Louisiana Board of Pharmacy

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

Board Meeting

Public Meeting Binder

May 27, 2020

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.
NOTE: In compliance with Act 655 of the 2018 Louisiana Legislature, 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 70809; 225.925.6496; info@pharmacy.la.gov. (2) Committee on House & Governmental Affairs; La. House of Representatives; PO Box 44486; Baton Rouge, LA 70804; 225.342.2403; h&ga@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.
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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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Meeting Notice & Certification

WHEREAS, the Governor renewed the current state of emergency relative to COVID-19 in Proclamation No. 58 JBE 2020; and

WHEREAS, the Governor extended certain restrictions relative to the current state of emergency in Proclamation No. 59 JBE 2020; and

WHEREAS, the restrictions in the above referenced proclamations include a limitation on the number of people that may occupy the Board office building at the same time – 25% of the total occupancy as determined by the State Fire Marshal; and

WHEREAS, the Board is scheduled to conduct its regular quarterly meeting on May 27, 2020; and

WHEREAS, the Board will be unable to conduct its meeting in compliance with the Open Meetings Law and the above referenced proclamations without the use videoconferencing technology; then

THEREFORE, the Board has determined it appropriate, pursuant to the provisions of Subsection 2.C of Proclamation No. 59 JBE 2020, to utilize videoconferencing technology for its May 27, 2020 meeting; and further,

The agenda for this meeting is attached and includes instructions for accessing the videoconference as well as a mechanism for interested parties to submit comments.

Malcolm Broussard

Malcolm J Broussard
Executive Director
May 17, 2020

NOTICE: In compliance with Act 256 of the 2019 Louisiana Legislature, the Board gives public notice that any information submitted to the Board may become public record unless specifically exempted by the Public Records Law, R.S. 44:1 *et seq.*

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NOTICE IS HEREBY GIVEN that a meeting of the Board has been ordered and will be conducted by videoconference at 9:00 a.m. on Wednesday, May 27, 2020. The meeting website is www.zoom.com; in the upper right corner of the homepage select the link for Join a Meeting. Enter meeting identification number 946 6383 0630 and the meeting password 512408. The meeting has been called 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 05-17-2020

1. Call to Order
2. Quorum Call
3. Call for Additional Agenda Items & Adoption of Agenda
4. Consideration of Minutes from Previous Meetings – February 5, 2020, March 25, 2020, & April 2, 2020
5. Report on Action Items
6. Confirmation of Acts
7. Opportunity for Public Comment
8. Committee Reports
   - A. Finance – Mr. Pitre
     - Review of *Interim Report for Fiscal Year 2019-2020*
     - Consideration of *Proposed Budget Amendment No. 2 for Fiscal Year 2019-2020*
   - B. Application Review – Mr. Soileau
   - C. Reciprocity – Mr. Cassidy
   - D. Violations – Mr. Indovina
   - E. Impairment – Ms. Hall
     - Consideration of Addition to Board's *Roster of Approved Addictionists*
     - Consideration of Continuing Approval of Board's *Roster of Approved Addictionists*
   - F. Reinstatement – Mr. Moore
   - G. Tripartite – Mr. Resweber
   - H. Regulation Revision – Mr. McKay

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8. Committee Reports (cont.)
   I. Executive – Mr. Aron
      - Consideration of Annual Reviews
        (01) Proposed Revision of *PPM.II.B.5.b ~ Sexual Harassment*
        (02) Proposed Revision of *PPM.II.B.5.c ~ Procedure for Discrimination & Harassment Complaints*
        (03) Proposed Revision of *PPM.II.D.2.a ~ Record Retention Schedule*
        (04) Proposed Continuing Approval of Board's *Policy & Procedure Manual*
        (05) Proposed Continuing Approval of Board's *Loss Prevention Manual*
        (06) Proposed Continuing Approval of Board's *Roster of Approved Colleges of Pharmacy*
        (07) Request for Approval of Pharmacy Technician Training Program: New York Institute for Career Development
        (08) Proposed Continuing Approval of Board's *Roster of Approved Pharmacy Technician Training Programs*
        (09) Proposed Resolution for Professional Legal Services – Ms. Celia R. Cangelosi
        (10) Proposed Renewal of Contract for Professional Legal Services – Ms. Celia R. Cangelosi
        (11) Proposed Resolution for Professional Legal Services – Shows, Cali & Walsh
        (12) Proposed Renewal of Contract for Professional Legal Services – Shows, Cali & Walsh
        (13) Proposed Renewal of Contract for Professional Accounting Services – Champagne & Company, LLC, Certified Public Accountants
        (14) Proposed Renewal of Agreement for Maintenance of eLicense Information System – Tyler Technologies
        (15) Proposed Renewal of Agreement for Information System Network Support Services – Essential Solutions, LLC
        (16) Proposed Renewal of Agreement for Operation of Prescription Monitoring Program – Appriss, Inc.
        (17) Proposed Renewal of Cooperative Endeavor Agreement for Drug Price Transparency Website – ULM College of Pharmacy

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8. Committee Reports (cont.)
   I. Executive – Mr. Aron
      - Consideration of Annual Reviews (cont.)
        (18) Proposed Renewal of Agreement for Publication of Board's Newsletter – NABP Foundation
        (19) Proposed Renewal of Approval of Pharmacist Licensure Examinations – National Association of Boards of Pharmacy
        (20) Proposed Renewal of Approval of Pharmacy Technician Certification Examinations – National Healthcareer Association & Pharmacy Technician Certification board
        (21) Proposed Renewal of Product Identification Module in Louisiana Medical Marijuana Tracking System – Metrc
9. Staff Reports
   J. Assistant Executive Director – Mr. Fontenot
      - Quarterly Report of Prescription Monitoring Program (PMP)
      - Consideration of Requests for Waivers from PMP Reporting Requirement
   K. General Counsel – Mr. Finalet
      - Consideration of Proposed Voluntary Consent Agreements & Surrenders
        (01) Case No. 20-0034 ~ CPT.009561 – LaKisha Lonitte Robinson
        (02) Case No. 20-0076 ~ PST.016954 – Darren Michael Martin
        (03) Case No. 20-0055 ~ PST.020489 – Mark Anthony Flanary
        (04) Case No. 20-0052 ~ PST.020836 – Michael Bitar
        (05) Case No. 20-0067 ~ PST.016146 – Michael Paul Wilson
        (06) Case No. 20-0056 ~ PST.017551 – Michelle Sophia Giovannucci
        (07) Case No. 20-0095 ~ CDS.038660 – Steven's Pharmacy, LLC *d/b/a* Steven's Pharmacy [Port Allen, LA]
        (08) Case No. 20-0065 ~ PST.020905 – Tamra Lynn Saam
        (09) Case No. 20-0072 ~ PHY.005274 – Diabetes Management & Supplies, LLC *d/b/a* Diabetes Management & Supplies Pharmacy [New Orleans, LA]
        (10) Case No. 20-0074 ~ PHY.005646 – Bet Pharm, LLC *d/b/a* Bet Pharm [Lexington, KY]
        (11) Case No. 20-0053 ~ PST.017495 – Christina Marshall Buhrman
        (12) Case No. 19-0095 ~ PST.015533 – Joseph Lee Wiley, II

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9. Staff Reports (cont.)
   K. General Counsel – Mr. Finalet
      - Consideration of Proposed Voluntary Consent Agreements & Surrenders (cont.)
        (13) Case No. 20-0066 ~ PST.017845 – Dzicdzice Miquel Washington
        (14) Case No. 20-0057 ~ PST.021667 – Adrienne Michelle Horn
        (15) Case No. 20-0064 ~ PST.020332 – Jeffery Charles Pierre
        (16) Case No. 20-0063 ~ PST.018881 – Frank Louis Pallaria, Jr.
        (17) Case No. 20-0061 ~ PST.022040 – Joseph Anthony Mauro
        (18) Case No. 20-0086 ~ PHY.007453 – Schraft's 2.0, LLC *d/b/a* Schraft's 2.0 [Cedar Knolls, NJ]
        (19) Case No. 20-0058 ~ PST.021361 – Alan Michael Kruger
        (20) Case No. 20-0062 ~ PST.020763 – Richard Wayne McCormick
        (21) Case No. 20-0059 ~ PST.016528 – Kiet Nguyen Le
        (22) Case No. 20-0068 ~ PHY.006472 – Advanced Pharmacy, LLC *d/b/a* Advanced Pharmacy [Greenville, SC]
        (23) Case No. 20-0146 ~ PST.021312 – Ricky Allan Chambers
   L. Executive Director – Mr. Broussard
10. New Agenda Items Added During Meeting
11. Announcements
12. Adjourn

NOTES:

(1) The public meeting binder will be posted 24 hours prior to the beginning of the meeting on the Board's website.
(2) Interested parties may submit public statements or comments on agenda items via email; communications addressed to mbroussard@pharmacy.la.gov and received prior to 3:00 pm on Tuesday, May 26, 2020 will be provided to the members.

NOTE: Pursuant to the Open Meetings Law at 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.
NOTE: In compliance with Act 655 of the 2018 Louisiana Legislature, 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 70809; 225.925.6496; info@pharmacy.la.gov. (2) Committee on House & Governmental Affairs; La. House of Representatives; PO Box 44486; Baton Rouge, LA 70804; 225.342.2403; h&ga@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.
NOTE: In compliance with Act 256 of the 2019 Louisiana Legislature, the Board gives public notice that any information submitted to the Board may become public record unless specifically exempted by the Public Records Law, R.S. 44:1 *et seq.*

Louisiana Board of Pharmacy

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

Consideration of Minutes from Previous Meetings

Louisiana Board of Pharmacy

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Baton Rouge, Louisiana 70809-1700
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Minutes

Regular Meeting	Wednesday, February 5, 2020 at 9:00 a.m.
Location:	Xavier University Convocation Center 7910 Stroelitz Street New Orleans, Louisiana 70125

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A regular meeting of the Louisiana Board of Pharmacy was held on Wednesday, February 5, 2020 at Xavier University Convocation Center, located at 7910 Stroelitz Street in New Orleans, Louisiana 70125. 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 9:05 a.m.

2. Invocation & Pledge
Mr. Aron called upon Mr. Rhonny Valentine for the invocation. Mr. Marty McKay then led the members and guests in the Pledge of Allegiance.

3. Quorum Call
Mr. Aron called upon the Secretary, Mr. Richard Indovina, to call the roll of members 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. Marty R. McKay
Ms. Diane G. Milano
Mr. Ronald E. Moore
Mr. Blake P. Pitre
Mr. Don L. Resweber
Mr. Douglas E. Robichaux
Dr. Raymond J. Strong
Mr. Rhonny K. Valentine

Member Absent:

Mr. Richard Mannino
Mr. Richard A. Soileau

Staff Present:

Mr. Malcolm J. Broussard, Executive Director
Mr. Carlos M. Finalet, III, General Counsel
Mr. M. Joseph Fontenot, Assistant Executive Director
Ms. Kelley L. Villeneuve, Office Manager
Mr. Benjamin S. Whaley, Chief Compliance Officer
Mr. Cary D. Aaron, Compliance Officer
Mr. Daniel M. Dennis, Compliance Officer
Ms. Nicole L. Gross, Compliance Officer
Ms. Alicia P. Harris, Compliance Officer

Ms. Becky C. Parker, Compliance Officer
Mr. Huey J. Savoie, Compliance Officer

Guests:

Students & Faculty – Xavier College of Pharmacy
Dr. Michael B. Cockerham – ULM College of Pharmacy
Ms. Chandra J. Green – DePaul Community Health
Mr. William E. Miller, Jr. – Ochsner Health System
Dr. Richard R. Rovira – Ochsner Health System
Dr. Gary Cacciatore – Cardinal Health
Ms. Mary Staples – National Association of Chain Drug Stores (NACDS)
Mr. Michael J. Messonnier – Pharmacist
Mr. Richard J. Gaude – Walgreen & Co.
Ms. Crystal Carter – La. Pharmacists Association
Mr. Gregory R. Poret – Poret's Thrifty Way Pharmacy
Dr. William R. Kirchain – Xavier College of Pharmacy
Mr. Richard Palombo – Express Scripts
Ms. Shelly Dupre – Impact Management Group & NACDS
Ms. Diane M. Milano – Chateau Drugs
Dr. Shirouk I. Muhsen – Ochsner Health System
Dr. Kasey M. Kunze – Pharmacist
Mr. Peter M. Prevot, Jr. – La. Association for Therapeutic Alternatives
Mr. Steve V. Campo – Recipient, Pharmacist Gold Certificate
Mr. Joseph C. Campo – Pharmacist
Mr. David Koke – La. Independent Pharmacies Association
Dr. Raven S. Jackson – Xavier College of Pharmacy
Ms. Cheryl G. Hayes – Xavier College of Pharmacy
Dr. Sarah A. Amering – Xavier College of Pharmacy
Ms. Jessica Elliott – La. Retailers Association
Ms. Brandi Armand – La. Retailers Association
Dr. Natasha S. Seals – La. Dept. of Health, Office of Public Health
Mr. Tommy C. Morris – Xavier College of Pharmacy
Dr. John N. Rocchio – CVS Health
Mr. Jeffrey Sinko – CVS Health
Dr. Tommy J. Woodard, Jr. – Capitol Wellness & Prescriptions to Geaux
Ms. Zeta L. Hayes-Gabriel – Cardinal Health
Mr. C. Bevan Callicott – Cardinal Health
Mr. Paul J. D'Aunoy – Central Admixture Pharmacy Services (CAPS)
Mr. Randal Johnson – La. Independent Pharmacies Association
Mr. J. Douglas Boudreaux – Hope Pharmacy
Dr. LaShandra S. McGowan – Daughters of Charity, New Orleans
Dr. Lovie F. Rodgers – Pharmacist
Dr. Dana B. Antoon – Channell Drugs
Dr. Reuben R. Dixon, Jr. – Recipient, Pharmacist Gold Certificate
Ms. Irma M. Dixon – Southern University, New Orleans
Mr. Jacob Irving – Ilera Holistic Healthcare
Dr. Sunil Sirohi – Xavier College of Pharmacy

Dr. Joseph M. LaRochelle – Xavier College of Pharmacy
Dr. Melanie R. Haydel – Xavier College of Pharmacy
Dr. Thomas J. Maestri – Xavier College of Pharmacy

Mr. Indovina certified Mr. Mannino and Mr. Soileau were absent; however, the remaining 15 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 to be added. None were requested. With no requests to amend the agenda, and without objection, the members adopted the posted agenda dated January 22, 2020. 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 on November 13 and the Administrative Hearing on November 14, 2019, both held 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 or guests.

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. Moore 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 November 14, 2019 are approved, adopted, and ratified by the entire Board.

There were no member questions or public comments. 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; 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

A. Presentation of Pharmacist Gold Certificates

Mr. Aron reminded the members and guests of the Board's award of a Pharmacist Gold Certificate to a pharmacist completing 50 years of Louisiana pharmacist licensure. He informed the audience the Board issued new licenses to 163 pharmacists in 1969, and of that number the licenses of 44 pharmacists were still in active status. He noted two of those pharmacists were present and had requested to receive their certificates during the Board meeting. Mr. Aron then presented Gold Certificates to the following pharmacists, noting during each presentation a synopsis of the recipient's professional service:

PST.009577 – Steve Vincent Campo
PST.009589 – Reuben Rufus Dixon, Jr.

The members and guests congratulated each of the recipients with standing ovations.

10. Committee Reports

A. Finance Committee

Mr. Aron called upon Mr. McKay for the committee report. Mr. McKay reviewed the *Interim Report for Fiscal Year 2019-2020*, noting it was informational and did not require Board action. There were no member questions or public comments.

Finally, on behalf of Committee Chair Blake Pitre, Mr. McKay expressed his appreciation to the other committee members for their ongoing efforts.

B. Application Review Committee

Mr. Aron noted the committee had not met since the previous Board meeting.

C. Reciprocity Committee

Mr. Aron called upon Mr. Cassidy for the committee report. He reported the staff had evaluated 56 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. Mr. Cassidy then directed the members to a list of the new pharmacists licensed by reciprocity in their meeting binder.

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 December 17, 2019 to consider their posted agenda which included 20 cases: eight pharmacists, one pharmacy technician, and 11 pharmacy permits. After interviews and deliberations at the meeting, the committee voted to continue three of the cases, to issue non-disciplinary Letters of Noncompliance to two respondents, and to take no action against six respondents. The members voted to offer proposed voluntary consent agreements to the remaining nine respondents. One of them did not reply to the offer by the deadline, so the offer was withdrawn and that case scheduled for a future administrative hearing. All of the other respondents accepted their proposed agreements; Mr. Indovina then presented those recommendations to the members for their consideration.

Walgreen La. Co., Inc. *d/b/a* Walgreen Pharmacy No. 09526 [Pineville, LA] (PHY.005545): Mr. Indovina moved to approve the proposed voluntary consent agreement. He replied to a question from one member; there were no public comments. The motion was adopted after a unanimous vote in the affirmative. The Board assessed a fine of $25,000 plus administrative and investigative costs.

Walgreen La. Co., Inc. *d/b/a* Walgreen Pharmacy No. 02980 [Baton Rouge, LA] (PHY.002865): 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 $10,000 plus administrative and investigative costs.

Walgreen La. Co., Inc. *d/b/a* Walgreen Pharmacy No. 02995 [Baton Rouge, LA] (PHY.002868): Mr. Indovina moved to approve the proposed voluntary consent agreement. There were no member questions and one 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.

Pensacola Apothecary, Inc. *d/b/a* Everwell Specialty Pharmacy [Pensacola, FL] (PHY.007114): 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 $10,000 plus administrative and investigative costs.

Kristian Raymond Hahn (PST.016625): 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 continued the emergency suspension previously imposed on November 4, 2019, 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 February 5, 2020 subject to certain terms enumerated within the voluntary consent agreement; and further, assessed administrative and investigative costs; and further, imposed a lifetime restriction against compounding any sterile or nonsterile preparations or supervising anyone else engaged in the compounding of sterile or nonsterile preparations, noting that restriction shall survive the probationary period and may only be removed by the Board pursuant to his application.

Best Life Pharmacy & Restaurant, Inc. *d/b/a* Best Life Pharmacy & Restaurant [New Orleans, LA] (PHY.006617): 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 permit for two years and stayed the execution of the suspension, then placed the permit on probation for two years effective February 5, 2020 subject to certain terms enumerated within the voluntary consent agreement; and further, assessed a fine of $2,500 plus administrative and investigative costs.

Pharmaceutical Specialties, LLC *d/b/a* Pharmaceutical Specialties [Baton Rouge, LA] (PHY.003625): 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 $15,000 plus administrative and investigative costs.

Chris' Pharmacy and Gifts, LLC *d/b/a* Chris' Pharmacy and Gifts [Maurepas, LA] (PHY.006032): 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 administrative and investigative costs.

Mr. Indovina then presented the Complaint Investigation Monitor Report. He noted the 179 open cases carried forward from the previous fiscal year, the addition of 226 new cases, and the closure of 225 cases as of January 24, 2020, leaving 180 cases still open that day. Of the 225 case closures, the average number of days for staff to complete their case investigation was 55 days. Of the case closures, 9 of them [4%] exceeded the policy goal of 180 days for completion of case investigations.

Mr. Indovina reported the committee was scheduled to meet on March 17-18 to consider the 38 cases on that docket, which includes 20 pharmacists, two pharmacy technicians, two pharmacy technician candidates, and 14 pharmacies.

Finally, he concluded his report with appreciation to the other committee members for their ongoing efforts. He also expressed his appreciation for the compliance officers for their work.

E. Impairment Committee

Mr. Aron called upon Ms. Hall for the committee report. Ms. Hall reported the committee met the previous day to consider four referrals from the staff – three petitions for reinstatement of suspended or lapsed credentials as well as one application for a new credential. Following their interviews of the applicants and subsequent deliberations, the committee authorized the issuance of the new application without restriction, and continued one of the cases for additional information. Ms. Hall then presented the following recommendations to the members for their consideration.

Matthew John Guarisco (PST.014303): 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 petition for reinstatement of the previously relinquished license, suspended it for 10 years and stayed the execution of the suspension, and then placed the license on probation for 10 years effective February 5, 2020 subject to certain terms enumerated within the voluntary consent agreement.

George Lamar Munn, Jr. (PST.009445): Ms. Hall moved to approve the proposed voluntary consent agreement. She replied to a question from one member; there were no public comments. The motion was adopted after a unanimous vote in the affirmative. The Board granted his 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 February 5, 2020 subject to certain terms enumerated within the voluntary consent agreement.

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

F. Reinstatement Committee

Mr. Aron called upon Mr. Moore for the committee report. Mr. Moore reported the committee met the previous day to consider three referrals from the staff, all petitions for reinstatement of lapsed credentials. Following their interviews of the applicants and subsequent deliberations, the committee continued one case to obtain additional information. Mr. Moore then presented the following recommendations to the members for their consideration.

Jamie Courtney Smith (CPT.009224) Mr. Moore 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 lapsed certificate contingent upon the satisfaction of certain requirements identified within the consent agreement prior to February 5, 2022.

Ruthy Lyn Paul (CPT.006591) Mr. Moore 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 lapsed certificate contingent upon the satisfaction of certain requirements identified within the consent agreement prior to February 5, 2022.

Mr. Moore 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 reported the committee had met the previous day. The committee received reports from the La. Pharmacists Association as well as both ULM and Xavier Colleges of Pharmacy. The schools reported on their accreditation self-study activities as well as their outcomes assessment following their curriculum adjustments. The LPA reported on their accreditation self-study as well as their continuing education needs assessment survey of all the pharmacists and pharmacy technicians in the state. Mr. Resweber reported the general discussion focused on a request to include education about pharmacy benefit managers in the curriculum for the schools of pharmacy, to better inform future pharmacists about the business side of the practice of pharmacy. The schools reported there is some introductory material on the topic already in their curricula, but there are already substantial time pressures on the existing curricula. The LPA suggested they could perhaps offer additional student workshops on that topic during their annual meeting.

Mr. Resweber closed his report with appreciation to the other committee members for their work the previous day, including the representatives from the La. Pharmacists Association and both ULM and Xavier Colleges of Pharmacy.

H. Regulation Revision Committee

Mr. Aron called upon Mr. McKay for the committee report. Mr. McKay reported the committee met on January 22 to consider the items on their posted agenda. He reported the committee had approved two regulatory proposals and two legislative proposals. Before presenting those items, he reminded the members of the public hearing held on December 27, 2019 to receive comments and testimony on the 17 regulatory projects previously noticed for public comment. He reminded the members of their duty to consider the comments and testimony for each of those 17 projects and determine whether any further revisions were necessary, or in the alternative, to make no changes and continue the promulgation process. He directed the members to the hearing record in their meeting binders.

Consideration of Comments from December 27, 2019 Public Hearing

Mr. McKay identified each of the 17 regulatory projects noticed for public comment at the hearing, noted the presence of absence of comments, and offered motions for the disposition of each of the projects.

- *Regulatory Project 2019-1B ~ Licensing of Marijuana Pharmacies* proposed a clarification of the licensing process for marijuana pharmacies, to require an inspection of the premises prior to issuing the permit. Mr. McKay reported no comments were received. He then moved,

  > **Resolved**, to make no revisions to the original proposed rule in *Regulatory Project 2019-1B ~ Licensing of Marijuana Pharmacies* and to direct staff to submit the required reports and continue the promulgation process.

  There were no member questions or public comments. The motion was adopted after a unanimous vote in the affirmative.

- *Regulatory Project 2019-2 ~ Pharmacy Immunizations* proposed a 72-hour deadline for immunizing pharmacists or their designees to report those immunizations to the state immunization registry, as well as some minimum standards for pharmacies hosting immunization activities. Mr. McKay reported the two comment letters requesting multiple changes including allowing seven days instead of 72 hours to report to the state immunization registry. Mr. McKay then moved,

  > **Resolved**, to make no revisions to the original proposed rule in *Regulatory Project 2019-2 ~ Pharmacy Immunizations*, and to direct staff to submit the required reports and continue the promulgation process.

  Mr. McKay responded to questions from several members; there were two public comments. The motion was adopted after a unanimous vote in the affirmative.

- *Regulatory Project 2019-3 ~ Investigational Drugs* proposed minimum standards for pharmacies participating in clinical drug studies with investigational drugs. Mr. McKay reported no comments were received. He then moved,

  > **Resolved**, to make no revisions to the original proposed rule in *Regulatory Project 2019-3 ~ Investigational Drugs*, and to direct staff to submit the required reports and continue the promulgation process.

  There were no member questions or public comments. The motion was adopted after a unanimous vote in the affirmative.

- *Regulatory Project 2019-4 ~ Telepharmacy Dispensing Sites* proposed changes in some of the licensing standards for these special types of pharmacy permits. Mr. McKay reported the receipt of one comment which was supportive of the proposed rule. He then moved,

Resolved, to make no revisions to the original proposed rule in *Regulatory Project 2019-4 ~ Telepharmacy Dispensing Sites*, and to direct staff to submit the required reports and continue the promulgation process.

There were no member questions or public comments. The motion was adopted after a unanimous vote in the affirmative.

- *Regulatory Project 2019-5 ~ Correctional Center Pharmacy* proposed an amendment to allow correctional center pharmacies to provide medications and pharmacy care to offenders in the custody of local law enforcement agencies in addition to the current allowance for offenders in the custody of the state department of corrections. The proposal also changed the name of the category of pharmacies, from penal to correctional. Mr. McKay reported no comments were received. He then moved,

  Resolved, to make no revisions to the original proposed rule in *Regulatory Project 2019-5 ~ Correctional Center Pharmacy*, and to direct staff to submit the required reports and continue the promulgation process.

  There were no member questions or public comments. The motion was adopted after a unanimous vote in the affirmative.

- *Regulatory Project 2019-7 ~ Veterinary Hospital Pharmacy* proposed an amendment to the rules for hospital pharmacy to include pharmacies in veterinary teaching hospitals. Mr. McKay reported no comments were received. He then moved,

  Resolved, to make no revisions to the original proposed rule in *Regulatory Project 2019-7 ~ Veterinary Hospital Pharmacy*, and to direct staff to submit the required reports and continue the promulgation process.

  There were no member questions or public comments. The motion was adopted after a unanimous vote in the affirmative.

- *Regulatory Project 2019-8 ~ Dispensing of Prescription Refills* proposed an amendment to prohibit the dispensing refills in the absence of the patient or caregiver's request or approval, with an exception for patients in long-term care facilities. Mr. McKay reported one comment was received from NACDS requesting what it characterized as clarifying amendments. He then moved,

  Resolved, to make no revisions to the original proposed rule in *Regulatory Project 2019-8 ~ Dispensing of Prescription Refills*, and to direct staff to submit the required reports and continue the promulgation process.

  Mr. McKay and Mr. Aron replied to questions from multiple members as well as multiple public comments. The motion was adopted after a unanimous vote in the affirmative.

- *Regulatory Project 2019-9 ~ Delays of Licensure Examinations* proposed an amendment to repeal the one-year delay following a third failure of a licensing examination for pharmacy technicians and pharmacists. Mr. McKay reported no comments were received. He then moved,

  > **Resolved**, to make no revisions to the original proposed rule in *Regulatory Project 2019-9 ~ Delays of Licensure Examinations*, and to direct staff to submit the required reports and continue the promulgation process.

  There were no member questions or public comments. The motion was adopted after a unanimous vote in the affirmative.

- *Regulatory Project 2019-10 ~ License Transfer for Pharmacy Technicians* proposed an amendment to simplify the process for pharmacy technicians licensed and practicing in another state to obtain a technician certificate in this state. Mr. McKay reported no comments were received. He then moved,

  > **Resolved**, to make no revisions to the original proposed rule in *Regulatory Project 2019-10 ~ License Transfer for Pharmacy Technicians*, and direct staff to submit the required reports and continue the promulgation process.

  There were no member questions or public comments. The motion was adopted after a unanimous vote in the affirmative.

- *Regulatory Project 2019-11 ~ Continuing Education Records* proposed to change the CE recordkeeping requirements for pharmacists, to maintain their records at CPE Monitor instead of maintaining paper copies of certificates at their primary practice setting. Mr. McKay reported no comments were received. He then moved,

  > **Resolved**, to make no revisions to the original proposed rule in *Regulatory Project 2019-11 ~ Continuing Education Records*, and to direct staff to submit the required reports and continue the promulgation process.

  Mr. Broussard replied to a question from one member and there were no public comments. The motion was adopted after a unanimous vote in the affirmative.

- *Regulatory Project 2019-12 ~ Partial Fills of Schedule II Prescriptions* proposed to amend the state rules for controlled substances to correspond to the federal law on this topic. Mr. McKay reported no comments were received. He then moved,

  > **Resolved**, to make no revisions to the original proposed rule in *Regulatory Project 2019-12 ~ Partial Fills of Schedule II Prescriptions*, and to direct staff to submit the required reports and continue the promulgation process.

  There were no member questions or public comments. The motion was adopted after a unanimous vote in the affirmative.

- *Regulatory Project 2019-13 ~ Controlled Substance License for Third Party Logistics Providers* proposed to amend the state rules for controlled substances to authorize the issuance of a CDS license to a type of distributor known as third party logistics provider. Mr. McKay reported no comments were received. He then moved,

  > **Resolved**, to make no revisions to the original proposed rule in *Regulatory Project 2019-13 ~ Controlled Substance License for Third Party Logistics Providers*, and to direct staff to submit the required reports and continue the promulgation process.

  There were no member questions or public comments. The motion was adopted after a unanimous vote in the affirmative.

- *Regulatory Project 2019-14 ~ Rulemaking Procedures* proposed a new rule to establish guidelines for stakeholders requesting the Board to engage in the rulemaking process. Mr. McKay reported no comments were received. He then moved,

  > **Resolved**, to make no revisions to the original proposed rule in *Regulatory Project 2019-14 ~ Rulemaking Procedures*, and to direct staff to submit the required reports and continue the promulgation process.

  There were no member questions or public comments. The motion was adopted after a unanimous vote in the affirmative.

- *Regulatory Project 2019-15 ~ Drug Disposal by Pharmacies* proposed amendments that would require pharmacies to provide drug disposal information to their patients and allow them to accept returns of previously dispensed medications for disposal purposes only. Mr. McKay reported the receipt of one comment from Albertsons Pharmacies highlighting what appeared to be a drafting error in one portion of the proposed rule in a section relative to controlled substances. Mr. McKay then moved,

  > **Resolved**, to amend the original proposed rule in Regulatory *Proposal 2019-15 ~ Drug Disposal by Pharmacies* by amending §2749.D as requested by Albertsons Pharmacies.

  There were no member questions or public comments. The motion was adopted after a unanimous vote in the affirmative.

- *Regulatory Project 2019-16 ~ Pharmacy Compounding* proposed an amendment to the standards for pharmacies preparing copies of commercially available products. Mr. McKay reported no comments were received. He then moved,

  > **Resolved**, to make no revisions to the original proposed rule in *Regulatory Project 2019-16 ~ Pharmacy Compounding*, and to direct staff to submit the required reports and continue the promulgation process.

  There were no member questions or public comments. The motion was adopted after a unanimous vote in the affirmative.

- *Regulatory Project 2019-17 ~ Pharmacy Records* proposed to amend several sections of the Board's rules to incorporate chart orders and to make several technical changes. Mr. McKay reported no comments were received. He then moved,

  Resolved, to make no revisions to the original proposed rule in *Regulatory Project 2019-17 ~ Pharmacy Records*, and to direct staff to submit the required reports and continue the promulgation process.

  There were no member questions or public comments. The motion was adopted after a unanimous vote in the affirmative.

- *Regulatory Project 2019-18 ~ Cannabis Metered Dose Inhaler* proposed an amendment to add metered dose inhalers as an allowable dosage form for marijuana products. Mr. McKay reported no comments were received. He then moved,

  Resolved, to make no revisions to the original proposed rule in *Regulatory Project 2019-18 ~ Cannabis Metered Dose Inhaler*, and to direct staff to submit the required reports and continue the promulgation process.

  There were no member questions and three public comments. The motion was adopted after a unanimous vote in the affirmative.

Mr. McKay then summarized the remainder of the rulemaking process, for both the single item where the members voted to amend the original proposed rule as well as the remaining items where the members voted to make no revisions to the original proposed rule.

At this point, Mr. Aron declared a luncheon recess. It was noted the members recessed at 11:25 a.m. and then reconvened at 12:20 p.m. Mr. Aron requested Mr. McKay to continue his committee report.

Mr. McKay then introduced the items approved by the committee at their previous meeting.

Legislative Proposal 2020-B ~ CDS Update (Draft #2) proposes to amend the state controlled substance law to add new drugs recently added to the federal list of controlled substances. Mr. McKay moved,

Resolved, to approve *Legislative Proposal 2020-B ~ CDS Update (Draft #2)*, and further, to authorize the filing of same in the Regular Session of the 2020 Legislature upon the instruction of the President, and further, to authorize the President to approve acceptable amendments as may become necessary during the legislative process.

There were no member questions or public comments. The motion was approved after a unanimous vote in the affirmative.

Legislative Proposal 2020-C ~ CDTM [Collaborative Drug Therapy Management] and Pharmacist Prescriptive Authority (Draft #5) proposes to amend the definition of collaborative drug therapy management in the pharmacy law and also establish a limited prescriptive authority for pharmacists to order drugs, devices, and lab tests. Mr. McKay moved,

> **Resolved**, to approve *Legislative Proposal 2020-C ~ CDTM [Collaborative Drug Therapy Management and Pharmacist Prescriptive Authority (Draft #5)*, and further, to authorize the filing of same in the Regular Session of the 2020 Legislature upon the instruction of the President, and further, to authorize the President to approve acceptable amendments as may become necessary during the legislative process.

There were no member questions or public comments. The motion was adopted after a unanimous vote in the affirmative.

Regulatory Proposal 2019-G ~ Pharmacy Benefit Managers (Draft #3) proposes to create a new chapter of rules to license pharmacy benefit managers. On behalf of the committee, Mr. McKay moved,

> **Resolved**, to approve *Regulatory Proposal 2019-G ~ Pharmacy Benefit Managers (Draft #3)*, 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. Indovina questioned the inclusion of §3007 in the proposed rule, suggesting it required the reporting of information not necessarily relevant to the practice of pharmacy. He then moved to amend Draft #3 by removing §3007. He replied to questions from members and the public. The motion to amend Draft #3 was adopted after a unanimous vote in the affirmative. Mr. Aron directed staff to advance the amended document number to Draft #4. Following additional member and public comments, the original motion, as amended, for the approval of Draft #4 was adopted after a unanimous vote in the affirmative.

Consideration of Regulatory Project 454-2019 Proposals

Mr. McKay reminded the members the committee had previously reported out 15 of the 20 topics assigned to the committee as part of Regulatory Project 454-2019. He then reported two more items out of the regulatory project from the committee.

- *Item 04 ~ Staffing Ratios for Pharmacy Interns (Draft #1)*
  The committee received a request to amend the current staffing limitations for pharmacy interns, which are currently 3:1 for interns on academic rotations and 1:1 for interns practicing outside an academic rotation, generally for pay but could be volunteer work. The committee received substantial comments including from representatives from both colleges of pharmacy. The committee voted to reject the proposed rule,

and on behalf of the committee, Mr. McKay moved,

> **Resolved**, to reject *Regulatory Proposal 454-2019-04 ~ Staffing Ratios for Pharmacy Interns (Draft #1)*, and further, to request the Executive Director to communicate this rejection to the commentator who made the request.

There were no member questions or public comments. The motion was adopted after a unanimous vote in the affirmative.

- *Item 12 ~ Practical Experience Requirements for Pharmacy Technician Candidates (Draft #1)*

  The committee received a request to reduce the number of hours of practical experience required for a pharmacy technician candidate to qualify for a pharmacy technician certificate, from 600 hours to 400 hours. The committee received substantial public comments during multiple meetings, and during their previous meeting voted to reject the proposed rule. On behalf of the committee, Mr. McKay moved,

  > **Resolved**, to reject *Regulatory Proposal 454-2019-12 ~ Practical Experience Requirements for Pharmacy Technician Candidates (Draft #1)*, and further, to request the Executive Director to communicate this rejection to the commentator who made the request.

  There were no member questions or public comments. The motion was adopted after a unanimous vote in the affirmative.

  Mr. McKay reported there were still three topics remaining from that regulatory project and that the proposals have generated substantial comments during multiple committee meetings. He hoped to bring those last three topics to the next Board meeting for a decision.

Regulatory Proposal 2020-A ~ Marijuana Pharmacy (Draft #2) proposes to repeal the one-month supply dispensing limitation as well as the prohibition on marijuana pharmacies dispensing any non-controlled prescription drugs. The committee voted to approve the proposal, and on behalf of the committee, Mr. McKay moved,

> **Resolved**, to approve *Regulatory Proposal 2020-A ~ Marijuana 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 were no member questions or public comments. The motion was adopted after a unanimous vote in the affirmative.

Regulatory Proposal 2020-B ~ Drugs of Concern (Draft #2) proposes to add two drugs to the list of Drugs of Concern at the request of the Prescription Monitoring Program Advisory Council. While the committee had no issues with adding gabapentin, they determined to limit the promethazine entry to

oral liquid formulations since there didn't appear to be any evidence of widespread abuse of other dosage forms. On behalf of the committee, Mr. McKay moved,

> **Resolved**, to approve *Regulatory Proposal 2020-B ~ Drugs of Concern (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. Aron replied to a question from one member. There were no public comments. The motion was adopted after a unanimous vote in the affirmative.

Finally, Mr. McKay closed his report with appreciation to the committee members and staff 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. The committee noted the requests for statutory and rule interpretations received at the previous Board meeting were still in review by the staff. He indicated Mr. McKay was prepared to offer motions on behalf of the committee.

Revisions to Board's Policy & Procedure Manual

Mr. Aron reported staff had prepared two policy documents in response to requests from two separate agencies and the committee had voted to recommend approval of both items. Mr. McKay then moved,

> **Resolved**, that the Board approve the proposed revision of *PPM.V.A.2 ~ PMP Advisory Council* for the Board's *Policy & Procedure Manual*.

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

> **Resolved**, that the Board approve the new policy *PPM.III.J ~ Criminal Background Checks* for the Board's *Policy & Procedure Manual.*

There were no member questions or public comments. The motion was adopted after a unanimous vote in the affirmative.

Reconsideration of Approval of Legislative Proposal 2020-A ~ Renewal of Licenses & Fees (Draft #1) and Consideration of Legislative Proposal 2020-A ~ PBM Fees & Renewal Fees (Draft #2)

Mr. Aron reminded the members of their approval during their previous meeting of a legislative proposal seeking to make technical changes in the descriptions of various fees in the pharmacy law but no changes to the actual fees. He then reminded the members had just approved *Regulatory Proposal 2019-G ~ Pharmacy Benefit Managers (Draft #4)* to begin licensing pharmacy benefit managers. The committee reviewed a staff proposal to

update the previously-approved legislative proposal by adding new fees for a pharmacy benefit manager permit, both for the initial issuance and renewal of that permit. He then described the parliamentary process for how the Board could reconsider the vote by which the approved the legislative proposal and then amend that proposal and approve the amended document. Mr. McKay then moved,

> **Resolved**, to reconsider the vote by which the Board of Pharmacy approved *Legislative Proposal 2020-A ~ Renewal of Licenses & Permits (Draft #1)* during its November 13, 2019 meeting.

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

> **Resolved**, to amend *Legislative Proposal 2020-A ~ Renewal of Licenses & Permits (Draft #1)* by adding a new #6 on Line 35 titled Permits for pharmacy benefit managers, consisting of two entries, one a $500 application fee for the initial permit and a second for a $500 per year permit renewal fee, then to re-title and renumber the new document; and further, to approve *Legislative Proposal 2020-A ~ PBM Permit Fee* + *Renewal Fees (Draft #2),* and further, to authorize the filing of same in the Regular Session of the 2020 Legislature upon the instruction of the President, and further, to authorize the President to approve acceptable amendments as may become necessary during the legislative process.

Mr. LaGrange questioned the absence of a delinquent fee similar to delinquent fees for other credentials. He then moved to amend Draft #2 by adding a third entry for the PBM fee section for a delinquent fee of $250 per year. There were no member questions or public comments. The motion to amend Draft #2 was adopted after a unanimous vote in the affirmative. Mr. Aron directed staff to renumber the amended document as Draft #3. There were no further member questions or public comments. The motion for approval of Draft #3 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. Fontenot for his 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. He answered a question from one member.

