued	01/02/19
31	Richard Voskoboynikov (FL)	Waived	PST.022834	issued	01/02/19
32	Amy Lin Dietzel (WI)	Waived	PST.022835	issued	01/02/19
33	Marissa Rachel Israel (AR)	Waived	PST.022836	issued	01/02/19
34	Patrice Wendy Clifford (TX)	Waived	PST.022839	issued	01/03/19
35	Jonathan Alan Hamer (TX)	Waived	PST.022840	issued	01/03/19
36	Chase Mahon Hyer (FL)	Waived	PST.022842	issued	01/10/19
37	Richard Albert Luthmann (FL)	Waived	PST.022843	issued	01/10/19
38	Erica Michelle Wright (TN)	Waived	PST.022844	issued	01/10/19
39	Neil Francis Welch (MA)	Waived	PST.022845	issued	01/10/19
40	Emily Caroline Prabhu (IN)	Waived	PST.022846	issued	01/10/19
41	Robert John Pinos (PA)	Waived	PST.022847	issued	01/10/19
42	Caitlin Elizabeth McCarthy (MA)	Waived	PST.022848	issued	01/10/19
43	Justin Avery Acri (OH)	Waived	PST.022849	issued	01/14/19
44	Vu Thanh Quoc Lam (FL)	Waived	PST.022850	issued	01/14/19
45	Mario Everardo Coronado (MO)	Waived	PST.022851	issued	01/14/19
46	Lenee Andrea Lane (OK)	Waived	PST.022852	issued	01/14/19
47	Ancong Shen (CA)	Waived	PST.022853	issued	01/14/19
48	Ashley Avril Jarrell (TX)	Waived	PST.022854	issued	01/14/19
49	Kenneth Norman Kellow lll (CO)	Waived	PST.022855	issued	01/14/19
50	Jeremy Myron Mueller (SC)	Waived	PST.022857	issued	01/28/19
51	Parag D. Choksi (IL)	Waived	PST.022858	issued	01/28/19
52	Michael Berg Astrup (MN)	Waived	PST.022859	issued	01/29/19
53	Ray Keat Haley Jr. (TX)	Waived	PST.022861	issued	01/29/19

Total: 53

Louisiana Board of Pharmacy

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Violations Committee

NOTE: *Pursuant to the Open Meetings Law, at LRS 42:6.1, the committee may, upon 2/3 affirmative vote of those members present and voting, enter into executive session for the limited purposes of (1) discussion of the character, professional competence, or physical or mental health of a licensee, (2) investigative proceedings regarding allegations of misconduct, (3) strategy sessions or negotiations with respect to litigation, or (4) discussions regarding personnel matters.*

Louisiana Board of Pharmacy **Policies & Procedures**

Title: Violations Committee – Licensing Record Changes Policy No. I.C.7.d

Approved: **Draft #2** Revised:

1. The statutory requirement for pharmacists, pharmacy interns, pharmacy technicians, and pharmacy technician candidates to notify the Board of changes in mailing address within a certain time frame is found at La. R.S. 37:1214.

   A. The rule requiring pharmacists to notify the Board of changes in mailing address within 10 days is found at LAC 46:LIII.509.

   B. The rule requiring pharmacy interns to notify the Board of changes in mailing address within 10 days is found at LAC 46:LIII.703.A.3.

   C. The rule requiring pharmacy technicians to notify the Board of changes in mailing address within 10 days is found at LAC 46:LIII.905.B.4.

   D. The rule requiring pharmacy technician candidates to notify the Board of changes in mailing address within 10 days is found at LAC 46:LIII.903.A.3.e.

2. In the event staff discovers noncompliance with the requirement to notify the Board of changes in mailing address within the time frames specified in the Board's rules, the staff shall determine whether the office received the required notice from the licensee. In the event the office has no record of the required notice from the licensee, the staff shall open a case record in the Enforcement module of eLicense.

3. Staff shall consider the following potential charges and enter them as appropriate.

   A. **La. R.S. 37:1241(A)(22)** – Has failed to furnish to the board, its investigators, or representatives any information legally requested by the board. [*This charge shall be applicable when a licensee fails to notify the Board of changes in mailing address within the 10-day time frame specified in the Board's rules.*]

   B. **LAC 46:LIII.509** – A licensed pharmacist shall notify the board within 10 days, with documentation, attesting to any change of mailing and/or home address. This documented notice shall include the pharmacist's full name and license number, and the old and new address.

   C. **LAC 46:LIII.703.A.3** – A pharmacy intern shall notify the board in writing within 10 days of a change of address. This notice shall include the pharmacy intern's name, registration number, and old and new addresses.

   D. **LAC 46:LIII.905.B.4** – A pharmacy technician shall notify the board, in writing, no later than 10 days following a change of mailing address. The written notice shall include the technician's name, certificate number, and old and new addresses.

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E. **LAC 46:LIII.903.A.3.e** – A pharmacy technician candidate shall notify the board, in writing, no later than 10 days following a change of mailing address. The written notice shall include the candidate's name, registration number, and old and new addresses.

4. In the absence of any prior alleged violation of the requirement to notify the Board of changes in mailing address, staff shall prepare a proposed citation for consideration by the licensee.

A. The proposed citation shall identify the appropriate charge(s) based upon the facts of the case.

B. For the failure to notify the Board of a change in mailing address within 10 days following such change, the citation shall propose a fine of $25.00.

C. The citation shall offer the licensee both of the following options:

(1) Licensee may consent to the citation by signing it and returning it to the Board office with payment.

(2) Licensee may contest the citation by returning the citation to the Board office and requesting an informal conference with the Violations Committee.

D. Citations consented to by the licensee shall be reported to the Board during the next meeting but shall not be published in the Board's newsletter.

E. Citations consented to by the licensee shall not be considered disciplinary actions, and shall not be reported to the NABP Disciplinary Clearinghouse or the National Practitioner Data Bank.

6. In the event there have been previous citations, but no consent agreements, for the failure to notify the Board of changes in mailing address, staff shall prepare a proposed voluntary consent agreement for consideration by the licensee.

A. The proposed voluntary consent agreement shall identify the appropriate charge(s) based upon the facts of the case.

B. For the failure to notify the Board of a change in mailing address within 10 days following such change, the agreement shall propose a Letter of Warning, the administrative hearing fee of $250, and recovery of staff costs.

C. The proposed voluntary consent agreement shall offer the licensee both of the following options:

(1) Licensee may consent to the proposed voluntary consent agreement by signing it and returning it to the Board office with payment.

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(2) Licensee may contest the proposed voluntary consent agreement by returning it unsigned to the Board office and requesting an informal conference with the Violations Committee.

D. Proposed voluntary consent agreements accepted by the licensee shall be presented to the Board for its approval.

E. Consent agreements approved by the Board containing a Letter of Warning shall not be published in the Board's newsletter unless specifically requested by the Board.

F. Consent agreements approved by the Board shall be reported to the NABP Disciplinary Clearinghouse and the National Practitioner Data Bank.

7. In the event staff discovers noncompliance with the requirement to report changes in mailing address to the Board by a licensee with a previous consent agreement for the same violation, staff shall not offer a citation or consent agreement, but shall refer the case to the Violations Committee for its consideration of the case.

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Louisiana Board of Pharmacy
Compliance Division

Complaint Investigation Completion Policy Monitor

	FY 17-18 6/30/2018	FY 18-19 2/10/2019	FY 19-20	FY 20-21
Pending at Beginning of Fiscal Year	160	180		
New Cases Added	500	267		
Cases Closed	480	246		
Cases Remaining	180	201		

Average No. Days to Close Investigation	49
No. Investigations Closed > 180 Days	10
% Investigations Beyond Policy Limit	4.1%
% Cases Closed by Board Action	32%

Louisiana Board of Pharmacy

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Impairment Committee

NOTE: *Pursuant to the Open Meetings Law, at LRS 42:6.1, the committee may, upon 2/3 affirmative vote of those members present and voting, enter into executive session for the limited purposes of (1) discussion of the character, professional competence, or physical or mental health of a licensee, (2) investigative proceedings regarding allegations of misconduct, (3) strategy sessions or negotiations with respect to litigation, or (4) discussions regarding personnel matters.*

Louisiana Board of Pharmacy

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NOTICE IS HEREBY GIVEN that a meeting of the Impairment Committee has been ordered and called for 10:30 a.m. on Monday, February 18, 2019 in Rooms 230-231 (2nd Floor) at ULM College of Pharmacy, located at 1800 Bienville Dr. in Monroe, La. 71201, for the purpose to wit:

A G E N D A

NOTE: This agenda is tentative until 24 hours in advance of the meeting, at which time the most recent revision becomes official.
Revised 02-14-2019

1. Call to Order

2. Quorum Call

3. Call for Additional Agenda Items & Adoption of Agenda

4. Opportunity for Public Comment

5. Review of Docket
   - *A. Petitions For Reinstatement of Suspended or Lapsed Credentials*
     - i. Case No. 18-0377 ~ PST.017357 – Blair Pope Wilbert
     - ii. Case No. 18-0507 ~ PST.014340 – Aurdie Kent Bellard
   - *B. Petitions for Modification of Previous Orders*
     - i. Case No. 19-0004 ~ PST.013199 – Steven Walter Gough
     - ii. Case No. 19-0007 ~ PST.020382 – Ashley Elizabeth Reynolds
     - iii. Case No. 19-0012 ~ PST.015640 – Richard Jeffrey Gaude
   - *C. Applications for a Credential*
   - *D. Appearances for Informal Conference*
     - i. Case No. 18-0448 ~ PST Applicant – Hoa Thi Pham
     - ii. Case No. 18-0433 ~ PST.016085 – Kerry Celeste Pardue
     - iii. Case No. 18-0462 ~ CPT.013947 – Briea Monique Sylvester
     - iv. Case No. 19-0010 ~ PST.014181 – David Collins Evans
   - *E. Appearances for Guidance*

6. Review of Practitioner Qualifications for Board's *Roster of Approved Addictionists*
   - A. Peter S. Kamp, MD – Pine Grove Behavioral Health & Addiction Services
   - B. Charles D. Richardson, II, DO – Pine Grove Behavioral Health & Addiction Services

7. Adjourn

NOTE: *Pursuant to the Open Meetings Law at La. R.S. 42:16, the committee may, upon 2/3 affirmative vote of those members present and voting, enter into executive session for the limited purposes of (1) discussion of the character, professional competence, or physical or mental health of a licensee, (2) investigative proceedings regarding allegations of misconduct, (3) strategy sessions or negotiations with respect to litigation, (4) discussions regarding personnel matters, or other purposes itemized at La. R.S. 42:17.*

Louisiana Board of Pharmacy

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Baton Rouge, Louisiana 70809-1700
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Roster of Approved Addictionists

Richard P. Amar, MD Talbott Recovery Center 5448 Yorktowne Drive Atlanta, GA 30349 Telephone (844) 225-3097	La. License No. 049558 Issued: 12-08-2000 Expires: 04-30-2019 Status: Active and unrestricted Certification: ABPN No. 002041 Issued: 10-12-2010 Expires: 10-12-2020
Daniel S. Aronow, MD Podiatry Institute of Southern California 9808 Venice Blvd Ste 600 Culver City, CA 90232 Telephone (310) 204-2300	Cal. License No. A63273 Issued: 08-15-1997 Expires: 10-31-2018 Status: Active and unrestricted Certification: ABAM No. 2012025 Issued: 12-15-2012 Expires: 12-15-2022
Roy D. Ary, Jr., MD BioBehavioral Medicine, Inc. 4933 Wabash Street Metairie, LA 70001 Telephone (504) 780-2766	La. License No. MD.09977R Issued: 07-29-1993 Expires: 08-31-2018 Status: Active and unrestricted Certification: ABAM No. 000870 Issued: 03-12-2009 Expires: 12-31-2019
Navjyot S. Bedi, MD Talbott Recovery Center 5448 Yorktowne Drive Atlanta, GA 30349 Telephone (844) 225-3097	Ga. License No. 055658 Issued: 12-03-2004 Expires: 04-30-2019 Status: Active and unrestricted Certification: ABAM No. 002509 Issued: 05-02-2009 Expires: 12-31-2019
Joan E. Brunson, MD Edgefield Recovery Center 10631 Hwy. 71 North Cheneyville, LA 71325 Telephone (888) 327-2673	La. License No. MD.017125 Issued: 06-16-1983 Expires: 09-30-2018 Status: Active and unrestricted (D) Certification: ABAM No. 000999 Issued: 03-12-2008 Expires: 12-31-2018
José Calderón-Abbo, MD The Mind-Body Center of Louisiana 3439 Magazine Street New Orleans, LA 70115 Telephone (504) 891-8808	La. License No. MD.14816R Issued: 10-22-2002 Expires: 01-31-2019 Status: Active and unrestricted Certification: ABAM No. 000881 Issued: 03-12-2009 Expires: 03-12-2019
Peter S. Kamp, MD Pine Grove Behavioral Health & Addiction Services 1 Lincoln Parkway, Suite 202 Hattiesburg, MS 39402 Telephone (601) 288-8059	Miss. License No. 12752 Issued: 03-04-1991 Expires: 06-30-2019 Status: Active Certification: ABPN No. 895 Issued: 04-13-2015 Expires: 04-13-2025

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ABAM – American Board of Addiction Medicine / ABPN – American Board of Psychiatry & Neurology

Louis Cataldie, MD
3535 Brentwood Drive
Baton Rouge, LA 70806
Telephone (225)
Facsimile

La. License No. MD.012613
Issued: 06-13-1974 Expires: 08-31-2018
Status: Active and unrestricted (D)
Certification: ABAM No. 003000
Issued: 05-02-2009 Expires: 05-02-2019

John R. Colaluca, DO
Palmetto Recovery Center
86 Palmetto Road
Rayville, LA 71269
Telephone (318) 728-2970

La. License No. DO.021805
Issued: 07-01-1993 Expires: 09-30-2018
Status: Active and unrestricted (D)
Certification: ABAM No. 000886
Issued: 03-12-2009 Expires: 03-12-2019

J. David Hammond, Jr., MD
Palmetto Recovery Center
86 Palmetto Road
Rayville, LA 71269
Telephone (318) 728-2970

La. License No. MD.022970
Issued: 07-01-1996 Expires: 07-31-2018
Status: Active and unrestricted
Certification: ABAM No. 2014243
Issued: 11-15-2014 Expires: 11-15-2024

Dean A. Hickman, MD
Ochsner Medical Center
1514 Jefferson Highway, BH-4
New Orleans, LA 70121
Telephone (504) 842-3842

La. License No. MD.020992
Issued: 08-06-1990 Expires: 01-31-2019
Status: Active and unrestricted
Certification: ABPN No. 001163
Issued: 04-08-1997 Expires: 12-31-2018

Oksana V. Kershteyn, MD
Talbott Recovery Center
5448 Yorktowne Drive
Atlanta, GA 30349
Telephone (844) 225-3097

Ga. License No. 065470
Issued: 01-07-2011 Expires: 03-31-2020
Status: Active and unrestricted
Certification: ABPN No. 064327
Issued: 05-18-2012 Expires: 05-18-2022

Edward C. LaFleur, MD
Victory Addiction Recovery Center
111 Liberty Avenue
Lafayette, LA 70508
Telephone (888) 991-2237

La. License No. MD.025580
Issued: 09-01-2002 Expires: 03-31-2019
Status: Active and unrestricted
Certification: ABAM No. 2014630
Issued: 11-15-2014 Expires: 11-15-2024

Scott D. Mayers, MD
Victory Addiction Recovery Center
111 Liberty Avenue
Lafayette, LA 70508
Telephone (888) 991-2237

La. License No. MD.202066
Issued: 06-16-2008 Expires: 11-30-2018
Status: Active and unrestricted
Certification: ABAM No. 2014362
Issued: 11-15-2014 Expires: 11-15-2024

Jay L. Piland, Sr., MD
Palmetto Recovery Center
86 Palmetto Road
Rayville, LA 71269
Telephone (318) 728-2970

La. License No. MD.022337
Issued: 08-23-1995 Expires: 03-31-2019
Status: Active and unrestricted (D)
Certification: ABAM No. 2010367
Issued: 12-11-2010 Expires: 12-11-2020

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Arwen L. Podesta, MD 4322 Canal Street, No. 9 New Orleans, LA 70119 Telephone (504) 252-0026 Facsimile (504) 322-3856	La. License No. MD.200907 Issued: 06-01-2006 Expires: 09-30-2018 Status: Active and unrestricted Certification: ABPN No. 006208 Issued: 06-03-2011 Expires: 06-03-2021
Charles D. Richardson, II, DO Pine Grove Behavioral Health & Addiction Services 1 Lincoln Parkway, Suite 202 Hattiesburg, MS 39402 Telephone (601) 288-8059	Miss. License No. 24662 Issued: 11-01-2016 Expires: 06-30-2019 Status: Active Certification: ABPN No. 2636 Issued: 10-15-2018 Expires: 10-15-2028
Alphonse K. Roy, III, MD BioBehavioral Medicine, Inc. 4933 Wabash Street Metairie, Louisiana 70001 Telephone (504) 780-2766	La. License No. MD.012078 Issued: 06-15-1972 Expires: 09-30-2018 Status: Active and unrestricted Certification: ABAM No. 000088 Issued: 1986 (Issues prior to 1998 do not expire)
Kelly A. Scheinberg, MD Talbott Recovery Center 5448 Yorktowne Drive Atlanta, GA 30349 Telephone (844) 225-3097	Ga. License No. 067608 Issued: 03-29-2012 Expires: 05-31-2019 Status: Active and unrestricted Certification: ABPN No. 002323 Issued: 09-29-2014 Expires: 09-29-2024
Ronald V. Taravella, MD 7777 Hennessy Boulevard, Suite 302 Baton Rouge, LA 70808 Telephone (225) 767-4668 Facsimile (225) 765-3430	La. License No. MD.016298 Issued: 08-16-1981 Expires: 08-31-2018 Status: Active and unrestricted (D) Certification: ABPN No. 039750 Issued: 06-30-1994 (Issues prior to 1998 do not expire)
Chad W. Trosclair, MD Southern Addiction Medicine Services 1018 Creek Court Mandeville, LA 70448 Telephone (504) 905-2965	La. License No. MD.024643 Issued: 03-22-2000 Expires: 05-31-2019 Status: Active and unrestricted Certification: ABAM No. 000983 Issued: 03-12-2009 Expires: 03-12-2019
Jennifer R. Velander, MD Ochsner Medical Center 1514 Jefferson Hwy. New Orleans, LA 70121 Telephone (504) 842-4025	La. License No. MD.300460 Issued: 11-04-2015 Expires: 11-30-2018 Status: Active and unrestricted Certification: ABPN No. 002346 Issued: 09-29-2014 Expires: 09-29-2024
Jay A. Weiss, MD Palmetto Recovery Center 86 Palmetto Road Rayville, LA 71269 Telephone (318) 728-2970	La. License No. MD.12286R Issued: 06-18-1997 Expires: 09-30-2018 Status: Active and unrestricted Certification: ABAM No. 000853 Issued: 03-12-2009 Expires: 12-31-2019

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Bob Winston, MD
2020 W. Pinhook Rd., Ste 504
Lafayette, LA 70508
Telephone (337) 593-0830
Facsimile (337) 593-0122

La. License No. MD.11569R
Issued: 12-07-1995 Expires: 04-30-2019
Status: Active and unrestricted
Certifications: ABPN No. 029746
Issued: 11-30-1987 (Issues prior to 1998 do not expire)

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Telephone 225.925.6496 ~ E-mail: info@pharmacy.la.gov

Reinstatement Committee

NOTE: *Pursuant to the Open Meetings Law, at LRS 42:6.1, the committee may, upon 2/3 affirmative vote of those members present and voting, enter into executive session for the limited purposes of (1) discussion of the character, professional competence, or physical or mental health of a licensee, (2) investigative proceedings regarding allegations of misconduct, (3) strategy sessions or negotiations with respect to litigation, or (4) discussions regarding personnel matters.*

Louisiana Board of Pharmacy

3388 Brentwood Drive
Baton Rouge, Louisiana 70809-1700
Telephone 225.925.6496 ~ Email: info@pharmacy.la.gov

NOTICE IS HEREBY GIVEN that a meeting of the Reinstatement Committee has been ordered and called for 9:30 a.m. on Monday, February 18, 2019 in Rooms 230-231 (2nd Floor) at ULM College of Pharmacy, located at 1800 Bienville Dr. in Monroe, La. 71201, for the purpose to wit:

A G E N D A

NOTE: This agenda is tentative until 24 hours in advance of the meeting, at which time the most recent revision becomes official.
Revised 02-03-2019

1. Call to Order

2. Quorum Call

3. Call for Additional Agenda Items & Adoption of Agenda

4. Opportunity for Public Comment

5. Consideration of Applications

   A. *Petitions for Reinstatement (suspended + lapsed > 5 years or staff referral)*
      i. Case No. 19-0006 ~ CPT.004104 – Mary Renea Applegate

   B. *Petitions for Modification of Previous Orders*

   C. *Petitions for Return of Inactive Licenses to Active Status*

   [Note: Appearances are not required for the remaining applicants.]

   D. *Petitions for Reinstatement (suspended + lapsed > 5 years + chair's discretion)*
      i. PST.018174 – George Chadwick Hayes

   E. *Applications for Reinstatement of CDS Licenses Lapsed > 5 years*
      i. CDS.036020.MD – Sheldon Paul Kottle
      ii. CDS.041109.MD – Charles O. Olisa
      iii. CDS.023211.MD – Mark Joseph Dedinsky
      iv. CDS.013271.MD – Brian D. Maher
      v. CDS.031775.MD – William K. Imsais
      vi. CDS.029046.MD – Robert Allen Butler II
      vii. CDS.040268.APN – Kenneth D. Fletcher III
      viii. CDS.032674.MD – Randy Bouligny

   F. *Discretionary Approvals by Committee Chair (lapsed > 1 year but < 5 years)*
      i. CPT.012104 – Brianna Courtney Bertrand
      ii. CPT.013411 – Catherine Nichole Picou
      iii. CPT.010335 – Sharon Lyn Stewart
      iv. CDS.033938.APN – Vidya K. Mandhare

NOTE: *Pursuant to the Open Meetings Law at La. R.S. 42:16, the committee may, upon 2/3 affirmative vote of those members present and voting, enter into executive session for the limited purposes of (1) discussion of the character, professional competence, or physical or mental health of a licensee, (2) investigative proceedings regarding allegations of misconduct, (3) strategy sessions or negotiations with respect to litigation, (4) discussions regarding personnel matters, or other purposes itemized at La. R.S. 42:17.*

v. CDS.047265.APN – Mariah Handy Jackson
vi. CDS.047676.APN – Jamie A. Hernandez
vii. CDS.045475.MD – Elizabeth Bertucci Robertson
viii. CDS.020712.MD – Michael H. Armani
ix. CDS.046962.MD – Richard James Tramel
x. CDS.036590.MD – Neil Michael Digiovanni
xi. CDS.048659.MD – Alexander Habashy
xii. CDS.047622.APN – Michelle Lusco Cambias
xiii. CDS.048797.MD – Wilson Thomas Hannah
xiv. CDS.049190.APN – Michelle Prentice Mayeur
xv. CDS.048630.APN – Tammy J. Bauldin
xvi. CDS.013251.MD – Ira Pincus Markowitz
xvii. CDS.041609.MD – Matthew Duane Copple
xviii. CDS.037171.PA – Piper Estep
xix. CDS.046940.DVM – Alicia Kristene Beets
xx. CPT.010674 – Ross Joseph Brignac
xxi. CDS.041777.MD – Updesh S. Bedi
xxii. CPT.009260 – Tezschrane Ireion Robertson
xxiii. CPT.013262 – Kelsey Marie Julien
xxiv. PHY.006382.NR – PETNET Solutions
xxv. CDS.032789.MD – Kevin Govan Work
xxvi. PST.021096 – Dustin Lee Hedges
xxvii. CDS.047090.APN – Kristi Rousseau Politz
xxviii. CDS.038291.DVM – Allison Lorentz Beckman
xxix. CDS.045214.APN – Beth Frances Montaldo
xxx. CDS.049056.DDS – Michelle Lee Zoccolillo
xxxi. CDS.033530.MD – Glenn Alan Mason
xxxii. CDS.031510.MD – Falchri Dalati
xxxiii. CPT.004411 – Amanda C. Martin
xxxiv. PST.018750 – Dana Louise Schambura

G. Staff Approvals by Board Policy (lapsed < 1 year)

i. CPT.001411 – Kellie S. Bonin
ii. CDS.043813.MD – Steven Gremel Schauer
iii. CDS.039876.MD – Eddye Gene Blossom, II
iv. CDS.018720.DVM – Mary Cobb Thompson
v. CDS.043837.MD – Michael Thomas Kitchell
vi. CDS.050582.APN – Evangeline Marie Fontenot
vii. CDS.047789.DDS – Steven Scott Nelson
viii. CDS.047194.APN – Heather Knapp Negrotto
ix. CDS.050074.DDS – Laura Porras Smith
x. CDS.049774.MD – Bobby Allen Garcia
xi. CDS.017430.MD – Diane Brown Wagner
xii. CDS.021430.MD – Pamela Marie Conley
xiii. CDS.019898.MD – Rochelle Head-Dunham
xiv. CDS.050431.APN – Katelyn LO. Moldaner
xv. CDS.042413.MD – Bonnie Gasquet-Johnson
xvi. CDS.042248.DVM – Randee Carlson Monceaux
xvii. CDS.045491.MD – Dana Marie LeBlanc
xviii. CDS.030850.DDS – Rodrick Ellis Loud
xix. CDS.004265.MD – Donald H. Deloach

NOTE: *Pursuant to the Open Meetings Law at La. R.S. 42:16, the committee may, upon 2/3 affirmative vote of those members present and voting, enter into executive session for the limited purposes of (1) discussion of the character, professional competence, or physical or mental health of a licensee, (2) investigative proceedings regarding allegations of misconduct, (3) strategy sessions or negotiations with respect to litigation, (4) discussions regarding personnel matters, or other purposes itemized at La. R.S. 42:17.*

xx. CDS.031929.MD – Kevin Roach
xxi. CDS.032839.MP – Samuel Webb Sentell
xxii. CDS.048905.DDS – Skye Angelle Smith
xxiii. CDS.047215.APN – Kerry Colleen Hopes
xxiv. CDS.006548.MD – Shirley S. Covington
xxv. CDS.048819.MD – Sophie Lanciers
xxvi. CDS.050565.APN – Anaernyel Neyland
xxvii. CDS.045423.MD – Elias Adib Khoury
xxviii. CPT.013521 – Jessica Monique Ell
xxix. PST.020956 – Hajira Ebady
xxx. CDS.045635-APN – Lynne Marie Talley
xxxi. CDS.044549.MD – Spencer David Launey
xxxii. CPT.011705 – Julie Bui-Kim Misher
xxxiii. CDS.037230.HOS – St Theresa Specialty Hospital
xxxiv. CDS.022202.MD – Lisa Lee
xxxv. CDS.029566.MD – George E. Smith II
xxxvi. CDS.048043.DVM – Dana Elizabeth Thomas
xxxvii. CDS.034687.APN – Marcus Anthony Boudreaux
xxxviii. CDS.047890.DDS – Danielle Christina Wilt
xxxix. CDS.050512.APN – Megan R. O'Neal
xl. CDS.045586.APN – Tara Craig Malone
xli. CDS.015770.MD – Debra Katherine DePrato
xlii. CDS.048911.MD – Joel G. Eldridge
xliii. CDS.048941.MD – Bhaviniben S. Patel
xliv. CDS.013461.MD – Jasper Rhett Jones
xlv. CDS.020629.DDS – James Richard Churchman
xlvi. CDS.019523.MD – Robin Falkenstine Hogue
xlvii. CDS.020101.MD – Kenneth D. Miller
xlviii. CDS.048810.APN – Brittani Naccari
xlix. CDS.034455.DDS – Victor Caronna
l. CDS.046748.APN – Summer Andrews Marshall
li. CDS.019352.MD – Jill Brown
lii. CDS.006777.MD – Marilyn Mackey Skinner
liii. CDS.022089.MD – Isaac Perkins
liv. CDS.050342.MD – Mohanad Abbas Hasan
lv. CDS.015793.DVM – Wayne E. Blust
lvi. CDS.041609.MD – Matthew Duane Copple
lvii. CDS.015964.DVM – William Bryan French
lviii. CDS.047197.APN – Donna Willingham Kasper
lix. CDS.029182.DDS – Tahisa Patric Colbert
lx. CDS.050399.APN – Bonnie Nunnery Rosenthal
lxi. CDS.045607.MD – Chance Michael McInnis
lxii. CDS.016738.MD – Therese Landry DeMouy
lxiii. CDS.050341.MD – Paul Edward Butts
lxiv. CDS.036157.APN – Kelly Yoakum Toups
lxv. CDS.048940.MD – Adetoun Ngozi Faniyan
lxvi. CDS.047190.MD – David Joseph Pine
lxvii. CDS.045507.APN – Rhonda McBroom Lombas
lxviii. CDS.039875.MD – Paula L. Parkerson
lxix. CDS.022961.MD – David Samuel
lxx. CDS.011364.DVM – James R. Carson

NOTE: *Pursuant to the Open Meetings Law at La. R.S. 42:16, the committee may, upon 2/3 affirmative vote of those members present and voting, enter into executive session for the limited purposes of (1) discussion of the character, professional competence, or physical or mental health of a licensee, (2) investigative proceedings regarding allegations of misconduct, (3) strategy sessions or negotiations with respect to litigation, (4) discussions regarding personnel matters, or other purposes itemized at La. R.S. 42:17.*

lxxi. CDS.036046.MP – Karen R. Speier
lxxii. CDS.026654.MD – Jesse Irwin Halpern
lxxiii. CDS.028302.MD – Luis Camero
lxxiv. CDS.038369.MD – Bridget A. Ory
lxxv. DME.00261 – Tandem Diabetes Care, Inc.
lxxvi. CDS.050397.MD – Ericka Patrice Stone
lxxvii. CDS.022266.MD – Karen Ruth Cockerham
lxxviii. CDS.049153.MD – Kurt David Piggott
lxxix. CDS.018882.MD – Carol A. Lambert-Lanasa
lxxx. CDS.042554.MFR – ECI Pharmaceuticals
lxxxi. CDS.048452.APN – Simone Louise Babineaux
lxxxii. CDS.050352.DVM – Chiara De Caro Carella
lxxxiii. CDS.026248.MD – Betty Jean Dowty
lxxxiv. CDS.045825.APN – Kimberly Lynette Givens
lxxxv. CDS.043987.APN – Jodi Vincens Buras
lxxxvi. CDS.002889.MD – John William Bick
lxxxvii. CDS.042541.APN – Kelly S. Crawford
lxxxviii. CDS.041183.MD – Elise Judd Nicaud
lxxxix. CDS.049482.APN – Belinda Harrell Holden
xc. CDS.034955.MD – Leonel Lacayo
xci. CDS.050782.MP – Catherine Bollinger Kiralofe
xcii. CDS.033993.OD – Adam Michael Paddock
xciii. CDS.0411128.MD – Derrick J. Martin
xciv. CDS.036117.MD – Greg E. Parker
xcv. CDS.048463.RES – Charles Chulsoo Lee
xcvi. CPT.001804 – Paul J. Brown Jr
xcvii. CDS.023230.MD – Anwant Bir Singh Chawla
xcviii. CPT.013289 – Macie Madine Stokes
xcix. CDS.050753.DVM – Sarah Elizabeth Petrario
c. CPT.013621 – Kayla Janis Holmes

6. Adjourn

NOTE: *Pursuant to the Open Meetings Law at La. R.S. 42:16, the committee may, upon 2/3 affirmative vote of those members present and voting, enter into executive session for the limited purposes of (1) discussion of the character, professional competence, or physical or mental health of a licensee, (2) investigative proceedings regarding allegations of misconduct, (3) strategy sessions or negotiations with respect to litigation, (4) discussions regarding personnel matters, or other purposes itemized at La. R.S. 42:17.*

Louisiana Board of Pharmacy

3388 Brentwood Drive
Baton Rouge, Louisiana 70809-1700
Telephone 225.925.6496 ~ E-mail: info@pharmacy.la.gov

Tripartite Committee

NOTE: *Pursuant to the Open Meetings Law, at LRS 42:6.1, the committee may, upon 2/3 affirmative vote of those members present and voting, enter into executive session for the limited purposes of (1) discussion of the character, professional competence, or physical or mental health of a licensee, (2) investigative proceedings regarding allegations of misconduct, (3) strategy sessions or negotiations with respect to litigation, or (4) discussions regarding personnel matters.*

Louisiana Board of Pharmacy

3388 Brentwood Drive
Baton Rouge, Louisiana 70809-1700
Telephone 225.925.6496 ~ E-mail: info@pharmacy.la.gov

NOTICE IS HEREBY GIVEN that a meeting of the Tripartite Committee has been ordered and called for 3:00 p.m. on Monday, February 18, 2019 in Rooms 230-231 (2nd Floor) at ULM College of Pharmacy, located at 1800 Bienville Avenue in Monroe, La. 71201, for the purpose to wit:

A G E N D A

NOTE: This agenda is tentative until 24 hours in advance of the meeting, at which time the most recent revision becomes official.

Revised 01-02-2019

1. Call to Order
2. Quorum Call
3. Call for Additional Agenda Items & Adoption of Agenda
4. Opportunity for Public Comment
5. Reports from Educators
   - A. ULM College of Pharmacy
   - B. Xavier College of Pharmacy
6. Reports from Practitioners
   - A. Louisiana Pharmacists Association
   - B. Louisiana Society of Health-System Pharmacists
7. Discussion Topics
   - A. Veterinary Pharmacy Education
8. Adjourn

NOTE: *Pursuant to the Open Meetings Law at La. R.S. 42:16, the committee may, upon 2/3 affirmative vote of those members present and voting, enter into executive session for the limited purposes of (1) discussion of the character, professional competence, or physical or mental health of a licensee, (2) investigative proceedings regarding allegations of misconduct, (3) strategy sessions or negotiations with respect to litigation, or (4) discussions regarding personnel matters, or other purposes itemized at La. R.S. 42:17.*

Louisiana Board of Pharmacy

3388 Brentwood Drive
Baton Rouge, Louisiana 70809-1700
Telephone 225.925.6496 ~ E-mail: info@pharmacy.la.gov

Regulation Revision Committee

NOTE: *Pursuant to the Open Meetings Law, at LRS 42:6.1, the committee may, upon 2/3 affirmative vote of those members present and voting, enter into executive session for the limited purposes of (1) discussion of the character, professional competence, or physical or mental health of a licensee, (2) investigative proceedings regarding allegations of misconduct, (3) strategy sessions or negotiations with respect to litigation, or (4) discussions regarding personnel matters.*

HLS 19-

Regular Session, 2019

House Bill No. _____

By Representative

CONTROLLED SUBSTANCES: Relative to the definition of certain terms and the addition of seven *(name them?)* chemicals to Schedule I.

AN ACT

To amend and reenact R.S. 40:961 and 40:964, to define the term "hemp" and amend the definition of the term "marijuana", to add seven new chemicals to Schedule I, and to modify the description of the term "tetrahydrocannabinols" in Schedule I.

Be it enacted by the Legislature of Louisiana:

Section 1. R.S. 40:964 is hereby amended and reenacted to read as follows:

§964. Composition of schedules

* * *

Schedule I

A. Opiates.

Unless specifically excepted or unless listed in another schedule, any of the following opiates, including their isomers, esters, ethers, salts, or salts of isomers, esters, and ethers, whenever the existence of such isomers, esters, ethers, or salts is possible within the specific chemical designation:

* * *

DRAFT

(62) Methoxyacetylfentanyl (2-methoxy-N-(1-phenethylpiperidin-4-yl)-N-phenylacetamide)

(63) Para-fluorobutyrylfentanyl (N-(4-fluorophenyl)-N-[1-(2-phenylethyl) piperidine-4-yl]butanamide)

(64) Tetrahydrofuranylfentanyl (N-phenyl-N-[1-(2-phenylethyl)piperidin-4-yl]tetrahydrofuran-2-carboxamide)

(65) U-49900 (3,4-dichloro-N-[2-(diethylamino)cyclohexyl]-N-methyl-benzamide)

(66) U-51754 (3,4-dichloro-N-[2-(dimethylamino)cyclohexyl]-N-methyl-benzeneacetamide)

(67) U-48800 (2,4-dichloro-N-[2-(dimethylamino)cyclohexyl]-N-methyl-benzeneacetamide)

* * *

C. Hallucinogenic Substances.

Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following hallucinogenic substances, or which contains any of their salts, isomers, or salts of isomers, whenever the existence of such salts, isomers, or salts of isomers is possible within the specific chemical designation; for purposes of this Paragraph only, the term "isomer" includes the optical, position, and geometric isomers:

* * *

(65) Deschloro-N-ethylketamine (2-(ethylamino)-2-phenyl-cyclohexanone)

* * *

DRAFT

Section 2. R.S. 40:961 and 40:964 are hereby amended and reenacted to read as follows:

§961. Definitions

As used in this Part, the following terms shall have the meaning ascribed to them in this Section unless the context clearly indicates otherwise:

* * *

(26) *Marijuana,* (a) subject to the provisions of (b) and (c), means all parts of plants of the genus Cannabis, whether growing or not; the seeds thereof; the resin extracted from any part of such plant; and every compound, manufacture, salt, derivative, mixture, or preparation of such plant, its seeds or resin~~,~~;

(b) but shall not include:

(i) hemp; or

(ii) the mature stalks of such plant, fiber produced from such stalks, oil, or cake made from the seeds of such plant, any other compound, manufacture, salt, derivative, mixture, or preparation of such mature stalks (except the resin extracted therefrom), fiber, oil, or cake, or the sterilized seed of such plant which is incapable of germination,;

(c) and shall not include ~~or~~ cannabidiol when contained in a drug product approved by the United States Food and Drug Administration.

* * *

(45) *Hemp* means the plant Cannabis sativa and any part of that plant, including the seeds thereof and all derivatives, extracts, cannabinoids, isomers, acids, and salts of isomers, whether growing or not, with a delta-9-tetrahydrocannabinol concentration of not more than 0.3 percent on a dry weight basis.

* * *

DRAFT

§964. Composition of schedules

* * *

Schedule I

* * *

C. Hallucinogenic Substances.

Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following hallucinogenic substances, or which contains any of their salts, isomers, or salts of isomers, whenever the existence of such salts, isomers, or salts of isomers is possible within the specific chemical designation; for purposes of this Paragraph only, the term "isomer" includes the optical, position, and geometric isomers:

* * *

(27) Tetrahydrocannabinols, including synthetic equivalents and derivatives<u>,</u> <u>except for tetrahydrocannabinols in hemp.</u>

* * *

Section 3. The Louisiana State Law Institute is hereby authorized and directed to renumber the terms defined in R.S. 40:961 to ensure that such terms are in alphabetical order.

DRAFT

HLS 19-

Regular Session, 2019

House Bill No. _____

By Representative

CONTROLLED SUBSTANCES: Relative to the definition of certain terms and the addition of seven *(name them?)* chemicals to Schedule I.

AN ACT

To amend and reenact R.S. 40:961 and 40:964, to define the term "hemp" and amend the definition of the term "marijuana", to add seven new chemicals to Schedule I, and to modify the description of the term "tetrahydrocannabinols" in Schedule I.

Be it enacted by the Legislature of Louisiana:

Section 1. R.S. 40:964 is hereby amended and reenacted to read as follows:

§964. Composition of schedules

* * *

Schedule I

A. Opiates.

Unless specifically excepted or unless listed in another schedule, any of the following opiates, including their isomers, esters, ethers, salts, or salts of isomers, esters, and ethers, whenever the existence of such isomers, esters, ethers, or salts is possible within the specific chemical designation:

* * *

DRAFT

(62) Methoxyacetylfentanyl (2-methoxy-N-[1-(2-phenylethyl)piperidin-4-yl)-N-phenylacetamide)

(63) Para-fluorobutyrylfentanyl (N-(4-fluorophenyl)-N-[1-(2-phenylethyl) piperidin-4-yl]butanamide)

(64) Tetrahydrofuranylfentanyl (N-phenyl-N-[1-(2-phenylethyl)piperidin-4-yl]tetrahydrofuran-2-carboxamide)

(65) U-49900 (3,4-dichloro-N-[2-(diethylamino)cyclohexyl]-N-methyl-benzamide)

(66) U-51754 (3,4-dichloro-N-[2-(dimethylamino)cyclohexyl]-N-methyl-benzeneacetamide)

(67) U-48800 (2,4-dichloro-N-[2-(dimethylamino)cyclohexyl]-N-methyl-benzeneacetamide)

* * *

C. Hallucinogenic Substances.

Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following hallucinogenic substances, or which contains any of their salts, isomers, or salts of isomers, whenever the existence of such salts, isomers, or salts of isomers is possible within the specific chemical designation; for purposes of this Paragraph only, the term "isomer" includes the optical, position, and geometric isomers:

* * *

(65) Deschloro-N-ethyl-ketamine (2-(ethylamino)-2-phenylcyclohexane-1-one)

DRAFT

* * *

Section 2. R.S. 40:961 and 40:964 are hereby amended and reenacted to read as follows:

§961. Definitions

As used in this Part, the following terms shall have the meaning ascribed to them in this Section unless the context clearly indicates otherwise:

* * *

(26) *Marijuana*, (a) subject to the provisions of (b) and (c), means all parts of plants of the genus Cannabis, whether growing or not; the seeds thereof; the resin extracted from any part of such plant; and every compound, manufacture, salt, derivative, mixture, or preparation of such plant, its seeds or resin~~,~~;

(b) but shall not include:

(i) hemp; or

(ii) the mature stalks of such plant, fiber produced from such stalks, oil, or cake made from the seeds of such plant, any other compound, manufacture, salt, derivative, mixture, or preparation of such mature stalks (except the resin extracted therefrom), fiber, oil, or cake, or the sterilized seed of such plant which is incapable of germination,;

(c) and shall not include ~~or~~ cannabidiol when contained in a drug product approved by the United States Food and Drug Administration.

* * *

(45) *Hemp* means the plant Cannabis sativa and any part of that plant, including the seeds thereof and all derivatives, extracts, cannabinoids, isomers, acids, and salts of isomers, whether growing or not, with a delta-9-tetrahydrocannabinol concentration of not more than 0.3 percent on a dry weight basis.

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* * *

§964. Composition of schedules

* * *

Schedule I

* * *

C. Hallucinogenic Substances.

Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following hallucinogenic substances, or which contains any of their salts, isomers, or salts of isomers, whenever the existence of such salts, isomers, or salts of isomers is possible within the specific chemical designation; for purposes of this Paragraph only, the term "isomer" includes the optical, position, and geometric isomers:

* * *

(27) Tetrahydrocannabinols, including synthetic equivalents and derivatives<u>, except for tetrahydrocannabinols in hemp.</u>

* * *

Section 3. The Louisiana State Law Institute is hereby authorized and directed to renumber the terms defined in R.S. 40:961 to ensure that such terms are in alphabetical order.

DRAFT

HLS 19-

Regular Session, 2019

House Bill No. _____

By Representative

CONTROLLED SUBSTANCES: Provides authority to the Louisiana Board of Pharmacy to require applicant for state controlled dangerous substance license to furnish criminal history record information.

AN ACT

To enact R.S. 40:973.1, relative to authorization to obtain criminal history record information.

Be it enacted by the Legislature of Louisiana:

Section 1. R.S. 40:973.1 is hereby enacted to read as follows:

<u>§973.1. Authorization to obtain criminal history record information</u>

* * *

<u>A. As used in this Section, the following terms shall have the meaning ascribed to them herein:</u>

<u>(1) "Applicant" means an individual who has made application to the board for the issuance or reinstatement of any controlled dangerous substance license that the board is authorized by law to issue.</u>

<u>(2) "Board" means the Louisiana Board of Pharmacy.</u>

<u>(3) "Bureau" means the Louisiana Bureau of Criminal Identification and</u>

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Information of the office of state police within the Department of Public Safety and Corrections.

(4) "Criminal history record information" means information collected by state and federal criminal justice agencies on individuals consisting of identifiable descriptions and notations of arrests, detentions, indictments, bills of information, or any formal criminal charges, and any disposition arising therefrom, including sentencing, criminal correctional supervision, and release, but does not include intelligence for investigatory purposes, nor does it include any identification information which does not indicate involvement of the individual in the criminal justice system.

(5) "FBI" means the Federal Bureau of Investigation of the United States Department of Justice.

(6) "Licensure" means any license, permit, certification, or registration that the board is authorized to issue.

B. In addition to any other requirements established by rule, the board may require an applicant not in possession of a valid and verifiable license or other credential from a standing professional board of the State of Louisiana, or from the Department of Health, Bureau of Health Services Financing, Health Standards, or their successors, as a condition for eligibility for licensure:

(1) To submit a full set of fingerprints, in a form and manner prescribed by the board.

(2) To permit the board to request and obtain state and national criminal history record information on the applicant.

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(3) To collect from the applicant, in addition to all other applicable fees and costs, such amount as may be incurred by the board in requesting and obtaining state and national criminal history record information.

C. In accordance with the provisions and procedures prescribed by this Section, the board may request and obtain state and national criminal history record information from the bureau and the FBI relative to any applicant for licensure whose fingerprints the board has obtained pursuant to this Section for the purpose of determining the applicant's suitability and eligibility for licensure.

D. Upon request by the board and upon the board's submission of an applicant's fingerprints, and such other identifying information as may be required, the bureau shall conduct a search of its criminal history record information relative to the applicant and report the results of its search to the board within 60 days from receipt of such request. The bureau may charge the board a processing fee pursuant to R.S. 15:587 for conducting and reporting on any such search.

E. If the criminal history record information reported by the bureau to the board does not provide grounds for disqualification of the applicant for licensure under the applicable law administered by the board, the board shall have the authority to forward the applicant's fingerprints and such other identifying information as may be required to the FBI with a request for a search of national criminal history record information relative to the applicant.

F. Any and all state or national criminal history record information obtained by

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the board from the bureau or FBI which is not already a matter of public record shall be deemed nonpublic and confidential information, restricted to the exclusive use of the board, its members, officers, investigators, agents, and attorneys in evaluating the applicant's eligibility or disqualification for licensure. No such information or records related thereto shall, except with the written consent of the applicant or by order of a court of competent jurisdiction, be released or otherwise disclosed by the board to any other person or agency.

DRAFT

HLS 19-

Regular Session, 2019

House Bill No. _____

By Representative

CONTROLLED SUBSTANCES: Authorizes prescription monitoring program connection to similar programs in federal jurisdictions and to electronic health record systems.

AN ACT

To amend and reenact R.S. 40:1007, relative to access to prescription monitoring information and audit trail information.

Be it enacted by the Legislature of Louisiana:

Section 1. R.S. 40:1007 is hereby amended and reenacted to read as follows:

§1007. Access to prescription monitoring information and audit trail information

* * *

G. The board may provide prescription monitoring information in response to queries from prescription monitoring programs<u>, electronic health information systems and pharmacy information systems</u> located in other states <u>and federal jurisdictions</u>, through its participation in a secure interstate data exchange system, and the information may be used by those programs in a manner consistent with this Section.

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Louisiana Administrative Code

Title 46 – Professional and Occupational Standards

Part LIII: Pharmacists

Chapter 24. Limited Service Providers

Subchapter E. Marijuana Pharmacy

* * *

§2441. Definitions

A. As used in this Subchapter, the following terms shall have the meaning ascribed to them in this Section:

* * *

Advertisement – all representations disseminated in any manner or by any means, other than by labeling, for the purpose of inducing, or which are likely to induce, directly or indirectly, the purchase of marijuana, excluding information of an educational nature designed to inform citizens of the nature and form of the state's therapeutic marijuana program and its legally permitted products.

* * *

Marijuana – all parts of plants of the genus *Cannabis*, whether growing or not, the seeds thereof, the resin extracted from any part of such plant, and every compound, manufacture, salt, derivative, mixture, or preparation of such plant, its seeds or resin, but shall not include the mature stalks of such plant, fiber produced from such stalks, oil or cake made from the seeds of such plant, any other compound, manufacture, salt, derivative, mixture, or preparation of such mature stalks (except the resin extracted therefrom), fiber, oil, or cake, or the sterilized seed of such plant which is incapable of germination, or cannabidiol when contained in a drug product approved by the United States Food and Drug Administration.

* * *

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1046.
HISTORICAL NOTE: Promulgated by the Department of Health, Board of Pharmacy, LR 43:1538 (August 2017), amended LR.

§2443. Marijuana Products

* * *

D. Packaging and Labeling Requirements.

1. Packaging.

a. – a.iii. …

b. ~~Any product containing pharmaceutical grade marijuana or its principal psychoactive constituent tetrahydrocannabinol (THC) shall be packaged so that one dose contains no more than 10 milligrams of THC.~~

c. ~~If it is not intended for the entire product to be used at a single time, the packaging must be re-sealable in a manner that maintains its child-resistant property for multiple openings. Single doses may be placed in a package with other single doses; however, the total amount of active THC contained within the larger packaging shall not exceed 100 milligrams~~.

d. – e.v. …

2. Labeling.

a. – a.vii. …

viii. A product identification code registered with the board.

b. – E.4.f. …

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AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1046.
HISTORICAL NOTE: Promulgated by the Department of Health, Board of Pharmacy, LR 43:1540 (August 2017), amended LR.

* * *

§2447. Licensing Procedures

A. Application for Initial Issuance of Permit

1. – 18. …

19. Upon the approval of an application, the board shall ~~issue~~ award the marijuana pharmacy permit and state controlled dangerous substance license to the applicant. Upon completion of a satisfactory inspection of the pharmacy premises, the board shall issue the marijuana pharmacy permit and state controlled dangerous substance license to the applicant awarded the permit.

20. – D.9. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1046.
HISTORICAL NOTE: Promulgated by the Department of Health, Board of Pharmacy, LR 43:1544 (August 2017), amended LR.