Mr. Fontenot then directed the members to the requests from 17 pharmacies seeking a waiver from the duty to report zero prescription transaction reports to the prescription monitoring program. Mr. Pitre then moved,

> **Resolved**, to authorize the issuance of full PMP reporting waivers to:

> PHY.008029-NR – BioMatrix Specialty Pharmacy (MD);
> PHY.006364-NR – Crescent Healthcare (CA);
> PHY.007946-NR – Doc Lane's Veterinary Pharmacy (KY);
> PHY.007994-NR – Entirelypets Pharmacy (CA);
> PHY.008012-HOS – Intensive Specialty Hospital (LA);
> PHY.008011-HOS – KPC Promise Hospital of Baton Rouge (LA);
> PHY.008003-NR – LibraSun Pharmacy (FL);
> PHY.007980-IR – Ochsner LSU Health Shreveport (LA)
> PHY.007986-NR – OSRX (MT);
> PHY.007988-HOS – Our Lady of the Lake Children's Hospital Pharmacy (LA);
> PHY.007960-NR – PANTHERx Specialty Pharmacy (PA);
> PHY.007574-NR – Pet Supplies Delivered (NE);
> PHY.007971-NR – PharmD on Demand (GA);
> PHY.007977-NR – RareMed Solutions (PA);
> PHY.006823-NR – Solutions Rx Pharmacy (AL);
> PHY.007455-IR – Tulane Univ. Health Sciences Pharmacy (LA); and
> PHY.008002-NR – Veterinary Internet Company Retail Pharmacy (AL)

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

There were no member questions or public comments. The motion was adopted after a unanimous vote in the affirmative. Mr. Fontenot then replied to a question from a guest relative to reporting by dispensing prescribers.

Finally, Mr. Fontenot indicated completion of his report.

K. Report of General Counsel

Mr. Aron called upon Mr. Finalet for his report. Mr. Finalet presented the following proposed voluntary consent agreements to the members for their consideration.

Jamie Deshotels Pucheu (PST.018456): Mr. Hall moved to accept the voluntary surrender of the credential. There were no member questions or public comments. 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 November 18, 2019.

Ashley Keelen Ferdinand (PTC.027503): Dr. Strong 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 revoked the registration effective November 13, 2019; and further, permanently prohibited the acceptance of any future reinstatement application or any other application for any credential issued by the Board.

Kayla Christine Sibley [Powell] (PTC.026981): Mr. Cassidy 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 revoked the registration effective November 21, 2019; and further, permanently prohibited the acceptance of any future reinstatement application or any other application for any credential issued by the Board.

William Andrew Fletcher (CPT.013721): Dr. Cloud 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 five years and stayed the execution of the suspension then placed the certificate on probation for five years effective February 5, 2020 subject to certain terms enumerated within the consent agreement.

Meds for Vets, LLC *d/b/a* Meds for Vets [Sandy, UT] (PHY.006258): Mr. LeBas 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 permit for one year plus eight months plus sixteen days and stayed the execution of the suspension, then placed the permit on probation for one year plus eight months plus sixteen days effective February 5, 2020 and terminating October 21, 2021 subject to certain terms enumerated within the consent agreement; and further, assessed administrative costs. The Board took note the period of probation was intended to mirror the probationary period imposed on the pharmacy's resident permit by the Utah Board of Pharmacy.

Arielle Marie Collins (PST.019759): Dr. Strong 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 issued a Letter of Reprimand, and further, assessed a fine of $1,000 plus administrative costs.

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

L. Report of Executive Director

Mr. Aron called upon Mr. Broussard for his 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

- External Reports
  Administrative and Legislative Agency Reports

- Examinations
  MPJE
  NAPLEX
  ExCPT
  PTCE
- Operations
  Credentials Division
  Compliance Division
  Administrative Division
  Marijuana Pharmacies
- State Activities
  La. Dept. of Health – Office of Public Health
  Legislative Oversight Committee
  La. Dept. of Agriculture & Forestry
  La. Dept. of Revenue – Office of Alcohol & Tobacco Control
  La. State Board of Medical Examiners
  La. State Board of Optometry Examiners
  La. Dept. of Health – Office of Behavioral Health & Bureau of Health Services Financing
  La. Dept. of Health – Bureau of Health Services Financing
  Regular Session of 2020 Legislature
- Regional & National Activities
  National Association of Boards of Pharmacy (NABP)
  NABP-AACP District 6
  MALTAGON
- International Activities
  International Pharmaceutical Federation (FIP)
  World Health Professions Alliance (WHPA)
  dotPharmacy Verified Websites Program

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

12. Report from Marijuana Pharmacies – Mr. Doug Boudreaux, La. Association for Therapeutic Alternatives

Mr. Aron introduced Mr. Doug Boudreaux, President of the La. Association for Therapeutic Alternatives and invited him to the witness table to make his presentation. Mr. Boudreaux described the members of the association as the nine marijuana pharmacies. He expressed his appreciation to the Board for its role in the legislative and regulatory development of the statewide medical marijuana program and for its guidance to the marijuana pharmacies during the implementation of the program. He reported the association members collaborated on a patient outcomes study. He

indicated an intent to publish the results of the study but wanted to present preliminary results to the Board. He reviewed that report and then replied to questions from several members and guests.

13. New Agenda Items Added During Meeting
No items were added to the agenda.

14. Announcements
Mr. Aron directed the members to the announcements in their meeting binder. He announced the next meeting of the Board would be held on May 27, 2020 at the Board office in Baton Rouge.

Mr. Aron solicited general comments from the students. Their questions included how to participate in the rulemaking process, as well as how the Board is addressing working conditions in pharmacies as reported in recent national media stories.

15. 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 meeting at 2:15 p.m.

Respectfully submitted,

_____
Richard M. Indovina, Jr.
Secretary

Louisiana Board of Pharmacy

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Minutes

Regular Meeting Wednesday, March 25, 2020 at 5:00 p.m.

Location: Teleconference

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A special meeting of the Louisiana Board of Pharmacy was held on Wednesday, March 25, 2020 by teleconference. As noted on the meeting agenda, the Board certified it could not achieve an in-person quorum due to the provisions of *Governor's Proclamation No. 33 JBE 2020 ~ Additional Measures for COVID-19 – Stay at Home*. Therefore, as permitted by *Governor's Proclamation No. JBE 2020-30 ~ Additional measures for COVID-19 Public Health Emergency*, the Board elected to conduct its meeting by teleconference.

1. Call to Order
Mr. Carl Aron, President, called the meeting to order at 5:05 p.m.

2. Quorum Call
Mr. Aron called upon the Secretary, Mr. Richard Indovina, to call the roll of members 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. Richard Mannino (*late arrival*)
Mr. Marty R. McKay
Ms. Diane G. Milano
Mr. Ronald E. Moore
Mr. Don L. Resweber (*late arrival*)
Mr. Douglas E. Robichaux
Mr. Richard A. Soileau
Dr. Raymond J. Strong (*late arrival*)

Member Absent:

Mr. Robert C. LeBas
Mr. Blake P. Pitre
Mr. Ronny K. Valentine

Staff Present:

Mr. Malcolm J. Broussard, Executive Director
Mr. Carlos M. Finalet, III, General Counsel
Mr. M. Joseph Fontenot, Assistant Executive Director

Guests:

None were specifically identified on the teleconference call.

Mr. Indovina certified Mr. LeBas, Mr. Mannino, Mr. Pitre, Mr. Resweber, Dr. Strong, and Mr. Valentine were absent; however, the remaining 11 members were present, constituting a quorum for the conduct of official business. It was noted that Mr.

Mannino, Mr. Resweber, and Dr. Strong joined the call a few minutes thereafter.

3. Call for Additional Agenda Items & Adoption of Agenda

Mr. Aron asked if there were any additional agenda items to be added. None were requested. With no requests to amend the agenda, and without objection, the members adopted the agenda dated March 24, 2020. Mr. Aron requested authority to re-order the agenda as may become necessary and there were no objections to that request.

4. Special Orders of the Day

A. Request for Reconsideration of Emergency Rule

Mr. Aron presented the circumstances for the issuance of the *Emergency Rule ~ Limitations on Dispensing Chloroquine & Hydroxychloroquine for COVID-19* on March 22 as well as the request from the state attorney general the following day to rescind the emergency rule. Mr. Aron then related the request from the state health officer on March 24 requesting a reinstatement of that emergency rule. Mr. Aron suggested the state health officer consult with the chairman of the Senate Health & Welfare Committee. In lieu of the reinstatement of an emergency rule, the senator suggested the Board consult with an official with one of the drug distributors located in the state relative to the current supply chain status of chloroquine and hydroxychloroquine in the state. Mr. Aron reported the Board's Executive Committee held a teleconference call earlier that afternoon with Mr. Paul Dickson from Morris & Dickson Co. and Sen. Fred Mills. Mr. Aron summarized his impressions of the information from Mr. Dickson that the supply chain status of the two drugs had stabilized somewhat and the distributors were allocating the two drugs to pharmacies based on their historical usage patters prior to the COVID-19 outbreak. Mr. Aron reported the Executive Committee had constructed a proposed replacement emergency rule and requested Mr. Broussard to distribute that draft document to all of the board members. He then reported that after the Executive Committee meeting but before that Board meeting, he received a call from Sen. Mills. Mr. Aron shared the contents of the draft document with him, then Sen. Mills suggested the content be issued in the form of a guidance document as opposed to an emergency rule.

Mr. Aron requested input from the members on the draft document, first to determine whether any changes in content were necessary, and second, whether to issue it as a guidance document or an emergency rule. By consensus, the members agreed to remove the necessity for a specific diagnosis code for COVID-19 and allow an indication of a COVID-19 diagnosis to be sufficient. Mr. Mannino then moved to restructure the document as amended and issue it as a guidance document. There was no further member discussion. The motion was adopted after a unanimous roll call vote in the affirmative.

B. Review of Credentialing Waivers

Mr. Aron reported he had made a number of interim decisions and wanted the members to know of them and then make adjustments as they felt

necessary.

- He authorized the closure of the office building to visitors.
- He authorized the reduction of office staff to essential personnel as determined by the Executive Director, and he authorized personnel to work from home as determined by the Executive Director.
- He interpreted the Board's rule – in part – at *§519 ~ State of Emergency* which is automatically activated upon the Governor's declaration of a state of emergency under the Emergency Assistance & Disaster Act of 1993 to be applicable to the current public health emergency declared by the Governor. However, he interpreted only the first part of that rule to be applicable, wherein pharmacists may dispense a one-time emergency prescription up to a 30-day supply. He did not interpret the second part of that rule to be applicable; that part of the rule authorizes pharmacists licensed in other states to practice in this state without a license from this state.
- He authorized the extension of expiration dates for any credential or pending application for any credential expiring in March, April, or May to September 30, 2020.

Mr. Aron then requested Mr. Broussard to review all of the additional credentialing actions taken to date.

- Mr. Broussard reported on the extension of the expiration dates of the MA, PTC, and PNT credentials for those items expiring March through May and the conversion to a new temporary status (Active with Temporary Extension). He reported many CDS credentials were being renewed, but they were monitoring to see if any were close to expiring, and if so, were prepared to extend those credentials to September 30, 2020.
- Mr. Broussard reported the staff developed a process to manage the temporary cessation of criminal background checks (CBC) by the La. State Police. He indicated the staff developed certification statements for signature by applicants to the effect the Board will issue the credential without the required CBC and the applicant agrees to perform the CBC as soon as that process is restored by the state police.
- Mr. Broussard reminded the members the regular renewal cycles for the CPT, EDK, AMS, and CDS-AMS credentials were scheduled to begin on May 1 and the DME permit renewal cycle was scheduled to begin on July 1. Although no decision was necessary at the moment, it may become necessary to make adjustments to the renewal cycle and expiration date; he suggested a September 30, 2020 maximum allowable date, and the members agreed by consensus.
- Finally, Mr. Broussard reported requests from several multi-state organizations to essentially waive all licensure and practice restrictions. He indicated he had replied in a manner that preserved the Board's authority to regulate practice in the state.

The members did not make any requests for changes to the earlier decisions made by the Board President.

C. Request for Flexible Staffing Ratios

- Mr. Aron alerted the members to multiple requests for consideration of changes to the staffing ratios as well as questions as to whether staff engaged in remote processing are to be included in such ratios along with staff who are on-site. Following considerable discussion, Mr. McKay moved,

  Resolved, to authorize a temporary allowance for flexible staffing ratios such that one pharmacist may supervise up to four persons holding a pharmacy intern registration, pharmacy technician certificate, or pharmacy technician candidate registration; and further, the pharmacist shall be responsible for determining the staffing mix appropriate for the pharmacy's practice; and further, the pharmacist shall maintain direct and immediate supervision; and further, this allowance shall expire on the earliest of the following two dates: (1) the termination of the Governor's proclamation of the COVID-19 public health emergency, or (2) September 30, 2020.

  Mr. Broussard reminded the members of the previous guidance allowing all licensed persons to practice remotely. The motion was adopted after a unanimous vote in the affirmative. Mr. Aron directed Mr. Broussard to issue the guidance document for flexible staffing ratios.

5. New Agenda Items Added During Meeting

No new items were added to the agenda.

6. Opportunity for Public Comment

There were no general public comments.

Mr. Aron thanked the members for their participation on the teleconference call. He requested staff to collect the mobile telephone numbers for all members and then to send a group text to the members in addition to the emailed meeting notice.

7. 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 meeting at 6:20 p.m.

Respectfully submitted,

_____

Richard M. Indovina, Jr.
Secretary

Louisiana Board of Pharmacy

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Minutes

Regular Meeting	Thursday, April 2, 2020 at 4:00 p.m.
Location:	Teleconference

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7.	Adjourn	07

A special meeting of the Louisiana Board of Pharmacy was held on Thursday, April 2, 2020 by teleconference. As noted on the meeting agenda, the Board certified it could not achieve an in-person quorum due to the provisions of *Governor's Proclamation No. 33 JBE 2020 ~ Additional Measures for COVID-19 – Stay at Home*. Therefore, as permitted by *Governor's Proclamation No. JBE 2020-30 ~ Additional measures for COVID-19 Public Health Emergency*, the Board elected to conduct its meeting by teleconference.

1. Call to Order
Mr. Carl Aron, President, called the meeting to order at 4:00 p.m.

2. Quorum Call
Mr. Aron called upon the Secretary, Mr. Richard Indovina, to call the roll of members 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 *(late arrival)*
Mr. Robert C. LeBas
Mr. Richard Mannino
Mr. Marty R. McKay
Ms. Diane G. Milano
Mr. Ronald E. Moore
Mr. Blake P. Pitre *(late arrival)*
Mr. Don L. Resweber
Mr. Douglas E. Robichaux
Mr. Richard A. Soileau
Dr. Raymond J. Strong
Mr. Rhonny K. Valentine

Staff Present:

Mr. Malcolm J. Broussard, Executive Director
Mr. Carlos M. Finalet, III, General Counsel
Mr. M. Joseph Fontenot, Assistant Executive Director

Guests:

Dr. Raven S. Jackson
Dr. William R. Kirchain
Dr. Lovie F. Rodgers
Ms. Paula K. Belle

Mr. Indovina certified Mr. LaGrange and Mr. Pitre were absent; however, 15 members were present, constituting a quorum for the conduct of official business. It was noted

that Mr. LaGrange and Mr. Pitre joined the call shortly thereafter.

3. Call for Additional Agenda Items & Adoption of Agenda
Mr. Aron asked if there were any additional agenda items to be added. With no requests to amend the agenda, and without objection, the members adopted the agenda dated April 1, 2020. Mr. Aron requested authority to re-order the agenda as may become necessary and there were no objections to that request.

4. Special Orders of the Day

A. Request for Declaratory Statement

(1) *Is it within the scope of practice for a pharmacist to collect a nasopharyngeal specimen on a swab?*

Mr. Aron reported the question came from the Dept. of Health as they considered asking or allowing pharmacists to participate in an expansion of the state's testing capacity. He indicated there are no pharmacy laws or rules specifically relative to the collection of specimens by a pharmacist. He also indicated that staff had consulted with the La. State Board of Medical Examiners since that board regulates the practice of clinical medicine; staff determined there are no apparent conflicts. Mr. Aron reminded the members the Board had issued two previous statements related to the topic. In particular:

- During its November 2009 meeting, the Board issued an advisory opinion *(PPM.I.A.9 ~ Moderately Complex Laboratory Tests)* to a hospital that it was within the scope of practice for a pharmacist to perform moderately complex laboratory testing procedures, as defined by the Clinical Laboratory Improvement Amendments of 1988 (CLIA), provided the pharmacist maintains evidence of all education and training relevant to that practice activity. Neither the request for the opinion nor the opinion itself referenced the collection of specimens for such testing.
- During its August 2014 meeting, the Board issued a declaratory statement *(PPM.I.A.18 ~ Medication Therapy Management in Pharmacy Practice)* which includes a reference to performing or obtaining necessary assessments of a patient's health status.

He then directed the members to their meeting packet for copies of those two statements as well as a reminder of the statutory definition of the practice of pharmacy. He questioned the members as their opinion.

Several members raised concerns for the lack of training in the collection of nasopharyngeal specimens as well as the inherent dangers in the current COVID-19 pandemic, and they suggested pharmacists should not be involved with such testing. One member pointed to the previous statements and suggested it was within the scope of practice for pharmacists who wished to engage in that activity. Following considerable discussion, Mr. McKay moved,

> **Resolved**, to defer consideration of the question until a future date.

Mr. Aron solicited public comments. Some commentators suggested the question may evolve to consider the collection of nasal swabs in addition to nasopharyngeal specimens. One commentator reminded the members they had approved a legislative proposal at their previous board meeting seeking to expand the pharmacy practice act to include limited prescriptive authority for drugs, devices, and lab tests; and further, the activity contemplated in the current question was one example of such activity contemplated in the legislative proposal. The motion was adopted after a majority roll call vote in the affirmative; Mr. LeBas objected.

Mr. Aron requested staff to communicate the Board's reply to the Dept. of Health.

B. Requests for Clarification of Guidance Documents

(1) Application of *Guidance Document ~ Remote Processing by Pharmacy Personnel* to nonresident pharmacies.

Mr. Aron directed the members to the staff memo in their meeting packet which described a request for clarification from the representative of a nonresident pharmacy as to whether this guidance document issued on March 21 was intended to apply to pharmacy personnel of a nonresident pharmacy who are licensed by the resident board of pharmacy but not the Louisiana Board of Pharmacy. Following considerable discussion, the Board determined its guidance document was not applicable to pharmacy personnel licensed by other state boards of pharmacy. Mr. Aron requested staff to communicate the Board's reply to the nonresident pharmacy.

(2) Conflict between *Guidance Document ~ Remote Processing by Pharmacy Personnel* and *Guidance Document ~ Flexible Staffing Ratios*

Mr. Aron directed the members to the staff memo in their meeting packet which describes the two guidance documents as well as requests from multiple pharmacies suggesting the requirement for direct and immediate supervision appears to negate the opportunity for remote processing. He questioned the members as to their intent. Following considerable discussion, Mr. Indovina moved,

> **Resolved**, with respect to the *Guidance Document ~ Remote Processing by Pharmacy Personnel* and *Guidance Document ~ Flexible Staffing Ratios*, the Board determined it appropriate to waive the element of 'on-site' from the requirement for direct and immediate supervision by a pharmacist, but only until the earliest of the following two dates: (1) the termination of the Governor's proclamation of the COVID-19 public health emergency or (2) September 30, 2020.

Following additional member discussion and public comment, the motion was adopted after a unanimous vote in the affirmative.

Mr. Aron directed staff to issue a revised guidance document relative to flexible staffing ratios changing only the requirement for on-site supervision for the time period approved by the Board.

C. Requests for Waiver of Licensing for Nonresident Pharmacies & DME

(1) Morris Apothecary, LLC *d/b/a* Apotheco Pharmacy [Parsippany, NJ] requesting waiver of pharmacy permit requirements to ship medications to the state.

Mr. Aron directed the members to a copy of the request in their meeting packet. Mr. Broussard indicated the petitioner described their product line as dermatological products. Following brief discussion, Mr. McKay moved,

> **Resolved**, to deny the request for a waiver from the pharmacy permit requirements from the petitioner.

There was no further member discussion or public comment. The motion was adopted after a unanimous vote in the affirmative. Mr. Aron directed staff to communicate the Board's reply to the petitioner and include an application for a nonresident pharmacy permit.

(2) Expedite, LLC *d/b/a* Oxyensure, a subsidiary of ResMed, Inc. [Lithia Springs, GA] requesting one-year waiver from DME licensure requirements to ship respiratory devices with remote installation instructions.

Mr. Aron directed the members to a copy of the request in their meeting packet. Following a brief discussion, Mr. McKay moved,

> **Resolved**, to deny the request for a waiver from the DME licensure requirements from the petitioner.

Following additional member discussion and no public comment, the motion was adopted after a unanimous vote in the affirmative. Mr. Aron directed staff to communicate the Board's reply to the petitioner and include an application for a DME permit.

D. Requests from Educational Institutions for Simulation in lieu of Practical Experience Requirements for Program Completion

Mr. Aron directed the members to the staff memo in their meeting packet. He indicated staff had communicated with the institutions with suggestions to consult their accreditation organizations. The members agreed with that approach, indicating their reluctance to micromanage the educational process at this time.

E. Petition for Modification of Previous Order

(1) Case No. 20-0113 ~ PST.010643 ~ William Coleman Honeycutt

Mr. Aron directed the members to the relevant material in their meeting binder. Following a brief discussion, Mr. Moore moved,

> **Resolved**, to remove Article 2-e from his February 2016 Board Order which had prevented him from accepting an appointment as the pharmacist-in-charge of a pharmacy; and further, all other restrictions shall remain in place for the remainder of the probationary period which is scheduled to

conclude on February 24, 2021.

With no further member discussion or public comment, the motion was adopted after a unanimous vote in the affirmative.

F. Consideration of Continuing Education Requirements for the Renewal of Pharmacy Technician Certificates for the Year 2020-2021 and for the Renewal of Pharmacist Licenses for Calendar Year 2021.

Mr. Aron directed the members to the staff memo in their meeting binder. Mr. Aron reminded the members that pharmacy technician renewal requirements include 10 hours of CE with no requirement for live CE. Pharmacists who do not obtain at least three hours of live CE are required to obtain at least 20 hours of CE instead of the usual 15 hours. Since live CE programs have been drastically reduced to only qualified webinar programs, the members believed it appropriate to not require any live CE for the next renewal. With respect to pharmacy technicians, the members had previously approved flexibility in the timing of their renewal cycles; they did not believe it appropriate to adjust any of the CE requirements at that time. Following a brief discussion, Mr. McKay moved,

> **Resolved**, to waive the requirement for live continuing education credit for the renewal of pharmacist licenses, and further, to allow the acquisition of at least 15 hours of ACPE-accredited and pharmacist-specific continuing education to qualify for the renewal of a pharmacist license; however, this waiver and allowance shall be valid only for the renewal of a pharmacist license for Calendar Year 2021.

With no further member discussion or public comment, the motion was adopted after a unanimous vote in the affirmative.

G. Governor Proclamation No. 38 JBE 2020

Mr. Aron directed the members to a copy of the proclamation in their meeting binder. In particular, he drew their attention to Subsection 2.P relative to healthcare professional licensing boards. He and Mr. Broussard described their approach to compliance with that provision. The members expressed no questions or concerns.

5. New Agenda Items Added During Meeting

No new items were added to the agenda.

6. Opportunity for Public Comment

Mr. Aron solicited general public comments; there were none.

7. 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 meeting at 5:55 p.m.

Respectfully submitted,

_____

Richard M. Indovina, Jr.
Secretary

Louisiana Board of Pharmacy

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Report on Action Items

Louisiana Board of Pharmacy

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May 27, 2020

Agenda Item 6: Report on Action Items

From your February 5, 2020 meeting:
During the reports from the Violations, Impairment and Reinstatement Committees and General Counsel, you approved board orders for 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 April 2020 edition of your quarterly newsletter, with the exception of those cases exempted from such publication by your policies.

During the report from the Regulation Revision Committee, you:

- Considered the comments and testimony from the December 2019 public hearing on 17 regulatory projects;
- Approved two legislative proposals;
- Approved three regulatory proposals; and
- Rejected two proposed rule changes.

- With respect to the 17 regulatory projects which were the subject of the December 2019 public hearing, you voted to amend one of them and voted to not change the remaining 16 items. For the 16 items you left intact, we completed the rulemaking process for those items and the *Final Rules* were published in the April 2020 edition of the *Louisiana Register* with immediate effective dates. We posted those rule changes on the *Laws & Rules* page of the Board's website and distributed an electronic *Notice of Rulemaking Activity* to all of our licensees. For the one item you voted to amend, we conducted a public hearing on April 27 to receive comments on the proposed amendment. With no comments or testimony, we sought and received a waiver from the Occupational Licensing Review Commission. The Board President then authorized the filing of the required report to the Joint Legislative Oversight Committee on Health & Welfare. We anticipate no legislative intervention and publication of the *Final Rule* in the June 2020 edition of the *Louisiana Register* with an immediate effective date.

- With respect to the two legislative proposals you approved, the Board secured a sponsor for only one of the items. *Proposal 2020-B ~ CDS Update* was prefiled as HB 89 and is sponsored by Rep. Ted James in his role as Chair of the House Committee on Administration of Criminal Justice, where those bills always begin their legislative journey. We prepared an amendment adding additional drugs to various schedules consistent with recent DEA scheduling actions. HB 89 has now cleared both chambers of the legislature and has been forwarded to the Governor for his signature. The anticipated effective date is August 1, 2020. We were unable to secure a sponsor for your *Proposal 2020-C ~ CDTM & Pharmacist Prescriptive Authority*.

- With respect to the three regulatory proposals you approved, (1) *Regulatory Proposal 2019-G ~ Pharmacy Benefit Managers* is the source for Regulatory Project 2020-4 ~ Pharmacy Benefit Managers. (2) *Regulatory Proposal 2020-A ~ Marijuana Pharmacy* is the source for Regulatory Project 2020-5 ~ Marijuana Pharmacy. (3) *Regulatory*

Proposal 2020-B ~ Drugs of Concern was combined with several previous regulatory proposals relative to the prescription monitoring program; those proposals are the source of Regulatory Project 2020-1 ~ Prescription Monitoring Program.

We submitted five regulatory projects to the Occupational Licensing Review Commission for consideration during their February 28 meeting:

- Project 2020-1 ~ Prescription Monitoring Program;
- Project 2020-2 ~ Automated Medication Systems (approved in November 2019);
- Project 2020-3 ~ Pharmacist License Display (approved in November 2019);
- Project 2020-4 ~ Pharmacy Benefit Managers; and
- Project 2020-5 ~ Marijuana Pharmacy.

During the OLRC meeting on February 28, the Commission received an objection from the Pharmaceutical Care Management Association (PCMA) on the Board's proposed rule relative to pharmacy benefit managers. The Commission voted to defer their consideration of the proposal until a future date, then voted to approved the initiation of the rulemaking process for all four of the other regulatory projects. We published the *Notices of Intent* in the April 2020 edition of the *Louisiana Register*. The public hearing to receive comments and testimony on those proposed rules is scheduled for May 29.

- The two proposed rule changes you rejected are part of Regulatory Project 454-2019, the comprehensive rule review project. You may recall the Board assigned twenty topics as part of this regulatory project to the Regulation Review Committee. Including these two items, the committee has reported 17 of the 20 topics back to the Board. When the committee reports the last three items to the Board, we will then begin the rulemaking process for those items you have approved.

During the report from the Executive Committee, you approved two policy documents and one legislative proposal.

- With respect to new policy *PPM.III.J ~ Criminal Background Check* as well as the revision of *PPM.V.A.2 ~ Prescription Monitoring Program Advisory Council*, we added those documents to your *Policy & Procedure Manual*.
- With respect to *Legislative Proposal 2020-A ~ PBM Fee & Renewal of Licenses and Permits*, that item was prefiled as HB 619 and is sponsored by Rep. Chris Turner in his role as Vice Chair of the House Committee on Health & Welfare. During that committee hearing, we agreed to make a technical clarifying amendment. At this writing, the bill has cleared the House floor and is pending before the Senate Committee on Health & Welfare.

During the report from the Assistant Executive Director, you approved requests from 17 pharmacies for waivers from the PMP reporting requirement contingent upon their execution of the standard consent agreement for that purpose. The staff has forwarded those consent agreements to the requesting pharmacies and recorded the exceptions for those pharmacies properly executing those agreements.

From your March 25, 2020 meeting:

- You directed the issuance of a guidance document relative to the dispensing of chloroquine and hydroxychloroquine for the COVID-19 pandemic. It was issued that same day.
- You directed the issuance of a guidance document relative to a flexible staffing ratio. It was issued the following day.

From your April 2, 2020 meeting:

- You considered a request for an opinion relative to specimen collection and the scope of practice for pharmacists. We communicated your decision to consider that question at a future date to the petitioner.
- You considered a request for clarification of two guidance documents which appeared to be in conflict. We issued a revised guidance relative to flexible staffing ratios as you requested.
- You considered requests from two nonresident firms for waivers of licensing requirements. We communicated your decisions to deny those requests and included credential application forms.
- You approved a probation modification request from a pharmacist. We reported that decision to NABP and NPDB.
- You approved a modification of the CE requirements for pharmacists for the next renewal cycle. We issued an email notice to all pharmacists, and we have scheduled an article for the July issue of the newsletter.

The following resources are appended to this report:

- ***Project 454-2019 Summary Report***;
- ***Cumulative Project Promulgation Record***; and
- ***Legislative Action Plan Implementation Report***.

Respectfully submitted,
Malcolm J Broussard
Executive Director

Louisiana Board of Pharmacy
Regulatory Project 454-2019

Item No.	Source	Rule	Request	Preliminary Decision			Current Status of Request
1	Nguyen, K.	(none)	Requested mandatory lunch breaks for pharmacists	Assigned to Cmte	Item 1	11/13/2019	Board approved Draft #2
2	NACDS	§511	Remove requirement to notify Board of employment changes	Board declined to change	Item 2	9/3/2019	Board gave notice
3		§521.B	Eliminate separate Authority to Administer document, allowing the prescription for the medication to allow that activity, for the life of the prescription.	Assigned to Cmte	Item 3	11/13/2019	Board approved Draft #2
4		§709.B	Eliminate ratios for pharmacy interns.	Assigned to Cmte	Item 4	2/5/2020	Board rejected Draft #1
5		§901	Amend definition of pharmacy technician training program to allow the Board to approve programs that are not nationally accredited.	Board declined to change	Item 5	9/3/2019	Board gave notice
6		§903.A.2.c.i	Change proof of enrollment requirement for pharmacy technician training program, to allow either nationally accredited or board approved, but not both.	Board declined to change	Item 6	9/3/2019	Board gave notice
7		§903.A.3.f	Remove requirement for pharmacy technicians and pharmacy technician candidates to notify the Board of pharmacy employment changes.	Board declined to change	Item 7	9/3/2019	Board gave notice
8		§903.B.2	Eliminate requirement for pharmacy technician training programs to notify the Board when pharmacy technician candidates separate from the program.	Board declined to change	Item 8	9/3/2019	Board gave notice
9		§903.D.1	Remove board approval of pharmacy technician certification examinations and specify such examinations must be accredited by National Commission for Certifying Agencies.	Board declined to change	Item 9	9/3/2019	Board gave notice
10		§903.D.2	Remove time delay on re-examination for technicians.	Project 2019-9 in process	Item 10	4/20/2020	Final Rule published
11		§905.A.3.a	Amend eligibility for pharmacy technician certificate to allow for completion of either a nationally-accredited or a board-approved training program.	Board declined to change	Item 11	9/3/2019	Board gave notice
12		§905.A.3.b	Reduce the experiential training requirement for pharmacy technician candidates, from 600 hours to 320 hours (8 weeks), or in the alternative, 400 hours as required by PTCB.	Assigned to Cmte	Item 12	2/5/2020	Board rejected Draft #1
13		§907.A.2	Eliminate staffing ratios for pharmacy technician candidates and pharmacy technicians.	Assigned to Cmte	Item 13	3/18/2020	On Cmte agenda

Current as of 05-27-2020

Louisiana Board of Pharmacy
Regulatory Project 454-2019

Item No.	Source	Rule	Request	Preliminary Decision			Status of Request
14		§907.A.3	Re-frame the scope of practice for pharmacy technicians and pharmacy technician candidates from a list of prohibited tasks to a list of permitted tasks, citing a list of activities associated with medication dispensing and assisting with clinical duties.	Board declined to change	Item 14	9/3/2019	Board gave notice
15		§1101.C	Remove the requirement for the signature of the PIC on the application for a new pharmacy permit, and require only the name of the PIC on the form.	Board declined to change	Item 15	9/3/2019	Board gave notice
16		§1101.C.2	Change the pharmacy permit renewal cycle, from annual to biennial.	Assigned to Cmte	Item 16	11/13/2019	Board rejected Draft #1
17		§1103	Remove structural requirements such as square footage, counter space, and aisle space.	Assigned to Cmte	Item 17	11/13/2019	Board approved Draft #1
18		§1103.H.1	Remove the first sentence specifying storage space.	Assigned to Cmte	Item 18	11/13/2019	Board approved Draft #1
19		§1103.K	Remove the requirement for a printed law book.	Project 2019-17 in process	Item 19	2/28/2020	Final Rule published
20		§1105.A.1.b	Reduce the amount of practice experience to qualify for a PIC privilege, from 2 years to either 6 months or one year.	Board declined to change	Item 20	9/3/2019	Board gave notice
21		§1105.A.2	Remove the minimum number of hours a PIC must be physically present and practicing in the pharmacy.	Board declined to change	Item 21	9/3/2019	Board gave notice
22		§1105.I	Change the amount of time a pharmacy has to give notice of a change in the PIC of the pharmacy.	Assigned to Cmte	Item 22	11/13/2019	Board approved Draft #1
23		§1109	Clarify that a pharmacist assisting a patient in a clinical capacity does not create a pharmacist absence from the pharmacy.	Board agreed to clarify	Item 23	9/3/2019	Board issued clarification
24		§1111	Clarify that a pharmacist assisting a patient in a clinical capacity does not create a temporary absence from the pharmacy.	Board agreed to clarify	Item 24	9/3/2019	Board issued clarification
25		§1113	Repeal the prohibition on mechanical dispensing devices, or allow when approved by the Board.	Proposal 2019-C in Cmte	Item 25	5/29/2020	Now Project 2020-2; Public Hearing scheduled
26		§1123.K.2	Remove the requirement to store hardcopy prescription forms for one year, in favor of allowing imaging systems to retain those records for at least two years.	Assigned to Cmte	Item 26	11/13/2019	Board approved Draft #2.
27		§1131.A.1	Remove the requirement for a PIC signature, in favor of the signature of an authorized representative.	Board declined to change	Item 27	9/3/2019	Board gave notice
28		§1131.A.4	For pharmacy opening procedures, remove the language relative to a federal DEA registration.	Assigned to Cmte	Item 28	11/13/2019	Board approved Draft #1

Current as of 05-27-2020

Louisiana Board of Pharmacy
Regulatory Project 454-2019

Item No.	Source	Rule	Request	Preliminary Decision			Status of Request
29		§1201	Amend the definition of 'final check of work' to allow for technology solutions in lieu of mandatory human checks.	Proposal 2019-C in Cmte	Item 29	5/29/2020	Now Project 2020-2; Public Hearing scheduled
30		§1207.A	Amend the rule to designate the PIC or verifying pharmacist as accountable for the accuracy of the automated medication system, with additional clarification that counting machines are not considerered as automated medication systems.	Proposal 2019-C in Cmte	Item 30	5/29/2020	Now Project 2020-2; Public Hearing scheduled
31		§2307.A.1.c	Remove the two-year practice requirement for the PIC privilege.	Board declined to change	Item 31	9/3/2019	Board gave notice
32		§2425.A.1	Reduce the mileage distance for telepharmacy dispensing sites, from 20 miles to 10 miles.	Project 2019-4 in process	Item 32	2/28/2020	OLRC hearing
33		§2425.A.6	Remove the requirement for a telepharmacy dispensing site to close if a new community pharmacy opens within 20 miles of the telepharmacy dispensing site.	Project 2019-4 in process	Item 33	2/28/2020	OLRC hearing
34		§2425.E.2.c	Remove references to staffing parameters and staffing ratios.	Assigned to Cmte	Item 34	3/18/2020	On Cmte agenda
35		§2425.E.3.g	Amend patient counseling rule in telepharmacy dispensing site to require such counseling only on new prescriptions and only require an offer to counsel for prescription refills.	Assigned to Cmte	Item 35	3/18/2020	On Cmte agenda
36		§2511.C.1	Remove the minimum size of a prescription form.	Board declined to change	Item 36	9/3/2019	Board gave notice
37		§2511.C.5	Allow for electronic capture of facsimile prescriptions.	Assigned to Cmte	Item 37	11/13/2019	Board approved Draft #1
38		§2511.C.5.d	Remove the 2016 expiration date.	Assigned to Cmte	Item 38	11/13/2019	Board approved Draft #1
39		§2511.D.1	Allow a pharmacy intern or pharmacy technician to enter a transcription of a verbal prescription directly into a pharmacy information system, with the pharmacist held accountable.	Assigned to Cmte	Item 39	11/13/2019	Board rejected Draft #1
40		§2513	Repeal the section on receipt and verification of prescriptions as redundant and unnecessary.	Assigned to Cmte	Item 40	11/13/2019	Board approved Draft #2
41		§2519.B.2	Remove C-V prescriptions, in alignment with 21 CFR 1306.22.	Assigned to Cmte	Item 41	11/13/2019	Board approved Draft #1
42		§2521	Extend the 72-hour allowance for emergency refills to a 30-day supply, or in the alternative, an exception for unit-of-use items.	Assigned to Cmte	Item 42	11/13/2019	Board approved Draft #1
43		§2525.B.2	Remove the 6-month expiration for C-V prescriptions	Assigned to Cmte	Item 43	11/13/2019	Board approved Draft #1
44		§2733.C.1.a	Remove the annual inventory requriement for controlled substances in pharmacies as unnecessary.	Board declined to change	Item 44	9/3/2019	Board gave notice
45		§2747.B.5	Allow for the partial dispensing of Schedule II prescriptions when requested by patients.	Project 2019-12 in process	Item 45	4/20/2020	Final Rule published

Current as of 05-27-2020

Item No.	***Source***	***Rule***	***Request***	***Preliminary Decision***			***Status of Request***
46	*CVS Health*	§907	Eliminate staffing ratios for pharmacy technician candidates and pharmacy technicians. *[Duplicate of Item 13]*	Assigned to Cmte	Item 46	3/18/2020	On Cmte agenda
47		§1109	Clarify that a pharmacist assisting a patient in a clinical capacity does not create a pharmacist absence from the pharmacy.	Board agreed to clarify	Item 47	9/3/2019	Board issued clarification
48		§1111	Clarify that a pharmacist assisting a patient in a clinical capacity does not create a temporary absence from the pharmacy.	Board agreed to clarify	Item 47	9/3/2019	Board issued clarification

Louisiana Board of Pharmacy
Regulatory Projects - Promulgation Record

Project No.	Project Name	1st Report Notice of Intent	Public Hearing	2nd Report Hearing Record	Oversight Hearing	Final Rule Published	Law Book Published	3rd Report Completion
2020-5	Marijuana Pharmacy	4/20/2020	5/29/2020					
		2/28/2020	OLRC approved initiation of promulgation					
2020-4	Pharmacy Benefit Managers							
		2/28/2020	OLRC deferred consideration until a future date not yet known					
2020-3	Pharmacist Display of License	4/20/2020	5/29/2020					
		2/28/2020	OLRC approved initiation of promulgation					
2020-2	Automated Medication Systems	4/20/2020	5/29/2020					
		2/28/2020	OLRC approved initiation of promulgation					
2020-1	Prescription Monitoring Program	4/20/2020	5/29/2020					
		2/28/2020	OLRC approved initiation of promulgation					
2019-18	Cannabis MDI	11/20/2019	12/27/2019	3/6/2020	[none]	4/20/2020		
		9/3/2019	OLRC issued waiver from 1st review		2/28/2020	OLRC approved completion of project		
2019-17	Pharmacy Records	11/20/2019	12/27/2019	3/6/2020	[none]	4/20/2020		
		8/29/2019	OLRC approved initiation of promulgation		2/28/2020	OLRC approved completion of project		
2019-16	Pharmacy Compounding	11/20/2019	12/27/2019	3/6/2020	[none]	4/20/2020		
		8/29/2019	OLRC approved initiation of promulgation		2/28/2020	OLRC approved completion of project		
2019-15	Drug Disposal by Pharmacies	11/20/2019	12/27/2019	*Comments prompted substantive revision, requiring a second public hearing*				
		8/29/2019	OLRC approved initiation of promulgation		4/27/2020	OLRC approved completion of project		
			4/27/2020	4/28/2020				
454-2019	Comments on Entirety of Rules	5/20/2019	6/26/2019					
2019-14	Rulemaking Procedures	11/20/2019	12/27/2019	3/6/2020	[none]	4/20/2020		
		4/22/2019	OLRC issued waiver from 1st review		2/28/2020	OLRC approved completion of project		