* * *

§2457. Standards of Practice

A. – C.2.a. …

D. Recordkeeping Requirements

1. Prescription/recommendation/order (hereinafter, "request") for Marijuana

~~a. Authorization for Emergency Dispensing.~~

~~An emergency situation exists when administration of the marijuana product is necessary for immediate treatment, an appropriate alternate treatment is not available, and the recommending physician cannot reasonably provide a written recommendation. In the case of an emergency situation, a pharmacist may dispense a marijuana product upon receiving oral authorization directly from a recommending physician, provided that:~~

~~i. the quantity prescribed and dispensed is limited to the amount adequate to treat the patient during the emergency period (dispensing beyond the emergency period must be pursuant to a written recommendation signed by the recommending physician);~~

~~ii. the oral authorization shall be immediately reduced to written form by the pharmacist and shall contain, at a minimum, the following information:~~

~~(a) Full name and address of the patient;~~

~~(b) Drug product name, strength, and dosage form;~~

~~(c) Quantity of product recommended;~~

~~(d) Directions for use;~~

~~(e) Name, address, telephone number, and CDS license number of the recommending physician; and~~

~~(f) Name of the pharmacist receiving the oral authorization.~~

~~iii. if the recommending physician is not known to the pharmacist, he shall make a reasonable effort to determine that the oral authorization came from a physician authorized to recommend marijuana products in Louisiana, which may include a callback to the physician using his telephone number as listed in the telephone directory or other good faith efforts to insure his identity; and~~

~~iv. within seven days after authorizing an emergency oral recommendation, the physician shall cause a written recommendation for the emergency quantity authorized to be delivered to the dispensing pharmacist. The recommendation shall have written on its face "Authorization for Emergency Dispensing," and the date of the oral authorization. The~~

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~~written recommendation may be delivered to the pharmacist in person or by mail, but if delivered by mail, it shall be postmarked within the seven day period. Upon receipt, the dispensing pharmacist shall attach this recommendation to the oral emergency authorization which had earlier been reduced to written form. The pharmacist shall notify the board if the recommending physician fails to deliver a written recommendation to him within the required time; failure of the pharmacist to do so shall void the authority conferred by this paragraph to dispense without a written recommendation from the recommending physician.~~

~~b. In the event the pharmacy receives a request in written form by facsimile, the pharmacy may begin the preparation of the product to be dispensed, but the pharmacist shall not dispense the product until the original form of the request is delivered to him in the pharmacy and he has compared it to the product prepared for dispensing.~~

~~c. The written request shall bear the manual signature of the recommending physician. No other form of signature shall be valid, including (but not limited to) stamps, computer generated signatures, or signatures of anyone other than the recommending physician.~~

d. …

e. The request shall identify the physician issuing the request as well as the person and the person's debilitating medical condition for which the marijuana product is intended.

2. – 6. …

E. Professional Practice Standards

1. …

2. Labeling of Marijuana Product Dispensed

a. – b.viii. …

ix. Directions for use of the product ~~as included in the recommending physician's request~~;

b.x. – 5.e.iv. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1046.

HISTORICAL NOTE: Promulgated by the Department of Health, Board of Pharmacy, LR 43:1550 (August 2017).

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Louisiana Administrative Code

Title 46 – Professional and Occupational Standards

Part LIII: Pharmacists

…

Chapter 15. Hospital Pharmacy

* * *

§1529. Investigational Drugs

A. Where the hospital pharmacy is a participant in one or more investigational drug studies, the pharmacy may dispense investigational drug products to patients enrolled in a study, whether or not the patient is a registered patient of the hospital.

AUTHORITY NOTE: Promulgated in accordance with R.S.
HISTORICAL NOTE: Promulgated by the Department of Health, Board of Pharmacy, LR

* * *

Chapter 25. Prescriptions, Drugs, and Devices

* * *

§2505. Investigational Drugs

~~A. All investigational drugs stored or dispensed by any pharmacy shall conform to appropriate and applicable federal and state laws and regulations pertaining to their use.~~

A. The pharmacist shall conduct, participate in, and support medical and pharmaceutical research appropriate to the goals, objectives, and resources of the facility.

B. The pharmacist shall ensure the development of policies and procedures for the appropriate use of investigational drugs; such policies shall be consistent with the applicable federal rules pertaining to investigational drugs.

1. The use of investigational drugs shall be authorized by the principal investigator, or his authorized clinician.
2. The pharmacist shall ensure the development of a central repository for the acquisition and maintenance of essential information and the dissemination of that information to all personnel tasked with procurement, storage, dispensing, or administration of investigational drugs.
3. The pharmacist shall retain a copy of the research protocol in the pharmacy; the dispensing pharmacist shall review the protocol prior to dispensing the investigational drug.
4. The dispensing label for investigational drugs shall comply with the provisions of this Chapter; in addition, the label shall bear the phrase “For Investigational Use Only” or a similar caution.

C. The pharmacist shall store investigational drugs in the pharmacy separate from the active dispensing stock of approved drugs.

1. The storage location shall be consistent with the environmental standards for temperature, humidity, and light indicated by the manufacturer.
2. The storage location shall be secured against improper access or diversion.

D. The pharmacist shall maintain a perpetual inventory record for each investigational drug, with such record to contain, at a minimum, the following data elements:

1. Drug’s name, dosage form, strength, lot number, and expiration date;
2. Name, address, and telephone name of the study sponsor;

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3. Protocol number;
4. Identification of dispensing pharmacist; and
5. Disposition of any remaining drug supply

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1182.
HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Pharmacy, LR 14:708 (October 1988), effective January 1, 1989, amended LR 29:2102 (October 2003), effective January 1, 2004, amended by the Department of Health, Board of Pharmacy, LR

* * *

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Louisiana Administrative Code

Title 46 – Professional and Occupational Standards

Part LIII: Pharmacists

Chapter 15. Hospital Pharmacy

* * *

§1529. Investigational Drugs

A. Where the hospital pharmacy is a participant in one or more investigational drug studies, the pharmacy may dispense investigational drug products as well as commercially available drug products to patients enrolled in a study, whether or not the patient is a registered patient of the hospital.

AUTHORITY NOTE: Promulgated in accordance with R.S.
HISTORICAL NOTE: Promulgated by the Department of Health, Board of Pharmacy, LR

* * *

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3. Protocol number;
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Louisiana Board of Pharmacy

3388 Brentwood Drive
Baton Rouge, Louisiana 70809-1700
Telephone 225.925.6496 ~ E-mail: info@pharmacy.la.gov

Executive Committee

NOTE: *Pursuant to the Open Meetings Law, at LRS 42:6.1, the committee may, upon 2/3 affirmative vote of those members present and voting, enter into executive session for the limited purposes of (1) discussion of the character, professional competence, or physical or mental health of a licensee, (2) investigative proceedings regarding allegations of misconduct, (3) strategy sessions or negotiations with respect to litigation, or (4) discussions regarding personnel matters.*

Louisiana Board of Pharmacy

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NOTICE IS HEREBY GIVEN that a meeting of the Executive Committee has been ordered and called for 5:00 p.m. on Monday, February 18, 2019 in Rooms 230-231 (2nd Floor) at ULM College of Pharmacy, located at 1800 Bienville Dr. in Monroe, La. 71201, for the purpose to wit;

A G E N D A

NOTE: This agenda is tentative until 24 hours in advance of the meeting, at which time the most recent revision becomes official.
Revised 02-15-2019

1. Call to Order

2. Quorum Call

3. Call for Additional Agenda Items & Adoption of Agenda

4. Opportunity for Public Comment

5. Review of Policies & Procedures

   A. Proposed Revision of *PPM.I.A.26 ~ Sale of CBD Oil (Guidance Statement)*

   B. Proposed New *PPM.I.A.27 ~ Electronic Prior Authorizations (Rule Interpretation)*

   C. Proposed New Subsection *PPM.II.E ~ Financial Services*
      PPM.II.E.1 ~ Financial Accounts
      PPM.II.E.2 ~ Financial Accounting Procedures
      PPM.II.E.3 ~ Financial Reports
      PPM.II.E.4 ~ Financial Audits

   D. Proposed Revision of *PPM.II.H.2 ~ Sexual Harassment*

   E. Proposed Revision of *PPM.III.B.06 ~ Application for New Pharmacy Permit*

   F. Proposed Revision of *PPM.III.B.07 ~ Application for New Nonresident Pharmacy Permit*

   G. Proposed New Section *PPM.V ~ Prescription Monitoring Program (PMP)*
      PPM.V.A.1 ~ PMP Administration
      PPM.V.A.2 ~ PMP Advisory Council
      PPM.V.B.1 ~ PMP Data Collection – Dispenser Enrollment
      PPM.V.B.2 ~ PMP Data Collection – Reporting Requirement
      PPM.V.B.3 ~ PMP Data Collection – Compliance Monitoring
      PPM.V.C.1 ~ PMP Data Hosting – Technical Specifications
      PPM.V.C.2 ~ PMP Data Hosting – Vendor Selection
      PPM.V.C.3 ~ PMP Data Hosting – Program Vendor
      PPM.V.D.1 ~ PMP Data Access – Authorized Users

NOTE: *Pursuant to the Open Meetings Law at La. R.S. 42:16, the committee may, upon 2/3 affirmative vote of those members present and voting, enter into executive session for the limited purposes of (1) discussion of the character, professional competence, or physical or mental health of a licensee, (2) investigative proceedings regarding allegations of misconduct, (3) strategy sessions or negotiations with respect to litigation, (4) discussions regarding personnel matters, or other purposes itemized at La. R.S. 42:17.*

6. Proposed Revision to Board's *Roster of Accredited Pharmacy Technician Training Programs*

7. Review of Administrative Operations

   A. Review of Board Complaints

   B. Review of Member Expense Report Submitted Beyond 30 Days

   C. Annual Review of Contracts and Agreements

   D. Staff Guidance re Transfer of Unfilled Prescriptions for Controlled Substances (PPM.I.A.22 and DEA guidance from 4-27-2018)

   E. Appointment of Stakeholder Group for Review of USP Chapter 800 Standards

   F. Regulation of Prescription Video Games

   G. NABP Annual Meeting ~ Proposed Resolutions

8. Adjourn

NOTE: *Pursuant to the Open Meetings Law at La. R.S. 42:16, the committee may, upon 2/3 affirmative vote of those members present and voting, enter into executive session for the limited purposes of (1) discussion of the character, professional competence, or physical or mental health of a licensee, (2) investigative proceedings regarding allegations of misconduct, (3) strategy sessions or negotiations with respect to litigation, (4) discussions regarding personnel matters, or other purposes itemized at La. R.S. 42:17.*

Louisiana Board of Pharmacy **Policies & Procedures**

Title: Sale of CBD Oil (Guidance Statement) Policy No. I.A.26

Approved: 11-14-2018 Revised:

1. The Board continues to receive questions about cannabidiol (CBD) oil, derived from hemp or derived from marijuana. Act 261 of the 2015 Legislature, which established the state medical marijuana program, made no exception for possession or sale of CBD oil. Louisiana's controlled substance law includes CBD oil in the definition of marijuana.

2. All marijuana products shall comply with the rules adopted for the state medical marijuana program; they must have a known source as well as known quantities of active ingredients. Further, they may only be dispensed by marijuana pharmacies licensed by the Board of Pharmacy.

3. Since marijuana is listed in Schedule I of the state's list of controlled substances, no one, including board licensees, may possess or sell CBD oil. Violations of the Louisiana Revised Statutes or Louisiana Administrative Code can subject a person to criminal or administrative action.

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Frequently Asked Questions re CBD Oil

1. Is CBD (cannabidiol) oil legal under Louisiana law?

   No. The Louisiana Controlled Dangerous Substances Law defines marijuana as: *"all parts of plants of the genus Cannabis, whether growing or not; the seeds thereof; the resin extracted from any part of such plant; and every compound, manufacture, salt, derivative, mixture, or preparation of such plant, its seeds or resin, but shall not include the mature stalks of such plant, fiber produced from such stalks, oil, or cake made from the seeds of such plant, any other compound, manufacture, salt, derivative, mixture, or preparation of such mature stalks (except the resin extracted therefrom), fiber, oil, or cake, or the sterilized seed of such plant which is incapable of germination, or cannabidiol when contained in a drug product approved by the United States Food and Drug Administration."* CBD is a compound of marijuana and therefore is considered marijuana under Louisiana law. Marijuana is listed in Schedule I of the state controlled substance list. There is no lawful possession of a substance listed in Schedule I, except for the marijuana products authorized in the state medical marijuana program.

~~2. Is CBD oil legal under federal law?~~

   ~~No. CBD is considered marijuana under federal law. Section 21 U.S.C. 812 of the Controlled Substances Act [CSA] establishes marijuana as a Schedule I substance.~~

   ~~The federal Drug Enforcement Administration (DEA) cites scientific literature [*J. Anal. Toxic.*, Vol. 24, 715-717 (2000)] in its guidance that cannabinoids such as CBD are *"found in the parts of the cannabis plant that fall within the CSA definition of marijuana."* Therefore, CBD oil is considered marijuana and a Schedule I substance under federal law.~~

3. Is CBD extracted from hemp legal under Louisiana law?

   No. Louisiana law does not make a distinction between CBD extracted from hemp and CBD extracted from marijuana. CBD is a compound of marijuana and therefore is considered marijuana under Louisiana law.

4. Does the State of Louisiana have a hemp program?

   At this time, the State of Louisiana does not have a hemp program.

~~5. Is CBD extracted from hemp legal under federal law? And how do I know if CBD/hemp oil has been extracted from an illegal part of the Cannabis plant?~~

   ~~The DEA cites scientific literature [*J. Anal. Toxic.*, Vol. 24, 715-717 (2000)] in its guidance, which states in part:~~

   > ~~*"Cannabinoids are not found in the parts of the cannabis plant that are excluded from the CSA definition of marijuana, except for trace amounts (typically, only parts per million) that may be found where small quantities of resin adhere to the surface of seeds and mature stalk.*~~

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~~*Thus, based on the scientific literature, it is not practical to produce extracts that contain more than trace amounts of cannabinoids using only the parts of the cannabis plant that are excluded from the CSA definition of marijuana, such as oil from the seeds. The industrial processes used to clean cannabis seeds and produce seed oil would likely further diminish any trace amounts of cannabinoids that end up in the finished product."*~~

6. Can I or my business sell CBD oil products?

   No. CBD oil, whether derived from hemp or marijuana, is listed in Schedule I of the state's list of controlled substances. There is no lawful possession of a substance listed in Schedule I, except for the marijuana products authorized in the state medical marijuana program.

7. What are the consequences for selling CBD oil?

   Violations of the Louisiana Revised Statutes or Louisiana Administrative Code can subject a person to criminal or administrative action.

8. How does the Board of Pharmacy intend to enforce this guidance statement?

   The Board's efforts at this time are educational. In the event licensees continue to sell CBD oil despite having accurate guidance information, the Board may reassess its compliance methodology.

9. How is a DEA licensee allowed to dispense Marinol and Epidiolex?

   Marinol and Epidiolex have been approved by the federal Food & Drug Administration (FDA) as prescription drug products, and further, have been scheduled by the DEA in other controlled substance schedules used for prescription drug products [Schedule II for the Marinol product in aqueous formulation, Schedule III for the Marinol product in oil formulation, and Schedule V for the Epidiolex product].

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Louisiana Board of Pharmacy **Policies & Procedures**

Title: Electronic Prior Authorizations Policy No. I.A.27

Approved: Revised:

1. Act 423 of the 2018 Legislature required the La. State Board of Medical Examiners and the La. Board of Pharmacy to jointly promulgate a single uniform prescription drug prior authorization form to be used by all payors in the state. The legislation provided for two exceptions to the mandated use of the single uniform form: (1) when the prescription was generated, signed and transmitted electronically, and (2) when the drug prescribed was a specialty drug.

2. The Board of Pharmacy promulgated the required rule in the December 2018 edition of the *Louisiana Register*, with a delayed effective date of January 1, 2019. The new rule created Sections 1129 and 1130, with the former describing the legislative mandate and identifying the enforcement agencies, and the latter containing the form itself.

3. Section 1129(A) provides *"A prescriber or pharmacy required to obtain prior authorization from a third party payor shall complete the Louisiana Uniform Prescription Drug Prior Authorization Form referenced below in Section 1130, either in written form or its electronic equivalent."*

4. Since the legislation was introduced to remedy the plethora of written forms in use by various third party payors and the resulting confusion for prescribers and dispensers attempting to care for their patients, and since the legislation was not intended to hinder the use of true electronic prior authorization processes, the Board has determined it appropriate to interpret LAC 46:LIII.1129(A) such that *'electronic equivalent'* shall not apply to an electronic prior authorization process which uses the National Council for Prescription Drug Programs (NCPDP) SCRIPT Standard to securely exchange prior authorization information between prescribers, pharmacists, and payors.

5. In the event a third party payor requires the use of a form, either in written or electronic medium, then the prescriber or pharmacist shall use the Louisiana Uniform Prescription Drug Prior Authorization Form referenced in Section 1130 of the Board's rules. In the alternative, the payor may allow the prescriber or pharmacist to use an electronic prior authorization process which uses the NCPDP SCRIPT Standard to securely exchange prior authorization information.

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Louisiana Board of Pharmacy **Policies & Procedures**

Title: Financial Accounts Policy No. II.E.1

Approved: Revised:

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1. The Executive Director shall establish accounts at financial institutions as necessary to administer the financial assets of the Board, subject to approval by the Board.

   A. The Board President and Executive Director shall have joint signature authority for every account as required by La. R.S. 37:1182(A)(20).

2. All financial accounts shall be recorded on the Board's financial reporting documents.

3. The Board shall report all financial accounts as required to the Cash Management Review Board in the Dept. of Treasury.

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Louisiana Board of Pharmacy **Policies & Procedures**

Title: Financial Accounting Procedures Policy No. II.E.2

Approved: Revised:

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1. The Executive Director shall establish accounting procedures as necessary to administer the financial assets of the Board.

2. The Board uses the financial accounting and payroll software product QuickBooks® (Intuit) to maintain its financial records.

   A. The Office Manager shall purchase the software updates necessary to keep the software in current status.

3. The Executive Director is authorized to enter into a contract with a certified public accountant (CPA); the proposed contract shall be submitted to the Board for its approval.

   A. The contract shall provide for the preparation of monthly, quarterly, and annual financial statements, as well as the rendering of other information necessary to maintain the Board's financial records in proper order.

   B. The contract shall provide for the preparation of quarterly payroll tax returns, as well as year-end W-2 Forms and 1099 Forms.

4. Revenue – Receivables – Cash Receipts

   A. Receptionist

      i. When checks or other negotiable instruments are received in the mail, the receptionist shall staple that item to the face of the application or other document with which it is associated.

      ii. When cash is received, the receptionist shall place the cash in a cash envelope and then staple the cash envelope to the face of the application or other document with which it is associated. The receptionist shall prepare and tender a cash receipt.

      iii. The receptionist shall sort and distribute mail to the appropriate area of the office.

   B. Administrative assistants and coordinators

      i. When the staff determines an application or other order form can be retained and processed, the staff person shall open a revenue batch in eLicense, and then enter the payment in the applicant's record in eLicense.

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ii. When the staff determines an application or other order form cannot be retained, the staff shall generate a deficiency letter, make a copy of all the information submitted, and attach a copy of that information to the applicant's record in eLicense, or in the alternative, placed in the applicant's file folder. The deficiency letter and original materials shall be returned to the applicant.

iii. At the end of each business day, every staff member who opened a revenue batch in eLicense and processed revenue shall close the revenue batch in eLicense and forward all funds to the office manager.

C. Office Manager

i. The office manager shall review the revenue batch reports to ensure that fees were properly recorded.

ii. The office manager shall review all negotiable instruments to ensure their proper order, specifically insuring that checks are made payable to the Board, are for the proper amount (including that the number and text entries match), and that they are signed.

iii. In the event the office manager discovers a discrepancy with a payment, the manager shall prepare a copy of the eLicense entry for the payment and the payment itself, then delete the payment from the revenue batch, return the deficient payment to the licensing manager, and retain a copy of the entry and payment with the deposit records.

iv. When the accuracy of each batch is confirmed, the office manager shall prepare a bank deposit record, including a detailed listing of each check directly from eLicense. The office manager shall personally deliver the deposit to the bank the following business day.

v. The final deposit shall be entered into QuickBooks and noted in a separate deposit log.

vi. Within the first 10 days of the month, the office manager shall submit the following items to the Board's CPA:

(a) A copy of the QuickBooks file;

(b) A copy of the deposit log; and

(c) A copy of all bank statements.

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D. CPA

i. The CPA shall reconcile all bank statements and prepare a monthly financial statement for review by the Executive Director.

5. Expenses – Payables – Cash Disbursements

A. Receptionist

i. Invoices or other requests for payment shall be routed to the office manager.

B. Office Manager

i. The office manager shall secure all blank check stock. The office manager shall provide blank check stock to the Board President for the first of the two required signatures and then secure those checks.

ii. The office manager shall prepare all checks using QuickBooks.

iii. The office manager shall attach the invoice and other supporting documentation to the prepared check and forward that package to the Executive Director for review.

iv. Signed checks shall be mailed to the payee and the associated records shall be maintained by the office manager. Checks returned unsigned shall be voided; replacement checks shall be prepared as appropriate.

v. Within the first 10 days of the month, the office manager shall prepare a detailed listing of all QuickBooks transactions during the previous month, and shall provide that document to the executive director for review.

C. Executive Director

i. The executive director may delegate to the office manager the authority to execute automated clearing house (ACH) and electronic funds transfer (EFT) transactions.

ii. The executive director shall review the prepared check and all supporting documentation to insure the check contains the correct payee and amount of payment.

iii. In the event of an error in the check, the executive director shall not sign the check and shall return it and the supporting documentation to the office manager for correction.

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iv. The executive director shall initial the invoice or other supporting documentation and sign the check, returning all items to the office manager for processing.

v. The executive director shall review the monthly transaction report to insure all payments were coded to the correct General Ledger account in QuickBooks. The reviewed report shall be initialed and returned to the office manager, noting any corrections necessary.

vi. The executive director shall review the monthly financial statement prepared by the CPA and shall consult with the CPA as necessary.

6. Procurement Procedures

A. The executive director shall comply with the provisions of the Louisiana Procurement Code found at R.S. 39:1551 – 1755, as well as the corresponding rules from the Div. of Administration found at LAC 34:V.

B. The executive director has delegated authority to the following members of the staff for single purchases of the following amounts:

i. A single purchase of less than $1,000 may be authorized by the office manager.

ii. A single purchase of less than $10,000 may be authorized by the assistant executive director.

iii. A single purchase of $10,000 or more requires the approval of the executive director.

C. Procedures for purchases of less than $5,000

i. No competitive bid process is required.

D. Procedures for purchases more than $5,000 and less than $15,000

i. The office manager shall solicit at least three bids, by telephone, facsimile or any other means.

ii. The purchase shall be awarded to the lowest responsive quotation, subject to the following special conditions:

(a) At least one of the bids shall be solicited from a certified small and emerging business, a small entrepreneurship, or a veteran or service-connected disabled veteran-owned small entrepreneurship.

(b) When the price is determined to be reasonable, the requirement to solicit three quotations may be waived when

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making purchases from a small and emerging business, a small entrepreneurship, or a veteran or service-connected disabled veteran-owned small entrepreneurship that is currently certified by the La. Dept. of Economic Development.

(c) Soliciting three quotations may be waived when purchasing from a business registered with the La. Secretary of State and domiciled within Louisiana. The purchase record shall reflect an analysis demonstrating that prices from the state-domiciled vendor are equal or better than the other quotations.

(d) The office manager shall retain all records associated with the solicitation of bids, including a list of all solicited vendors, the contact person for each vendor, confirmation of quotations, and confirmation of the award to the successful vendor.

E. Procedures for purchases more than $15,000 and less than $25,000

i. The office manager shall issue a purchase order, and shall solicit at least five bids, by facsimile or written means.

ii. The purchase shall be awarded to the lowest responsive quotation, subject to the following special conditions:

(a) A minimum of three working days shall be allowed for receipt of quotations.

(b) At least two of the quotations shall be from certified small and emerging businesses; however, this provision may be waived if the solicitation is posted to LaPAC (La. Procurement and Contract Network, the centralized electronic database for state procurement maintained by the Div. of Administration).

(c) The office manager shall retain all records associated with the solicitation of quotations, including a list of all solicited vendors, responses from each of the vendors, a summary of the quotations received, and an indication of the vendor awarded the order.

F. Procedures for purchases of $25,000 or more

i. These transactions require compliance with the public bid law and approval from the Office of State Procurement in the Div. of Administration.

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G. Exceptions to procurement procedures (illustrative; not complete)

i. Items covered by an existing contract;

ii. Repair parts for equipment obtained from a Louisiana authorized dealer shall be used if available;

iii. Equipment repairs from a Louisiana authorized dealer shall be used if available;

iv. Publications or copyrighted materials may be purchased directly from the publisher;

v. Public utilities and services provided by local governments;

vi. Commercial Internet service not to exceed $1,500 per subscription per year;

vii. Parcel services, including but not limited to Federal Express, United Parcel Service, Airborne Express, and US Postal Service Express Mail;

viii. Purchases or sales between state budget units or other government agencies;

ix. Non-customized training, including educational instructor fees, and related resources (except equipment) used to enhance the performance of state employees and good standing of state agencies, including memberships in and accreditations by professional societies and organizations;

x. Wire, related equipment, time and material charges to accomplish repairs, additions, relocations, and/or changes to telecommunication systems not exceeding $2,500;

xi. Renewal of termite service contracts;

xii. Equipment relocations by the original equipment manufacturer or authorized dealer to ensure equipment operation to original manufacturer specifications, calibration, warranty, etc., not to exceed $25,000 per transaction; and

xiii. Advertising, where permitted by law, and only after the executive director certifies that specific media is required to reach targeted audiences.

7. Payroll Procedures

A. The Board uses QuickBooks to process bi-weekly payroll for its

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employees.

B. The office manager shall create a record for every employee in QuickBooks, including the pay rate and effective date of that rate.

C. The office manager shall receive and maintain all completed employee time sheets from the supervisors.

i. Employees shall submit their completed time sheets with any applicable leave slips or overtime records to their supervisor no later than 10 days after the end of the pay period.

ii. Each supervisor shall review the timesheets and accompanying documents. In the event of a deficiency, the supervisor shall return the time records to the employee and direct their immediate correction. When the records are complete, the supervisor shall submit them to the office manager within three days.

D. The office manager shall prepare the payroll checks and provide them to the executive director for review and signature.

E. The office manager shall prepare the federal employment tax-related reports and prepare the associated electronic payment for review and signature by the executive director.

F. The office manager shall prepare the relevant reports for different withholding arrangements and prepare the associated electronic payments or checks for review and signature by the executive director.

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Louisiana Board of Pharmacy **Policies & Procedures**

Title: Financial Reports Policy No. II.E.3

Approved: Revised:

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1. The executive director shall prepare a proposed budget for the following fiscal year for consideration by the Board's Finance Committee during its fall meeting, typically in November.

    A. Following the Board's approval of a budget for the following fiscal year, the executive director shall provide the budget information to the following:

        i. The office manager for incorporation into QuickBooks;

        ii. The CPA for incorporation into their financial reporting package;

        iii. LaTrac (La. Transparency & Accountability website portal);

        iv. Legislative agencies:

            (a) Office of the Legislative Auditor;

            (b) Legislative Fiscal Office;

            (c) Joint Legislative Committee on the Budget;

            (d) Senate Committee on Health and Welfare; and

            (e) House Committee on Health and Welfare.

    B. The executive director shall prepare proposed budget amendments as appropriate for consideration by the Board's Finance Committee. Upon the Board's approval of any budget amendment, the executive director shall furnish the budget information as described in Section 1.A above.

2. The contracted CPA shall prepare monthly, quarterly, and annual financial statements.

    A. The executive director shall review the monthly financial statement and shall consult with the CPA as appropriate.

    B. The executive director shall provide the quarterly financial statement to the Board along with information pertinent to the agency's budget performance.

    C. The executive director shall invite the CPA to meet with the Board during its August meeting for the purpose of reviewing the annual financial

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statement as well as the agency's overall fiscal status.

3. The executive director shall cooperate with the auditor in preparing the audited annual financial statement.

   A. In the event the audited financial statement varies from the annual financial statement prepared by the CPA, the executive director shall notify the CPA to record the conforming changes.

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Louisiana Board of Pharmacy **Policies & Procedures**

Title: Financial Audits Policy No. II.E.4

Approved: Revised:

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1. For as long as the Board receives or expends more than $500,000 per fiscal year, the Board shall be subject to annual financial audits by the Office of the Legislative Auditor.

2. The Office of the Legislative Auditor may conduct the audit with its own staff, or in the alternative, may contract the audit to a private CPA.

3. The executive director and office manager shall cooperate with the auditor by providing all financial records requested by the auditor.

4. The executive director shall prepare the Annual Compliance Questionnaire for the Board's review and execution during the audit.

5. The executive director shall furnish the auditor's report to the Board upon its receipt.

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Louisiana Board of Pharmacy **Policies & Procedures**

Title: Sexual Harassment Policy No. II.H.2

Approved: 05-11-2005 Revised: 05-23-2018

1. It is the policy of the Louisiana Board of Pharmacy to provide a workplace free of sexual harassment in any form. Sexual harassment of any kind violates the Civil Rights Act (of 1964 and 1991) and La. R. S. 42:341 through 345. Violations will not be tolerated and may result in disciplinary action and possible termination of employment or loss of commission.

2. Unwelcome sexual advances, requests for sexual favors, and other verbal, physical, or inappropriate conduct of a sexual nature constitute sexual harassment when the conduct explicitly or implicitly affects an individual's employment or the holding of office, unreasonably interferes with an individual's work performance, or creates an intimidating, hostile, or offensive work environment and shall not be tolerated.

3. Sexual harassment is any demand or sexual inference connected with one's job. Examples of inappropriate behavior include: verbal or non-verbal sexual innuendoes, suggestive comments, threats, insults, jokes about specific traits, sexual propositions, suggestive or insulting noises, obscene gestures, physical body contact, or coercing of any sexual activity.

4. Sexual harassment also includes any unwelcome sexual advances or requests for sexual favors as a term or condition of any individual's employment, or when this conduct is used as a basis for employment decisions. Furthermore, when such conduct has the purpose or effect of unreasonably interfering with an individual's work performance creating an intimidating, hostile, and an offensive working environment.

5. Employees shall report any acts that affect or interfere with their employment to their supervisor for sexual harassment complaints. If the person the employee is reporting is the supervisor for sexual harassment complaints, then the employee shall contact the supervisor's superior to file the harassment charge.

6. All such complaints will be both thoroughly and quickly investigated in a confidential and non-biased manner regardless of whether it involves a co-worker, supervisor or member. Procedures for filing a complaint are detailed in *Policy No. PPM.II.H.3 Procedure for Discrimination & Harassment Complaints* and actions taken on a complaint shall be documented.

7. The Louisiana Board of Pharmacy protects the rights of those individuals who bring and investigate sexual harassment complaints and also protects those individuals against any acts of retaliation if they pursue the complaints of sexual harassment.

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8. As required by Act 270 of the 2018 Legislature, all employees and members shall complete one hour of training per year on how to recognize sexual harassment, report it to appropriate authorities, and investigate complaints, and further, the following supervisory personnel shall complete additional training as developed by the Dept. of State Civil Service.
   A. Executive Director
   B. Assistant Executive Director
   C. General Counsel
   D. Chief Compliance Officer
   E. Office Manager
   F. Licensing Manager

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Revision History

02-19-2019	Amended Item 8 to comply with Act 270 of the 2018 Legislature.
05-23-2018	Amended to comply with Act 270 of the 2018 Legislature.
05-27-2015	Added Item 7.

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Louisiana Board of Pharmacy **Policies & Procedures**

Title: Application for New Pharmacy Permit (in-state) Policy No. III.B.6

Approved: 11-15-2017 Revised: 11-14-2018

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1. The statutory authority requiring pharmacies to be licensed by the Board prior to dispensing medications to Louisiana residents is found at La. R.S. 37:1221.A, and further amplified at La. R.S. 37:1222.

2. The regulatory authority for the regulation of pharmacies is found at LAC 46:LIII. Chapters 13-31.

3. The Executive Director shall develop and maintain an application form to be used by applicants for nonresident pharmacy permits. The form shall be uniquely identified and bear the date of its creation or revision. The application form shall collect sufficient information necessary to:
   A. Establish the identity of the applicant;
   B. Describe the direct and indirect ownership profile of the applicant;
      - *Direct* ownership refers to the natural person(s) or legal person(s) [organizations] seeking and holding the permit.
      - *Indirect* ownership refers to the natural person(s) or legal person(s) holding ownership interests in the direct owner.

      i. by collecting specific information for every *natural* person with any direct or indirect ownership interest in the pharmacy, specifically:
         (a) Full legal name, date of birth, and Social Security number;
         (b) Mailing address and telephone number;
         (c) Percentage of ownership or fraction thereof;
         (d) Evidence of any professional license or other credential issued by any state government agency (either legible copy or website verification thereof), and further, whether or not the credential has ever been sanctioned or disciplined by any state licensing agency or by any local, state, or federal government agency, or by any local, state, or federal court. In the event of any such sanction or discipline, or in the event an application for such credential has ever been denied or refused by any jurisdiction, a copy of the board, agency, or court decision document shall be ~~provided.~~ <u>included in the application; provided however,</u>
         <u>(e) For natural persons holding less than 5% ownership, the production of the following data may be waived:</u>
         <u>> date of birth;</u>
         <u>> Social Security number; and</u>
         <u>> professional licensure information.</u>

      ii. by collecting specific information for every *legal* person (organization) with any direct or indirect ownership interest in the pharmacy, specifically:

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(a) Full legal name and Federal Employment Identification Number, as evidenced by a copy of the Internal Revenue Service (IRS) letter assigning that number, or in the alternative, a signed W-9 form;
(b) Mailing address and telephone number;
(c) Percentage of ownership or fraction thereof; and
(d) An accounting of 100% of the ownership thereof.

C. Describe the pharmacy's location and credentials issued by other agencies;
D. Identify the special professional services intended for Louisiana residents;
E. Identify the Pharmacist-in-Charge, and further, assist in the determination of his fitness for practice in that capacity; and
F. Confirm the owner's consent for the Pharmacist-in-Charge to submit the application for the pharmacy permit on behalf of the owner.

4. The application form shall instruct the applicant to cause the following persons identified in their application to submit to a criminal background check (CBC):
   A. Pharmacist-in-Charge; and
   B. Any natural person holding 20% or more ownership interest at the direct or indirect level; provided, however, that this requirement may be waived in the event that person has already submitted to such CBC for the Board and that CBC report was received less than five years prior to the date of the application for the permit.

5. The application package should also contain additional guidance information for the applicant as well as a summary checklist designed to ensure the submission of all additional required documents.

6. All applications shall be referred to the Credentials Division staff for processing.
   A. In the event the staff determines there are deficiencies in the application or supporting materials, the staff shall communicate with the applicant to assist them in compiling a complete application.
   B. In the event the staff determines there is information (e.g., prior disciplinary or legal action) impacting qualifications or fitness for practice, staff shall refer the completed application to an administrative officer, for a determination as to whether a referral to a Board committee is warranted.
      i. In the event the administrative officer determines no committee referral is warranted, the administrative officer shall annotate the application form and return it to licensing staff for final administrative review and issuance of the permit.
      ii. In the event the administrative officer determines a referral to a Board committee is warranted, he shall assign a case number to the application, schedule a hearing before the appropriate committee, and notify the applicant of the hearing, ensuring compliance with due process requirements.
   C. In the event staff determines the applicant does not meet all of the licensing criteria and the applicant wishes to appeal that staff determination, staff shall direct the applicant to submit a written appeal to the Executive Director. The Executive Director shall present the appeal

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and relevant information from the applicant's file to the Board President. The Board President shall have the authority to review such appeals and determine whether to grant such requests, either in part or in full. The Executive Director shall notify the applicant and the licensing staff of the President's decision.

7. When the licensing staff has compiled a completed application, the applicant shall be instructed to contact the pharmacist compliance officer for that part of the state to arrange a site inspection at a mutually agreeable time. When the compliance officer has completed the inspection and verified compliance with the minimum standards, the compliance officer shall notify the licensing staff to issue the permit.

8. When the licensing staff has completed the processing of the application, the staff may issue the permit if they have been delegated the authority to issue it, or in the alternative, shall refer the application to the licensing manager for final review and issuance of the permit.

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Revision History

02-19-2019	> Amended Item 3.B.i to adde new (e) to allow for a waiver from the requirement to declare certain information for persons holding less than 5% share ownership.
11-14-2018	> Re-numbered policy; > Added Item 7 to add the requirement for an initial inspection prior to issuing the permit.
02-21-2018	> Amended the definition of “indirect” ownership in Item 3.B to remove the multiple levels. > Deleted the previous exclusion from the requirement for the provision of information relative to prior disciplinary actions originally found in Item 3.B.i.(d). > Deleted the requirement for complete information for all levels of indirect ownership originally found in Item 3.B.ii.(d). > Deleted the requirement for the identification of the pharmacy’s registered agent for the service of process originally found in Item 3.D. > Deleted the requirement for the identification of the Owner’s Managing Officer originally found in Item 3.F. > Added a new requirement at Item 3.F for a corporate resolution authorizing the Pharmacist-in-Charge to execute the application for the applicant. > Deleted the requirement for a criminal background check (CBC) for the Owner’s Managing Officer, originally found at Item 4.A.

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Louisiana Board of Pharmacy **Policies & Procedures**

Title: Application for New Nonresident Pharmacy Permit Policy No. III.B.7

Approved: 11-15-2017 Revised: 11-14-2018

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1. The statutory authority requiring nonresident pharmacies (located outside the state) to be licensed by the Board prior to dispensing medications to Louisiana residents is found at La. R.S. 37:1221.B and C, and further amplified at La. R.S. 37:1222.

2. The regulatory authority for the regulation of nonresident pharmacies is found at LAC 46:LIII.Chapter 23.

3. The Executive Director shall develop and maintain an application form to be used by applicants for nonresident pharmacy permits. The form shall be uniquely identified and bear the date of its creation or revision. The application form shall collect sufficient information necessary to:
   A. Establish the identity of the applicant;
   B. Describe the direct and indirect ownership profile of the applicant;
      - *Direct* ownership refers to the natural person(s) or legal person(s) [organizations] seeking and holding the permit.
      - *Indirect* ownership refers to the natural person(s) or legal person(s) holding ownership interests in the direct owner:

      i. by collecting specific information for every *natural* person with any direct or indirect ownership interest in the pharmacy, specifically:
         (a) Full legal name, date of birth, and Social Security number;
         (b) Mailing address and telephone number;
         (c) Percentage of ownership or fraction thereof;
         (d) Evidence of any professional license or other credential issued by any state government agency (either legible copy or website verification thereof), and further, whether or not the credential has ever been sanctioned or disciplined by any state licensing agency or by any local, state, or federal government agency, or by any local, state, or federal court. In the event of any such sanction or discipline, or in the event an application for such credential has ever been denied or refused by any jurisdiction, a copy of the board, agency, or court decision document shall be ~~provided.~~ <u>included in the application; provided however,</u>
         <u>(e) For natural persons holding less than 5% ownership, the production of the following data may be waived:</u>
         <u>> date of birth;</u>
         <u>> Social Security number; and</u>
         <u>> professional licensure information.</u>

      ii. by collecting specific information for every *legal* person

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(organization) with any direct or indirect ownership interest in the pharmacy, specifically:

(a) Full legal name and Federal Employment Identification Number, as evidenced by a copy of the Internal Revenue Service (IRS) letter assigning that number, or in the alternative, a signed W-9 form;

(b) Mailing address and telephone number;

(c) Percentage of ownership or fraction thereof; and

(d) An accounting of 100% of the ownership thereof.

C. Describe the pharmacy's location and credentials issued by other agencies;

D. Identify the special professional services intended for Louisiana residents;

E. Identify the Pharmacist-in-Charge, and further, assist in the determination of his fitness for practice in that capacity; and

F. Confirm the owner's consent for the Pharmacist-in-Charge to submit the application for the pharmacy permit on behalf of the owner.

4. The application form shall instruct the applicant to cause the following persons identified in their application to submit to a criminal background check (CBC):

A. Pharmacist-in-Charge; and

B. Any natural person holding 20% or more ownership interest at the direct or indirect level; provided, however, that this requirement may be waived in the event that person has already submitted to such CBC for the Board and that CBC report was received less than five years prior to the date of the application for the permit.

5. The application package should also contain additional guidance information for the applicant as well as a summary checklist designed to ensure the submission of all additional required documents.

6. All applications shall be referred to the Credentials Division staff for processing.

A. In the event the staff determines there are deficiencies in the application or supporting materials, the staff shall communicate with the applicant to assist them in compiling a complete application.

B. In the event the staff determines there is information (e.g., prior disciplinary or legal action) impacting qualifications or fitness for practice, staff shall refer the completed application to an administrative officer, for a determination as to whether a referral to a Board committee is warranted.

i. In the event the administrative officer determines no committee referral is warranted, the administrative officer shall annotate the application form and return it to licensing staff for final administrative review and issuance of the permit.

ii. In the event the administrative officer determines a referral to a Board committee is warranted, he shall assign a case number to the application, schedule a hearing before the appropriate committee, and notify the applicant of the hearing, ensuring compliance with due process requirements.

C. In the event staff determines the applicant does not meet all of the

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licensing criteria and the applicant wishes to appeal that staff determination, staff shall direct the applicant to submit a written appeal to the Executive Director. The Executive Director shall present the appeal and relevant information from the applicant's file to the Board President. The Board President shall have the authority to review such appeals and determine whether to grant such requests, either in part or in full. The Executive Director shall notify the applicant and the licensing staff of the President's decision.

7. When the licensing staff has completed the processing of the application, the staff may issue the permit if they have been delegated the authority to issue it, or in the alternative, shall refer the application to the licensing manager, for final review and issuance of the permit.

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Revision History

02-19-2019	> Amended Item 3.B.i to add new (e), to allow for a waiver from the requirement to declare certain information for persons holding less than 5% share ownership.
11-14-2018	> Re-numbered policy;
02-21-2018	> Amended the definition of “indirect” ownership in Item 3.B to remove the multiple levels. > Deleted the previous exclusion from the requirement for the provision of information relative to prior disciplinary actions originally found in Item 3.B.i.(d). > Deleted the requirement for complete information for all levels of indirect ownership originally found in Item 3.B.ii.(d). > Deleted the requirement for the identification of the pharmacy’s registered agent for the service of process originally found in Item 3.D. > Deleted the requirement for the identification of the Owner’s Managing Officer originally found in Item 3.F. > Added a new requirement at Item 3.F for a corporate resolution authorizing the Pharmacist-in-Charge to execute the application for the applicant. > Deleted the requirement for a criminal background check (CBC) for the Owner’s Managing Officer, originally found at Item 4.A.

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Louisiana Board of Pharmacy

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Section V – Prescription Monitoring Program

A. Administration
   1. Board Operations
   2. Advisory Council

B. Data Collection
   1. Dispenser Enrollment
   2. Reporting Requirements
   3. Compliance Monitoring
      a. Dispenser Activity Report
      b. Uncorrected Errors Report
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C. Data Hosting
   1. Technical Specifications
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D. Data Access
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E. Statistical Data Analysis
   1. Prescription Transaction Volume
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F. Release of Program Information to Other Entities
   1. Epidemiologist
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   1. Annual report

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Louisiana Board of Pharmacy **Policies & Procedures**

Title: PMP – Administration Policy No. V.A.1

Approved: Revised:

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1. The statutory authority for the state prescription monitoring program is found at R.S. 40:1001 *et seq*.

2. The rules for the operation of the state prescription monitoring program are found at LAC 46:LIII.2901 *et seq*.

3. The Executive Director shall allocate sufficient space, furniture, equipment and other resources within the Board office for the program.

4. The Executive Director shall employ a program manager and sufficient personnel to operate the program as directed by the Board.

5. The Executive Director shall engage one or more vendors, in compliance with the Public Bid Law, to facilitate the collection of prescription monitoring program data and to facilitate access to the program data by authorized users.

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Louisiana Board of Pharmacy **Policies & Procedures**

Title: PMP – Advisory Council Policy No. V.A.2

Approved: Revised:

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1. The membership of the prescription monitoring program (PMP) advisory council and its functions are found at R.S. 40:1005 and LAC 46:LIII.2909.

   A. The members of the council serve at the pleasure of their respective appointing authorities, eleven of whom shall constitute a quorum for the transaction of all business.

   B. PMP staff shall develop and maintain a roster of council members. The roster shall identify the organizations enumerated within the legislation, their appointees, designees, and staff representatives. The roster shall include the mailing address as well as email address for all persons listed on the roster.

2. The council members shall elect a chairman and vice chairman. The term of office for each officer shall be one year. Members shall elect their officers during the July meeting each year. Officers elected shall serve until their successor is elected. The presiding officer shall conduct all meetings in conformance with the Open Meetings Law and Robert's Rules of Order.

   A. The chairman shall preside at all council meetings, and may accept other assignments as authorized by the council.

   B. In the absence of the chairman, the vice chairman shall preside at council Meetings, and may accept other assignments as authorized by the council.

3. The council is required to meet at least four times every year, and the Board is responsible for fixing the time and place for the council meetings.

   A. As expressed by the membership the council has established a preference for its meetings to occur on the second Wednesday of the first month of each calendar quarter [*January, April, July, and October*], to convene at 1:00 p.m. on those days. Council meetings are held at the Board office unless specified otherwise.

   B. PMP staff shall prepare and distribute meeting notices at least 14 days prior to a scheduled meeting of the council. The meeting notice shall include the following documents: (1) meeting agenda, (2) draft minutes from the previous meeting, and (3) such other documents as may be appropriate to assist the members in preparing for the consideration of agenda items.

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C. PMP staff shall prepare draft minutes of council meetings no later than 14 days after the council meeting for review by an administrative officer.

4. The council shall provide information and advice regarding the development and operation of the program, including but not limited to the following:

A. Which controlled substances should be monitored;

B. Which drugs of concern demonstrate a potential for abuse and should be monitored;

C. Design and implementation of educational courses for program participants;

D. The methodology to be used for analysis and interpretation of prescription monitoring information;

E. Design and implementation of a program evaluation component;

F. Identification of potential additional members to the advisory council.

5. The standard agenda sequence for council meetings, which may be modified as deemed appropriate by the council chair, shall be as follows:

A. Call to order

B. Quorum call

C. Call for additional agenda items and adoption of agenda

D. Consideration of minutes from previous meeting

E. Opportunity for public comment

F. Review of program operation

G. Calendar notes

H. Adjourn

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Louisiana Board of Pharmacy **Policies & Procedures**

Title: PMP Data Collection – Dispenser Enrollment Policy No. V.B.1

Approved: Revised:

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1. A dispenser – as defined at R.S. 40:1003 – means a person authorized by the state to dispense or distribute to the ultimate user any controlled substance or drug of concern monitored by the program, but does not include any of the following:

   A. A pharmacy permitted by the Board as a hospital pharmacy that dispenses or distributes any controlled substance or drug of concern monitored by the program for the purposes of inpatient health care.

   B. A practitioner who dispenses or distributes no more than a single 48-hour supply of such controlled substance or drug of concern to a patient prior to, or subsequent to, performing an actual procedure on that patient.

   C. A practitioner or other authorized person who administers such controlled substances or drugs of concern upon the lawful order of a practitioner.

   D. A wholesale distributor of controlled substances or drugs of concern that is credentialed by the La. Board of Drug and Device Distributors.

2. To facilitate the collection of prescription monitoring information from dispensers, the Board shall enroll all eligible dispensers and provide them with information necessary to enable their reporting of all eligible prescription transactions to the PMP database.

   A. When the licensing staff issues a new pharmacy permit, the staff shall include a notice to the pharmacy informing them of their duty to report all eligible prescription transactions to the PMP database and advising them how to comply with the requirement.

   B. PMP staff shall develop and maintain a Dispenser Guide which instructs dispensers how to establish a reporting account with the PMP database vendor.

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Louisiana Board of Pharmacy **Policies & Procedures**

Title: PMP Data Collection – Reporting Requirements Policy No. V.B.2

Approved: Revised:

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1. Unless otherwise exempted by the Board, dispensers are required to report all prescription transactions for medications listed in Schedules II through V as well as drugs of concern to the PMP Clearinghouse no later than the next business day after the date of dispensing.

   A. In the event the business operations of a dispenser preclude the dispensing of controlled substances or drugs of concern, the dispenser may apply to the Board for an exemption to the reporting requirement.

   B. In the event the Board approves the request for an exemption to the reporting requirement conditioned upon the execution of the standard voluntary consent agreement used for that purpose, PMP staff will offer a proposed voluntary consent agreement containing the following provisions:

      i. The dispenser agrees to not dispense any controlled substances or drugs of concern;

      ii. The Board agrees to waive the reporting requirement including the necessity to file any Zero Reports;

      iii. In the event the Board discovers the dispensing of any controlled substance or drug of concern by a dispenser who has executed a consent agreement waiving the reporting requirement, the dispenser agrees to pay a fine of $5,000 plus an administrative hearing fee of $250, with the total due to the Board within 30 days notice of the prohibited activity;

      iv. In the event the Board discovers a subsequent dispensing of any controlled substance or drug of concern, the dispenser agrees to pay another fine of $5,000 plus administrative hearing fee of $250, with the total due to the Board within 30 days notice of the prohibited activity; and further, agrees to the termination of the consent agreement; and further, agrees to resume daily reporting to the PMP Clearinghouse.

   C. Upon receipt of a properly executed voluntary consent agreement, the PMP staff will record the effective date of the reporting waiver in the dispenser's eLicense record, place the original copy of the executed consent agreement in the dispenser's public file, and attach an electronic copy of the executed consent agreement to the dispenser's eLicense record.

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D. The Board may rescind any previously approved reporting waiver.

2. Dispensers with no eligible prescription transactions to report shall submit a Zero Report for that reporting period; their failure to do so will result in a finding of noncompliance with the reporting requirement.

3. With respect to eligible transactions, dispensers shall report the following data:

A. Dispenser information

i. DEA registration number is required;

ii. NPI number is not required but accepted if submitted;

iii. NCPDP number is not required but accepted if submitted;

iv. Address is not required but accepted if submitted;

v. Pharmacist license number or NPI number are not required but accepted if submitted.

B. Patient information

i. Identification number is required;

ii. Source of identification number is required;

iii. First and last name are required; middle name or initial as well as prefix and suffix are not required but accepted if submitted;

iv. Address with city, state, and ZIP code are required; telephone number is not required but accepted if submitted;

v. Date of birth is required;

vi. Gender code is required;

vii. Patient service location is not required but accepted if submitted;

viii. Species code is required for veterinary prescriptions.

C. Prescription information

i. Status indicator (new, revision, void) is required;

ii. Method of transmission of prescription is required;

iii. Prescription number is required;

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iv. Date of issuance is required;

v. Number of refills authorized on original prescription as well as the refill number are required;

vi. Partial fill information, if applicable, is required;

vii. Date of dispensing is required;

viii. Method of payment is required.

D. Drug information

i. NDC [National Drug Code], or in the alternative, an indicator for a compounded prescription, is required;

ii. Quantity dispensed and unit of measure are required;

iii. Days supply is required.

E. Prescriber information

i. DEA registration number (with suffix, if applicable) is required;

ii. First and last names are required; middle names or initials are not required but accepted if submitted.

iii. NPI number is not required but accepted if submitted;

iv. Telephone number is not required but accepted if submitted.

4. Dispensers have four options to deliver their prescription transaction data to the PMP Clearinghouse. The PMP staff shall describe these four options in the Dispenser Guide posted on the Board's website.

A. Secure FTP [File Transfer Protocol]

B. Web Portal Upload

C. Manual Entry with UCF [Universal Claim Form]

D. Zero Report

5. Data submitted to the PMP Clearinghouse shall be formatted in compliance with the *2011 ASAP Version 4.2 Standard for Prescription Monitoring Programs*.

6. The Dispenser Guide shall inform dispensers of the communications sent by PMP Clearinghouse to acknowledge data submissions and Zero Reports as well as provide interim status reports as appropriate.

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7. The Dispenser Guide shall inform dispensers of the tools available at PMP Clearinghouse to review their data submissions, review error reports, and procedures to correct errors in data previously submitted.

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Louisiana Board of Pharmacy **Policies & Procedures**

Title: PMP Data Collection – Compliance Monitoring Policy No. V.B.3

Approved: Revised:

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1. PMP staff shall monitor dispensers for compliance with reporting requirements.

   A. The staff shall endeavor to perform compliance checks for at least nine pharmacies per day the office is open.

   B. The compliance check will include the following:

      i. Verify the status of the permit and DEA registration in eLicense.

      ii. Dispenser Activity Report, to ensure the pharmacy has submitted a report for every eligible day, on which they were open for business.

      iii. Uncorrected Errors, using the Rx Management report function, to ensure they have corrected all errors from previous uploads.

      iv. Staff will perform compliance audits on pharmacies, either for cause or on a random selection basis, to ensure the pharmacies have reported all of their eligible prescriptions to the database. The program manager shall determine whether to send a compliance officer to the pharmacy to conduct an audit, or in the alternative, whether to issue a subpoena for the pharmacy's dispensing records. Staff shall compare the dispensing record and the data reported to determine all eligible prescriptions were reported.

      v. In the event staff determines a pharmacy failed to submit a dispensing report for any particular day, failed to report a particular prescription transaction, or failed to correct an error from a previous dispensing report, the staff shall send a compliance notice to the pharmacy, informing them of the needed remedial action. The staff shall enter a work order in eLicense to remind the staff person to re-check that pharmacy in 14 days to ensure the remedial action requested has been performed.

      vi. In the event staff determines a pharmacy failed to perform the requested remedial action for any non-technical reason, the staff shall refer the pharmacy to the program manager, who will refer the matter to General Counsel, who will enter a case number in the Enforcement module in eLicense and schedule the pharmacy for an Informal Conference with the Board's Violations Committee.

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Louisiana Board of Pharmacy **Policies & Procedures**

Title: PMP Data Hosting – Technical Specifications Policy No. V.C.1

Approved: Revised:

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1. Introduction

A. The Board has developed technical specifications for the operation of the state prescription monitoring program (PMP), which operates to collect, manage, and communicate electronic data relative to prescription transaction information for prescriptions of controlled substances, other drugs of concern, and medical marijuana products. The contractor will collect the data from the reporting entities, house the data in a secure site, and establish a secure web portal to facilitate automated communication for authorized users.

B. Act 676 of the 2006 Legislature authorized the Board to develop, implement, and operate an electronic system for the monitoring of controlled substances and other drugs of concern which are dispensed to state residents. The Board promulgated the necessary rules for the program in July 2017 [LAC 46:LIII.Chapter 29 – Prescription Monitoring Program]. Both the enabling statute and the rules have been amended over time to further streamline and improve the program operations.

C. The program began collecting data from dispenser in July 2008 and began responding to queries from authorized users in January 2009. On December 31, 2017, after nine years of operation, the following parameters were noted:

i. Approximately 1,700 pharmacies now report dispensing activity on a daily basis.

ii. The program has received approximately 117 million prescriptions and now averages approximately 1.1 million prescription transactions per month.

iii. Of the approximately 20,000 prescribers and 8,900 dispensers eligible to apply for authority to access the data, approximately 14,000 have done so. Those authorized users have performed about 14 million queries, now averaging 11,000 per day.

iv. Approximately eight state agencies, including the professional licensing agencies for the various prescribers and dispensers, as well as the federal Drug Enforcement Administration (DEA) and state Medicaid office, have registered users in their offices, and those users generate approximately 200 queries per month.

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v. Approximately 100 federal, state, and local law enforcement agencies, prosecutorial officials, and specialty courts have registered users in their offices, and those users generate approximately 120 queries per month.

2. Scope of Work

2.1 Data Collection

2.1.1 The contractor shall prepare and provide to the Board an electronic manual for dispensers containing instructions necessary to comply with the reporting requirements, including technical assistance.

2.1.2 The contractor shall have the capacity to receive electronic prescription information transmitted directly from the dispensers, seven days a week and 24 hours per day.

2.1.3 The contractor shall collect the electronic data in the format established by the ASAP Telecommunications Format for Controlled Substances in Version 2.4, or its successor, receiving such data transmissions using a Secure File Transfer Protocol (SFTP) account, Secure Socket Layer (SSL) website, or other agreed upon format.

2.1.4 The following data elements shall be collected for all controlled substance prescription transactions, other drugs of concern, and medical marijuana products identified by the Board.

2.1.4.1 Prescriber's information, including but not limited to DEA registration number, with suffix if applicable, as assigned by the DEA, or in the alternative, the NPI number, as assigned by the U.S. Centers for Medicare & Medicaid Services (CMS).

2.1.4.2 Patient's information, including name, address, date of birth, gender, identification number, and species if for an animal.

2.1.4.3 Prescription information, including prescription number, date of issuance, date of dispensing, number of refills authorized on the original prescription, refill number if applicable, and method of payment.

2.1.4.4 Drug information, including National Drug Code (NDC) number or a state assigned

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product code for medical marijuana products, quantity dispensed, and days' supply.

2.1.4.5 Dispenser information, including DEA registration number, or in the alternative, the National Provider Identifier (NPI) number or Board Permit number for Marijuana Pharmacies.

2.1.5 The contractor shall have the capability to accept a report of no (or zero; "zero report") prescriptions issued on a particular day and provide a report of those submissions to the program staff.

2.1.6 Dispensers under common ownership shall be permitted to submit their data in a single joint transmission, provided each dispenser is clearly identified for each prescription dispensed.

2.1.7 The contractor shall perform data checks to ensure the submitted data is compliant with the quality standards established and agreed upon by the Board and contractor relative to accuracy and completion.

2.1.8 When a dispenser's data file does not meet the quality standards for accuracy and completion, the contractor shall notify the dispenser, specifying the data deficiency, and ensure the dispenser corrects and resubmits the data. The contractor shall notify the Board when a dispenser fails to submit or resubmit data in a timely manner.

2.1.9 Submitted, non-erroneous, data shall be cleansed, validated, and loaded into the searchable database within 12 hours of being submitted by the dispenser.

2.1.10 The contractor shall provide a mechanism which allows a dispenser to view and correct upload data which contained errors upon submission.

2.1.11 The contractor shall provide a mechanism which allows a dispenser to correct or modify prescription data previously entered into the PMP.

2.1.12 The contractor shall provide a mechanism which allows a dispenser to remove or delete a prescription previously entered into the PMP.

2.1.13 The contractor shall provide a mechanism which allows a dispenser to view the prescription data contained in the PMP

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for their pharmacy permit. The dispenser shall have the option to download the report in Portable Data Format (PDF) or Comma Separated Values (CSV) file.

2.1.14 The contractor shall have a toll-free telephone number and email address by which dispensers may contact the contractor to resolve problems and receive information concerning data transmission.

2.1.15 The contractor shall provide a method for program staff to:

2.1.15.1 Sort and view a dispenser's list of uncorrected errors from data submissions by timeframe and to view the details of those errors.

2.1.15.2 Sort and view the upload history of a dispenser by timeframe in order to monitor compliance with the reporting requirements.

2.1.16 The contractor shall provide a comprehensive report to program staff, upon request, of all uncorrected errors from data submissions for a specified timeframe which includes the identity of the dispenser (DEA number and name), prescription number, date filled, and error type.

2.1.17 The contractor shall be responsible for the conversion of any historical program data from previous contractor(s).

2.2 Data Management

2.2.1 The contractor shall collect and load data into the database, which will reside with the contractor on the contractor's servers within their own secure environment. The database and all of the data in the database shall belong to the Board.

2.2.2 When a dispenser reports to the system, the DEA registration numbers of the prescriber and dispenser are reported. The system shall be able to convert the DEA registration numbers to prescriber and dispenser name and address.

2.2.3 When a dispenser reports NPI numbers in the alternative to DEA numbers, the system shall be able to convert the NPI numbers to prescriber and dispenser name and address.

2.2.4 When a Marijuana Pharmacy reports their Board Permit number, in the alternative to a DEA number or NPI number, the system shall be able to convert the Board Permit number to the dispenser name and address.

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2.2.5 The system shall be able to convert National Drug Code (NDC) numbers to drug name, strength, dosage form, and controlled substance schedule, both at the point of data import and also retrospectively upon receiving NDC number updates. The contractor shall maintain a current reference source of NDC numbers.

2.2.6 The system shall be able to convert the state assigned product code for medical marijuana products to drug name, strength, and dosage form at the point of data import. The contractor shall maintain a list of state assigned product codes for medical marijuana products provided by the Board.

2.2.7 The system shall:

2.2.7.1 Provide data access, data management and data cleansing capabilities integrated with data mining for ease of data analysis.

2.2.7.2 Provide geocoding of patients, prescribers, and dispenser locations to enable geographic analysis of the relationships to identify potential criminal activity or abuse.

2.2.7.3 Allow for querying of relational or multi-dimensional data.

2.2.8 The contractor shall describe the tools that will be provided to electronically assist in the identification of illegal and unprofessional activities.

2.3 Secure Web Services

2.3.1 The contractor shall provide a secure website for access to the information in the database. The contractor shall include a description of that site, including a sample screen shot) in the bid reply.

2.3.2 The system shall comply with the privacy and security standards of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 in addition to common Internet industry standards for privacy and security.

2.3.3 Only registered users approved by the Board shall be allowed to request program information.

2.3.4 The user roles of the system shall include but are not limited

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to the following:

2.3.4.1 *Healthcare Professionals*

Physician (MD, DO)
Physician Assistant
Podiatrist (DPM)
Medical psychologist
Dentist
Nurse Practitioner
Optometrist
Pharmacist
Prescriber Delegate – Unlicensed
Prescriber Delegate – Licensed
Pharmacist's Delegate – Unlicensed
Pharmacist's Delegate – Licensed
Medical Intern/Resident

2.3.4.2 *Law Enforcement*

U. S. Dept. of Health & Human Services
- Food & Drug Administration

U. S. Dept. of Justice
- Attorney General
- Drug Enforcement Administration
- Federal Bureau of Investigation

U. S. Dept. of Veterans Affairs
La. Dept. of Justice
- Attorney General
- Medicaid Fraud Control Unit

La. Dept. of Public Safety & Corrections
- State Police
- Probation Officers

La. Governor's Office of Homeland Security
La. Office of Inspector General
La. Supreme Court
- Specialty Drug Courts

Local Law Enforcement
Local District Attorneys

2.3.4.3 *Other*

Board of Dentistry
Board of Medical Examiners
Board of Nursing
Board of Pharmacy
Board of Licensed Substance Abuse & Addiction Counselors
Licensing board investigators
La. Medicaid Program
Peer assistance program / Recovering health professions

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2.3.5 The system shall provide an online user registration process by which prescribers and pharmacists are “auto-enrolled” for access. The auto-enrollment process will authenticate user registrations before providing access to the database. Authentication shall be based on the user’s date of birth, last four digits of the user’s Social Security number (SSN), and their individual access code. The Board will provide these data fields to the contractor to facilitate authentication.

2.3.6 The system shall provide an online user registration process by which all user roles, except prescribers and pharmacists, must undergo an “administrative approval” for access.

2.3.7 The system shall permit multiple users to be on the system and in the same application at the same time.

2.3.8 The system shall permit a registered user to request and receive information, including automatic reports, via the Internet, without intervention by Board staff. The registered user shall have the option to download the report in PDF or a CSV file.

2.3.9 The system shall provide:

2.3.9.1 Log-in and log-off capability.

2.3.9.2 Log-in capability through the use of the registered user’s email address and a password.

2.3.9.3 Registered users with the ability to change their passwords, and further, to reset a password which was forgotten, all without assistance from the contractor or the Board staff.

2.3.10 The system shall provide a method by which law enforcement officers as well as other specified user groups have the ability to create queries in which the results cannot be viewed or retrieved until approved by program staff as a result of an administrative authorization.

2.3.11 The system shall provide an online process by which specific user groups, as determined by the Board, can establish delegate accounts for their agents, and further, shall provide a mechanism for the user to monitor the system activity of his delegates. The registered user shall

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have the ability to enable and disable their delegate's access.

2.3.12 The system shall provide the Board with the capability of communicating information of interest to registered users of the web-based program through broadcast alerts and an information section on the home page.

2.3.13 The system shall be interoperable with Prescription Monitoring Program InterConnect (PMPi) to facilitate interstate data sharing of information with other state prescription monitoring programs. The system user roles shall be configured to match the user roles established in the most current version of PMPi.

2.3.14 The system shall be interoperable with PMPi to integrate PMP information into electronic health records, pharmacy management systems, and health information exchanges.

2.4 Queries and Reports

2.4.1 The system shall create three basic queries: an individual patient query, a prescriber query, and a dispenser query. Program staff shall have the ability to customize each user role so as to determine which type of query can be generated by that role and whether or not there shall be an administrative approval built in. The user shall have the option to download the report in PDF or CSV file. The format of all reports shall be approved by the Board.

2.4.2 The system shall provide the morphine milliequivalent (MME) daily dose calculation for opioid prescriptions on reports.

2.4.3 Prescriber roles, which include physicians, physician assistants, podiatrists, medical psychologists, optometrists, nurse practitioners, and dentists, shall have the ability to create a "self-report" based on their DEA registration number to view prescriptions filled where they were listed as the prescriber. The user shall have the option to download the report in a CSV file.

2.4.4 Users shall be able to view their requests history and that of their delegate(s) as well as the details of the requests.

2.4.5 Prescribers and pharmacists performing patient searches shall be able to perform multiple patient searches at once rather than one at a time. Users shall be able to enter multiple patient names manually and by an uploaded CSV

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file.

2.4.6 The system shall be able to identify the number of registered user requests by user type (role), reports based on the registered user requests, and system logins.

2.4.7 The system shall enable the Board to perform ad hoc queries to respond to requests from individual patients, professional licensing boards, local, state, or federal law enforcement agencies, and for statistical, research, or educational purposes.

2.4.8 The system shall produce automatic threshold reports on patients. The criteria consist of number of prescribers used and the number of dispensers used by the patient in a designated period of time. A report function for this activity is required and must allow for parameters to be modified.

2.4.9 The system shall generate alerts in the form of educational letters to prescribers and dispensers of patients who have been identified as exceeding specific threshold levels. Program staff shall have the ability to review a patient's auto-populated prescription history report and choose whether an alert should be sent to specific prescribers and dispensers of that patient. The alert must have the ability to be sent to the prescriber or dispenser within the system.

2.4.10 *Mandatory Use Compliance* – The system shall produce reports to monitor compliance with mandatory use provisions on prescribers and dispensers as follows:

2.4.10.1 *Mandatory Use Patient Request Match to Prescriber History* – The system will query for each prescriber, determine which patients were prescribed the selected drug(s) for the configurable duration and/or supply and were not queried in the PMP (or through electronic health records [EHR] interoperability) by the prescriber or the prescriber's delegate within the time period configured.

2.4.10.2 *Mandatory Use Patient Request Match to Pharmacist History* – The system will query for each pharmacist, determine which patients were dispensed the selected drug(s) for the configurable duration and/or supply and were not queried in the PMP (or through EHR interoperability) by the pharmacist or the pharmacist's delegate within the time period

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configured.

2.4.10.3 *Mandatory Use Report* – A role(s) can be configured to request a report on which patients were not requested in the PMP (or through EHR interoperability) where a prescription was written by a specific practitioner or filled by a specific pharmacist by Provider DEA Number or other unique identifier (possibly NPI or License Number) and Fill Date range or Written Date range.

2.4.10.4 *Mandatory Use Summary Report* – A role or user can be configured to receive via email or SFTP an automated report which identifies all healthcare providers or a configured subset thereof by role and their count of missed patients on a monthly basis.

2.4.10.5 *Mandatory Use Report* – A healthcare role(s) can be configured to request a report showing which patients the provider missed.

2.4.11 *Prescriber Report Cards*

The system shall create an individualized prescriber report on how they compare to their peers in the same specialty on measures of prescribing controlled substances, in particular opioid and anxiolytic prescriptions, and electronically deliver to prescribers automatically on a quarterly basis, providing information regarding current prescribing volumes, behaviors, and PDMP use, as well as the ability to track changes in these metrics over time.

2.4.12 *Advanced PMP Analytics*

The system shall include a robust and ever-expanding suite of interactive pre-built dashboards, with drill-down capabilities, designed to provide administrative users easy access to answers for a multitude of questions. Dashboards and analysis to be included in the product include:

2.4.12.1 Dispensation detail by prescriber specialty, prescriber license, county (parish), and drug schedule.

2.4.12.2 PMP registration and activity detail.

2.4.12.3 Daily and total MME distribution.

2.4.12.4 Buprenorphine activity.

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2.4.12.5 Overprescribing thresholds and prescriber outliers.

2.4.12.6 Geo-analysis and mapping of patient, prescriber, and pharmacy.

2.4.12.7 Patient overutilization thresholds and outliers.

2.4.12.8 Pharmacy compliance of data submission and error analysis.

2.4.12.9 Proactively monitor prescription metrics, prescriber activity, and MME levels to set state, county (parish), and zip code thresholds.

2.4.12.10 Monitor the percentage of opioid prescriptions statewide over 100 MME using quick filters to analyze active drug ingredients, short acting / long acting, and prescriber name.

2.4.12.11 Top ranking of prescribers and dispensers by number of prescriptions and by number of dosage units (quantity) by time frame specified by user, including the ability by search or sort by American Hospital Formulary Service (AHFS) drug class and by state.

2.4.12.12 Top ranking prescription volume by generic name, label name, and NDC number, measured by number of prescriptions and dosage units by time frame specified by the user, including the ability to filter by drug schedule and AHFS drug class.

2.4.12.13 Year over Year (YoY) prescription counts by county (parish) by year and month, including the ability to filter by drug schedule and AHFS drug class.

2.4.12.14 Detailed reporting capabilities of PMPi utilization by state and user role.

2.4.12.15 Detailed reporting capabilities of integration with EHRs, pharmacy management systems, and health information exchanges.

2.4.13 *Clinical Alert Module*

The system shall provide a Clinical Alerts module which

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allows custom configuration of automated alerts and/or notifications for registered prescribers. When enabled, alerts should run on a schedule configured by the administrator in the background delivering custom alerts and notifications (if configured) without the need for manual input from the program staff.

2.4.13.1 Alert types shall include:

- Prescriber & Dispenser Thresholds
- Daily Active MME Threshold
- Opioid & Benzodiazepine Threshold
- Daily Active Methadone Threshold
- Opioid Consecutive Days Threshold

2.4.13.2 Alert methods shall include:

- Patient alert to the prescriber within the system
- Email notification
- Letter notification

2.4.14 The system shall provide an audit trail based on user and time frame.

3. Requirements and Qualifications

3.1 Contract shall be specific regarding the measures for implementation and ongoing operation of the program, and should include:

3.1.1 Evidence of ability to meet required timelines.

3.1.2 Measures to assure security and privacy of data.

3.1.3 A quality assurance plan detailing how the database will be maintained and archival procedures.

3.1.4 A disaster recovery plan for data pertaining to the bid in the event the program is unavailable due to human error, equipment failure, or a natural disaster.

3.1.5 Ability to provide continuing technical assistance for dispensers and program staff.

3.1.6 Training for system use for authorized program staff.

3.1.7 Sample reports.

3.2 Contract shall outline objectives and describe how progress will be measured for each stage of implementation and operation. The following timeline shall be met:

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3.2.1 The following items shall be submitted to the Board for acceptance within 15 days of contract execution:

3.2.1.1 An administrative manual containing technical descriptions of system components and instructions for use of the system.

3.2.1.2 The final protocol for collecting dispenser data, including a user manual containing validation rules, business rules, and instructions on how to respond to system-generated error messages and other exceptions.

3.2.2 The following items shall be submitted to the Board for acceptance within 30 days of contract execution:

3.2.2.1 The developed database.

3.2.2.2 Final report formats.

3.2.2.3 Policies and procedures for submitting data requests and for receiving data in response to those requests.

3.2.2.4 Protocols for the secure web-based interface.

3.2.3 The contractor shall attend periodic meetings, either in person or by teleconference as mutually agreed by both the contractor and the Board, to review the contractor's performance.

3.3 Contractor shall demonstrate at least two years' experience in the implementation and management of at least three large-scale prescription monitoring programs as described in the Scope of Work. Contactor shall describe their experience as the primary contractor on other large-scale projects including data collection, database development, and web systems. The contractor shall include an organization chart and brief history of the organization, description of the experience that the organization and staff have with prescription monitoring programs and other projects that are similar in size and scope, description of the software used and the staff's experience in its use.

3.4 Contractor shall provide curricula vita, including qualifications and contact information, for key staff responsible for the project.

3.5 Contractor shall provide details of any pertinent judgment, criminal conviction, investigation, or litigation pending or in the future against it or any of its officers, directors, employees, agents, or subcontractors of

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which it has knowledge. If no such judgment, conviction, investigation or litigation exists, the contractor shall provide a statement, signed by its President or Chief Executive Officer, that none exists.

3.6 Contractor shall provide a minimum of three references for services related to those requested in this contract. Each reference should include the name of the organization, the mailing address, and the name, email address and telephone number of the contact person.

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Louisiana Board of Pharmacy **Policies & Procedures**

Title: PMP Data Hosting – Vendor Selection Policy No. V.C.2

Approved: Revised:

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1. The Board's statutory authority to enter into a contract with another state agency or with a private vendor to operate the prescription monitoring program is found at R.S. 40:1012. As indicated in that law, any contracts shall comply with the Public Bid Law, at R.S. 38:2211 *et seq*.

2. The Board's regulatory authority to engage a program vendor to facilitate the collection of prescription monitoring program data and facilitate access to the program data by authorized users is found at LAC 46:LIII.2907.

3. At least six months prior to the expiration of a contract with the current program vendor, the PMP staff shall contact the Office of State Procurement (OSP) in the Division of Administration to initiate the development of an Invitation to Bid (ITB).

4. PMP staff will develop the ITB by revising the technical specifications as appropriate, and further, reviewing and revising as appropriate the vendor eligibility criteria and contract performance measures.

5. PMP staff will coordinate the posting of the ITB with the OSP staff and will reply to bidder queries as appropriate.

6. When the OSP opens the public bids and provides the information to the Board, PMP staff will review the replies to the bids to ensure the bidders are responsible (meet eligibility criteria) and that the bids are responsive to the technical specifications.

7. PMP staff will advise OSP of their award recommendation.

8. When OSP determines the award and issues the required purchase order, PMP staff will notify the Board of the continuing or new program vendor.

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Louisiana Board of Pharmacy **Policies & Procedures**

Title: PMP Data Hosting – Program Vendor Policy No. V.C.3

Approved: Revised:

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1. Pursuant to completion of the public bid process, the initial contract for operation of the prescription monitoring program was awarded to:
   Health Information Designs, Inc. [HID]
   391 Industry Drive
   Auburn, AL 36832

2. The initial contract was issued to HID on 11-29-2008, and as approved by the Office of State Procurement (OSP), was approved for the maximum five additional one-year terms. The initial contract was scheduled to expire on 11-29-2013. As authorized by OSP, the initial contract was extended for an additional three months, and expired on 02-28-2014.

3. Pursuant to completion of the public bid process, the second contract for operation of the prescription monitoring program was awarded to:
   Optimum Technology, Inc. [OT]
   100 E. Campus View Blvd., Suite 380
   Columbus, OH 43235

4. The second contract was issued to OT on 12-01-2013. As indicated above, the initial contract was extended for an additional three months, from 11-30-2013 to 02-28-2014, to provide time for file transfer and other transition procedures from HID to OT. The second contract was approved for the maximum five additional one-year terms. The second contract was scheduled to expire on 11-30-2018. As authorized by OSP, the second contract was extended for one additional month, and expired on 12-31-2018.

5. After the purchase order extension issued on 12-01-2014, Optimum Technology, Inc. sold off a portion of its business operations – including its prescription monitoring program services – to Appriss, Inc. [AI] The OSP determined it appropriate for Appriss to assume and continue the contract initially awarded to OT, with no need for a new bid process. AI agreed to honor the terms of the contract awarded to OT. The purchase order extension issued on 12-01-2015 was issued to AI.

6. Pursuant to completion of the public bid process, the third contract for operation of the prescription monitoring program was awarded to:
   Appriss, Inc. [AI]
   9901 Linn Station Road, Suite 500
   Louisville, KY 40223

7. The third contract was issued to AI on 01-01-2019.

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Louisiana Board of Pharmacy **Policies & Procedures**

Title: PMP Data Access – Authorized Users Policy No. V.D.1

Approved: Revised:

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1. Persons authorized to have access to PMP data are identified in the PMP Law, specifically at R.S. 40:1007. From an operational perspective, a specific user's access may be classified as either direct or indirect. A user with *direct* access may query program data with no intervention by PMP staff. A user with *indirect* access may query program data only with assistance from PMP staff.

2. The following persons or entities shall have ***direct*** access privileges following completion of registration procedures. They may access PMP information at no cost and in the same or similar manner, and for the same or similar purposes, as they are permitted to access similar protected health information under federal and state law and regulation.

   A. Persons authorized to prescribe or dispense controlled substances or drugs of concern, or their delegates, for the purpose of providing medical or pharmaceutical care for their patients, or for verifying their prescription records.

      i. Physicians;

      ii. Podiatrists;

      iii. Physician assistants;

      iv. Medical psychologists

      v. Dentists;

      vi. Advanced practice registered nurses;

      vii. Optometrists;

      viii. Pharmacists.

   B. Designated representatives from the professional licensing, certification, or regulatory agencies of this or another state charged with administrative oversight of those professionals engaged in the prescribing or dispensing of controlled substances or other drugs of concern.

      i. The executive director of the La. State Board of Medical Examiners and any member of their staff authorized by him.

      ii. The executive director of the La. State Board of Dentistry and any

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member of their staff authorized by him.

iii. The executive director of the La. State Board of Nursing and any member of their staff authorized by her.

iv. The executive director of the La. State Board of Optometry Examiners and any member of their staff authorized by him.

v. The executive director of the La. Board of Pharmacy and any member of their staff authorized by him.

C. Designated representatives from the Louisiana Medicaid program regarding Medicaid program recipients.

D. Designated representatives of the Board and any vendor or contractor establishing or maintaining the prescription monitoring program.

E. A medical examiner or coroner, or a delegate thereof, for the purpose of investigating an individual's death.

F. A licensed substance abuse addiction counselor providing services as part of a state-licensed substance abuse or addiction treatment program.

G. A probation or parole officer for the purpose of monitoring an offender's compliance with participation in a drug diversion program or with other conditions of probation or parole related to monitored drug.

H. An epidemiologist with the Dept. of Health for the purpose of assisting the Board in analyzing prescription monitoring information in order to conduct public health evaluations to support public policy and education pursuant to an agreement with the Board.

3. The following persons or entities shall have ***indirect*** access privileges following completion of registration procedures.

A. Local, state, out-of-state, and federal law enforcement or prosecutorial officials.

B. Judicially supervised specialty courts within the criminal justice system that are authorized by the Louisiana Supreme Court, which are engaged in the administration, investigation, or enforcement of the laws governing controlled substances or other drugs of concern.

C. All parties with indirect access privileges shall comply with the following documentation requirements:

i. A court order or court-ordered warrant, or a subpoena or summons issued by a judicial officer;

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ii. A grand jury subpoena; or

iii. An administrative request, including an administrative subpoena or summons, a civil or an authorized investigative demand, or similar process authorized under law, provided by law enforcement to the program manager, and further, provided all of the following:

(a) The information sought is relevant and material to a legitimate law enforcement inquiry;

(b) The request is specific and limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought; and

(c) De-identified information, or limited information that does not identify or could not reasonably lead to the identification of an individual patient, could not reasonably be use.

4. The Board may provide PMP information to any of the following persons in accordance with Board rules:

A. An individual who requests his personal prescription monitoring information.

B. A parent, legal guardian, or legal healthcare agent, for the purpose of reviewing the history of monitored drugs dispensed to a child or an individual for whom the agent makes healthcare decisions, to the extent consistent with federal and state confidentiality laws and regulations.

C. An executor of a will, or a court-appointed succession representative of an estate, for the purpose of reviewing the history of monitored drugs dispensed to a deceased individual.

DRAFT

Roster of Pharmacy Technician Training Programs
Status of Accreditation by ASHP / PTAC

ASHP #	Name	City	State	Status	Application Date
LA-07	Ayers Career College	Shreveport	LA	Accredited	7/28/2014
LA-26	Baton Rouge Community College	Baton Rouge	LA	Accredited	10/17/2016
LA-02	Bossier Parish Community College	Bossier City	LA	Accredited	5/16/2000
UT-09	Career Step	Lehi	UT	Accredited	
LA-25	Central La. Technical Community College	Ferriday	LA	Accredited	8/2/2016
RI-01	CVS Caremark	Woonsocket	RI	Accredited	4/6/2006
LA-04	Delgado Community College	New Orleans	LA	Accredited	3/5/2002
LA-23	Delta College	Covington	LA	Accredited	8/18/2016
LA-22	Fortis College	Baton Rouge	LA	Accredited	12/3/2015
LA-20	Healthcare Training Institute	Kenner	LA	Conditional	8/6/2015
LA-18	Infinity College	Lafayette	LA	Accredited	7/27/2015
TX-10	Lamar State College	Orange	TX	Accredited	
LA-03	Louisiana State University at Alexandria	Alexandria	LA	Accredited	2/6/2001
MI-11	MedCerts	Livonia	MI	Accredited	5/9/2017
LA-24	Medical Training College	Baton Rouge	LA	Accredited	8/18/2016
LA-08	Northshore Technical Community College	Bogalusa	LA	Accredited	10/27/2014
LA-28	Nursing Assistant Network Association	New Orleans	LA	Candidate	
LA-10	Remington College at Lafayette	Lafayette	LA	Accredited	1/21/2015
LA-09	Remington College at Shreveport	Shreveport	LA	Accredited	1/21/2015
PA-06	Rite Aid Pharmacies	Camp Hill	PA	Accredited	8/5/2008
CA-54	Therapeutic Research Center	Stockton	CA	Accredited	7/31/2015
LA-14	Unitech Training Academy at Alexandria	Alexandria	LA	Accredited	3/11/2015
LA-27	Unitech Training Academy at Baton Rouge	Baton Rouge	LA	Accredited	11/8/2016
LA-15	Unitech Training Academy at Houma	Houma	LA	Accredited	3/11/2015
LA-17	Unitech Training Academy at Lafayette	Lafayette	LA	Accredited	3/11/2015
LA-13	Unitech Training Academy at Lake Charles	Lake Charles	LA	Accredited	3/11/2015
LA-12	Unitech Training Academy at Metairie	Metairie	LA	Accredited	3/11/2015
LA-16	Unitech Training Academy at West Monroe	West Monroe	LA	Accredited	3/11/2015
LA-01	Virginia College at Baton Rouge	Baton Rouge	LA	Accredited	3/19/2012
LA-05	Virginia College at Shreveport/Bossier City	Shreveport	LA	Accredited	9/24/2013
IL-05	Walgreen Co.	Deerfield	IL	Accredited	12/27/2005
AR-04	WalMart Stores	Bentonville	AR	Accredited	7/28/2015

New program since last annual report *Program de-listed since last annual report*

	Counts
28	Accredited
1	Conditional
29	Total

Current as of 02-04-2019

PROPOSED CONTRACTS / AGREEMENTS

Fiscal Year 2019-2020

Contractor	Service	2015/2016 Terms	2016/2017 Terms	2017/2018 Terms	2018/2019	2019/2020	Changes to prior FY	Contract Received
Celia Cangelosi	Legal	$225/hr maximum $80,000	$225/hr maximum $80,000	$225/hr maximum $100,000	$225/hr maximum $100,000	$225/hr maximum $100,000	No	
Shows, Cali & Walsh	Legal	$225/hr maximum $40,000	$225/hr maximum $40,000	$225/hr maximum $50,000	$225/hr maximum $50,000	$225/hr maximum $50,000	No	
Champagne and Co.	CPA	$75/hr - prepare bank reconciliations, journal entries, financial statements	$75/hr - prepare bank reconciliations, journal entries, financial statements	$80/hr - prepare bank reconciliations, journal entries, financial statements	$80/hr - prepare bank reconciliations, journal entries, financial statements	$90/hr - prepare bank reconciliations, journal entries, financial statements	Yes	
		$160/hr - review bank reconciliations, adjusting journal entries, and financial statements	$160/hr - review bank reconciliations, adjusting journal entries, and financial statements	$165/hr - review bank reconciliations, adjusting journal entries, and financial statements	$160/hr - review bank reconciliations, adjusting journal entries, and financial statements	$170/hr - review bank reconciliations, adjusting journal entries, and financial statements	Yes	
		$180/hr - oversight and final approval of accounting work	$180/hr - oversight and final approval of accounting work	$200/hr - oversight and final approval of accounting work	$200/hr - oversight and final approval of accounting work	$210/hr - oversight and final approval of accounting work	Yes	
			$40/hr - travel to annual meeting	$50/hr - travel to annual meeting	$50/hr - travel to annual meeting	$50/hr - travel to annual meeting	No	
		maximum $22,500	maximum $22,500	maximum $30,000	maximum $30,000	maximum $30,000	No	
Appriss (05/18/15 - present) (07/01/10 - 02/28/14: HID) (03/01/14 - 05/17/15: Optimum)	PMP (Rx Hosting)	$76,100	$74,900	$73,700	Must be re-bid	$189,900 maximum $215,000	Yes	
Essential Solutions	IT Support	$2,500/mo (July -June)	$2,500/mo (July -June)	$2,500/mo (July -June)	$2,500/mo (July -June)	$2,500/mo (July -June) maximum $50,000	No	
MicroPact (CAVU/Iron Data)	Database	$60,600 (plus additional for software upgrade)	$63,600 (plus additional for software upgrade)	$66,600 (plus additional for software upgrade)	$69,600 (plus additional for software upgrade)	$72,000	Yes	

To be sent to OSP for approval

New propsed contract terms

Louisiana Board of Pharmacy
3388 Brentwood Drive
Baton Rouge, Louisiana 70809-1700
Telephone 225.925.6496 ~ E-mail: info@pharmacy.la.gov

Report of Assistant Executive Director

NOTE: *Pursuant to the Open Meetings Law, at LRS 42:6.1, the committee may, upon 2/3 affirmative vote of those members present and voting, enter into executive session for the limited purposes of (1) discussion of the character, professional competence, or physical or mental health of a licensee, (2) investigative proceedings regarding allegations of misconduct, (3) strategy sessions or negotiations with respect to litigation, or (4) discussions regarding personnel matters.*

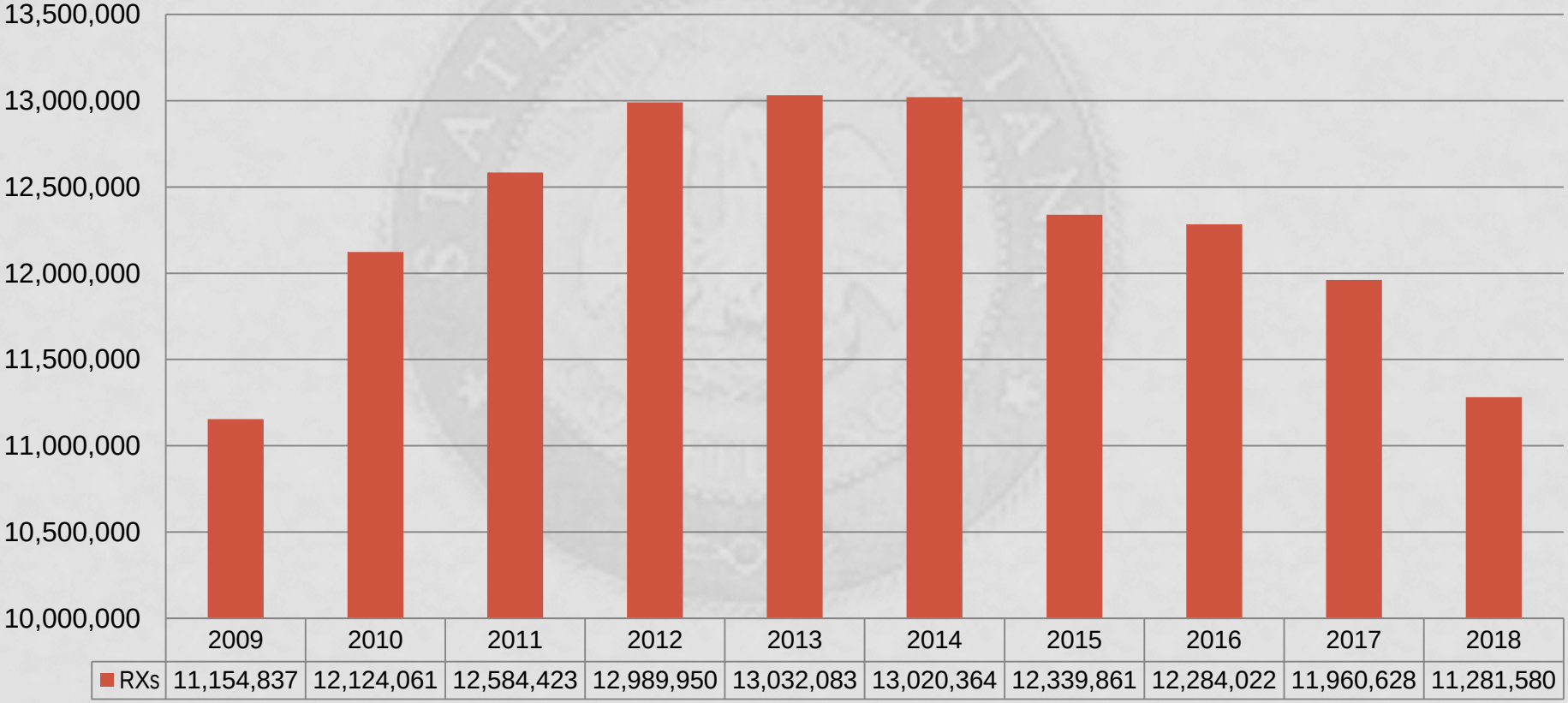
LOUISIANA BOARD of PHARMACY

PRESCRIPTION MONITORING PROGRAM (PMP)

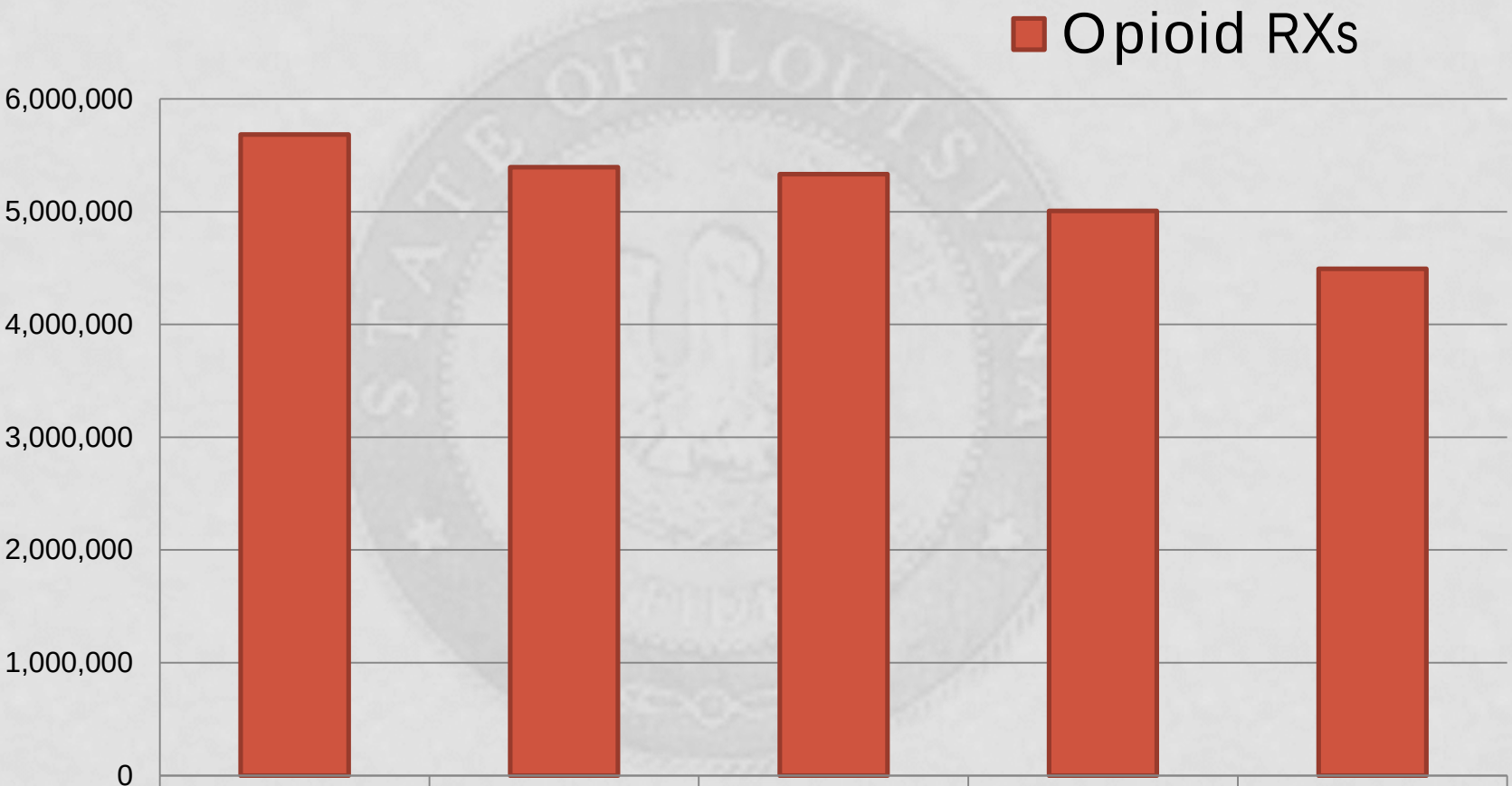
BOARD MEETING – FEBRUARY 19, 2019

NUMBER OF ELIGIBLE PRESCRIPTION TRANSACTIONS REPORTED TO THE PMP

Total Reported: 128,791,740
(06/01/2008 through 12/31/2018)

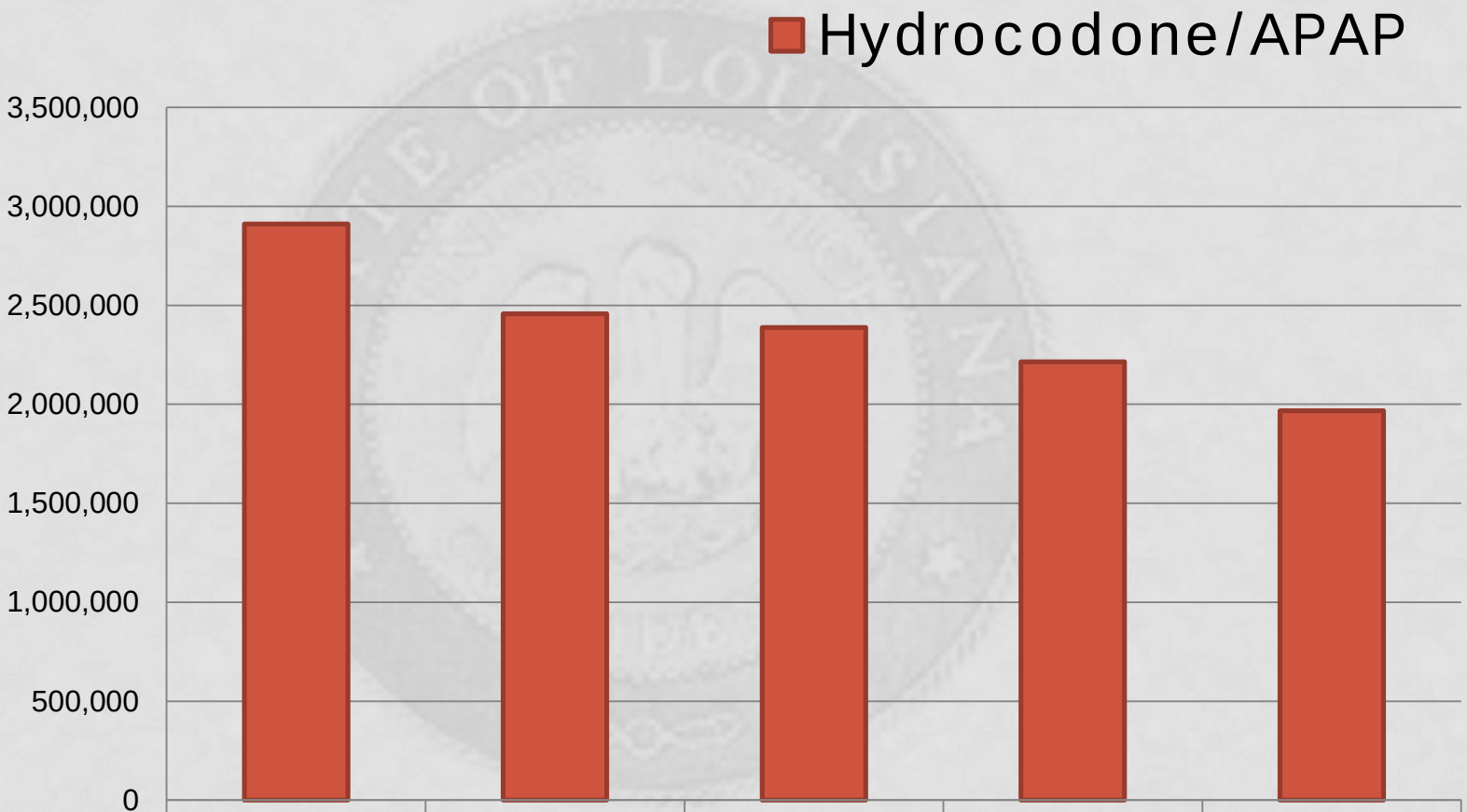


OPIOID PRESCRIPTION TREND



	2014	2015	2016	2017	2018
Opioid RXs	5,685,901	5,395,855	5,333,132	5,007,085	4,494,845

OPIOID PRESCRIPTION TREND



	2014	2015	2016	2017	2018
Hydrocodone/APAP	2,910,875	2,457,678	2,388,551	2,214,226	1,968,276

PMP User Stats for 2018Q4 (10/01/2018 - 12/31/2018)

PMP Role Title - Healthcare Provider	Number of Providers Eligible for PMP Access (as of 12/31/2018)	Number of Providers with PMP Active Access Privileges (as of 12/31/2018)	Number of PMP Requests by Providers through AWARxE™ During 2018Q4	Number of PMP Requests by Providers through GATEWAY™ During 2018Q4
Physician (MD, DO)	13,000	8,605	357,078	1,004,827
Nurse Practitioner (APRN)	3,226	2,473	79,753	55,883
Dentist (DDS)	2,225	1,509	5,133	0
Physician Assistant (PA)	880	624	19,766	6,526
Optometrist (OD)	360	148	11	0
Podiatrist (DPM)	161	109	247	0
Medical Psychologist (MP)	89	83	5,259	0
Medical Intern/Resident	1,076	937	1,882	0
Prescriber's Delegate	NA	2,127	195,273	NA
Pharmacist (PST)	9,069	4,156	297,752	351,896
Pharmacist's Delegate	NA	812	34,072	NA
Totals	30,086	21,583	996,226	1,419,132

PMP User Stats for 2018Q3 (07/01/2018 - 09/30/2018)

PMP Role Title - Healthcare Provider	Number of Providers Eligible for PMP Access (as of 09/30/2018)	Number of Providers with PMP Active Access Privileges (as of 09/30/2018)	Number of PMP Requests by Providers through AWARxE™ During 2018Q3	Number of PMP Requests by Providers through GATEWAY™ During 2018Q3
Physician (MD, DO)	12,868	8,307	370,766	917,800
Nurse Practitioner (APRN)	3,119	2,342	84,937	51,157
Dentist (DDS)	2,200	1,481	7,098	0
Physician Assistant (PA)	833	564	18,603	2,987
Optometrist (OD)	365	133	11	0
Podiatrist (DPM)	160	107	224	0
Medical Psychologist (MP)	92	82	5,097	0
Medical Intern/Resident	711	626	1,211	0
Prescriber's Delegate	NA	2,040	201,880	NA
Pharmacist (PST)	9,028	4,154	351,536	293,148
Pharmacist's Delegate	NA	776	33,610	NA
Totals	29,376	20,612	1,074,973	1,265,092

PMP User Stats for 2018Q2 (04/01/2018 - 06/30/2018)

PMP Role Title - Healthcare Provider	Number of Providers Eligible for PMP Access (as of 06/30/2018)	Number of Providers with PMP Active Access Privileges (as of 06/30/2018)	Number of PMP Requests by Providers through AWARxE™ During 2018Q2	Number of PMP Requests by Providers through GATEWAY™ During 2018Q2
Physician (MD, DO)	12,827	7,419	340,161	820,620
Nurse Practitioner (APRN)	2,980	2,115	71,444	2,053
Dentist (DDS)	2,178	1,343	4,883	0
Physician Assistant (PA)	783	477	14,248	518
Optometrist (OD)	349	98	13	0
Podiatrist (DPM)	158	93	149	0
Medical Psychologist (MP)	91	76	4,851	0
Medical Intern/Resident	318	209	257	0
Prescriber's Delegate	NA	1,960	203,368	NA
Pharmacist (PST)	8,780	4,042	343,364	36,804
Pharmacist's Delegate	NA	725	37,132	NA
Totals	28,464	18,557	1,019,870	859,995

PMP User Stats for 2018Q1 (01/01/2018 - 03/31/2018)

PMP Role Title - Healthcare Provider	Number of Providers Eligible for PMP Access (as of 03/31/2018)	Number of Providers with PMP Active Access Privileges (as of 03/31/2018)	Number of PMP Requests by Providers through AWARxE™ During 2018Q1	Number of PMP Requests by Providers through GATEWAY™ During 2018Q1
Physician (MD, DO)	12,631	7,000	325,024	800,059
Nurse Practitioner (APRN)	2,870	2,003	64,249	756
Dentist (DDS)	2,141	1,298	4,544	0
Physician Assistant (PA)	745	400	12,825	404
Optometrist (OD)	347	44	0	0
Podiatrist (DPM)	157	87	259	0
Medical Psychologist (MP)	92	72	4,579	0
Medical Intern/Resident	6	4	4	0
Prescriber's Delegate	NA	1,857	192,580	NA
Pharmacist (PST)	8,681	3,996	297,252	38,276
Pharmacist's Delegate	NA	674	35,719	NA
Totals	27,670	17,435	937,035	839,495

Interstate Data Sharing CY 2018– Louisiana User Requests to other States

APPRISS HEALTH

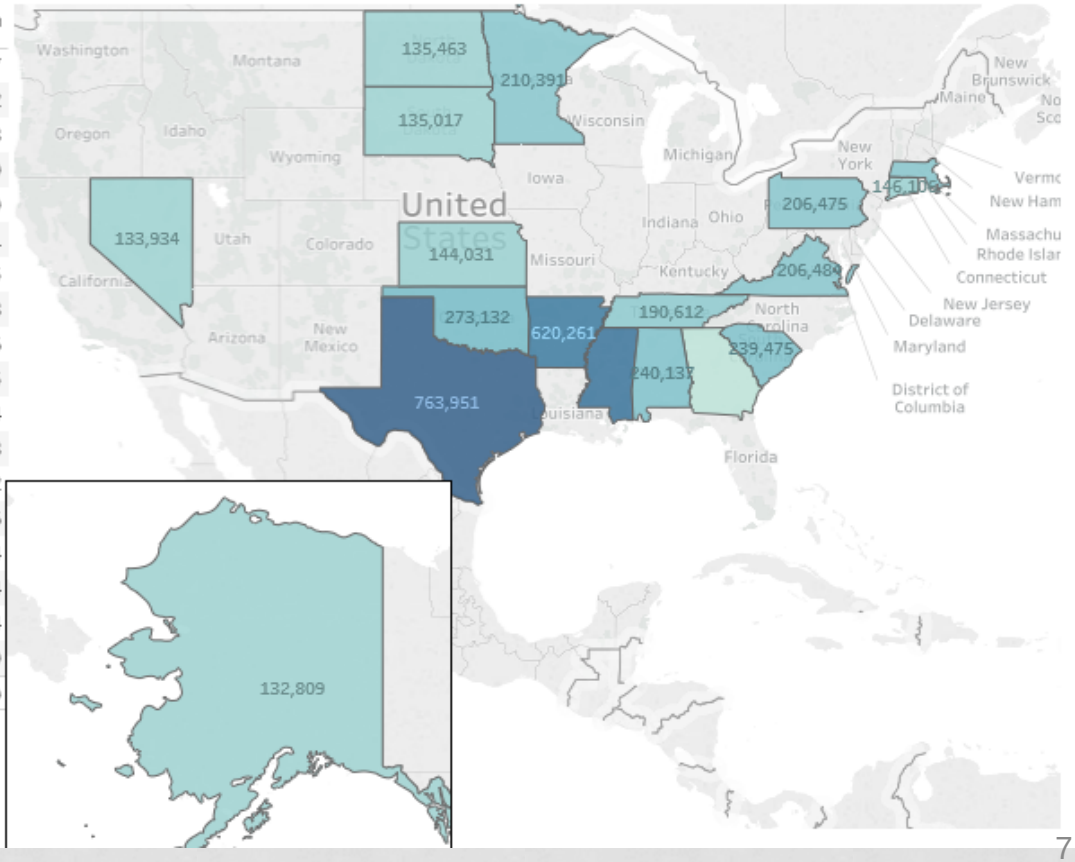
PMPi SEARCH REPONSES by Disclosing State

Your state's search requests by disclosing state and response type.
Map colored by number of search responses from the disclosing state.
A search reponse is defined as a return transaction that was generated due to a search request.