Last update: 04-30-2020

Louisiana Board of Pharmacy
Regulatory Projects - Promulgation Record

Project No.	Project Name	1st Report Notice of Intent	Public Hearing	2nd Report Hearing Record	Oversight Hearing	Final Rule Published	Law Book Published	3rd Report Completion
2019-13	CDS License for 3PL Providers	11/20/2019	12/27/2019	3/6/2020	[none]	4/20/2020		
		4/22/2019	OLRC issued waiver from 1st review		2/28/2020	OLRC approved completion of project		
2019-12	Partial Fill of C-II Prescriptions	11/20/2019	12/27/2019	3/6/2020	[none]	4/20/2020		
		4/22/2019	OLRC issued waiver from 1st review		2/28/2020	OLRC approved completion of project		
2019-11	Continuing Education Records	11/20/2019	12/27/2019	3/6/2020	[none]	4/20/2020		
		8/29/2019	OLRC approved initiation of promulgation		2/28/2020	OLRC approved completion of project		
2019-10	License Transfer for Pharmacy Technicians	11/20/2019	12/27/2019	3/6/2020	[none]	4/20/2020		
		8/29/2019	OLRC approved initiation of promulgation		2/28/2020	OLRC approved completion of project		
2019-9	Delays of Licensure Examinations	11/20/2019	12/27/2019	3/6/2020	[none]	4/20/2020		
		8/29/2019	OLRC approved initiation of promulgation		2/28/2020	OLRC approved completion of project		
2019-8	Dispensing of Prescription Refills	11/20/2019	12/27/2019	3/6/2020	[none]	4/20/2020		
		4/12/2019	OLRC issued waiver from 1st review		2/28/2020	OLRC approved completion of project		
2019-7	Veterinary Hospital Pharmacy	11/20/2019	12/27/2019	3/6/2020	[none]	4/20/2020		
		4/12/2019	OLRC issued waiver from 1st review		2/28/2020	OLRC approved completion of project		
2019-6	Prescription Monitoring Program	With additional PMP-related regulatory proposals, this project was deferred in favor of Project 2020-1 (see above).						
		4/12/2019	OLRC issued waiver from 1st review					
2019-5	Correctional Center Pharmacies	11/20/2019	12/27/2019	3/6/2020	[none]	4/20/2020		
		4/12/2019	OLRC issued waiver from 1st review		2/28/2020	OLRC approved completion of project		
2019-4	Telepharmacy Dispensing Sites	11/20/2019	12/27/2019	3/6/2020	[none]	4/20/2020		
		8/29/2019	OLRC approved initation of promulgation		2/28/2020	OLRC approved completion of project		
2019-3	Investigational Drugs	11/20/2019	12/27/2019	3/6/2020	[none]	4/20/2020		
		4/12/2019	OLRC issued waiver from 1st review		2/28/2020	OLRC approved completion of project		

Last update: 04-30-2020

Louisiana Board of Pharmacy
Regulatory Projects - Promulgation Record

Project No.	Project Name	1st Report Notice of Intent	Public Hearing	2nd Report Hearing Record	Oversight Hearing	Final Rule Published	Law Book Published	3rd Report Completion
2019-2	Pharmacy Immunizations	11/20/2019	12/27/2019	3/6/2020	[none]	4/20/2020		
		4/12/2019	OLRC issued waiver from 1st review		2/28/2020	OLRC approved completion of project		
2019-1B	Licensing of Marijuana Pharmacies	11/20/2019	12/27/2019	3/6/2020	[none]	4/20/2020		
		8/29/2019	OLRC approved initiation of promulgation		2/28/2020	OLRC approved completion of project		
2019-1A	Marijuana Pharmacies	4/20/2019	5/29/2019	9/3/2019	[none]	10/20/2019		1/31/2020
		3/20/2019	OLRC issued waiver from 1st review		9/3/2019	OLRC issued waiver from 2nd review		
2018-3	Drugs of Concern - Naloxone	9/20/2018	10/26/2018	12/3/2018	[none]	1/20/2019	2019	2/26/2019
2018-2	La. Uniform Prior Authorization	8/20/2018	9/28/2018	10/25/2018	[none]	12/20/2018	2019	2/26/2019
						Delayed effective date: 1/1/2019		
2018-1	Pharmacy Benefit Managers	5/20/2018	6/25/2018	9/11/2018	10/8/2018	*Sen. H&W Cmte rejected proposed rule.*		
2017-2	Equivalent Drug Product Interchange	4/20/2017	5/30/2017	9/27/2017	[none]	11/20/2017	11/20/2017	2/6/2018
2017-1	Internship Requirements	4/20/2017	5/30/2017	9/27/2017	[none]	11/20/2017	1/1/2018	2/6/2018
						Delayed effective date: 1/1/2018		
2016-6	Marijuana Pharmacy	1/20/2017	3/2/2017	*Comments prompted substantive revision, requiring a second public hearing*				
			6/26/2017	7/5/2017	[none]	8/20/2017	2017	2/6/2018
2016-5	Reinstatement of CDS License	11/17/20/16	Emergency Rule #1 issued; it expired 3/17/2017.					
		3/15/2017	Emergency Rule #2 issued; it was cancelled upon publication of the Final Rule.					
		1/20/2017	3/1/2017	3/27/2017	[none]	5/20/2017	2017	2/6/2018

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Louisiana Board of Pharmacy
Regulatory Projects - Promulgation Record

Project No.	Project Name	1st Report Notice of Intent	Public Hearing	2nd Report Hearing Record	Oversight Hearing	Final Rule Published	Law Book Published	3rd Report Completion
2016-4	Standing Orders for Distribution of Naloxone	8/10/2016	Emergency Rule #1 issued; it expired 12/8/2016.					
		12/7/2016	Emergency Rule #2 issued; it expired 4/6/2017.					
		4/5/2017	Emergency Rule #3 issued; it was cancelled upon publication of the Final Rule.					
		1/20/2017	3/1/2017	3/27/2017	[none]	5/20/2017	2017	2/6/2018
2016-3	Medication Synchronization	4/20/2016	5/25/2016	8/1/2016	[none]	9/20/2016	2016	2/1/2017
2016-2	Pharmacist-in-Charge of Nonresident Pharma	4/20/2016	5/25/2016	11/14/2016	[none]	1/20/2017	2017	2/6/2018
2016-1	CDS Prescriptions	4/20/2016	5/25/2016	6/3/2016	[none]	7/20/2016	2016	2/1/2017
2015-9	Accreditation of Technician Training Program	11/30/2015	Emergency Rule #1 issued; it expired 3/28/2016.					
		3/24/2016	Emergency Rule #2 issued; it expired 7/22/2016.					
		7/21/2016	Emergency Rule #3 issued; it expired 11/18/2016.					
		11/17/2016	Revised Emergency Rule issued; it expired 3/17/2017					
		3/15/2017	Emergency Rule #5 issued; it expired 7/13/2017					
		7/10/2017	Emergency Rule #6 issued; it will expire 11/7/2017					
		11/6/2017	Emergency Rule #7 issued; it was cancelled upon publication of the Final Rule.					
		1/20/2017	3/1/2017	*Comments prompted substantive revision, requiring a second public hearing*				
			6/26/2017	11/6/2017	[none]	12/20/2017	1/1/2018	2/6/2018
						Delayed effective date: 1/1/2018		
2015-8	Remote Access to Medical Orders	7/20/2015	8/26/2015	9/8/2015	[none]	10/20/2015	2016	2/22/2016
2015-7	Remote Processor Pharmacy Permit	7/20/2015	8/26/2015	9/8/2015	[none]	10/20/2015	2016	2/22/2016
2015-6	Telepharmacy Services Permit	7/20/2015	8/26/2015	9/8/2015	[none]	10/20/2015	2016	2/22/2016
2015-5	Electronic Signature on Fax Prescription	6/1/2015	Emergency Rule; will expire on 09/30/2015					
		9/21/2015	Emergency Rule re-issued; will expire on publication of Final Rule.					
		7/20/2015	8/26/2015	9/8/2015	[none]	10/20/2015	2016	2/22/2016

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Louisiana Board of Pharmacy
Regulatory Projects - Promulgation Record

Project No.	Project Name	1st Report Notice of Intent	Public Hearing	2nd Report Hearing Record	Oversight Hearing	Final Rule Published	Law Book Published	3rd Report Completion
2015-4	Compounding for Office Use for Veterinarians	6/1/2015	Emergency Rule; will expire on 09/28/2015					
		9/21/2015	Emergency Rule re-issued; will expire on 01/19/2016					
		1/15/2016	Emergency Rule re-issued; will expire on 05/14/2016					
		2/24/2016	Emergency Rule re-issued; will expire on publication of Final Rule					
		7/20/2015	8/26/2015	*Comments prompted substantive revision, requiring a second public hearing*				
			4/19/2016	5/10/2016	[none]	6/20/2016	2016	2/1/2017
2015-3	Electronic Product Verification	4/20/2015	6/25/2015	6/29/2015	[none]	8/20/2015	2016	2/22/2016
2015-2	Expiration Date of Schedule II Prescriptions	12/20/2014	1/28/2015	3/3/2015	[none]	4/20/2015	2016	2/22/2016
2015-1	Dispenser Reporting to PMP	12/20/2014	1/28/2015	3/3/2015	[none]	4/20/2015	2016	2/22/2016
2014-6	Special Event Pharmacy Permit	9/20/2014	10/30/2014	11/18/2014	[none]	1/20/2015	3/15/2015	2/22/2016
2014-5	Prescriptions	6/20/2014	7/28/2014	*Comments prompted substantive revision, requiring a second public hearing*				
			10/30/2014	11/18/2014	[none]	1/20/2015	3/15/2015	2/22/2016
2014-4	Pharmacy Compounding	8/8/2014	Emergency Rule - valid for 120 days					
		12/5/2014	Emergency Rule re-issued; expired on publication of Final Rule on 1/20/2015.					
		9/20/2014	10/30/2014	11/18/2014	[none]	1/20/2015	3/15/2015	2/22/2016
2014-3	Pharmacy Records	3/20/2014	4/29/2014	*Comments prompted substantive revision, requiring a second public hearing*				
			9/30/2014	10/3/2014	[none]	11/20/2014	3/15/2015	3/13/2015
2014-2	Veterinarian Exclusion from PMP	3/20/2014	4/29/2014	5/8/2014	[none]	6/20/2014	3/15/2015	3/13/2015
2014-1	PMP Delegates	3/20/2014	4/29/2014	5/8/2014	[none]	6/20/2014	3/15/2015	3/13/2015
2013-06	Penal Pharmacy Permit Revision	7/20/2013	8/27/2013	10/3/2013	[none]	11/20/2013	1/15/2014	2/7/2014
2013-05	Collaborative Drug Therapy Management	7/20/2013	8/27/2013	11/8/2013	[none]	12/20/2013	1/15/2014	2/7/2014

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Louisiana Board of Pharmacy
Regulatory Projects - Promulgation Record

Project No.	Project Name	1st Report Notice of Intent	Public Hearing	2nd Report Hearing Record	Oversight Hearing	Final Rule Published	Law Book Published	3rd Report Completion
2013-04	Preferential Licensing for Military Personnel	7/20/2013	8/27/2013	9/23/2013	[none]	11/20/2013	1/15/2014	2/7/2014
2013-03	Technician Training Programs [Chap. 9]	4/20/2013	5/30/2013	6/4/2013	[none]	7/20/2013	1/15/2014	2/7/2014
2013-02	Hospital Off-Site Satellite Pharmacies [Chap.	1/20/2013	2/27/2013	3/15/2013	[none]	5/20/2013	1/15/2014	2/7/2014
2013-01	Compounding for Prescriber Use ~ ER-1	12/13/2012	Emergency Rule - valid for 120 days		1/18/2013	*Sen H&W Cmte rejected Emergency Rule*		
	Compounding for Prescriber Use ~ ER-2	1/31/2013	Replacement Emergency Rule - valid for 120 days					
		5/29/2013	Replacement Emergency Rule re-issued - valid for 120 days					
		9/27/2013	Replacement Emergency Rule re-issued - valid for 120 days					
		2/6/2014	Replacement Emergency Rule re-issued - valid for 120 days					
		4/4/2014	Replacement Emergency Rule re-issued - expired 8/4/2014; see Project 2014-4 abovce for new ER					
	Compounding for Prescriber Use [Chap 25]	1/20/2013	2/27/2013	*Comments prompted substantive revision, requiring a second public hearing*				
			5/30/2013	*Comments prompted substantive revision; additional hearing required*				
		1/20/2014	Time has expired for the 2013 Notice of Intent - New Project & Notice of Intent required.					
2012-11	DME Permit [Chapter 24]	11/20/2012	12/27/2012	1/5/2013	[none]	3/20/2013	4/15/2013	2/7/2014
2012-10	PMP [Chapter 29]	7/20/2012	8/27/2012	1/2/2013	[none]	2/20/2013	4/15/2013	3/8/2013
2012-09	CDS in EDK [§1713, 2743]	7/20/2012	8/27/2012	1/2/2013	[none]	2/20/2013	4/15/2013	3/8/2013
2012-08	CDS Lic. For Non-Resident Distributor [§2705	7/20/2012	8/27/2012	1/2/2013	[none]	2/20/2013	4/15/2013	3/8/2013
2012-07	Security of Rx Dept [§1103]	7/20/2012	8/27/2012	1/2/2013	[none]	2/20/2013	4/15/2013	3/8/2013
2012-06	Interstate Remote Processing [§1139, 1143]	7/20/2012	8/27/2012	1/2/2013	[none]	2/20/2013	4/15/2013	3/8/2013
2012-05	Institutional Pharmacy [§1705, 1727]	7/20/2012	8/27/2012	1/2/2013	[none]	2/20/2013	4/15/2013	3/8/2013

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Louisiana Board of Pharmacy
Regulatory Projects - Promulgation Record

Project No.	Project Name	1st Report Notice of Intent	Public Hearing	2nd Report Hearing Record	Oversight Hearing	Final Rule Published	Law Book Published	3rd Report Completion
2012-04	Chapter 24 - DME Permits ~ Emergency Rule	5/2/2012	Emergency Rule - valid for 120 days					2/7/2014
		8/31/2012	Emergency Rule re-issued - valid for 120 days					2/7/2014
		12/28/2012	Emergency Rule re-issued - valid for 120 days					2/7/2014
2012-03	Remote Processing [§1143, 1525]	1/20/2012	2/28/2012	3/19/2012	[none]	5/20/2012	4/15/2013	3/8/2013
2012-02	Hospital Pharmacy [§1501, 1512, 1513]	1/20/2012	2/28/2012	3/19/2012	[none]	5/20/2012	4/15/2013	3/8/2013
2012-01	E-Communications [§505, 905, 1203]	1/20/2012	2/28/2012	3/19/2012	[none]	5/20/2012	4/15/2013	3/8/2013
2011-07	Penal Pharmacy [Chapter 18]	1/20/2012	2/28/2012	3/19/2012	[none]	5/20/2012	4/15/2013	3/8/2013
2011-02	Cognitive Services [§525]	1/20/2012	2/28/2012	3/19/2012	[none]	5/20/2012	4/15/2013	3/8/2013
2011-01	PIC Requirements [§1105]	1/20/2012	2/28/2012	3/19/2012	[none]	5/20/2012	4/15/2013	3/8/2013
2009-04	Digital Imaging of Prescriptions [§1123]	12/20/2009	1/27/2010	2/26/2010	[none]	4/20/2010	1/31/2011	4/5/2011
2009-03	Prescription Transfers [§2523]	12/20/2009	1/27/2010	2/26/2010	[none]	4/20/2010	1/31/2011	4/5/2011
2009-02	Pharmacy Interns [§709]	12/20/2009	1/27/2010	2/26/2010	[none]	4/20/2010	1/31/2011	4/5/2011
2009-01	Drugs of Concern [§2901]	12/20/2009	1/27/2010	2/26/2010	[none]	4/20/2010	1/31/2011	4/5/2011
2008-03	CDS [Chapter 27]	6/20/2008	7/30/2008	8/21/2008	[none]	10/20/2008	1/31/2011	3/16/2009
2008-02	Pharmacies [§1107.B + §1727]	4/20/2008	5/28/2008	6/2/2008	[none]	7/20/2008	1/31/2011	3/16/2009
2008-01	Pharmacy Interns [§521.G + §705.C]	4/20/2008	5/28/2008	6/2/2008	[none]	7/20/2008	1/31/2011	3/16/2009
2007-01	Prescription Monitoring Program [Chapter 29]	4/20/2007	5/30/2007	6/5/2007	[none]	7/20/2007	1/31/2011	2/13/2008

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Louisiana Board of Pharmacy
Regulatory Projects - Promulgation Record

Project No.	Project Name	1st Report Notice of Intent	Public Hearing	2nd Report Hearing Record	Oversight Hearing	Final Rule Published	Law Book Published	3rd Report Completion
2006-03	Pharmacy Practice	11/20/2006	12/27/2006	*Comments prompted substantive revision, requiring a second public hearing*				
		3/30/2007	4/20/2007	5/3/2007	[none]	6/20/2007	1/31/2011	2/13/2008
2006-02	Proposal No. 2006-11 - Certified Preceptors	9/20/2006	10/30/2006	11/1/2006	[none]	12/20/2006	1/31/2011	3/30/2007
2006-01	Proposal No. 2006-11 - Certified Preceptors	9/1/2006	Emergency Rule - valid for 120 days		[none]	N/A	N/A	3/30/2007
2005-03	§705 - Practical Experience for Interns	12/20/2005	1/25/2006	1/30/2006	[none]	4/20/2006	9/1/2006	3/30/2007
2005-02	§705 - Practical Experience for Interns	12/20/2005	Emergency Rule - valid for 120 days		[none]	N/A	N/A	3/30/2007
2005-01	§907 - Scope of Practice for Technicians	6/20/2005	7/27/2005	8/25/2005	*Refiled report due to disruption caused by Hurricanes Katrina & Rita*			
				1/30/2006	2/14/2006	6/20/2006	9/1/2006	3/30/2007
2004-01	Chapter 8 →Chapter 9: Pharmacy Technician	8/20/2004	9/27/2004	10/5/2004	[none]	11/20/2004	1/1/2005	3/18/2005
2003-01	Complete Revision of Board Rules	7/20/2003	8/26/2003	8/28/2003	[none]	10/20/2003	1/1/2004	2/27/2004
2001-01	§1109 - Prescription Forms	9/20/2001	10/25/2001	11/5/2001	[none]	11/20/2001	1/1/2002	N/A
2000-04	Chapter 7 - Pharmacy Interns	6/20/2000	7/27/2000	8/28/2000	[none]	10/20/2000	12/1/2000	N/A
2000-03	Chapter 8 - Pharmacy Technicians	4/20/2000	5/30/2000	7/5/2000	*Comments prompted substantive revisions, requiring a 2nd hearing*			
		7/20/2000	8/24/2000	8/28/2000	[none]	10/20/2000	12/1/2000	N/A
2000-02	§3517 - Drug Donations / Charitable Pharmac	4/20/2000	5/30/2000	6/20/2000	[none]	8/20/2000	10/1/2000	N/A
2000-01	§3517 - Drug Donations / Charitable Pharmac	3/20/2000	Emergency Rule - valid for 120 days		[none]	N/A	N/A	N/A
1999-01	Chapter 12 - Automated Medication Systems	9/20/1999	11/29/1999	3/13/2000	[none]	6/20/2000	6/1/2000	N/A

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Louisiana Board of Pharmacy
Action Plans to Implement Legislation

Bill	Act	Topic	Citation(s)	Law Book	Rules	PPM	Guidance	Forms	Completion
HB 138	2019-354	Revised definitions; new drugs in Schedule I	40:961 and 964	8/1/2019					8/1/2019
HB 243	2019-423	Reporting of opioid-related overdoses	40:978.2.1	8/1/2019					8/1/2019
HB 284	2019-426	Prescriber overrides of 7-day supply	40:978(G)(2)	8/1/2019					8/1/2019
HB 358	2019-284	Cannabis metered-dose inhalers	40:1046(A)(1)	8/1/2019	LAC 46:LIII.2443.C.1.h				4/20/2020
HB 375	2019-219	CBC for CDS license applicants	40:973.1	8/1/2019				5/1/2020	5/1/2020
HB 423	2019-227	Repeal of student loan disqualifications	37:2951 repealed					8/1/2019	8/1/2019
HB 433	2019-161	Pharmacist may decline to fill prescription	37:1219(D through F)	8/1/2019	Board determined no rule needed				8/14/2019
HB 452	2019-231	Scheduling of mitragynine	40:964 and 40:989.3	8/1/2019					8/1/2019
HB 491	2019-164	Hemp-derived CBD oil products	40:961.1	8/1/2019			8/14/2019		8/14/2019
HB 507	2019-331	7% tax on gross sales of marijuana products	40:1046(H)(8)(a)	8/1/2019					8/1/2019
HB 614	2019-256	Public notice for public records	44:33.1(B)						8/1/2019
SB 41	2019-124	Licensure and regulation of PBMs	37:1252 et seq; 40:2861 et seq	8/1/2019	Reg. Project 2020-4 in process				
SB 53	2019-080	Access to PMP by federal jurisdictions	40:1007(G)	8/1/2019	Reg. Project 2020-1 in process				
SB 99	2019-052	Board member qualifications	37:1174(A)(4)	8/1/2019	Board determined no rule needed				8/14/2019
SB 119	2019-351	Palliative Care Advisory Council	40:2018.6			PPM.I.B.6			8/14/2019
SB 241	2019-204	Revision of APA re small business impact	49:953 et seq				OSR		10/7/2019

Louisiana Board of Pharmacy
Action Plans to Implement 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	LAC 46:LIII.Chapter 27					4/20/2020
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							8/1/2019
HB 189	2018-454	Rulemaking procedures	49:953(C)	8/1/2018	LAC 46:LIII.113					4/20/2020
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							3/14/2019
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			8/1/2019
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 Proj 2020-1 in process					
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	LAC 46:LIII.2747.B.5.a					4/20/2020
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	LAC 46:LIII (multiple chapters)					4/20/2020
SCR 83		Military licensing info on website								10/1/2018

Louisiana Board of Pharmacy

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Finance Committee

Louisiana Board of Pharmacy

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Finance Committee

Interim Report
Fiscal Year 2019-2020

May 27, 2020

Blake P. Pitre
Chair

Louisiana Board of Pharmacy
FY 2019-2020
Statement of Assets, Liabilities, Equity

	FY 18-19 Final (A)	FY 19-20 Q3 03/31/2020
ASSETS & DEFERRED OUTFLOWS		
Assets		
> ***Current Assets***		
* Cash		
General Operations		
HancockWhitney Bank	228,043.77	228,215.49
Iberia Bank	1,692,446.15	718,449.86
Investment Accounts - Iberia Bank		
Money Market Funds	268,913.41	292,816.50
Funds Maturing Within One Year	297,229.20	3,357,857.02
* Total Cash & Cash Equivalents	2,486,632.53	4,597,338.87
* Accounts Receivable		
Grants	210,667.00	0.00
End of Year Deposits	20,100.00	0.00
CPSC Inspections	3,000.00	0.00
Returned Checks & Consent Orders	1,195.00	180.00
* Total Accounts Receivable	234,962.00	180.00
* Accrued Interest Receivable	11,671.80	6,984.76
* Prepaid Expenses		
Critical Point Staff Education	1,995.00	0.00
Metrc Product ID Module	15,000.00	0.00
Appriss Additional Deliverables	33,850.00	882.30
Essential Solutions	2,989.10	374.60
PMP Gateway Integration Project	390,643.04	840,933.06
Drug Price Transparency Website	16,907.72	0.00
Information Systems	1,906.85	0.00
* Total Prepaid Expenses	463,291.71	842,189.96
Total Current Assets	***3,196,558.04***	***5,446,693.59***
> ***Noncurrent Assets***		
* Investment Accounts		
Iberia Bank - General Reserve Fund	1,071,526.95	0.00
Iberia Bank - OPEB Reserve Fund	960,691.67	0.00
Iberia Bank - Pension Reserve Fund	1,711,007.96	792,908.21
	3,743,226.58	792,908.21
* 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	1,354,876.72	1,354,876.72
Office Equipment	230,345.19	230,345.19
Furniture	177,074.08	211,232.86
Software: Licensure & Website	408,560.00	408,560.00
Accumulated Depreciation	(995,793.19)	(1,038,412.38)
	2,180,002.70	2,171,542.29
Total Noncurrent Assets	***5,923,229.28***	***2,964,450.50***

Louisiana Board of Pharmacy
FY 2019-2020
Statement of Assets, Liabilities, Equity

	FY 18-19 Final (A)	FY 19-20 Q3 03/31/2020
Total Assets	*9,119,787.32*	*8,411,144.09*
Deferred Outflows of Resources		
OPEB Reserve Fund	71,452.00	71,452.00
Pension Reserve Fund	972,930.00	972,930.00
Total Deferred Outflows of Resources	*1,044,382.00*	*1,044,382.00*
TOTAL ASSETS & DEFERRED OUTFLOWS	***10,164,169.32***	***9,455,526.09***
LIABILITIES, DEFERRED INFLOWS, & EQUITY		
Liabilities		
> Current Liabilites		
Unearned grant revenue	1,443,299.76	840,933.06
Accrued salaries and benefits	45,716.43	0.00
Unemployment taxes payable	184.03	1,053.22
State taxes withheld	4,820.00	0.00
Accounts payable	12,483.43	0.00
Compensated absences (ST)	44,648.86	44,648.86
PES fee payable	200.00	0.00
Other post employment benefits (OPEB) payable	47,351.00	47,351.00
Total Current Liabilities	1,598,703.51	933,986.14
> Long Term Liabilities		
Compensated absences (LT)	90,377.73	90,377.73
Other post employment benefits (OPEB) payable	1,881,586.00	1,881,586.00
Net pension liability	5,297,583.00	5,297,583.00
Total Long Term Liabilities	7,269,546.73	7,269,546.73
Total Liabilities	*8,868,250.24*	*8,203,532.87*
Deferred Inflows of Resources		
OPEB Reserve Fund	154,202.00	154,202.00
Pension Reserve Fund	80,208.00	80,208.00
Total Deferred Inflows of Resources	*234,410.00*	*234,410.00*
Equity		
Fund Balance at End of Prior Year	(1,600,918.63)	(1,351,071.21)
Fund Balance - designaated	241,038.00	241,038.00
Invested in Capital Assets	2,180,002.70	2,171,542.29
Net Income	241,387.01	(43,925.86)
Total Equity	*1,061,509.08*	*1,017,583.22*
TOTAL LIABILITIES, DEFERRED INFLOWS, & EQUITY	***10,164,169.32***	***9,455,526.09***

Louisiana Board of Pharmacy
Fiscal Year 2019-2020
Statement of Equity

	FY 18-19 Final (A)	FY 19-20 Q3 03/31/2020
Components of Equity:		
Fund Balance at End of Prior Year	(1,600,918.63)	(1,345,631.90)
Fund Balance - designated	241,038.00	241,038.00
Invested in Fixed Assets	2,180,002.70	2,166,102.98
Balance of Equity at Beginning of Year	820,122.07	1,061,509.08
GASB Restatements	0.00	0.00
Net Income	241,387.01	(43,925.86)
Balance of Equity at End of Year	1,061,509.08	1,017,583.22

Louisiana Board of Pharmacy
FY 2019-2020
Statement of Revenue, Expenses, and Budget Performance

Revenue

	FY 18-19 Final (A)	FY 19-20 Q3 03/31/2020	FY 19-20 Budget (A#1)
Licensing Fees			
PST License Application Fee	170,400.00	82,200.00	170,000.00
PST License Reciprocity Application Fee	48,750.00	31,350.00	49,000.00
PST License Renewal Fee	872,200.00	882,550.00	872,000.00
PNT Registration Application Fee	3,520.00	2,980.00	3,500.00
PTC Registration Application Fee	27,125.00	21,600.00	28,000.00
CPT Certificate Application Fee	55,400.00	33,700.00	55,000.00
CPT Certificate Renewal Fee	340,500.00	10,900.00	340,000.00
PHY Permit Application & Renewal Fee	280,925.00	267,700.00	281,000.00
AMS Registration Application & Renewal Fee	21,750.00	5,550.00	23,000.00
DME Permit Application & Renewal Fee	85,350.00	83,575.00	87,000.00
EDK Permit Application & Renewal Fee	11,725.00	1,625.00	13,000.00
CDS License Application & Renewal Fee	531,170.00	352,755.00	532,000.00
Credential Reinstatement Fee	25,340.00	21,850.00	26,000.00
Delinquent Renewal Fee for PST & CPT	14,500.00	11,862.50	14,000.00
Delinquent Renewal Fee for PHY & CDS	11,647.50	10,717.50	12,000.00
Sales of Goods & Services			
Product Charge for Duplicate Credentials	4,350.00	2,850.00	4,500.00
Product Charge for Pharmacist Original Certificate	5,475.00	4,725.00	6,000.00
Product Charge for Pharmacist Silver Certificate	500.00	400.00	500.00
Product Charge for Law Book & Supplement	375.00	435.00	500.00
Product Charge for Official List of Licensees	25,650.00	20,550.00	26,000.00
Product Charge for Document Copies	272.00	27.50	500.00
Service Charge for Document Certification	4,240.00	2,520.00	5,000.00
Service Charge for Inspection Services for U.S. CPSC	6,000.00	0.00	3,000.00
Service Charge for PNT Practical Experience	350.00	140.00	500.00
Disposal of Assets	0.00	0.00	0.00
Administrative Fees			
Recovery of Bank Charges for NSF Fees	200.00	300.00	500.00
Handling & Mailing Fees	377.00	94.00	500.00
Enforcement Activities			
Administrative Hearing Fee	22,750.00	14,500.00	23,000.00
Fines	268,250.00	223,000.00	265,000.00
Cost Recoveries	25,653.33	24,652.82	25,000.00
Prescription Monitoring Program (PMP)			
PMP Assessments	591,220.00	391,875.00	591,000.00
Grants			
Private Grants	81,200.00	0.00	42,000.00
Government Grants	367,367.24	602,366.70	0.00
Miscellaneous Revenue	283.06	23.01	1,000.00
TOTAL REVENUE	**3,904,815.13**	**3,109,374.03**	**3,500,000.00**

Louisiana Board of Pharmacy
FY 2019-2020
Statement of Revenue, Expenses, and Budget Performance

Expenses

	FY 18-19 Final (A)	FY 19-20 Q3 03/31/2020	FY 19-20 Budget (A#1)
Operations			
Equipment Rentals	14,974.91	10,567.20	15,000.00
Equipment Maintenance	2,201.88	2,239.92	2,200.00
Telephone	18,034.76	11,446.65	29,000.00
Printing	18,099.33	29,037.62	17,000.00
Postage	60,055.00	50,038.16	60,000.00
Dues & Subscriptions	10,671.61	12,437.90	12,000.00
Financial Service Charges	52,713.75	48,829.19	53,000.00
Office Meeting Expenses	5,067.38	2,891.05	5,000.00
Office Supply Expenses	21,956.05	16,127.10	22,000.00
Utilities	10,422.52	6,617.07	11,000.00
Civil Service Assessments (DSCS)	7,966.00	8,321.00	8,400.00
Office Insurance (ORM)	16,980.00	21,269.00	22,000.00
Depreciation of Fixed Assets	55,621.06	42,619.19	55,000.00
Acquisitions	5,676.36	10,546.12	100,000.00
Miscellaneous Expenses	0.00	0.00	0.00
Personal Services			
Salaries for Employees	1,669,429.89	1,234,018.49	1,789,000.00
Wages for Temporary Labor	12,420.31	9,372.85	20,000.00
Payroll Taxes (FICA & FUTA)	28,503.45	21,164.57	36,000.00
Health Insurance Premiums (SEGBP)	170,746.80	140,472.08	197,000.00
Pension Plan Premiums (LASERS)	655,213.95	502,142.00	727,000.00
Other Post-Employment Benefits (OPEB)	13,687.00	0.00	15,000.00
Board Member Per Diem	30,000.00	17,025.00	30,000.00
Professional Services			
Accounting & Expense Reimbursement	28,129.50	27,644.00	30,000.00
Legal & Expense Reimbursement	47,564.60	1,260.00	50,000.00
Information Systems	117,018.15	120,749.35	154,000.00
Prescription Monitoring Program	137,915.04	261,295.50	208,000.00
PMP Statewide Integration Project	384,274.96	546,401.22	0.00
Drug Price Transparency Website	64,292.28	17,907.72	42,000.00
Property Management	22,091.28	17,258.96	30,000.00
Staff Expenses			
Executive Director	4,822.99	2,719.90	5,000.00
General Counsel	9,868.05	5,997.02	10,000.00
Assistant Executive Director	4,853.17	2,184.96	5,000.00
Compliance Officer - Travel	6,995.39	2,470.71	7,000.00
Compliance Officer - Rental Cars	8,991.96	3,294.40	9,000.00
Compliance Officer - Fuel for Rental Cars	3,328.07	1,793.38	4,000.00
Compliance Officer - Conference Travel Expenses	2,710.29	13,662.28	14,000.00
House Staff Travel & Education	25.00	386.80	400.00
Mileage	28,049.76	25,337.74	30,000.00
Board Expenses			
Board Meetings	17,492.94	11,653.61	18,000.00
Committee Meetings	9,520.15	3,951.15	10,000.00
Conference Travel Expenses	19,782.78	3,139.40	20,000.00
President's Expenses	7,233.21	4,263.65	8,000.00
Mileage - Members & President	19,831.98	12,802.73	20,000.00
TOTAL EXPENSES	**3,825,233.56**	**3,283,356.64**	**3,900,000.00**

Louisiana Board of Pharmacy
FY 2019-2020
Summary of Income Fund Balance Changes

Summary

	FY 18-19 Final (A)	FY 19-20 Q3 03/31/2020	FY 19-20 Budget (A#1)
Income Statement			
Total Revenue	3,904,815.13	3,109,374.03	3,500,000.00
Total Expenses	3,825,233.56	3,283,356.64	3,900,000.00
Net Ordinary Income	79,581.57	(173,982.61)	(400,000.00)
Other Income & Expenses			
Investments	161,805.44	130,056.75	0.00
Net Income	241,387.01	(43,925.86)	(400,000.00)

	FY 18-19 Final (A)	FY 19-20 Q3 03/31/2020	FY 19-20 Budget (A#1)
Fund Balance			
Beginning Fund Balance	820,122.07	1,061,509.08	1,061,509.08
Total Income	4,066,620.57	3,239,430.78	3,500,000.00
Total Expenses	3,825,233.56	3,283,356.64	3,900,000.00
Other Adjustments	0.00	0.00	0.00
Ending Fund Balance	1,061,509.08	1,017,583.22	661,509.08
Reservations of Fund Balance	(1,750,000.00)	(1,750,000.00)	(1,750,000.00)
Unreserved Fund Balance	(688,490.92)	(732,416.78)	(1,088,490.92)

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	600,000.00	600,000.00
Compensated Absences	150,000.00	150,000.00	150,000.00
Building Renovation & Repair	100,000.00	0.00	0.00
Total	*1,750,000.00*	*1,750,000.00*	*1,750,000.00*

Louisiana Board of Pharmacy

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

Finance Committee

Proposed Budget Amendment No. 2
Fiscal Year 2019-2020

May 27, 2020

Blake P. Pitre
Chair

Louisiana Board of Pharmacy
FY 2019-2020 Budget Amendment #2

Revenue

	FY 19-20 BA-1	FY 19-20 5/15/2020	FY 19-20 BA-2	*Notes*
Licensing Fees				
PST License Application Fee	170,000.00	119,700.00	170,000.00	
PST License Reciprocity Application Fee	49,000.00	34,950.00	40,000.00	*1*
PST License Renewal Fee	872,000.00	883,450.00	883,000.00	*2*
PNT Registration Application Fee	3,500.00	3,160.00	3,000.00	*3*
PTC Registration Application Fee	28,000.00	22,700.00	25,000.00	*4*
CPT Certificate Application Fee	55,000.00	36,600.00	40,000.00	*5*
CPT Certificate Renewal Fee	340,000.00	63,100.00	340,000.00	
PHY Permit Application & Renewal Fee	281,000.00	270,975.00	271,000.00	*6*
AMS Registration Application & Renewal Fee	23,000.00	6,300.00	23,000.00	
DME Permit Application & Renewal Fee	87,000.00	84,625.00	85,000.00	*7*
EDK Permit Application & Renewal Fee	13,000.00	2,025.00	13,000.00	
CDS License Application & Renewal Fee	532,000.00	457,405.00	500,000.00	*8*
Credential Reinstatement Fee	26,000.00	25,250.00	26,000.00	
Delinquent Renewal Fee (PST + CPT)	9,000.00	12,512.50	12,000.00	*9*
Delinquent Renewal Fee (PHY + CDS)	17,000.00	11,450.00	12,000.00	*10*
Sales of Goods & Services				
Product Charge for Duplicate Credentials	4,500.00	3,035.00	3,000.00	*11*
Product Charge for PST Original Certificate	6,000.00	5,025.00	6,000.00	
Product Charge for PST Silver Certificate	500.00	500.00	500.00	
Product Charge for Law Book & Supplement	500.00	435.00	500.00	
Product Charge for Official List of Licensees	26,000.00	22,800.00	26,000.00	
Product Charge for Document Copies	500.00	27.50	50.00	*12*
Service Charge for Document Certification	5,000.00	2,840.00	3,000.00	*13*
Service Charge for Inspection Services	3,000.00	0.00	0.00	*14*
Service Charge for PNT Practical Experience	500.00	150.00	250.00	*15*
Disposal of Assets	0.00	0.00	0.00	
Administrative Fees				
Administrative Fee for NSF Items	500.00	300.00	500.00	
Administrative Fee for Handling & Mailing	500.00	139.00	200.00	*16*
Enforcement Activities				
Enforcement: Administrative Hearing Fee	23,000.00	14,500.00	19,000.00	*17*
Enforcement: Fines	265,000.00	238,000.00	271,000.00	*18*
Enforcement: Cost Recoveries	25,000.00	24,652.82	25,000.00	
Prescription Monitoring Program (PMP)				
Assessments	591,000.00	510,900.00	560,000.00	*19*
Grants				
Private Grants	42,000.00	0.00	42,000.00	
Government Grants	0.00	602,366.70	600,000.00	*20*
Miscellaneous	1,000.00	23.01	0.00	*21*
TOTAL REVENUE	**3,500,000.00**	**3,459,896.53**	**4,000,000.00**	*22*

Louisiana Board of Pharmacy
FY 2019-2020 Budget Amendment #2

Expenses

	FY 19-20 BA-1	FY 19-20 5/15/2020	FY 19-20 BA-2	*Notes*
Operations				
Equipment Rentals	15,000.00	12,111.52	15,000.00	
Equipment Maintenance	2,200.00	2,239.92	2,200.00	
Telephone	29,000.00	13,269.87	20,000.00	*23*
Printing	17,000.00	35,774.62	36,000.00	*24*
Postage	60,000.00	50,038.16	60,000.00	
Dues & Subscriptions	12,000.00	13,246.87	14,000.00	*25*
Financial Service Charges	53,000.00	48,937.39	53,000.00	
Office Meeting Expenses	5,000.00	2,891.05	5,000.00	
Office Supply Expenses	22,000.00	17,218.31	22,000.00	
Utilities	11,000.00	7,236.06	11,000.00	
Civil Service Assessment (DSCS)	8,400.00	8,321.00	8,400.00	
Office Insurance (ORM)	22,000.00	21,269.00	22,000.00	
Depreciation of Fixed Assets	55,000.00	42,619.19	55,000.00	
Acquisitions	100,000.00	10,546.12	25,000.00	*26*
Miscellaneous	0.00	0.00	0.00	
Personal Services				
Salaries for employees	1,789,000.00	1,501,379.89	1,710,000.00	*27*
Wages for temporary labor	20,000.00	9,416.35	15,000.00	*28*
Payroll Taxes (FICA + FUTA)	36,000.00	25,090.59	34,000.00	*29*
Health Insurance Premiums (SEGBP)	197,000.00	160,673.78	189,000.00	*30*
Pension Plan Premiums (LASERS)	727,000.00	583,754.06	696,000.00	*31*
Other Post Employment Benefits (OPEB)	15,000.00	0.00	15,000.00	
Board Member Per Diem	30,000.00	17,175.00	25,000.00	*32*
Professional Services				
Accounting & Expense Reimbursement	30,000.00	28,370.00	30,000.00	
Legal & Expense Reimbursement	50,000.00	1,260.00	5,000.00	*33*
Information Systems	154,000.00	123,249.35	154,000.00	
Prescription Monitoring Program	208,000.00	247,002.74	250,000.00	*34*
Drug Price Transparency Website	42,000.00	17,907.72	42,000.00	
Statewide Integration PMP Gateway	0.00	585,458.98	586,000.00	*35*
Property Management	30,000.00	20,950.98	25,000.00	*36*
Staff Expenses				
Executive Director	5,000.00	2,719.90	3,000.00	*37*
Assistant Executive Director	5,000.00	2,184.96	3,000.00	*38*
General Counsel	10,000.00	5,997.02	7,000.00	*39*
Compliance Officer - Travel	7,000.00	2,541.71	7,000.00	
Compliance Officer - Rental Cars	9,000.00	3,641.08	6,000.00	*40*
Compliance Officer - Fuel for Rental Cars	4,000.00	1,883.94	3,000.00	*41*
Compliance Officer - Conference Travel	14,000.00	13,782.28	14,000.00	
House Staff Education & Travel	400.00	386.80	400.00	
Mileage - entire staff	30,000.00	28,347.34	30,000.00	
Board Expenses				
Board Meeting Expenses	18,000.00	11,653.61	13,000.00	*42*
Committee Expenses	10,000.00	3,951.15	5,000.00	*43*
Conference Travel Expenses	20,000.00	3,139.40	4,000.00	*44*
President's Expenses	8,000.00	4,263.65	5,000.00	*45*
Mileage - Members & President	20,000.00	13,117.83	15,000.00	*46*
TOTAL EXPENSES	**3,900,000.00**	**3,705,019.19**	**4,240,000.00**	*47*

Louisiana Board of Pharmacy
FY 2019-2020 Budget Amendment #2

Summary of Fund Balance

	FY 19-20 BA-1	FY 19-20 5/15/2020	FY 19-20 BA-2	*Notes*
Total Revenue	3,500,000.00	3,459,896.53	4,000,000.00	
Total Expenses	3,900,000.00	3,705,019.19	4,240,000.00	
Net Ordinary Income	(400,000.00)	(245,122.66)	(240,000.00)	
Other Income & Expenses				
Investments	0.00	130,110.93	0.00	
Net Income	(400,000.00)	(115,011.73)	(240,000.00)	
Beginning Fund Balance	1,061,509.08	1,061,509.08	1,061,509.08	
Total Income	3,500,000.00	3,590,007.46	4,000,000.00	
Total Expenses	3,900,000.00	3,705,019.19	4,240,000.00	
State-Imposed Adjustments	0.00	0.00	0.00	
Ending Fund Balance	661,509.08	946,497.35	821,509.08	
Reservations of Fund Balance	1,750,000.00	1,750,000.00	1,750,000.00	
Unreserved Fund Balance	(1,088,490.92)	(803,502.65)	(928,490.92)	
Unfunded Pension Liability	1,000,000.00	1,000,000.00	1,000,000.00	
Unfunded OPEB Liability	600,000.00	600,000.00	600,000.00	
Compensated Absences	150,000.00	150,000.00	150,000.00	
Total	*1,750,000.00*	*1,750,000.00*	*1,750,000.00*	

Louisiana Board of Pharmacy
FY 2019-2020 Budget Amendment #2

Notes

Revenue

1	Anticipate less reciprocity applications due to use of NABP Passport.
2	Using actual receipts year to date.
3	Using actual receipts year to date.
4	Anticipate reduced enrollments due to stay-at-home order.
5	Anticipate less applications due to deferred testing availability.
6	Using actual receipts year to date.
7	Using actual receipts year to date.
8	Anticipate delayed renewals to extension of expiration dates.
9	Using actual receipts yearr to date.
10	Using actual receipts year to date.
11	Using actual receipts year to date.
12	Using actual receipts year to date.
13	Using actual receipts year to date.
14	This contract was terminated by CPSC.
15	Using actual receipts year to date.
16	Using actual receipts year to date.
17	Includes fees through May Board meeting.
18	Includes fines through May Board meeting.
19	Anticipate reduction associated with deferred CDS renewals.
20	Classified as unearned revenue in previous fiscal year and realized in current fiscal year.
21	Using actual receipts year to date.
22	Reflects 14% increase from amended budget (BA-1).