Year: 2018
Month: (All)
Date: (None)

Disclosure Successful?: True
Role Groupings: (All)
User Role: (All)
Response Type: (Multiple values)

	Provided Data	Provided No Data
Alabama	1,690	238,447
Alaska	87	132,722
Arkansas	6,668	613,593
Connecticut	96	146,010
Georgia	224	31,950
Kansas	260	143,771
Massachusetts	241	215,615
Minnesota	138	210,253
Mississippi	36,426	619,876
Nevada	199	133,735
North Dakota	49	135,414
Oklahoma	839	272,293
Pennsylvania	693	205,782
South Carolina	429	239,046
South Dakota	53	134,964
Tennessee	1,128	189,484
Texas	23,757	740,194
Virginia	904	205,580
Grand Total	73,881	4,608,729



Interstate Data Sharing CY 2018– Requests from other States

APPRISS HEALTH

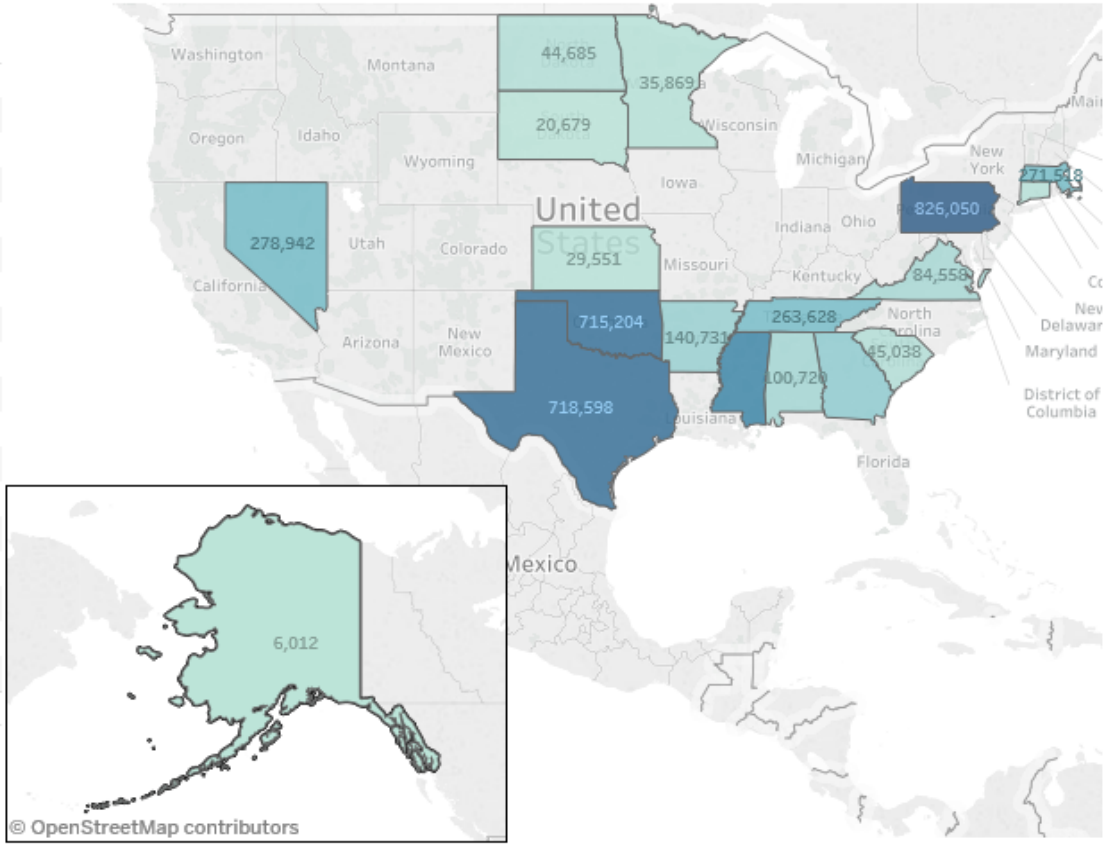
PMPi DISCLOSURES by Searching State

Your state's disclosures by searching state and response type.
Map colored by number of disclosures from the searching state.
A disclosure is a system responses that return information related to PHI data from a PDMP system. This includes responses that contain patient records as well as those that indicate no records found.

Year: 2018 | Month: (All) | Date: (None)

Disclosure Successful?: True | Role Groupings: (All) | User Role: (All) | Response Type: (Multiple values)

	Provided Data	Provided No Data
Alabama	1,265	99,455
Alaska	15	5,997
Arkansas	8,320	132,411
Connecticut	124	34,383
Georgia	501	175,906
Kansas	284	29,267
Massachusetts	326	271,192
Minnesota	96	35,773
Mississippi	23,909	575,074
Nevada	458	278,484
North Dakota	85	44,600
Oklahoma	1,499	713,705
Pennsylvania	970	825,080
South Carolina	249	44,789
South Dakota	29	20,650
Tennessee	1,169	262,459
Texas	17,709	700,889
Virginia	675	83,883
Grand Total	57,683	4,333,997



APPRISS HEALTH

Time Period
Previous quarter

PMP Gateway™

In-State Requests through Gateway 2018Q4

Disclosing State: Louisiana
PDMP Integration Request/Responses by Licensee

Originating State
Louisiana

Role Group
(All)

Request Type
(Multiple values)

Response Type
(All)

Licensee	October 2018	November 2018	December 2018
A-1 Hammond Pharmacy		155	593
Bordelon's Pharmacy	97	104	
Broadmoor Drug Center			77
Drs Louapre Kokemor Sarrat and Braedt, LLC.	540	413	291
Dupre Medical Clinic	37	114	79
Franciscan Missionaries of our Lady Health S..			15,260
Hollier's Family Pharmacy		5,523	11,668
Houma Health Clinic	100	355	264
Kroger	9,997	9,406	9,833
Lafayette General Hospital	64,308	64,822	66,454
Medical Pharmacy (PioneerRx)	169	612	291
Medicine Shoppe #1198	1,801	1,095	581
Mind and Body Connections LLC	73	65	81
Ochsner Health System	301,352	282,091	265,411
Perkins Dental Care		23	17
Southern Pain and Neurological	2,165	1,935	1,974
Walmart Pharmacy	100,854	100,035	98,908
Yapha Physicians Services, LLC	22	25	11
Total	481,515	466,773	471,793

APPRISS HEALTH

Time Period
Previous quarter

PMP Gateway™

In-State and Out-of-State Requests Through Gateway

Disclosing State: Louisiana
PDMP Integration Request/Responses by Licensee

Licensee	October 2018	November 2018	December 2018
Access Family Health Services, Inc. (PastRx)	872	4,587	4,211
Advanced Neuroscience Clinic	372	1,816	1,823
Bordelon's Pharmacy	97	104	
Broadmoor Drug Center			77
Children's Hospital of Philadelphia (PA State..		48,860	131,793
Coastal Bend Pain Management	92	646	828
Drs Louapre Kokemor Sarrat and Braedt, LLC.	540	413	291
Dupre Medical Clinic	37	114	79
Franciscan Missionaries of our Lady Health S..			15,260
Hattiesburg Clinic, P.A.	27,813	27,669	25,819
Heart of Texas Community Health Center (TX,..	487	636	722
Hollier's Family Pharmacy		5,523	11,668
Houma Health Clinic	100	355	264
Kroger	345,304	338,145	338,790
Lafayette General Hospital	64,308	64,822	66,454
Medical Pharmacy (PioneerRx)	169	612	291
Medicine Shoppe #1198	1,801	1,095	581
Mind and Body Connections LLC	73	65	81
Ochsner Health System	301,697	282,437	265,768
Perkins Dental Care		23	17
Pierre Physician Group	144	976	684
Singing River Health System	2,251	2,714	2,738
Southern Pain and Neurological	2,165	1,935	1,974
Superior Health Care Centre (PastRx)	224	1,049	953
Texas Health Resources	96	14,847	17,887
The Family Practice Clinic/After Hours Clinic ..	2,032	11,832	12,362
Walmart Pharmacy	632,952	630,689	621,137
Yapha Physicians Services, LLC	22	25	11
Total	1,383,648	1,442,144	1,523,156

Originating State
(All)

Role Group
(All)

Request Type
(Multiple values)

Response Type
(All)

Top Ranking CDS for 2018 by the Number of Prescriptions, by Label Name

APPRISS HEALTH

Quick Filters:

Prescriptions 11,281,580

Opioids 39.85%

Non-Opioids 60.15%

Year: 2018

Month: (All)

Drug Schedule: (All)

Drug Class (AHFS): (All)

EACH (TABLETS, KITS, ETC.)	MILLILITERS (LIQUIDS)	GRAMS (SOLIDS)	UNSPECIFIED
93.10%	6.02%	0.84%	0.03%

Measure: Prescriptions (#)

Listing by Drug Label Name (#)

Drug Label Name	Drug AHFS Class Desc	Prescriptions (#)
HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	OPIATE AGONISTS	927,446
TRAMADOL HCL 50 MG TABLET	OPIATE AGONISTS	846,016
HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	OPIATE AGONISTS	510,580
HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	OPIATE AGONISTS	485,527
ZOLPIDEM TARTRATE 10 MG TABLET	ANXIOLYTICS,SEDATIVES,AND HYPNOTICS,MISC	465,616
ALPRAZOLAM 0.5 MG TABLET	BENZODIAZEPINES (ANXIOLYTIC,SEDATIV/HYP)	416,551
ALPRAZOLAM 1 MG TABLET	BENZODIAZEPINES (ANXIOLYTIC,SEDATIV/HYP)	302,318
CLONAZEPAM 0.5 MG TABLET	BENZODIAZEPINES (ANTICONVULSANTS)	274,200
CLONAZEPAM 1 MG TABLET	BENZODIAZEPINES (ANTICONVULSANTS)	270,347
OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	OPIATE AGONISTS	250,261

Top Ranking CDS for 2018 by the Number of Doses, by Label Name

APPRISS HEALTH

Quick Filters:

Prescriptions 11,281,580

Opioids 39.85%

Non-Opioids 60.15%

Year: 2018

Month: (All)

Drug Schedule: (All)

Drug Class (AHFS): (All)

EACH (TABLETS, KITS, ETC.)	MILLILITERS (LIQUIDS)	GRAMS (SOLIDS)	UNSPECIFIED
85.81%	13.63%	0.54%	0.02%

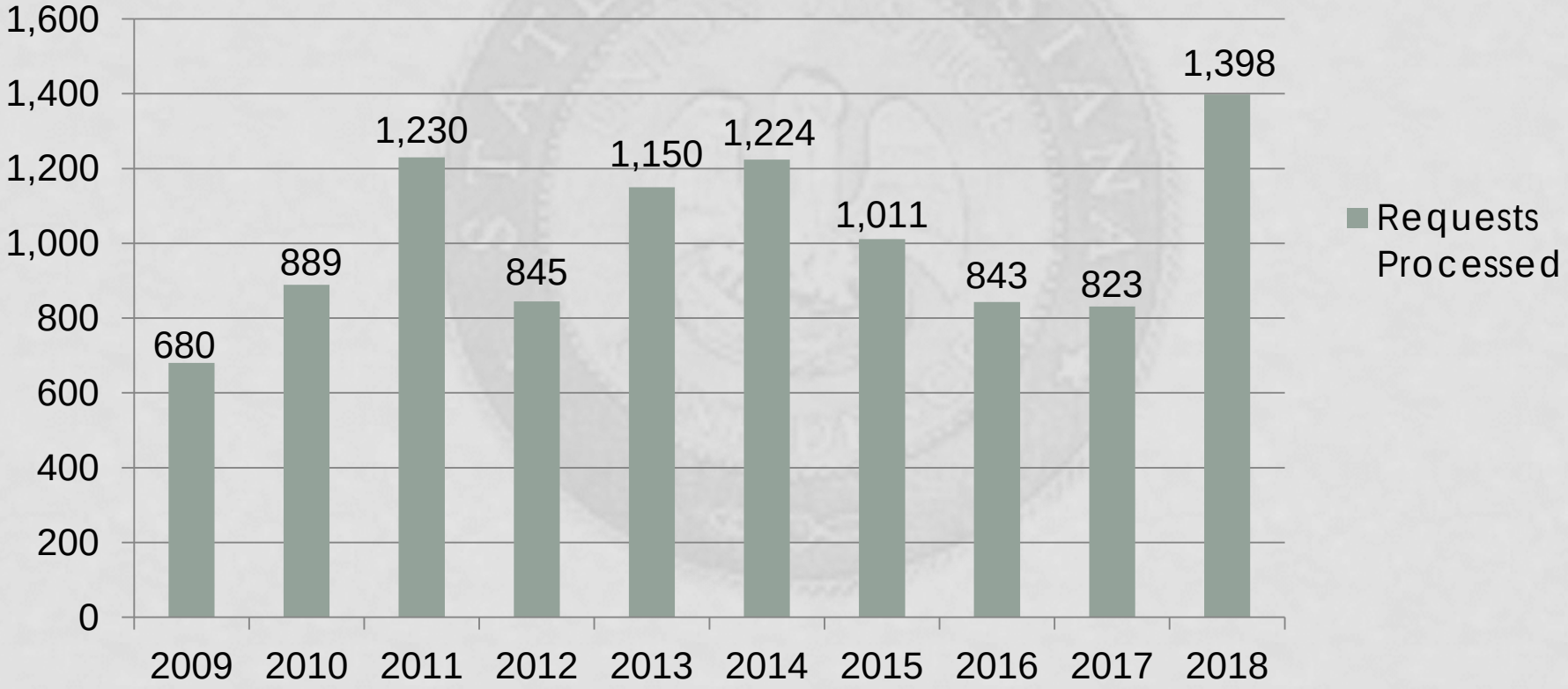
Measure: Quantity (#)

Listing by Drug Label Name (#)

Drug Label Name	Drug AHFS Class Desc	Quantity (#)
HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	OPIATE AGONISTS	66,018,381
TRAMADOL HCL 50 MG TABLET	OPIATE AGONISTS	51,056,535
ALPRAZOLAM 0.5 MG TABLET	BENZODIAZEPINES (ANXIOLYTIC,SEDATIV/HYP)	21,840,916
OXYCODONE-ACETAMINOPHEN 10-325 MG TAB	OPIATE AGONISTS	19,707,349
HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	OPIATE AGONISTS	19,469,091
ALPRAZOLAM 1 MG TABLET	BENZODIAZEPINES (ANXIOLYTIC,SEDATIV/HYP)	18,771,023
PROMETHAZINE-CODEINE SYRUP	ANTITUSSIVES	15,331,666
CLONAZEPAM 1 MG TABLET	BENZODIAZEPINES (ANTICONVULSANTS)	15,123,707
ZOLPIDEM TARTRATE 10 MG TABLET	ANXIOLYTICS,SEDATIVES,AND HYPNOTICS,MISC	14,846,182
HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	OPIATE AGONISTS	14,462,331

LAW ENFORCEMENT REQUESTS

Total Number of Law Enforcement Requests Processed: 10,093
01/01/2009 through 12/31/2018



Requests for Full Exemption from PMP Reporting
February 19, 2019

In accordance with LA.R.S:40.4.X-A.1006.C. The board may issue an exemption from the reporting requirement to a dispenser whose practice activities are inconsistent with the intent of the program. The board may rescind any previously issued exemption without the need for an informal or formal hearing.

Permit	Permit Type	Name	Scope of Practice	DEA	City	State
7814	SAT	Acadian Medical Center-A Campus of Mercy Regional MC	Hospital Pharmacy	Yes	Eunice	LA
5624	NR	Accredo Health Group, Inc	Data Processing Pharmacy	No	Nashville	TN
7796	NR	Advanced InfusionCare	Specialty Pharmacy	Yes	Clinton	MS
5577	NR	Aetna Rx Home Delivery, LLC	Mail Order Pharmacy	Yes	Plantation	FL
7147	IR	AlphaMed Pharmacy	Specialty Pharmacy	Yes	Marrero	LA
6292	NR	AmEx Pharmacy	Specialty Pharmacy	Yes	Melbourne	FL
7750	NR	AON Pharmacy, LLC	Specialty Pharmacy	Yes	Fort Myers	FL
7730	HOS	Archer Institute of Lake Charles Memorial Hospital	Hospital Pharmacy	Yes	Lake Charles	LA
7787	NR	Blink Health Pharmacy, LLC	Non-Dispensing Pharmacy	No	Chesterfield	MO
7473	NR	CareMed Pharmaceutical Services	Specialty Pharmacy	Yes	Lake Success	NY
7835	NR	CareMetx Health, LLC	Non-Resident Pharmacy	Yes	Gaithersburg	MD
7591	HOS	CHRISTUS Bossier Emergency Hospital Pharmacy	Hospital Pharmacy	Yes	Bossier City	LA
7840	HOS	Cornerstone Hospital of Southwest Louisiana	Hospital Pharmacy	Yes	Lake Charles	LA
7690	NR	Diabetic Care Rx	Sterile Infusion	Yes	Pompano Beach	FL

5900	NR	Drug Source	Pharmacy	Yes	Elk Grove Village,	IL
7792	NR	Express Care Pharmacy	Maintenance Medications	Yes	Sunrise	FL
7808	NR	Family Pharmacy	Diabetic Testing Supplies	Yes	San Juan Capistrano	CA
7795	NR	Fresenius Medical Care North America	Remote Data Entry Pharmacy	No	Lake Bluff	IL
7798	NR	Mace RX Pharmacy LLC	Diabetic Testing Supplies	Yes	Houston	TX
7728	NR	Matrix Health	Non-Resident Pharmacy	Yes	Weston	FL
7793	NR	Med 4 Home	Mail Order Pharmacy	Yes	Kansas City	MO
7813	HOS	Mercy Regional Medical Center	Hospital Pharmacy	Yes	Ville Platte	LA
7818	HOS	Minden Medical Center Pharmacy	Hospital Pharmacy	Yes	Minden	LA
7678	HOS	Ochsner Rehabilitation Hospital	Hospital Pharmacy	Yes	New Orleans	LA
7711	NR	PharMerica	Non-Resident Pharmacy	Yes	Phoenix	AZ
7804	NR	Pineland Pharmacy	Non-Resident Pharmacy	Yes	Richardson	TX
7594	IR	Professional Service Pharmacy	Specialty Pharmacy	Yes	New Orleans	LA
7788	NR	Soleo Health	Non-Resident Pharmacy	Yes	Lenexa	KS
6110	HOS	St. Frances Medical Center Pharmacy	Hospital Pharmacy	Yes	Monroe	LA
7849	NR	Stellar Rx	Non-Resident Pharmacy	Yes	Avondale	PA
7745	NR	The Pill Club Pharmacy	Specialty Pharmacy	Yes	San Carlos	CA
7718	NR	Transcript Pharmacy	Specialty Pharmacy	Yes	Flowood	MS
7765	NR	TwelveStone Medical	Specialty Pharmacy	Yes	Murfreesboro	TN
7767	NR	Value Specialty Pharmacy	Specialty Pharmacy	Yes	Duncansville	PA
7817	NR	Valustar Pharmacy	Specialty Pharmacy	Yes	Houston	TX

Staff Recommendation
Approve the proposed waivers conditioned upon execution of the standard Consent Agreement:

EXEMPTION TO PRESCRIPTION MONITORING PROGRAM REPORTING REQUIREMENTS CONSENT AGREEMENT

WHEREAS, in order to facilitate the pharmacy's request for an exemption to the reporting requirements to the Louisiana Board of Pharmacy's Prescription Monitoring Program (PMP) as required by law, the Pharmacy indicated below agrees to the following terms:

(1) The Pharmacy shall not be authorized to dispense any controlled dangerous substances (CDS) or *drugs of concern,* with the exception of a hospital pharmacy permit's inpatient dispensing, as identified by the Louisiana Board of Pharmacy (Board) by regulation.
(2) Upon the first instance of receipt of evidence by the Board indicating the Pharmacy dispensed CDS or drugs of concern, the Pharmacy agrees to the following sanction: ***The Pharmacy agrees to pay a fine of $5,000.00 and reimburse the Board $250.00 in administrative hearing costs, with total payment due the Board of $5,250.00, due by certified check or money order within 30 days of notice of this prohibited activity.***

(3) Upon the second instance of receipt of evidence indicating the Pharmacy dispensed CDS or drugs of concern, the Pharmacy agrees to pay the above sanction, the termination of this exemption and the resumption of its reporting to the PMP.
(4) The Pharmacy shall post a copy of this agreement adjacent or attached to its pharmacy permit.

By signing this Consent Agreement, Respondent agrees that the Board has jurisdiction in this matter and waives all rights to informal conference, to Notice of Hearing, to a formal Administrative Hearing, and to judicial review of this Consent Agreement.

Louisiana Board of Pharmacy
3388 Brentwood Drive
Baton Rouge, Louisiana 70809-1700
Telephone 225.925.6496 ~ E-mail: info@pharmacy.la.gov

Report of General Counsel

NOTE: *Pursuant to the Open Meetings Law, at LRS 42:6.1, the committee may, upon 2/3 affirmative vote of those members present and voting, enter into executive session for the limited purposes of (1) discussion of the character, professional competence, or physical or mental health of a licensee, (2) investigative proceedings regarding allegations of misconduct, (3) strategy sessions or negotiations with respect to litigation, or (4) discussions regarding personnel matters.*

Louisiana Board of Pharmacy

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Report of Executive Director

NOTE: *Pursuant to the Open Meetings Law, at LRS 42:6.1, the committee may, upon 2/3 affirmative vote of those members present and voting, enter into executive session for the limited purposes of (1) discussion of the character, professional competence, or physical or mental health of a licensee, (2) investigative proceedings regarding allegations of misconduct, (3) strategy sessions or negotiations with respect to litigation, or (4) discussions regarding personnel matters.*

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February 19, 2019

Agenda Item 11-L: Report of Executive Director

1. Meeting Activity
2. Reports
3. Examinations
4. Operations
5. State Activities
6. Regional & National Activities
7. International Activities

1. Meeting Activity

In addition to Board and committee meetings, I have also participated in or attended the following meetings since the last Board meeting.

December 4	La. Hospital Association – Medical Marijuana Policy Workgroup
December 6	La. Legislature – CLE re Statewide Medical Marijuana Project
December 7	HOPE Advisory Council
December 11	Statewide Medical Marijuana Project Team Meeting
December 12	LSMS Board of Governors
December 13	La. Association of Health Plans – CE re Medical Marijuana
January 10	Drug Policy Board
January 17	dotPharmacy Executive Board [*via webinar*]
January 18	La. Tri-Regulator Collaborative [LSBME / LSBN / LBP]
January 25-27	FARB Forum – New Orleans, La.
January 28	Statewide Medical Marijuana Project Team Meeting
January 31	Occupational Licensing Review Commission
February 8	Metrc re La. Medical Marijuana Tracking System (LMMTS)
February 13	Center for Pharmacy Practice Accreditation [*via webinar*]

2. Reports

A. Internal Reports (posted in the Library)
   1. Credentials Division
      a. Census Report
      b. Licensure Activity Report
      c. Application Activity Report
      d. Exceptions Report
   2. Compliance Division
      a. Census Report – Practitioner Recovery Program & Discipline
      b. Complaint Investigation Policy Monitor

B. External Reports

Since the last Board meeting, we have filed the following reports on your behalf:

1. La. Office of the Governor – Boards & Commissions
   a. Annual Report
2. La. Office of the Governor – Drug Policy Board / HOPE Advisory Council
   a. Naloxone Dispensing Report
3. La. Div. of Administration – Office of the Commissioner
   a. Annual Report for Sexual Harassment Complaints [Act 2018-270]

4. La. Div. of Administration – Boards & Commissions
   a. Annual LaTrac Report of Board Activity [Act 2009-12]
   b. Quarterly Report of Member Expense Reimbursements
   c. Ad hoc reports of personnel salaries, meeting notices, and budgets
5. La. Div. of Administration – Facility Planning & Control
   a. Semiannual Report of Leased Office Space [Act 2016-66]
6. La. Div. of Administration – Property Assistance Agency
   a. Annual Inventory of Property & Equipment
   b. Annual Asset Certification Report
   c. Monthly Agency Fleet Mileage Report
7. La. Div. of Administration – Office of Group Benefits
   a. Annual Designations of Master User & Agency Coordinator
   b. Ad hoc reports of non-discrimination testing
8. La. Div. of Administration – Office of Risk Management
   a. Annual Agency Driver Authorization Report
   b. Annual Loss Prevention Compliance Audit
   c. Semiannual Property Exposure Report
   d. Quarterly Risk Exposure Report
   e. Quarterly Property Safety & Maintenance Inspections
   f. Monthly Loss Claims Report
   g. Monthly Report re Transitional Return to Work
9. La. Div. of Administration – Office of State Procurement
   a. Monthly Report on Status of Professional Contracts [Act 2015-87]
   b. Ad hoc reports on contractor performance review
10. La. Div. of Administration – Office of State Register
   a. Ad hoc notices for rulemaking projects
11. La. Div. of Administration – Office of Statewide Reporting & Accounting Policy
   a. Comprehensive Annual Financial Report
   b. Annual Report of Taxable Compensation
   c. Quarterly Report of Accounts Receivable [Act 1995-745]
12. La. Dept. of Children & Family Services
   a. Ad hoc rosters for credential renewals for pharmacists and technicians
13. La. Dept. of Culture, Recreation, & Tourism – State Library of Louisiana
   a. Annual Publications Report Form
   b. Semiannual Roster & Agency Inventory of Agency Publications
   c. Ad hoc document publication reports
14. La. Dept. of Economic Development
   a. Ad hoc rulemaking notices
15. La. Dept. of Health – Bureau of Health Services Financing
   a. Monthly Report of Pharmacy Openings & Closures
16. La. Dept. of Health – Office of Public Health
   a. Semi-annual Report of Active MA Registrations
17. La. Dept. of Insurance
   a. Annual Report of Investigation Referrals [Act 2009-251]
18. La. Dept. of Justice – Office of the Attorney General
   a. Quarterly Report of Private Legal Fees Paid [Act 2006-611]
   b. Ad hoc notices for emergency rules
19. La. Dept. of Revenue
   a. Quarterly Employer's Return of State Withholding Tax
   b. Ad hoc rosters for credential renewals for pharmacists and technicians
20. La. Dept. of State – Division of Archives
   a. Annual Report of Records Officer Designation
21. La. Dept. of State Civil Service
   a. Annual Confirmation of Agency EEO Policy
   b. Annual Report of Performance Evaluations
   c. Ad hoc Payroll Comparison Report
22. La. Dept. of Treasury – Cash Management Review Board
   a. Quarterly Report of Agency Bank Accounts [Act 2016-587]
23. La. Board of Regents – Office of Student Financial Assistance
   a. Ad hoc rosters for credential renewals for pharmacists and technicians

24. La. Board of Regents – ULM College of Pharmacy
    a. Annual Report of Pharmacy Education Support Fees Collected
25. La. State Employees Retirement System
    a. Monthly Report of Employer & Employee Contributions
26. La. Workforce Commission
    a. Quarterly Report of Employer's Unemployment Tax
27. La. House of Representatives – Office of the Speaker
    a. Annual Report of Rulemaking Activity
    b. Ad hoc notices for rulemaking projects
28. La. House of Representatives – Poynter Legislative Research Library
    a. Annual Filing of Legislative Reports
29. La. House of Representatives – Committee on Commerce
    a. Annual Report of Licensed Ex-Offenders [Act 2017-262]
30. La. House of Representatives – Committee on House & Governmental Affairs
    a. Quarterly Report of Board Complaints [Act 2018-655]
31. La. House of Representatives – Committee on Health & Welfare
    a. Annual LaTrac Report on Board Activity [Act 2009-12]
    b. Annual Report on Rulemaking Activity
    c. Annual Notice of Budget Adoption
    d. Comprehensive Annual Financial Report
    e. Budget Amendment No. 2 for Fiscal Year 2018-2019
    f. Ad hoc notices for rulemaking projects
32. La. Senate – Office of the President
    a. Annual Report on Rulemaking Activity
    b. Ad hoc notices for rulemaking projects
33. La. Senate – Committee on Health & Welfare
    a. Annual LaTrac Report on Board Activity [Act 2009-12]
    b. Annual Report on Rulemaking Activity
    c. Annual Notice of Budget Adoption
    d. Comprehensive Annual Financial Report
    e. Budget Amendment No. 2 for Fiscal Year 2018-2019
    f. Ad hoc notices for rulemaking projects
34. La. Senate – Committee on Senate & Governmental Affairs
    a. Annual Report on Boards & Commissions
    b. Quarterly Report of Board Complaints [Act 2018-655]
35. La. Legislature – Legislative Auditor
    a. Comprehensive Annual Financial Statement
    b. Annual Inventory of Property & Equipment
    c. Annual Asset Certification Report
    d. Annual Notice of Budget Adoption
    e. Budget Amendment No. 2 for Fiscal Year 2018-2019
36. La. Legislature – Legislative Fiscal Office
    a. Annual Notice of Budget Adoption
    b. Annual LaTrac Report of Board Activity [Act 2009-12]
    c. Budget Amendment No. 2 for Fiscal Year 2018-2019
    d. Ad hoc impact statements for rulemaking projects
37. La. Legislature – Joint Legislative Committee on the Budget
    a. Annual Notice of Budget Adoption
    b. Annual LaTrac Report of Board Activity [Act 2009-12]
    c. Budget Amendment No. 2 for Fiscal Year 2018-2019
38. U.S. Dept. of Commerce – Census Bureau
    a. Annual Survey of Public Employment & Payroll
39. U.S. Dept. of Health & Human Services – Office of Public Health
    a. Quarterly Report to ESAR-VHP
40. U.S. Dept. of Labor – Bureau of Labor Statistics
    a. Monthly Survey of Current Employment Statistics
41. U. S. Dept. of Treasury – Internal Revenue Service
    a. Annual Filings (Forms 1094, 1095-C, 1096, 1099, W-2, & W-3)
    b. Quarterly Report of Form 941 – Employer's Federal Tax Return

3. *Examinations*

A. Pharmacists

1. MPJE – the results for the third trimester of 2018 are not yet available.

2. NAPLEX – the results for the third trimester of 2018 are not yet available.

B. Technicians

1. NHA – the results for the first quarter of 2019 are not yet available.

2. PTCB – the results for first quarter of 2019 are not yet available.

4. *Operations*

A. Credentials Division

As of February 6, 2019, we had 69,387 active credentials under management by the Board. That number reflects a 7% increase from the beginning of this fiscal year on July 1, 2018. About two-thirds of the credentials (44,826) reside in the Pharmacy Program with the balance in the CDS Program.

We opened the renewal cycle for pharmacists, pharmacies, and CDS licenses for pharmacies on November 1 and it closed on December 31, 2018. We mailed reminder notices on October 31 to 9,132 pharmacists and 1,888 pharmacies. By the close of the renewal cycle, 8,547 pharmacists had renewed their license, and of that number, 96.8% did so online. At the same time, 1,851 pharmacies had renewed their permit, and of that number 86.8% did so online.

We are in the final stage of user testing before we implement online renewals of CDS licenses for prescribers and facilities. We will begin with the APRN group, and when we believe the process functions as intended, we will then offer that functionality to all the other CDS license holders. From there, we will transition to online applications.

B. Compliance Division

Our 6 pharmacist compliance officers are responsible for inspecting all the pharmacies and other facilities holding controlled substances (CDS). The census reports available for this meeting reflect 1,414 pharmacies within the state, as well as 332 DME permits, and an additional 522 various types of facilities and persons for CDS visits, including hospitals, researchers, animal euthanasia technicians, etc.

In addition to their routine site visits, the compliance officers are also responsible for investigating complaints filed with the Board. We began this fiscal year with 180 cases pending from the prior fiscal year. We have entered 267 new cases and closed 246, leaving 201 cases still open for this fiscal year. Of the 246 cases closed so far this fiscal year, 68% were disposed of through staff activities and the balance through committee and Board action.

Following the Board's approval of a new policy implementing a 180-day benchmark for completing investigations of complaints, we developed a performance monitor report; that document is now included in the Internal Reports section of this report package. Of the 246 cases closed so far this fiscal year, 10 of those exceeded the 180 day threshold for completion of the investigation. 9 of those 10 were received in prior fiscal years, and all of them were received prior to the approval of the policy.

Finally, we have some personnel changes to report. Pharmacist Compliance Officer Rayland Trisler has given notice of his intent to retire in April 2019. Mr. Trisler has completed 16 years of service to the Board. As you know, we hired two new compliance officers on February 4, 2019 – one to replace Mr. Trisler, and one additional position for the staff. We are pleased to announce the selections of Ms. Becky Parker from Ruston and Ms. Alicia Harris from Prairieville. They are both currently in training mode with Chief Compliance Officer Benjamin Whaley. We appreciate your courtesies to them as they make their rounds across the state.

C. Prescription Monitoring Program Division

As you may recall, we completed the public bid process for the new contract to operate the state prescription monitoring program, and the current vendor – Appriss, Inc. – was the successful bidder. The new contract began on January 1, 2019 and is renewable for a maximum of 5 years.

The Board approved an Interagency Agreement with the Dept. of Health during their November 2018 meeting to implement the statewide integration of the PMP Gateway to all physicians and pharmacies in the state, including use of the NarxCare service. The department allocated a portion of a large federal grant it received to address several aspects of the opioid crisis in the state. The grant is expected to cover the implementation of the statewide integration and two years of operational costs. The staff is working with Appriss and the department on the project and they are on track to complete the project by the June 30, 2018 deadline.

5. State Activities

A. La. Legislature

The Regular Session of the 2019 Legislature is scheduled to convene on Monday, April 8 and adjourn on Thursday, June 6.

6. Regional & National Activities

A. National Association of Boards of Pharmacy (NABP)

The annual meeting of this association is one of the three meetings for which certain of your travel expenses are eligible for reimbursement, subject to the limitations itemized in the Board's travel policy as well as the state's travel policy in PPM-49.

For your planning purposes, the association will hold its 115th Annual Meeting on May 16-18, 2019 at the Minneapolis Marriott City Center in Minneapolis, MN. Details will be provided as they are announced.

B. NABP-AACP District 6

The annual meeting of this association is one of the three meetings for which certain of your travel expenses are eligible for reimbursement, subject to the limitations itemized in the Board's travel policy as well as the state's travel policy in PPM-49.

For your planning purposes, Districts 6, 7, and 8 will meet together again in 2019, and the venue will be Boise, ID. Details will be provided as they are announced.

C. MALTAGON

The annual meeting of this association is one of the three meetings for which certain of your travel expenses are eligible for reimbursement, subject to the limitations itemized in the Board's travel policy as well as the state's travel policy in PPM-49.

For your planning purposes, the 2019 conference will be held on Oct. 27-30 at the Beau Rivage Resort & Casino in Biloxi, MS. Louisiana is scheduled to host the conference in 2021.

D. Office of National Drug Control Policy (White House)

ONDCP issued their updated *National Drug Control Strategy* in January 2019. The strategy relies on three basic initiatives: prevention, treatment and recovery, and supply reduction. A copy of the 23-page document was posted in the Boardroom Library.

7. International Activities

A. International Pharmaceutical Federation (FIP)

For your planning purposes, the 2019 congress will be held Sep. 22-26 in Abu Dhabi, UAE.

The educational offerings include plenary sessions, platform presentations and poster sessions, all within the four primary topics for the congress:

***Topic A** – New trends in science, practice, and education*

This topic focuses on technology, digitalization, robotics, individualization, virtual

classroom, communication, patient-centered care, and ethical challenges.

***Topic B** – New roles, opportunities, and responsibilities*

This topic looks at pharmacists' roles, roles of individuals, new services, collaboration and education.

***Topic C** – Health now!*

Responding to the challenges of today, this topic recognizes that challenges can be faced by looking at new research, ethical considerations, new values, access to health, health systems, environmental sustainability, non-communicable diseases, empowerment of patients, and quality assessment.

***Topic D** – Targeting special interests*

This topic will target special interests in the different fields of pharmacy and pharmaceutical sciences.

B. dotPharmacy Verified Websites Program

dotPharmacy is a generic top level domain (gTLD) on the Internet. Although it is owned by NABP, the dotPharmacy domain is governed by a global collaboration including the International Pharmaceutical Federation (FIP) and the National Association of Pharmacy Regulatory Authorities (NAPRA – Canada) and endorsed by multiple global partners, including the World Health Organization (WHO), Interpol, and the Pharmaceutical Group of the European Union (PGEU). dotPharmacy is different from most TLDs in that authority to host a website on dotPharmacy is restricted to applicants whose legitimacy has been verified by NABP or one of its global partners. The vision for dotPharmacy is to create an online pharmacy community where patients can go to safely order prescription drugs, knowing the sites have already been verified as legitimate pharmacies, licensed by the appropriate pharmacy regulatory authority. In addition to pharmacies, the plan is to create a presence for a number of related organizations, including professional membership organizations, colleges of pharmacy, boards of pharmacy, drug manufacturers, and consumer-oriented drug information organizations. dotPharmacy began accepting applications for website registrations in June 2015.

By January 2019, there were 621 registered domains, 468 of which were held by pharmacy organizations representing approximately 60% of the physical pharmacy locations in the U.S. Although most of the domains are based in the U.S., 62 domains are based in other countries around the world, including Canada, the Netherlands, Germany, Malta, and the United Kingdom. Discussions and negotiations are underway with pharmacy regulatory authorities in Australia, Brazil, China, India, New Zealand, and Turkey. More information, including a list of registered domains, is available at www.safe.pharmacy.

The Louisiana Board has two website addresses in the dotPharmacy domain: www.laboard.pharmacy and www.la.pharmacy. The domain name fees for these websites have been waived by NABP. For now, visitors to these sites are automatically re-directed to the Board's website at www.pharmacy.la.gov.

Respectfully submitted,
Malcolm J Broussard
Executive Director

Louisiana Board of Pharmacy
Pharmacy Program - Census Report

		11/1/2018	2/6/2019
PST.VI	LA	15	18
	NR	20	30
	Total	*35*	*48*
PST-GVI	LA	24	30
	NR	8	10
	Total	*32*	*40*
PST-M	LA	0	0
	NR	8	8
	Total	*8*	*8*
PST-MS	LA	0	1
	NR	2	2
	Total	*2*	*3*
PST-G	LA	222	178
	NR	36	28
	Total	*258*	*206*
PST	LA	5,644	5,584
	NR	3,153	3,026
	Total	*8,797*	*8,610*
	Active PST	***9,065***	***8,915***
PNT	LA	869	914
	NR	147	205
	Total	*1,016*	*1,119*
PNT-FPG	Total	2	1
	PNT	***1,018***	***1,120***
CPT	LA	6,801	6,917
	NR	174	175
	Total	*6,975*	*7,092*
CPT-M	Total	2	2
	CPT	***6,977***	***7,094***
PTC	LA	1,794	1,675
	NR	57	58
	PTC	***1,851***	***1,733***

Louisiana Board of Pharmacy
Pharmacy Program - Census Report

		11/1/2018	2/6/2019
PHY	CH	10	10
	HOS	162	162
	HOX	7	5
	IN	11	11
	INX	11	11
	IR	586	588
	IRX	6	7
	NR	560	543
	NRN	8	9
	NRP	2	1
	NU	13	13
	PE	0	0
	PEN	0	0
	PEX	4	4
	RC	613	593
	RPP	1	1
	SAT	6	6
	SPL	0	0
	TDS	0	0
	TM	1	3
	PHY	***2,001***	***1,967***
AMS	AMS	128	129
	AMS-X	359	360
	AMS	***487***	***489***
EDK	EDK	128	445
	EDK-X	359	8
	EDK	***487***	***453***
DME	LA	322	332
	NR	278	289
	DME	***600***	***621***
CDTM		75	75
MAR		3,121	3,167
PMP		18,166	19,051
SWP		48	45
TMD		100	96
TOTAL		***44,025***	***44,826***

Louisiana Board of Pharmacy
CDS Program - Census Report

	Classification	6/30/2018	11/1/2018	2/6/2019
ACS	Animal Control Shelter	0	0	0
AMS	Automated Medication System	35	34	36
AMX	Automated Medication System - Exempt	2	2	2
APN	Advanced Practice Registered Nurse	2,975	3,165	3,240
ASC	Ambulatory Surgical Center	0	0	0
CRX	Correctional Center	0	0	0
DDS	Dentist	2,174	2,217	2,222
DET	Drug Detection Canine - Private Agency	0	0	9
DEX	Drug Detection Canine - Law Enforcement	8	9	0
DIS	Distributor	290	291	292
DPM	Podiatrist	158	161	161
DVM	Veterinarian	1,188	1,274	1,251
DYS	Dialysis Center	0	0	0
EMC	Emergency Center	0	0	0
EMS	Emergency Medical Service	0	0	0
ETC	Animal Euthanasia Tech - Cert	3	2	3
ETL	Animal Euthanasia Tech - Lead	26	27	26
HOS	Hospital	301	297	295
HOX	Hospital - Exempt	5	5	5
INT	Intern or Resident	318	774	1,155
LAB	Analytical Laboratory	8	8	8
LAX	Analytical Laboratory - Exempt	4	4	4
MD	Physician	12,824	12,909	13,034
MDT	Physician via Telemedicine	2	8	9
MED	Medical Clinic	0	0	0
MFR	Manufacturer	45	47	47
MP	Medical Psychologist	91	90	89
OD	Optometrist	349	366	358
PA	Physician's Assistant	783	855	889
PHX	Pharmacy - Exempt	22	23	23
PHY	Pharmacy	1,313	1,297	1,263
REP	Sales Representative	0	0	0
RES	Researcher	104	107	108
RHC	Rural Health Clinic	0	0	0
RNT	APRN via Telehealth	5	6	6
ROF	Registered Outsourcing Facility	19	20	20
SAC	Substance Abuse Clinic	6	6	6
MIS	Other	0	0	0
	TOTAL	*23,058*	*24,004*	*24,561*

Highlighted credentials subject to inspection

	Total Credentials Under Board Management		
Pharmacy Program	41,770	44,025	44,826
CDS Program	23,058	24,004	24,561
TOTAL	***64,828***	***68,029***	***69,387***

Louisiana Board of Pharmacy
Pharmacy Program - Census Report

		6/30/2011	6/30/2012	6/30/2013	6/30/2014	6/30/2015	6/30/2016	6/30/2017	6/30/2018
PST.VI	LA	12	10	9	9	13	16	18	14
	NR	9	10	15	14	15	16	24	20
	Total	*21*	*20*	*24*	*23*	*28*	*32*	*42*	*34*
PST-GVI	LA		6	13	13	12	15	26	24
	NR		0	3	5	5	5	10	8
	Total		*6*	*16*	*18*	*17*	*20*	*36*	*32*
PST-M	LA	3	5	3	1	2	1	0	0
	NR	11	11	11	13	10	10	9	8
	Total	*14*	*16*	*14*	*14*	*12*	*11*	*9*	*8*
PST-MS	LA								
	NR								
	Total								
PST-G	LA	158	157	164	166	186	204	216	194
	NR	30	35	32	31	31	35	30	27
	Total	*188*	*192*	*196*	*197*	*217*	*239*	*246*	*221*
PST	LA	4,654	4,933	4,981	5,140	5,408	5,304	5,372	5,690
	NR	2,079	2,212	2,527	2,479	2,471	2,835	2,950	3,090
	Total	*6,733*	*7,145*	*7,508*	*7,619*	*7,879*	*8,139*	*8,322*	*8,780*
	Active PST	***6,935***	***7,353***	***7,718***	***7,830***	***8,108***	***8,389***	***8,577***	***9,009***
PNT	LA	907	938	942	948	952	957	946	910
	NR	137	128	128	127	143	127	145	158
	Total	*1,044*	*1,066*	*1,070*	*1,075*	*1,095*	*1,084*	*1,091*	*1,068*
PNT-FPG	Total	5	0	3	6	2	4	3	2
	PNT	***1,049***	***1,066***	***1,073***	***1,081***	***1,097***	***1,088***	***1,094***	***1,070***
CPT	LA	5,720	5,509	5,751	6,463	6,584	6,815	6,418	6,433
	NR	145	120	112	138	141	152	141	152
	Total	*5,865*	*5,629*	*5,863*	*6,601*	*6,725*	*6,967*	*6,559*	*6,585*
CPT-M	Total	1	0	1	2	1	2	2	1
	CPT	***5,866***	***5,629***	***5,864***	***6,603***	***6,726***	***6,969***	***6,561***	***6,586***
PTC	LA	1,574	1,665	1,658	1,870	1,929	1,813	1,971	1,931
	NR	35	39	37	37	52	48	54	69
	PTC	***1,609***	***1,704***	***1,695***	***1,907***	***1,981***	***1,861***	***2,052***	***2,000***

Louisiana Board of Pharmacy
Pharmacy Program - Census Report

		6/30/2011	6/30/2012	6/30/2013	6/30/2014	6/30/2015	6/30/2016	6/30/2017	6/30/2018
PHY	CH	12	12	12	12	12	12	11	10
	HOS	151	154	158	164	163	160	163	163
	HOX	19	18	14	11	8	7	6	6
	IN	14	10	12	12	11	11	12	11
	INX	11	14	13	11	10	10	11	11
	IR	570	568	558	583	588	576	577	584
	IRX	21	19	17	10	10	7	6	6
	NR	318	361	387	422	473	513	515	534
	NRN	0	0	0	9	9	8	7	8
	NRP	0	0	0	1	2	2	2	2
	NU	15	15	15	15	14	15	14	13
	PE	0	0	0	0	0	0	0	0
	PEN	0	0	0	0	0	0	0	0
	PEX			1	2	2	2	2	3
	RC	576	587	597	619	649	671	651	630
	RPP					0	0	0	1
	SAT				1	3	6	6	6
	SPL					0	0	0	0
	TDS					0	0	0	0
	TM								
	PHY	***1,707***	***1,758***	***1,784***	***1,871***	***1,951***	***2,000***	***1,983***	***1,988***
AMS	AMS	55	64	349	92	456	113	104	498
	AMS-X	301	302	289	359	356	367	335	372
	AMS	***356***	***366***	***638***	***451***	***812***	***480***	***439***	***870***
EDK	EDK	417	435	421	464	474	454	402	435
	EDK-X	13	13	10	10	10	10	9	11
	EDK	***430***	***448***	***431***	***474***	***484***	***464***	***411***	***446***
DME	LA		223	160	209	336	345	346	205
	NR			218	281	267	287	291	437
	DME			***378***	***490***	***603***	***622***	***637***	***642***
CDTM				41	41	52	59	66	69
MAR				1,617	2,037	2,383	2,603	2,820	3,073
PMP									15,835
SWP		58	78	126	38	54	48	48	45
TMD									71
TOTAL		***18,031***	***18,651***	***21,405***	***813***	***824***	***817***	***768***	***41,770***

Louisiana Board of Pharmacy
Pharmacy Program - Census Report

		6/30/2003	6/30/2004	6/30/2005	6/30/2006	6/30/2007	6/30/2008	6/30/2009	6/30/2010
PST.VI	LA								
	NR								
	Total								
PST-GVI	LA								
	NR								
	Total								
PST-M	LA								
	NR								
	Total								
PST-MS	LA								
	NR								
	Total								
PST-G	LA								
	NR								
	Total								
PST	LA	4,435	4,486	4,532	4,460	4,522	4,612	4,750	4,860
	NR	1,455	1,484	1,686	1,915	1,975	1,964	2,029	2,098
	Total	*5,890*	*5,970*	*6,218*	*6,375*	*6,497*	*6,576*	*6,779*	*6,958*
Active PST									
PNT	LA				980	1,079	1,074	1,035	965
	NR				109	117	67	84	153
	Total				*1,089*	*1,196*	*1,141*	1,119	1,118
PNT-FPG	Total								
	PNT	***929***	***995***	***1,154***	***1,089***	***1,196***	***1,141***	***1,119***	***1,118***
CPT	LA				4,552	4,587	4,780	4,733	5,363
	NR				163	152	144	109	144
	Total				*4,715*	*4,739*	*4,924*	4,842	5,507
CPT-M	Total								
	CPT				***4,715***	***4,739***	***4,924***	***4,842***	***5,507***
PTC	LA				1,081	1,389	1,446	1,510	1,679
	NR				32	32	23	32	35
	PTC				***1,113***	***1,421***	***1,469***	***1,542***	***1,714***

Louisiana Board of Pharmacy
Pharmacy Program - Census Report

		6/30/2003	6/30/2004	6/30/2005	6/30/2006	6/30/2007	6/30/2008	6/30/2009	6/30/2010
PHY	CH	11	12	12	12	12	11	12	14
	HOS	179	181	181	167	164	167	167	165
	HOX								
	IN	19	27	36	35	36	37	37	27
	INX								
	IR	595	633	729	681	620	588	592	587
	IRX								
	NR	353	339	200	226	240	250	256	286
	NRN								
	NRP								
	NU	13	13	13	17	16	16	16	16
	PE	94	0	0	0	0	0	0	0
	PEN	13	0	0	0	0	0	0	0
	PEX								
	RC	541	555	473	430	491	534	545	562
	RPP								
	SAT								
	SPL								
	TDS								
	TM								
	PHY	***1,818***	***1,760***	***1,644***	***1,568***	***1,579***	***1,603***	***1,625***	***1,657***
AMS	AMS								
	AMS-X								
	AMS	***136***	***158***	***174***	***173***	***212***	***255***	***306***	***361***
EDK	EDK								
	EDK-X								
	EDK	***474***	***444***	***471***	***428***	***412***	***439***	***388***	***503***
DME	LA								
	NR								
	DME								
CDTM									
MAR									
PMP									
SWP									
TMD									
TOTAL		***14,088***	***14,510***	***15,190***	***15,461***	***16,056***	***16,407***	***16,601***	***17,818***

Louisiana Board of Pharmacy
Pharmacy Program - Census Report

		3/17/1995	6/30/1996	6/30/1997	6/30/1998	6/30/1999	6/30/2000	6/30/2001	6/30/2002
PST.VI	LA								
	NR								
	Total								
PST-GVI	LA								
	NR								
	Total								
PST-M	LA								
	NR								
	Total								
PST-MS	LA								
	NR								
	Total								
PST-G	LA								
	NR								
	Total								
PST	LA	3,642	3,660	4,143	4,247	4,269	4,830	3,887	4,386
	NR	377	446	1,339	1,435	1,421	944	1,901	1,453
	Total	*4,019*	*4,106*	*5,482*	*5,682*	*5,690*	*5,774*	*5,788*	*5,839*
Active PST									
PNT	LA								
	NR								
	Total								
PNT-FPG	Total								
	PNT							***957***	***976***
CPT	LA								
	NR								
	Total								
CPT-M	Total								
	CPT							***3,216***	***3,453***
PTC	LA								
	NR								
	PTC							***2,896***	***2,372***

Louisiana Board of Pharmacy
Pharmacy Program - Census Report

		3/17/1995	6/30/1996	6/30/1997	6/30/1998	6/30/1999	6/30/2000	6/30/2001	6/30/2002
PHY	CH	4	4	4	7	4	4	8	9
	HOS	177	174	171	175	172	171	171	174
	HOX								
	IN	46	45	38	39	19	19	19	18
	INX								
	IR	651	634	636	609	621	602	601	595
	IRX								
	NR	122	152	168	175	216	223	262	313
	NRN								
	NRP								
	NU	9	10	10	9	10	10	12	14
	PE	78	104	102	120	102	102	102	100
	PEN	13	12	12	12	12	12	12	13
	PEX								
	RC	464	473	471	493	505	520	530	535
	RPP								
	SAT								
	SPL								
	TDS								
	TM								
	PHY	***1,564***	***1,608***	***1,612***	***1,639***	***1,661***	***1,663***	***1,717***	***1,771***
AMS	AMS								
	AMS-X								
	AMS								***109***
EDK	EDK								
	EDK-X								
	EDK							***468***	***461***
DME	LA								
	NR								
	DME								
CDTM									
MAR									
PMP									
SWP									
TMD									
TOTAL		***5,583***	***5,714***	***7,094***	***7,321***	***7,351***	***7,437***	***15,042***	***14,981***

Louisiana Board of Pharmacy
CDS Program - Census Report

	Classification	6/30/2014	6/30/2015	6/30/2016	6/30/2017
ACS	Animal Control Shelter	1	1	0	0
AMS	Automated Medication System	26	29	22	28
AMX	Automated Medication System - Exempt	2	1	0	0
APN	Advanced Practice Registered Nurse	1,479	1,954	2,296	2,343
ASC	Ambulatory Surgical Center	89	87	21	0
CRX	Correctional Center	6	4	1	0
DDS	Dentist	2,123	2,133	2,134	1,929
DET	Drug Detection Canine - Private Agency	0	0	0	0
DEX	Drug Detection Canine - Law Enforcement	11	12	9	8
DIS	Distributor	324	319	301	284
DPM	Podiatrist	133	142	152	136
DVM	Veterinarian	1,002	1,045	1,085	1,007
DYS	Dialysis Center	4	0	0	0
EMC	Emergency Center	22	26	5	0
EMS	Emergency Medical Service	50	49	16	0
ETC	Animal Euthanasia Tech - Cert	6	5	5	1
ETL	Animal Euthanasia Tech - Lead	23	23	22	24
HOS	Hospital	272	271	289	278
HOX	Hospital - Exempt	6	6	5	5
INT	Intern or Resident				
LAB	Analytical Laboratory	8	8	8	7
LAX	Analytical Laboratory - Exempt	5	5	4	4
MD	Physician	11,913	12,124	12,360	11,575
MDT	Physician via Telemedicine	2	1	0	0
MED	Medical Clinic	89	81	3	0
MFR	Manufacturer	42	42	37	38
MP	Medical Psychologist	78	82	86	84
OD	Optometrist	309	316	326	297
PA	Physician's Assistant	449	487	610	667
PHX	Pharmacy - Exempt	30	24	21	20
PHY	Pharmacy	1,357	1,379	1,367	1,339
REP	Sales Representative	0	0	0	0
RES	Researcher	113	113	108	100
RHC	Rural Health Clinic	12	11	2	0
RNT	APRN via Telehealth				
ROF	Registered Outsourcing Facility		8	14	13
SAC	Substance Abuse Clinic	9	10	7	6
MIS	Other	13	11	0	0
	TOTAL	*20,008*	*20,809*	*21,316*	*20,193*

Highlighted credentials subject to inspection

Total Credentials Under Board Management

Pharmacy Program	41,770	44,025	24,583	24,688
CDS Program	20,008	20,809	21,316	20,193
TOTAL	***61,778***	***64,834***	***45,899***	***44,881***

Louisiana Board of Pharmacy
CDS Program - Census Report

	Classification	6/30/2010	6/30/2011	6/30/2012	6/30/2013
ACS	Animal Control Shelter	1	1	1	1
AMS	Automated Medication System				
AMX	Automated Medication System - Exempt				
APN	Advanced Practice Registered Nurse	758	889	1,015	1,103
ASC	Ambulatory Surgical Center	113	90	88	85
CRX	Correctional Center		7	6	5
DDS	Dentist	2,363	2,027	2,048	1,902
DET	Drug Detection Canine - Private Agency	11	0	0	0
DEX	Drug Detection Canine - Law Enforcement	11	14	12	10
DIS	Distributor	400	279	288	273
DPM	Podiatrist	165	139	136	118
DVM	Veterinarian	1,065	922	901	852
DYS	Dialysis Center	63	6	4	3
EMC	Emergency Center	18	14	16	17
EMS	Emergency Medical Service	66	54	50	45
ETC	Animal Euthanasia Tech - Cert	49	16	7	6
ETL	Animal Euthanasia Tech - Lead		12	20	21
HOS	Hospital	438	280	267	263
HOX	Hospital - Exempt		12	14	5
INT	Intern or Resident				
LAB	Analytical Laboratory	15	8	6	7
LAX	Analytical Laboratory - Exempt		4	5	5
MD	Physician	15,269	12,362	11,727	10,698
MDT	Physician via Telemedicine				
MED	Medical Clinic	102	80	86	82
MFR	Manufacturer	58	48	50	45
MP	Medical Psychologist	58	65	67	69
OD	Optometrist	278	275	287	279
PA	Physician's Assistant	272	294	326	344
PHX	Pharmacy - Exempt		50	47	41
PHY	Pharmacy		1,357	1,318	1,329
REP	Sales Representative	88	29	20	7
RES	Researcher	156	109	110	98
RHC	Rural Health Clinic	23	17	12	11
RNT	APRN via Telehealth				
ROF	Registered Outsourcing Facility				
SAC	Substance Abuse Clinic	17	7	9	9
MIS	Other	59	20	14	12
	TOTAL	*21,916*	*19,487*	*18,957*	*17,745*

Highlighted credentials subject to inspection

Total Credentials Under Board Management

Pharmacy Program	22,823	24,251	24,583	24,688
CDS Program	21,916	19,487	18,957	17,745
TOTAL	***44,739***	***43,738***	***43,540***	***42,433***

Louisiana Board of Pharmacy
CDS Program - Census Report

	Classification	8/1/2006	6/30/2007	6/30/2008	6/30/2009
ACS	Animal Control Shelter				
AMS	Automated Medication System				
AMX	Automated Medication System - Exempt				
APN	Advanced Practice Registered Nurse	220	346	479	607
ASC	Ambulatory Surgical Center	94	94	101	106
CRX	Correctional Center				
DDS	Dentist	2,009	2,090	2,177	2,267
DET	Drug Detection Canine - Private Agency	11	11	11	11
DEX	Drug Detection Canine - Law Enforcement	8	9	9	9
DIS	Distributor	236	285	322	363
DPM	Podiatrist	146	147	153	161
DVM	Veterinarian	817	870	936	1,000
DYS	Dialysis Center	58	63	63	63
EMC	Emergency Center	17	17	17	17
EMS	Emergency Medical Service	56	57	58	63
ETC	Animal Euthanasia Tech - Cert	29	31	39	44
ETL	Animal Euthanasia Tech - Lead				
HOS	Hospital	350	369	387	405
HOX	Hospital - Exempt				
INT	Intern or Resident				
LAB	Analytical Laboratory	13	13	14	14
LAX	Analytical Laboratory - Exempt				
MD	Physician	12,754	13,195	13,876	14,599
MDT	Physician via Telemedicine				
MED	Medical Clinic	65	73	78	88
MFR	Manufacturer	31	36	43	52
MP	Medical Psychologist	30	37	44	50
OD	Optometrist	196	230	253	269
PA	Physician's Assistant	153	170	194	232
PHX	Pharmacy - Exempt				
PHY	Pharmacy				
REP	Sales Representative	54	57	65	66
RES	Researcher	91	100	110	119
RHC	Rural Health Clinic	15	19	20	21
RNT	APRN via Telehealth				
ROF	Registered Outsourcing Facility				
SAC	Substance Abuse Clinic	14	14	14	14
MIS	Other	80	74	73	58
	TOTAL	*17,547*	*18,407*	*19,536*	20,698

Highlighted credentials subject to inspection

Total Credentials Under Board Management

Pharmacy Program	18,031	18,651	21,405
CDS Program	18,407	19,536	20,698
TOTAL	***36,438***	***38,187***	***42,103***

New Credentials Issued
FYE 2019 ~ 2nd Quarter
October 1, 2018 - December 31, 2018

Prefix	Subcategory	CredentialType	Total
AMS		Automated Medication System	5
AMS	X	Automated Medication System - Exempt	5
		Prefix Totals	10
CDS	AMS	CDS License - Automated Medication System	3
CDS	APN	CDS License - APRN	134
CDS	DDS	CDS License - Dentist	33
CDS	DET	CDS License - Drug Detection / Canine	1
CDS	DIS	CDS License - Distributor	9
CDS	DPM	CDS License - Podiatrist	1
CDS	DVM	CDS License - Veterinarian	22
CDS	ETC	CDS License - Animal Euthanasia Technician, Certified (AET-C)	1
CDS	HOS	CDS License - Hospital	4
CDS	INT	CDS License - Medical Intern or Resident	372
CDS	MD	CDS License - Physician	213
CDS	MFR	CDS License - Manufacturer	2
CDS	OD	CDS License - Optometrist	1
CDS	PA	CDS License - Physician Assistant	55
CDS	PHY	CDS License - Pharmacy	12
CDS	RES	CDS License - Researcher	2
CDS	RNT	CDS License - APRN via Telehealth	1
		Prefix Totals	866
CPT		Certified Pharmacy Technician	129
DME		Durable Medical Equipment (DME) Provider	24
EDK		Emergency Drug Kit	24
MA		Medication Administration (V)	77
PHY	HOS	Pharmacy - Hospital Inpatient	2
PHY	IR	Pharmacy - Community ~ Independent	10
PHY	NR	Pharmacy - Nonresident	24
PHY	RC	Pharmacy - Community ~ Chain	2
PHY	SAT	Pharmacy - Hospital Off-Site Satellite	1
		Prefix Totals	39
PIC		Pharmacist-in-Charge (V)	10
PMP	CDS	PMP - CDS Credential (V)	497
PMP	PHY	PMP - PHY Dispenser Account (V)	32
PMP	PST	PMP - Pharmacist (V)	3
		Prefix Totals	532
PNT		Pharmacy Intern	157
PST		Pharmacist	71
PTC		Pharmacy Technician Candidate	244
SWP		Special Work Permit	9
TM	CPT	Therapeutic Marijuana Designation - CPT	8
TM	PST	Therapeutic Marijuana Designation - PST	6
		Prefix Totals	14
		Grand Totals	2206

Pending Applications

PHARMACY CREDENTIALS

Prefix	Subcat.	CredentialType	8/16/2017	11/7/2017	2/12/2018	5/9/2018	8/2/2018	11/2/2018	2/6/2019
AMS		Automated Medication System	13	14	5	7	5	5	8
CPT		Certified Pharmacy Technician	30	26	44	64	29	29	33
DME		Durable Medical Equipment	23	20	20	22	17	18	20
EDK		Emergency Drug Kit	7	3	4	4	4	5	
PHY	CH	Pharmacy - Charitable					1	1	1
PHY	HOS	Pharmacy - Hospital Inpatient	9	6	4	1	1	5	6
PHY	IN	Pharmacy - Institutional					1	1	1
PHY	IR	Pharmacy - Community ~ Independent	23	32	32	26	21	20	22
PHY	NR	Pharmacy - Nonresident	92	94	84	70	74	73	60
PHY	NRN	Pharmacy - Nonresident Nuclear	2	3	2	2	1		
PHY	NU	Pharmacy - Nuclear							
PHY	PEN	Pharmacy - Penal			3	3	3	1	
PHY	RC	Pharmacy - Community ~ Chain		2	176		2	4	3
PHY	RPP	Pharmavy - Remote Processor				2	1	1	
PHY	SAT	Pharmacy - Hospital Off-Site Satellite						1	1
PHY	TM	Pharmacy - Therapeutic Marijuana		40	34	9	9	8	6
PIC		Pharmacist-in-Charge							
PNT	FPG	Pharmacy Intern - Foreign Graduate	4	1		1	1	1	1
PNT		Pharmacy Intern	65	66	44	40	31	173	74
PST		Pharmacist	374	316	297	381	480	278	272
PTC		Pharmacy Technician Candidate	502	395	338	320	286	289	223
		Subtotal	**1144**	**1018**	**1087**	**952**	**967**	**913**	**731**

CDS CREDENTIALS

Prefix	Subcat.	CredentialType	8/16/2017	11/7/2017	2/12/2018	5/9/2018	8/2/2018	11/2/2018	2/6/2019
CDS	AMS	CDS - Automated Medication System		2	2	3	4	1	1
CDS	APN	CDS - APRN	12	13	12	17	17	14	14
CDS	DDS	CDS - Dentist	1	4	1	9	4	3	2
CDS	DET	CDS - Drug Detection / Canine	3	3	4	1	3	1	
CDS	DIS	CDS - Distributor	8	4	6	5	6	17	15
CDS	DPM	CDS - Podiatrist					1		
CDS	DVM	CDS - Veterinarian	2	2	3	2	5		
CDS	ETC	CDS - Animal Euthanasia Tech, Certified						1	
CDS	ETL	CDS - Animal Euthanasia Tech, Lead		2			1	1	3
CDS	HOS	CDS - Hospital	18	14	10	8	9	8	12
CDS	INT	CDS - Medical Intern or Resident					18	14	7
CDS	MD	CDS - Physician	19	15	17	33	27	34	24
CDS	MFR	CDS - Manufacturer	1	1	4	6	4	4	
CDS	MP	CDS - Medical Psychologist	1						
CDS	OD	CDS - Optometrist	2				1		
CDS	PA	CDS - Physician Assistant	6	4	4	5	10	11	8
CDS	PHY	CDS - Pharmacy	23	30	85	26	22	27	24
CDS	PHX	CDS - Pharmacy - Exempt		1		2	2	1	1
CDS	RES	CDS - Researcher	7	7	9	5	5	2	2
CDS	RNT	CDS - APRN via Telehealth					1		
CDS	ROF	CDS - Registered Outsourcing Facility	1	4	1	2	2	1	3
CDS	SAC	CDS - Substance Abuse Clinic				4	4	1	5
CDS	TM	CDS - Therapeutic Marijuana		40	34		9	8	6
		Subtotal	**104**	**146**	**192**	**128**	**155**	**149**	**127**

OTHER CREDENTIALS

Prefix	Subcat.	CredentialType	8/16/2017	11/7/2017	2/12/2018	5/9/2018	8/2/2018	11/2/2018	2/6/2019
CDTM		Collaborative Drug Therapy Management							
LB		Law Book							
MA		Medication Administration	7	4	3	3	3	10	10
PMP		PMP - CDS Credential	266	284	207	221	206	143	342
PMP		PMP - MIS Credential							
PMP		PMP - PHY Credential		86				2	1
PMP		PMP - PST Credential	3	1	4	225	210	5	345
SWP		Special Work Permit	11	10	10	10	10	10	10
TM	CPT	Therapeutic Marijuana Designation - CPT		3		7	4	18	17
TM	OMO	Therapeutic Marijuana Designation - OMO		6	2	6	2		
TM	PST	Therapeutic Marijuana Designation - PST		18	3	14	4	2	7
		Subtotal	**287**	**412**	**229**	**486**	**439**	**190**	**732**

TOTAL	**1535**	**1576**	**1508**	**1566**	**1561**	**1252**	**1590**

Louisiana Board of Pharmacy

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February 19, 2019

Agenda Item 11-L: Report of Executive Director

Section 2 – A – 5 ~ Exceptions Report

1. PIC at Multiple Pharmacies

Board Policy I.A.4 permits the Executive Director to approve requests from pharmacists wishing to serve as the Pharmacist-in-Charge (PIC) of more than one pharmacy at the same time. The decision to approve such a request requires the concurrence of the President, as well as notice to the Board at its next meeting. As authorized by the President, the Executive Director has delegated this authority to the General Counsel and the Assistant Executive Director.

- (*none since last report*)

2. Special Work Permits for military-trained applicants and their spouses

LAC Title 46: LIII §904 authorizes the Board to provide preferential licensing procedures for military-trained applicants and their spouses. As authorized by the President, the Executive Director has delegated this authority to the General Counsel and the Assistant Executive Director.

- On November 30, 2018, Mr. Aron and Mr. Finalet concurred to grant a request of Janell Womack. She has been issued SWP.00813 to practice for up to 120 days while her application to become a PST is in process. The SWP will expire on March 31, 2019.

3, Special Work Permits

Board Policy I.A.7 permits the Executive Director to issue Special Work Permits to document the resurrection of expired non-renewable credentials and for other purposes as authorized by the Board. The decision to approve such a request requires the concurrence of the President, as well as notice to the Board at its next meeting. As authorized by the President, the Executive Director has delegated this authority to the General Counsel and the Assistant Executive Director.

- On November 5, 2018, Mr. Aron and Mr. Finalet concurred to grant a request of Ayashia Danyale Roussell. She had previously obtained PTC.010901 which expired on September 7, 2006. She is PTCB-certified and was issued a Special Work Permit for one year to earn 600 hours of practical experience.
- On December 4, 2018, Mr. Aron and Mr. Finalet concurred to grant a request of Hasaan Kadhim Mahdi. He had previously obtained PTC.024754 which expired on May 30, 2018. He is PTCB-certified and was issued a Special Work Permit for one year to earn 600 hours of practical experience.
- On December 5, 2018, Mr. Aron and Mr. Finalet concurred to grant a request of Nafeesha Malik Ducre. She had previously obtained PTC.017892 which expired on February 28, 2013. She is PTCB-certified and was issued a Special Work Permit for one year to earn 600 hours of practical experience.
- On December 7, 2018, Mr. Aron and Mr. Finalet concurred to grant a request of JoJo Holden, Jr. He had previously obtained PTC.021976 which expired on April 20, 2016. He is PTCB-certified and was issued a Special Work Permit for one year to earn 600 hours of practical experience.
- On December 20, 2018, Mr. Aron and Mr. Finalet concurred to grant a request of Wilshonda Monique Johnson. She had previously obtained PTC.021563 which expired on December 23, 2015. She is PTCB-certified and was issued a Special Work Permit for one year to earn 600 hours of practical experience.
- On January 4, 2019, Mr. Aron and Mr. Finalet concurred to grant a request of Lauren

Elizabeth Hankins. She had previously obtained PTC.018248 which expired on June 6, 2013. She is PTCB-certified and was issued a Special Work Permit for one year to earn 600 hours of practical experience.

- On January 10, 2019, Mr. Aron and Mr. Finalet concurred to grant a request of Bathscheba Ashley Azemar. She had previously obtained PTC.021255 which expired on October 7, 2015. She is ExCPT-certified and was issued a Special Work Permit for one year to earn 600 hours of practical experience.
- On January 14, 2019, Mr. Aron and Mr. Finalet concurred to grant a request of Krystal Zhane Curry. She had previously obtained PTC.21002 which expired on August 12, 2015. She is PTCB-certified and was issued a Special Work Permit for one year to earn 600 hours of practical experience.
- On January 15, 2019, Mr. Aron and Mr. Finalet concurred to grant a request of Robert Joseph Esponge III. He had previously obtained PNT.046902 which expired on May 8, 2016. He has passed the NAPLEX and MPJE and was issued a Special Work Permit for one year to earn his hours of practical experience towards becoming a pharmacist.
  On January 16, 2019, Mr. Aron and Mr. Finalet concurred to grant a request of Shaterra Lynn Steward. She had previously obtained PTC.019463 which expired on May 27, 2014. She is ExCPT-certified and was issued a Special Work Permit for one year to earn 600 hours of practical experience.

Louisiana Board of Pharmacy

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Compliance Division Census Report

February 19, 2019

Practitioner Recovery Program

- Probation Completion Report

02-12-2019	CPT.010273	Randi Lea Cassidy

• Active Probation	46	Pharmacist
	2	Pharmacy intern
	7	Technician
• Active Suspension	41	Pharmacist
	2	Pharmacy intern
	17	Technician
	4	Technician candidate

Disciplinary Restrictions

- Probation Completion Report

11-18-2018	CPT.010037	Shantelle Dionne Payton
11-18-2018	CPT.008812	Jennifer LaCole Farmer
12-31-2018	PHY.006762	Marian Pharmacy
01-17-2019	PST.021806	Kendra Dian Wright

• Active Probation	15	Pharmacist
	1	Pharmacy intern
	1	Technician
	3	Technician candidate
	4	Pharmacy permit
	1	CDS-PHY license
• Active Suspension	53	Pharmacist
	1	Pharmacy intern
	80	Technician
	19	Technician candidate
	1	Special work permit
	12	Pharmacy permit
	6	CDS-PHY license
	74	CDS license for practitioners

Louisiana Board of Pharmacy
Compliance Division

Complaint Investigation Completion Policy Monitor

	FY 17-18 6/30/2018	FY 18-19 2/10/2019	FY 19-20	FY 20-21
Pending at Beginning of Fiscal Year	160	180		
New Cases Added	500	267		
Cases Closed	480	246		
Cases Remaining	180	201		

Average No. Days to Close Investigation	49
No. Investigations Closed > 180 Days	10
% Investigations Beyond Policy Limit	4.1%
% Cases Closed by Board Action	32%

National Drug Control Strategy

A Report by the
Office of National Drug Control Policy

JANUARY 2019

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The negative consequences of the trafficking and use of illicit drugs, along with the toll that drug misuse and abuse is taking across America, have endangered too many communities, ruined too many families, and taken the lives of too many of our fellow Americans.

The Trump Administration's *National Drug Control Strategy* is focused on reversing these developments, saving American lives, and setting our Nation on a path to being stronger, healthier, and drug-free. This *Strategy* is intended to guide and focus Federal government efforts along three complementary lines of effort. First, we must reduce the size of the drug-using population by preventing initiates to illicit drug use through education and evidence-based prevention programs. Second, we must reduce barriers to treatment services so that access to long-term recovery is available for those suffering from substance use disorder. And finally, we must drastically reduce the availability of these drugs in the United States through law enforcement and cooperation with international partners to lessen the negative effects of drug trafficking that impact the safety of our communities and the well-being of our citizens.

While this *Strategy* reflects the President's top priority to address the current opioid crisis and reduce the number of Americans dying from these dangerous drugs, it also sets us on the path to develop further the capability, knowledge, and infrastructure to respond to the evolving nature of the drug threat as we move deeper into the twenty-first century.

This is a *Strategy* of action. It reflects our understanding of the complex interplay between the availability of drugs in the U.S. market and their use, anticipates changes in the drug environment in both the public health and law enforcement domains, and allows us to adapt our actions and make lasting progress against this historic national security, law enforcement, and public health challenge. Most importantly, it demands our full effort and a relentless focus on delivering results. The American People should expect nothing less.

James W. Carroll
Director of National Drug Control Policy

"We will work to strengthen vulnerable families and communities, and we will help to build and grow a stronger, healthier, and drug-free society."

—PRESIDENT DONALD J. TRUMP

INTRODUCTION

The drug crisis our country faces today is unprecedented. It has evolved over the past several decades and has steadily worsened with time. Every state and county, and every socioeconomic group in our country, is directly affected by the negative consequences of illicit drug use. However, today we can see American ingenuity across the Nation, sparked by the commitment to save lives, at work to establish lasting solutions to this monumental problem. Law enforcement and public health innovators working side-by-side at the local level, assisted and inspired by families who have lost loved ones to the scourge of drug use, resourced by government agencies at every level working with private sector partners, are already making a difference. This *National Drug Control Strategy*, the Trump Administration's first, establishes the President's priorities for addressing the challenge of drug trafficking and use, now and in coming years. It also provides the strategic direction necessary for the Federal government to prevent initiates to drug use through education and evidence-based prevention, provide treatment for those suffering from the disease of addiction so they can reach long-term recovery, and reduce the availability of these dangerous drugs in every American community.

The President's top priority is to address, head on, the current opioid crisis and reduce the number of Americans dying from these dangerous drugs. This crisis alone has resulted in more American deaths in just two years than in the course of the entire Vietnam War. In 2017, there were more than 70,200 drug overdose deaths in the United States according to the Centers for Disease Control and Prevention (CDC). More than 47,500 of these deaths involved an opioid, and more than half of these deaths involved a synthetic opioid such as illicit fentanyl or one of its analogues. From 2014 to 2017, the number of deaths attributed to synthetic opioids like fentanyl and its analogues increased 413 percent, and these synthetic opioids are now involved in more deaths than any other drug such as prescription opioids, heroin, or cocaine. Along with the current opioid crisis, overdose deaths involving heroin, cocaine, methamphetamine, and prescribed opioid painkillers have all increased since 2014 as well, and many of these deaths involved more than one drug.

The Trump Administration is matching the magnitude of today's historic crisis with a historic level of focus and resources. In addition to providing an array of Federal grants across the spectrum of drug issues the President increased resources in his Fiscal Year (FY) 2019 Budget dedicated to the opioid crisis, held two opioid summits at the White House, established *The President's Commission on Combating Drug Addiction and the Opioid Crisis* (herein referred to as the Commission) via Executive Order in March 2017, and announced his *Initiative to Stop Opioid Abuse and Reduce Drug Supply and Demand* in March 2018.

While confronting today's drug crisis to arrest its growth and reduce its effects, we must also further develop the capability, knowledge, and infrastructure to respond to the evolving nature of the drug threat as we move deeper into the twenty-first century. Drug traffickers will continue to attempt to secure ever-greater profits by expanding their customer base, reducing overhead, and mitigating risks to their supply chains. The exponential growth in the availability and use of synthetic drugs in the United States, especially synthetic opioids like fentanyl and its analogues, provides a window into the likely future of drug use and trafficking. Drug trafficking organizations can avoid the costly process of harvesting illicit crops and producing plant-based drugs by the much cheaper and faster process of chemical synthesis. Potent synthetic drugs can be smuggled across our borders in small quantities that can be more easily concealed than bulkier plant-based drugs. They can also be purchased cheaply on the dark web using cryptocurrencies that provide anonymity, and shipped into the United States through international mail or as express consignment shipments. The combination of low production cost, the anonymity of the darkweb and cryptocurrencies, and drugs with higher potency than plant-based drugs, creates a favorable risk-reward structure that drug traffickers will embrace to an even greater degree in the years to come.

Along with the emergence of the greater availability and trafficking of synthetic drugs, we must also confront an emerging crisis of cocaine availability and use in the United States. The increased cultivation of coca and production of cocaine in Colombia, the source of more than 90 percent of the cocaine in the U.S. market, has once again reached record levels. Moreover, the suspension of aerial eradication programs in Colombia during its peace process, from 2015 until today, has led to even greater yield from coca plants, resulting in increased production and purity levels. Cocaine use in the United States started rising again after many years of decline. From 2016 to 2017, overdose deaths in which cocaine was the primary contributing drug increased 34 percent according to the CDC, and the National Survey of Drug Use and Health (NSDUH) shows that in 2017 past-month users of cocaine aged 12 and above increased from 1.9 million Americans to 2.1 million and new initiates to cocaine use increased to 1 million, averaging approximately 2,800 per day.

Given the current drug crisis facing America, and the President's priorities, this *Strategy* adopts a strong bias toward *action*. It focuses on leveraging our understanding of the complex interplay between the availability of drugs in the U.S. market and their use, anticipating changes in the drug environment in both the public health and law enforcement domains, and adapting our actions to seize the initiative to make lasting progress against this historic challenge. The global drug trafficking enterprise is vast, dynamic, and adaptable, but it is not without vulnerabilities. It is only through a unified effort in which the Federal government works with, and in support of, creative and resourceful individuals and organizations across the country, that can we address this complex national security, law enforcement, and public health problem.

STRATEGIC OBJECTIVE AND ASSUMPTIONS

This *Strategy* is focused on achieving one overarching strategic objective:

> *Building a stronger, healthier, drug free society today and in the years to come by drastically reducing the number of Americans losing their lives to drug addiction in today's crisis, and preparing now to dominate the drug environment of the*

> *future. This will be done by preventing initiates to drug use, providing treatment services leading to long-term recovery for those suffering from addiction, and aggressively reducing the availability of illicit drugs in America's communities.*

This *Strategy* consists of three interrelated elements designed to achieve the President's goal of building and fostering a stronger, healthier, and drug free society: prevention, treatment and recovery, and reducing the availability of drugs in America. The single and most important criterion of success is saving American lives, and achieving that objective requires the Federal government to work with partners at the state, local, and tribal levels; the healthcare sector; industry; foreign partners; and every concerned American citizen to advance our Nation's efforts to promote and maintain healthy lifestyles, and help build and grow safe communities free from the scourge of drug use and addiction.

This *Strategy* makes several key assumptions:

- Deliberate, sustained, and well-coordinated education and prevention efforts will, over time, reduce the number of Americans who initiate illicit drug use.
- Better prescribing practices and the expansion of alternatives to prescription drugs that hold a high potential for addiction and abuse will have a positive effect on reducing the number of initiates to illicit drug use.
- Increasing the availability of treatment services for substance use disorder will lead to a greater number of Americans achieving sustained recovery and reduce the size of the illicit drug market and demand in the United States.
- Reducing the availability of illicit drugs in the United States will enable public health efforts to take hold, increasing the potential for successful prevention and treatment efforts.
- Aggressive and versatile drug trafficking organizations will respond to sustained pressure placed upon them by disruption, dismantlement , interdiction efforts and judicial/prosecutorial efforts, and will adapt their production and trafficking methods to minimize risk and maximize profit.

STRATEGY IMPLEMENTATION

The three fundamental elements that form the heart of this *Strategy*—prevention, treatment and recovery, and reducing availability—are complementary and mutually supporting. Reducing the size of the illicit drug using population involves ***preventing*** initiates to illicit drug use through education and evidence-based prevention programs. Providing ***treatment services leading to long-term recovery*** for those suffering from substance use disorder, often using medication-assisted treatment (MAT) combined with therapy, moves people out of the active user population and on the path to recovery. By reducing the number of individuals who use illicit drugs through prevention and treatment, we can diminish the market forces pulling illicit drugs across our borders and into our communities. Simultaneously, we must drastically reduce the ***availability*** of these drugs in the United States. Increased availability increases the opportunity for individuals to initiate drug use, and the path from first use to chronic use can be brutally short, particularly for potent and highly addictive drugs like opioids. By reducing availability we not only lessen the negative ancillary effects of drug trafficking that impact the safety of

our communities and the well-being of our citizens, we also relieve the pressure on the public health domain in its prevention and treatment efforts. Reducing the size of the illicit drug-using population through prevention and treatment, together with reducing the availability of drugs in the United States through law enforcement and cooperation with international partners, are complementary efforts that inform and support one other, and will set the Nation on the path to being strong, healthy, and drug-free.

This *Strategy* is not intended to enumerate every activity the Federal government and key stakeholders must execute in order to achieve the President's strategic objective. Rather, it articulates the President's drug control priorities and sets the strategic direction for the Administration to take measures to prevent Americans, especially our future generations, from falling into the cycle of drug use and addiction; to provide Americans who suffer from substance use disorders with world class treatment and recovery services; and to protect America's citizens from the negative effects of drug trafficking and use. It also provides Federal drug control departments and agencies the strategic guidance they need for developing their own drug control plans and strategies, and it ensures programming and resource decisions about Federal drug control budget dollars are allocated in a manner consistent with the Administration's priorities.

PREVENTION

Preventing drug use before it starts is a fundamental tenet of a comprehensive approach to drug control. The science of prevention has evolved and significantly improved, and decades of research show that prevention works when implemented through evidence-based programs focused on specific audiences. Early intervention through informational media campaigns and community support mechanisms can alter the trajectory of young people in a positive direction and increase protective factors while reducing risk factors. Studies show that addiction is a disease that can be prevented and treated through sound public health interventions. Evidence-based prevention is most effective when it is carried out over the long-term with repeated interventions to reinforce original prevention goals.

Combining two or more evidence-based elements in a comprehensive prevention program is more effective than a single activity alone. Moreover, these early investments pay large dividends in substantially reduced treatment and criminal justice costs, saving taxpayer dollars while reducing the number of young people whose lives are tragically affected by early substance abuse.

As the Commission noted, "substance abuse prevention is a process which requires a shift in the behavior, culture, and community norms." The Commission emphasized the three categories of prevention intervention that target risk factors and increase protective measures: universal interventions that attempt to reduce specific health problems across all people in a particular population by reducing a variety of risk factors and promoting a broad range of protective measures; selective interventions delivered to particular communities, families, and children who, due to their exposure to certain environmental considerations, are at increased risk of substance misuse; and appropriate interventions directed to those already involved in a risky behavior such as substance misuse, or are beginning to demonstrate problems but have not yet developed a substance use disorder.

Implementing a Nationwide Media Campaign

Mass media campaigns are most effective when developed with coherent, credible, evidence-based messages grounded in behavioral science research. The Administration is already addressing the unmet need of a compelling and universal information campaign to educate our Nation on the drug-related vulnerabilities of our youth and other at-risk populations. The Administration implemented the *RxAwareness* campaign as a first step to address this problem, and augmented that initiative by launching a national substance abuse prevention media campaign, *The Truth About Opioids*. This major effort will reach audiences not targeted by *RxAwareness* by addressing topics This major effort will reach audiences not targeted by *RxAwareness* by addressing topics related to the speed at which chronic substance use can develop, the drastic measures those suffering from substance use disorder will take to feed their addiction, and the need to reduce the stigma associated with addiction and treatment for substance abuse.

The media campaign is principally focused on opioids that are killing so many of our citizens. Prevention messages targeting youth are being disseminated through social media and other popular platforms utilized by young people. As the campaign moves forward, its messaging will use data analytics to determine appropriate messaging based on target population and substance, and will employ communication and marketing methods such as market segmentation, demographic data on users, and multiple formats and languages for individuals with disabilities and individuals with limited English proficiency. The campaign will be augmented by science-based primary prevention across multiple sectors using approaches that effectively engage students, parents, schools, health care systems, faith communities, social service organizations, and other sectors, in the development and implementation of community and school-based prevention initiatives.

Addressing Safe Prescribing Practices

There is a compelling need for additional research on, and the implementation of, evidence-based guidelines for the dosages and duration of prescription opioid treatment for injuries and post-surgical pain management. This is particularly important for patients with a history of substance abuse or at elevated risk for drug misuse. Additionally, information on viable alternatives for particular surgeries and pain-related conditions, along with an examination of health care coverage for alternative treatment, will advance efforts to reduce overall opioid prescribing in the United States. Government experts, the healthcare sector, the research community, and stakeholder organizations all play key roles in addressing these needs to build evidence on effective treatment and periodically updating prescriber guidelines. Moreover, clinical guidelines and best practices should be standardized in provider training programs and continuing medical education programs for those who prescribe and administer opioids such as surgeons, emergency medicine providers, and emergency medical technicians.

In 2016, CDC published the *CDC Guideline for Prescribing Opioids for Chronic Pain* for using opioids to treat chronic pain intended to improve communication between the primary care provider and the patient regarding the risk and benefits of these treatments and to improve the effectiveness of pain management treatment in general. The *Guideline* focus on three areas: determining when to initiate or continue opioids for chronic pain; opioid selection, dosage, duration, follow-up, and discontinua-

tion; and assessing the risk and harms of opioid use. The Administration will build on the CDC *Guideline* and safe prescribing practices by: working with key stakeholders to develop model statutes, regulations, and policies that ensure informed patient consent prior to an opioid prescription for chronic pain; coordinating the development of a national curriculum and standard of care for opioid prescribers that supplements the CDC's *Guideline* and focuses on primary care physicians; and developing a model training program to be disseminated to all levels of medical education on the screening for substance use and health status to identify at-risk patients. Mental illness often occurs together with substance use disorders. Underpinning these initiatives is the awareness that patients with chronic pain must receive the best medical care available to ameliorate their suffering and enable them to enjoy the best possible quality of life, while simultaneously reducing the likelihood that patients will become addicted to these treatment regimens.

Expanding the Use of Prescription Drug Monitoring Programs

A Prescription Drug Monitoring Program (PDMP) is a proven means to increase accountability in opioid prescribing practices and prevent patients from receiving opioids and other controlled medications that may have adverse interactions with opioids from multiple providers. In some states where PDMP checking is optional, providers report difficulty using their PDMP due to lack of integration with electronic health records (EHR) which interrupts workflow and can result in decreased use. Providers also cite lack of interstate data-sharing and concerns about patient confidentiality as reasons not to use the PDMP. In those cases where states' integration services are made available, the service can be costly. Currently, at least two PDMP data sharing hubs exist and many states share data. However, two distinct but related issues make data sharing challenging. First, a patchwork of different state laws governing data sharing has thus far prevented the development and execution of a nationwide PDMP capability. The problem of being unable to share data includes Federal healthcare providers attempting to access PDMP data who encounter similar difficulties dealing with various state laws. Second, even in those cases where there are not legal impediments to sharing data, interoperability challenges to sharing these data exist resulting from the two different data sharing platforms. Improving interoperability within the clinical data workflow, and making PDMP data from neighboring states more accessible, can improve the likelihood that providers will consult the PDMPs. In the coming years, we will build on existing research regarding barriers to nation-wide PDMP implementation, and employ various strategies to support PDMP integration and data sharing, including efforts that address the legal and interoperability challenges, as well as measures to incentivize states to make checking of PDMPs mandatory for all providers.

Strengthening the Capacity of State, Local, and Tribal Communities to Identify and Prevent Substance Abuse

Family, friends, and local communities are the first line of defense in preventing substance abuse, and positive adult involvement in children's lives reduces the likelihood of drug use. As the Commission concludes, "With tools for teachers and parents to enhance youth knowledge of the dangers of drug use, early intervention strategies can be implemented for children with environmental and individual risk factors." Parents and primary caregivers must understand that they can make the most significant difference in the child's attitudes and values regarding the use of drugs. Religious organizations are also an

integral part of the community response to substance abuse, and clergy and faith-based organizations have been successful at keeping youth away from drugs, as well as providing successful support when they have turned to drug use. This strategy will support and reinforce the positive resources that family, friends, and the community can bring to bear on this crisis at both the prevention as well as the treatment and recovery levels. Parents are historically under-represented in prevention programs despite the fact that parent-based programs play a vital role in delaying the onset and use of alcohol and other drugs. This is true for school outreach programs as well.

Enhancing Research and the Development of Evidence-Based Prevention Programs

The National Academies of Sciences, Engineering, and Medicine outline three categories of prevention intervention: universal, selective, and indicated. These interventions have been studied based on targeted populations and risk factors, and, as the Commission observes, "When evidence-based programs are selected for specific populations and implemented with fidelity, they can be effective. Prevention programs need to be tested for scalability, fidelity, and sustainability after research champions are no longer present to drive the programs."

Advancing our capability to prevent drug use before it starts will require, among other things, the more widespread adoption and use of evidence-based methods to identify at risk individuals using strategies that allow for screening, brief intervention, and referral to treatment. This is especially important for adolescents and young adults from middle school through college. In addition, we must increase opportunities to educate and inform child welfare professionals and healthcare providers about the early signs of substance abuse and identify resources to support pregnant and parenting women, children of parents with substance abuse disorders or addiction, and children born with neonatal abstinence syndrome (NAS). Where evidence about prevention interventions for a population or substance is lacking, we must work to build evidence on effective approaches.

Continuing to Strengthen ONDCP's Drug Free Communities (DFC) Program

ONDCP's Drug-Free Communities (DFC) Support Program, created by the Drug-Free Communities Act of 1997, undergirds the Administration's focus on preventing and reducing youth substance use at the community level. The DFC Program provides grants to community coalitions to strengthen the infrastructure among local partners to create and sustain a reduction in local youth substance use. Since the DFC Program's inception, findings from evaluations of the DFC program found that DFC-funded community coalitions have reduced youth substance use. According to the DFC's 2018 National Cross-Site Evaluation Report, on average DFC-funded community participants cut alcohol use by 19 percent and prescription drug abuse by 18 percent among high school students in their communities. The DFC Program will conduct semiannual training to ensure coalitions have the resources and skillset they need to strengthen the prevention infrastructure within their communities and among their local partners to effectively prevent and reduce youth alcohol, tobacco, marijuana and (illicit) prescription drug use. This training will provide DFC-funded community coalitions with the resources and tools they need to develop local and sustainable prevention initiatives.

Expanding Drug Take-Back Across the Country

The Drug Enforcement Administration's (DEA's) twice-yearly Take-Back Day serves as an opportunity for citizens to dispose of unused and unneeded prescription drugs and a chance to support community drug prevention efforts. Although year-round take-back programs are expanding, including some by retail drug stores, the DEA program remains an important element of public awareness aimed at reducing the amount of unused medications available for potential diversion and misuse. Expanding the number of registered collectors, including hospitals and law enforcement centers, would allow states and municipalities to reduce their reliance on the Federal government for collection, disposal, and transportation. The DEA and other Federal partners should work to engage state, local, and tribal governments to raise awareness of the importance of disposing unused medications, expand the number of permanent disposal sites across the country, and increase the opportunity for their citizens to do so safely and easily.

Conclusion

Decades of research and data demonstrate addiction is a preventable disease. Today, we face a compelling need to invest in a comprehensive approach to preventing drug abuse, one which emphasizes concrete and lasting policy change at the Federal, state, tribal, and community levels. The Administration will focus its efforts and work across the government to empower communities, youth, parents, caregivers, and families to come together to create sustainable programs, policies, and practices to combat drug abuse. We know that every dollar we invest in research-based substance abuse prevention programs has the potential to save much more in treatment and criminal justice system costs and enhance the overall quality of life for communities and their citizens.

TREATMENT AND RECOVERY

Addiction is a chronic medical condition that affects the brain by causing distinct cognitive, behavioral, and physiological changes. There is a need to improve the availability of treatment while concurrently enhancing the quality of that treatment. Research shows that treatment is most effective when it addresses addiction as a chronic condition requiring continuing services and support structures over an extended period of time. This can be accomplished with ongoing outpatient services provided through opioid treatment, or more intensive initial services such as detoxification and residential treatment, followed by continued care and recovery support in the community. Every individual needs an assessment and individualized treatment plan to address their needs as they relate to opioid and other substances use disorders.

Unfortunately, most people who need treatment do not seek it. According to the NSDUH, in 2017 an estimated 20.7 million Americans aged 12 or older needed treatment for a substance use disorder, but only 4 million received any kind of treatment and only 2.5 million received that treatment at a specialty facility—a disparity known as the "treatment gap." In some cases treatment capacity is simply not available, and in others people do not fully acknowledge their need for treatment. Therefore, in addition to expanding treatment capacity, there is a need to engage with those people who need treatment but, for whatever reason, are not seeking it. As a Nation, we must encourage people who need treatment to seek it, create greater access to treatment, and ensure there is adequate capacity to accommodate the need.