Expenses

23	Anticipate reduced utilization.
24	Using actual expenses year to date.
25	Using actual expenses year to date.
26	Most purchases reflected in noncurrent assets.
27	3 pay periods left, using annual average.
28	Anticipate reduced utilization.
29	Calculated value: 2% of salaries and wages.
30	Calculated value: 11% of salaries.
31	Calculated value: 40.7% of salaries.
32	Anticipate reduced committee meeting schedule.
33	Using actual expenses year to date.
34	Using actual expenses year to date.
35	Classified as prepaid expenses in previous fiscal year and realized in current fiscal year.
36	Anticipate reduced expenditures.
37	Using actual expenses year to date.
38	Using actual expenses year to date.
39	Using actual expenses year to date.
40	Using actual expenses year to date.
41	Using actual expenses year to date.
42	Anticipate reduced expenditures.
43	Anticipate reduced expenditures.
44	Using actual expenses year to date.
45	Using actual expenses year to date.
46	Using actual expenses year to date.
47	Reflects 9% increase from amended budget (BA-1)

Louisiana Board of Pharmacy

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Application Review Committee

Louisiana Board of Pharmacy

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Reciprocity Committee

New Pharmacist Credentials Issued by Reciprocity
Issued Since 01/26/2020

	Applicant	*Interviewer*	*Result*		
1	Amalia Go Sevilla-Romero (OH)	Waived	PST.023355	issued	01/27/20
2	Kayla King Brawley (ID)	Waived	PST.023356	issued	01/29/20
3	Sandra Leiko Bounds (MO)	Waived	PST.023357	issued	01/29/20
4	Amanda Rayner Harper (MS)	Waived	PST.023361	issued	02/05/20
5	Ai-Ja Laurielle Jackson (FL)	Waived	PST.023362	issued	02/07/20
6	Karla Marie Simpson (KY)	Waived	PST.023363	issued	02/10/20
7	Allison Andrea Chiu (MD)	Waived	PST.023364	issued	02/10/20
8	Queenet Oluchi Ibekweh (FL)	Waived	PST.023365	issued	02/10/20
9	Hasien Sarah Kourk (PA)	Waived	PST.023367	issued	02/10/20
10	Emily Erin Atchison (TX)	Waived	PST.023368	issued	02/10/20
11	Jacob Daniel Jamron (NY)	Waived	PST.023369	issued	02/10/20
12	Jake Allen Stafford (TX)	Waived	PST.023370	issued	02/10/20
13	Regina Ashley Alexander (MS)	Waived	PST.023371	issued	02/11/20
14	Cassandra Andre (FL)	Waived	PST.023372	issued	02/11/20
15	Georgina Marie Ybarra (AZ)	Waived	PST.023374	issued	02/17/20
16	Esther Joyce Chao (TX)	Waived	PST.023375	issued	02/21/20
17	Hannah Jane Morgan (MO)	Waived	PST.023376	issued	02/21/20
18	Kamal John Saliba (AZ)	Waived	PST.023377	issued	03/02/20
19	Joshua Daniel Depew (NC)	Waived	PST.023378	issued	03/03/20
20	Stephanie Burris Chavis (NC)	Waived	PST.023379	issued	03/03/20
21	Kay Thai Sheta (CA)	Waived	PST.023380	issued	03/03/20
22	Phong Thanh Vu (MS)	Waived	PST.023382	issued	03/09/20
23	Blake Edward McLeod (KY)	Waived	PST.023386	issued	03/20/20
24	Jonathan Robert Villanova (NC)	Waived	PST.023388	issued	03/25/20
25	Gina White Cohenour (SC)	Waived	PST.023389	issued	04/02/20
26	Bret Anthony Dobson (MO)	Waived	PST.023390	issued	04/02/20
27	Allison Dee Dinges (MA)	Waived	PST.023391	issued	04/06/20
28	James Nicholas McReynolds (OK)	Waived	PST.023392	issued	04/06/20
29	Julie Patricia Miller (MO)	Waived	PST.023393	issued	04/06/20
30	Thao Thi Phan (WA)	Waived	PST.023394	issued	04/06/20
31	Zain Ali Razvi (IL)	Waived	PST.023395	issued	04/06/20
32	Isaac Keaton Schiltz (KS)	Waived	PST.023396	issued	04/06/20
33	Greta Luise Shoemaker (MO)	Waived	PST.023397	issued	04/06/20
34	Pamela Suzanne Spidell (IN)	Waived	PST.023398	issued	04/06/20
35	Luke Thomas Wright (OR)	Waived	PST.023399	issued	04/06/20
36	Andranik Abraham Gelejian (CA)	Waived	PST.023400	issued	04/13/20
37	Ann Elizabeth Jacob (IL)	Waived	PST.023401	issued	04/15/20
38	Jane Walker Killian (SC)	Waived	PST.023402	issued	04/15/20
39	Eland Blake Andrew Siddle (MO)	Waived	PST.023403	issued	04/22/20
40	Shatera Terrell Peace (FL)	Waived	PST.023404	issued	04/23/20
41	Hutson Brant Sargent (KY)	Waived	PST.023405	issued	04/23/20
42	Tasha Marie Castro (HI)	Waived	PST.023406	issued	04/23/20
43	Brian Jun Park (PA)	Waived	PST.023407	issued	04/23/20
44	Kevin Adkins Marshall (KY)	Waived	PST.023408	issued	04/29/20
45	Jason Michael Diamond (TX)	Waived	PST.023409	issued	05/15/20
46	Morris Austin Jr. (AZ)	Waived	PST.023410	issued	05/15/20
47	Ian Patrick Hatlee (PA)	Waived	PST.023411	issued	05/15/20

Total: 47

Louisiana Board of Pharmacy

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

Violations Committee

Louisiana Board of Pharmacy
Compliance Division

Complaint Investigation Completion Policy Monitor

	FY 17-18 6/30/2018	FY 18-19 6/30/2019	FY 19-20 5/25/2020	FY 20-21
Pending at Beginning of Fiscal Year	160	180	179	
New Cases Added	500	433	361	
Cases Closed	480	434	355	
Cases Remaining	180	179	185	
Average No. Days to Close Investigation		52	52	
No. Investigations Closed > 180 Days		19	12	
% Investigations Beyond Policy Limit		4.4%	3.4%	
% Cases Closed by Board Action		27%	30%	

Louisiana Board of Pharmacy

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Impairment Committee

Dr. Srela Pulak .,M.D.,ABPN.

Professional Experience:

03/16-Present: Chief Medical Officer ,Center For Integrated Behavioral Health, Lafayette, LA

09/08-11/15: Senior Medical Director, Institute of Neuro Psychiatry ,Lake Charles ,LA

11/10-02/12: Interim Regional Medical Director , Department of State Mental Health Center, Lake Charles, LA

09/09-02/12 : Senior Medical Director ,Memorial Hospital ,Lake Charles LA

08/05 -01/06 : Medical Director, Beech Brook, Pepper Pike, Cleveland, OH

09/03 -01/05 : Assistant Professor, Department of Psychiatry, Ohio State University Columbus, Ohio

01/05 -07/05: Fellow Psychiatrist at the South Central Mental Illness Research,

Clinical Center (MIRECC) Houston VA Medical Center, Houston, Tx
07/01- 06/03:Fellow, Department of Child & Adolescent Psychiatry, University of Texas, Houston.
07/98 - 06/01: Resident Physician, Department of Psychiatry University of .Texas Health Science Center. Houston, Texas.
10/97 - 06/98 Post Doctoral Fellow, Department of Neurosurgery,
M.D. Anderson Cancer Center, Houston, Texas.
05/97 - 08/97: Elective Clerkship, Department of Internal Medicine,
University of Texas, Houston, Texas.
12/96 - 02/97:Elective Clerkship: Department of Cardiovascular Surgery,
Baylor College of Medicine, Houston, Texas.
04/92-02/95:Consulting Physician ,Koramangala Multispeciality Hospital , Bangalore, India

Education:
***Premedical Education*, A.S.M. College, Karnataka University, India. 1982-84 ,**
Bachelor of Medicine, Bachelor of Surgery, M.B.B.S. M.R. Medical College, Gulbarga University, India, 1993 .
***Post Graduate Residency Training* - General Psychiatry, University of Texas Medical School, Houston, TX, 1998-2001**
***Fellowship in Child and Adolescent Psychiatry*, University of Texas Medical School, Houston, TX, 2001- 2003 *Fellowship (Advanced Psychiatry*) at the South Central Mental Illness Research, Education, and Clinical Center (MIRECC) Houston VA Medical Center, Houston,Tx, 2005**

Licenses&Certificates:

- **ECFMG Certified # 0489-577-7**
- **Ohio State Medical License**
- **Georgia State Medical License**
- **Florida State Medical License**
- **Louisiana State medical License**
- **Board Certified in American Board of Psychiatry and Neurology(ABPN)**
- **Certified in Opioid Addiction & Pain management**

Professional Awards and Honors:

- **Award for outstanding resident teaching in Psychiatry, 1999 - University of Texas Medical School, Houston, Texas.**
- **MHMRA - Shire-Richwood Award for exceptional performance and outstanding work in community Psychiatry, 2002-2003**
- **All State Honors in Medical Sciences, India, 1993**

Volunteer Activities:

Teaching Yoga and other Holistic approach to maintain Healthy Lifestyle.
Participated in teen suicide prevention projects organized by NIMH
Participated in various community service activities organized by the WHO & AAPI for Developmentally Disabled Children. Took part in Local Radio & TV shows for awareness of Mental Health & Addiction Disorders.

References available upon request

Louisiana Board of Pharmacy

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Roster of Approved Addictionists

Richard P. Amar, MD
Talbott Recovery Center
5355 Hunter Road
Atlanta, GA 30349
Telephone (844) 225-3097

Ga. License No. 049558
Issued: 12-08-2000 Expires: 04-30-2021
Status: Active and unrestricted
Certification: ABPN No. 002041
Issued: 10-12-2010 Expires: 12-31-2020

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: 10-31-2020
Status: Active and unrestricted
Certification: ABAM No. 2012025
Issued: 12-15-2012 Status: Certified

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: 08-31-2020
Status: Active and unrestricted
Certification: ABAM No. 000870
Issued: 03-12-2009 No longer listed

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: 04-30-2021
Status: Active and unrestricted
Certification: ABAM No. 002509
Issued: 05-02-2009 No longer listed

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: 09-30-2020
Status: Active and unrestricted (D)
Certification: ABAM No. 000999
Issued: 03-12-2009 Status: Certified

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: 01-31-2021
Status: Active and unrestricted
Certification: ABAM No. 000881
Issued: 03-12-2009 Status: Certified

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 Expired: 06-30-2019
Status: Active
Certification: ABPN No. 000895
Issued: 04-13-2015 Expires: 12-31-2025

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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: 08-31-2020
Status: Active and unrestricted (D)
Certification: ABAM No. 003000
Issued: 05-02-2019 Status: Certified

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: 09-30-2020
Status: Active and unrestricted (D)
Certification: ABAM No. 000886
Issued: 03-12-2019 Status: Certified

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: 07-31-2020
Status: Active and unrestricted
Certification: ABAM No. 2014243
Issued: 11-15-2014 Status: Certified

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: 01-31-2021
Status: Active and unrestricted
Certification: ABPN No. 001163
Issued: 04-08-1997 Expired: 12-31-2029

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: 12-31-2022

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: 03-31-2020
Status: Active and unrestricted
Certification: ABAM No. 2014630
Issued: 11-15-2014 Status: Certified

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: 11-30-2020
Status: Active and unrestricted
Certification: ABAM No. 2014362
Issued: 11-15-2014 Status: Certified

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: 03-31-2020
Status: Active and unrestricted (D)
Certification: ABAM No. 2010367
Issued: 12-11-2010 Status: Certified

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Sreelatha Pulakhandam, MD Northlake Behavioral Health System 23515 U. S. Highway 190 Mandeville, LA 70448 Telephone (985) 246-0819	La. License No. MD.201314 Issued: 02-12-2007 Expires: 08-31-2020 Status: Active and unrestricted (D) Certification : ABPN No. 75220 Issued : 08-19-2019 Expires : 12-31-2029
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: 09-30-2020 Status: Active and unrestricted Certification: ABPN No. 006208 Issued: 06-03-2011 Expires: 12-31-2021
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 Expired: 06-30-2019 Status: Active Certification: ABPN No. 2636 Issued: 10-15-2018 Expires: 12-31-2028
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: 09-30-2020 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: 05-31-2021 Status: Active and unrestricted Certification: ABPN No. 002323 Issued: 09-29-2014 Expires: 12-31-2024
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: 08-31-2020 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: 05-31-2020 Status: Active and unrestricted Certification: ABAM No. 000983 Issued: 03-12-2009 Status: Certified
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: 11-30-2020 Status: Active and unrestricted Certification: ABPN No. 002346 Issued: 09-29-2014 Expires: 12-31-2024

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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: 09-30-2020
Status: Active and unrestricted
Certification: ABAM No. 000853
Issued: 03-12-2009 Status: Certified

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: 04-30-2020
Status: Active and unrestricted
Certifications: ABPN No. 029746
Issued: 11-30-1987 (Issues prior to 1998 do not expire)

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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

Reinstatement Committee

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 the meeting of the Reinstatement Committee originally scheduled for Tuesday, May 26, 2020 has been canceled.

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 05-20-2020

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. 20-0100 ~ CPT.004276 – Heather Nicole Brown DeLatin
         Conditional Reinstatement Order issued 04-07-2020
      ii. Case No. 20-0380 ~ CPT.005192 – Miranda Lea Coon
         Conditional Reinstatement Order Issued 04-14-2020
      iii. Case No. 20-0141 ~ CPT.003300 – Dixie Lee Duchesne
         Conditional Reinstatement Order issued 04-21-2020
      iv. Case No. 20-0154 ~ CPT.007106 – Eva Marie Smith
         Conditional Reinstatement Order issued 04-30-2020

   B. *Petitions for Modification of Previous Orders*

   C. *Petitions for Return of Inactive or Relinquished 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. CPT.006826 – Monica Denise Mutcherson
      ii. CPT.009187 - Leiloni Marie Bishop

NOTE: Pursuant to the Open Meetings Law at 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.
NOTE: In compliance with Act 655 of the 2018 Louisiana Legislature, 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 70809; 225.925.6496; info@pharmacy.la.gov. (2) Committee on House & Governmental Affairs; La. House of Representatives; PO Box 44486; Baton Rouge, LA 70804; 225.342.2403; h&ga@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.
NOTE: In compliance with Act 256 of the 2019 Louisiana Legislature, the Board gives public notice that any information submitted to the Board may become public record unless specifically exempted by the Public Records Law, R.S. 44:1 *et seq.*
NOTE: While it is possible members of the Board who are not members of this committee may attend this committee meeting in sufficient number to constitute a quorum of the Board, no action taken at this committee meeting may be construed as an action of the entire Board.

E. Applications for Reinstatement of CDS Licenses Lapsed > 5 years

i. CDS. 035829.DVM – Laura Ward Ansel
ii. CDS.031547.MD – Arie Blitz
iii. CDS.024884.MD – Clayton Bratton
iv. CDS.043589.MD – Harvey Brian Balfour
v. CDS.027865.MD – Herbert Arthur Phelan, III
vi. CDS.030632.MD – James Edward Walker, Jr.
vii. CDS.028940.MD – Amy Cummings Haynie Phelan
viii. CDS.027697.MD – Hector Ferral
ix. CDS.036139.APN – Herbert E. Druilhet
x. CDS.008611.MD – Douglas Alan Waldman

F. Discretionary Approvals by Committee Chair (lapsed > 1 year but < 5 years)

i. CDS. 046901.APN – Wessie Lynn L'Hote
ii. CDS.049680.MD – Jerry Paul Miller, III
iii. CDS.044906.PA – Melanie Denise Jones
iv. PST.021774 – Jason Allen Flebotte
v. CDS.007430-MD – Ellen B. Mc Lean
vi. CDS.047487.PA – Natalie Anne Viator
vii. CDS.043577.DDS – Briggs Alexander McKey
viii. PST.020846 – Gretchen Marie Goedeken
ix. PST.021494 – Ronald Seth Williams
x. CPT.013902 – April L'Shonne West
xi. CDS.044813.DDS – William Pharis Chambers
xii. CDS.047354.APN – Brenda Lee Brown
xiii. CDS.044519.APN – Stephanie Knight
xiv. PHY.007407.NR – Incline Health
xv. CDS.050282.APN – Shawna Calhoun Choyce
xvi. PST.019819 – Kimberly Louise Feckley
xvii. CDS.043737.MD – April Danielle Sorrel
xviii. CDS.028182-MD – Paul R. Smith
xix. CDS.046649-MD – Naoki O. Murai
xx. PST.021166 – Sana Fatima Khan
xxi. PST.020134 – Jaime Payne Wynn
xxii. CPT.012549 – Karen Juanita Remo
xxiii. PST.021130 – Gianni Baham Williams
xxiv. CPT.012913 – Marissa Tanner Johnson
xxv. CPT.010558 – Candice Tennile Bush
xxvi. CPT.011229 – Madeline Antoinette Medine
xxvii. CDS.050823.MD – Carita Irene Winn
xxviii. CDS.041033.APN – Judith Lynn Turpen
xxix. CDS.08328.MD – Roberto Xavier Calix
xxx. CPT.011650 – Heather Ray Bennett
xxxi. CPT.010055 – Christie Letoya Claiborne
xxxii. CDS.035563.MD – Stephanie E. Mathijsen

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NOTE: In compliance with Act 655 of the 2018 Louisiana Legislature, 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 70809; 225.925.6496; info@pharmacy.la.gov. (2) Committee on House & Governmental Affairs; La. House of Representatives; PO Box 44486; Baton Rouge, LA 70804; 225.342.2403; h&ga@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.
NOTE: In compliance with Act 256 of the 2019 Louisiana Legislature, the Board gives public notice that any information submitted to the Board may become public record unless specifically exempted by the Public Records Law, R.S. 44:1 *et seq.*
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xxxiii. CPT.009240 – Kristen Marie Vasquez
xxxiv. CPT.009016 – Rachel Elizabeth April
xxxv. CPT.009119 – Daniel Johnston Henry
xxxvi. CPT.011159 – Crystal Leigh Eubanks
xxxvii. PST.014043 – Timothy Allan Shuttleworth
xxxviii. CDS.026836.MD – Michael Keith Herron
xxxix. CDS.011451.MD – Kathleen Elizabeth Walsh
xl. CDS.033478.MP – Robert Dale Younger
xli. CDS.020635.DDS – Tracy Manuel crear
xlii. PST.018590 – B'Nai Tierra Stemley
xliii. PST.021833 – Sylvester Develle Hawkins
xliv. CDS.009669.MD – Jacquelyn Ann Robinson
xlv. PHY.007372.NR – Life Tree Pharmacy
xlvi. CDS.043526.MD – Kamran Shahid
xlvii. CPT.010562 – Stacie Elizabeth Laneaux

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

i. PST.020981 – Jolli Thanh Nguyen
ii. PST.014083 – Keianna Daniel Fontenette
iii. CDS.053853 – De'Shauris N. Bradford, MD
iv. CDS.053853.MD – De'Shawn Nelson Bradford
v. CDS.054124.INT – Nicolas Charles Pugh
vi. CDS.053626-INT – Eric Joseph Murnan
vii. CDS.053556-INT – Tat W. Yau
viii. CDS.052320-INT – Matthew Grant Hogan
ix. CDS.052830-APN – Sonya Renee Thomas
x. CDS.040453-DVM – Laura Colleen Managan
xi. CDS.053983-INT – Mohamed-Aly R. Bakeer
xii. CDS.054008-INT – Christopher D. Cartmill
xiii. CDS.052841-APN – Nancy O. Eaves
xiv. CDS.041210-DVM – Charles C. Kleinpeter
xv. CDS.050744-MD – Solomon A. Seifu
xvi. CDS.053966-INT – Adam C. Shepard
xvii. CDS.054117-INT – Gabrielle E Givens
xviii. CDS.054115-INT – Brock J. Juffs
xix. CDS.053980-INT – Sean O. Mackintosh
xx. CDS.037321-RES – David E. Blask
xxi. CDS.054007-MD – Andrew D. Aubin
xxii. CDS.029274-MD – Traci L. Vaughn
xxiii. CDS.045775-APN – April A. Madere
xxiv. CDS.053442-INT – Angelle A. Billiot
xxv. CDS.052286-INT – Timothy Baynard Bristol Legare
xxvi. CDS.052356-INT – Rebecca Adair Young
xxvii. CDS.053273-INT – Mark Alan Bell
xxviii. CDS.053348-MD – Ethar H. Mohammed

NOTE: Pursuant to the Open Meetings Law at 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.
NOTE: In compliance with Act 655 of the 2018 Louisiana Legislature, 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 70809; 225.925.6496; info@pharmacy.la.gov. (2) Committee on House & Governmental Affairs; La. House of Representatives; PO Box 44486; Baton Rouge, LA 70804; 225.342.2403; h&ga@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.
NOTE: In compliance with Act 256 of the 2019 Louisiana Legislature, the Board gives public notice that any information submitted to the Board may become public record unless specifically exempted by the Public Records Law, R.S. 44:1 *et seq.*
NOTE: While it is possible members of the Board who are not members of this committee may attend this committee meeting in sufficient number to constitute a quorum of the Board, no action taken at this committee meeting may be construed as an action of the entire Board.

xxix. CDS.053064-INT – Russell Daniel Parks
xxx. CDS.053035-MD – David Edward McCabe
xxxi. CDS.050802-MD – Neerja Gulati
xxxii. CDS.049008-DPM – Rene J. Hymel
xxxiii. CDS.017448-MD – Michael K. Butler
xxxiv. CDS.053521-MD – Jason R. Deleon
xxxv. CDS.039941-MD – Julia Lynne Schweizer
xxxvi. CDS.052376-INT – Lauren Anne Tagorda
xxxvii. CDS.052917-DVM – Michael Ford Block
xxxviii. CDS.045779-OD – Patrick Steven Tate
xxxix. CDS.048456-MD – Stavan Patel
xl. CDS.036184-DDS – Luis E. Moncada
xli. CDS.043987-APN – Jodi Vincens Buras
xlii. CDS.053934-INT – Christopher Bernard Girardo
xliii. CDS.053892-MD – Andrew A. Johnstone
xliv. CDS.053620-INT – Anne E. Tufton
xlv. CDS.052391-INT – Madelyn K. Craig
xlvi. CDS.037017-DVM – Amie C. Casey
xlvii. CDS.053595-DVM – Melissa Ann Putnam
xlviii. CDS.053046-INT – George Wright Mize, III
xlix. CDS.053622-MD – Anne C. Nuttli
l. CDS.045754-PA – Mary B. Rodrigue
li. CDS.047223-ETL – Stacey A. McKnight
lii. CDS.045843-APN – Kimberly Anita Bates
liii. CDS.016831-DDS – Andrew Wade Porter
liv. CDS.036420.DVM – Jennifer Liford Sones
lv. CPT.010875 – Sentoria Jones Piper
lvi. CDS.032987-DVM – Ambior E. Sidney
lvii. CDS.053276-INT – Jonathan Paul Dykes
lviii. CDS.052959-MD – Brett Michael Chapman
lix. CDS.053878-INT – Dan F. Laney IV
lx. CDS.052256-INT – Allison Leigh Mak
lxi. CDS.053067-INT – Charles M. Pfister
lxii. CDS.007562-MD – Ronald T. Alsup
lxiii. CDS.010788-MD – Ludwig C. Heintz
lxiv. CDS.053283-INT – Stratton Alexander Reichen
lxv. CDS.020128-MD – Brondwyn Holliway
lxvi. CDS.053861-INT – Mark P. Saigh
lxvii. CDS.046564-MD – Joseph John Boolbol
lxviii. CDS.053055-INT – Theresa H. Nguyen
lxix. CDS.048324-DDS – Casey H. Bates
lxx. CDS.050827-DVM – Charles T. McCauley
lxxi. CDS.014029-DVM – Ben P. Stone
lxxii. CDS.032798-MD – Mary C. Raven
lxxiii. CDS.054127-MD – Ogadeinma I. Obie

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lxxiv. CDS.016807-MD – David O. Lanson
lxxv. CDS.028359-MD – Karen Mclaughlin Causey
lxxvi. CDS.053952-INT – Peter W. D'amore
lxxvii. CDS.053651-INT – Wynn C. Kwan
lxxviii. CDS.053212-INT – Eric Charles Wendel, II
lxxix. CDS.052971-INT – Anastasia Couvaras
lxxx. CDS.052980-INT – Thomas Edward Dukovac
lxxxi. CDS.018955-DVM – Laura Barnes McElroy
lxxxii. CDS.054003.INT – Nicholas William Algu
lxxxiii. CDS.052866.MD – Jeffrey Evan Juneau
lxxxiv. CPT.010722 – Kasey Brandice Rivers
lxxxv. CDS.054101.DDS – Daniel J. Hyneman
lxxxvi. CDS.035048-DVM – Julie H. Hackney
lxxxvii. CDS.053599-MD – Amira S. Soliman
lxxxviii. CDS.031059-MD – Brent Giuffre
lxxxix. CDS.039955-MD – Douglas D. Semian
xc. CDS.048198-MD – Anna M. Craig
xci. CDS.018976-DVM – Matthew J. Jacocks
xcii. CDS.034668-APN – Keri L. Girard
xciii. CDS.048928-RES – Janana Junese Snowden
xciv. DME.000496 – Cantilever Shoe Stores, Inc.
xcv. CDS.029675-MD – Allan Rosenberg
xcvi. CDS.053716-MD – Ngoc N. Dinh
xcvii. CDS.045969-MD – Elizabeth F. Bucher
xcviii. CDS.019448-MD – Stephen M. Beene
xcix. CDS.037351-RES – Keith E. Jackson
c. CDS.037353-APN – Roxane W. Minet
ci. CDS.027981-DDS – Gregory T. Nassif
cii. CDS.031069-MD – Jennifer T. Dunlap
ciii. CDS.030159-MD – Katherine Hester Smith
civ. CDS.054076-APN – Traci Lynn Gibbs
cv. CDS.050399-APN – Bonnie N. Rosenthal
cvi. PST.013808 – James Michael Varnell
cvii. CDS.053970-INT – Michael D. Borrero
cviii. CDS.053985-INT – Katherine M. Wokcicki
cix. CDS.053458-INT – Joshua M. Pitre
cx. CDS.051691-APN – Laura Davis
cxi. CDS.053061-INT – Cameron Paul Parent
cxii. CDS.053255-INT – Nicholas Jake Foto
cxiii. CDS.049218-MD – Christopher R. Burkenstock
cxiv. CDS.054099-INT – John A. Thompson
cxv. PST.020509 – Sherril Edwards Benson
cxvi. CDS.042700-RES – Christopher B. Pattillo
cxvii. CDS.042983-APN – Lori Ann Netterville
cxviii. CDS.044253-MD – Shehzad A. Huda

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cxix. CDS.033924-MD – Karen L. Paul
cxx. CDS.053216-INT – Kyle Kirkpatrick Wojcik
cxxi. CDS.052336-INT – Caitlin Marie Sullivan
cxxii. PST.022839 – Patrice Wendy Clifford
cxxiii. CDS.050707-MD – Daniel Gabriel April
cxxiv. CDS.054234-APN – Natalie G. Schneider
cxxv. CDS.015872-DDS – Edwin L. Kopfler, Jr.
cxxvi. CDS.053495-INT – Pirthpal S. Kular
cxxvii. CDS.050992-DVM – Rebecca McGovern Bourgeois
cxxviii. CDS.049312-MD – Bradley Gareth Nelson
cxxix. CDS.052997-INT – Jakayla Marie Harrell-Mohamed
cxxx. CDS.033131-PA – Charles Edward Self
cxxxi. CDS.049403-APN – Jessica Ann Bailey
cxxxii. CDS.045894-DVM – Caroline A. Young
cxxxiii. CDS.006039.MD – James Edward White
cxxxiv. CDS.052994.MD – Andrew Nguyen Ha
cxxxv. CDS.043833.APN – Stephanie Ann Presley
cxxxvi. CDS.051918.DDS – Damien Lamaar Cuffie
cxxxvii. CDS.049378.HOS – Oceans Behavioral Hospital of Opelousas – Crowley Campus
cxxxviii. CDS.044052.MD – Samuel Edward Sprehe
cxxxix. CDS.050902.MD – Stephen Anthony Quinet
cxl. CDS.050743-MD – Jason D. Pou
cxli. CDS.054409.INT – Natalie Ann Halapin
cxlii. CDS.053004.INT – Kyle Jon Hoffman
cxliii. CDS.051515.MD – Kathryn Rowena Sykes
cxliv. CDS.042683.DDS – Luis Eduardo Moncada
cxlv. CDS.023036-DDS – James Michael Hayden
cxlvi. CDS.033615-DDS – Daniel Lester
cxlvii. CDS.051617-APN – James Daxton Turner
cxlviii. CDS.054300-APN – Amelia H. Breland
cxlix. CDS.054259-INT – Amardeep S. Dhaliwal
cl. PST.022611 – Tiara Marie Patten
cli. CDS.051247-MD – Bridgette Celeste Egan
clii. PHY.007860.NR – Pinnacle Medical Solutions, LLC
cliii. CDS.049085-MD – Dwan M. Turner
cliv. CDS.052951.INT – Emily Greenwood Blosser
clv. CDS.050531.MFR – Norwich Pharmaceuticals
clvi. CDS.029322.HOS – The Harmony Center, Inc.
clvii. CDS.047686.APN – Brittany Lynee' Miller
clviii. CDS.049273.PHY – Axum Medical Supplies, LLC
clix. CDS.052860.PA – Varsha L. Castro Gusman
clx. CDS.028546.DDS – Brent Michael Chauvin
clxi. CDS.022409-MD – Jesus Manuel Perez
clxii. CDS.047630.MD – Eilan Mark Levkowitz

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clxiii. CDS.043828.DVM – Emily Strecker Carlson
clxiv. CDS.054372.MD – Corwin Ashford Gordon Thomas
clxv. CDS.050114.APN – Oreal S. Perkins
clxvi. CDS.053314.PA – Elizabeth Nicole Knipp
clxvii. CPT.011826 – Tarrinea Andrea Turner
clxviii. CDS.015969.MD – Gault H. Townsend
clxix. CDS052372.INT – Simon Peter Tompar Tiu
clxx. CDS.054296.INT – Jacob Kyle Leonard
clxxi. CDS.044233.APN – Stephanie Lynne Ford
clxxii. CDS.054010.DDS – Samuel Louis Clarot
clxxiii. CDS.034023.APN – David Charles Reese
clxxiv. CDS.021430.MD – Pamela Marie Conley
clxxv. CDS.052948.INT – Ryan Singh Bedi
clxxvi. CDS.035889-MD – Stephen C. Agans
clxxvii. CDS.043949-MD – John Thompson Owings
clxxviii. CDS.045265-APN – Tara G. Estay
clxxix. CDS.042888-MD – Claire Jean Purdome Luelf
clxxx. CDS.046142-PA – Keneitra Rochelle Brown-Mayfield
clxxxi. CDS.045579-MD – Lua Walter
clxxxii. CDS.041343-DDS – Marquita D. Wallace
clxxxiii. CDS.052958-MD – Carney Chan
clxxxiv. CDS.054098-INT – Britney A. Lambert
clxxxv. CDS.053874-INT – Ricky L. Miller
clxxxvi. CDS.052246-INT – Christine Crozier Bruins
clxxxvii. CDS.044369-MD – William Joseph Roy, Jr.
clxxxviii. CDS.051469-APN – Donna Lynn Roberts
clxxxix. CDS.039877-MD – Karen Adeline Purdy
cxc. CDS.054025-INT – Christen H. Harris
cxci. CDS.053631-INT – Stephen P. Werner
cxcii. CDS.053992-INT – Kelly Davidson
cxciii. CDS.05352.MD – Corey Eric Gregg
cxciv. PST.020828 – Bret Alan Wright
cxcv. CPT.007062 – Megan June Vidallier
cxcvi. CDS.046967-MD – Julia S. Rodgers
cxcvii. CDS.053257-INT – Jonathan Allen Leong
cxcviii. CDS.053998-INT – Charles G. Clines
cxcix. CDS.049708-PA – Brooke D. Bourque
cc. PDT.020356 – Olayinka Mutiat Debbie Alimi
cci. CDS.033323-MD – Anthony C. Bianco
ccii. CDS.029493-MD – Michele Marie Johnson
cciii. CDS.013581-DDS – William Allison Bolinger
cciv. CDS.051138-MD – Clare Arnot Hawkins
ccv. CDS.054087-DDS – Stacey P. Owens
ccvi. CDS.049483-APN – Jolie M. Montreuil
ccvii. CDS.054240-INT – Andrew Burke

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ccviii. CDS.033309-OD – Gerald Gerdes
ccix. CDS.018178-MD – Joseph Nicholas Abraham
ccx. CDS.037503-DVM – Gregory L. Bennett, Jr.
ccxi. CDS.053858-INT – Katherine J. W. Greer
ccxii. CDS.048718-OD – Hong-Ngoc Thi Han

6. Adjourn

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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

Tripartite Committee

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

Louisiana Board of Pharmacy

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

Executive Committee

Louisiana Board of Pharmacy **Policies & Procedures**

Title: Sexual Harassment Policy No. II.B.5.b

Approved: 05-11-2005 Revised: 05-29-2019

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, and La. R.S.42:351 through 355. 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.B.5.c ~ 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

9. An individual experiencing sexually inappropriate behavior in the workplace has the right to file a claim or initiate civil litigation under state or federal law. When this occurs, as an employer, the State of Louisiana may be cast in judgment or a settlement of claims may be negotiated to avoid the risk of litigation. In either event, the financial burden falls upon the taxpayers of this state.

   To reduce this impact, upon determination that an employee has engaged in sexually inappropriate workplace behavior, La. R.S. 42:351 mandates that consideration be given to requiring that the employee reimburse all or a portion of any judgment or settlement that may result from a claim or civil litigation. The process and factors to be considered in making this determination are set forth in La. R.S. 42:353, which also authorizes the Attorney General to file suit against an employee to enforce the state's right to reimbursement and indemnification.

   Accordingly, Board employees and members are hereby placed on notice that dire consequences, in the nature of employment sanctions and personal financial liability, may result from any violation of the prohibitions and requirements of this policy.

10. Any settlement executed in connection with a sexual harassment claim shall be a public record, with the exception of the name of the victim of the sexual harassment.

11. A copy of this policy and a copy of the Commissioner of Administration's Notice of Personal Liability shall be disseminated to all Board staff and members annually and to all new staff and members within 90 days of hire or appointment.

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Revision History

05-27-2020	Amended citation in Item 1 and added Items 9 through 11 to comply with Act 413 of the 2019 Legislature.
05-29-2019	Re-numbered policy and corrected citation in Item 6.
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: Procedure for Discrimination & Harassment Complaints

Policy No. II.B.5.c

Approved: 05-11-2005

Revised: 05-29-2019

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1. Any employee of the Louisiana Board of Pharmacy who believes he/she has been a victim of discrimination and/or sexual harassment, whether by a supervisor, employee, peer, superior, board member, subordinate or any other person, should bring this matter to the immediate attention of any of the following: the immediate supervisor, the Office Manager, and/or the Appointing Authority. The involved supervisor and Appointing Authority shall review all discrimination or harassment investigations. They are expected to follow-up on suspicions and rumors of discrimination or harassment. They are to ensure that retaliation is not committed following an employee complaint. Anyone receiving the complaint shall notify the Appointing Authority. If satisfaction is not adequate at initial levels, any affected individual should feel free to bring the matter to the President of the Board of Pharmacy.

2. Action shall be taken to impartially examine and promptly resolve any complaint. Decisions regarding complaints are to be based upon objective criteria, ignoring any personal biases. Complaints that cannot be resolved by informal means, through help of the officials and services listed above, may be resolved by taking further action. Upon request to any of the above officials, a special committee or procedure may be established by the President to consider a complaint and possible resolution. Any such committee shall consist of no less than three (3) members and no more than five (5) and may include staff members, in an arrangement suitable to deal with the complaint.

3. <u>The investigation generally will begin with an interview of the complainant who will be required to provide details to facilitate the investigative process, such as the behavior complained of, the date, time, and location of the occurrence, the identity of witnesses, and any writings, records, logs, recordings, pictures, or other documentation supporting the complaint. Individuals possessing relevant information will be interviewed. Once all available information has been evaluated, the accused will be interviewed.</u>

4. <u>All individuals called upon to participate in the investigation are required to fully cooperate and provide truthful responses. Employees, including the accused, do not have the option of remaining silent or declining to get involved. Those questioned may be required to prepare a written statement or provide a recorded statement. Employees are hereby informed that polygraph examinations may be employed as an investigative tool.</u>

5. <u>The investigation will be conducted expeditiously, professionally, and with due regard for the rights of all involved. To the extent allowed by law, the investigation will be conducted in a confidential manner, with only those in a</u>

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need-to-know position involved. To preserve the integrity of the investigative process, employees will be instructed that the complaint and all information provided during the interview are to remain confidential. Employees are prohibited from obstructing or interfering with the investigation, which includes questioning or confronting any individual participating in the investigation.

6. Upon completion of the investigation, the special committee will apprise management of the outcome and recommendations for resolution. Until a final decision is made, the investigative team will remain available to receive new information.

7. Confidentiality of all parties will be respected to the greatest extent possible and employees, students, and others will not be subjected to retaliation of any kind for reporting incidents of sexual harassment. The Louisiana Board of Pharmacy prohibits any form of retaliation against any employee for filing a bona fide complaint under this policy or for assisting in a complaint investigation. However, if after investigating any complaint of harassment or unlawful discrimination, the Louisiana Board of Pharmacy determines that the employee has provided false information regarding the complaint, disciplinary action shall be taken against the individual who filed the false complaint or gave the false information.

8. Employees must understand that despite the best efforts and thoroughness of the investigative process, not all complaints can be substantiated. This does not indicate, however, that the complaint was contrived or made in bad faith. As such, employees are encouraged to file good faith complaints without regard for the ultimate outcome.

9. Upon conclusion of the investigation, the complainant and accused will be apprised of the outcome. Management's decision is final and concludes Board's internal administrative investigative process. Regardless of the outcome, the complainant has the option of pursuing a claim under state or federal law. Initiation of such a claim is not dependent upon the outcome nor completion of Board's administrative investigation.

10. To initiate a claim under federal or state law, employees are referred to:

    Equal Employment Opportunity Commission (EEOC) District Office
    Hale Boggs Federal Building
    500 Poydras Street, Suite 809
    New Orleans, Louisiana 70130
    800-669-4000 (Voice)
    504-589-2958 (TDD)
    504-595-2844 (Fax)
    https://www.eeoc.gov/

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Louisiana Commission on Human Rights (LCHR)
1001 N. 23rd Street, Suite 268
Post Office Box 94094
Baton Rouge, Louisiana 70804
225-342-6969 (Voice)
888-241-0859 (TDD)
225-342-2063 (Fax)
https://www.gov.louisiana.gov/page/lchr

11. Each employee of the Louisiana Board of Pharmacy is responsible for creating an atmosphere free of discrimination and harassment, sexual or otherwise. Further, employees are responsible for respecting the rights of their co-workers.

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Revision History

05-27-2020	Additional Sections 3, 4, 5, 6, 8, 9, and 10 to comply with Act 413 of the 2019 Legislature.
05-29-2019	Re-numbered policy.

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Records Retention Schedule

SS ARC 932 (10/19)

Louisiana Secretary of State
Division of Archives, Records Management and History
Post Office Box 94125, Baton Rouge, LA 70804

Http://www.sos.la.gov

Page of

Indicate Use of Form
__ORIGINAL SUBMISSION
__RENEWAL
__REPLACEMENT PAGE
__ADDENDUM PAGE

Agency No	Agency / Division / Section
	Louisiana Board of Pharmacy / Board Member Division

Item Number	Records Series Title	Retention Period			Security	Archival	State Records Center	Vital	Remarks
		In Office	In Storage	Total Retention					
101	Nomination Election Materials	ACT + 6 FY	0	ACT + 6 FY	P	S	N	U	Act = Until the end of the FY in which results are sent to the Governor.
102	Board Member Commissioning Letters	ACT + 10 CY	0	ACT + 10 CY	P	S	N	V	Act = Until the end of the CY in which agency ceases to exist.
103	Board Member Data Forms & Documents	ACT + 3 FY	0	ACT + 3 FY	M	S	N	I	Act = Completion of Member Term
104	Board Meeting Audio Recordings	ACT + 3 FY	0	ACT + 3 FY	P	S	N	U	Act = Until the end of the FY in which record was created.
105	Board Meeting Binders / Packets	ACT + 10 CY	0	ACT + 10 CY	P	S	N	V	Act = Until the end of the CY in which agency ceases to exist.
106	Board Meeting Minutes	ACT + 10 CY	0	ACT + 10 CY	P	S	N	V	Act = Until the end of the CY in which agency ceases to exist.
107	Board Orders (Hearings & Consent Orders)	ACT + 10 CY	0	ACT + 10 CY	P	S	N	V	Act = Until the end of the CY in which agency ceases to exist.
108	Declaratory Statements & Advisory Opinions	ACT + 10 CY	0	ACT + 10 CY	P	S	N	I	Act = Until the end of the CY in which agency ceases to exist.
109	Policy & Procedure Manuals	ACT + 10 CY	0	Act + 10 CY	P	S	N	U	Act = Until the end of the CY in which agency ceases to exist.
110	Revised Statutes & Administrative Rules	ACT + 10 CY	0	PERM	P	S	N	V	Act = Until the end of the CY in which agency ceases to exist.

Permitted Retention Period Abbreviations

ACT – Active Period (when used define term in remarks column)
FY- Fiscal Year (July 1- June 30)
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Records Retention Schedule

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Agency No	Agency / Division / Section								
	Louisiana Board of Pharmacy / Administrative Division								
Item Number	**Records Series Title**	**Retention Period**			**Security**	**Archival**	**State Records Center**	**Vital**	**Remarks**
		In Office	**In Storage**	**Total Retention**					
201	Record Retention Schedules	PERM	0	PERM	P	S	N	I	
202	Policies and Procedures	PERM	0	PERM	P	S	N	I	
203	Accounting Records (invoices, payroll, taxes, etc.)	ACT + 7 FY	0	ACT + 7 FY	M	S	N	I	Act = Until the end of the FY in which record was created; May contain confidential information.
204	Budget Documents (worksheet, interim reports)	ACT + 10 FY	0	ACT + 10 FY	P	S	N	I	Act = Until the end of the FY in which record was created.
205	Comprehensive Annual Financial Report	PERM	0	PERM	P	S	N	V	
206	Professional Service Contracts	ACT + 10 CY	0	ACT + 10 CY	P	S	N	I	Act = Until the end of the CY in which the contract ends
207	Audit and Compliance Reports	ACT + 7 FY	0	ACT + 7 FY	M	S	N	U	Act = Until end of FY in which the audit was completed
208	Building / Construction Documents - Vital	ACT + 10 FY	0	ACT + 10 FY	P	S	N	V	Act + 10 FY (Act = Until end of the CY in which agency ceases to exist)
209	Building Maintenance Documents – Non-Vital	ACT + 10 FY	0	ACT + 10 FY	P	S	N	V	Act + 7 FY (Act = Until end of FY created or received)
210	Property & Asset Records	ACT + 10 CY	0	ACT + 10 CY	P	S	N	V	Act = Until the end of the CY in which property is disposed of or surplused

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Item Number	**Records Series Title**	**Retention Period**			**Security**	**Archival**	**State Records Center**	**Vital**	**Remarks**
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211	General Correspondence	ACT + 3 CY	0	ACT + 3 CY	M	S	N	U	Act = Until the end of the CY in which record was created or received
212	Transitory Communications	ACT + 1 CY	0	ACT + 1 CY	M	S	N	U	Act = Until the end of the CY in which record was created or received
213	FEMA Projects	ACT + 10 FY	0	ACT + 10 FY	C	S	N	I	Act = Until the end of FY in which project was closed
214	Personnel Records - Vital	Act + 70 CY	0	Act + 70 CY	M	S	N	V	Act = Until end of CY in which employee separates from agency
215	Personnel Records – Non-Vital	Act + 5 CY	0	Act + 5 CY	M	S	N	V	Act = Until end of CY in which employee separates from agency
216	Personnel Time Attendance Records (Non- TRSL)	Act + 5 CY	0	Act + 5 CY	P	S	N	V	Act = Until end of CY created or received
217	Personnel Time Attendance Records (TRSL)	Act + 30 CY	0	Act + 30 CY	P	S	N	V	Act = Until end of CY in which employee separates from agency
218	Performance Evaluation Documents	Act + 5 CY	0	Act + 5 CY	M	S	N	I	Act = Until end of CY in which employee separates from agency
219	Employee Training Records	Act + 7 CY	0	Act + 7 CY	M	S	N	I	Act = Until end of CY in which training was completed
220	Supervisor's File	Act + 2 CY	0	Act + 2 CY	M	S	N	I	Act = Until end of CY in which supervision ends

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Item Number	**Records Series Title**	**Retention Period**			**Security**	**Archival**	**State Records Center**	**Vital**	**Remarks**
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221	Affordable Care Act Documents	Act + 7 CY	0	Act + 7 CY	C	S	N	V	Act = Until end of CY in which insurance offer was made
222	Employee Garnishment Documents	Act + 5 CY	0	Act + 5 CY	C	S	N	V	Act = Until end of CY in which the debt is satisfied
223	Worker's Compensation Records	Act + 5 CY	0	Act + 5 CY	C	S	N	V	Act = until end of CY in which settlement is reached
224	Employee Grievance Records	Act + 5 CY	0	Act + 5 CY	M	S	N	I	Act = Until end of CY in which matter is closed / final decision rendered
225	Employee I-9 Documents	Act + 5 CY	0	Act + 5 CY	C	S	N	V	Act = Until end of CY in which employee separates from agency
226	Organizational Charts	Act + 10 CY	0	Act + 10 CY	P	S	N	I	Act = Until end of the CY in which agency ceases to exist
227	Job Specs / Position Descriptions	Act + 5 CY	0	Act + 5 CY	P	S	N	V	Act = Until end of CY record superseded or discontinued
228	Job Study Files	Act + 5 CY	0	Act + 5 CY	M	S	N	V	Act = Until end of CY in which study is completed
229	Job Vacancy Announcements	Act + 2 CY	0	Act + 2 CY	M	S	N	V	Act = Until end of CY in which position is filled / closed

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Agency No	Agency / Division / Section								
	Louisiana Board of Pharmacy / Credentials Division								
Item Number	**Records Series Title**	**Retention Period**			**Security**	**Archival**	**State Records Center**	**Vital**	**Remarks**
		In Office	**In Storage**	**Total Retention**					
301	Incomplete / Abandoned Applications	ACT + 3 CY	0	ACT + 3 CY	M	S	N	I	Act = Until the end of the CY in which application was received
302	Licensure Files / Persons (Non-vital)	ACT + 1 CY	0	ACT + 1 CY	M	S	N	I	Act = Until the end of the CY in which record was created or received
303	Licensure Files / Persons (Vital)	ACT + 3 CY	0	ACT + 3 CY	C	S	N	V	Act = Until the end of the CY in which licensee dies or agency ceases to exist
304	Licensure Files / Companies (Non-vital)	ACT + 1 CY	0	ACT + 1 CY	C	S	N	I	Act = Until the end of the CY in which record was created or received
305	Licensure Files / Companies (Vital)	ACT + 10 CY	0	ACT + 10 CY	M	S	N	V	Act = Until the end of the CY in which licensee closes or agency ceases to exist
306	Licensure Files / Controlled Substance License (Non-vital)	ACT + 3 CY	0	ACT + 3 CY	M	S	N	I	Act = Until the end of the CY in which licensee dies, license closed or expires, or agency ceases to exist
307	Licensure Files / Controlled Substance License (Vital)	ACT + 10 CY	0	ACT + 10 CY	C	S	N	V	Act = Until the end of the CY in which the license was last renewed
308	Credential Register	ACT + 10 CY	0	ACT + 10 CY	M	S	N	V	Act = Until the end of the CY in which agency ceases to exist
309	Criminal History Information (clear)	ACT	0	ACT	C	S	N	I	Act = Until the end of the MO in which received
310	Criminal History Information (not clear)	ACT	0	ACT	C	S	N	I	Act = Until the end of the MO in which decision made on impact to credential or application

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Agency No	Agency / Division / Section								
	Louisiana Board of Pharmacy / Compliance Division								
Item Number	**Records Series Title**	**Retention Period**			**Security**	**Archival**	**State Records Center**	**Vital**	**Remarks**
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401	Facility / Licensee Inspection Reports	ACT + 10 CY	0	ACT + 10 CY	M	S	N	I	Act = Until the end of the CY in which facility or licensee closes or ceases to be credentialed
402	Complaint / Case Files	ACT + 1 CY	0	ACT + 1 CY	M	S	N	I	Act = Until the end of the CY in which subject to case ceases to be credentialed.
403	Litigation Files	ACT + 3 CY	0	ACT + 3 CY	M	S	N	V	Act = Until the end of the CY in which appeal period has concluded.
404	Unused / Nonessential Evidence	ACT + 1 CY	0	ACT + 1 CY	M	S	N	I	Act = Until the end of the CY in which associated case was closed

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Agency No	Agency / Division / Section								
	Louisiana Board of Pharmacy / Prescription Monitoring Program (PMP)								
Item Number	**Records Series Title**	**Retention Period**			**Security**	**Archival**	**State Records Center**	**Vital**	**Remarks**
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501	Advisory Council Meeting Minutes	ACT + 10 CY	0	ACT + 10 CY	P	S	N	V	Act = Until the end of the CY in which council ceases to exist.
502	Advisory Council Meeting Presentations	ACT + 10 CY	0	ACT + 10 CY	P	S	N	V	Act = Until the end of the CY in which council ceases to exist.
503	Advisory Council Member Roster	ACT + 10 CY	0	ACT + 10 CY	P	S	N	V	Act = Until the end of the CY in which council ceases to exist.
504	Annual Program Report	ACT + 10 CY	0	ACT + 10 CY	P	S	N	V	Act = Until the end of the CY in which the program ceases to exist.
505	Prescription Transaction Information	ACT + 10 CY	0	ACT + 10 CY	C	S	N	V	Act = Until the end of the CY in which the program ceases to exist.
506	Audit Trail Information	ACT + 10 CY	0	ACT + 10 CY	C	S	N	V	Act = Until the end of the CY in which the program ceases to exist.
507	Access Request Forms for Prescribers	ACT + 10 CY	0	ACT + 10 CY	C	S	N	V	Act = Until the end of the CY in which the CDS license was last renewed.
508	Access Request Forms for Pharmacists	ACT + 3 CY	0	ACT + 3 CY	C	S	N	V	Act = Until the end of the CY in which licensee dies or agency ceases to exist.
509	Incomplete / Abandoned Applications	ACT + 3 CY	0	ACT + 3 CY	M	S	N	I	Act = Until the end of the CY in which application was received.

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510	Access Request Forms for staff, boards, law enforcement, DEA, medicaid, epidemiologist, probation officer, substance abuse addiction counselor, and coroner.	ACT + 10 CY	0	ACT + 10 CY	C	S	N	V	Act = Until the end of the CY in which the program ceases to exist.
511	Administrative authority delegation letter for law enforcement, prosecutorial officials, and specialty courts.	ACT + 10 CY	0	ACT + 10 CY	P	S	N	V	Act = Until the end of the CY in which the program ceases to exist.
512	Court orders, court ordered warrants, court subpoenas, court summons, grand jury subpoenas, administrative requests, administrative subpoenas or summons.	ACT + 10 CY	0	ACT + 10 CY	C	S	N	V	Act = Until the end of the CY in which the program ceases to exist.
513	Consent to release patient profile	ACT + 10 CY	0	ACT + 10 CY	M	S	N	V	Act = Until the end of the CY in which the program ceases to exist.

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Louisiana Board of Pharmacy

3388 Brentwood Drive
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Telephone 225.925.6496 ~ E-mail: info@pharmacy.la.gov

Policy & Procedure Manual

May 27, 2020

The statements, opinions, and policies contained in this manual have been approved by the Board on the date indicated on each document. The entire manual is subject to periodic review by the Board, and their continuing approvals are noted below.

May 11, 2005

May 17, 2006

May 9, 2007

May 7, 2008

May 6, 2009

May 5, 2010

May 4, 2011

May 2, 2012

May 29, 2013

May 7, 2014

May 27, 2015

May 4, 2016

May 10, 2017

May 23, 2018

May 29, 2019

May 27, 2020

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5	Recycling of Drugs in Institutional Pharmacies	20	8/17/2005				
6	*(Rescinded)*						
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12	Pharmacist-in-Charge Requirements	27	8/17/2011				
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Louisiana Board of Pharmacy

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Title: Authority to Implement Policies & Procedures Policy No. I.A.1

Approved: 05-09-2007 Revised:

1. The statutory authority is found at LRS 37:1179.F.6.

2. The regulatory authority is found at LAC 46:LIII.103.F.

3. The Executive Director serves as the Board's appointing authority, and is responsible for the construction of proposed policies and procedures, as well as submission of same to the Board for its review and approval. Once approved, the Executive Director shall be responsible for the implementation and enforcement of the Board's policies and procedures.

4. The Executive Director shall distribute a copy of all policies and procedures to all employees, obtaining verification of receipt. Updates to these policies shall be similarly distributed.

5. An exception or exemption to the requirement of any policy may be granted by the Executive Director, with the concurrence of the President.

1. The statutory authority for these procedures is RS 49:962.

2. The regulatory authority for these procedures is LAC 46:LIII.359.

3. Petitioner shall be allotted a minimum of thirty (30) minutes to present his arguments in support of a written Petition for Declaratory Statement or Petition for Advisory Opinion validly entered into the record. The Chair may exercise his discretion in extending this period.

4. General Counsel for the Louisiana Board of Pharmacy shall be allotted a minimum of thirty (30) minutes to respond to the Petition for Declaratory Statement or Petition for Advisory Opinion. The Chair may exercise his discretion in extending this period. At any time during General Counsel's presentation, additional comments, arguments and/or points of information may be presented by other Board representatives or staff with the Chair's approval.

5. Petitioner shall have no more than fifteen (15) minutes for rebuttal. The Chair may exercise his discretion in extending this period.

6. During the course of all arguments, the Chair may solicit comments from Board members, Board staff and audience members at his discretion.

7. At the conclusion of all arguments, the Chair may solicit comments from Board members, Board staff and audience members at his discretion.

8. All remarks by a member of the Board, Board staff or audience member shall be addressed through the Chair.

9. Upon conclusion of all arguments, comments and points of information, the Chair may either direct the Board to rule on the matter at that time or, based on the complexity of the issues involved, may direct the Board members to take the Petition under advisement and direct a ruling at the next regularly scheduled meeting of the full Board.

10. If the matter is taken under advisement, the Chair shall direct the petitioner to submit any written response to General Counsel's written arguments on the matter. The Chair shall allow a minimum of fifteen (15) days for the response to be submitted. The Chair may exercise his discretion in extending this period for good cause.

11. In accordance with Robert's Rules of Order, at the outset of the formal hearing, the Chair shall direct Board members, staff and audience members that decorum shall be maintained throughout the presentation and debate on the matter. After a preliminary verbal warning by the Chair to any individual disturbing the assembly, upon a second recognized instance by the Chair of this individual disrupting decorum, the individual may be escorted from the meeting room and prohibited reentry at the Chair's discretion.

12. The Board will not render declaratory statements or advisory opinions:
    a. On questions of fact or on matters where the relevant facts are in dispute; or
    b. On questions scheduled for determination by a court, or where the prospect of litigation appears imminent.

Revision History

11-13-2014	Added Item 12.

Louisiana Board of Pharmacy **Policies & Procedures**

Title: Electronic Transmission of Prescriptions Policy No. I.A.3

Approved: 02-17-2005 Revised:

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1. The statutory authority for the electronic transmission of prescription information is found in the statutory definition of 'prescription', specifically at LRS 37:1164(44).

2. The regulatory requirements for the confidentiality of prescription information is found specifically at LAC 46:LIII.1129.

3. The Board hereby interprets §1129 such that a prescribing practitioner is not prohibited from using a routing company to transmit a prescription to a pharmacy specified by the patient.

4. For the purposes of this policy, "routing company" means any business that:
    a. Receives a prescription or any other confidential information from a practitioner and
    b. Transmits the prescription or confidential information
        i. Directly to the pharmacy specified by the patient, or
        ii. Through the company that provides computer software for the management of the business operations of the pharmacy specified by the patient.

5. A routing company:
    a. May, for the purpose of verifying an audit conducted by the routing company, store any prescription or other confidential information it receives or transmits in a form that is secure and in a manner that ensures the confidentiality of the information.
    b. May not add a provision to, delete a provision from, or otherwise modify a prescription or any other confidential information that it receives or transmits pursuant to §1129.

Louisiana Board of Pharmacy **Policies & Procedures**

Title: Pharmacist-in-Charge in Multiple Pharmacies Policy No. I.A.4

Approved: 02-17-2005 Revised:

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1. The statutory requirement for a pharmacist-in-charge in a pharmacy permit is found at LRS 37:1222.A.

2. The regulatory requirement for a pharmacist-in-charge in a pharmacy permit is found at LAC 46:LIII.1105.

3. Section 1105.J of that rule limits a pharmacist to holding the pharmacist-in -charge position at one pharmacy permit at any given time, unless otherwise approved by the Board.

4. The Board has reviewed several applications since the January 1, 2004 effective date of the rule; they have granted most and denied some. In an effort to be more responsive to situations that prompt requests from pharmacists for the privilege, the Board hereby authorizes the Executive Director to receive, review, and approve such requests – with the concurrence of the President, based on the following parameters:
    a. geographical distance between pharmacies;
    b. permit classification of pharmacies;
    c. daily workload parameters, e.g., number of prescriptions; and
    d. prior disciplinary history of permits or pharmacists.

5. The Executive Director shall report all approvals to the Board at the next meeting.

Title: Recycling of Drugs in Institutional Facility Policy No. I.A.5

Approved: 08-17-2005 Revised:

1. The Board entertained a request from an institutional facility with a permitted pharmacy on-site.

2. The pharmacist-in-charge explained his operations were similar to that of a hospital pharmacy, and requested permission to recycle those drugs he packaged and distributed to his patients, in accordance with good professional standards.

3. The Board, by unanimous vote, adopted the following motion:

   Resolved, that the Board interpret La. R.S. 37:1226.2 in such a manner as to permit the Southwest Louisiana War Veterans Home Pharmacy to re-use returned prescription medications that it packaged and distributed for its patients, in accordance with good professional practice standards.

Title: Resurrection of Expired Non-Renewable Credentials Policy No. I.A.7

Approved: 08-06-2008 Revised:

1. The Board issues two types of renewable credentials to natural persons: licenses to pharmacists and certificates to pharmacy technicians.

2. The Board issues two types of non-renewable credentials to natural persons: registrations to pharmacy interns and pharmacy technician candidates.

3. The Board's rules provide for the renewal process for the renewable credentials; however, there is no process for the renewal of non-renewable credentials.

4. Persons with non-renewable credentials may petition the Board for an opportunity to continue with the activity authorized under their original registration.

5. The Board finds it appropriate to make those opportunities available, and determines that when appropriate, the staff may issue a Special Work Permit to the petitioner. The term and restrictions of the Special Work Permit shall be identified on the credential.

6. The Board hereby authorizes the Executive Director to receive, review, and approve such petitions for a Special Work Permit, but only with the concurrence of the President.

7. The Executive Director shall report all such approvals to the Board at the next meeting.

Louisiana Board of Pharmacy **Policies & Procedures**

Title: Prescription Labeling Requirements During Emergency Mass Prophylaxis Procedures

Policy No. I.A.8

Approved: 05-07-2009

Revised:

1. The Board entertained a request from the Office of Public Health in the La. Dept. of Health & Hospitals for an opinion as to the regulatory compliance of their policies and procedures relative to prescription labeling requirements during emergency mass prophylaxis procedures.

2. The Board, by unanimous vote, adopted the following motion:

Resolved, that the Board approve the proposed plan for emergency mass prophylaxis procedures developed by the Pharmacy at the Office of Public Health in the Dept. of Health and Hospitals (DHH-OPH), and further:

- These policies shall only be employed during a declared State of Emergency when there is an imminent threat to public health and the rapid dispensing of medications is essential to save lives;
- That the label provided by the Centers for Disease Control (CDC) on medication bottles from the Strategic National Stockpile fulfills the following label requirements: prescription number, drug name, drug strength, quantity dispensed, and directions for use;
- That the prescription number from the CDC medication bottle be placed on the patient information sheet provided by DHH-OPH;
- That the prescribing physician may be the Louisiana State Health Officer and that the name, address, and telephone number of the prescribing physician may be printed on the patient information sheet provided by DHH-OPH. This fulfills and replaces the labeling requirement that the physician's name appear on the prescription label;
- That the Louisiana Office of Public Health (La. OPH) may be the dispenser of all prescriptions and be listed as such on the patient information sheet provided by DHH-OPH. The address and telephone number for the La. OPH will be pre-printed on the patient information sheet. This fulfills and replaces the labeling requirement that the pharmacist's name appear on the prescription label;
- That the name of the individual for whom the medication was dispensed be written on the patient information sheet. The patient name is not required to be written on the medication bottle; and
- That the patient information sheet provides adequate information to fulfill the requirement for auxiliary cautionary statements.

Title: Moderately Complex Laboratory Tests Policy No. I.A.9

Approved: 11-18-2009 Revised:

1. The Board entertained a request from a hospital for an opinion as to whether or not it was within the scope of practice for a pharmacist to perform moderately complex laboratory testing procedures, as defined by the Clinical Laboratory Improvement Amendments of 1988 (CLIA).

2. The Board, by unanimous vote, adopted the following motion:

> **Resolved**, that following the Board's review of the Louisiana Pharmacy Practice Act and its associated education and licensure requirements, as well as relevant portions of the Clinical Laboratory Improvement Amendments of 1988 and its associated regulations, we find the performance of moderately complex laboratory testing procedures to be properly within the scope of practice for Louisiana-licensed pharmacists, provided however, that the pharmacist shall maintain evidence of all education and training relevant to that practice activity.

Title: Pharmacy Recordkeeping Requirements and Integrated Electronic Medical Record Systems

Policy No. I.A.10

Approved: 02-03-2010

Revised:

1. The Board entertained a request from two hospital pharmacies and a vendor of electronic medical record systems as to the regulatory compliance of their integrated electronic medical record system relative to pharmacy recordkeeping requirements.

2. Under the historical paradigm of segregated information systems in pharmacies, the recordkeeping rules require that all prescription records be contained within the system and further, the system must be physically limited to the prescription department and further, the authority to access to or manipulation of patient identifiable prescription records requires a credential from this Board. The primary basis for the restriction to personnel licensed by this Board is the level of knowledge required to interpret such existing records as well as enter new prescription orders or other data, and the belief that public safety is best served by such a restriction.

3. The emergence of integrated systems interfacing with prescription department systems (modules) requires the Board to consider an appropriate public policy that fosters use of electronic medical records that maintains or improves the safety of the medication use process. Given that palpable efficiencies may be achieved by the entry of medication orders outside the pharmacy's module prior to final review and approval by a pharmacist, the Board still believes that public safety is best served by restricting such medication order entry to licensed health care practitioners. Such orders entered external to the pharmacy module should be communicated and placed within the pharmacy module in such a manner to distinguish them from medication orders already entered and approved by pharmacists.

4. The Board has interpreted its rules on pharmacy recordkeeping systems by approving the following two statements:

    a. Where an integrated information system is in use, and such system incorporates a pharmacy module operated by a pharmacy licensed by the Board, then the entry of a medication order outside the pharmacy module intended for review and approval by the pharmacist is permitted as long as that medication order is entered by a licensed health care practitioner, and further, such orders entered outside the pharmacy module are communicated to the pharmacy module and then isolated within the pharmacy module and kept separate until the pharmacist has approved the medication order.

b. With respect to the documentation of retrieval of medications from medication storage areas, the Board acknowledges that pharmacies in hospital or other organized health care settings hold medications for both dispensing as well as administration. Pharmacies are required to account for the acquisition and disposition of all drugs they hold, therefore, documentation of medications retrieved for administration must be available to the pharmacy. Further, sound professional practice would dictate the availability of a complete record of medications for pharmacist review. Therefore, it would be appropriate for a health care practitioner removing a medication from a medication storage area to document the medication retrieved and administered. Such records are to be construed as a record of medication administered as opposed to a record of medication dispensed, and such records should be identifiable as such in the pharmacy recordkeeping system

Title: Dispensing Medications Pursuant to Standing Orders During Public Health Emergencies

Policy No. I.A.11

Approved: 05-05-2010

Revised:

1. The Board entertained a request from the Office of Public Health (OPH) in the Dept. of Health and Hospitals (DHH), seeking recognition of standing orders as valid prescriptions during public health emergencies.

2. The OPH representative reminded the members of their May 2009 review and approval of a plan for the packaging and labeling of certain medications intended for mass dispensing during emergency declarations [Board Policy I.A.8]. He reminded the members that current plans called for the use of Point-of-Dispensing Sites (PODS) to be established and located in strategic sites in affected areas. DHH would be responsible for the operation of the PODS, wherein the medications would be dispensed without charge to anyone requesting it. The State Health Officer had authored a standing order to be used for the dispensing of medications at the PODS.

3. DHH had acknowledged that some citizens may choose to contact their own healthcare practitioner to obtain a prescription and then visit their local pharmacy to purchase the prophylactic medication. To prevent the necessity for large numbers of prescribers being contacted and then communicating such prescriptions to the pharmacies, the State Health Officer had suggested the propriety of using the same standing order to authorize community pharmacies to dispense the prophylactic medications.

4. The members took note of contemporary pharmacy practice standards wherein standing orders were commonly used in hospitals and other organized healthcare system venues, but not in community pharmacy settings. Pursuant to their further review and discussion, the members adopted the following resolution after a unanimous vote in the affirmative:

   Resolved, that the Board make the following determinations:

   - During a State of Emergency declared by the Governor of the State of Louisiana, the public health is best served by the efficient communication of medical orders and prescriptions for medications needed by the citizens; and further,
   - In the event of such an emergency caused by the release of anthrax, the Standing Order for Dispensing of Prophylactic Antibiotics for Anthrax issued by the State Health Officer shall constitute a valid medical order and prescription sufficient to authorize a pharmacist in a pharmacy to dispense the medications cited therein.

Louisiana Board of Pharmacy **Policies & Procedures**

Title: Pharmacist-in-Charge (PIC) Requirements Policy No. I.A.12

Approved: 08-17-2011 Revised:

1. The regulatory authority for the PIC privilege is found at LAC 46:LIII.1105.

2. When a pharmacist wishes to obtain a PIC privilege, staff shall direct the pharmacist to complete the *Pharmacist-in-Charge (PIC) Affidavit*, and then return the original signed and notarized affidavit to the board office.

3. Upon receipt of a properly completed affidavit, staff shall review the pharmacist's record to ensure the presence of an active license, and further, active pharmacy practice for a minimum of two years under the jurisdiction of any board of pharmacy in the United States.

4. When the pharmacist's eligibility has been verified, staff will issue the PIC privilege in the pharmacist's electronic record.

5. The decision of a pharmacist to accept – or surrender – the PIC appointment at a pharmacy shall be recorded on the board's form issued for that purpose. The original copy of that form should be maintained at the pharmacy permit; a copy should be sent to the board office by fax, email, or regular mail. Copies of that form shall be placed in the public file of the pharmacy and pharmacist.

6. In the event a PIC shall take leave from the pharmacy for a period of 12 consecutive weeks or more, the pharmacist shall surrender the PIC appointment for that pharmacy, and the permit shall name another PIC within 10 days.

1. The Board entertained a request from a pharmacist credentialed to administer medications for an opinion relative to the reporting of immunizations.
   - The petitioner took note of the provisions of LAC 46:LIII.521.F that appear to require the pharmacist to notify the patient's practitioner within 24 hours after the administration of a vaccine. Further, he took note that rule was promulgated by the Board in July 2008.
   - The petitioner also took note of La. R.S. 37:1218, which was passed by the 2010 Legislature, taking effect on August 15, 2010. In particular, he noted the statute requires the reporting of influenza immunizations administered without medical orders to the state immunization registry but does not contain any requirement to notify the practitioner.
   - The petitioner requested guidance as to whether the pharmacist was required to notify practitioners of influenza immunizations administered without medical orders. Staff noted the statute did not contain any language exempting influenza immunizations from the requirement found in the rule. Since the rule does not exempt any particular immunizations, staff opined the pharmacist was obligated to report all immunizations to the practitioner within 24 hours, as specified in the rule.
   - The petitioner disagreed with the staff opinion and requested a formal opinion from the Board.

2. The Board reviewed the rule and statute in question, and following substantial discussion considered the following motion:

   > **Resolved**, that the Board interpret La. R.S. 37:1218 and LAC 46:LIII.521.F to require all immunizing pharmacists to report all vaccine administrations to the patient's physician, without respect to the existence of a prescription or medical order for such immunizations.

3. Pursuant to a roll call vote, the motion was adopted.

   Yes: Bond, Burch, Dartez, Hall, McKay, Reed, Resweber, Simonson, Soileau.

   No: Anderson, Indovina, Melancon, Moore, Pitre, Rabb.

4. Pursuant to a request for reconsideration, the Board reviewed this policy as well as the underlying statute and rule at its February 1, 2012 meeting, and following substantial discussion considered the following motion:

   > **Resolved**, that the Board interpret LAC 46:LIII.521.F to require all immunizing pharmacists to report all vaccine immunizations administered pursuant to a prescription or medical order to the prescribing practitioner.

5. Pursuant to a roll call vote, the motion was adopted.

   Yes: Adams, Bond, Burch, Dartez, Hall, McKay, Melancon, Moore, Rabb, Reed, Resweber, Simonson, Soileau.

   No: Pitre.

Revision History

02-01-2012 Added Articles 4 and 5.

Louisiana Board of Pharmacy **Policies & Procedures**

Title: Storage of Regulated Materials & Records in Un-Regulated Areas External to Prescription Department in Pharmacies

Policy No. I.A.14

Approved: 05-02-2012

Revised:

In response to multiple requests over an extended period of time from several different types of pharmacies, all requesting permission to store prescription records and other types of pharmacy records, as well as prescription drugs and devices, in areas located separate and apart from the permitted prescription department of the pharmacy, the Board offered the following opinion.

- With respect to prescription records and other types of pharmacy records, they may be stored outside a permitted prescription department, without notice to the Board, provided the pharmacy is able to comply with the Board's rule requiring the production of records no later than 72 hours following a request from the Board.
- With respect to prescription drugs and devices, the storage of such regulated materials shall be limited to the permitted prescription department identified on the permit authorizing the acquisition of such drugs.

Title: Storage of Regulated Materials in Regulated Environment External to Prescription Department in Pharmacies

Policy No. I.A.15

Approved: 08-22-2012

Revised:

Petitioner requested permission to store prescription drugs in a storage location external to the permitted prescription department. In particular, the petitioner was a hospital pharmacy with access to a warehouse facility in a building located on the same campus as the hospital pharmacy. Moreover, the warehouse facility would be credentialed as a 'drug warehouse' by the Food & Drug Unit of the Office of Public Health in the La. Dept. of Health and Hospitals. The nature of the oversight by that state agency consists of periodic inspections for compliance with the state's Sanitation Code.

Following a brief discussion, the Board adopted the following motion after a unanimous vote in the affirmative.

Resolved, that the Board allow a permitted pharmacy to store prescription drug products under its control in a drug storage area separate and apart from the permitted prescription department, but only under the following provisions:

- The drug storage area shall be subject to the authority of a currently active Drug Warehouse permit issued by the Food & Drug Unit of the Office of Public Health in the Dept. of Health & Hospitals.
- The pharmacist-in-charge of the permitted prescription department shall advise the Board of the existence of the drug storage area and shall allow the Board's agent to inspect that area.
- The pharmacist-in-charge of the permitted prescription department shall be responsible for the establishment of appropriate security measures for the drug storage area and limit access to personnel holding a credential from the Board of Pharmacy.
- A pharmacy shall not store controlled substances or drugs of concern in the drug storage area.
- A pharmacy shall not engage in packaging activities within a drug storage area.

Petitioner was a non-resident pharmacy located in a state where the pharmacy laws and rules permit a pharmacist affiliated with a permitted pharmacy to practice from an office or home environment separate and apart from the permitted pharmacy's prescription department.

Petitioner took note of the Board's recently promulgated rule relative to the provision of cognitive services (LAC 46:LIII.525). In particular, the rule requires a pharmacist providing cognitive services to Louisiana residents from outside a permitted pharmacy to first obtain a Louisiana pharmacist license. By comparison, the requirements for a non-resident pharmacy require only the pharmacist-in-charge of the permit to possess a Louisiana pharmacist license.

Petitioner described his pharmacy's operations as a non-resident pharmacy that employs consultant pharmacists affiliated with the non-resident pharmacy where such consultant pharmacists provide cognitive services to patients from a variety of locations outside the permitted prescription department, in compliance with the pharmacy rules of those states where the non-resident pharmacy is located. Petitioner requested guidance from the Board as to whether such consultant pharmacists affiliated with the non-resident pharmacy that provide cognitive services to Louisiana residents must have a Louisiana pharmacist license.

Following a brief discussion, the Board adopted the following motion after a unanimous vote in the affirmative.

> **Resolved**, that the Board interpret LAC 46:LIII.525.B such that any pharmacist located outside the physical space of a permitted prescription department who performs cognitive services for a Louisiana resident shall possess an active Louisiana pharmacist license prior to performing such services.

Louisiana Board of Pharmacy **Policies & Procedures**

Title: Temporary Central Distribution System for Louisiana AIDS Drug Assistance Program (ADAP) Policy No. I.A.17

Approved: 05-29-2013 Revised:

The Office of Public Health (OPH) Pharmacy in New Orleans approached the Board requesting guidance on its plan to assist the Louisiana AIDS Drug Assistance Program (ADAP) for a temporary period of time to transition medication delivery services to ADAP clients.

For the recent past, ADAP has contracted with the LSU system outpatient pharmacies to dispense 340-B program drugs to its clients. The ADAP leadership has been negotiating with a Pharmacy Benefit Manager (PBM) to improve prescription services; however, it will be several months before the new PBM contract can be implemented. With the recent news relative to the privatization of some of the LSU facilities and their pharmacies, those previous arrangements for 340-B clients were no longer possible.

For a temporary and limited period of time, namely until the PBM contract is implemented, ADAP has established a central distribution plan using the OPH Pharmacy in New Orleans as the sole dispensing pharmacy. All prescriptions for ADAP clients will be sent to the OPH Pharmacy in New Orleans and the medications will be shipped to the patient's agent – preferably the same outpatient pharmacy previously known as LSU, or perhaps another pharmacy, or to the prescribing provider's clinic.

Some of the pharmacists in the LSU system have questioned whether they would be considered 'dispensing' a prescription if they talked with the patient about medications they were delivering to them. LSU and OPH representatives asked the Board for guidance concerning their temporary plan as well as an opinion as to whether pharmacists delivering medications dispensed by the OPH Pharmacy would be 'dispensing' those prescriptions and assuming any liability for that activity.

Pursuant to a motion from Dr. Simonson that was adopted after a unanimous vote in the affirmative, the Board rendered the following opinion:

> For the Louisiana AIDS Drug Assistance Program, the temporary central distribution plan using the Office of Public Health (OPH) Pharmacy shall be construed as in compliance with the Board's rules, provided the OPH Pharmacy establish and maintain a recordkeeping system documenting the delivery of the medications to the ADAP clients, and further, the Board encourage the ADAP and OPH leadership to prioritize the delivery destinations to pharmacies, whether in the LSU system or not, or to any other destination where a pharmacist is able to counsel the patient about those medications or perform other professional drug utilization review services. Moreover, LSU or other pharmacists participating in this temporary distribution model shall not be construed as 'dispensing' prescriptions which they are delivering to patients.

Title: Return of Dispensed Prescriptions and Re-Use in Clinic Pharmacy

Policy No. I.A.18

Approved: 11-06-2013

Revised:

Representatives from the David Raines Community Health Center Pharmacy in Caddo Parish, Louisiana approached the Board for approval of some of their medication distribution procedures.

The representatives described their federally qualified health care center system in Caddo Parish, consisting of three clinics with pharmacies located within two of the clinics, and further, operating their own transportation system using their own employees. In addition to dispensing prescriptions to the patients at their own clinics, the pharmacies will also dispense prescriptions for patients at a satellite clinic within which there is no pharmacy. The pharmacies deliver these prescription medications to the satellite clinic where they are held for patient pick-up. On the occasion where the medications are not picked up by the patient, they are returned to the dispensing pharmacy for re-use, subject to the professional judgment of the dispensing pharmacist. A recent inspection by the Board's compliance officer suggested the impropriety of the re-use and suggested their acquisition of Board approval for that procedure.

The pharmacist-in-charge presented a copy of the pharmacy's written policy and procedures for their delivery of prescriptions to the satellite clinic and responded to questions from the members. The executive director reviewed the firm's original inquiry to the Board approximately ten years before and his approval of their proposed policy at that time, based on a similar approval from a similar federally qualified health care center by a previous executive director.

Pursuant to a motion from Mr. Rabb that was adopted after a unanimous vote in the affirmative, the Board rendered the following opinion:

> The Board approved the David Raines Community Health Center Pharmacy *Policy No. 11-09 ~ Patient Prescription Delivery to Satellite Sites (August 30, 2013).*

Louisiana Board of Pharmacy **Policies & Procedures**

Title: Medication Therapy Management in Pharmacy Practice (Declaratory Statement) Policy No. I.A.19

Approved: 08-06-2014 Revised:

Pursuant to a petition considered during its May 2014 meeting, the Board considered the principles and several applications of medication therapy management in the practice of pharmacy relative to the scope of practice of pharmacy in Louisiana. Following substantial discussion during their deliberations on August 6, 2014, Mr. McKay moved to approve the declaratory statement as amended. The motion was adopted after a unanimous vote in the affirmative. The full text of the declaratory statement approved by the Board follows:

In response to multiple requests for opinions as to whether a variety of medication management activities are within the scope of practice of pharmacy, the Board now issues a Declaratory Statement relative to medication therapy management.

The Louisiana Legislature has established a definition of the '*practice of pharmacy*' in the Louisiana Pharmacy Practice Act: it means and includes the compounding, filling, dispensing, exchanging, giving, offering for sale, or selling drugs, medicines, or poisons, pursuant to prescriptions or orders of physicians, dentists, veterinarians, or other licensed practitioners, or any other act, service operation or transaction incidental to or forming a part of any of the foregoing acts, requiring, involving or employing the science or art of any branch of the pharmacy profession, study, or training. [La. R.S. 37:1164(41)]

A review of the definition above reveals intentionally broad language to provide the latitude necessary for the Board to interpret its law and regulations to include contemporary practice standards which benefit the public's health, safety and welfare.