The Administration prioritizes several distinct initiatives to achieve these goals. First, a proactive response to overdoses to ensure that the patient can enter into a treatment program designed to meet his or her individual needs. Second, consistently using evidence-based approaches to treatment and making Medication-Assisted Treatment (MAT) a standard of care for opioid addiction. This includes increasing the number of physicians providing high-quality, evidence-based treatment for opioid use disorders with MAT, and increasing the availability of MAT for incarcerated individuals. Expanding treatment infrastructure will enable us to increase the initial treatment for the vast majority of people who require treatment but are unable or unwilling to obtain it. Third, examining ways to expand and encouraging the expansion of treatment insurance while reducing reimbursement barriers to encourage those on the margins of accepting treatment to make the positive decision to begin a treatment regimen. Finally, the expanded use of Drug Courts and diversion programs will foster entrance into treatment programs and away from the cycle of destructive and self-defeating behaviors that is the hallmark of the disease of addiction. Addressing these and other challenges will require a comprehensive multi-year strategy to educate the public and policymakers, reduce stigma and misunderstanding of addiction, better integrate substance abuse screening and treatment into mainstream health care, build and stabilize the addiction treatment workforce, increase access to treatment, and foster more effective approaches to care for substance use disorders.

Improving the Response to Overdose

Naloxone is an opioid antagonist medication that can rapidly reverse an opioid overdose. However, there are varying levels of access to naloxone throughout the country. Most states have protocols to expand access to naloxone, such as by allowing dispensing of naloxone under a standing physician's order. The Food and Drug Administration is working to facilitate the development of nonprescription naloxone, by creation and testing of appropriate consumer-friendly Drug Facts labeling. The Commission recommended that all law enforcement personnel in the United States be equipped with naloxone, model legislation be provided to states to allow naloxone dispensing via standing orders, and Good Samaritan laws be enacted to empower the public to provide help. However, even simple rescue breathing can keep a person alive until help arrives, and devices like pocket masks can protect a rescuer while saving someone's life using rescue breathing until naloxone can be administered. We will begin to increase public awareness of the importance of rescue breathing in the event of an opioid overdose in those cases when naloxone is not available as a critical live-saving measure. Moreover, we must do more to ensure that the reversal of a potentially fatal overdose is not just another event in a long and protracted struggle with an addiction to dangerous drugs, but rather the first important step toward effective treatment and the path to sustained recovery.

Enhancing Evidence-Based Addiction Treatment

We must ensure that health care providers screen for substance use disorders and know how to appropriately counsel or refer patients they encounter with such a disorder. Treatment models that demonstrate the best outcomes incorporate behavioral, psychosocial, and pharmacological elements, and are tailored to the specific circumstance of the individual. The ability to provide a pathway to evidence-based treatment for those who need it depends on skilled and well-trained providers who are appropriately

credentialed and licensed. This must include a complete evaluation for opioid use disorder and other substance use disorders by a qualified medical professional; access to MAT as a deliberate choice made by a qualified professional in consultation with the patient; simultaneous access to relevant psychosocial treatments such as therapy and relapse prevention; the treatment of co-occurring mental disorders that many patients with substance use disorder suffer from such as Post-Traumatic Stress Disorder (PTSD), depression, and anxiety disorders; and the treatment of co-occurring medical conditions such as cardiac, infectious, and dermatologic issues often associated with prolonged drug use. Additionally, identifying and treating pediatric patients with early substance use disorder can prevent their transition to longer and more severe drug use, potentially saving their lives. Therefore, we must scale up adolescent addiction screening and treatment in pediatrician and family medicine settings.

Eliminating Barriers to Treatment Availability

Individuals with substance use disorders, including opioid addiction, should have access to evidence-based treatment. Fewer than half of the privately funded substance use disorder treatment facilities offer MAT, and only a third of patients with opioid use disorders have access to those treatments. This is especially true in rural areas where the compelling need for access to treatment far exceeds its availability. The Administration will work across the Federal government to remove barriers to substance use disorder treatments, including those that limit access to any forms of FDA-approved MAT, counseling, certain inpatient/residential treatment, and other treatment modalities. All primary care providers employed or funded by the Federal government should screen for alcohol and drug use disorders and, if the patient requests it, provide substance use treatment or a referral for such treatment within 24-48 hours.

Increasing the Size of the Addiction Service Workforce, and Treatment and Recovery Infrastructure

Critical shortages in trained and professional addiction service providers is one of the many factors contributing to the treatment gap. The addiction service workforce currently employs varying styles of service delivery. Promoting training, professional incentives for entering the workforce, and establishing a greater level of standardization for care will equip the addiction service workforce to provide support services across all settings, from prevention through treatment and recovery. Opioid and other addictions require intensive interventions through a team-based approach that includes recovery coaches and medical professionals in hospitals and primary care offices, and includes the full range of health professionals such as drug counselors, behavioral health technicians, health educators, physician assistants, and community health workers. Growing our addiction service workforce requires apprenticeship opportunities for a range of addiction treatment professions. This will enable the more rapid increase of available care professionals than reliance on standard training regimens alone, and enable them to provide addiction treatment services for screening, intervention, and recovery support across the continuum of care, to enhance team treatment for individuals with substance use disorders. Furthermore, increased standardization of care and its associated training will help professionalize the field through credentialing, and provide mentoring opportunities for those patients who successfully complete their treatment and want to assist in the recovery of others.

Leveraging Drug Courts and Diversion Programs

Providing individuals arrested for non-violent drug-related offenses the opportunity to participate in a Drug Court program or outpatient treatment while under supervision is increasingly becoming the practice throughout the country. From 2009 to 2014 the number of Drug Courts in the United States increased by 24 percent, reaching 3,057, and by June 2015 the number of Drug Courts reached 3,142 per the Department of Justice. Recently, some pioneering police departments began diverting individuals addicted to drugs directly to treatment in lieu of arrest. Many communities are adopting pre-arrest diversion programs and other law enforcement diversion and deflection models, in which those struggling with addiction can walk into a participating police station 24 hours a day for police-assisted rapid treatment entry. The Administration supports these innovative programs and will scale up support for State, Tribal, and local drug courts in order to provide offenders struggling with addiction access to evidence-based treatment as an alternative to or in conjunction with incarceration, or as a condition of supervised release.

Increasing Employment Opportunities for Those in Recovery

Americans in stable recovery from addiction deserve fair consideration for any job for which they are qualified. Today, millions of Americans from all walks of life are in recovery. Many of these individuals have past misdemeanor or felony drug-related criminal convictions that can impede or prevent them from securing employment for which they are fully qualified, even after having paid their debt to society and having emerged from the shadow of addiction. In addition to the obstacles created by a past criminal conviction, those in recovery can face long-lasting barriers to employment due to laws that prohibit the hiring of individuals with a past drug conviction in certain settings. These legal restrictions can create additional difficulties for those seeking to fully rejoin the community and sustain a life in recovery. The Administration will work across the Federal government and the private sector to increase hiring opportunities for those in recovery. This will include providing the best information to employers on the overall benefits of bringing these individuals back into our workforce, developing best practices to increase their employment prospects, and increasing the availability of safe housing that enables those in recovery to hold a full-time job and take their place in the American workforce.

Expanding Access to Peer Recovery Support Services

Peer recovery support services provide the bridge between formal systems and services and community-based support networks. When provided through a Recovery Community Organization (RCO), these services can be offered prior to, during, after, and sometimes in lieu of treatment. These RCOs and peer recovery support workers provide urgently needed services. The country needs to quickly increase the number of peer recovery support workers, including those who are in MAT and recovery programs. This workforce serves a dual function; it helps develop the national peer recovery support services infrastructure, and it provides employment opportunities for people in recovery who are well-suited to make this kind of contribution. Furthermore, while the number of Collegiate Recovery Programs (CRPs) on the campuses of large public universities, private higher education institutions, and community colleges has increased rapidly over the past decade, they are still the exception rather than the rule. Every higher

education campus in America could potentially benefit from some type of CRP. Adolescent recovery support services are especially scarce and of tremendous value to youth, given the importance of peer networks to their social development. Recovery high schools and alternative peer group models hold great promise for meeting the needs of youth, either in active recovery or in encouraging youth to seek it, and we must encourage their increased use across the Nation.

Expanding the Scientific Understanding of Peer Recovery Support Services

While much is known about the process of addiction and about interventions to help address it, less is known about the recovery process and its various trajectories, components, and stages. A better understanding of this process will help in the design and targeting of both clinical and recovery support service interventions that are stage-and trajectory-specific. More research is needed to design and target clinical and recovery support interventions and strategies for long-term recovery. However, while the positive anecdotal evidence of the near-term effectiveness of recovery support service models is strong, rigorous, empirical research is required on their long-term effectiveness, the characteristics of those who benefit most from them, and peer recovery support services' role within and impact on broader systems and communities.

Reducing Stigma and Making Recovery Possible

Americans in recovery are a vital part of every community in the United States, and they seek the same things other Americans want and need—a good job, a safe place to live, the fellowship of a faith community, and the companionship of neighbors and friends. The millions of Americans in long-term recovery from addiction demonstrate that recovery is possible, and they share the message that while addiction is a chronic disease, treating it is possible. In doing so, they help lift the stigma, misunderstanding, and shame that prevent too many Americans from seeking help for substance use disorders. By promoting, supporting, and celebrating recovery, we can reduce stigma and offer hope and encouragement to those struggling with this incredibly difficult disease. Many people in recovery have also dedicated their lives to helping others affected by substance abuse as recovery coaches and counselors, a critically important and growing component of the addiction service workforce. The Administration will continue in its efforts to better educate the public, healthcare professionals, and policymakers on the science of addiction and the promise of recovery, and how stigma and misunderstanding can undermine efforts to reduce drug use and its consequences.

Conclusion

Untreated substance abuse can result in violence, crime, and risky behavior that jeopardizes the health and safety of individuals, families, and communities. The moment a person is ready and willing to enter treatment can be fleeting and infrequent. In addition to matching the individual with the most appropriate care model, efforts to expand treatment must include the capability to act quickly on the demand for treatment whenever and wherever the opportunity is presented. Anytime someone seeking help for addiction calls a treatment center, doctor's office, hospital, health clinic, or other medical facility,

that person should immediately be referred to some level of assistance. Even if a treatment slot is not immediately available, recovery coaches, peer counseling groups, and families who have learned about addiction can provide help until the right treatment opportunity becomes available. It is in everyone's best interest—affected individuals, their families, and the Nation—for high-quality, evidence-based drug treatment to become more easily accessible. The current opioid crisis highlights the urgent need to encourage those who need treatment to seek it, rapidly increase treatment admissions for opioid addiction, improve treatment retention, and increase the number of individuals who successfully achieve sustained recovery. It is also essential to eliminate the stigma, misunderstanding, and legal and regulatory barriers that delay or prevent treatment access and impede recovery. In addition to saving lives and helping people in recovery achieve their full potential, these changes will help ensure that the significant public investment in treatment pays off in terms of long-term recovery.

REDUCING THE AVAILABILITY OF ILLICIT DRUGS IN THE UNITED STATES

Almost all of the illicit drugs causing American deaths are produced outside the United States and trafficked across the Nation's borders and, increasingly, through the international mail and express consignment carriers. Large and established Drug Trafficking Organizations (DTOs) and foreign producers shipping drugs into the United States threaten the health and safety of our communities by exposing our citizens to substances such as fentanyl, heroin, cocaine, and methamphetamine, which kill tens of thousands of Americans each year. The increased use of illicit drugs burdens the U.S. health care system and leads to lost productivity and civil engagement. Moreover, drug trafficking sustains a vast domestic and international criminal enterprise that enables corruption, undermines governance, has a destabilizing effect on our partner nations, and funds a range of illicit activities. Law enforcement agencies at all levels—Federal, state, local, and tribal—have achieved considerable success in combating drug trafficking and use, yet traffickers continue to refine their methods and adopt new techniques for delivering potent illicit drugs to our communities. Responding to the aggressive trafficking and distribution techniques of DTOs is an urgent national security and law enforcement priority.

The non-medical use of prescription drugs presents another dimension of the availability problem. Many active drug users report obtaining prescription drugs from friends, family members, and in some cases, healthcare providers. The overprescribing of prescription drugs, the diversion of prescription drugs for non-medical use, and the lack of accountability or oversight in prescribing practices increase the availability of prescription drugs in America's homes and workplaces, making it far too easy for them to fall into the wrong hands. Moreover, drug dealers exploit the demand for prescription medicines and traffic in counterfeit pills containing heroin, fentanyl, or one of its analogues. These drugs are difficult to distinguish from legitimate prescription medicines, and because they are most often milled and pressed in variable formulations in clandestine locations, increase the chance for accidental overdose.

Disrupting, Dismantling, and Defeating Drug Traffickers and Their Supply Chains

While DTOs often are involved in poly-drug trafficking and other criminal activity, the unprecedented rise in deaths from the opioid crisis demands that we prioritize U.S. government efforts on the individuals and groups involved in the smuggling and sale of the most deadly drugs such as synthetic opioids and heroin. As these organizations continue to modify their techniques and operations in an attempt to reduce risk and maximize profit, we must anticipate and then respond to emerging changes in the drug trafficking environment, identify and exploit vulnerabilities in the illicit drug supply chain, and seize the initiative from drug traffickers in order to disrupt their activities and dismantle the infrastructure they use to sustain their illicit enterprise. Along with aggressive actions to prevent the further expansion of these criminal enterprises in our country, we must also work with foreign partners to attack criminal networks, principally those in the Western Hemisphere, whose drug trafficking and associated criminality directly impact migration and border security issues affecting the United States.

Working with International Partners

The U.S. Government will focus its diplomatic efforts to encourage partner nations to produce results that match the growing threat from illicit drugs. Consistent with the *National Security Strategy*, we will prioritize assistance with partners who are aligned with U.S. interests, are showing results, and building the capacity to address these threats independent of U.S. assistance programs. This will require partners' renewed commitment to disrupt the illicit supply chain through the interdiction and seizure of the illicit drug supply, illicit funds, and weapons; eradicate poppy and coca plants; find and dismantle the labs used for all illicit drug processing; develop and sustain robust law enforcement and justice systems; maintain the rule of law and ferret out corruption; and arrest and prosecute drug traffickers operating within their own land borders, territorial waters, and airspace. These efforts are not only important in their own right but will complement, and be informed by, a strong domestic public health response to the crisis aimed at reducing the use of these drugs in the United States. We will continue to work bilaterally with the primary drug producing and trafficking countries most affecting the United States, emphasizing our shared responsibility for today's drug problems and the strong desire for tangible progress in the years to come. Regional relationships will be an important part of our international approach going forward, allowing us to share information and harmonize our drug policies in the face of a constantly changing threat. Moreover, we will take full advantage of the strong multilateral framework that exists to address the global drug problem, particularly in terms of supporting the three international drug control conventions and providing leadership in the processes for internationally scheduling, controlling, and monitoring illicit drugs and their precursor chemicals.

Combating Illicit Internet Drug Sales

Over the past two years, illicit drug sales on both the clear and the dark web have further expanded the illicit drug market, allowing individuals to purchase dangerous drugs directly from their manufacturers instead of through established trafficking organizations, and have them shipped directly to their homes. We must disrupt the ability of drug traffickers to exploit the anonymity, distance, and financial trans-

action reliability provided through internet sales by degrading the implicit trust between buyer and seller required for illicit on-line transactions. We must use existing authorities to their maximum effect to successfully target drug traffickers and their enablers by employing both passive and active measures to disrupt and exploit illicit drug related activities operating on both clear and dark webs. Contesting drug marketplaces in the cyber domain and disrupting the use of cryptocurrencies for illicit drug sales will require a coordinated and well-resourced framework of relationships, laws and regulations, procedures, and capabilities. This will allow us to identify and target the network of actors involved, and prosecute those who use the open or dark webs to market, sell, and purchase illicit drugs. Developing a drug cyber defense capability, and exercising it to achieve sustained effort against the internet drug market, will erode this implicit trust and disrupt illicit operations on the clear and dark webs over time.

Focusing Federal Government Effort Against Illicit Drug Delivery Through the Mail and Express Consignment Networks

We must complement our efforts against internet drug sales with a sustained effort to disrupt the flow of illicit drugs shipped through the international mail and express consignment environments. This requires developing the policy and regulations, international relationships, facility infrastructure upgrades, and technology required to aggressively target, detect, and intercept illicit drugs transported through the international mail and express consignment environments both internationally and domestically. We must work with our international partners to develop the ability to share Advance Electronic Data for all international shipments, in accordance with the *President's Opioid Initiative*, and continuously refine targeting algorithms to identify and interdict international shipments before they depart the source country and at U.S. Ports of Entry. We must help critical partner countries develop the ability to detect and intercept illicit drugs in their domestic mail and express consignment systems before those drugs depart for the United States and enter the U.S. mail or commercial carrier system. Finally, we must develop next generation technology and screening capabilities to increase our ability to detect illicit drugs once they enter the mail and express consignment systems within the country, and improve testing capability to determine the precise type and source of illicit drugs seized. This investment in science, technology, resources, and international relationships is necessary to determine the type, source region, production location, and route traveled for all illicit drugs seized by the United States and its international partners.

Interdicting the Flow of Drugs Across the Physical Borders and into the United States

Along with the new challenge of drug trafficking via internet sales and mail and express consignment delivery, drugs continue to flow across our land borders and through the maritime and air routes. Stopping these flows must remain part of our comprehensive interdiction efforts. The historically high levels of cocaine production in Colombia, along with heroin and methamphetamine production in Mexico, combined with the vast number of routes and conveyances into the United States, make the challenge of combating drug trafficking across our physical borders no less daunting than it has been for the past several decades. Federal agencies should expand efforts in the detection and monitoring of the air and maritime approaches to the United States; the detection of illicit drugs and precursor chem-

icals being shipped in commercial containers; and interdiction of plant-based drugs such as heroin, cocaine, and marijuana, as well as synthetic drugs and their precursor chemicals, along the Nation's land borders. Moreover, this increased effort must be complemented by increased effort and cooperation from foreign partners who can contribute vital information on trafficking patterns and assets to seize drugs bound for the United States.

Disrupting and Dismantling the Illicit Drug Production Infrastructure

The United States and Mexico have expanded cooperation to address the common threat of illicit opioids, and both governments agree that reducing the supply of heroin, methamphetamine, and fentanyl is a shared responsibility. Mexico is increasing its efforts to eradicate poppy fields more effectively, destroy clandestine laboratories, and interdict heroin and other drugs before they reach the U.S. border. The U.S. Government provides training to Mexican law enforcement officers, analysts, chemists, and military personnel to identify and safely dismantle clandestine drug laboratories that produce heroin, methamphetamine, and fentanyl, and how to address the dangers synthetic drugs present to law enforcement.

Expanding coca cultivation and cocaine production in Colombia and the broader Andean region must continue to be addressed in a comprehensive manner. Key elements of cooperation with proven partners such as Colombia and Peru include increasing all forms of eradication, alternative development and economic opportunities, interdiction, investigation and prosecution, judicial support, and public health cooperation, all of which must be long-term and sustainable. Since coca fields differ in their level of productivity, this approach will be most successful if collectively focused in areas of high-yield coca cultivation. Unfortunately, these areas generally have limited government services and lingering security concerns, and will require concerted effort over several years to keep partner nations focused on the issue and turn the rising tide of cocaine production.

Within the United States marijuana cultivation on public lands, and within National Forest System lands in particular, is a significant issue. Cultivation activities not only sustain the illicit marijuana trade but also produce large volumes of hazardous materials that pose a significant risk to the public and the environment. Wildlife, soil, and vegetation are often contaminated by the various hazardous substances involved in the cultivation process. Personnel conducting enforcement, cleanup, and regulatory activities, as well as the public, are at considerable health risk from exposure to these chemicals. Continued firm action is required against the exploitation of the Nation's public lands through increased detection, disruption, reclamation, and prosecutions.

The majority of illicit synthetic drugs available in the United States are manufactured abroad. New illicit synthetic drugs and the precursor chemicals used to make them originate predominantly in China, although most of the methamphetamine available in the United States is manufactured in Mexico. Increased collaboration with Mexico, China, and other partners on shared drug priorities can help disrupt drug trafficking networks, along with the corrupt or compromised systems that support them, and reduce the availability of dangerous synthetic drugs in the United States. The United States will continue bilateral exchanges with China, Mexico, Colombia, and other source and transit countries to reduce production and trafficking of synthetic drugs destined for markets in the United States and support collaboration with international partners impacted by drugs from the very same sources.

Leveraging the Full Capabilities of Multi-Jurisdictional Task Force Programs

The High Intensity Drug Trafficking Areas (HIDTA) Program provides assistance to law enforcement agencies operating in areas determined to be critical drug-trafficking regions of the United States. HIDTAs provide an umbrella to coordinate Federal, state, local, and tribal drug law enforcement agencies' investigations, and act as neutral centers to manage, de-conflict, analyze, provide intelligence, and execute drug enforcement activities in their respective regions. With the recent inclusion of Alaska, the first new HIDTA in 17 years, the 29 regional HIDTAs now include designated areas in all 50 states, Puerto Rico, the U.S. Virgin Islands, and the District of Columbia. The regional HIDTAs bring together more than 21,000 Federal, state, local, and tribal personnel from 500 agencies through 800 enforcement, intelligence, and training initiatives, all designed to disrupt illicit drug trafficking and dismantle criminal and drug trafficking organizations. The Administration will ensure strong support for counterdrug enforcement, including by supporting Federal participation in multi-jurisdictional task forces and enhancing support for information sharing at all levels. This will ensure that national data systems receive input from state, local, and tribal agencies, and that these agencies, in turn, have access to data compiled by Federal agencies that can prove vital to their own investigations.

Interrupting the Financial Activities of Drug Traffickers

Illicit drugs enter the United States from global suppliers as the result of a long and complex process involving manufacture, concealment, movement, purchase, and delivery. The illicit drugs may change hands several times during the process, and this often necessitates the transfer of money, either as payment for services or for delivery of the final product. Traditionally, street-level sales of illegal drugs are conducted with cash, creating immediately liquid assets that are almost impossible to track. As technology and money laundering methods have adapted over the years to circumvent Anti-Money Laundering regulations, drug traffickers have initiated many new techniques to enable the traditional method of hard currency transactions. Although some of these methods create additional investigative evidence, emerging technologies continue to outpace banking regulations and consistently provide drug traffickers the means to launder large amounts of their illicit proceeds.

Most of the revenue generated from illegal drug sales in the United States is maintained at the retail level of drug distribution. However, illicit proceeds that flow back to international sources of drug supply are most often used to finance other illegal activities or the next cycle of illegal drugs to be directed into our communities, posing a continual threat to the country. These funds also corrupt and weaken the government infrastructure of source and transit countries, limiting those governments' ability to combat Transnational Criminal Organizations (TCOs), escalating violence, and threatening the stability of the governments we partner with to counter illicit activity. We will combat this threat and target the drug proceeds that motivate criminal activity by attacking TCOs' financial capital; preventing the circulation, transfer, and concealment of their illicit proceeds; and ultimately decreasing their wealth and their incentive to function.

Enhancing Law Enforcement Capacity

Success in reducing the availability of illicit drugs in our country requires building the capacity and tools to fully understand, and relentlessly respond to, the increased drug threat we face. As stated in our *National Security Strategy*, this capacity building includes national-level strategic intelligence and planning capabilities to improve the ability of departments and agencies to work together to combat TCOs, particularly those who traffic drugs at home and abroad. We must improve our capability to dismantle TCOs as a whole through greater coordination and focus, directly benefiting our counterdrug efforts. Improved strategic planning must be informed by better strategic intelligence on transnational organized crime and global criminal networks, fusing law enforcement and Intelligence Community information and intelligence to create the most complete picture available of criminal networks. We must use that information to identify and exploit vulnerabilities in drug trafficking networks using the full range of law enforcement capabilities including criminal prosecutions, financial disruption tools such as asset forfeiture proceedings, and security operations to remove the profits from crime. Moreover, we must maintain pressure on these organizations over time and prevent them from regenerating their capabilities. We must also emphasize both actions that lead to prosecutions—to reduce networks' ability to operate, through the investigation, arrest, and prosecution of critical personnel —and those that lead to the long-term disruption of network operations such as the seizures of illicit drugs, precursor chemicals, illicit funds, and weapons.

Our conventional focus on targeting high-level individuals within the hierarchy of well-organized and sophisticated DTOs must evolve toward identifying and targeting vulnerable critical components of more fluid and dynamic organizations such as financial facilitators, corrupt officials, and key transporters, to affect a significant disruption of DTO activities, targeting key nodes to attack the entire network through its enablers. Degrading and defeating criminal networks that have become more resilient because they are decentralized, redundant in capabilities and capacities, and compartmentalized, requires identifying the key nodes enabling DTO operations and simultaneously targeting them for maximum effectiveness over time. Agile interagency and international coordination will allow for better detection of changes in the trafficking supply chain, which will support intelligence-driven operations against identified vulnerabilities, from drug production to delivery to the end user.

Conclusion

The increased availability and use of illicit drugs is taking far too many American lives. It burdens the U.S. health care system and leads to lost productivity and civil engagement here at home, and global drug trafficking sustains a vast domestic and international criminal enterprise that enables corruption and destabilizes partner nations abroad. America's drug crisis has created a complex national security, law enforcement, and public health challenge for the Nation, and this challenge will remain with us for the foreseeable future. We must leverage the full capabilities of the U.S. intelligence and law enforcement communities, our military, domestic law enforcement and criminal justice capabilities, and sustained engagements with the governments of key partner nations and international organizations to stop the flow of these drugs across our borders and into our communities, and use that capability to posture ourselves for an ever-evolving drug trafficking environment. Our actions will include disrupting the evolving illicit supply chain, decreasing the volume of drugs being sold over the internet; decreasing

the cultivation of illicit crops like poppy and coca as well as the volume of illicit drugs being produced for export to the United States; increasing the amount of illicit drugs seized before entering the United States; increasing the amount of forfeited assets; increasing the number of convictions for drug-related crimes; and increasing the pace of emerging dangerous substances being reviewed and scheduled for domestic and international controls.

Achieving the President's objective of reducing the number of Americans losing their lives to drug addiction in today's crisis, and preparing now to dominate the drug environment of the future, requires deliberate actions focused on clear priorities and tangible outcomes to reduce the availability of drugs in our Nation. However, lasting success requires those actions to complement, and be informed by, a strong domestic public health response to reduce the use of these drugs in the United States which makes possible enormous profits for drug traffickers and fuels the illicit drug market. Bold and decisive national security, law enforcement, and public health efforts are needed to lift the Nation from the shadow of drug use and move toward the President's goal of a stronger, healthier, and drug free society today and in the years to come.

METRICS

Because this *Strategy* focuses on outlining a high-level approach rather than enumerating all of the key tasks and activities that organizations at the Federal, State, local and Tribal levels must undertake in order to stem the tide of this crisis, it is important to employ some broad measures of performance and effectiveness to guide the *Strategy's* implementation. This not only ensures the necessary policies, priorities, and objectives of drug control agencies and interagency partners are adequately aligned and resourced to advance the President's drug control priorities, but also serves to identify those areas where a refinement of the *Strategy* may be necessary to close an identified gap, or areas where a shift in specific agency resources can attain greater effects in achieving the President's overarching strategic objective.

This requires that we focus on effects and not simply performance. While a performance measure represents the specific characteristic or aspect of the program or policy used to gauge successful performance of a specific task, effectiveness represents the aggregate progress, of multiple agencies contributing to achieving tangible improvement through their programs, initiatives, and policies. Doing so requires linking actions taken on the front end of the global supply chain to reduce the availability of illicit drugs in the United States with measurable effects on the health and safety of our communities.

Measures of Performance

- Educate the public, especially adolescents, about drug use, specifically opioids increase, mandatory prescriber education and continuing training on best practices and current clinical guidelines; and increase PDMP interoperability and usage across the country
- Encourage expanded access to evidence-based addiction treatment in every state, particularly Medication-Assisted Treatment for opioid addiction; support legislative changes to allow

Medicaid to reimburse certain residential treatment at facilities with more than 16 beds; and encourage states to apply for state Medicaid demonstration projects that address barriers to inpatient treatment as a part of a comprehensive opioid/substance use disorder strategy

- Significantly reduce the availability of illicit drugs in the United States by preventing their production outside the United States, disrupt their sale on the internet, and stop their flow into the country through the mail and express courier environments, and across our borders

Measures of Effectiveness

- The number of Americans dying from a drug overdose is significantly reduced within five years
- Nationwide opioid prescription fills are reduced by one-third within three years, and within five years all healthcare providers have adopted best practices for opioid prescribing
- Evidence-based addiction treatment, particularly Medication-Assisted Treatment for opioid addiction, is more accessible Nationwide for those who need it
- The production of plant-based and synthetic drugs outside the United States has been significantly reduced, illicit drugs are less available in the United States as reflected in increased price and decreased purity, and drug seizures at all U.S. ports of entry increase each year over five years

Louisiana Board of Pharmacy

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Agenda Item 12

Request to Amend Advertising Restrictions in Marijuana Pharmacy rule

Mr. Jesse McCormick, Capitol Partners

NOTE: *Pursuant to the Open Meetings Law, at LRS 42:6.1, the committee may, upon 2/3 affirmative vote of those members present and voting, enter into executive session for the limited purposes of (1) discussion of the character, professional competence, or physical or mental health of a licensee, (2) investigative proceedings regarding allegations of misconduct, (3) strategy sessions or negotiations with respect to litigation, or (4) discussions regarding personnel matters.*

From: Malcolm J. Broussard
To: "Jesse McCormick"; jacobirving11@gmail.com
Bcc: Carl W Aron (CAron@pharmacy.la.gov); Carlos M. Finalet; M Joseph Fontenot (jfontenot@pharmacy.la.gov)
Subject: RE: Additional Topics
Date: Monday, November 05, 2018 9:37:00 AM

Hello Jesse,

I checked with the Board President to see if he was amenable to adding another topic to the agenda within the 30-day period prior to the meeting. He noted the agenda is already longer than it has been in many years, and he was not inclined to add anything else to the November meeting agenda. He directed it to the agenda for the next meeting. I have added it to the agenda for the next meeting, now scheduled for Feb. 19, 2019 at the ULM College of Pharmacy in Monroe, La.

Take care,
Malcolm

Malcolm J Broussard
Executive Director
Louisiana Board of Pharmacy
mbroussard@pharmacy.la.gov

From: Jesse McCormick [mailto:jesse@capitolpartnersfirm.com]
Sent: Wednesday, October 31, 2018 7:00 AM
To: Malcolm J. Broussard; jacobirving11@gmail.com
Subject: Additional Topics

Malcom,

Jacob and I met with Carlos late last week, and discussed potentially adding discussion around advertising rules to the November agenda. If that is still possible, we would love to discuss that along with the ID card issue.

Thanks!

Jesse McCormick
Capitol Partners
(225) 202-1875
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jesse@capitolpartnersfirm.com

Louisiana Board of Pharmacy

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Agenda Item 13

Request for Additional Time to Open Marijuana Pharmacy

Mr. Douglas Boudreaux, Hope Pharmacy (Shreveport, LA)

NOTE: *Pursuant to the Open Meetings Law, at LRS 42:6.1, the committee may, upon 2/3 affirmative vote of those members present and voting, enter into executive session for the limited purposes of (1) discussion of the character, professional competence, or physical or mental health of a licensee, (2) investigative proceedings regarding allegations of misconduct, (3) strategy sessions or negotiations with respect to litigation, or (4) discussions regarding personnel matters.*

From: Chris Whittington
To: Malcolm J. Broussard
Cc: Douglas Boudreaux
Subject: RE: Hope Pharmacy, LLC
Date: Wednesday, January 09, 2019 3:20:39 PM

Thank you for your response. Mr. Boudreaux and/or myself will attend to make our request to the Board members, as well as to provide any responses to any questions.

Christopher L. Whittington
Williamson, Fontenot, Campbell
& Whittington, LLC
P. O. Box 3035 (70821-3035)
955 McClung Street
Baton Rouge, LA 70802
Telephone: (225) 383-4010
Facsimilie: (225) 383-4114

From: Malcolm J. Broussard <mbroussard@pharmacy.la.gov>
Sent: Wednesday, January 9, 2019 2:36 PM
To: Chris Whittington <Chris@lawyerbatonrouge.com>
Cc: doug@bc-pharmacy.com
Subject: RE: Hope Pharmacy, LLC

Mr. Whittington,

I have received approval to place your request on the agenda for the Board's next meeting, now scheduled for 9 am on Tuesday, February 19, 2019 at Bayou Pointe Event Center, which is located at 1 Warhawk Way in Monroe, LA 71209 (campus of University of Louisiana at Monroe).

In the event you wish to share any documents with the members during that meeting, we would appreciate receipt of those materials by Feb. 1, so that we can include them in the members' electronic meeting binders. In the interim, please let me know if you have any questions or need additional information.

LOUISIANA BOARD of PHARMACY

Malcolm J. Broussard
Executive Director
Louisiana Board of Pharmacy
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mbroussard@pharmacy.la.gov

In compliance with Act 2018-655, the Board gives notice to its licensees and applicants of their opportunity to file a complaint about board actions or board procedures. You may submit such complaints to one or more of the following organizations:
(1) Louisiana Board of Pharmacy; 3388 Brentwood Dr.; Baton Rouge, LA 70804; 225.925.6496; info@pharmacy.la.gov.
(2) Committee on House & Governmental Affairs; La. House of Representatives; PO Box 94062; Baton Rouge, LA 70804; 225.342.2403; obriens@legis.la.gov.
(3) Committee on Senate & Governmental Affairs; La. Senate; PO Box 94183; Baton Rouge, LA 70804; 225.342.9845; s&g@legis.la.gov.

From: Chris Whittington [mailto:Chris@lawyerbatonrouge.com]
Sent: Tuesday, January 08, 2019 4:18 PM
To: Carlos M. Finalet; Malcolm J. Broussard
Cc: Douglas Boudreaux
Subject: RE: Hope Pharmacy, LLC

Carlos:

Thank you. I will wait to hear back with further instructions.

Christopher L. Whittington
Williamson, Fontenot, Campbell
& Whittington, LLC
P. O. Box 3035 (70821-3035)
955 McClung Street
Baton Rouge, LA 70802
Telephone: (225) 383-4010
Facsimilie: (225) 383-4114

From: Carlos M. Finalet <cfinalet@pharmacy.la.gov>
Sent: Tuesday, January 8, 2019 3:39 PM
To: Chris Whittington <Chris@lawyerbatonrouge.com>; Malcolm J. Broussard <mbroussard@pharmacy.la.gov>

Cc: Douglas Boudreaux <doug@bc-pharmacy.com>
Subject: RE: Hope Pharmacy, LLC

Chris,

I have forwarded your request to Mr. Broussard.

LOUISIANA BOARD of PHARMACY

Carlos Finalet, III
General Counsel
3388 Brentwood Drive
Baton Rouge, Louisiana 70809-1700
Phone: 225-922-0192

In compliance with Act 2018-655, the Board gives notice to its licensees and applicants of their opportunity to file a complaint about board actions or board procedures. You may submit such complaints to one or more of the following organizations:
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(2) Committee on House & Governmental Affairs; Louisiana House of Representatives; P.O. Box 44486; Baton Rouge, La. 70804; 225.342.2403; h&ga@legis.la.gov.
(3) Committee on Senate & Governmental Affairs; Louisiana Senate; P.O. Box 94183; Baton Rouge, La. 70804; 225.342.9845; s&g@legis.la.gov.

From: Chris Whittington [mailto:Chris@lawyerbatonrouge.com]
Sent: Tuesday, January 08, 2019 3:36 PM
To: Carlos M. Finalet
Cc: Douglas Boudreaux
Subject: Hope Pharmacy, LLC

Carlos:

Based upon rain and construction delays, Hope Pharmacy, LLC would like to be on the February 2019 Louisiana Board of Pharmacy Agenda seeking an extension of time in which to undergo a final inspection for licensure. We are not altogether sure that we will need the extension, but just in case we want to be in a position to ask for it should it be needed. Can you please instruct me as to how I can get on the agenda for that meeting for this purpose? As always, thank you in advance.

Christopher L. Whittington
Williamson, Fontenot, Campbell
& Whittington, LLC
P. O. Box 3035 (70821-3035)
955 McClung Street
Baton Rouge, LA 70802
Telephone: (225) 383-4010
Facsimilie: (225) 383-4114

Louisiana Board of Pharmacy
3388 Brentwood Drive
Baton Rouge, Louisiana 70809-1700
Telephone 225.925.6496 ~ E-mail: info@pharmacy.la.gov

Agenda Item 14

Request for Approval of Additional English Language Proficiency Examination

Ms. Cerise Santoro & Mr. Jim Brosam
International Test of English Proficiency (iTEP)

NOTE: *Pursuant to the Open Meetings Law, at LRS 42:6.1, the committee may, upon 2/3 affirmative vote of those members present and voting, enter into executive session for the limited purposes of (1) discussion of the character, professional competence, or physical or mental health of a licensee, (2) investigative proceedings regarding allegations of misconduct, (3) strategy sessions or negotiations with respect to litigation, or (4) discussions regarding personnel matters.*

From: Cerise Santoro
To: Malcolm J. Broussard
Subject: Re: iTEP
Date: Thursday, January 17, 2019 12:47:36 PM

Dear Malcolm,

Thank you for your response and invitation. I am confirming my attendance at the board meeting at 9 am on Tuesday, February 19, 2019. I will send electronic materials for board members before February 8.

With appreciation,
Cerise

Cerise Santoro
Business Development Director
T: 818.887.3888 / F: 818.887.3886
E: csantoro@iTEPonline.com
www.iTEPexam.com

On Wed, Jan 16, 2019 at 1:34 PM Malcolm J. Broussard <mbroussard@pharmacy.la.gov> wrote:

> Ms. Santoro,
>
> The board's president has authorized the placement of your request on the agenda for the board's next meeting, now scheduled for 9 am on Tuesday, February 19, 2019. Although board meetings are typically held at the board office in Baton Rouge, this meeting will be held on the campus of the ULM College of Pharmacy in Monroe, La. In particular, the meeting venue is the Bayou Pointe Event Center, located at 1 Warhawk Way in Monroe, La. 71209. The president has allocated 15 minutes for your presentation. In the event you wish to furnish any materials to the board members, I encourage you to send those materials to me for incorporation into the members' electronic meeting binders on or before Feb. 8. If you have any questions or need additional information in the interim, please let me know.

LOUISIANA BOARD of PHARMACY

Malcolm J. Broussard
Executive Director
Louisiana Board of Pharmacy
3388 Brentwood Drive
Baton Rouge, LA 70809-1700
Telephone 225.925.6481
mbroussard@pharmacy.la.gov

In compliance with Act 2018-655, the Board gives notice to its licensees and applicants of their opportunity to file a complaint about board actions or board procedures. You may submit such complaints to one or more of the following organizations:
(1) Louisiana Board of Pharmacy; 3388 Brentwood Dr.; Baton Rouge, LA 70804; 225.925.6496; info@pharmacy.la.gov.
(2) Committee on House & Governmental Affairs; La. House of Representatives; PO Box 94062; Baton Rouge, LA 70804; 225.342.2403; obriens@legis.la.gov.
(3) Committee on Senate & Governmental Affairs; La. Senate; PO Box 94183; Baton Rouge, LA 70804; 225.342.9845; s&g@legis.la.gov.

From: Cerise Santoro [mailto:csantoro@iteponline.com]
Sent: Tuesday, January 15, 2019 3:03 PM
To: info
Subject:

Dear Malcolm Broussard ,

Recently, iTEP International sent you materials and a letter requesting that iTEP Academic Plus be considered by the Louisiana Board of Pharmacy for approval as an accepted English language proficiency test in support of the licensure requests of international applicants.

We hope you have had time to review these materials and look forward to your guidance on how acceptance of iTEP Academic Plus may be added to the agenda of the next Louisiana Board of Pharmacy meet.

Thank you very much for your consideration and guidance regarding this request.

Sincerely,

Cerise Santoro

Business Development Manager

iTEP International Test of English Proficiency

T: 818.887.3888/ F: 818.887.3886

E: csantoro@iTEPonline.com

www.iTEPexam.com

Cerise Santoro
Business Development Manager
T: 818.887.3888 / F: 818.887.3886
E: csantoro@iTEPonline.com
www.iTEPexam.com

Unsubscribe

RECEIVED
JAN 11 2019
LA BOARD OF PHARMACY

January 3, 2019

Louisiana Board of Pharmacy
3388 Brentwood Drive
Baton Rouge, LA 70809-1700

Dear Malcolm Broussard,

iTEP International respectfully requests that its iTEP Academic Plus test be submitted for consideration by the Louisiana Board of Pharmacy as a proof of English language proficiency in support of the licensure requests of international applicants.

For over 10 years, iTEP has provided high quality, comprehensive English language proficiency tests to schools, universities, and organizations seeking accurate assessment of the academic and practical English language skills of applicants, students, and employees. iTEP Academic Plus is widely used by colleges and universities as a verification of English proficiency for admission to degree and certificate programs.

In addition, iTEP International maintains key memberships in well-known organizations related to international student mobility and English language learning including affiliate memberships with the Association of International Credential Evaluators (AICE) and English USA. Furthermore, through its partnership with the Academic Credential Evaluation Institute, iTEP is able to offer a comprehensive package of services that includes English proficiency testing and international credential evaluations, seamlessly integrating these two aspects of the process for international applicants.

For your review, enclosed in this message are the iTEP Academic brochure and Guidance on Setting Scores for Admission. These materials will help you learn more about iTEP and its wide spread use by post-secondary institutions.

We look forward to receiving your guidance on how consideration of iTEP Academic Plus may be added to the next meeting agenda of the Louisiana Board of Pharmacy. Furthermore, we hope that we may be given an opportunity to deliver an introductory presentation on the benefits of approving iTEP Academic Plus as an English proficiency verification test.

Please contact me by phone (818-887-3888) or email (csantoro@itepinternational.com) to discuss next steps.

Sincerely,

Cerise Santoro
Business Development Manager
iTEP International LLC.

iTEP International, 22048 Sherman Way, Suite 210, Canoga Park, CA, 91303, USA
Tel: +1 818 887 3888 Fax: +1 818 887 3886 http://www.iTEPexam.com

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iTEP Academic

College and University English Assessment

www.iTEPexam.com

The Benefits of iTEP Academic

iTEP Academic is the most efficient, secure, accurate, and affordable way for colleges, universities, and intensive English programs (IEPs) to measure the English proficiency of applicants and students. In short, iTEP Academic is right for you because it is:

- **Convenient**
  On-demand scheduling available at test centers all over the world or on your premises.
- **Fast**
  The test lasts no more than 90 minutes and, results are available within one business day.
- **Practical**
  Test-taker data, photos, test scores, and speaking plus writing samples are available to partner institutions online anytime.
- **Comprehensive**
  iTEP Academic assesses five core skills plus a variety of linguistic sub-skills, giving you a detailed and useful score report.
- **Secure**
  iTEP's FotoSure® software photographs the test-taker throughout the exam, and our Item Bank feature live-streams content to ensure that no two tests are alike.

You are in good company! iTEP is used by the national governments of various countries, including Colombia, Egypt, India, and Saudi Arabia, as well as numerous professional and academic organizations.

iTEP is recognized by the Academic Credentials Evaluation Institute (ACEI) and ACCET, as an approved internationally accepted English proficiency exam.

ABOUT iTEP INTERNATIONAL

iTEP International was founded in 2002 by career international educators. Our decades of experience have prepared us for the unique challenges of the industry today.

We use the best technology available, and our staff is always there to meet the needs of our clients. A test this user-friendly is perfect for admissions, placement, progress checks, and exit testing.

Accepting iTEP results for admissions purposes gives your institution a no-cost marketing boost. You will reach a wider pool of qualified applicants through exposure in iTEP's online promotional materials and at hundreds of test center locations world-wide.

iTEP Academic Overview

The primary function of iTEP is to assess the English language proficiency of students of English as a second language. The iTEP Academic exam is commonly used for:

- **Admissions decisions**
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- **Curriculum development** and guiding course instruction
- **Progress monitoring** from program entry to exit
- **Assessing** the proficiency of English language teachers
- **Determining eligibility** for scholarships and academic grants

THERE ARE TWO VERSIONS OF iTEP ACADEMIC:

- **iTEP Academic-Core** assesses grammar, listening, and reading, and is 50 minutes in length, with an additional 10 minutes for pre-test preparation.

- **iTEP Academic-Plus** assesses all three Academic-Core skills plus writing and speaking, and is 80 minutes in length, with an additional 10 minutes for pre-test preparation.

TEST FORMAT & DELIVERY

iTEP exams are delivered via the internet and must be administered at a secure location or a certified iTEP test center. The examinee completes the test in the following manner:

- During the grammar, listening, and reading sections, the examinee clicks on one of four answer choices for each question.
- Writing samples are typed directly into a text-entry field.
- Speaking samples are recorded with a headset and microphone at the examinee's computer.
- iTEP Academic-Core is also available in a paper-based format.

iTEP Academic Structure

In each section, examinees will encounter content and questions targeted to varying levels of proficiency.

A **Grammar (Structure) — 10 minutes/ two parts**

Part 1. Thirteen fill-in-the-blank, multiple-choice questions testing the examinee's familiarity with key features of English structure; questions range from beginner to advanced.

Part 2. Twelve multiple-choice questions where the examinee selects the part of speech with incorrect English structure; questions range from elementary to advanced.

B **Listening — 20 minutes/ three parts**

Part 1. Four high-beginning to low-intermediate level short conversations of two to three sentences, each followed by one multiple-choice question.

Part 2. One two- to three-minute intermediate-level conversation, followed by four multiple-choice questions.

Part 3. One four-minute upper-level lecture, followed by six multiple-choice questions.

C **Reading — 20 minutes/ two parts**

Part 1. One intermediate-level passage of about 250 words in length, followed by four multiple-choice questions.

Part 2. One upper-level paragraph of about 450 words in length, followed by six multiple-choice questions.

D **Writing — 25 minutes/ two parts**

Part 1. The examinee is given five minutes to write a 50-75 word note on a supplied topic, geared to the low-intermediate level.

Part 2. The examinee is given 20 minutes to write a 175-225 word piece expressing and supporting his or her opinion on an upper-level written topic.

E **Speaking — 5 minutes/ two parts (plus one minute warm-up section)**

Part 1. The examinee hears and reads a short question geared to low-intermediate level, then has 30 seconds to prepare a spoken response and 45 seconds to speak.

Part 2. The examinee hears a brief upper-level statement presenting two sides of an issue, then is asked to express his or her thoughts on the topic, with 45 seconds to prepare and 60 seconds to speak.

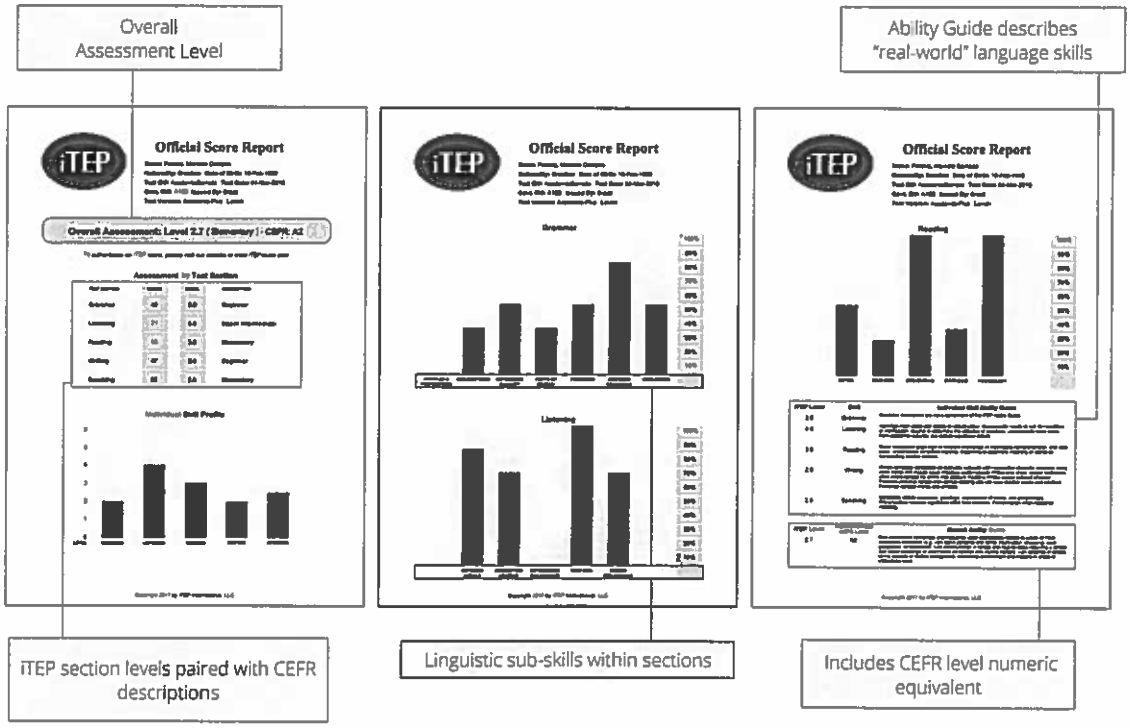
Scoring/Grading

The test will determine an overall proficiency level from 0 (Beginner) to 6 (Mastery), as well as individual proficiency levels from 0 to 6 for each of the skills and sub-skills tested. The overall scores combine the results of the skill sections, and for greater accuracy, they are expressed to one decimal point (from 0.0 to 6.0). The test is graded as follows:

- The grammar, listening, and reading sections are scored automatically by iTEP software.
- Each test section is weighed equally, and there is no penalty in the multiple-choice sections for guessing or incorrect answers.
- The writing and speaking sections are evaluated by native English-speaking, ESL-trained professionals, according to a standardized scoring rubric.
- The official score report presents an individual's scoring information, displaying an examinee's strengths and weaknesses in each of the skills and sub-skills tested.

SCORE REPORT

The iTEP Score Reports are designed to easily compare students and track improvements. Scores are aligned with the Common European Framework of Reference (CEFR) and evaluate expected "real-world" language skills, based on the examinee's level.



iTEP Ability Guide

Use this table to see at a glance how well an individual can use English to communicate "in the real world" at each of iTEP's testing levels.

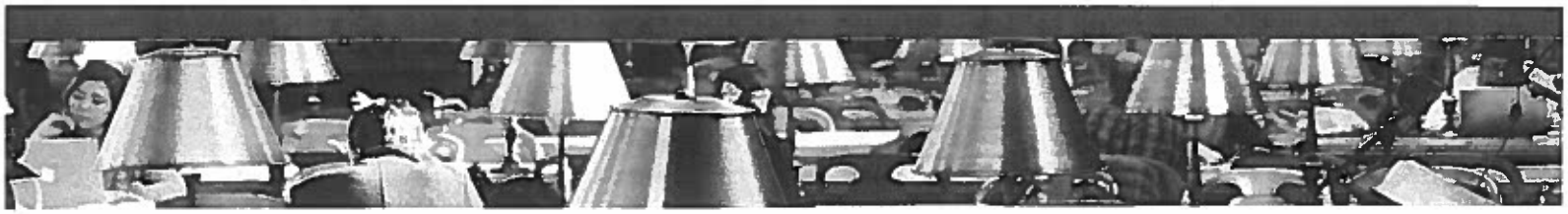
iTEP	CEFR	Listening	Reading	Writing	Speaking
6.0 ↑ 5.5	C2 Mastery	• Comprehends overall meaning and virtually all details of lectures on diverse topics • Understands English spoken in a variety of non-native accents	• Comprehends virtually all aspects of a wide variety of academic material for nonspecialists • Reads at near-native speed • Rarely requires use of dictionary	• Writes complex documents such as research reports using appropriate style and vocabulary • Grammar and orthographic accuracy is at near-native level	• Communicates accurately and effectively on practically all academic and social topics in culturally appropriate ways • Pronunciation is close to that of native speakers
5.4 ↑ 4.5	C1 Advanced	• Identifies attitude and purpose of speakers • Grasps main ideas and the majority of supporting details from lectures • Is challenged by complex social and cultural references	• Understands main ideas and most of the details of academic texts, journal articles, and abstracts • Requires little extra reading time	• Satisfies demands of most general academic tasks with occasional grammar and style mistakes • Exhibits fairly good organization and development	• Satisfies demands of most general academic tasks with rare grammar and style mistakes • Exhibits good organization and development
4.4 ↑ 3.5	B2 Upper Intermediate	• Identifies main ideas and details in conversation • Occasionally needs to ask for repetition or clarification • Begins to determine the attitudes of speakers • Understands main ideas from academic lectures, but misses significant details	• Utilizes contextual and syntactic clues to interpret meaning of complex sentences and new vocabulary • Gathers most main ideas from textbooks, but has an uneven grasp of details • Misinterprets some abstract content and cultural references	• Writes reasonably coherent essays on familiar topics, but with some grammatical weakness • Does not have a complete grasp of stylistic features • Vocabulary frequently lacks precision and sophistication	• Begins to express abstract concepts, especially on familiar topics • Fluency is occasionally hampered by gaps in vocabulary and grammar • Sometimes is asked to repeat words or phrases
3.4 ↑ 2.5	B1 Intermediate	• Grasps the general outline of topics discussed in an academic setting • Unfamiliarity with complex structures and higher-level vocabulary leaves major gaps in understanding	• Limited vocabulary impedes speed • Comprehends familiar subjects, and identifies some significant details • Follows step-by-step instructions in exams, labs, and assignments	• Communicates basic ideas, but with weak organizational structure and grammatical mistakes • Expresses him/herself with some circumlocution on familiar topics	• Manages day-to-day communications with peers and instructors, marked by frequent grammar and vocabulary errors • Pronunciation requires significant effort from listeners
2.4 ↑ 2.0	A2 Elementary	• Maintains comprehension during conversations on familiar topics • Relies heavily on nonverbal cues and repetition • Understands very basic exchanges when spoken slowly using simple vocabulary	• Major vocabulary gaps lead to frequently inaccurate or incomplete comprehension, and slow pace • Begins to determine the meaning of words by context	• Considerable effort required by the reader to identify intended meaning • Uses only basic vocabulary and simple grammatical structures	• Generates simple questions, greetings, expressions of needs, and preferences • Pronunciation requires significant effort from listeners
1.9 ↑ 0	A1 Beginner	• Understands simple greetings, statements, and questions when spoken with extra clarity • Follows simple familiar instructions • Frequently requires repetition for comprehension • Understands a few isolated words or phrases spoken slowly	• Comprehends only highly simplified phrases or sentences • Recognizes familiar cohesive devices and basic pronouns • Demonstrates understanding of a few simple grammatical and lexical structures • Recognizes the alphabet and isolated words	• Writes only short, simple sentences, often characterized by errors that obscure meaning • Provides personal details with correct spelling and can copy familiar words and phrases • Produces isolated words and phrases	• Speech is marked with non-native stress and intonation patterns • Communication is understood for short utterances • Pauses, false starts, and reformulation are common • Communicates with single words and short phrases at "survival level" • Intense listener effort required • Pronunciation is mostly unintelligible

iTEP Academic Score Equivalencies

If you are familiar with other language assessment tools on the market, you can see how iTEP's scores translate, based on each test's CEFR alignment. Our scores reflect a wide range of levels and make it easy to categorize and group candidates.

iTEP Academic	TOEFL® IBT	IELTS™	PTE General	PTE Academic
5.5 - 6.0	115 - 120	9 - 8	Level 5 - Level 4	81 - 90
5.0 - 5.4	110 - 114			76 - 80
4.5 - 4.9	99 - 109	7.5	Level 3	68 - 75
4.0 - 4.4	87 - 98	7		59 - 67
3.5 - 3.9	57 - 86	5.5 - 6.5	Level 2	43 - 58
3.0 - 3.4	44 - 56	5	Level 1	36 - 42
2.5 - 2.9	32 - 43	4.5		30 - 35
2.0 - 2.4	26 - 31	4		26 - 29
1.5 - 1.9	21 - 25	3		22 - 25
1.0 - 1.4	14 - 20	2		18 - 21
0.5 - 0.9	7 - 13	1		14 - 17
0.0 - 0.4	0 - 6	0		10 - 13

TOEFL is a registered trademark of Educational Testing Service (ETS). ETS was not involved in the production of iTEP, nor has ETS endorsed the iTEP or this score equivalencies chart in any way.
Cambridge was not involved in the production of iTEP, nor has Cambridge endorsed the iTEP or this score equivalencies chart in any way.
Pearson was not involved in the production of iTEP, nor has Pearson endorsed the iTEP or this score equivalencies chart in any way.
IELTS is a registered trademark of the International English Language Testing System, British Council, IDP: IELTS Australia, and Cambridge English Language Assessment.
IELTS was not involved in the production of iTEP, nor has IELTS endorsed the iTEP or this score equivalencies chart in any way.



iTEP Academic-Plus—TOEFL® IBT Comparison Chart

	iTEP Academic-Plus	TOEFL® IBT
Total Exam Time	• 90 minutes (all five sections)	• 240 minutes (all four sections)
Skills Assessed	• Five sections/skills directly evaluated: grammar, listening, reading, writing, speaking	• Four sections/skills directly evaluated: listening, reading, writing, and speaking • Grammar indirectly tested
Target Age Group	• Graduating high school to university level students	• University level students
Difficulty Level Tested	• Tests at different difficulty levels, from beginner to mastery	• Tests at one level of difficulty, from upper-intermediate to advanced
Purpose	• Evaluate students' English ability for college and university admission purposes • Place students in English language programs • Perform pre- and post-course assessment • Qualify candidates for scholarships and exchange program acceptance • Evaluate language proficiency for placement	• Evaluate students' English ability for college and university admission purposes • Place students in English language programs • Evaluate language proficiency for placement and hiring (business and organizations)
Test Delivery Format	• Internet	• Internet
Security	• Tests can only be administered at secured Certified iTEP Test Centers • Certified proctors on-site; ensure that photo IDs match each test-taker • Item Bank feature ensures that no test is replicated and that test items are secure by streaming the content live during the exam • FotoSure™ software photographs the test-taker throughout the exam	• Tests can only be administered at secured ETS Certified Test Centers • Certified administrators on-site; ensure that photo IDs match each test-taker
Grading	• Multiple-choice sections (grammar, listening, and reading) evaluated by iTEP software • Writing and speaking sections evaluated by native English speaking ESL-trained professionals	• ETS graders evaluate the tests. Scores normally come from ETS, but some employers and schools provide the results
Scoring	• Overall score ranges from 0 to 6, with .1 level increments, as well as individual section scores, based on standardized rubric • Scored linguistic sub-skill sections give a more detailed picture of skill level	• Overall score ranges from 0 to 120, as well as individual section scores, based on standardized rubric
Scheduling	• On-demand scheduling within three days of contacting a Certified iTEP Test Center	• Test dates are scheduled in advance by ETS
Results Delivery Time	• Results returned in one business day	• Results returned within eight days
Additional iTEP Benefits	• iTEP partners can get immediate online access to all test results, as well as access to the submitted writing and speaking portions • iTEP available in customized and modularized versions • iTEP partners can utilize their premises to become iTEP test centers and administer the exam on-site	

iTEP Academic-Plus — IELTS™ Comparison Chart

	iTEP Academic-Plus	IELTS™ (Academic)
Total Exam Time	• 90 minutes (all five sections)	• 174 minutes (all four sections)
Skills Assessed	• Five sections/skills directly evaluated: grammar, listening, reading, writing, speaking	• Four sections/skills directly evaluated: listening, reading, writing, speaking (face-to-face interview, conducted on different day)
Target Age Group	• University level students	• University level students
Difficulty Level Tested	• Tests at different difficulty levels, from beginner to mastery	• Tests at one level of difficulty, from upper-intermediate to advanced
Purpose	• Evaluate students' English ability for college and university admission purposes • Place students in English language programs • Perform pre- and post-course assessment • Qualify candidates for scholarships and exchange program acceptance • Evaluate language proficiency for placement	• Evaluate students' English ability for college and university admission purposes • Place students in English language programs • Perform pre- and post-course assessment • Qualify candidates for scholarships and exchange program acceptance • Evaluate language proficiency for placement
Test Delivery Format	• Internet	• Paper, plus face-to-face interview
Security	• Tests can only be administered at secured Certified iTEP Test Centers • Certified proctors on-site; ensure that photo IDs match each test-taker • Item bank feature ensures that no test is replicated and that test items are secure by streaming the content live during the exam • FotoSure™ software photographs the test-taker throughout the exam	• Tests can only be administered at secured IELTS Certified Test Centers • Certified administrators on-site; ensure that photo IDs match each test-taker
Grading	• Multiple-choice sections (grammar, listening, and reading) evaluated by iTEP software • Writing and speaking sections evaluated by iTEP graders, native English speaking ESL-trained professionals	• Scored by IELTS. Test Centers provide scores to test-takers
Scoring	• Overall score ranges from 0 to 6, with .1 level increments, as well as individual section scores, based on standardized rubric • Scored linguistic sub-skill sections give a more detailed picture of skill level	• Overall score ranges from 1 to 9, as well as individual section scores, based on standardized rubric
Scheduling	• On-demand scheduling within three days of contacting a Certified iTEP Test Center	• Approximately 48 fixed test dates per year. Test must be scheduled at least two weeks in advance
Results Delivery Time	• Results returned in one business day	• Results usually returned 13 days after test
Additional iTEP Benefits	• iTEP partners can get immediate online access to all test results, as well as access to the submitted writing and speaking portions • iTEP available in customized and modularized versions • iTEP partners can utilize their premises to become iTEP test centers and administer the exam on-site	

Praise for iTEP Academic

iTEP VERSUS IN-HOUSE ENGLISH TESTING

American Language Academy President Yuni Nguyen found that developing an in-house test was ultimately more costly than using an external test like iTEP. Some considerations were: creating multiple forms of the test to avoid repetition, the costs of printing test materials, and the time it took to administer and grade the test. After analyzing the financial and temporal costs of their own test, the American Language Academy began using iTEP and found that it immediately saved them money.

PRAISE FOR iTEP ACADEMIC

"iTEP is quick and flexible to administer, which keeps costs low. iTEP also offers superior customer service."

–Yuni Nguyen, President,
American Language Academy,

"iTEP Academic is a wonderful alternative to other English language proficiency tests. iTEP makes an ideal assessment tool to measure ongoing progress, and a viable exit examination that measure the proficiency of students who have completed your program."

–Paul Hofmann, PhD,
California State University, Fresno, CA

"We administer ITEP on campus and have found it efficient and easy to use. I like that we receive quick scores and reports with useful feedback that we make available to students."

–Rebecca Lawrence,
Massachusetts International Academy, MA

Colombian Government Chooses iTEP Exam to Help Improve Nationwide English Proficiency

In 2009, the Colombian Ministry of Commerce, Industry, and Tourism, and the Colombian Department of Education joined forces to devise an initiative aimed at attracting foreign investment into Colombia. By evaluating and improving the English proficiency levels of Colombian professionals, the government took one step closer to making Colombia a prime destination for foreign investment particularly in the customer service and call center industries. The name chosen for this English improvement initiative was "ISPEAK".

Colombian Minister of Commerce Luis Guillermo Plata was one of several high-ranking officials who took the iTEP exam to become more familiar with its many advantages as an English assessment tool.

iTEP Clients & Advisory Board

iTEP Academic has helped hundreds of colleges and universities assess the English language proficiency of their incoming students, as well as monitor existing students for continued improvements while enrolled in language programs. Here are some of iTEP's academic partners:

Advisory Board

Jim Brosam
President and CEO
Jameson Global

Phil Brown, EdD
Dean
Le Cordon Bleu, Australia

Ambassador (ret.) Janice L Jacobs
Asst. Secretary of Consular Affairs
US Department of State

John Katzman
Founder and CEO
Noodle Education, Inc.

Denise Kinsella
Associate Dean, Int. Education
Santa Monica College

Koji Ogura
Director for Japan and Drucker-Ito Relationships
Peter F. Drucker and Masatoshi Ito Graduate School of Management

Roger Riske, PhD
President
Education Resource Development Trust

Thomas Shandorf
President
American Language Center
Instituto Americano and Via Lingua

Perry Solomon
President and CEO
Aleratec, Inc.

On-Demand, Internet-Based
English Language Assessment in 90 minutes or less

iTEP—The Ideal Internet-Based English Evaluation Tool For:

- Colleges and Universities
- High Schools and Middle Schools
- Boarding Schools
- Intensive English Programs
- Business and Industry
- Government and Agencies
- Professional Licensing Organizations

iTEP International, LLC.
818.887.3888 - Los Angeles, California - USA
www.iTEPexam.com

iTEP Academic

College and University English Assessment

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- During the grammar, listening, and reading sections, the examinee clicks on one of four answer choices for each question.
- Writing samples are typed directly into a text-entry field.
- Speaking samples are recorded with a headset and microphone at the examinee's computer.
- iTEP Academic-Core is also available in a paper-based format.

iTEP Academic Structure

In each section, examinees will encounter content and questions targeted to varying levels of proficiency.

A Grammar (Structure) — 10 minutes/ two parts

Part 1. Thirteen fill-in-the-blank, multiple-choice questions testing the examinee's familiarity with key features of English structure; questions range from beginner to advanced.

Part 2. Twelve multiple-choice questions where the examinee selects the part of speech with incorrect English structure; questions range from elementary to advanced.

B Listening — 20 minutes/ three parts

Part 1. Four high-beginning to low-intermediate level short conversations of two to three sentences, each followed by one multiple-choice question.

Part 2. One two- to three-minute intermediate-level conversation, followed by four multiple-choice questions.

Part 3. One four-minute upper-level lecture, followed by six multiple-choice questions.

C Reading — 20 minutes/ two parts

Part 1. One intermediate-level passage of about 250 words in length, followed by four multiple-choice questions.

Part 2. One upper-level paragraph of about 450 words in length, followed by six multiple-choice questions.

D Writing — 25 minutes/ two parts

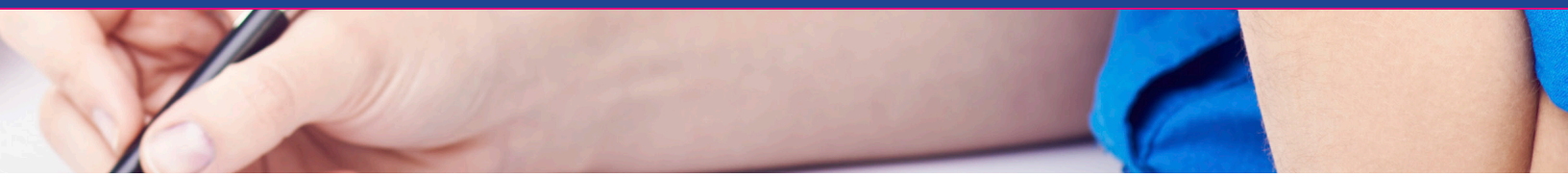
Part 1. The examinee is given five minutes to write a 50-75 word note on a supplied topic, geared to the low-intermediate level.

Part 2. The examinee is given 20 minutes to write a 175-225 word piece expressing and supporting his or her opinion on an upper-level written topic.

E Speaking — 5 minutes/ two parts (plus one minute warm-up section)

Part 1. The examinee hears and reads a short question geared to low-intermediate level, then has 30 seconds to prepare a spoken response and 45 seconds to speak.

Part 2. The examinee hears a brief upper-level statement presenting two sides of an issue, then is asked to express his or her thoughts on the topic, with 45 seconds to prepare and 60 seconds to speak.



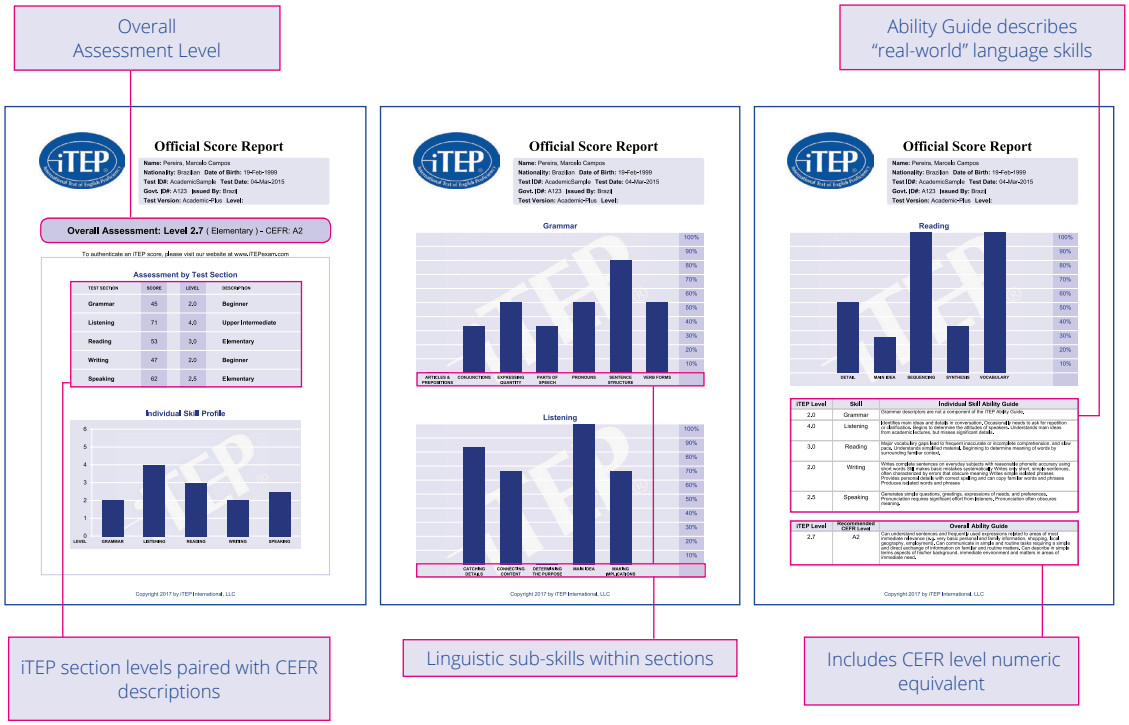
Scoring/Grading

The test will determine an overall proficiency level from 0 (Beginner) to 6 (Mastery), as well as individual proficiency levels from 0 to 6 for each of the skills and sub-skills tested. The overall scores combine the results of the skill sections, and for greater accuracy, they are expressed to one decimal point (from 0.0 to 6.0). The test is graded as follows:

- The grammar, listening, and reading sections are scored automatically by iTEP software.
- Each test section is weighed equally, and there is no penalty in the multiple-choice sections for guessing or incorrect answers.
- The writing and speaking sections are evaluated by native English-speaking, ESL-trained professionals, according to a standardized scoring rubric.
- The official score report presents an individual's scoring information, displaying an examinee's strengths and weaknesses in each of the skills and sub-skills tested.

SCORE REPORT

The iTEP Score Reports are designed to easily compare students and track improvements. Scores are aligned with the Common European Framework of Reference (CEFR) and evaluate expected "real-world" language skills, based on the examinee's level.



iTEP Ability Guide

Use this table to see at a glance how well an individual can use English to communicate "in the real world" at each of iTEP's testing levels.

iTEP	CEFR	Listening	Reading	Writing	Speaking
6.0 ↑ 5.5	C2 Mastery	▪ Comprehends overall meaning and virtually all details of lectures on diverse topics ▪ Understands English spoken in a variety of non-native accents	▪ Comprehends virtually all aspects of a wide variety of academic material for nonspecialists ▪ Reads at near-native speed ▪ Rarely requires use of dictionary	▪ Writes complex documents such as research reports using appropriate style and vocabulary ▪ Grammar and orthographic accuracy is at near-native level	▪ Communicates accurately and effectively on practically all academic and social topics in culturally appropriate ways ▪ Pronunciation is close to that of native speakers
5.4 ↑ 4.5	C1 Advanced	▪ Identifies attitude and purpose of speakers ▪ Grasps main ideas and the majority of supporting details from lectures ▪ Is challenged by complex social and cultural references	▪ Understands main ideas and most of the details of academic texts, journal articles, and abstracts ▪ Requires little extra reading time	▪ Satisfies demands of most general academic tasks with occasional grammar and style mistakes ▪ Exhibits fairly good organization and development	▪ Satisfies demands of most general academic tasks with rare grammar and style mistakes ▪ Exhibits good organization and development
4.4 ↑ 3.5	B2 Upper Intermediate	▪ Identifies main ideas and details in conversation ▪ Occasionally needs to ask for repetition or clarification ▪ Begins to determine the attitudes of speakers ▪ Understands main ideas from academic lectures, but misses significant details	▪ Utilizes contextual and syntactic clues to interpret meaning of complex sentences and new vocabulary ▪ Gathers most main ideas from textbooks, but has an uneven grasp of details ▪ Misinterprets some abstract content and cultural references	▪ Writes reasonably coherent essays on familiar topics, but with some grammatical weakness ▪ Does not have a complete grasp of stylistic features ▪ Vocabulary frequently lacks precision and sophistication	▪ Begins to express abstract concepts, especially on familiar topics ▪ Fluency is occasionally hampered by gaps in vocabulary and grammar ▪ Sometimes is asked to repeat words or phrases
3.4 ↑ 2.5	B1 Intermediate	▪ Grasps the general outline of topics discussed in an academic setting ▪ Unfamiliarity with complex structures and higher-level vocabulary leaves major gaps in understanding	▪ Limited vocabulary impedes speed ▪ Comprehends familiar subjects, and identifies some significant details ▪ Follows step-by-step instructions in exams, labs, and assignments	▪ Communicates basic ideas, but with weak organizational structure and grammatical mistakes ▪ Expresses him/herself with some circumlocution on familiar topics	▪ Manages day-to-day communications with peers and instructors, marked by frequent grammar and vocabulary errors ▪ Pronunciation requires significant effort from listeners
2.4 ↑ 2.0	A2 Elementary	▪ Maintains comprehension during conversations on familiar topics ▪ Relies heavily on nonverbal cues and repetition ▪ Understands very basic exchanges when spoken slowly using simple vocabulary	▪ Major vocabulary gaps lead to frequently inaccurate or incomplete comprehension, and slow pace ▪ Begins to determine the meaning of words by context	▪ Considerable effort required by the reader to identify intended meaning ▪ Uses only basic vocabulary and simple grammatical structures	▪ Generates simple questions, greetings, expressions of needs, and preferences ▪ Pronunciation requires significant effort from listeners
1.9 ↑ 0	A1 Beginner	▪ Understands simple greetings, statements, and questions when spoken with extra clarity ▪ Follows simple familiar instructions ▪ Frequently requires repetition for comprehension ▪ Understands a few isolated words or phrases spoken slowly	▪ Comprehends only highly simplified phrases or sentences ▪ Recognizes familiar cohesive devices and basic pronouns ▪ Demonstrates understanding of a few simple grammatical and lexical structures ▪ Recognizes the alphabet and isolated words	▪ Writes only short, simple sentences, often characterized by errors that obscure meaning ▪ Provides personal details with correct spelling and can copy familiar words and phrases ▪ Produces isolated words and phrases	▪ Speech is marked with non-native stress and intonation patterns ▪ Communication is understood for short utterances ▪ Pauses, false starts, and reformulation are common ▪ Communicates with single words and short phrases at "survival level" ▪ Intense listener effort required ▪ Pronunciation is mostly unintelligible

iTEP Academic Score Equivalencies

If you are familiar with other language assessment tools on the market, you can see how iTEP's scores translate, based on each test's CEFR alignment. Our scores reflect a wide range of levels and make it easy to categorize and group candidates.

iTEP Academic	TOEFL® IBT	IELTS™	PTE General	PTE Academic
5.5 - 6.0	115 - 120	9 - 8	Level 5 - Level 4	81 - 90
5.0 - 5.4	110 - 114			76 - 80
4.5 - 4.9	99 - 109	7.5	Level 3	68 - 75
4.0 - 4.4	87 - 98	7		59 - 67
3.5 - 3.9	57 - 86	5.5 - 6.5	Level 2	43 - 58
3.0 - 3.4	44 - 56	5	Level 1	36 - 42
2.5 - 2.9	32 - 43	4.5		30 - 35
2.0 - 2.4	26 - 31	4		26 - 29
1.5 - 1.9	21 - 25	3		22 - 25
1.0 - 1.4	14 - 20	2		18 - 21
0.5 - 0.9	7 - 13	1		14 - 17
0.0 - 0.4	0 - 6	0		10 - 13

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iTEP Academic-Plus—TOEFL® IBT Comparison Chart

	iTEP Academic-Plus	TOEFL® IBT
Total Exam Time	▪ 90 minutes (all five sections)	▪ 240 minutes (all four sections)
Skills Assessed	▪ Five sections/skills directly evaluated: grammar, listening, reading, writing, speaking	▪ Four sections/skills directly evaluated: listening, reading, writing, and speaking ▪ Grammar indirectly tested
Target Age Group	▪ Graduating high school to university level students	▪ University level students
Difficulty Level Tested	▪ Tests at different difficulty levels, from beginner to mastery	▪ Tests at one level of difficulty, from upper-intermediate to advanced
Purpose	▪ Evaluate students' English ability for college and university admission purposes ▪ Place students in English language programs ▪ Perform pre- and post-course assessment ▪ Qualify candidates for scholarships and exchange program acceptance ▪ Evaluate language proficiency for placement	▪ Evaluate students' English ability for college and university admission purposes ▪ Place students in English language programs ▪ Evaluate language proficiency for placement and hiring (business and organizations)
Test Delivery Format	▪ Internet	▪ Internet
Security	▪ Tests can only be administered at secured Certified iTEP Test Centers ▪ Certified proctors on-site; ensure that photo IDs match each test-taker ▪ Item Bank feature ensures that no test is replicated and that test items are secure by streaming the content live during the exam ▪ FotoSure™ software photographs the test-taker throughout the exam	▪ Tests can only be administered at secured ETS Certified Test Centers ▪ Certified administrators on-site; ensure that photo IDs match each test-taker
Grading	▪ Multiple-choice sections (grammar, listening, and reading) evaluated by iTEP software ▪ Writing and speaking sections evaluated by native English speaking ESL-trained professionals	▪ ETS graders evaluate the tests. Scores normally come from ETS, but some employers and schools provide the results
Scoring	▪ Overall score ranges from 0 to 6, with .1 level increments, as well as individual section scores, based on standardized rubric ▪ Scored linguistic sub-skill sections give a more detailed picture of skill level	▪ Overall score ranges from 0 to 120, as well as individual section scores, based on standardized rubric
Scheduling	▪ On-demand scheduling within three days of contacting a Certified iTEP Test Center	▪ Test dates are scheduled in advance by ETS
Results Delivery Time	▪ Results returned in one business day	▪ Results returned within eight days
Additional iTEP Benefits	▪ iTEP partners can get immediate online access to all test results, as well as access to the submitted writing and speaking portions ▪ iTEP available in customized and modularized versions ▪ iTEP partners can utilize their premises to become iTEP test centers and administer the exam on-site	

iTEP Academic-Plus — IELTS™ Comparison Chart

	iTEP Academic-Plus	IELTS™ (Academic)
Total Exam Time	▪ 90 minutes (all five sections)	▪ 174 minutes (all four sections)
Skills Assessed	▪ Five sections/skills directly evaluated: grammar, listening, reading, writing, speaking	▪ Four sections/skills directly evaluated: listening, reading, writing, speaking (face -to-face interview; conducted on different day)
Target Age Group	▪ University level students	▪ University level students
Difficulty Level Tested	▪ Tests at different difficulty levels, from beginner to mastery	▪ Tests at one level of difficulty, from upper-intermediate to advanced
Purpose	▪ Evaluate students' English ability for college and university admission purposes ▪ Place students in English language programs ▪ Perform pre- and post-course assessment ▪ Qualify candidates for scholarships and exchange program acceptance ▪ Evaluate language proficiency for placement	▪ Evaluate students' English ability for college and university admission purposes ▪ Place students in English language programs ▪ Perform pre- and post-course assessment ▪ Qualify candidates for scholarships and exchange program acceptance ▪ Evaluate language proficiency for placement
Test Delivery Format	▪ Internet	▪ Paper, plus face-to-face interview
Security	▪ Tests can only be administered at secured Certified iTEP Test Centers ▪ Certified proctors on-site; ensure that photo IDs match each test-taker ▪ Item bank feature ensures that no test is replicated and that test items are secure by streaming the content live during the exam ▪ FotoSure™ software photographs the test-taker throughout the exam	▪ Tests can only be administered at secured IELTS Certified Test Centers ▪ Certified administrators on-site; ensure that photo IDs match each test-taker
Grading	▪ Multiple-choice sections (grammar, listening, and reading) evaluated by iTEP software ▪ Writing and speaking sections evaluated by iTEP graders, native English speaking ESL-trained professionals	▪ Scored by IELTS. Test Centers provide scores to test-takers
Scoring	▪ Overall score ranges from 0 to 6, with .1 level increments, as well as individual section scores, based on standardized rubric ▪ Scored linguistic sub-skill sections give a more detailed picture of skill level	▪ Overall score ranges from 1 to 9, as well as individual section scores, based on standardized rubric
Scheduling	▪ On-demand scheduling within three days of contacting a Certified iTEP Test Center	▪ Approximately 48 fixed test dates per year. Test must be scheduled at least two weeks in advance
Results Delivery Time	▪ Results returned in one business day	▪ Results usually returned 13 days after test
Additional iTEP Benefits	▪ iTEP partners can get immediate online access to all test results, as well as access to the submitted writing and speaking portions ▪ iTEP available in customized and modularized versions ▪ iTEP partners can utilize their premises to become iTEP test centers and administer the exam on-site	

Praise for iTEP Academic

iTEP VERSUS IN-HOUSE ENGLISH TESTING

American Language Academy President Yuni Nguyen found that developing an in-house test was ultimately more costly than using an external test like iTEP. Some considerations were: creating multiple forms of the test to avoid repetition, the costs of printing test materials, and the time it took to administer and grade the test. After analyzing the financial and temporal costs of their own test, the American Language Academy began using iTEP and found that it immediately saved them money.

PRAISE FOR iTEP ACADEMIC

"iTEP is quick and flexible to administer, which keeps costs low. iTEP also offers superior customer service."

–Yuni Nguyen, President,
American Language Academy,

"iTEP Academic is a wonderful alternative to other English language proficiency tests. iTEP makes an ideal assessment tool to measure ongoing progress, and a viable exit examination that measure the proficiency of students who have completed your program."

–Paul Hofmann, PhD,
California State University, Fresno, CA

"We administer ITEP on campus and have found it efficient and easy to use. I like that we receive quick scores and reports with useful feedback that we make available to students."

–Rebecca Lawrence,
Massachusetts International Academy, MA

Colombian Government Chooses iTEP Exam to Help Improve Nationwide English Proficiency

In 2009, the Colombian Ministry of Commerce, Industry, and Tourism, and the Colombian Department of Education joined forces to devise an initiative aimed at attracting foreign investment into Colombia. By evaluating and improving the English proficiency levels of Colombian professionals, the government took one step closer to making Colombia a prime destination for foreign investment particularly in the customer service and call center industries. The name chosen for this English improvement initiative was "ISPEAK".

Colombian Minister of Commerce Luis Guillermo Plata was one of several high-ranking officials who took the iTEP exam to become more familiar with its many advantages as an English assessment tool.

iTEP Clients & Advisory Board

iTEP Academic has helped hundreds of colleges and universities assess the English language proficiency of their incoming students, as well as monitor existing students for continued improvements while enrolled in language programs. Here are some of iTEP's academic partners:

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www.iTEPexam.com

iTEP INTERNATIONAL **GUIDANCE ON SETTING iTEP SCORES FOR ADMISSIONS PURPOSES**

SCORE DEFINITION FOR ADMISSIONS PURPOSES

iTEP International understands that establishing scores to be used for admissions purposes can be a stressful task. While setting scores too high could result in a high number of false-negative score indications, setting scores too low could possibly lead to students entering programs without the minimum English language proficiency skills required to perform academically. iTEP International encourages institutions to take a multifaceted approach when setting required iTEP scores for admissions. The information and guidance in this brief report is meant to facilitate such an approach.

FOCUS ON CEFR

iTEP recommends that institutions first consult resources related to the Common European Framework of Reference (CEFR) to determine the minimum language skills necessary for incoming students. The CEFR descriptors and scales are designed to facilitate the creation of a common understanding of language proficiency within institutions. In this way, CEFR scales and descriptors serve educational professionals and organizational leaders as a sense-making tool in contexts where varying language proficiencies exist. While the CEFR recommendations that iTEP develops and publishes are established based on data and feedback from its stakeholders, we understand that an institution might make reasonable variations on these recommendations based on its unique interpretation of CEFR.

Recently, CEFR has become much more widely known and understood in the U.S. In most cases, U.S. institutions determine that a CEFR user somewhere in the B2 to low C1 range has the minimum language proficiency required to perform at the undergraduate level. Indeed, most programs will set corresponding scores on a proficiency test somewhere within this range. To be clear, some iTEP partner schools set scores that are below and above iTEP's recommended range for a B2low C1 user. Of course, iTEP understands that this is perfectly within the institutions prerogative and emphasizes that the CEFR equivalencies are indeed recommendations. For more explanation on iTEP CEFR recommendations, please find our CEFR Recommendation document at: https://www.itepexam.com/CEFR-Setting Scores.pdf

CEFR RECOMMENDATIONS
& SAMPLE UNIVERSITIES

While there is a range of iTEP scores used by institutions for undergraduate admissions, iTEP generally recommends an overall score of 3.8 for iTEP Academic Plus.

If programs adopt a score above 3.8, iTEP does not recommend cut scores for individual skill areas. If scores below 3.6 are adopted, iTEP recommends cut scores for each of the individual skills at 3.0 or 3.5.

CURRENT CEFR RANGES

iTEP Ranges

CEFR	*Current ranges*
C2	5.5 - 6.0
C1	4.5 - 5.4
B2	3.5 - 4.4
B1	2.5 - 3.4
A2	2.0 - 2.4
A1	0.0 - 1.9

Sample list of universities accepting iTEP

Institution	*iTEP Undergraduate score (Academic-Plus)*
SUNY Buffalo	3.5
California University of Pennsylvania	3.5
Loma Linda University	3.5
Frostburg State University	3.6
Humboldt State University	3.7
Missouri Southern State University	3.7
Southern Illinois University Carbondale	3.8
University of Wisconsin	4.0
SUNY Polytechnic	4.4
California State University - Fresno	4.5
New York University	4.5
University of Illinois - Springfield	4.5

SETTING THE RIGHT SCORE
GOOD PRACTICES

CONDUCT A PILOT TEST
iTEP International works with institutions to conduct pilot testing of iTEP Academic Plus for the purpose of setting cut-scores. Institutions are able to compare scores with an established evaluation and assessment of students' language proficiency. Pilot testing allows institutions to gauge the effectiveness of iTEP compared to other methods of proficiency assessment.

CONSULT THE iTEP EQUIVALENCY CHART
The iTEP Equivalency chart is created based on data received from partner institutions and analysis of scores attributed to CEFR-aligned curricula.

The equivalency chart is meant to serve as one of many tools in the setting of cut-scores. One frequently asked question regarding the equivalency chart is the narrow range of iTEP scores used to associate with TOEFL and IELTS. This narrow range is due to the character of the scores collected for analysis. The data indicated that the most recognizable plateauing of aggregate scores for iTEP was in the 3.5 – 3.9 levels. In other words, test-takers in language programs that made regular use of iTEP made steady and marked progress until the 3.5 level. After this point, scores did not increase as steadily. However, it was observed that TOEFL and IELTS scores continued to improve for these same test-takers at a steady rate. Of course, iTEP is always seeking to improve and increase the amount of data that is used to create the most accurate equivalency. Again, we encourage programs to use the equivalency chart as one of many factors in the decision-making process.

USING THE RANGES
While CEFR breaks down its proficiency scale descriptors into six levels, the authors of the framework also point out that an appreciable range of proficiency can exist within one scale level. In this way, institutions can decide on which side (high or low) of a particular scale they would like to favor. When iTEP adjusted its CEFR recommendation in the fall of 2016, it sought to provide partners with a wide range to choose from at the most crucial levels, namely B1, B2, and C1. iTEP returns overall scores at a tenth of a point and encourages programs to make use of these detailed scoring levels to allow for setting cut scores at the high, middle, or low range of a chosen CEFR scale.

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iTEP Academic

VALIDITY & RELIABILITY REPORT

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ABOUT THIS REPORT

Purpose

The purpose of this report is to describe the academic details and rationale for the development of iTEP Academic and to summarize the reliability and validity of the assessment.

Acknowledgments

The data analyzed for this report were provided in raw form by iTEP International to Dr. Stephanie Seiler, Independent Consultant. The data were not manipulated in any way, unless the data manipulation was done according to accepted statistical procedures and/or was done according to other rationale as described in this report. Dr. Seiler conducted all analyses and wrote the report. Dr. Jay Verkuillen and Dr. Rob Stilson provided statistical consultation.

About the Author

Stephanie Seiler holds a PhD in Industrial and Organizational Psychology from the University of Illinois at Urbana-Champaign. Dr. Seiler worked in the personnel selection industry for five years as a Selection and Assessment Manager and then as the Director of Research and Development for a leading personnel selection company. In these roles, she was responsible for customer research, consulting, implementation of assessments, and development of new and innovative assessments. Stephanie has published and presented in the areas of educational and personnel assessment, innovative assessment methodologies, and research ethics. She is currently operating as an independent assessment consultant and is a Lead Research Associate and Product Developer with the University of Illinois at Urbana Champaign with the National Center for Professional and Research Ethics (NCPRE).

About iTEP International

iTEP International, founded by career international educators, developed the iTEP suite of examinations to provide institutions and individual test-takers with an efficient, secure, accurate, and affordable on-demand language proficiency assessment.

There are currently seven versions of iTEP available: iTEP Academic, iTEP SLATE (Secondary Level Assessment Test of English), iTEP Business, iTEP Au Pair, iTEP Intern, iTEP Hospitality, and iTEP Conversation. All seven exams have the same basic structure, standardized rubric scoring, and administration procedures. The exams assess all or some of the following five components of English language proficiency: Grammar, Listening, Reading, Writing, and/or Speaking.

CHAPTER 1

INTRODUCTION

The International Test of English Proficiency - Academic (iTEP Academic), developed and published by iTEP International, is a multimedia assessment that evaluates the English language proficiency of English as a Second Language (ESL) college applicants and students.

iTEP Academic is commonly used for:

- Making admissions decisions
- Placing students within language programs
- Guiding course instruction and curriculum development
- Evaluating pre- and post-course progress
- Determining eligibility for scholarships

iTEP Academic is also used to assess the proficiency of English language teachers, government initiatives, and official certifications.

In order to target the level and type of English proficiency needed to be a successful college student, the content of iTEP Academic is tailored to reflect the academic and life experiences of individuals who attend or plan to attend college. iTEP Academic does not require any specialized academic or cultural knowledge, so it is well-suited for testing in any academic discipline. The assessment evaluates examinees' ability to apply their English knowledge and skill to process, learn from, and respond appropriately to new information that is presented in English. iTEP Academic is delivered over the Internet at secure Certified iTEP Test Centers around the world. Examinees can schedule a testing date within three business days of contacting the test center.

There are two versions of iTEP Academic:

- **iTEP Academic-Core**: assesses Grammar, Listening, and Reading and is 50 minutes in length, with an additional 10 minutes for pre-test preparation. Results are available immediately.
- **iTEP Academic-Plus**: assesses Grammar, Listening, Reading, Writing, and Speaking and is 80 minutes in length, with an additional 10 minutes for pre-test preparation. Results are available within one business day.

iTEP automatically emails the examinee's official score report to the client. An online iTEP client account provides a variety of tools for managing results.

Approach and Rationale for the Development of iTEP Academic

College is a social and communicative experience. Whether the student is listening to a lecture, writing a paper, reading exam instructions, working on a group project, or making a purchase at the bookstore, the ability to understand and use the college's primary language is a fundamental prerequisite for the student to succeed. Though success in college can also depend on factors that have little direct link to language, such as intelligence, motivation, self-discipline, and physical and emotional health, these will have little use for the student if he/she is unable to process, learn from, and respond to information.

iTEP Academic was designed and developed to provide English language proficiency scores that are valid for many types of educational decision making. The developers of iTEP Academic recognized that in order to thoroughly evaluate English proficiency, the assessment needed to include items that evaluated both written and spoken language, as well as the examinee's grasp of English grammar. In addition, iTEP developers made the distinction between receptive language skills (i.e., listening and reading) and expressive language skills (i.e., writing and speaking). Assessment items that measure an examinee's ability to express ideas in English were developed for inclusion in iTEP Academic-Plus.

When language proficiency is measured accurately, reliably, and comprehensively, educators or administrators can use examinees' scores on the assessment to make more rigorous, evidence-based decisions. iTEP Academic was developed with these goals in mind. Furthermore, iTEP Academic uses the best technology available and on-demand support to help ensure an engaging, user-friendly examinee and administrator experience.

iTEP is recognized by the Academic Credentials Evaluation Institute (ACEI) as an approved internationally regarded English proficiency exam that meets institutional standards. ACCET, the U.S.-based Accrediting Council for Continuing Education and Training has determined that iTEP satisfies the requirement of a nationally recognized English assessment exam to validate Intensive English Program (IEP) curricula. In addition, iTEP International is committed to actively engaging with the international education community through memberships and affiliations with NAFSA, EnglishUSA, TESOL, ACEI, ACCET, and AISAP.

CHAPTER 2

DETAILED DESCRIPTION OF iTEP ACADEMIC

Theoretical Model for Language Assessment

Traditionally, language researchers and educators have grouped language skills into four distinct categories (Listening, Reading, Writing, and Speaking), and from a commonsense perspective this categorization is no surprise, as each of these elements of communication refers to a distinct set of activities and knowledge used for distinct purposes. In addition, it is common for a distinction to be made between language *skills* and language *knowledge* (e.g., grammar and vocabulary) (Bachman, 1990).

On the surface, the Listening, Reading, Writing, and Speaking sections of iTEP Academic align with the traditional categorization of language *skills,* and the Grammar section aligns with the notion of language *knowledge*. Listening scores reflect the ability to comprehend spoken language, Grammar scores reflect the knowledge of correct grammar, and so on. Additionally, practical considerations clearly warrant testing across multiple competency areas. In the case of admissions or certification, use of multiple measures helps ensure content coverage (measurement breadth) across the most critical elements of language; in the case of placement or program evaluation, multiple measures help pinpoint different areas of an examinee's strengths and weaknesses.

The traditional categorization of language into skills and knowledge domains may seem to suggest that each iTEP Academic section measures an isolated language capability; however, modern theories of language emphasize the interrelatedness of language knowledge and skill and the practical fact that any attempt to measure a single component of language will likely be confounded by other language skills that are necessary to answer the question (e.g., an evaluation of reading proficiency requires knowledge of grammar, sentence structure, vocabulary, etc.). In addition, these theories emphasize that one must consider the context in which the communication occurs; communication in a casual setting is likely to involve a different set of competencies—and a different judgment of effectiveness—than communication in an academic or business setting. These modern theories suggest that in practice, language effectiveness must be evaluated in the situational context for which the assessment is to be used (Association of Language Testers in Europe (ALTE), 2011; Bachman, 1990). Plainly stated, a language assessment should represent the real-world use of language. iTEP Academic aligns with best practices in language assessment by evaluating one's ability to communicate effectively in the context of common scenarios that are encountered in college.

Description of iTEP Academic Sections

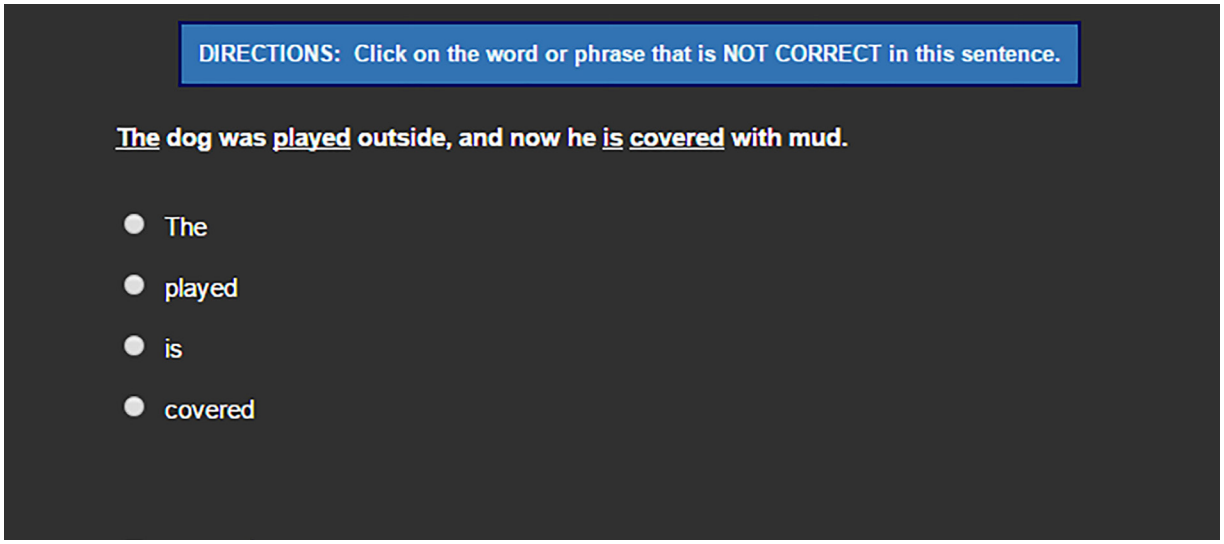
Grammar Section

The ability to understand and use a language's grammar rules correctly is an important component of effective communication. Grammar does not need to be perfect in order for someone to comprehend the meaning of a statement, yet as the number of grammatical errors increases, the likelihood that the information will be conveyed incorrectly also increases. Still higher standards for grammatical correctness are present within most academic settings.

The iTEP Academic: Grammar section evaluates an examinee's understanding of and ability to use proper English grammar. It is comprised of 25 multiple-choice questions, each of which tests the examinee's familiarity with a key feature of English structure (e.g., use of the correct article, verb tense, modifier, or conjunction; identifying the correct sentence structure, pronoun, or part of speech). The Grammar section includes a range of sentence structures from simple to more complex, as well as both beginning and advanced vocabulary. The first 13 questions require the examinee to select the word or phrase that correctly completes a sentence, and the next 12 questions require the examinee to identify the word or phrase in a sentence that is grammatically incorrect. Each of the two question types is preceded by an on-screen example.

The Grammar section takes 10 minutes to complete.

Sample Grammar Item



Listening Section

The ability to comprehend spoken information is of central importance within an academic setting and is vital to navigating the social aspects of college life. The typical model for a college course, particularly during the first two years of coursework, involves students attending lectures. The iTEP Academic Listening section evaluates an examinee's proficiency in understanding spoken English information. In this section, the examinee listens to two types of spoken information: (1) a short conversation between two speakers; and (2) a brief lecture on an academic topic. After listening to the conversation or lecture, the examinee is presented with a question (orally and in writing) that measures several key indicators of whether the information was understood. These indicators include: identifying the primary subject of the conversation or lecture (Main Idea), recalling important points (Catching Details), understanding why a particular statement was made (Determining the Purpose), inferring information based on contextual information (Making Implications), and determining the relationship between key pieces of information (Connecting Content).

To ensure realism in the Listening section, item writers take steps to ensure that the content reflects a conversational tone. In addition, while the examinee listens to each audio file, a static image of the speaker(s) is presented on-screen.