As the education and practice of pharmacy has evolved, the pharmacy profession sought consensus on a description of a collection of professional services that may or may not include the dispensing of a drug or device. The term ultimately selected was Medication Therapy Management (MTM). In July 2004, the Joint Commission of Pharmacy Practitioners issued *Medication Therapy Management – Core Elements of an MTM Service Model*. The commission issued its second version of that document in March 2008. Appendix A of that document contains a description and definition of MTM:

> *Medication Therapy Management is a distinct service or group of services that optimize therapeutic outcomes for individual patients. Medication Therapy Management services are independent of, but can occur in conjunction with, the provision of a medication product.*
>
> *Medication Therapy Management encompasses a broad range of professional activities and responsibilities within the licensed pharmacist's scope of practice. These services include but are not limited to the following, according to the individual needs of the patient:*
>
> a. *Performing or obtaining necessary assessments of the patient's health status*
> b. *Formulating a medication treatment plan*
> c. *Selecting, initiating, modifying, or administering medication therapy*
> d. *Monitoring and evaluating the patient's response to therapy, including safety and effectiveness*
> e. *Performing a comprehensive medication review to identify, resolve, and prevent medication-related problems, including adverse drug events*

f. Documenting the care delivered and communicating essential information to the patient's other primary care providers
g. Providing verbal education and training designed to enhance patient understanding and appropriate use of his/her medications
h. Providing information, support services, and resources designed to enhance patient adherence with his/her therapeutic regimens
i. Coordinating and integrating medication therapy management services within the broader healthcare management services being provided to the patient

It is important to note this service model is applicable in all sectors of pharmacy practice, and further, that such cognitive and non-dispensing services requires only a pharmacist license. No pharmacy permit is required. Evidence of this can be found in §525 of the Board's rules relative to cognitive services. Pharmacist office-based practices already exist in this state and elsewhere in the U.S. Of course, pharmacies may also offer these services in conjunction with medication dispensing services.

"Cognitive Services" – those acts and operations related to a patient's drug therapy that are judgmental in nature, based on knowledge, and derived from empirical factual information. Such services may include, but are not necessarily limited to, the following:

a. Drug regimen review, drug use evaluation and drug information;
b. Provision of advice and counsel on drug, the selection and use thereof (…) regarding the appropriateness, use, storage, handling, administration and disposal of drugs (…);
c. Participation in the development of policies and procedures for drug therapy (…) including storage, handling, administration and disposing of drugs and devices;
d. Assuring the compliance with all applicable laws, rules, and regulations;
e. Provision of educational and drug information sources (…); and
f. Accepting responsibility for the implementation and performance of review of quality-related or sentinel events.

[LAC 46:LIII.525.A]

It is also important to note that MTM services may be performed by a pharmacist without the necessity of a collaborative drug therapy management (CDTM) agreement with a physician; however, such an agreement may include MTM services and may actually facilitate or even improve the provision of such services.

"Collaborative Drug Therapy Management" – that practice in which a pharmacist voluntarily agrees with a physician to manage the disease specific drug therapy of one or more patients of such physician, within a predetermined range of medication selected by the physician and set forth in a patient specific written order set. Drug therapy management shall be limited to:

a. Monitoring and modifying a disease specific drug therapy;
b. Collecting and reviewing patient history;
c. Obtaining and reviewing vital signs, including pulse, temperature, blood pressure, and respiration;
d. Ordering, evaluating, and applying the results of laboratory tests directly related to the disease specific drug therapy being managed under an order set, provided such tests do not require the pharmacist to interpret such testing or formulate a diagnosis; and
e. Providing disease or condition specific patient education and counseling.

[LAC 46:LIII.523.A]

The performance of some MTM services may bring a pharmacist close to the line of demarcation that exists between the scopes of practice of medicine and pharmacy; indeed, those inquiries have prompted the issuance of this declaratory statement. In an effort to provide

guidance to pharmacists and help them maintain compliance with the laws governing the practice of pharmacy, the following clarifications are offered.

A. The pharmacist may interview a patient or his caregiver to collect a broad range of relevant information, including:
   - A current medication list and medication use history for prescription and nonprescription medications, herbal products, and other dietary supplements;
   - Relevant health data that may include medical history, health and wellness information, biometric test results, and physical assessment findings; and
   - Patient lifestyle habits, preferences and beliefs, health and functional goals, and socioeconomic factors that affect access to medications and other aspects of care.

B. With respect to the solicitation or ordering of laboratory testing, a pharmacist may offer general health screenings for blood glucose, cholesterol, or other assessments which bear a CLIA (Clinical Laboratory Improvement Amendments of 1988) designation of either waived or moderately complex. However, a pharmacist may not order an assessment bearing a CLIA designation of highly complex.
   - An exception to the restriction on the solicitation of highly complex laboratory testing could exist within a properly constructed CDTM agreement wherein a physician delegates his authority to the pharmacist to order highly complex laboratory assessments.
   - Another exception to the restriction on the solicitation of highly complex laboratory testing could exist in a practice setting of a hospital or other organized health care setting wherein the medical staff has approved policies and procedures authorizing pharmacists to order such tests.

C. With respect to the analysis or evaluation of results of laboratory testing, a pharmacist may perform such analysis and evaluation for the purpose of monitoring previously prescribed medication therapy; however, a pharmacist may not formally interpret such testing to establish a diagnosis.

D. A pharmacist may develop a medication treatment plan and submit such plan to the patient's physician or other primary healthcare practitioner.

Louisiana Board of Pharmacy **Policies & Procedures**

Title: Recording Patient Address on Prescriptions for Controlled Substances

Policy No. I.A.20

Approved: 08-12-2015

Revised:

1. The requirement for the recording of the patient's address on a written prescription for a controlled substance is found at LAC 46:LIII.2745.C.2.a.

2. The authority for a pharmacist to add or change certain data elements on prescriptions for medications listed in Schedule II is found at LAC 46:LIII.2747.B.4.b.

3. In response to a request received via email from a representative from Fred's Pharmacies, Inc., relative to the use of a 'back-tag' adhesive label affixed to the back of the written prescription form in lieu of recording the patient's address on the prescription form, the Board adopted the following opinion following a unanimous vote in the affirmative of the members present and voting:

   The Board interprets its rules, specifically §2745.C.2 and §2747.B.4.b, such that the prescriber has the primary responsibility for ensuring the accurate preparation of a prescription for a controlled substance, including recording the patient's address. In the event a patient presents a written prescription form for a controlled substance to a pharmacist for dispensing, and it is apparent that the patient's address is not recorded on the form, then the pharmacist has a corresponding responsibility to ensure the prescription form has been prepared correctly. §2747.B.4.b describes the data elements the pharmacist may add to a Schedule II written prescription form, including the patient's address, following a consultation with the prescriber and the appropriate documentation thereof. It is permissible for a pharmacist to attach transaction labels to prescription forms; however, those attachments are not the forms. Written prescription forms for controlled substances which do not contain the patient's address when presented to the pharmacy shall be completed by the pharmacist or his designee in compliance with the provisions of §2747.B.4.b. The attachment of 'back-tags' in lieu thereof is not compliant with the Board's rules.

1. Act 409 of the 2015 Legislature amended the Pharmacy Practice Act, more specifically at R.S. 37:1241(A) by adding two sections therein, to wit:

   The Board may, …[discipline a licensee] … upon proof that the person:

   (23) Has used an independent contractor to provide marketing services for the pharmacy to any practitioner, authorized prescriber, or prospective customer in Louisiana in exchange for compensation unless the compensation paid is an amount set in advance, consistent with fair market value, and not calculated based on the volume or value of actual prescriptions filled by the pharmacy.

   (24) Has dispensed or distributed any drug or device to any patient pursuant to a prescription written by a practitioner or a member of the practitioner's group practice if the practitioner or an immediate family member of the practitioner has a direct or indirect financial relationship with the dispensing or distributing pharmacy, unless the financial relationship meets all of the requirements of R.S. 37:1745. Nothing in this Paragraph shall prohibit a practitioner or an immediate family member of a practitioner from having an ownership interest in a pharmacy.

2. Through its counsel, Fountain Park Pharmacy in Harvey, La. petitioned the Board for an advisory opinion on whether the activity described in (23) was applicable to all of the Louisiana-licensed pharmacy's marketing activities, or in the alternative, to only those activities occurring within the state of Louisiana.

3. Following a presentation from the pharmacy's counsel and subsequent deliberation, the Board adopted the following motion after a unanimous vote in the affirmative of the members present and voting.

   Resolved*, that the Board interpret La. R.S. 37:1241(A)(23) such that the marketing activities prohibited in the statute refer to activities conducted within Louisiana and do not address activities conducted outside the state.*

Louisiana Board of Pharmacy **Policies & Procedures**

Title: Transfer of Prescription Information Between Pharmacies

Policy No. I.A.22

Approved: 05-10-2017

Revised: 08-23-2017

1. The Louisiana Pharmacy Practice Act, more specifically at La. R.S. 37:1224.E, authorizes the transfer of prescription information between pharmacies, to wit:

   "A prescription may be filled, compounded, and dispensed at the permitted pharmacy which first received the prescription or at any other permitted pharmacy to which the prescription is properly transferred from the originating pharmacy. A prescription may be properly transferred through the transfer of prescription information from one pharmacy to another manually or through an electronic transfer using an electronic file updated on a real-time on-line basis and shared by two or more pharmacies. Electronic transfers of prescriptions shall be permitted regardless of whether or not the pharmacy from which the prescription is transferred is open for business."

2. The Board's rules, more specifically *LAC 46:LIII.2523 – Transfer of Prescription Information*, describes the requirements relative to the transfer of original prescription information between pharmacies for the purpose of refill dispensing, describing procedures for prescriptions for controlled substances as well as prescriptions for non-controlled substances. There are no other rules relative to the transfer of prescriptions which have not yet been dispensed.

3. In response to multiple inquiries from pharmacists across the state, the Board adopted the following opinion pursuant to a unanimous vote in the affirmative of the members present and voting during their May 2017 and August 2017 meetings.

   The Board interprets its laws and rules such that pharmacies may transfer original prescription information for prescriptions that have not yet been dispensed, subject to the following provisions:

   - *Prescriptions for medications not listed as a controlled substance may be transferred by a pharmacist, pharmacy intern, or certified pharmacy technician; and further, the person transferring the prescription shall annotate the prescription as to the:*
     1. *date of its transfer;*
     2. *name and address of the receiving pharmacy; and*
     3. *name of the person receiving the prescription.*
   - *Electronic prescriptions which comply with the requirements in 21 CFR 1311 – but not written, faxed, or verbal prescriptions – for medications listed as a controlled substance may be transferred by a pharmacist; and further, the pharmacist transferring the prescription shall annotate the prescription as to the:*
     1. *date of its transfer;*
     2. *name, address, and DEA registration number of the receiving pharmacy; and*
     3. *name of the pharmacist receiving the transfer information.*

Revision History

08-23-2017 Amended the second paragraph of the original interpretation, as follows:

- *Electronic prescriptions which comply with the requirements in 21 CFR 1311 – but not written, faxed, or verbal prescriptions – for medications listed as a controlled substance may be transferred by a pharmacist~~, subject to the limitation identified in 21 CFR 1311 which prohibits the transfer of electronic prescriptions for controlled substances away from the pharmacy which received that prescription from the prescriber~~; and further, the pharmacist transferring the prescription shall annotate the prescription as to the:*
  1. *date of its transfer;*
  2. *name, address, and DEA registration number of the receiving pharmacy; and*
  3. *name of the pharmacist receiving the transfer information.*

Louisiana Board of Pharmacy **Policies & Procedures**

Title: Recordkeeping Requirements for Written Prescription Forms Received in Pharmacies By Facsimile or Electronic Images (Advisory Opinion)

Policy No. I.A.23

Approved: 11-14-2018

Revised:

1. Through its counsel, Sterling Pharmacy in Monroe, La. petitioned the Board for an advisory opinion whether a pharmacy which maintains electronic copies of prescription forms it receives as an electronic image or electronic facsimile is then required to print and maintain a hard copy of those prescription forms merely for recordkeeping purposes.

2. The petitioner cited *§1123 – Records* of the Board's rules, more specifically Subsection B authorizing the use of an electronic recordkeeping system, Subsection J authorizing the use of an electronic imaging system, and Subsection K authorizing the retention of electronic images of prescription forms.

3. The Board received the petition during its August 2018 meeting and referred the request to the Regulation Revision Committee for its consideration of the request. The Committee reviewed the rule at issue and received comment from the petitioner during their October 2018 meeting. The Committee developed a recommendation for an advisory opinion and presented to the Board during its November 2018 meeting.

4. Following their consideration of the Committee's recommendation and subsequent deliberation, the Board adopted the following motion after a unanimous vote in the affirmative of the members present and voting.

   Resolved*, that the Board interpret LAC 46:LIII.1123.K.3 such that every pharmacy licensed by the Board which receives prescription forms as electronic images or electronic facsimiles directly within the pharmacy dispensing information system shall retain those records for a minimum of two years following the most recent transaction, and further, every such pharmacy may produce a hard copy of such forms but shall not be required to do so merely for recordkeeping purposes.*

Title: Joint Accreditation of Interprofessional Continuing Education (IPCE)

Policy No. I.A.24

Approved: 11-14-2018

Revised:

1. Section 507 of the Board's rules describe the continuing education requirements for the renewal of pharmacist licenses, and Section 909 of the Board's rules describe the continuing education requirements for the renewal of pharmacy technician certificates. [LAC 46:LIII.507 and LAC 46:LIII.909]

2. The continuing education requirements for the renewal of credentials for pharmacists and pharmacy technicians require the acquisition of continuing education from providers accredited by the Accreditation Council of Pharmacy Education (ACPE).

3. ACPE collaborated with the Accreditation Council for Continuing Medical Education (ACCME) and the American Nurses Credentialing Center (ANCC) to develop a Joint Accreditation of Interprofessional Continuing Education (IPCE) credit mark, intended for healthcare team-based interprofessional continuing education activities with participation by practitioners from two or more healthcare professions.

4. Continuing education providers accredited through the IPCE program are required to comply with all the accreditation standards developed by ACCME, ACPE, and ANCC.

5. The Board now interprets Sections 507 and 909 of its rules, as well as any other rules which may require the acquisition of ACPE-accredited continuing education, such that continuing education programs provided by IPCE-accredited providers are acceptable for the purpose of meeting continuing education requirements for the renewal of credentials by pharmacists and pharmacy technicians.

1. The Louisiana Pharmacy Practice Act defines compounding:

   > *"Compounding"* means the preparation, mixing, assembling, packaging, or labeling of a drug or device by a pharmacist for his patient as the result of a practitioner's prescription drug order or initiative based on the practitioner/patient/ pharmacist relationship in the course of professional practice, or including the preparation of drugs or devices in anticipation of prescription drug orders to be received by the compounding pharmacist based on routine, regularly observed prescribing patterns. Compounding does not include the compounding of drug products that are essentially copies of a commercially available product.

   [La. R.S. 37:1164(7)]

2. In addition to the authority to compound drugs provided within the pharmacy law, similar authority to compound drugs is provided to physicians (via the medical practice act), dentists (via the dental practice act), and veterinarians (via the veterinary medical practice act), but only for their own patients. Those practitioners may not compound drugs for persons other than their own patients. No other healthcare personnel have statutory authority to compound drugs for anyone.

3. Given the definition of compounding in the Pharmacy Practice Act, reconstitution (mixing of diluents and drug) could be construed as compounding. However, the Board of Pharmacy has consistently interpreted that definition such that the preparation of medication for emergency or immediate administration to a patient shall not be construed as compounding. This interpretation is grounded in the provisions of the Federal Food, Drug and Cosmetic Act, from which the following statement is abstracted: *"Compounding does not include mixing, reconstituting, or similar acts that are performed in accordance with the directions contained in approved labeling provided by the product's manufacturer and other manufacturer directions consistent with that labeling."*

4. During the 1990s, the Boards of Nursing and Pharmacy developed an understanding and agreement relative to the preparation of medications for administration by a nurse, when waiting for a pharmacist to compound that medication might not be in the patient's best interest. In those situations – primarily in surgery, emergency departments, and critical care patient areas, the compounding of medication for immediate administration in an emergency situation is referred to as *"preparation of medication for immediate administration."* The Board of Pharmacy does not object to this technical intrusion into the practice of pharmacy. It is the pharmacy board's understanding the Board of Nursing permits nurses to engage in that activity when the nurse has received training in that activity and that activity occurs in compliance with the facility's policies and procedures governing that activity.

5. The federal drug law referenced above recognizes the United States Pharmacopeia (USP) as the only authority for the establishment of purity and safety standards for drugs used within the United States. In addition to the individual drug monographs in the USP, the USP has also established general standards for the use and manipulation of those drugs. Relevant to this discussion is *USP Chapter 797 ~ Pharmaceutical Compounding – Sterile Preparations*. As indicated in the introductory section of that Chapter, the standards are not only applicable to drug preparation activities in pharmacies but in **all areas** where drugs are prepared. Further, the standards are not only applicable to pharmacists but to **all personnel** involved in the preparation of drugs. The use of an injectable route of administration presents more risk to a patient than the use of any other route. There are many other risk factors such as the availability of a sterile environment for the preparation of the drug, the use of gowning and gloving, the length of the storage time between preparation and administration of the drug, the level of complexity of the medication formula [one drug vs multiple drugs], the use of single dose vials vs multiple dose vials vs ampuls, the use of non-sterile ingredients, etc. USP Chapter 797 contains a general discussion of all the risks inherent in the compounding of sterile medication, and then presents standards stratified by three risk levels: low, medium, and high.

   - Examples of low-risk compounding include (1) single-volume transfers of sterile dosage forms from ampuls, bottles, bags, and vials using sterile syringes with sterile needles, other administration devices, and other sterile containers. The solution content of ampuls should be passed through a sterile filter to remove any particles. (2) simple aseptic measuring and transferring with not more than three packages of manufactured sterile products, including an infusion or diluents solution to compound drug admixtures and nutritional solutions.

   - Examples of medium-risk compounding include (1) compounding of total parenteral nutrition fluids using manual or automated devices during which there are multiple injections, detachments, and attachments of nutrient source products to the device or machine to deliver all nutritional components to a final sterile container, (2) filling of reservoirs of injection and infusion devices with more than three sterile drug products and evacuation of air from those reservoirs before the filled device is dispensed, and (3) transfer of volumes from multiple ampuls or vials into one or more final sterile containers.

   - Examples of high-risk compounding include (1) dissolving nonsterile bulk drug and nutrient powders to make solutions that will be terminally sterilized, (2) exposing the sterile ingredients and components use to prepare and package the compounded sterile preparation to room air quality worse than ISO Class 5 for more than one hour, (3) measuring and mixing sterile ingredients in nonsterile devices before sterilization is performed, and (4) assuming without appropriate evidence or direct determination that packages of bulk ingredients contain at least 95% by weight of their active chemical ingredient and have not been contaminated or adulterated between uses.

   The higher the risk, the more rigorous the safety standard required by USP. Among all the risks, the most significant one that can be managed is time, more specifically, the amount of time between the preparation of the drug and its administration to the patient. The longer the period of storage and delay before administration, the greater is the opportunity for growth of an offending organism that might have been inadvertently introduced by the preparer. Therefore, in

addition to the three risk level categories, there is a category for immediate-use compounded sterile preparation. The immediate use of a product effectively manages the time risk; therefore, there is a waiver from many of the safety standards for immediate use preparations. The following information is abstracted directly from USP Chapter 797:

The immediate-use provision is intended only for those situations where there is a need for emergency or immediate patient administration of a compounded sterile preparation (CSP). Such situations may include cardiopulmonary resuscitation, emergency room treatment, preparation of diagnostic agents, or critical therapy where the preparation of the CSP under conditions described for Low-Risk Level CSPs subjects the patient to additional risk due to delays in therapy. Immediate-use CSPs are not intended for storage for anticipated needs or batch compounding. Preparations that are medium-risk level and high-risk level CSPs shall not be prepared as immediate-use CSPs.

*Immediate-use CSPs are exempt from the requirements described for Low-Risk Level CSPs only when **all** of the following criteria are met:*

***(1)** The compounding process involves simple transfer of not more than three commercially manufactured packages of sterile nonhazardous products or diagnostic radiopharmaceutical products from the manufacturers' original containers and not more than two entries into any one container or package (e.g., bag, vial) of sterile infusion solution or administration container/device. For example, anti-neoplastic drugs shall not be prepared as immediate-use CSPs because they are hazardous drugs.*

***(2)** Unless required for the preparation, the compounding procedure is a continuous process not to exceed one hour.*

***(3)** During preparation, aseptic technique is followed and, if not immediately administered, the finished CSP is under continuous supervision to minimize the potential for contact with nonsterile surfaces, introduction of particulate matter or biological fluids, mix-ups with other CSPs, and direct contact of outside surfaces.*

***(4)** Administration begins not later than one hour following the start of the preparation of the CSP.*

***(5)** Unless immediately and completely administered by the person who prepared it or immediate and complete administration is witnessed by the preparer, the CSP shall bear a label listing patient identification number, the names and amounts of all ingredients, the name or initials of the person who prepared the CSP, and the exact on-hour Beyond Use Date and time.*

***(6)** If administration has not begun within one hour following the start of preparing the CSP, the CSP shall be promptly, properly, and safely discarded. Compounding in worse than ISO Class 5 conditions increases the likelihood of microbial contamination, and administration durations of microbially contaminated CSPs exceeding a few hours increase the potential for clinically significant microbial colonization and thus for patient harm, especially in critically ill or immunocompromised patients.*

*Opened or needle-punctured single-dose containers, such as bags, bottles, syringes, and vials of sterile products and CSPs **shall be used within 1 hour if opened in worse than ISO Class 5 air quality**, and any remaining contents must be discarded.*

6. In summary, the Board of Pharmacy has recognized the *preparation of medication for immediate administration* by persons other than pharmacists and deferred any enforcement against this technical intrusion into the practice of pharmacy. This recognition is grounded in the federal drug law and federal quality standards for the safety of drugs. Where such medications are prepared, federal standards govern that activity regardless of the person performing those manipulations. The Board of Pharmacy and the Board of Nursing have agreed to limit opportunities for these activities to emergent situations where any delay in the administration of the medication while waiting for the pharmacist to compound that preparation would not be in the patient's best interest.

Louisiana Board of Pharmacy **Policies & Procedures**

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

Approved: 02-19-2019 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.

Louisiana Board of Pharmacy **Policies & Procedures**

Title: Sale of CBD Oil Products in Marijuana Pharmacies Policy No. I.A.28

Approved: 08-14-2019 Revised:

1. Shortly after the passage of a new law in the state legislature creating a regulatory structure for the retail sale of hemp-derived CBD oil products in the state, the Board received an inquiry from a marijuana pharmacy as to whether such pharmacies could legally sell hemp-derived CBD oil products.

2. Following their review of the rule for marijuana pharmacies, which permits the sale of retail items, as well as the new law, the members opined marijuana pharmacies, as well as all other pharmacies, could legally sell hemp-derived CBD oil products provided they comply with the provisions in the new law. The members adopted the following motion by unanimous vote:

Resolved, to interpret LAC 46:LIII.2451.N to permit marijuana pharmacies to engage in the retail sale of hemp-derived CBD products in compliance with Act 164 of 2019 Legislature and the administrative regulations promulgated thereto by the Dept. of Health and the Dept. of Revenue.

Louisiana Board of Pharmacy **Policies & Procedures**

Title: Reporting Transactions in Marijuana Pharmacies Policy No. I.A.29

Approved: 08-14-2019 Revised:

1. The Louisiana Medical Marijuana Tracking System (LMMTS) is a "seed-to-sale" information system designed to capture and manage data from multiple stakeholders in the production and distribution of medical marijuana products. The scope of the information system, which has been used in multiple states with dispensary distribution models, extends to the dispensary acknowledging receipt of product purchases from the producers and the subsequent reporting of consumer sales transactions back to the tracking system by dispensaries. In one state, the system reports such sales transactions to the state prescription monitoring program using a patient registration number collected by the dispensary.

2. The question has arisen whether Louisiana's marijuana pharmacies are required to report their dispensing transactions to LMMTS and whether LMMTS can satisfy the pharmacies' obligations to report such dispensing transactions to the Louisiana PMP. The Board's rules for marijuana pharmacies require those pharmacies to enter all inventory-related transactions in LMMTS.

Chapter 24. Limited Service Providers
Subchapter E. Marijuana Pharmacy
§2457. Standards of Practice
D. Recordkeeping Requirements
4. Inventory of Marijuana Product
b. The pharmacy shall access the LMMTS and enter all inventory-related transactions in that system.
[LAC 46:LIII.2457.D.4.b]

3. Marijuana pharmacies are required to establish and maintain a perpetual inventory of all marijuana products acquired, held, dispensed, and disposed by the pharmacy. The Board requires all marijuana pharmacies to have access to LMMTS for the purpose of acknowledging receipt of medical marijuana products purchased from a marijuana product producer. The product information from LMMTS will include a product identification number which will serve as a proxy for the National Drug Code (NDC) number in the pharmacy's dispensing information system. Since there is no patient registration system for medical marijuana products in Louisiana, the LMMTS does not contain the required information to report patient-specific prescription transactions to the state PMP.

4. Following their consideration of the issue, the members voted unanimously for the following motion:

Resolved, to interpret LAC 46:LIII,2457.D.4.b to require marijuana pharmacies to acknowledge deliveries of marijuana products from the product manufacturers, as well as any returns to those manufacturers, in the Louisiana Medical Marijuana Tracking System (LMMTS); however, product dispensing transactions are not inventory-related transactions reportable to LMMTS.

Title: Reporting Changes in Pharmacy Employment Policy No. I.A.30

Approved: 08-14-2019 Revised:

1. The Board received multiple requests for guidance on how to report changes in pharmacy employment from pharmacists and other licensees practicing in multiple locations. The members noted licensees may work as temporary staff in multiple locations, and that it served no purpose to list every possible site.

2. Following their review of the laws and rules for reporting changes in pharmacy employment, the members provided guidance that licensees practicing in multiple locations should report the primary location, aka ‘home store’, of pharmacy employment to the Board office.

Louisiana Board of Pharmacy **Policies & Procedures**

Title: Addition of Flavors to Medications Policy No. I.A.31

Approved: 11-13-2019 Revised:

1. The Board received a request from a representative of FlavoRx, a firm which manufactures flavoring agents used by pharmacists to customize prescription medications, to exempt the addition of flavoring agents to medications from the definition of compounding. The representative indicated his understanding that USP would include in the new update to *USP General Chapter <795> Pharmaceutical Compounding – Nonsterile Preparations* the guidance that the addition of flavoring agents would require compliance with the provisions of that chapter. It was suggested a requirement for compliance with USP standards might deter pharmacists from performing that service and might inhibit patient access to such services. The company requested the Board to promulgate a rule to exempt flavoring of commercially available liquid medications from the definition of compounding. The representative suggested limitations for the proposed rule such as requiring the flavoring agents to be nonallergenic and inert and for the flavoring agent not to exceed 5% of the drug product's total volume.

2. Following their review of the pharmacy law and rule, the Board determined a rule was not necessary and that an enforcement policy statement would be appropriate. The following motion was adopted after a unanimous vote in the affirmative.

> **Resolved**, that the Board adopt an enforcement policy, such that the addition of nonallergenic and inert flavoring agents to commercially available liquid oral products resulting in a change in the final product volume of less than 5% shall not require a prescriber's order or a full compounding log.

Louisiana Board of Pharmacy **Policies & Procedures**

Title: Administration of Immunizations Without Medical Orders by Pharmacy Interns

Policy No. I.A.32

Approved: 11-13-2019

Revised:

1. During the Board's consideration of a regulatory proposal to amend *Section 521 – Medication Administration* of the Board's rules, the Board noted the current rule requires pharmacy interns to obtain the education and training required by this rule, and further, the current rule authorizes pharmacists in possession of a medication administration to supervise properly qualified pharmacy interns in the administration of medications pursuant to the receipt of prescriptions or medical orders for such medications.
2. A question arose as to whether properly qualified pharmacy interns could administer immunizations without medical orders. The Board noted the section of pharmacy law which authorizes pharmacists to administer immunizations without medical orders – La. R.S. 37:1218 and 1218.1 – specifically referenced pharmacists, did not mention pharmacy interns, and did not reference any delegation of such authority to other persons by pharmacists.
3. The Board received information from representatives of the colleges of pharmacy present at the meeting about the training provided to pharmacy interns as well as their participation in immunization clinics.
4. Following their review of the pharmacy law and rule, the Board determined an interpretation of the law would be appropriate. The following motion was adopted after a unanimous vote in the affirmative.

> **Resolved**, that the Board interpret La. R.S. 37:1218 and 37:1218.1 such that a properly credentialed pharmacist may delegate the administration of immunizations without medical orders to a properly credentialed pharmacy intern.

Louisiana Board of Pharmacy **Policies & Procedures**

Title: Membership Policy No. I.B.1

Approved: 08-15-2018 Revised:

1. The membership of the Board is identified at RS 37:1172.

   A. The pharmacist membership consists of two representatives from each of the 8 pharmacy districts identified at RS 37:1173. Their minimum qualifications are specified at RS 37:1174(A).
   B. The public membership consists of one representative from the state at-large. Their minimum qualifications are specified at RS 37:1174(B).

2. The process for the nomination and appointment of members is described at RS 37:1175.

3. The length of the term of appointment is specified at RS 37:1177.

   A. The term for a pharmacist member is six years, shall begin on July 1 of the year of the appointment, and shall conclude on June 30 of the sixth year of the appointment, unless specified otherwise by the appointing authority.

   B. The public member shall serve at the pleasure of the appointing authority.

4. Specifications for the removal of a member are found at RS 37:1176.

1. The organization and governance of the Board is described at RS 37:1179.

2. The organization and governance of the Board is also described at LAC 46:LIII.103.

3. Officers; Duties
   - A. President
     - i. The president is the executive officer of the board.
     - ii. The president shall preside at all meetings of the board and shall be responsible for the performance of all duties and functions of the board required or permitted by the Pharmacy Practice Act.
     - iii. The president shall sign all checks or other methods of disbursement, together with the executive director.
     - iv. The president may administer oaths in connection with the duties of the board.
     - v. The president may review and respond to requests for exceptions to laws, rules, and policies in the interim between meetings of the board.
   - B. First Vice President
     - i. In the absence of the president, the first vice president shall preside at meetings of the board.
     - ii. The first vice president shall perform other duties as assigned by the board.
   - C. Second Vice President
     - i. In the absence of the president and first vice president, the second vice president shall preside at meetings of the board.
     - ii. The second vice president shall perform other duties as assigned by the board.
   - D. Third Vice President
     - i. In the absence of the president and other vice presidents, the third vice president shall preside at meetings of the board.
     - ii. The third vice president shall perform other duties as assigned by the board.
   - E. Secretary
     - i. The secretary of the board shall be responsible for supervising the board member nomination election process.
       - a. The secretary shall ensure the distribution of nomination election ballots to every licensed pharmacist in the pharmacy district in which a vacancy is anticipated or has occurred.
       - b. The secretary shall supervise the counting of the nomination election ballots.
       - c. The secretary shall certify to the governor the names of the

three nominees receiving the highest number of nominations

d. In the absence of the secretary, or in the event of his inability or failure to act, the duties of the secretary with respect to the mailing and counting of ballots and the certification to the governor shall be performed by the president of the board.

ii. Following their approval by the board, the secretary shall sign the minutes of board meetings and ensure their posting in the Minute Book.

iii. The secretary may administer oaths in connection with the duties of the board.

4. Election of Officers; Term; Removal

A. The officers shall be elected by the board members, for a term beginning on the day of their election and ending upon election of their successors.

B. The board shall conduct officer elections annually. By tradition, the election is conducted during the final scheduled board meeting of a calendar year, which historically has been the month of November.

C. The president may call a special election at any board meeting to fill a vacancy in one or more officer positions. An officer elected to a vacant position shall serve for the remainder of that term, at which time an election shall occur commensurate with the annual election.

D. Any officer may be removed from office by majority vote of the board, for proper cause after due notice and an opportunity to be heard.

Louisiana Board of Pharmacy **Policies & Procedures**

Title: Meetings Policy No. I.B.3

Approved: 08-15-2018 Revised:

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1. The duty of the board to conduct meetings is specified at RS 37:1180.

2. The procedures for board meetings is described at LAC 46:LIII.105.

3. The board shall meet at least once every twelve months to transact its business.

4. By tradition, the board meets on a quarterly basis, typically during February, May, August, and November. Additional meetings may be called by the president of the board or by two-thirds of the board members.

5. The board shall meet at a location determined by the president prior to giving notice of the meeting, and the meeting location shall not be changed after such notice is given unless the change is approved by the president and adequate notice of the change is given prior to the meeting.

6. Notice of all meetings shall be given in the manner required by the Administrative Procedure Act.

7. All board meetings and hearing shall be open to the public. The board may, in compliance with the Open Meetings Law, conduct any portion of its meeting in executive session which is closed to the public.

8. A simple majority of the board members shall constitute a quorum for the conduct of a board meeting, except where a greater number is required by law or rule. All actions of the board shall be approved by a majority of a quorum.

9. *Robert's Rules of Order* shall govern all proceedings unless otherwise provided.

10. The agenda for a regular board meeting shall be as follows:
    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 Meeting
    6. Report on Action Items
    7. Confirmation of Acts
    8. Opportunity for Public Comments
    9. Special Order of the Day
    10. Committee Reports
    11. Staff Reports
    12. Public Requests
    13. Recess/Adjourn

11. The president may approve deviations from the standard agenda format.

12. Requests for presentations should be submitted to the executive director at least 30 days prior to the date of the board meeting. The executive director shall add the requested presentation to the agenda upon the approval of the president.

13. Petitions for advisory opinions and declaratory statements shall be submitted to the board at least 60 days prior to the date of the board meeting, and shall comply with the provisions specified in LAC 46:LIII.359. The executive director shall add the requested petition to the agenda and notify the president.

Title: Administrative Hearings Policy No. I.B.4

Approved: 08-15-2018 Revised:

1. The authority of the board to conduct administrative hearings is specified at RS 37:1182(B)(3).

2. The procedures for administrative hearings are described in LAC 46:LIII.Chapter 3.

3. By tradition, the board conducts its administrative hearings in conjunction with its quarterly board meetings, typically during February, May, August, and November. Additional hearings may be called by the president or by two-thirds of the board members.

4. Notice of all hearings shall be given in the manner required by the Administrative Procedure Act.

5. All administrative hearings shall be open to the public. The board may, in compliance with the Open Meetings Law, conduct any portion of its hearing in executive session which is closed to the public.

6. A simple majority of the board members shall constitute a quorum for the conduct of an administrative hearing. All decisions of the board shall be approved by a majority of a quorum.

7. *Robert's Rules of Order* shall govern all proceedings unless otherwise provided.

8. The agenda for an administrative hearing shall be as follows:
    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 Comments
    F. Formal Hearings
    G. Recess/Adjourn

9. The president may approve deviations from the standard agenda format.

Title: Public Hearings Policy No. I.B.5

Approved: 08-15-2018 Revised:

1. The duty of the board to conduct public hearings during the rulemaking process is described in the Administrative Procedure Act (APA), and more specifically at RS 49:953.

2. As required by the APA, a public hearing to receive comments and testimony on a proposed rule shall be held at least 35 days after the publication of the *Notice of Intent* in the *Louisiana Register*, but no later than 40 days following the publication of that notice.

3. Notice of all public hearings shall be given in the manner required by the APA.

4. By tradition, the board members do not attend public hearings. The president has delegated to the executive director the authority to preside during a public hearing, the sole purpose of which is to receive comments and testimony on a proposed rule for the board's evaluation at a subsequent board meeting. In the event the executive director is unable to perform that duty, he may – with the president's approval – delegate that duty to an administrative officer.

5. The agenda for a public hearing shall be as follows:
    1. Call to Order
    2. Appearances
    3. Notice of Intent / Potpourri Notice
    4. Opportunity for Public Comment
    5. Adjourn

6. The president may approve deviations from the standard agenda format.

1. The membership of the Drug Policy Board, an agency within the Office of the Governor, is identified at La. R.S. 49:219.2. Within that listing is *"a member of the Board of Pharmacy."* That law specifies the member from the Board of Pharmacy serves at the pleasure of the appointing governor and at the expense of the Board of Pharmacy. The President of the Board of Pharmacy shall nominate a member of the Board of Pharmacy to serve as a member of the Drug Policy Board.

2. The membership of the Prescription Monitoring Program Advisory Council is identified at La. R.S. 40:1005(A). Within that listing is *"the President of the Board of Pharmacy or his designee."* That law specifies the member from the Board of Pharmacy serves at the pleasure of the Board and at the expense of the Board of Pharmacy. In the event the President is unable to attend a council meeting, he shall appoint a designee.

3. The membership of the Medicaid Pharmaceutical and Therapeutics Committee is identified at La. R.S. 46:153.3(D)(2)(a). Within that listing is *"two practicing pharmacists nominated by the Louisiana Board of Pharmacy. One pharmacist shall be an independent pharmacist and one pharmacist shall be a pharmacist representing a chain pharmacy."* The law requires the Board of Pharmacy to nominate two pharmacists to the Office of the Governor, and shall certify by affidavit that the practice of each nominee involves either the care of or the supervision of the care of Medicaid recipients. The law requires the gubernatorial appointments be confirmed by the Louisiana Senate. The law further stipulates that a member who misses two consecutive meetings may be replaced. The replacement process requires the Dept. of Health to notify the Board upon the second recorded absence, and if the Board does not nominate a replacement within 30 days, the department may do so. The President of the Board of Pharmacy shall nominate two pharmacists no later than August 1, 2018.

4. The membership of the Collaborative Drug Therapy Management Advisory Committee, constituted as provided in LAC 46:XLV.7417, shall assist the Board of Medical Examiners and the Board of Pharmacy on matters relative to collaborative drug therapy management. The President of the Board shall appoint a pharmacist to serve on the committee, and said pharmacist shall serve at the pleasure of the Board of Pharmacy and without compensation.

5. The membership of the Pharmacy Benefit Manager Monitoring Advisory Council is specified at La. R.S. 40:2869 and includes the president of the Board of Pharmacy, who may appoint a designee. The president or his appointee serves at the pleasure of the Board of Pharmacy, and is eligible for per diem and travel expense reimbursements in accordance with Board travel policies

6. The membership of the Palliative Care Interdisciplinary Advisory Council is identified at La. R.S. 40:2018.6(C). The 17-member council includes one member appointed by the Board of Pharmacy, who shall be a pharmacist with at least two years experience providing individual or interdisciplinary palliative care to pediatric, youth, or adult populations in inpatient, outpatient, or community settings. Members serve at the pleasure of the appointing authority and without compensation. Members missing three consecutive meetings shall be replaced by the appointing authority. The council shall meet at least quarterly. Unless extended by the legislature, the council shall expire on March 31, 2022.

Revision History

08-14-2019	Added Items 4, 5 and 6.

1. The official journal of the board is the *Louisiana Board of Pharmacy Newsletter*, as specified in LAC 46:LIII.111.
   A. The newsletter is published on a quarterly basis (January, April, July, and October), in collaboration with the National Association of Boards of Pharmacy Foundation (NABPF).
   B. The collaboration with NABPF is formalized with a State Board Newsletter Program Letter of Agreement, which must be renewed on an annual fiscal year basis. The agreement contains the rates for production, posting, and email alerts to recipients.
   C. The executive director shall obtain the board's approval for the agreement prior to the beginning of the next fiscal year.
   D. As part of the service, NABPF sends email alerts to subscribers informing them of the posting of the electronic newsletter on the NABP website. On publication of that alert, staff shall retrieve the electronic file and post it on the board's website.

2. The board shall also publish bulletins and other alerts from time to time to inform its licensees of time-sensitive information.

3. The board has acquired multiple website domains for the purpose of informing its licensees and the public of matters under its jurisdiction.
   A. www.pharmacy.la.gov

   B. www.laboard.pharmacy

   C. www.la.pharmacy

1. The board's authority to operate by committee is identified at LAC 46:LIII.107.

2. The board has established different committees to address and deliberate specific matters referred to them by the board. Certain of these committees have been identified as Standing Committees in the board's rules, with the minimum number of members specified in the rule.

3. Committee appointments are made by the president. Traditionally, the president reviews committee activities and appointments at the end of the calendar year and makes any changes at that time.

4. The president serves *ex officio* on every committee of the board.

5. The following committees have been assigned the subject matter described:
   A. Executive [*Standing Committee*]
      i. This committee is composed of the five officers elected by the members; it is chaired by the president.
      ii. This committee shall function to address interim administrative board matters that require immediate attention between regularly scheduled board meetings.
      iii. This committee usually meets in conjunction with board meetings, but can meet in the interim at the call of the president.
      iv. The committee shall report its recommendations to the full board.

   B. Finance
      i. This committee is composed of six members including a chairman appointed by the president.
      ii. This committee shall function to prepare the board's budget as well as any amendments thereto, and shall review the interim and final reports prepared by the board's accountant and administrative staff.
      iii. This committee usually meets in conjunction with board meetings, but can meet in the interim at the call of the president.
      iv. The committee shall report its recommendations to the full board.

   C. Application Review
      i. This committee is composed of six members including a chairman appointed by the president.
      ii. This committee shall function to review applications for credentials referred to the committee by the administrative officers. To facilitate their reviews, the committee may conduct a preliminary hearing to interview an applicant, in compliance with due process notice requirements.

iii. This committee may meet at any time to manage the caseload referred by the administrative officers.
iv. The committee shall report its recommendations to the full board.

D. Reciprocity [*Standing Committee*]
i. This committee is composed of a minimum of three, but usually six, members including a chairman appointed by the president.
ii. This committee shall function to document the qualifications, compliance, and credentials of reciprocity candidates. The committee shall interview reciprocity applicants referred to the committee by the administrative officers.
iii. This committee usually meets in conjunction with board meetings, but can meet in the interim at the call of the president.
iv. The committee shall report its recommendations to the full board.