The Listening section takes 20 minutes to complete and consists of three parts:

Part 1: Four high-beginning to low-intermediate-difficulty level conversations of two to three sentences, each followed by one multiple-choice question

Part 2: One two- to three-minute intermediate-difficulty level conversation followed by four multiple-choice questions

Part 3: One four-minute lecture followed by six multiple-choice questions

Sample Listening Item:

Transcript of audio played to examinee [text is for demonstration in this report and is not presented to the examinee]

Male Student

"Hi Tara. Did you hear that Professor Johnson's biology class was canceled? He moved the quiz to next week."

Tara

"No, I didn't. Thanks for telling me. That will give me more time to write my history report and finish my math homework."

In what class does Tara have a quiz?

- Math
- History
- Writing
- Biology

Reading Section

Along with listening, the ability to comprehend written information is critical both for effective learning in an academic setting and for navigating college life in general. Course lectures are typically paired with required textbooks or other reading materials, and students are frequently evaluated on their recall and understanding of both the lectures and the readings. Additionally, the typical examination in lower-level college courses involves written materials such as multiple-choice questions.

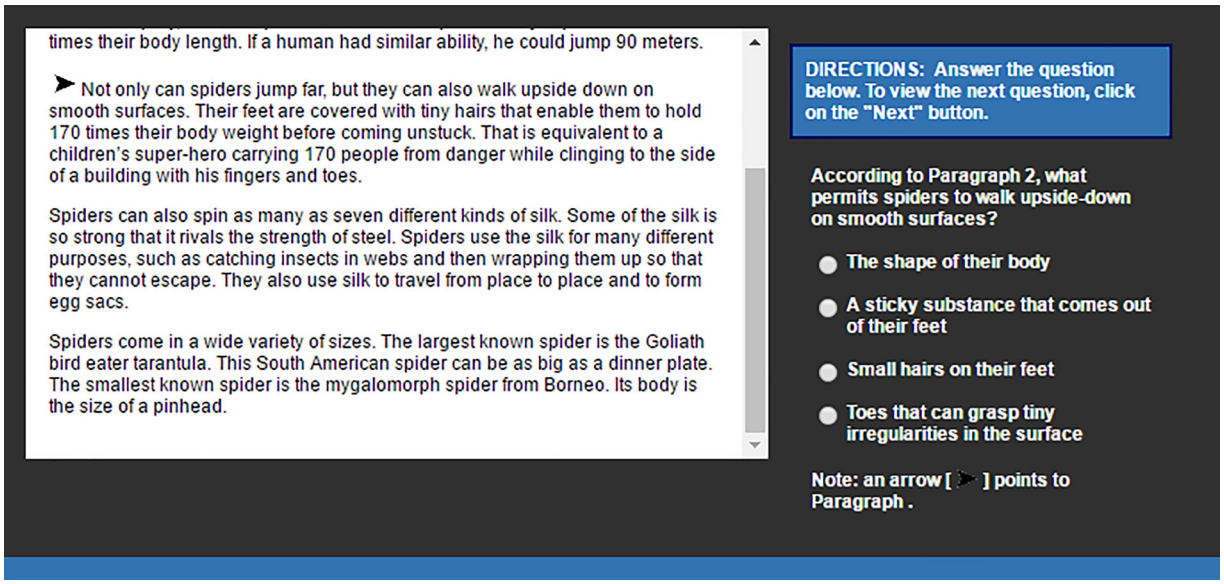
The iTEP Academic Reading section evaluates an examinee's level of reading comprehension by measuring several key indicators of whether a written passage was understood. These indicators include: identifying the significant points and main focus of the written passage (Catching Details and Main Idea, respectively), determining what a word means based on its context (Vocabulary), and understanding why a particular statement within a larger passage was written by connecting together relevant information (Synthesis). In addition, the Reading section evaluates the examinee's understanding of how a paragraph should be constructed in order to properly convey information (Sequencing). Sequencing items require the examinee to read a paragraph and determine where a new target sentence should be placed based on the surrounding content.

The Reading section takes 20 minutes to complete and consists of two parts:

Part 1: One intermediate reading level passage about 250 words in length, followed by four multiple-choice questions

Part 2: One upper reading level paragraph about 450 words in length, followed by six multiple-choice questions

Sample Reading Item:



Writing Section

In addition to evaluating speaking, iTEP Academic-Plus also evaluates the examinee's English Writing ability.

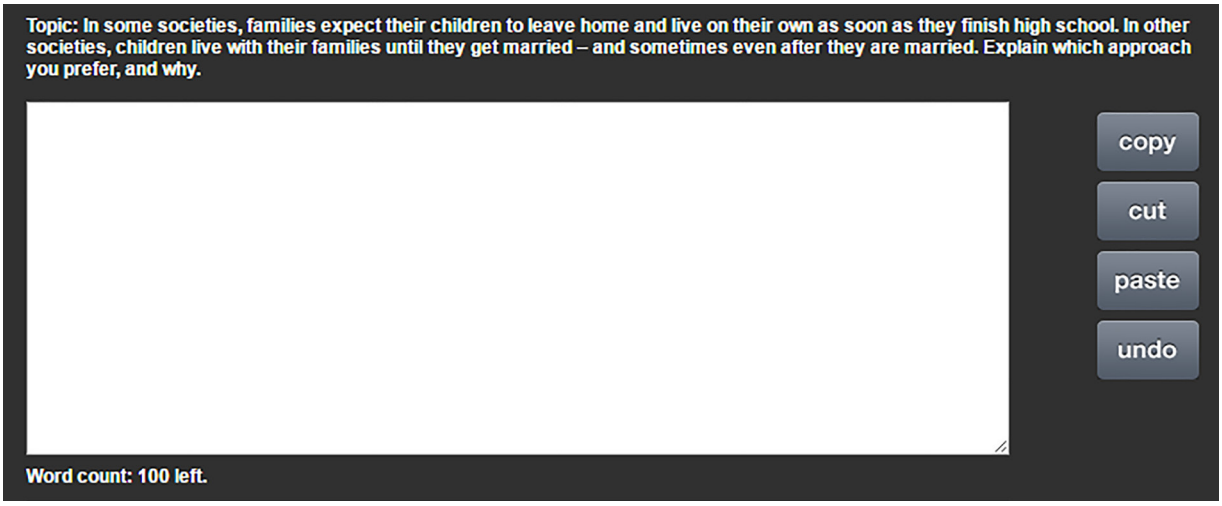
During the Writing section of the assessment, the examinee reads a question and then writes a response. The responses are submitted for later evaluation by a trained iTEP rater.

The Writing section takes 25 minutes to complete and consists of two parts:

Part 1: The examinee is given five minutes to write a 50-75 word note, geared at the low intermediate level, on a supplied topic.

Part 2: The examinee is given 20 minutes to write a 175-225 word piece expressing and supporting his or her opinion on an upper level written topic.

Sample Writing Item:



Speaking Section

Both writing and speaking in a new language are often considered more advanced skills, developed after the individual has acquired a basic grasp of the language's grammar and vocabulary and learned to apply this knowledge to comprehend written and spoken information. The longer version of iTEP Academic, iTEP Academic-Plus, evaluates the examinee's English speaking ability (along with writing ability as previously described).

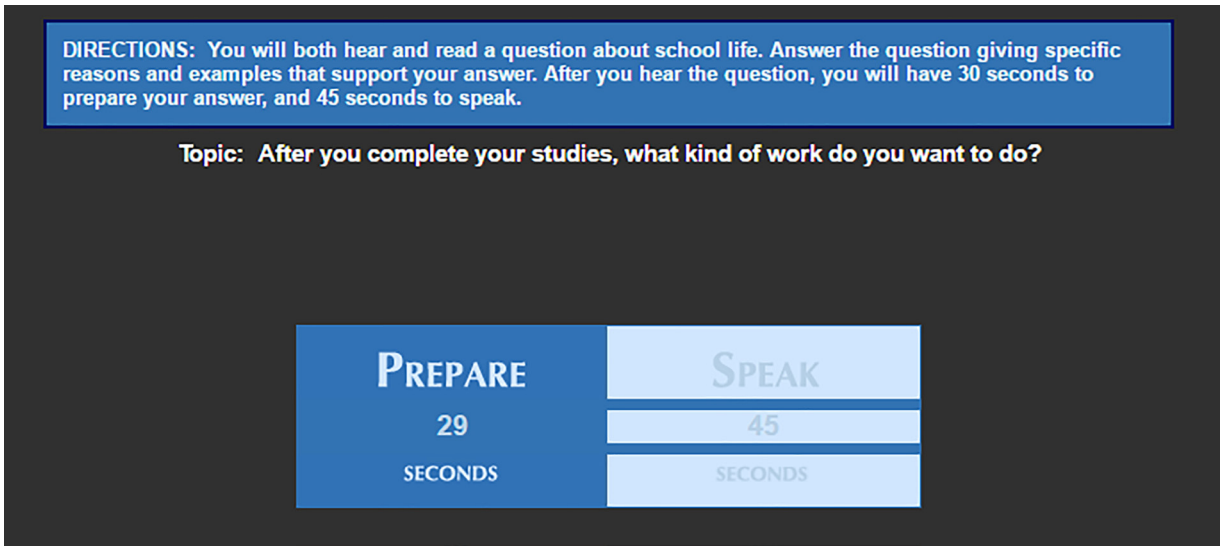
During the Speaking section of the assessment, the examinee listens to and reads a prompt (either a question or a brief lecture), and then prepares an oral response. The examinee then records his/her response for later evaluation by a trained iTEP rater.

The Speaking section takes five minutes to complete and consists of two parts:

Part 1: The examinee hears and reads a short question geared at low-intermediate level, then has 30 seconds to prepare a spoken response and 45 seconds to speak.

Part 2: The examinee hears a brief upper-level statement presenting two sides of an issue, then is asked to express his or her thoughts on the topic with 45 seconds to prepare and 60 seconds to speak.

Sample Speaking Item:



Test Administration

Delivery Method

iTEP Academic-Plus is administered via the Internet. Items are administered to examinees at random from a larger item bank, according to programming logic and test development procedures that ensure each examinee receives an overall examination of comparable content and difficulty to other examinees.

A static paper-and-pencil version of iTEP Academic-Core is also available.

iTEP Academic must be administered at a secure location or a Certified iTEP Test Center.

The examinee inputs responses to the test in the following manner:

- During the Grammar, Listening, and Reading sections, the examinee selects from a list of multiple choice options for each question.
- Writing samples are keyboarded directly into a text entry field.
- Speaking samples are recorded with a headset and microphone at the examinee's computer.

Examinee Experience

Prior to the start of the test, the examinee logs in and completes a registration form. The system guides the examinee through a series of steps to ensure technical compatibility and to prepare him/her for the format of the assessment.

Each section/skill has a fixed time allotted to it. In the Grammar and Reading sections, examinees can advance to the next section if there is time remaining, or they are free to use any extra time to review and revise their answers. In the Listening section, the prompts each play only once and once submitted, an item response cannot be reviewed or changed. In the Writing section, there are fixed time limits for each part, but examinees may advance to the next section before time expires. In the Speaking section, there are fixed time limits for each part and examinees cannot advance until time expires.

The directions for each section are displayed for a set amount of time, and are also read aloud. The amount of time instructions are displayed varies according to the amount of text to be read. If an examinee needs more time to read a particular section's directions, he or she can access them by clicking the Help button, which displays a complete menu of directions for all test sections.

Following each section of the test, examinees see a transition screen indicating which section will be completed next. This transition screen provides a 15-second break between sections, and displays a progress bar showing completed and remaining test sections. After the last test section is completed, examinees see a final screen telling them the test is complete and to wait for further directions from the administrator.

Screenshots of the examinee experience, including pre-assessment modules and instructions, are shown in Appendix A.

Scoring/Grading

iTEP Academic computes an overall proficiency level from 0 (Beginner) to 6 (Mastery), as well as individual skill proficiency levels from 0 to 6 for each skill. Linguistic sub-skill scores are also provided (e.g. parts of speech, synthesis, main idea) in order to give a more detailed picture of the examinee's level in the Grammar, Listening, and Reading sections. The Overall score represents the combination of scores across each skill; for greater accuracy, Overall scores are reported to one decimal point (e.g., 0.0, 0.1, 0.2, … , 5.9, 6.0).

iTEP Academic is graded as follows:

- The Grammar, Listening, and Reading sections are scored automatically by the computer. Each response is worth one point. There is no penalty for guessing.
- The Writing and Speaking sections are evaluated by native English-speaking, ESL-trained professionals, according to a standardized scoring rubric (see Appendix B). Raters attend refresher training sessions throughout the year to ensure continued adherence to the rubric.
- For computing the Overall score, each test section is weighed equally.
- The official score report presents an individual's scoring information in both tabular and graphical formats. The graphical format, or skill profile, is particularly useful for displaying an examinee's strengths and weaknesses in each of the skills evaluated.

Proficiency Levels

The seven iTEP Academic proficiency levels may be expressed briefly as follows:

Level 0: Beginning

Level 1: Elementary

Level 2: Low Intermediate

Level 3: Intermediate

Level 4: High Intermediate

Level 5: Low Advanced

Level 6: Advanced

iTEP has mapped iTEP Academic Proficiency Levels to the levels described in the Common European Framework of Reference for Languages (CEFR; See Appendix B).

CHAPTER 3

iTEP ACADEMIC DEVELOPMENT PROCESS, RELIABILITY, AND VALIDITY[1]

Development Process

iTEP International adheres to a continuous cycle of item analysis (see Figure 1) to ensure the content of the assessment adheres to the reliability and validity goals of the assessment. The cycle begins with item writing, enters an expert review and content analysis stage, and then works through a number of statistical analyses to evaluate the difficulty level and other psychometric properties of the item. Items that do not meet quality standards during the content analysis and/or statistical analysis phase are either removed from further consideration, or repurposed if it is determined that minor adjustments will improve the item. Items that meet quality standards during the content analysis and statistical analysis phases are retained in the assessment. In order to maintain a secure assessment and minimize the likelihood of an item being shared among examinees over time, all items used in the assessment are retired after a certain length of time. Items may also be identified as having "drifted" in difficulty over time, indicating that the item may have been compromised; these items are retired immediately upon identification.

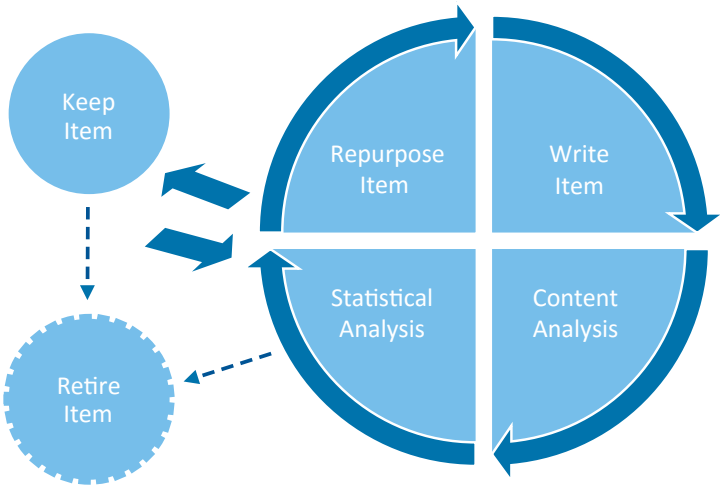


Figure 1. Continuous Cycle of Item Development

1 All analysis and evaluation of iTEP Academic as described in Chapter 3 was conducted in accordance with the Standards for Educational and Psychological Testing (hereafter *Standards;* American Educational Research Association, American Psychological Association, & National Council on Measurement in Education, 2014), Uniform Guidelines on Employee Selection Procedures (Equal Employment Opportunity Commission, 1978), and the Principles for the Validation and Use of Personnel Selection Procedures (Society for Industrial and Organizational Psychology, 2003)

Reliability

The reliability of an assessment refers to the degree to which the assessment provides stable, consistent information about an examinee. Demonstrating reliability is important because if a test is not stable and consistent—whether across the items in the assessment, across repeated administrations of the assessment, or based on performance scores provided by trained raters—then the results cannot be relied upon as accurate. Moreover, the reliability of an assessment theoretically sets a maximum limit for its validity; when an assessment is not consistent, it is less effective as an indicator of a person's true ability and will therefore demonstrate lower correlations with relevant outcomes (such as grades, academic adjustment, or attrition).

Internal Consistency Reliability

Internal consistency reliability refers to the stability of the items within a particular assessment, or in this case, within each assessment section. When it can be shown that the items are statistically related to each other, the case can be made that the assessment is consistent in its measurement. Cronbach's alpha (Cronbach, 1951) is a commonly-used and accepted classical test theory (CTT) statistic that is used to estimate internal consistency reliability. The statistic reflects the average correlation between all items within an assessment or assessment section. Values of .70 or above have traditionally been considered desirable, with some scholars stating that test developers should aim to develop tests with values of at least .80 or even .90 and higher. These benchmarks are general rules and do not take into account other desirable characteristics of an assessment, such as assessment brevity to minimize testing time (Gatewood & Field, 2001), the breadth of content coverage within the assessment (to ensure that a large domain of the characteristic being measured is represented) (Loevinger, 1954), and the validity of the assessment (Nunnally & Bernstein, 1994). Test developers must think critically about the interrelated factors influencing test reliability and validity and use their best judgment when deciding what should be considered acceptable (Gatewood & Field, 2001).

Because the calculation of internal consistency reliability requires that the assessment section contain multiple items, this class of statistics is appropriate for the Grammar, Listening, and Reading sections of iTEP Academic; calculation of internal consistency reliability is not possible for the Speaking and Writing sections, as trained raters provide only one summary score for each of these sections based on the examinee's overall Speaking or Writing performance.

Within the Grammar, Listening, and Reading sections of iTEP Academic, the set of items administered to each examinee are selected at random from a larger item bank; therefore, the traditional CTT calculation of Cronbach's alpha is not possible. In order to compute an internal consistency reliability estimate for each scale, the following procedure was used to derive an estimate that can be interpreted in a manner similar to Cronbach's alpha. The procedure relies on statistics derived from item response theory (IRT), a class of statistical models that are particularly suited to handling randomly administered items.

1. For each section, compute the IRT common discrimination parameter using the 1-Parameter Logistic model (1PL). The common *a* parameter reflects the average extent to which each item provides statistical information that distinguishes lower-performing examinees from higher-performing examinees. The *a* parameter is in concept most similar to an item-total correlation from classical test theory.

2. Use the *a* parameter estimate to compute an intraclass correlation coefficient (ICC). This formula is:

$$ICC = \frac{a^2}{a^2 + \pi^2/3}$$

3. The resulting value of the ICC reflects the average internal consistency reliability for any one item in the sections, and therefore the final internal reliability estimate (α) must be "stepped up" using the Spearman-Brown prophecy formula to reflect the reliability of the total sections. The Spearman-Brown prophecy method is the same method that would be used to examine the impact of shortening or lengthening a test (for example, cutting a 50-item test in half). The Spearman-Brown prophecy formula is:

$$a = \frac{K \cdot ICC}{1 + (K - 1) \cdot K \cdot ICC}$$

   Where K is a scaling factor reflecting the proportional increase or decrease in the number of test items. In the current case, K is the number of items in the sections.

The internal consistency reliability results, which can be interpreted as conceptually similar to Cronbach's alpha estimates, were computed for a sample of over 17,000 examines who completed iTEP Academic between 2014 and 2016.[2] The results are provided in Table 1. As shown, all values exceed the .70 benchmark, and the Grammar estimate exceeds the .80 benchmark.

Table 1. Internal Consistency Reliability Estimates for Relevant iTEP Academic Sections

Section	Number of Items	Discrimination (a)	Intraclass Correlation (ICC)	Internal Consistency Reliability (α)
Grammar	25	1.08	.25	.89
Listening	14	0.85	.21	.78
Reading	10	0.93	.22	.74

Note: The sample size for the analysis was N = 17,731. The internal consistency reliability estimates are not Cronbach's alpha values, but can be interpreted in a similar manner to Cronbach's alpha.

2 All examinee data provided by iTEP was included in the analysis, with the exception of the following: (1) when a unique identifier indicated with data was for an examinee re-testing, only the examinee's first testing occasion was included; or (2) if the examinee timed-out on any section without seeing one or more of the items, the examinee was removed; or (3) examinees younger than 14 years of age were removed. Examinee non-responses to items that were seen but not answered were scored as incorrect.

Test-Retest Reliability

Test-retest reliability refers to the stability of test scores across repeated administrations of the test. A high level of test-retest reliability indicates that the examinee is likely to receive a similar score every time he or she takes it—assuming the examinee's actual skill in the domain being measured has not changed. Test-retest reliability estimates for all iTEP Academic sections, and the Overall score, were computed using a sample of 198 examinees who took iTEP Academic twice in an operational environment (i.e., at a testing center for college admissions purposes). Analyses were restricted to examinees with at least 5 days and less than 2 months between testing occasions (average time elapsed: 24 days).

The test-retest values shown in Table 2 reflect the correlation between the Time 1 and Time 2 scores for the sample. Values can range from -1.0 to 1.0, with values at or exceeding .70 typically considered desirable. As can be seen, only the Overall score exceeds this threshold. However, it should be noted that the sample used to compute the test-retest correlations was an operational sample, and it could reasonably be assumed that at least some of the sample had worked diligently to improve their performance between Time 1 and Time 2 testing occasions; given the number of days between test administrations for the sample (up to 2 months; 24 days on average), this seems very likely. Had the test-retest estimates been computed on a research sample and/or if the sample size of available data allowed for the analysis of a shorter time period between testing occasions, the correlations would likely be higher. Therefore, the values given in Table 2 can be considered lower-bound estimates of the true test-retest reliability of iTEP Academic.

Table 2. Test-Retest Reliability Estimates for iTEP Academic

Section	Test-Retest Reliability
Grammar	.63
Listening	.49
Reading	.48
Writing	.62
Speaking	.64
Overall – Plus	.77
Overall – Core	.71

Note: The sample size for the analysis was N = 198. The Overall – Core score was approximated by removing the Speaking and Writing section scores from the Overall scores of examinees who completed the longer iTEP Academic-Plus.

Rater Agreement

The iTEP Academic Speaking and Writing sections are evaluated by a trained rater and as such, it is necessary to estimate the accuracy of these judgments—specifically, the extent to which the scores given by a rater are interchangeable with the scores of another. Evaluations of rater *agreement*, as opposed to rater *reliability*, are more appropriate in cases where the examinee's absolute score is of interest rather than the examinee's rank order position relative to other examinees (LeBreton & Senter, 2008).

Tables 3 and 4 summarize a raw investigation of rater agreement using a sample of Speaking and Writing ratings from six examinees obtained from eight raters during a training exercise. The examinees completed either iTEP Academic or iTEP SLATE.

It should be noted that the results in Tables 3-6 likely reflect a lower-bound estimate of rater agreement, as the cases used for the training exercise were purposely selected to be more challenging to rate than a typical case.

Table 3. Raw Rater Agreement Analysis – Speaking Section

		Rater Deviations from Average Score									
Examinee	**Average Score**	**R1**	**R2**	**R3**	**R4**	**R5**	**R6**	**R7**	**R8**	**Average Deviation**	**Max. Deviation**
E1	1.79	.04	.54	.29	.04	.29	.46	.71	-	.34	.71
E2	4.88	.63	.38	.63	.38	.13	.38	.63	.88	.50	.88
E3	2.53	.28	.97	.03	.22	1.53	.22	.72	.28	.53	1.53
E5	4.03	.22	.72	.53	.53	.22	.03	.53	.47	.41	.72
E6	3.50	.50	.00	1.50	-	-	-	.25	.75	.60	1.50
Average	**3.34**	**.33**	**.52**	**.59**	**.29**	**.54**	**.27**	**.57**	**.59**	**.47**	**1.07**

Note: No Speaking section ratings were provided for Examinee 4 due to a technical issue with the audio recording. The missing values occurred because the rater(s) did not provide a rating. Average Score: the examinee's average rating across all eight raters. Rater Deviations from Average Score: the absolute value of the difference between each rater's score and the Average Score for each examinee. Average Deviation: average Rater Deviation for each examinee. Max Deviation: highest Rater Deviation value that was observed across all eight raters.

Table 4. Raw Rater Agreement Analysis – Writing Section

		Rater Deviations from Average Score									
Examinee	Average Score	R1	R2	R3	R4	R5	R6	R7	R8	Average Deviation	Max. Deviation
E1	1.79	.04	.71	.29	.79	.04	.29	.71	-	.41	.79
E2	3.81	.56	.69	.06	.31	.44	.56	.06	.44	.39	.69
E4	3.43	.32	-	.07	.18	.18	.32	.18	.18	.20	.32
E5	4.41	.16	.66	.59	.09	.09	.09	.16	.09	.24	.66
E6	3.60	.15	.40	.85	-	-	-	.15	.15	.34	.85
Average	**3.41**	**.25**	**.61**	**.37**	**.34**	**.19**	**.32**	**.25**	**.21**	**.32**	**.66**

Note: No Writing section ratings were provided for Examinee 3. The missing values occurred because the rater(s) did not provide a rating. Average Score: the examinee's average rating across all eight raters. Rater Deviations from Average Score: the absolute value of the difference between each rater's score and the Average Score for each examinee. Average Deviation: average Rater Deviation for each examinee. Max Deviation: highest Rater Deviation value that was observed across all eight raters.

As seen in Table 3, in all but two instances the raters' Speaking scores for each examinee deviated less than 1 point from the average rating across all raters (as a reminder, section scores can range from 0 to 6). Across all raters and examinees, the average deviation was .47 points, and the average maximum deviation was 1.07 points. These results suggest a moderately strong agreement across raters.

As seen in Table 4, all of the raters' Writing scores for each examinee deviated less than 1 point from the average rating across all raters. Across all raters and examinees, the average deviation was .32 points, and the average maximum deviation was .66 points. These results suggest a strong agreement across raters.

Using the same data that were used for Tables 3 and 4, rater agreement was also estimated using a version of the r_{WG} agreement statistic (James, Demaree, and Wolf, 1984). The value of r_{WG} can theoretically range from 0 to 1, and represents the observed variability in scores among raters relative to the amount of variability that would be present if all raters had assigned scores completely at random. The formula for r_{WG} is:

$$r_{WG} = 1 - \frac{S^2_X}{\sigma^2_E}$$

Where S^2_X is the observed variance of ratings on the variable across raters and σ^2_E is the variance expected if the ratings were completely random.

The specific version of r_{WG} chosen for the analysis uses a value for σ^2_E that would occur if the raters' completely random scores came from a triangular (approximation of normal) distribution (see LeBreton & Senter, 2008).

The closer an r_{WG} value is to 1, the higher the agreement. There is no agreed-upon minimum value that is considered acceptable for r_{WG}, but as a benchmark, test developers might consider .80 or .90 to be a minimally acceptable value for an application such as assigning ratings based on a score rubric. To put these values in perspective, an r_{WG} of .80 would suggest that 20% (1 – .80) of an average rater's score across examinees was due to error, or factors other than the examinee's "true score" on the exercise.

The r_{WG} agreement statistics are presented in Tables 5 and 6.

Table 5. r_{WG} Rater Agreement Statistics – Speaking Section

Examinee	Observed Variance	Error Variance	r_{WG}
E1	.20	2.1	.91
E2	.34	2.1	.84
E3	.58	2.1	.72
E5	.24	2.1	.89
E6	.78	2.1	.63
		Average	**.80**

Note: No Speaking section ratings were provided for Examinee 4 due to a technical issue with the audio recording.

Table 6. r_{WG} Rater Agreement Statistics – Writing Section

Examinee	Observed Variance	Error Variance	r_{WG}
E1	.30	2.1	.86
E2	.23	2.1	.89
E4	.06	2.1	.97
E5	.12	2.1	.94
E6	.24	2.1	.89
		Average	**.91**

Note: No Writing section ratings were provided for Examinee 3.

The results in Table 5 indicate moderately strong agreement amongst the raters. The minimum r_{WG} was observed for Examinee 6, with a value of .63. The average r_{WG} across all examinees was .80, indicating that 20% of the average rater's score across examinees was due to factors other than the examinee's "true score" on the exercise.

The results in Table 6 indicate strong agreement amongst the raters. The minimum r_{WG} was observed for Examinee 1, with a value of .86. The average r_{WG} across all examinees was .91,

indicating that only 9% of the average rater's score across examinees was due to factors other than the examinee's "true score" on the exercise.

Overall, the results of the rater agreement analyses suggest that ratings provided by any one iTEP rater are likely to be a reliable indication of an examinee's actual proficiency on the Speaking and Writing sections.

Validity

The iTEP Academic examination was designed and developed to provide English language proficiency scores that are valid for many types of educational decision making. The *Standards* define validity as "the degree to which accumulated evidence and theory support specific interpretations of test scores entailed by proposed uses of a test" (AERA et al., 2014, p. 184). In other words, the term validity refers to the extent to which an assessment measures what it is intended to measure. Evidence for validity can, and should, come from multiple lines of investigation that together converge to form a conclusion regarding the relative validity of the assessment, including:

1. Expert judgments regarding the extent to which the content of the assessment reflects the real-world knowledge, skills, characteristics, or behaviors the assessment is designed to measure (Content Validity)
2. An examination of the degree to which the assessment (or assessment section) is correlated with theoretically similar measures and un-correlated with theoretically unrelated measures (Convergent and Discriminant Validity; traditionally conceived of as the main contributors to Construct Validity[3])
3. An examination of the degree to which the assessment is correlated with the real-world outcomes it is intended to measure, for example: adjustment to college, grades, or improvement in language proficiency (Criterion Validity)

Content Validity

Content Validity, or content validation, refers to the process of obtaining expert judgments on the extent to which the content of the assessment corresponds to the real-world knowledge, skill, or behavior the assessment is intended to measure. For example, an assessment that asks questions about an examinee's knowledge of cooking techniques may be judged by experts to be content valid for measuring that aspect of cooking skill, but it would not be content valid for measuring the examinee's athletic ability—*even if* it turned out that cooking assessment scores were correlated with athletic ability.

According to the *Standards* (AERA et al., 2014), evidence for assessment validity based on test content can be both logical and empirical and can include scrutiny of both the items/prompts themselves as well as the assessment's delivery method(s) and scoring.

3 The modern conception of *Construct Validity* refers not just to Convergent and Discriminant Validity, but to the accumulation of all forms of evidence in support of an assessment's validity (AERA et al., 2014).

Content-related validity evidence for iTEP Academic, for the purposes of academic decision-making, can be demonstrated via a correspondence between the assessment's content and relevant college educational and social experiences. To ensure correspondence, developers conducted a comprehensive curriculum review and met with educational experts to determine common educational goals and the knowledge and skills emphasized in curricula across the country. This information guided all phases of the design and development of iTEP Academic.

Content Validity evidence for iTEP Academic is also demonstrated through the use of trained item writers who are experts in the field of education and language assessment and who have substantial experience in item-writing. The content and quality of items submitted by item-writers is continually supervised, and feedback is provided in order to ensure ongoing adherence to the content goals of the assessment and to avoid content-irrelevant test material. Some of the critical steps taken to achieve this objective are summarized in Appendix C.

Finally, Content Validity evidence for iTEP Academic is shown via its correspondence with the CEFR framework. iTEP mapped iTEP Academic to the CEFR framework through a process of expert evaluation and judgment on the content of the assessment and associated scores.

Convergent and Discriminant Validity

Convergent and Discriminant Validity evidence is demonstrated through a pattern of high correlations among sections that measure concepts that are known to be closely related, and lower correlations among sections measuring unrelated concepts (AERA et al., 2014). The intercorrelations among iTEP Academic sections are shown in Table 7. The examinee data analyzed are the same as described in the Reliability section.

Table 7. iTEP Academic Section Intercorrelations

Section	Listening	Reading	Writing	Speaking	Overall
Grammar	.59	.57	.66	.57	.83
Listening	–	.55	.57	.54	.80
Reading	–	–	.56	.50	.79
Writing	–	–	–	.82	.86
Speaking	–	–	–	–	.82

Note: N = 16,425 for correlations involving Speaking or Writing; N = 17,760 for all other correlations.

The pattern of correlations within iTEP Academic provides preliminary evidence for the convergent and discriminant validity of the assessment. Overall, the relatively strong correlations between the majority of sections (i.e., in the .50-.60 range) indicates that each scale is likely measuring related components of language proficiency, and the fact that the correlations do not approach 1.0 indicates that each section likely measures a distinct element of proficiency. Compared with the Grammar/Speaking correlation, the higher correlation between Grammar

and Writing is conceptually logical given that more weight is placed on Grammar, by design, when iTEP raters evaluate examinees' writing ability than when evaluating their spoken ability. The strong correlation between Speaking and Writing is also to be expected, given that these skills are considered more advanced demonstrations of language proficiency that require expressive, as opposed to receptive, language skills.

In addition to the internal examination of convergent and discriminant validity within the iTEP Academic scales, preliminary analyses conducted by a iTEP partner suggested a .93 correlation between iTEP scores and TOEFL® scores. The correlation indicates that iTEP scores are closely aligned with those of other language proficiency tests.

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APPENDIX A: EXAMINEE PRE-ASSESSMENT MODULES AND INSTRUCTIONS

* = Required Information (scroll down to see all items)

* Last (Family or Surname) Name:
* First Name:
Middle Name (Optional):
* Date of Birth: Month Day Year
* E-mail Address:
* Phone (with city/country code):
* Gender: Male Female

* Country of Residence:
* Nationality:
* Government Identification Number:
* Country Issuing Identification:
* Type of Identification:
* Native Language:
* Highest Level of Education Attained: Please Select One
Field of Study: Please Select One

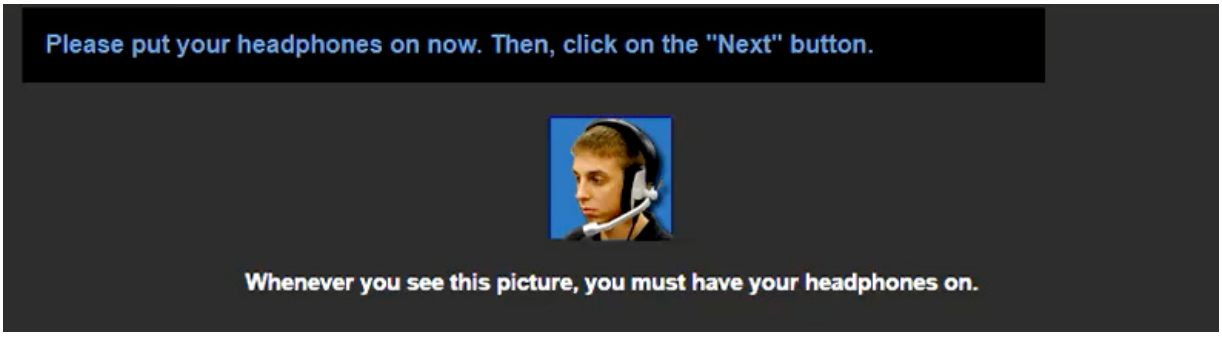
School Level (if used):
Referral:
* Have you ever taken the iTEP Test? Yes No
* Are you applying to a school? Yes No
Where will you take the test? Select Country

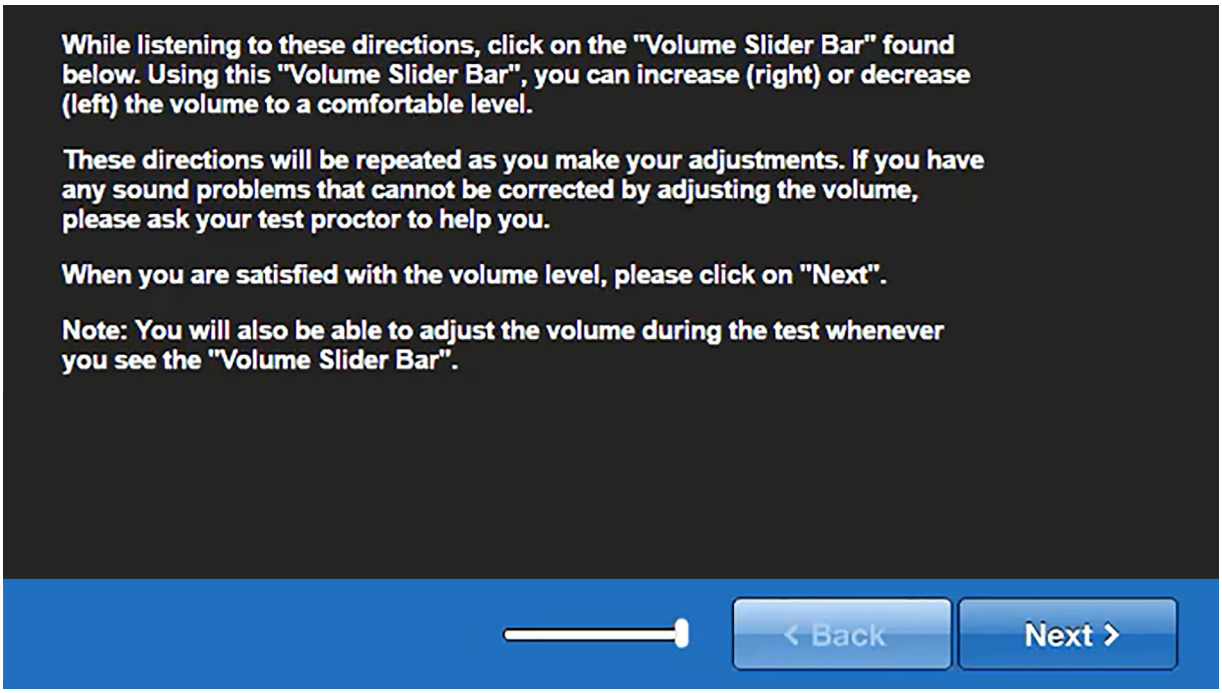
Please read the following terms and conditions for taking this test:

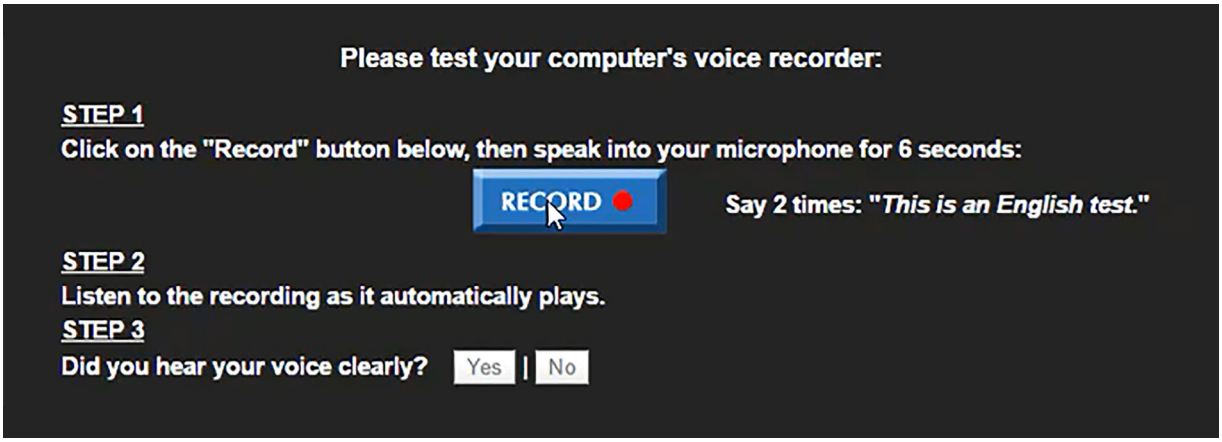
1. Candidate's government-issued photo ID is required and will be verified before beginning the test.
2. The iTEP Administrator will verify that all information provided on the Registration Form is identical to the Candidate's official ID document(s).
3. Reference materials/tools and other personal effects (e.g. dictionaries, mobile phones, audio recording devices, pagers, notepaper, etc.) are not permitted in the room during the test.
4. Smoking, eating, or drinking is not permitted in the room during the test.
5. The iTEP Administrator reserves the right to dismiss a Candidate from the test or declare a Candidate's test results void if the Candidate violates any of the above conditions or fails to follow the Administrator's instructions during the test.
6. If for technical or any other reasons a given test is not able to be completed or results cannot be provided, iTEP International' and the iTEP Administrator's liability shall be limited to providing a refund of fees received for said test and, at the Candidate's request, rescheduling a replacement test.

Note: Webcam will be used to save images during this test. Do not cover webcam during test.

* I pledge on my honor that I will not give or receive any unauthorized assistance on this test. I am also aware that the penalty for cheating is severe and may include disqualification from any academic program.
Type "I Agree" into the text box:
* By checking this box, I agree to the above terms and conditions.


Please put your headphones on now. Then, click on the "Next" button.
Whenever you see this picture, you must have your headphones on.


While listening to these directions, click on the "Volume Slider Bar" found below. Using this "Volume Slider Bar", you can increase (right) or decrease (left) the volume to a comfortable level.
These directions will be repeated as you make your adjustments. If you have any sound problems that cannot be corrected by adjusting the volume, please ask your test proctor to help you.
When you are satisfied with the volume level, please click on "Next".
Note: You will also be able to adjust the volume during the test whenever you see the "Volume Slider Bar".
< Back
Next >


Please test your computer's voice recorder:
STEP 1
Click on the "Record" button below, then speak into your microphone for 6 seconds:
RECORD
Say 2 times: "This is an English test."
STEP 2
Listen to the recording as it automatically plays.
STEP 3
Did you hear your voice clearly?
Yes
No

You can always review the directions later by clicking the "Help" button.
Now, click "Next" to continue.

Help

When you are answering the test questions, the numbers at the lower left of your screen will tell you:

1/25	14:45
QUESTION	TIME LEFT

A. The number of the current question.
B. The total number of questions in the section.
C. The amount of time remaining in the section.

At the beginning of each test section, you will have a limited amount of time to read the directions. This time will be displayed for you both visually and in numbers of seconds remaining, as in this example:

56 seconds

The test has 5 sections proceeding in the following order:

Grammar Listening Reading Writing Speaking

The test will take approximately 85 minutes to complete.

Test is loading ... please wait

APPENDIX B: iTEP ABILITY GUIDE

iTEP	CEFR	Listening	Reading	Writing	Speaking
6.0 ↑ 5.5	C2 MASTERY	• Comprehends overall meaning and virtually all details of lectures on diverse topics • Understands English spoken in a variety of non-native accents	• Comprehends virtually all aspects of a wide variety of academic material for non-specialists • Reads at near-native speed • Rarely requires use of dictionary	• Writes complex documents such as research reports using appropriate style and vocabulary • Grammar and orthographic accuracy is at near-native level • Expresses complex relationships between ideas	• Communicates accurately and effectively on practically all academic and social topics in culturally appropriate ways • Pronunciation is close to that of native speakers
5.4 ↑ 4.5	C1 ADVANCED	• Identifies attitude and purpose of speakers • Grasps main ideas and the majority of supporting details from academic lectures • Is challenged by complex social and cultural references	• Understands main ideas and most of the details of academic texts, journal articles, and abstracts • Requires little extra reading time	• Vocabulary is strong in specialty • Satisfies demands of most general academic tasks with occasional grammar and style mistakes • Exhibits fairly good organization and development	• Vocabulary is strong in specialty • Satisfies demands of most general academic tasks with occasional grammar and style mistakes • Exhibits fairly good organization and development
4.4 ↑ 3.5	B2 UPPER NTERMEDIATE	• Identifies main ideas and details in conversation • Occasionally needs to ask for repetition or clarification • Begins to determine the attitudes of speakers • Understands main ideas from academic lectures, tut misses significant details	• Utilizes contextual and syntactic clues to interpret meaning of complex sentences and new vocabulary • Gathers most main ideas from textbooks and articles, but has an uneven grasp of details • Misinterprets some abstract content and cultural references	• Writes reasonably coherent essays on familiar topics, but with some grammatical weakness • Does not have complete grasp of stylistic features • Vocabulary frequently lacks precision and sophistication	• Begins to express abstract concepts, especially on familiar topics • Fluency is occasionally hampered by gaps in vocabulary and grammar • Expresses viewpoints in fairly long stretches of discourse • Sometimes is asked to repeat words or phrases

iTEP	CEFR	Listening	Reading	Writing	Speaking
3.4 ↑ 2.5	B1 INTERMEDIATE	• Grasps the general outline of topics discussed in an academic setting • Unfamiliarity with complex structures and higher-level vocabulary leaves major gaps in understanding	• Limited vocabulary impedes speed • Grasps the gist of material on familiar subjects, and identifies some significant details • Follows step-by-step instructions in exams, labs, and assignments	• Communicates basic ideas, but with weak organizational structure and grammatical mistakes that sometimes hinder understanding • Expresses him/herself with some circumlocution on topics such as family, hobbies, work, etc	• Manages day-today communications with peers and instructors, marked by frequent grammar and vocabulary errors • Pronunciation requires significant effort from listeners
2.4 ↑ 2.0	A2 ELEMENTARY	• Maintains comprehension during conversations on familiar topics • Relies heavily on non-verbal cues and repetition • Understands very basic exchanges when spoken slowly using simple vocabulary	• Major vocabulary gaps lead to frequent inaccurate or incomplete comprehension, and slow pace • Understands simplified material • Begins to determine the meaning of words by familiar surrounding context	• Limited vocabulary results in repetitive style and simple sentences • Considerable effort required by the reader to identify intended meaning • Uses only basic vocabulary and simple grammatical structures	• Generates simple questions, greetings, expressions of needs, and preferences • Pronunciation requires significant effort from listeners • Pronunciation often obscures meaning
1.9 ↑ 0.0	A1 BEGINNER	• Understands simple greetings, statements, and questions when spoken with extra clarity • Follows simple familiar instructions • Frequently requires repetition for comprehension • Understands a few isolated words or phrases spoken slowly	• Comprehends only highly simplified phrases or sentences • Recognizes familiar cohesive devices and basic pronouns • Demonstrates understanding of a few simple grammatical and lexical structures • Recognizes the alphabet and isolated words	• Writes only short simple sentences. often characterized by errors that obscure meaning • Provides personal details with correct spelling and can copy familiar words and phrases • Produces isolated words and phrases	• Capable of short simple presentation on familiar topic • Responds to simple statements or questions • Speech is marked with non-native stress and intonation patterns • Communication is understood for short utterances • Pauses, false starts, and reformulation are common • Communicates with single words and short phrases at “survival level” • Intense listener effort required • Produces a few isolated words and phrases • Pronunciation is mostly unintelligible

APPENDIX C: SUMMARY OF STEPS TO MINIMIZE CONTENT-IRRELEVANT TEST MATERIAL

- Implement best practices in item writing to reduce the likelihood that "test wise" test-takers will be able to select the best answer, through cues in the test, without needing to understand the test item itself (for example, by selecting the lengthiest option, eliminating options that are saying the same thing in different ways)
- Avoid content that may influence test-takers' performance on the test—items respect people's values, beliefs, identity, culture, and diversity.
- Topics on which a set of items may be based are submitted by item writers to iTEP; iTEP pre-approves topics prior to item writing
- Assessment content reflects the domain and difficulty of knowledge of someone with the educational level of a high school junior who expects to attend college. The content reflects materials that an examinee would be expected to encounter in textbooks, journals, classroom lectures, extra-curricular activities, and social situations involving students and professors. Items do not reflect specialized knowledge.
- Write items at an appropriate reading level (no higher than grade 12; lower reading level for easier items); avoid words that are used with low frequency
- Test items assess comprehension within the item, as opposed to common knowledge. Passages establish adequate context for the topic, but then go on to introduce material that is not generally known. Examinees should be able to gain sufficient new information from the passage to answer the questions.
- Content does not unduly advantage examinees from particular regions of the world.

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Agenda Item 15

New Agenda Items Added During Meeting

NOTE: *Pursuant to the Open Meetings Law, at LRS 42:6.1, the committee may, upon 2/3 affirmative vote of those members present and voting, enter into executive session for the limited purposes of (1) discussion of the character, professional competence, or physical or mental health of a licensee, (2) investigative proceedings regarding allegations of misconduct, (3) strategy sessions or negotiations with respect to litigation, or (4) discussions regarding personnel matters.*

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Announcements

NOTE: *Pursuant to the Open Meetings Law, at LRS 42:6.1, the committee may, upon 2/3 affirmative vote of those members present and voting, enter into executive session for the limited purposes of (1) discussion of the character, professional competence, or physical or mental health of a licensee, (2) investigative proceedings regarding allegations of misconduct, (3) strategy sessions or negotiations with respect to litigation, or (4) discussions regarding personnel matters.*

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February 19, 2019

Agenda Item 16: Announcements

Mar. 5	Mardi Gras Day – *Board office closed*
Mar. 12	HOPE Advisory Council
Mar. 13-15	MPJE Item Development Workshop – Mt. Prospect, IL
Mar. 18	Mail ballots for Board Member Election (District 1)
Mar. 20-21	Violations Committee Informal Conference
Mar. 22-25	APhA Annual Meeting – Seattle, WA
Mar. 25	La. Medical Marijuana Team Meeting
Apr. 8	Louisiana Legislature convenes
Apr. 10	Louisiana Pharmacy Congress
	Prescription Monitoring Program Advisory Council
Apr. 11	Drug Policy Board
Apr. 18	dotPharmacy Executive Board [*via webinar*]
Apr. 19	Good Friday – *Board office closed*
Apr. 22	Deadline for receipt of ballots for District 1 election
Apr. 23	Ballot counting for District 1 election
Apr. 27-30	NACDS Annual Meeting – Palm Beach, FL
May 16-18	NABP Annual Meeting – Minneapolis, MN
May 27	Memorial Day – *Board office closed*
May 28	Reinstatement, Impairment, & Executive Committees
May 29	Board Meeting
May 30	Administrative Hearing

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End of Meeting Binder

NOTE: *Pursuant to the Open Meetings Law, at LRS 42:6.1, the committee may, upon 2/3 affirmative vote of those members present and voting, enter into executive session for the limited purposes of (1) discussion of the character, professional competence, or physical or mental health of a licensee, (2) investigative proceedings regarding allegations of misconduct, (3) strategy sessions or negotiations with respect to litigation, or (4) discussions regarding personnel matters.*