E. Reinstatement [*Standing Committee*]
i. This committee is composed of a minimum of three, but usually six, members including a chairman appointed by the president.
ii. This committee shall function to interview applicants for the reinstatement of lapsed, suspended, or revoked credentials; and further, shall interview applicants seeking modification of previous orders; and further, shall interview pharmacists with licenses on voluntary inactive status seeking the return of those licenses to active status.
iii. This committee usually meets in conjunction with board meetings, but can meet in the interim at the call of the president.
iv. The committee shall report its recommendations to the full board.

F. Impairment [*Standing Committee*]
i. This committee is composed of a minimum of three, but usually six, members including a chairman appointed by the president.
ii. This committee shall function to study, recognize, address the need to identify, and monitor the recovery of impaired persons in order to protect the public and the practitioner. In addition, the committee shall function to investigative, review, and interview impaired or allegedly impaired persons practicing or assisting in the practice of pharmacy.
iii. This committee usually meets in conjunction with board meetings, but can meet in the interim at the call of the president.
iv. The committee shall report its recommendations to the full board.

G. Violations [*Standing Committee*]
i. This committee is composed of a minimum of three, but usually five, members including a chairman appointed by the president.
ii. This committee shall function to receive complaints, receive staff reports, and evaluate and review findings. The disposition of alleged offenses shall be determined by conducting an informal inquiry, an interlocutory hearing, or by referring the matter to

special counsel for a formal administrative hearing by the full board.

iii. This committee usually meets on a quarterly basis not in conjunction with board meetings.

iv. The committee shall report its recommendations to the full board.

H. Regulation Revision [*Standing Committee*]

i. This committee is composed of a minimum of three, but usually six, members including a chairman appointed by the president.

ii. This committee shall function to preliminarily draft rules, regulations, and policies to be considered by the full board for promulgation or resolution or order.

iii. This committee usually meets in the interim between board meetings to receive stakeholder input on draft proposals.

iv. The committee shall report its recommendations to the full board.

I. Tripartite

i. This committee is composed of five members including a chairman appointed by the president.

ii. This committee shall function to review all matters relative to pharmacy education for pharmacists.

iii. This committee shall routinely invite the following stakeholders to all of its meetings:

a. Pharmacy educators
   - ULM College of Pharmacy
   - Xavier College of Pharmacy

b. Pharmacy practitioners
   - La. Pharmacists Association
   - La. Society of Health-System Pharmacists

iv. This committee usually meets in the interim between board meetings to receive stakeholder input.

v. The committee shall report its recommendations to the full board.

Title: Executive Committee – Expense Report Guidelines Policy No. I.C.1

Approved: 04-22-1998 Revised: 08-15-2018

1. The statutory authority for this policy is RS 39:231.

2. The executive authority for this policy is *Policy & Procedure Memorandum No. 49* (PPM-49).

3. Members of the Louisiana Board of Pharmacy traveling in the best interest of the State of Louisiana on Board business will be reimbursed per diem, transportation, lodging, meals, and services that meet reasonable and necessary standards. Such reimbursement for travel expenses shall be made on the basis of actual expenditures incurred up to the allowable limits as specified below. In these Expense Report Guidelines, "Board business" is defined as the duties of regulating the practice of pharmacy.

4. Travel
   a. Automobile – Personal automobile transportation is reimbursed on the basis of PPM-49. Parking is a legitimate and separate expense. When two or more Board members travel in the same vehicle, only one charge will be allowed for the expense of the vehicle.
   b. Airlines – When air transportation is required, the Board must utilize the services of the state-contracted coach airfares. When using the contract airfares, there are no restrictions or penalties. The contract airfares are to be used only for official Board business and cannot be used for companions or a spouse. A Board member may arrange his/her own travel provided the rate is less than the state rate.
   c. Other – The Board will reimburse travelers for taxis, subways, airport buses, or shuttles used to travel to and from airports or to access other destinations in the performance of Board business. In addition, gratuities paid to baggage handlers, taxi drivers, etc. will also be reimbursed. Such expenses should not exceed what is usual and customary, and should be paid by the Board member at the time of service and noted on the expense report. All expenses must be accompanied by receipts, with the exception of baggage handlers.

5. Per Diem
   The members of the Board shall receive a per diem of $75.00 per day while attending regular or called Board meetings or attending to official business of the Board, the provisions of RS 39:231 notwithstanding as defined in LAC 46:LIII.103.D. Travel days will be reimbursed transportation and actual expenditures based on the expense report guidelines.

6. Accommodations

   The members of the Board must personally pay all expenses incurred during his/her stay at the hotel while attending official business of the Board. All accommodations must be pre-approved by the Board. The Board will reimburse the cost of the hotel room based on the meeting rate of a single occupancy rate and ancillary expenses according to the guidelines set forth below.

   a. The Board will reimburse costs when they are properly entered on an expense report and accompanied by an appropriate receipt, which must be attached to the report form.
   b. No telephone calls will be reimbursed.

7. Meals

   a. Based on budgetary constraints the Board has determined that the maximum allowable limits for meal reimbursement including gratuities shall be as follows:

      Breakfast - $15
      Lunch - $20
      Dinner - $40

   b. The Board should be charged the actual, reasonable, and necessary cost for meals, not the limit for each meal. If the Board or Board-approved travel provides group meal functions, i.e., breakfasts, luncheons, and/or dinners, there shall be no reimbursement for meals purchased independently at an alternate venue.
   c. All meal expenses must be documented by detailed receipts.
   d. Regular or called Board meetings may be subject to a reduced meal allowance according to the circumstances of the meeting and the length of the agenda, e.g., a one-hour committee meeting will not require a full day meal allowance.
   e. The Executive Committee reserves the right to adjust meal allowance rates.

8. Travel Advances

   No travel advances will be authorized by the Board. The only exception will pertain to airline travel.

9. Travel Committee

   The Travel Committee, comprised of the President, First Vice President, and Chair of the Finance Committee, shall function to review and recommend appropriate conventions, seminars, workshops, etc. The Finance Committee will review the Travel Committee's recommendations and submit all reports for full Board approval.

10. Board-Approved Conventions

   a. The following annual events are Board-approved:

      National Association of Boards of Pharmacy (NABP) Annual Meeting
      NABP Executive Officers Conference
      NABP District VI Conference
      MALTAGO(N) Conference

   b. A budget allowance of not more than $2,000 per member per fiscal year has been approved by the Board. The allowance is non-transferable among

Board members and cannot be carried over into the next fiscal year.

11. Travel Budget
    The Executive Director shall prepare a fiscally sound travel budget for approval by the Finance Committee, the Executive Committee, and the entire Board, on an annual basis.

12. Submitting Expense Forms
    Completed and signed expense reports shall be submitted on original forms, directed to the Board office, within 10 days of the function for which reimbursement is sought, and no later than one month after the event.

13. Exceptions
    Any exception to the policies contained herein must be approved in writing by the Executive Committee.

Revision History

08-15-2018 Re-numbered policy.

08-20-2003 Amended Article 5

The members of the Board shall receive a per diem of $75.00 per day while attending regular or called Board meetings or attending to official business of the Board, the provisions of RS 39:231 notwithstanding as defined in LAC 46:LIII.~~111, 113, and 115~~103.D. Travel days will be reimbursed transportation and actual expenditures based on the expense report guidelines. ~~Per diem will not be allowable for convention or symposium Board business.~~

Amended Article 7.d.

Regular or called Board meetings ~~as defined in LAC 46:LIII.111, 113, and 115~~ may be subject to a reduced meal allowance according to the circumstances of the meeting and the length of the agenda, e.g., a one-hour committee meeting will not require a full day meal allowance.

02-20-2000 Amended Article 12.

Completed and signed expense reports ~~should~~ shall be submitted on original forms, directed to the Board office, within 10 days of the function for which reimbursement is sought, and no later than one month after the event.

09-13-1998 Added the following:

4.b – A Board member may arrange his/her own travel provided the rate is less than the state rate.

10. – Board-Approved Conventions

a. The following events are Board-approved:
   - National Association of Boards of Pharmacy (NABP) Annual Meeting
   - NABP Executive Officers Conference
   - NABP District VI Conference
   - MALTAGO(N) Conference

b. A budget allowance of not more than $2,000 per member per fiscal year has been approved by the Board. The allowance is non-transferable among Board members and cannot be carried over into the next fiscal year.

04-22-1998 Original policy approved.

1. The statutory authority for the investment of state funds is RS 49:327.

2. The regulatory authority for permissible investments is LAC 71:I.501 *et seq.*

3. It shall be the policy of the Board to manage its assets by placing appropriate emphasis on the goals of safety of principal first, liquidity second, and yield third.

4. The Executive Director, or other agent designated by the Board, shall issue guidelines or instructions regarding how the funds deposited shall be invested.

5. The following securities and investments are authorized by the Board and shall be reviewed by the Board annually, semiannually, or quarterly.
    A. Direct United States Treasury obligation with a maximum maturity of five years, the principal and interest of which are guaranteed by the United States government.
    B. Bonds, notes, or debentures of indebtedness with a maximum maturity of five years issued by or guaranteed by federal agencies backed by the full faith and credit of the United States, which obligations include, but are not limited to:
        1. U. S. Export-Import Bank.
        2. Farmers Home Administration
        3. Federal Housing Administration Debentures
        4. General Services Administration
        5. Government National Mortgage Association – guaranteed mortgage-backed bonds and guaranteed pass-through obligations
        6. U. S. Maritime Administration – guaranteed Title XI financing
        7. U. S. Department of Housing and Urban Development
    C. Bonds. Debentures or noted of indebtedness with a maximum maturity of five years issued by or guaranteed by United States government instrumentalities, which are federally sponsored, and such obligations include, but are not limited to:
        1. Federal Home Loan Bank System
        2. Federal Home Loan Mortgage Corporation
        3. Federal National Mortgage Association
        4. Student Loan Marketing Association
        5. Resolution Funding Corporation
    D. Time certificates of deposit of any bank domiciled in Louisiana up to the amount insured by the FDIC, unless the uninsured portion is collateralized by the pledge of securities in the manner provided in RS 39:1221.
    E. Mutual or trust fund institutions which are registered with the Securities and Exchange Commission under the Securities Act of 1933 and the Investment Act of 1940, and which have underlying investments consisting solely of, and limited to, securities of the United States government, or its agencies.

Revision History

08-15-2018	Re-numbered policy.

1. The statutory authority for the Committee is RS 37:1184.

2. The regulatory authority for the Committee is LAC 46:LIII.107.

3. The licensing manager shall review all applications for all credentials issued by the Board as well as any other information acquired from other sources about the applicant. When the application and all supporting materials are complete and demonstrate compliance with the licensure requirements, the licensing manager shall issue the credential.

4. In the event the application or other information includes evidence of prior disciplinary history or other legal issues, the licensing manager shall refer the file to an administrative officer. Following the administrative officer's review of the file, the administrative officer may approve issuance of the license, or in the alternative, may refer the application to the full committee for its consideration.

5. In the event the committee has pending applications on its docket, the full committee shall interview the applicant and develop a recommendation to the Board relative to the fitness for licensure of the applicant.
   A. In the event the application is complete except for the report from the criminal background check, that deficiency shall not automatically delay the consideration of the application by the committee provided, however, the issuance of the credential shall require the receipt and favorably review of the criminal history record check report.

6. During the subsequent Board meeting, the committee shall present its recommendation relative to a pending application for a credential.

7. For requests to amend ownership profiles of marijuana pharmacy permits, staff shall refer such requests to the Committee Chair and Board President.
   A. In the event the Committee Chair and Board President both approve the proposed change in ownership, then staff shall communicate that approval to the owner of the permit.
   B. In the event the Committee Chair and Board President do not both approve the proposed change in ownership, then staff shall refer the request to the Application Review Committee.

Revision History

08-15-2018	Re-numbered policy.

1. The statutory authority for the Reciprocity Committee is RS 37:1203.

2. The regulatory authority for the Reciprocity Committee is LAC 46:LIII.109.

3. The licensing manager shall review all applications for pharmacist licensure by reciprocity as well as any other information acquired from other sources about the applicant. When the application and all supporting materials are complete and demonstrate compliance with the licensure requirements, the licensing manager shall issue the license.

4. In the event the application or other information includes evidence of prior disciplinary history or other legal issues, the licensing manager shall refer the file to an administrative officer. Following the administrative officer's review of the file, the administrative officer may approve issuance of the license, or in the alternative, may refer the application to the full committee for its consideration.

5. In the event the committee has pending applications on its docket, the full committee shall interview the applicant and develop a recommendation to the Board relative to the fitness for licensure of the applicant.
   A. In the event the application is complete except for the report from the criminal background check, that shall not automatically delay the consideration of the application by the committee; provided, however, the issuance of the license shall require receipt and favorable review of that report.

6. During the Board meeting following any interview examination, the Reciprocity Committee shall submit to the Board for ratification the results of all reciprocity interview examinations.

Revision History

08-15-2018	Re-numbered policy.
02-12-2014	Amended Articles 3, 4, 5, and 6 to longer require interviews for all reciprocity applicants; however, applications bearing information deserving more scrutiny shall be referred to the full committee.
11-09-2010	Inserted Sub-Article 5.a.
11-14-2007	Deleted Article 3, in compliance with Act 164 of 2006 Legislature.
02-17-2005	Inserted Article 3.
05-05-2004	Updated the regulatory citation in Article 2.
08-15-2001	Original policy approved.

1. The statutory authority for the Reinstatement Committee is RS 37:1249.

2. The regulatory authority for the Reinstatement Committee is LAC 46:LIII.109.

3. Current regulations indicate the expiration date of renewable credentials issued by the Board.
   A. The pharmacist license expires December 31 of each year. [*LAC 46:LIII.505.A.4*]
   B. The pharmacy technician certificate expires June 30 of each year. [*LAC 46:LIII.807.D*]
   C. The pharmacy permit expires December 31 of each year. [*LAC 46:LIII.1101*]
   D. The durable medical equipment (DME) permit expires August 31 of each year [*LAC 46:LIII.2403*]
   E. The automated medication system (AMS) registration expires June 30 of each year. [*LAC 46:LIII.1203*]
   F. The emergency drug kit (EDK) permit expires June 30 of each year. [*LAC 46:LIII.1711*]
   G. The controlled dangerous substance (CDS) license expires one year after the date of issue. [*LAC 46:LIII.2707.A.6*]

4. Applications for licensure renewal placed in possession of authorized mail carriers, or received in the Board office, after the expiration date shall be referred to the Reinstatement Committee for its consideration.
   A. For credentials lapsed less than one year, the Executive Director may exercise administrative discretion in the approval of the reinstatement application.
   B. For credentials lapsed more than one year, the Executive Director shall consult with the committee chair to determine the necessity for the personal appearance of a reinstatement applicant.
   C. For credentials (other than CDS licenses) lapsed five years or more, the committee chair in consultation with the President shall have the discretion to notice the applicant to appear before the committee.
   D. For CDS credentials lapsed five years or more, the Executive Director shall consult with the committee chair, and further, shall notify the applicant's primary licensing agency and the U.S. Drug Enforcement Administration of the applicant's lapse and reinstatement.

5. A petition to return a pharmacist license previously placed on inactive status back to active status shall be referred to the committee chair, who shall determine the necessity for a personal appearance before the full committee. In the absence of a committee hearing, the committee chair shall have the discretion to determine the conditions under which the petition may be approved.

6. Applications for reinstatement of credentials which have been suspended or revoked by the Board shall be referred to the full committee, for a hearing to determine whether the reinstatement of the previously suspended or revoked credential would be in the public's best interest. The respondent shall bear the burden of demonstrating their rehabilitation and fitness for practice.
   A. An exception to the requirement for a committee hearing shall be available for the reinstatement of a CDS license issued to anyone other than a pharmacy. For the reinstatement of these CDS licenses which have been suspended or revoked by the Board, the approval of the reinstatement application requires only the joint consent of the chair of the reinstatement committee and the President; when such approvals are issued, staff shall prepare a reinstatement order for the President's signature.
   B. In the event a primary licensing agency vacates or rescinds a previous order which resulted in the Board's suspension or revocation of a practitioner's CDS license, staff shall prepare a reinstatement order for the President's signature.
   C. In the event a practitioner applies for the reinstatement of a CDS license which was inactivated by staff secondary to a primary licensing agency's disciplinary action on his professional license, staff shall consult the chair of the reinstatement committee to determine the necessity for a personal appearance before the committee. In the event the committee chair authorizes the reinstatement, staff shall restore the credential to a status commensurate with the terms of the primary licensing agency board order.
   D. When the staff has completed the reinstatement of a CDS license for a practitioner, a Pharmacy Alert shall be distributed via email to all the pharmacies for whom the Board has an email address on file.

7. The applicant shall submit the following items to the Board office no later than 30 days prior to any Administrative Hearing:
   A. properly completed application for renewal;
   B. copy of transcript from CPE Monitor submitted in support of CPE requirements;
   E. report of criminal background check, provided, however, that the non-receipt of said report shall not serve to automatically delay the consideration of the application by the committee;
   F. administrative hearing fee of $250, (RS 37:1184.a.ix);
   G. reinstatement fee of $200, (RS 37:1184.b.iii);
   H. any unpaid fees imposed by prior Board orders; and
   I. any other fees incurred through non-renewal. The fee for credentials lapsed in excess of one year shall include the renewal fee and the delinquent fee in effect for each intervening year.

8. The committee will determine the conditions under which it will recommend to the Board the approval or denial of the application for reinstatement. The committee's recommendation may include the successful completion of an examination, additional supervised practical experience, additional continuing pharmacy education, or any other measures the committee may deem necessary.

9. All correspondence and/or communications relative to applicants shall be coordinated through the Board office.

Revision History

05-29-2019 > Added new Article 5 relative to the return of inactive licenses to active status.
> Re-numbered all subsequent articles.

08-15-2018 > Re-numbered policy.
> Amended Article 3 to add additional renewable credentials.
> Amended Article 5 to describe procedures relative to CDS licenses.

11-16-2016 > Added new Article 5 addressing reinstatement of previously suspended or revoked credentials.
> Amended Article 6 substituting copy of CPE Monitor transcript in lieu of copies of CE certificates.
> Amended Article 7 to delete the naming of a specific test in favor of more general term.

02-12-2014 > Amended Article 4.c to no longer require mandatory committee appearances for all licensees lapsed five years or longer. Instead, staff will refer these applicants to the committee chair and president, who shall have the discretion whether to require a committee appearance or some other alternative requirement.

08-05-2009 > Added Article 3.c.
> Amended Article 4.c to insert 'other than CDS licenses' after credentials
> Added Article 4.d

02-21-2008 > Added Article 5.c.

05-05-2004 > Updated regulatory citations in Articles 2, 3.2, and 3.b
> Technical corrections in Articles 3.b, 4.a, and 4.b ('credentials' for 'licenses').
> Added Article 4.c.
> Deleted Article 5.f.ii, due to deletion of enabling regulation.

04-26-2000 > Added the following:

4.A. For licenses lapsed less than one year, the Executive Director may exercise administrative discretion in the approval of the reinstatement application.

4.B For licenses lapsed more than one year, the Executive Director shall consult with the committee chair to determine the necessity for the personal appearance of a reinstatement applicant.

02-10-2000 Original policy approved.

1. The statutory authority for the Impairment Committee is RS 37:1217.

2. The regulatory authority for the Impairment Committee is LAC 46:LIII.109.D.

3. All committee procedures shall be in accordance with the Louisiana Administrative Procedure Act (RS 49:950 *et seq*).

Under Construction

Title: Violations Committee – Publication of Final Adverse Actions

Policy No. I.C.7.a

Approved: 04-06-2000

Revised: 08-15-2018

1. The regulatory authority for the Board to publish final adverse actions is found at LAC 46:LIII.355.

2. The Board shall publish all final adverse actions (name, license or permit number, charge, and sanction) in the official newsletter, except for reprimands, warnings, and all cases related to impairment.

Revision History

08-15-2018	Re-numbered policy.
05-05-2004	Updated the regulatory citation in Article 1.

1. The statutory authority for the Violations Committee is RS 37:1182.

2. The regulatory authority for the Violations Committee is LAC 46:LIII.109.E.

3. All committee procedures shall be in accordance with the Louisiana Administrative Procedure Act (RS 49:950 *et seq*).

4. In addition to federal and state pharmacy laws and regulations, the Committee is also charged with receiving and reviewing complaints of violations of RS 46:2625.

5. With respect to complaints received by the Board from the Louisiana Department of Health (LDH) alleging violations of RS 46:2625 by holders of permits issued by the Board, the following procedures shall be followed.
   A. When the Board has received the complaint from LDH, the Board shall, in 30 days, inform the registrant that the failure of the registrant to achieve compliance within 15 days shall subject the registrant to the sanction specified by law, i.e., suspension of the permit.
   B. When the registrant has achieved compliance, LDH will notify the Board in a timely manner.
   C. If the registrant has not achieved compliance in the time frame specified above, the Board shall notice the registrant to appear before the next meeting of the committee.

Revision History

08-15-2018	> Re-numbered policy. > Made technical change to name of Dept. of Health.

1. The statutory authority for continuing education (CE) is RS 37:1210.

2. The regulatory authority for CE is LAC 46:LIII.507 and 909.

3. The Board staff will measure compliance with CE requirements by auditing CE records maintained at CPE Monitor.

4. In an effort to provide guidance to staff as they address situations where they discover noncompliance with relevant CE regulations, the following courses of action shall be followed:

   A. The following charges shall be considered and entered as appropriate:
      1. **R.S. 37:1241(A)(1)** – Has practiced or assisted in the practice of pharmacy, or knowingly permitted or has permitted anyone in his employ or under his supervision to practice or assist in the practice of pharmacy, in violation of the provisions of this Chapter and any rules and regulations promulgated thereto in accordance with the Administrative Procedure Act. [*This charge shall be applicable to all cases*]
      2. **R.S. 37:1241(A)(2)** – Attempted to or obtained a license, registration, certificate, permit or any other designation deemed necessary to engage in the practice of pharmacy by fraud or misrepresentation. [*This charge shall be applicable when the licensee certified their compliance with CE rules on their renewal application and the subsequent audit revealed they did not comply with CE rules; it shall also be applicable when the licensee falsifies CE transcripts or other documents.*]
      3. **R.S. 37:1241(A)(7)** – Has failed to report to the board any adverse action taken by another licensing jurisdiction, government agency, law enforcement agency, or court for conduct that would constitute grounds for action as defined in this Section. [*This charge shall be applicable when a licensee credentialed in another jurisdiction is disciplined for violation of CE rules in that jurisdiction and then fails to disclose that disciplinary action on their subsequent application for the renewal of their Louisiana license.*]
      4. **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 respond appropriately to a board representative in connection with a CE audit.*]
      5. **LAC 46:LIII.507.C** – A minimum of 1.5 ACPE or board-approved CPE units, or 15 hours, shall be required each year as a prerequisite for pharmacist license renewal. Of this number, no less than 0.3 ACPE or board-approved CPE units, or three hours, shall be acquired through live presentations, as designated by ACPE or the board. Alternatively, should

a pharmacist choose to not acquire at least 0.3 ACPE or board-approved CPE units, or three hours, through live presentations, then he shall acquire an additional 0.5 ACPE or board-approved CPE units, or five hours, through any other acceptable method, over and above the minimum requirement, for a total of two ACPE or board-approved CPE units, or 20 hours.
[*This charge shall be applicable when a pharmacist fails to comply with the CE requirements.*]

6. **LAC 46:LIII.909.A** – A minimum of one technician-specific ACPE or board-approved CPE unit, or 10 credit hours, shall be required each year as a prerequisite for annual renewal of a pharmacy technician certificate. Such CPE units shall be credited in the 12-month period prior to the expiration date of the certificate.
[*This charge shall be applicable when a technician fails to comply with the CE requirements.*]

B. For an initial violation of the above provisions, staff shall issue the Respondent a Letter of Noncompliance.
   1. The Letter of Noncompliance shall identify the appropriate allegations based upon the facts of the case. However, the Letter of Noncompliance shall not be considered disciplinary action by the Board.
   2. When the CE audit identifies a deficiency in the number of CPE units or credit hours, the proposed Letter of Noncompliance shall instruct the licensee to remedy the deficiency by:
      a. Acquiring that number of CPE units or credit hours; and
      b. Transmitting a copy of the CPE Monitor transcript to the Board office as evidence of compliance with that instruction; and further,
      c. Staff shall instruct the licensee the CE acquired for the remediation shall not be applicable for the CE requirement for the next renewal.

C. For a second violation of the above provisions, staff shall prepare a proposed voluntary consent agreement for consideration by the licensee.
   1. The proposed voluntary consent agreement shall identify the appropriate charges based upon the facts of the case.
   2. The proposed voluntary consent agreement shall propose a Letter of Reprimand, which shall be published in the Board's newsletter. The Letter of Reprimand shall be considered a disciplinary action.
   3. The proposed voluntary consent agreement shall propose the following assessments:
      a. A fine of $500 for pharmacists and $100 for technicians.
      b. A single administrative hearing fee of $250 shall be assessed on all proposed voluntary consent agreements.
      c. Staff shall calculate and assess an amount sufficient to recover the cost of staff investigation and preparation.
   4. When the CE audit identifies a deficiency in the number of CPE units or credit hours, the proposed voluntary consent agreement shall instruct the licensee to remedy the deficiency by:
      a. Acquiring that number of CPE units or credit hours prior to the expiration date of the current renewal; and

   b. Transmitting a copy of the CPE Monitor transcript to the Board office as evidence of compliance with that instruction; and further,
   c. Staff shall instruct the licensee the CE acquired for the remediation shall not be applicable for the CE requirement for the next renewal.
5. Staff shall transmit the proposed voluntary consent agreement to the licensee for his consideration, and shall identify a deadline for the licensee to respond to the proposal.
   a. In the event the licensee elects to accept the proposed voluntary consent agreement, staff shall present the proposal to the Board for its consideration and approval.
   b. In the event the licensee elects to not accept the proposed voluntary consent agreement, staff shall schedule the case for an informal conference before the Violations Committee.

D. When the licensee has been the subject of previous disciplinary action by the Board for violation of the CE rules, staff shall not propose a voluntary consent agreement, and shall refer the case to the Violations Committee.

Revision History

08-14-2019	Re-structured policy to provide for a non-disciplinary Letter of Noncompliance for the first offense, and then the proposed consent agreement for the second offense. Re-structured the disciplinary action within the consent agreement to be a Letter of Reprimand regardless of the nature of the specific violation. Re-structured the fine to be a $500 fine for pharmacists and $100 for technicians.
08-15-2018	Re-numbered policy.
05-23-2018	Made the following revisions to the original policy: ➢ Amended Paragraph 3 to insert CPE Monitor. ➢ Replaced Paragraph 4.

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.

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.

(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.

1. The statutory authority for the Regulation Revision Committee is RS 37:1182.A.1.

2. The regulatory authority for the Impairment Committee is LAC 46:LIII.109.B.

3. All committee procedures shall be in accordance with the Louisiana Administrative Procedure Act (RS 49:950 *et seq*).

Under Construction

1. The statutory authority for the Tripartite Committee is RS 37:1182(A)(10).

2. The regulatory authority for the Tripartite Committee is LAC 46:LIII.107.A.2.

3. All committee procedures shall be in accordance with the Louisiana Administrative Procedure Act (RS 49:950 *et seq*).

Under Construction

Louisiana Board of Pharmacy

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

Section II – Administrative Division

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04. Equal Employment Opportunity

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01. Conduct & Ethics
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Louisiana Board of Pharmacy

Updated on 05/01/2020

Malcolm Broussard
Executive Director
Position No.: 61281
Pay Grade: Unclassified

Carlos Finalet
General Counsel
Position No.: 50326608
Pay Grade: Unclassified

Melvin Fontenot
Pharmacist – Chief Operations Officer
Position No.: 50460655
Pay Grade: MS-528

Administrative Division

Kelley Villeneuve
Admin Assistant
Position No.: 69546
Pay Grade: Unclassified

Robbi Lewis
Admin Coordinator 3
Position No.: 50365871
Pay Grade: AS-609

Vacant
Admin Assistant 3
Position No.: 50535587
Pay Grade: AS-609

Vacant
IT Office Specialist 3
Position No.: 50372264
Pay Grade: TS-305

Vacant
IT Tech Support Specialist 1
Position No.: 50396966
Pay Grade: TS-310

Vacant
Student Worker
Position No.: 50326607
Pay Grade: Unclassified

Catherine Page
Student Worker
Position No.: 17900
Pay Grade: Unclassified

Vacant
Student Worker
Position No.: 50461062
Pay Grade: Unclassified

Vacant
Student Worker
Position No.: 50461063
Pay Grade: Unclassified

Vacant - WAE
Admin Coordinator 3
Position No.: 50510509
Pay Grade: AS-609

Vacant
Student Worker
Position No.: 50326009
Pay Grade: Unclassified

Compliance Division

Benjamin Whaley
Pharmacist – Chief Compliance Officer
Position No.: 53238
Pay Grade: MS-527

Huey Savoie
Pharmacist
Compliance Officer
Position No.: 53232
Pay Grade: MS-525

Daniel Dennis
Pharmacist
Compliance Officer
Position No.: 61280
Pay Grade: MS-525

Vacant
Pharmacist
Compliance Officer
Position No.: 65308
Pay Grade: MS-525

Cary Aaron
Pharmacist
Compliance Officer
Position No.: 61282
Pay Grade: MS-525

Nicole Gross
Pharmacist
Compliance Officer
Position No.: 50390126
Pay Grade: MS-525

Alicia Harris
Pharmacist
Compliance Officer
Position No.: 50390100
Pay Grade: MS-525

Becky Parker
Pharmacist
Compliance Officer
Position No.: 50365872
Pay Grade: MS-525

Licensing Division

Sarah Stevens
Licensing Analyst Director
Position No.: 50573825
Pay Grade: AS-618

Vacant
Licensing Analyst Supervisor
Position No.: 50508652
Pay Grade: AS-616

Lindsey Schultz
Licensing Analyst 1
Position No.: 50508654
Pay Grade: AS-612

Amicha Chatman
Licensing Analyst 2
Position No.: 65307
Pay Grade: AS-613

Jonesha Cushenberry
Licensing Analyst 2
Position No.: 50556663
Pay Grade: AS-613

Arielle Shelton
Licensing Analyst 1
Position No.: 50556664
Pay Grade: AS-612

Vacant
Admin Coordinator 3
Position No.: 50312958
Pay Grade: AS-609

Lee Taranto
Admin Coordinator 3
Position No.: 50312957
Pay Grade: AS-609

Tanner Alise
Admin Coordinator 3
Position No.: 50379947
Pay Grade: AS-609

Vacant
Admin Coordinator 3
Position No.: 50464329
Pay Grade: AS-609

Ashley Moses
Admin Coordinator 3
Position No.: 50547927
Pay Grade: AS-609

Vacant
Admin Coordinator 3
Position No.: 50318657
Pay Grade: AS-609

Vacant - WAE
Admin Coordinator 3
Position No.: 50510511
Pay Grade: AS-609

Vacant - WAE
Admin Coordinator 3
Position No.: 50510512
Pay Grade: AS-609

Prescription Monitoring Program Division

Danielle Hartzog
Admin Coordinator 3
Position No.: 50535588
Pay Grade: AS-609

Nerissa Montgomery
Admin Coordinator 3
Position No.: 50556665
Pay Grade: AS-609

Reshmi Ravindranath
Admin Coordinator 3
Position No.: 50371653
Pay Grade: AS-609

Vacant
Admin Coordinator 3
Position No.: 50556666
Pay Grade: AS-609

1. The Board's statutory authority to hire an Executive Director is found at R.S. 37:1179(F).

2. The statutory authority of the Executive Director to manage the daily operations of the Board office is found at R.S. 37:1179(F).

3. The Board's designation of the Executive Director as the Board's Appointing Authority is found at LAC 46:LIII.103.F.

4. The Executive Director's authority to hire professional and clerical staff for the Board office is found at LAC 46:LIII.103.F.

1. The members of the Board are appointed by, and are accountable to, the Governor of the State of Louisiana.

2. The members of the Board elect their own officers, including the President, on an annual basis; therefore, the President is accountable to the full Board.

3. The Executive Director reports directly to the President of the Board.

4. The Executive Director directly supervises the other two administrative officers:
   A. General Counsel; and
   B. Assistant Executive Director (Chief Operations Officer).

5. The Assistant Executive Director directly supervises the following personnel:
   A. Administrative Division Manager;
   B. Credentials Division Manager;
   C. Compliance Division Manager; and all
   D. Prescription Monitoring Program Division personnel.

6. The Manager of the Administrative Division is the Office Manager and directly supervises the following personnel:
   A. Receptionist;
   B. Administrative coordinators and assistants assigned to that division; and
   C. Part-time and student workers assigned to that division.

7. The Manager of the Credentials Division is the Licensing Manager and directly supervises the following personnel:
   A. Licensing analysts;
   B. Administrative coordinators and assistants assigned to that division; and
   C. Part-time and student workers assigned to that division.

8. The Manager of the Compliance Division is the Chief Compliance Officer and directly supervises the Pharmacist Compliance Officers.

9. Adherence to established administrative channels is a necessary practice to operate a resourceful and effective organization. Toward this end, it is appropriate for an employee to first discuss office issues with their immediate supervisor. Employees should follow the Board's chain of command, unless specific circumstances dictate otherwise.

Title: Equal Employment Opportunity Policy No. II.A.4

Approved: 05-11-2005 Revised: 05-29-2019

1. The Louisiana Board of Pharmacy operates under a continuous and affirmative concept of equal employment opportunity for all persons, regardless of race, color, religion, age, gender, sexual orientation, political affiliation, national origin or ancestry, marital status, physical or mental impairment, veteran status, or other non-merit factors.

2. All persons are recruited, selected, placed, compensated, and otherwise treated during employment without regard to non-job-related factors.

3. All employees in the Louisiana Board of Pharmacy are responsible for complying with this policy and for supporting its implementation according to their level of responsibility and authority.

4. All employees with any responsibility for personnel actions such as recruiting, screening, appointing, training, or supervising will be evaluated on the basis of their equal employment opportunity efforts.

5. An employee who wishes to file a complaint alleging discrimination shall adhere to the policy entitled *Procedure for Complaints for Discrimination or Harassment*.

Revision History

05-29-2019	Re-numbered policy

Adherence to established administrative channels is a necessary practice to operate a resourceful and effective organization. To this end, it is appropriate for an employee to first discuss office issues with their immediate supervisor. Employees should follow the Louisiana Board of Pharmacy's chain of command, unless specific circumstances dictate otherwise.

Revision History

05-29-2019	Re-numbered policy.

All employees of the Louisiana Board of Pharmacy are paid by and work for the citizens of Louisiana and are expected to perform their duties and conduct themselves in a highly professional manner at all times. Employees must recognize the practice of competence, honesty, and professionalism, which are necessary if we are to enjoy the confidence of the public and those public bodies and officials we serve.

Limited resources will always require performing our duties in a highly efficient and competent manner. Sound judgment must be employed at all times and in all circumstances. Employees are expected to conduct themselves, on and off duty, in a manner as not to impugn the character and integrity of the individual or the department.

Employees shall take advantage of every opportunity to increase their knowledge and improve their skills relative to the position held and the tasks to which they are assigned.

As an employee, you are to hold the highest degree of professional conduct and integrity promulgated by the Louisiana Board of Pharmacy.

All employees shall adhere to the ethical standards established by the Louisiana Code of Governmental Ethics.

Revision History

05-29-2019	Re-numbered policy.

Employees are free and encouraged to exercise their individual rights as citizens, to cast their vote for whomever they please, and their opinions are private.

As per Civil Service Rule 14.1:

> "no employee in the classified service shall participate or engage in political activity, or:
>
> Be a candidate for nomination or election of public office, except to seek election as the classified state employee serving on the State Civil Service Commission.
>
> Be a member of any national, state, or local committee of a political party or faction.
>
> Take active part in the management of the affairs of a political party, faction, candidate, or any political campaign, except to exercise his right as a citizen to express his opinion privately, to serve as a commissioner or official watcher at the polls, and to cast his vote as he desires.
>
> Take active part in an effort to recall from office an elected public official, or seek, solicit or attempt to coerce any person including any employee in the classified service and any member of the Commission into participating in any such effort or signing a recall petition except that nothing contained herein shall prevent an employee in the classified service or member of the Commission from signing a recall petition."

For further information on this topic, the employee should consult Civil Service Rule 14.1(e).

Revision History

05-29-2019	Re-numbered policy.

All departmental legislative activity, such as responding to legislative requests and drafting legislation, shall be coordinated with the Appointing Authority.

Employees engaging in personal legislative activity, in advance of the activity, shall advise the Appointing Authority of such activity. The employee shall take annual leave, compensatory leave, or leave without pay, and shall advise the legislative body that such activity is personal and not reflective of the position that employee holds at the Louisiana Board of Pharmacy.

Revision History

05-29-2019	Re-numbered policy.

As integral employees of the Louisiana Board of Pharmacy, you are expected to accept certain responsibilities, adhere to acceptable business principles in matters of personal conduct, and exhibit a high degree of personal integrity at all times. This not only involves sincere respect for the rights and feelings of others, but also demands, both in business and personal life, that employees refrain from any behavior that might be harmful to him/her, co-workers, or the Louisiana Board of Pharmacy. Employees of the Louisiana Board of Pharmacy are expected to comply with accepted standards of personal conduct.

Whether on duty or off, an employee's conduct reflects on the Louisiana Board of Pharmacy. An employee is consequently encouraged to observe the highest standard of professionalism at all times. Types of behavior and conduct that the Louisiana Board of Pharmacy considers inappropriate include, but are not limited to, the following:

1. Excessive absenteeism or tardiness;
2. Leaving the work premises during working hours without permission;
3. Failing to report absence as required by individual departmental policy (e.g., not calling in by specified time);
4. Failing to return from leave of absence as scheduled;
5. Improper use of sick leave;
6. Failure to follow established work procedures;
7. Insubordination and/or refusal to follow instructions of a supervisor;
8. Smoking in an unauthorized area;
9. Failure or inability to produce quality and/or quantity of work desired;
10. Restricting one's own production or interfering with the work or production of another employee. Visiting or interfering with others while at work;
11. Loafing, roaming, loitering, or leaving workstation without proper notification;
12. Sleeping on the job;
13. Conducting excessive personal business during office hours;
14. Fighting or committing an assault;
15. Using obscene, abusive, or threatening language or gestures;
16. Gambling on the premises;
17. Using or being under the influence of intoxicants or narcotics on premises or while on duty for the Louisiana Board of Pharmacy;
18. The illegal use, or possession, distribution, manufacture, or sale of controlled substances by employees at the work site, or while the employee is on official state business, on duty or on call for duty;
19. Disorderly, offensive, or immoral conduct;
20. Concealing, removing, falsifying, or destroying employment or other official Board records;
21. Stealing or committing any criminal offenses on premises;
22. Violating safety and/or security regulations;

23. Unauthorized use of office supplies, materials, equipment, tools, or machinery;
24. Horseplay or use of machinery, equipment, or tools in a hazardous manner;
25. Damage to or improper use of property either willfully or through gross negligence;
26. Possessing unauthorized firearms, weapons, explosives, etc. on premises;
27. Failing to make immediate report of an occupational injury/illness – injuries or accidents occurring while on duty shall be reported by the close of that business day;
28. Unauthorized possession of State property;
29. Disclosure of confidential information to unauthorized persons, i.e., failing to maintain the confidentiality of Board or employee information;
30. Soliciting or accepting gifts or gratuities as prohibited by the State of Louisiana Code of Governmental Ethics. State employees are prohibited by the State Code of Ethics from soliciting or accepting anything of economic value as a gift or gratuity from any person if the employee knows or reasonably should know that the person:
    - Has or is seeking to obtain contractual or other business or financial relationships with the Louisiana Board of Pharmacy, or
    - Is seeking, for compensation, to influence the passage or defeat of Legislation by the Louisiana Board of Pharmacy;
31. Failure to account for State funds or property by the responsible employee;
32. Violation of institutional regulations and policies;
33. Engaging in political campaigns or using the job for political purposes will result in immediate dismissal. An employee may serve as a commissioner or an official poll watcher at the polls in any election;
34. Employees are required by federal law to notify the Appointing Authority within five (5) working days of conviction under any criminal statute where such conviction occurred in the workplace, while on official business, during work hours, and/or when on call for duty; and
35. Supervisors who fail to report delinquency or misconduct, or fail to take proper action in such cases because of friendship or other personal reasons, or because they do not agree with the disposition made of certain cases, are not only evading their responsibility but also acting contrary to the best interests of the Louisiana Board of Pharmacy and will be subject to disciplinary action.

When work performance, work habits, overall behavior, conduct or demeanor become unsatisfactory in the judgment of the Louisiana Board of Pharmacy, based on violations of either any of the above or of any other Louisiana Board of Pharmacy policies, rules, or regulations, the employee shall be subject to disciplinary action, up to and including termination of employment.

Revision History

05-29-2019	Re-numbered policy.

Given that the Louisiana Board of Pharmacy is a state agency, all documents are generally considered public records unless exempt under La. R.S. 44:1 et seq. However, it is the policy of the Louisiana Board of Pharmacy to ensure that the operations, activities, and business affairs of the office and our customers are kept confidential to the greatest possible extent, including any and all investigative files, medical records, patient information, social security numbers, and dates of birth.

If during the course of employment, employees acquire confidential information about the Louisiana Board of Pharmacy, its employees, or customers, such information is to be handled in strict confidence and not to be discussed with others. Employees are also responsible for the internal security of such information.

Employees found to be violating this policy are subject to disciplinary action, up to and including termination, and may be subject to civil and/or criminal penalties for violations.

Revision History

05-29-2019	Re-numbered policy.

1. Employees of the Louisiana Board of Pharmacy are expected to be well groomed and dress in a professional manner. Remember to conduct yourself at all times in a way that best represents you and the office.

2. The Board has defined proper attire as follows for its staff:

   a. Women: Slacks, skirts, or dresses are appropriate. Shorts, leggings, mini-skirts, halter-tops and tennis shoes or sneakers are not appropriate.

   b. Men: Suits, sport coats, ties, polo, button front dress shirts and pants may be worn to maintain a professional appearance. Tennis shoes or sneakers are not appropriate. Facial hair such as beards and sideburns must be neat, clean, and well trimmed.

   c. Students: Casual attire is appropriate. Jeans are appropriate; however, faded, worn down jean are not acceptable. Inappropriately printed T-shirts, flip flops, muscle-shirts, tank tops, shorts, leggings, sweatpants, mini-skirts, and halter-tops are not appropriate. If there is a Board or Board committee meeting, dark denim, khakis, or other casual pants of the same quality should be worn. Facial hair such as beards and sideburns must be neat, clean, and well-trimmed.

   d. Fridays: Casual attire may be worn. Jeans, khakis, or other casual pants of the same quality may be worn; however, faded, worn down pants are not acceptable. Inappropriately printed T-shirts, flip flops, muscle shirts, tank tops, shorts, leggings, sweatpants, mini-skirts, and halter-tops are not appropriate.

3. If an employee has business outside the office, please adhere to the above dress code.

4. Exceptions to the above policy may be approved in advance by your supervisor, upon a showing of good cause.

5. A supervisor is authorized to send an employee home if the attire does not meet these professional standards. Always remember the Louisiana Board of Pharmacy is a professional organization and these provisions should be interpreted with that in mind.

Revision History

05-29-2019	Re-numbered policy.
08-14-2013	Added sneakers as an example of inappropriate attire. Removed the suggestion for hosiery.

Professional Customer Care

The first contact that many people have with the Louisiana Board of Pharmacy is by telephone. All employees should contribute to the reputation of our office by providing professional quality customer care.

You should always strive to offer whatever assistance is necessary in directing callers, not only to the proper person in the office, but to other agencies, if appropriate. For many callers, the telephone conversation is the only impression they will have of the Louisiana Board of Pharmacy.

Whenever answering an incoming call, use a pleasant, professional, and courteous business-like tone of voice. The proper way to greet a caller is:

> *"Good morning/afternoon, Louisiana Board of Pharmacy, this is "name", how may I direct your call?"*

All employees should be knowledgeable about the operation of the phone system and should keep a copy of all employees' telephone numbers within easy access.

Personal Calls

Employees shall keep the phone lines open for business calls; however, incoming and outgoing personal phone calls are allowed. Please use your discretion when making or receiving these calls. If the Appointing Authority and/or supervisor suspects abuse of this privilege, that employee may be subject to loss of all privileges.

Voicemail

Employees are provided access to the State Octel Voice Messaging System. All employees are to check their voicemail messages at least once in the morning and once in the afternoon. Employees will need to access their voicemail messages using a 4 digit code that is at the employees discretion; however, all 4 digit codes shall be sent to the Office Manager and shall be placed in the employees personnel record.

Monitoring

Per the Federal Employee Privacy Laws and Regulations, Electronic Communications Privacy Act, the Louisiana Board of Pharmacy is permitted to monitor an employee's business telephone conversation, as well as voicemail messages, including those that are stored in the internal telephone system, provided the Louisiana Board of Pharmacy has notified the employee and the employee has given his/her prior signed consent.

The Louisiana Board of Pharmacy is not permitted to monitor or record an employee's personal telephone conversation, nor listen to a personal voicemail message, including those that are stored in the internal telephone system, regardless of whether the Louisiana Board of Pharmacy suspects that the employee is violating the company's policy regarding telephone use.

Revision History

05-29-2019	Re-numbered policy.

1. Any employee who illegally uses, possesses or distributes drug, whether on or off duty, is not suitable for employment by the Louisiana Board of Pharmacy and is subject to immediate termination from employment.

2. Employees are required by federal law to notify the employing state agency head or designee within five (5) working days of conviction under any criminal drug statute. Any employee who is convicted of violating any criminal drug statute may be subject to discipline and/or a directive to participate in a rehabilitation program.

3. Employees are the State of Louisiana's most valuable resource and their health and safety is a serious concern. The State of Louisiana will not tolerate any substance abuse or use which imperils the health and well being of its employees or threatens its services to the public.

4. The use of illegal drugs and abuse of alcohol or other controlled substances, on or off duty, is inconsistent with law abiding behavior expected of all citizens. Employees who use illegal drugs or abuse alcohol or other controlled substances on or off duty, tend to be less productive, less reliable, and prone to greater absenteeism resulting in the potential for increased cost, delay, and risk in providing services. Ultimately, they threaten the State's ability to serve the public.

5. Furthermore, employees have the right to work in a drug and alcohol free environment and to work with persons free from the effects of drug or alcohol abuse. Employees who abuse drugs or alcohol are a danger to themselves and to other employees. In addition, substance abuse inflicts a terrible toll on the State's productive resources and the health and well being of Louisiana workers and their families.

6. The State of Louisiana is committed to maintaining a safe and healthy workforce free from the influence of substance abuse. In addition, the State of Louisiana shall comply with the requirements of the Federal Drug-Free Workplace Act of 1988.

7. **Post-Accident/Incident:** Any employee directly involved in an on-duty accident or incident, and whose action or inaction may have been a causative factor of same, shall be required to immediately submit to drug and alcohol testing if:
   a. Reasonable Suspicion: Circumstances give rise to a reasonable suspicion of the employee's drug or alcohol use or impairment; or
   b. Fatality: The accident or incident resulted in a fatality; or

c. Hazardous Materials Release: The accident or incident resulted in or caused the release of hazardous waste as defined in La. R.S. 30:2173(2) or hazardous materials as defined in La. R.S. 32:1502(5).

NOTE: Employees should be aware of the legal presumption of impairment under La. R.S. 23:1081. If an employee refuses, after being so directed, to submit to drug or alcohol testing as a result of an on-duty accident or incident. As a consequence of such refusal, benefits under the workers' compensation laws of the State of Louisiana may be denied.

Revision History

05-29-2019	Re-numbered policy.
05-23-2018	Added Paragraph 7.

Title: Employee Safety Policy No. II.B.2.a

Approved: 05-11-2005 Revised: 05-29-2019

It is the policy of the Appointing Authority to assure that all employees and the general public who utilize our facilities have an environment which is accident-free and as safe as possible.

The administration of safety is not only a function of management, but of the entire staff. Each individual employee is responsible for helping reach the goal of reducing personal injury and loss of property to the lowest possible degree. Each employee is responsible for supporting safety programs, following safety rules, immediately reporting potentially unsafe conditions or work practices, and for taking effective temporary actions to minimize the risk to themselves, others, or property.

Employees are to report the following items to the Office Manager immediately:

- Any accident, injury, or near miss, no matter how slight;
- Damaged or defective pieces of equipment;
- Any electrical equipment, fixtures, or outlets needing repair;
- Any lights that will not burn or any fluorescent lights that are flickering;
- Broken or missing tiles, damaged floors, or walls; and
- Water or spills on floors.

Remember, safety is up to the employee. Try to become familiar with hazards in the work area and do not take any unnecessary chances. If an employee is injured on the job, the Office Manager should be notified immediately. An accident report must then be completed and the proper forms completed.

Revision History

05-29-2019	Re-numbered policy.

Employees are the Louisiana Board of Pharmacy's most valuable resource and their safety and security is essential to carrying out their responsibilities. Every employee has a reasonable expectation to perform his/her assigned duties in an atmosphere free of threats and assaults.

The Appointing Authority is committed to a workplace free of violence.

Emergency preparedness is critical to protect employees, citizens, clients, and property against possible risks. All employees will report emergencies to the Office Manager, and the proper emergency response teams will be notified using the local "911" service. If the situation calls for a life or death, then the employee shall immediately notify the local "911" service themselves, then report the information to the Office Manager.

If a bomb threat is received by mail, message or telephone, record the information in writing the time and type of threat down, location of bomb, expected time of detonation, whether it is a male or female voice, sounds in the background if any, and any other valuable information. If the threat is received by telephone, keep the person on the telephone as long as possible to determine any unusual voice characteristics, such as rasping, hoarseness, or stuttering. An employee shall immediately report a bomb threat to the Office Manager, along with all documentation, who will contact the local "911" service.

Revision History

05-29-2019	Re-numbered policy.

1. To maintain a safe and comfortable working environment and to ensure compliance with applicable laws, the entire board office building is designated a non-smoking facility. Employees smoking inside any part of the building may be subject to disciplinary action. This includes stairways, hallways, and restrooms.

2. As required by Act 546 of the 2014 Legislature, smoking is prohibited within 25 feet of public access to the Board's office building.

Revision History

05-29-2019	Re-numbered policy.
05-27-2015	Amended Item 2 to comply with 2014 legislation.

Louisiana Board of Pharmacy **Policies & Procedures**

Title: Ebola Virus Disease Policy No. II.B.2.d

Approved: 11-13-2014 Revised: 05-29-2019

1. The statutory authority for the Board to engage employees is found at La. R.S. 37:1182.B.6.

2. The regulatory authority for Board employees is found at LAC 46:LIII.107.F.

3. The authority of the Louisiana Department of State Civil Service relative to state employees is derived from Article X of the Louisiana State Constitution.

4. The specific authority for this policy is found in Governor Bobby Jindal's *Executive Order BJ 14-13 – Travel to Areas Impacted by Ebola Virus Disease.*

5. This policy shall apply to all employees of the Board, both classified and unclassified, and both full-time and part-time.

6. Due to the World Health Organization declaring the Ebola Virus Disease outbreak as an international public health emergency, it is the Board's policy that its employees shall comply with the following procedures when an employee travels outside the United States of America to a country designated by the Centers for Disease Control & Prevention (CDC) as having a threat of contracting the Ebola Virus Disease.

7. Procedures
    a. When an employee is aware he intends to travel out of the United States of America, the employee shall review the CDC's website, http://wwwnc.cdc.gov/travel/notices, to determine if the country the employee intends to visit is on the list of countries identified as having a threat of contracting the Ebola Virus Disease.
    b. If the country to which the employee intends to visit is identified by the CDC as having a threat of contracting the Ebola Virus Disease, the employee shall notify his Supervisor at least five (5) business days prior to initiating travel to that country; however, if the travel is to occur within the five (5) business days, the employee shall notify his Supervisor as soon as possible.
    c. The Supervisor shall notify the Human Resources Manager as soon as he is made aware of the international travel of the employee.
    d. If the employee is traveling to a country identified by the CDC as having a threat of contracting the Ebola Virus Disease, the Human Resources Manager shall notify (1) the Executive Director of the Board, (2) the Director and/or the Deputy Director of State Civil Service, and (3) the Department of Health and Hospital's Infectious Disease Epidemiology Section (EPI) within forty-eight (48) hours of receiving the information if prior to travel and/or within twenty-four (24) hours of receiving the information if subsequent to travel.

e. If the employee is traveling outside the United States of America, the employee shall notify his Supervisor if the employee falls ill during the international travel or within twenty-one (21) days of return. The employee shall remain off from work until a doctor of medicine has determined the employee can return to work.

f. If the employee intends to travel to a country identified by the CDC as having a threat of contracting the Ebola Virus, the employee shall provide his Supervisor with the following information:
    i. Name of the person making the report. This shall include the reporter's phone number, email address, and the date/time of the report.
    ii. Name of the employee who is or has traveled outside the United States to a country identified by the CDC as having a threat of contracting the Ebola Virus Disease.
    iii. The complete dates of international travel, the traveler's phone number, email address, and the countries visited with dates of entry and departure if known.
    iv. This report shall be submitted to the Department of Health and Hospitals, Infectious Disease Epidemiology Section by the Human Resources Manager within twenty-four (24) hours of receipt.
    v. The Human Resources Manager shall file the report by email to EPI at IDEPI@la.gov.

g. If the employee travels to a country identified by the CDC as having a threat of contracting the Ebola Virus, the employee shall agree to the following:
    i. The employee shall agree not to use any commercial transportation for twenty-one (21) days after departing the affected country.
    ii. The employee shall agree not to visit any place where the general public congregates (including, but not limited to, restaurants, grocery stores, gymnasiums, theaters, or places of worship) for twenty-one (21) days after departing the affected country.
    iii. The employee shall agree not to return to work for twenty-one (21) days after departing the affected country. The employee shall use sick leave or if the employee has no sick leave, annual leave for the days the employee will be absent from work during the twenty-one (21) days after departing the affected country. If the employee has exhausted sick leave and annual leave, the employee shall be placed on leave without pay (LWOP).
    iv. The employee shall agree, if requested by the Department of Health and Hospitals, to medical monitoring by public health officials for twenty-one (21) days after departing the affected country.

Revision History

05-29-2019	Re-numbered policy.

All classified employees are appointed in accordance with State Civil Service regulations. Each position has been analyzed to determine the proper classification or job title. Based on this classification, the Department of State Civil Service sets the minimum qualification requirements and the pay range to which the position is assigned. Some positions may have special requirements, e.g., a valid driver's license or the ability of type 40 words per minute.

The General Counsel is responsible for representing the Louisiana Board of Pharmacy in matters related to the Department of State Civil Service. All official correspondence and contact with the Department of State Civil Service shall be handled by the Office Manager. This policy is not intended to deprive any employee from the right to contact the Department of State Civil Service concerning any problem affecting them individually, provided the employee does not indicate that he/she is representing the Louisiana Board of Pharmacy.

A classified employee's salary is based on the pay grade assigned to the Civil Service classification to which he/she is assigned. Each position is allocated based on job duties. Pay grades are assigned to each classified position and include a minimum and maximum salary. The Louisiana Legislature appropriates funds for special raises, which the Governor must sign into effect.

There are six pay grades in the Civil Service system. They include the following:

AS – Administrative Services
MS – Medical Services
PS – Protective Services
SS – Social Services
TS – Scientific & Technical Services
WS – Technicians & Skilled Trades

The minimum and maximum salary of each pay grade are set by the Department of State Civil Service.

Revision History

05-29-2019	Re-numbered policy.

No individual will be deprived of, or granted, an employment opportunity, promotion, or transfer opportunity due to their race, color, religion, sex, sexual orientation, national origin, political affiliation, or disability.

New Employees

New employees will familiarize themselves with the Policy & Procedure Manual. Questions regarding an office policy or procedure should be directed to the Office Manager or Appointing Authority.

Consent to a background check is a condition of employment within the Louisiana Board of Pharmacy.

Each new employee shall be processed through the Office Manager and complete personnel data records, payroll withholding forms, group insurance selection and retirement system forms and any other forms deemed necessary.

All full-time employees must obtain an identification card issued by the Office Manager. The ID card, which contains a photograph of the employee, remains the property of the Louisiana Board of Pharmacy.

Termination (Voluntary or Involuntary)

Employees desiring to voluntarily terminate their employment are urged to notify the Louisiana Board of Pharmacy at least two weeks in advance of their intended termination. Such notice should preferably be given in writing to the immediate supervisor and the Office Manager. The notice should be addressed to the Appointing Authority and then forwarded to the Office Manager for processing. Proper notice allows the Office Manager time to prepare your final payroll documents and to calculate any accumulated leave to which you may be entitled. Employees who are terminated for any reason, voluntary or involuntary, shall be paid wages due on or before the next regularly scheduled payday, or within fifteen (15) days of termination, whichever occurs first.

Employees who are planning to retire should notify the Office Manager a minimum of three months in advance. This will allow ample time to file the application for retirement and other supporting documentation. Employees eligible for Social Security should contact their local Social Security Administration office at least three months in advance of their expected retirement date to allow for processing of the related Social Security documents.

All temporary appointments (restricted, intermittent, job appointments, probational, and provisional appointments) are on an “at will” basis and may be terminated at any time with no reason given.

Permanent employees may also be non-disciplinarily terminated in accordance with Civil Service Rule 12.6 when

- They exhaust sick leave and are still not able to report to work;
- When they fail to maintain a required license; or
- When they have seven or more unscheduled absences during any consecutive 26 week period. For more information, see the Unscheduled Absence provisions of Civil Service Rule 12.6.

Permanent classified employees may be terminated for cause or by an approved lay off in accordance with Civil Service Rules. Although it is hoped the relationships with employees are long-term and mutually rewarding, the Louisiana Board of Pharmacy reserves the right to terminate employee relationships in accordance with applicable Civil Service Rules. For example, if an employee who is required to drive as part of the essential duties of the position has his/her license revoked or suspended, the employee may be subject to non-disciplinary removal because the employee is no longer able to carry out the duties of the position.

Exit interviews are held with the Appointing Authority. This is usually done on the last official day of work. The purpose of this interview is to review eligibility for continuation of benefits and conversion to ensure that all necessary forms are completed, to collect all Louisiana Board of Pharmacy property including, but not limited to, all office equipment, office keys, building access cards, identification card, board-owned cell phone, badge, and the Policy & Procedure Manual, and to provide the employee with an opportunity to discuss their job-related experiences. The terminated employee shall complete the exit interview before receiving a final paycheck.

Revision History

05-29-2019	Re-numbered policy.
08-14-2013	Updated the unscheduled absence rule to conform to the revision in the Civil Service rules.

The office of the Louisiana Board of Pharmacy is open from 8:00 am to 4:30 pm Monday through Thursday and from 8:00 am to 4:00 pm on Friday.

1. Lunch

A. Each employee who works an eight hour day shall be granted a thirty minute lunch break each day.
B. An employee is not allowed to work during their lunch break unless absolutely necessary. If absolutely necessary, the employee must have prior approval from the Appointing Authority before doing so. If prior approval was not given, the employee is on his/her own time during this period and he/she will not be paid overtime.
C. In order to provide sufficient time for the entire office staff to have a lunch break, the supervisors shall ensure that no lunch break shall begin prior to 10:30 am or extend past 2:30 pm. However, supervisors may authorize variations in this range when such variations are in the best interest of office operations.

2. Breaks

A. Each employee who works a four hour day shall be granted one fifteen minute paid work break or rest period.
B. Each employee who works an eight hour day shall be granted two fifteen minute paid work breaks or rest periods.
C. Each employee who works an eight hour day may combine the thirty minute lunch break along with the two fifteen minute breaks for a total of a one hour lunch break. However, no employee should ever leave a customer waiting by going to lunch and/or on a break.

3. Outside Normal Office Hours

If circumstances require an employee to vary their work schedule from the normal office hours, a written request shall be sent to the Appointing Authority for approval.

Revision History

05-29-2019	Re-numbered policy.
08-14-2013	Established a range of time for lunch breaks in Item 2 as well as the right of a single work break for the employee working four hours per day.

To ensure that accurate records are kept of the hours employees actually work (including overtime hours worked where applicable) and of the accrued leave time taken, and to ensure that employees are paid in a timely manner, employees based in the office shall use the time clock system, and employees based at home are required to complete a Daily Attendance and Leave Record Form. At the end of the pay period, the time should be reported as it was worked with any leave taken reported to their immediate supervisor within ten (10) business days following the end of each pay period.

Daily Attendance and Leave Record Forms shall then be submitted by the immediate supervisor to the Office Manager for processing within three (3) business days. No employee is permitted to date, complete and/or sign a Daily Attendance and Leave Record Form for another employee.

Falsification of payroll records is a breach of Louisiana Board of Pharmacy policy, a violation of state law, and shall constitute an adequate basis for disciplinary action, including termination for payroll fraud.

Absenteeism

The Louisiana Board of Pharmacy expects all employees to assume diligent responsibility for their attendance and promptness. Should an employee be unable to report to work because of an illness, the immediate supervisor or Appointing Authority shall be notified within thirty minutes of expected time of duty, unless it is an extreme circumstance. Failure to properly notify the immediate supervisor or Appointing Authority may result in an unexcused absence.

If an employee is absent for more than three consecutive days, a statement from a health care professional is required before being permitted to return to work. The Louisiana Board of Pharmacy reserves the right to require an employee to be examined by a health care professional designated by the Louisiana Board of Pharmacy at its discretion, especially where abuse is suspected, e.g., or example, when an employee's leave record indicates a pattern of absences and/or frequent absences before or after holidays or weekends.

For the office to operate efficiently, each employee shall be at their place of assignment at the scheduled time. When an employee is away from the office on business, their immediate supervisor should be aware of the employee's whereabouts at all times. Absenteeism that is unexcused or excessive in the judgment of the Louisiana Board of Pharmacy shall constitute an adequate basis for disciplinary action, up to and including dismissal.

Tardiness

Employees are expected to be punctual. It is understood that common problems do occur; however, an employee who is excessively tardy for an extended period of time may result in leave without pay during the actual period(s) of time he/she was late and could further lead to disciplinary action or discharge. Tardiness that is unexcused or excessive in the judgment of the Appointing Authority shall constitute an adequate basis for disciplinary action, up to and including dismissal. Excessive tardiness on the part of any employee may be considered when recommending salary increases or promotions.

Revision History

05-29-2019	Re-numbered policy.
08-14-2013	Added requirement for office-based employees to use time clock system, and home-based employees to continue to use paper time sheets.

At the Louisiana Board of Pharmacy "Official Personnel Files" for all employees are kept in a secure area in the office of the Office Manager.

The use of personnel files is generally restricted to formal institutional meetings, normal administrative requirements, or cases otherwise required by law. Employees shall be notified prior to the release of information to an outside individual or agency unless the employee has previously signed an authorization to release the information in question.

Documents contained in the personnel files are separated into public files and confidential files. The public file is accessible by the public under applicable public records law; the confidential file is not accessible by the public. Should a request be made to inspect or copy any document in the public files, the employee has the right to request that his/her address and phone number not be disclosed. Furthermore, an employee's Social Security Number and date of birth are not subject to the Public Records Act (La. R.S. 44:1-427).

The public file shall include the following documents, if applicable:

- SF-10 application form; resume
- Employee name, job title, pay
- Record of attendance
- Annual leave slips
- Sick leave slips and absence records, except certain types of sick leave and the reasons therefore may be private depending on the particular case
- Reports of internal investigations
- Appointment affidavits
- Letters of recommendation
- Records related to appointments
- Records related to changes in status or position (promotion, reassignment, etc.)
- Copy of the current position description
- Drug-Free Workplace acknowledgement statements
- Copies of Employee Notification Forms (Personnel Action Forms)
- Records of completed training courses
- Certifications and licenses
- Letters of commendation
- Acknowledgement forms regarding Board policies
- Letters supporting formal disciplinary actions
- Pre-discipline notices only if disciplinary action resulted
- Birth certificate
- Death certificate
- Driver's license (except SSN is confidential)

- I-9 Form (Citizenship & Immigration Services Form)

Confidential files shall include the following documents, if applicable:

- Employee Social Security Number; SS Form SSA-1945 (effective 12-2004)
- Employee address and phone number when confidentiality requested
- High school and college transcripts; Civil Service grades
- Tax withholding information
- Bank information
- Scores and notes of interview panel members
- Performance appraisal forms and overall ratings
- Medical records
- Paycheck deductions
- Insurance documents such as claim forms, application forms, requests for payment of insurance benefits
- Beneficiary information for insurance, retirement, etc.
- Health and life insurance enrollment forms, including beneficiary designation forms
- Internal grievance documents
- E-2 Pre-Existing Condition forms
- Retirement membership forms
- Employment verification forms
- Pre-discipline notices if no disciplinary action resulted
- Documents concerning garnishments, child support, and tax levies
- Biographical data sheets that contain information such as address, phone number, date of birth, race, sex, and marital status
- Letters of counseling and letters of reprimand for the employee

If applicable, a worker's compensation file is maintained in the Human Resources Office for each employee who files an accident/incident report under the worker's compensation program.

If applicable, a FMLA file is maintained in the Human Resources Office for each employee who files for FMLA benefits.

In addition, your supervisor can maintain a confidential supervisory file as well. This file should contain the supervisor's notes about an employee's performance, supervisor's copies of leave slips, medical releases, letters of reprimand or counseling, and investigative documents. The supervisor's productivity file is not accessible by anyone but the supervisor. The employee does not have the right to review its contents.

An employee may examine his/her "Official Personnel File" during normal working hours in the presence of the Office Manager. The employee may obtain copies of any materials in his/her file(s) for the standard cost of copying as outlined in the Louisiana Administrative Code. Unless noted otherwise by the employee on the personal data sheet, an employee's home address and phone number will be considered public record.

Care should be taken to ensure that personnel files exclude inappropriate or extraneous material.

To ensure that your employment records are up-to-date at all times, please notify the Office Manager of any changes in your name, telephone number, home address, marital status, number of dependents, beneficiary designation, additional education or training completed, and emergency contact person as soon as possible.

Revision History

05-29-2019	Re-numbered policy.

Annual Leave

Leave with pay granted an employee for the purpose of rehabilitation, restoration, and maintenance of work efficiency, or the transaction of personal affairs.

Compensatory Leave

Time credited for hours worked outside the regularly assigned work schedule. Compensatory time is also referred to as “k-time.”

Exempt Employee

Employees are not required to be paid overtime, in accordance with applicable federal wage and hour laws, for work performed beyond forty (40) hours in a workweek in accordance with the Fair Labor Standards Act (FLSA).

Full-Time Employee

For each full-time employee, an administrative workweek shall not be less than forty (40) hours per week. Any exceptions must be approved by the Appointing Authority.

Leave of Absence without Pay (LWOP)

Leave or time off from work granted by the Appointing Authority for which period the employee receives no pay. An employee who is on leave without pay, and has no accumulated annual and sick leave, is responsible for the timely payment of the employee portion of their group benefits premium as well as other payroll deductions.

Non-Exempt Employee

Employees are required to be paid overtime at the rate of time and one-half their regular rate of pay for all hours physically worked over forty (40) hours in a workweek in accordance with the Fair Labor Standards Act (FLSA).

Overtime Hour

An hour worked by an employee at the sole discretion of the Appointing Authority:

- On a day which is observed as a holiday in the office and area of employment and falls on a day within the workweek, or is observed as a designated holiday in lieu of a regular holiday observed in the office;
- In excess of the regular duty hours in a regularly scheduled workday;
- In excess of the regular duty hours in a regularly scheduled workweek;
- In excess of the forty (40) hours worked during any regularly recurring and continuous seven day calendar work period where excessive hours are systematically scheduled. Any holiday observed during this work period is counted as a day worked;

- In excess of the hours worked in a regularly established, continuous, and regularly recurring work period where average forty (40) hours per week, regardless of the manner in which scheduled, and where excessive hours are systematically scheduled. Any holiday observed during the work period is counted as a day worked; or
- A day on which the office is closed pursuant to La. R.S. 1:55(B)(5), by the discretion of the Appointing Authority because of an emergency.

Part-time Employee

For all part-time employees, an administrative workweek shall consist of less than thirty (30) hours per week. Any exceptions must be approved by the Appointing Authority.

Restricted

A person temporarily appointed for work not to exceed a cumulative total of six (6) months in a calendar year.

Seasonal Employee

A person employed on a non-continuous basis for a recognized peak workload period.

Sick Leave

Leave with pay granted an employee who is unable to perform their usual duties and responsibilities due to illness, injury, or other disability or when the employee requires medical, dental, or optical consultation, treatment, or due to pregnancy.

State Service

For leave earning purposes, shall include service in a state-supported school, agency, or university, public parish school system, public student employment, service as a member of a public board or commission, and service with the legislature or state court system. All such service shall have been performed for a Louisiana public entity.

Temporary Employee

A person continuously employed for a period not to exceed three (3) consecutive calendar months.

Revision History

05-29-2019	Re-numbered policy.

1. With respect to those Board employees serving in the classified state civil service system, they shall receive an annual performance appraisal in compliance with the relevant rules of the Dept. of State Civil Service. Any performance adjustments granted shall comply with the relevant rules of the Dept. of State Civil Service.

2. With respect to those Board employees serving in unclassified positions, the Appointing Authority shall determine whether and when to conduct an annual performance appraisal. Any performance adjustments granted shall be at the sole discretion of the Appointing Authority or the Board.

Revision History

05-29-2019	Re-numbered policy.
08-14-2013	Due to significant changes in the Civil Service rules, this entire section was stricken and replaced with two paragraphs, one relative to classified employees and the other related to unclassified employees.

Full-time employees are entitled to receive certain benefits and earn annual and sick leave on a continual basis in accordance with policies set forth by the State of Louisiana.

Health Insurance

New employees must enroll in a group benefit plan within the first 30 days of employment. If this deadline is missed the employee may still enroll as a late applicant, but they must provide proof of insurability, which is subject to approval by the insurance plan selected. Also, a pre-existing condition clause may be imposed on the applicant for a period of one year from the date of coverage. The portability law may be applicable in some cases for late applicants who had other health insurance coverage within 60 days prior to the effective date of coverage with the Louisiana Board of Pharmacy health plan. If an employee declines to enroll in health insurance a waiver of coverage must be filled out within the first 30 days of employment.

IMPORTANT: A new enrollment form must be completed for each new dependent within 30 days after acquiring the new dependent (birth, adoption, marriage, etc.). Failure to comply with this rule will subject your dependent to the pre-existing condition clause even if adding the new dependent does not result in a change in classification of coverage of the premium.

NOTIFICATION OF CHANGE ERROR: It is the employee's responsibility to notify the program of any change or error in classification of coverage or any other error affecting his contribution amount. Any failure later determined will be corrected on the first of the following month. All refunds shall be limited to six months from the date notice is received by the Office of Group Benefits.

Employees may change their health care provider every year during open enrollment only, which is held every year beginning October 1st. Dates are subject to change. All changes executed in the month of October will become effective January 1 of the current year, through December 31 of the following year.

Because health care providers change on a yearly basis, please see the Office Manager for the most current up-to-date health care providers in your area.

Retirement

Classified employees or unclassified employees who were members of LASERS prior to July 1, 1991 are eligible for membership in LASERS. Full-time employees are automatically enrolled in the Louisiana State Employees' Retirement System (LASERS). Certain employees are not eligible for membership in LASERS: part-time (20 hours or

less per week) and temporary employees (restricted job appointments). Persons who are age 60 or older at the time of employment have the option to join LASERS, if they meet all other eligibility requirements. If employment is terminated prior to retirement, the employee can request a refund of retirement contributions. The employee must be out of state service at least 30 days to obtain a refund. Since retirement contributions are tax deferred, taxes and related penalties will apply to cash refunds.

For more information about Louisiana State Employees Retirement System (LASERS), please visit their home page at http://www.lasers.state.la.us.

La Capitol Federal Credit Union

La Capitol Federal Credit Union offers a wide array of financial products to all state employees. Because this is a not-for profit, they are able to offer products at low costs. For membership or service information, check out their website at http://www.lacapfcu.org, email securemail@lacapfcu.org, or visit any office.

START Savings Program

The Office Manager can setup payroll deductions for the Louisiana Tuition Trust Authority's START Saving Program. The program is a college savings plan for children and qualifies as a Qualified Tuition Program under Section 529 of the Federal Internal Revenue Code.

For enrollment and information, interested employees should contact the START Saving Program at 1-800-256-5625 or access the START portal by logging on to the LOSFA website at: http://www.osfa.state.la.us.

Worker's Compensation

Employees are covered by workers compensation, which provides for payment of medical expenses and partial salary payments in the event of an approved work-related injury or illness. The amount of the benefits payable and the duration of payment depend on the nature of the injury or illness and the employee's salary. In general, usual and customary medical expenses incurred in connection with an injury or illness are paid and partial salary payments are provided beginning after the seven-day waiting period.

For more information concerning employee benefits, please contact the Office Manager.

Revision History

05-29-2019	Re-numbered policy.
08-14-2013	Updated dates of the plan year as stipulated by the State Employees Group Benefit Plan (SEGBP).

Regular Pay Procedures

Employees are paid on a bi-weekly basis by mail or hand delivery. The Louisiana Board of Pharmacy is a self-funded state agency and is not in conjunction with the State Uniform Payroll System (ISIS); therefore, direct deposit is unavailable.

For new employees, it is important to remember that due to a one-week lag, they not receive their first check until they have worked three weeks. At that time, they will receive a check for the first pay period they worked. If a scheduled payday falls on a holiday, employees are usually paid on the day preceding the holiday.

All required deductions such as federal and state taxes, retirement or social security contributions, and Medicare taxes will be automatically deducted from the employee's paycheck. Employees must sign payroll deduction forms to have voluntary deductions made from their checks. Voluntary deductions include: health insurance, life insurance, credit unions, deferred compensation, etc.

Employees should review their paychecks for errors. If a mistake is found, it should be immediately reported to the Office Manager. If the employee still has the check, the Office Manager may be able to void and reissue another check. If the check has been cashed, the employee may have to wait until the next pay period for the next check to be adjusted accordingly.

In the event a paycheck is lost or stolen, notify the Office Manager immediately; they will attempt to put a stop payment on the check. If the Office Manager is able to stop payment, a new check will be issued. However, the Louisiana Board of Pharmacy does not take responsibility for lost or stolen paychecks. If the Louisiana Board of Pharmacy is unable to stop payment, the employee will be responsible for the loss.

Overtime Pay Procedures

- *Authority to Require Performance of Overtime*

Civil Service Rule 21.1 states that an employee in the classified service may be required by his/her supervisor to work overtime as needed.

- *Determination of Exempt/Non-Exempt Status of Positions*

The Louisiana Board of Pharmacy will determine the exempt or non-exempt status of all positions in accordance with the Fair Labor Standards Act (FSLA).

- *Authority for Compensation*

All non-exempt employees shall be compensated in accordance with FLSA for overtime conditions that are covered by the FLSA, and shall be compensated in accordance with Civil Service Rules for state overtime. All exempt employees shall be compensated in accordance with Civil Service Rules for state overtime.

- *Methods of Compensation*

Overtime compensation may be granted in the form of cash payment or compensatory leave earned; cash shall be paid when required under the FLSA or by Civil Service Rules. Employees employed on an intermittent schedule shall not earn compensatory leave, but shall be paid cash.

- *Basis for the Calculation of Hourly Rate of Pay for Overtime*

The hourly rate of pay for state overtime earned at the hour-for-hour rate shall be calculated using the employee's base pay. The hourly rate of pay for state overtime earned at the time and one-half rate may be calculated in accordance with the FLSA or in accordance with subsection (a) of this rule. The hourly rate of pay for all FLSA overtime shall be calculated in accordance with the FLSA.

- *Compensatory Leave – Crediting and Usage*

The employee with the approval of the supervisor/budget unit head may use compensatory leave earned. An employee who has been credited with compensatory leave may be required to take all or part of such leave at any time. The minimum charge for compensatory leave shall be one quarter hour.

- *Definition of State Overtime*

When an employee is not eligible for overtime under the provisions of the FLSA, state overtime shall be granted as follows:

1. For purposes of calculating hours worked for State Overtime, a day off from work due to paid leave taken or a holiday observed is considered to be a day worked.
2. State Overtime is work performed by an employee at the direction of the appointing authority or his designee:
    - In excess of the employee's regularly scheduled workday;
    - In excess of the employee's regularly scheduled work period;
    - On a holiday, including designated holidays; or
    - During official closures

- *Compensation Rate for Non-Exempt Employees*

1. All FLSA overtime shall be compensated at the time and one-half rate.
2. State Overtime shall be compensated at the straight (hour-for-hour) rate, unless an exception has been granted by the Civil Service Commission, or

unless the time and one-half rate is allowed under subsection (c) and (d) of this rule.

3. State Overtime performed during official closures due to emergency situations may be compensated at the time and one-half rate.
4. State Overtime performed on a holiday may be compensated at the time and one-half rate.

- *Compensation Rate for Exempt Employees*

Exempt employees shall be compensated with one of the following options:

1. No overtime compensation.
2. Compensation at the straight (hour-for-hour) rate.
3. Overtime performed during official closures due to emergency situations may be compensated at the time and one-half rate.
4. Compensation at the time and one-half rate may be granted to exempt employees upon Civil Service Commission approval.

- *Caps and Required Payment for Overtime Earned at the Time and One-Half Rate*

1. Employees who accrue compensatory leave at the time and one-half rate shall accumulate no more of such compensatory leave than allowed under the FLSA. The cap is 240 hours for regular employees and 480 hours for law enforcement.
2. Once the maximum balance of compensatory leave earned at the time and one-half rate is reached, any additional overtime worked in excess of the employee's established FLSA work period must be pad to the non-exempt employee in cash at the time and one-half rate.

- *Caps, Required Payment, and Cancellation of Overtime Earned at the Hour-for-Hour Rate*

1. Compensatory leave earned hour-for-hour may be accrued in excess of 360 hours, but not more than 360 hours shall be carried forward from one calendar year to the next, unless an exception is granted by the Civil Service Commission to maintain essential services necessary to preserve the life, health, or welfare of the public.
2. For non-exempt employees whose hour-for-hour compensatory leave balance exceeds the cap required or granted by exception, payment shall be made within 90 days after January 1 of each year for the excess compensatory leave.
3. For exempt employees whose hour-for-hour compensatory leave balance exceeds the cap required or granted by exception, payment may be made within 90 days after January 1 of each year for the excess compensatory leave. Any excess leave not paid shall be cancelled.

- *Payment or Cancellation of Compensatory Leave Upon Separation or Transfer to Another State Agency*

    1. Time and One-Half Compensatory Leave

        Upon separation or transfer from a department, all compensatory leave earned at the time and one-half rate and credited to an employee shall be paid in accordance with the FLSA.
    2. Hour-for-Hour Compensatory Leave

        All unused compensatory leave earned hour-for-hour by exempt employees may be paid upon separation or transfer from the Board at the final regular rate of pay received by the employee.

        All unused compensatory leave earned hour-for-hour by exempt employees, if not paid to the employee upon separation or transfer, shall be cancelled upon separation or transfer. Such leave shall not be re-credited to the employee upon reemployment by the Louisiana Board of Pharmacy or any other agency.

        Upon separation or transfer, unused compensatory leave earned hour-for-hour by non-exempt employees shall be paid in accordance with the following schedule, at the final regular rate received by the employee. All additional unused leave may be paid or cancelled and shall not be re-credited to him upon reemployment by the Louisiana Board of Pharmacy or any other state agency.

        450 hours must be paid after January 1, 2004.

        All hours must be paid after January 1, 2005.

The Civil Service Commission may grant exceptions to the overtime rules.

Employees shall keep an accurate log of his/her K-time on their Daily Attendance and Leave Record form for that pay period, as well as completing the “Compensatory Leave Earned Request” form, if applicable.

Revision History

05-29-2019	Re-numbered policy.

1. Holidays shall be observed as provided in La. R.S. 1:55, and by any proclamation issued by the Governor. The Appointing Authority will also grant paid holidays declared as such in the Governor's proclamation when a holiday falls on a Saturday or Sunday.

2. To be eligible to receive holiday pay, an employee must be in pay status a minimum of 4 hours the day before or the day following the holiday. In other words, hours worked must touch the holiday. Approved paid leave is considered a day worked for holiday pay eligibility.

3. Employees shall be eligible for compensation on holidays observed except:
   a. When the employee's regular work schedule averages less than twenty (20) hours per week;
   b. When the employee is a temporary, intermittent, restricted, or seasonal employee; or
   c. When the employee is on leave without pay immediately preceding and following the holiday period.

4. The Louisiana Board of Pharmacy grants full-time employees the following paid holidays:
   a. New Year's Day
   b. Martin Luther King, Jr. Day
   c. Mardi Gras Day
   d. Good Friday
   e. Independence Day
   f. Labor Day
   g. Veterans Day
   h. Thanksgiving Day
   i. Christmas Day
   j. Inauguration Day (once every four years; city of Baton Rouge)
   k. General Election Day (in even numbered years)

5. With Governor's Proclamation only:
   a. President's Day
   b. Memorial Day
   c. Acadian Day (day after Thanksgiving)
   d. Any and all other proclaimed holidays

Revision History

05-29-2019	Re-numbered policy.
08-14-2013	Re-classified Memorial Day as a holiday requiring a proclamation from the Office of the Governor.

1. In the event the appointing authority certifies the board does not have sufficient funds to continue current operations without the implementation of a layoff or layoff avoidance measures, the appointing authority shall submit a written plan for a layoff or one or more layoff avoidance measures to the Director of the Dept. of State Civil Service for approval at least two weeks prior to the implementation of the plan.

2. The Director may (a) approve the plan, (b) disapprove the plan, or (c) refer the plan directly to the Civil Service Commission for consideration at its next regularly-scheduled meeting.

3. The appointing authority shall, as soon as it is determined that a layoff or layoff avoidance measure is necessary, make a reasonable attempt to notify all employees who could be affected.

4. Once a layoff avoidance plan is approved by the Director or Commission, it shall be made generally available to the employees who are affected.

5. The appointing authority is authorized by the board to seek approval of any, including one or more, of the following layoff avoidance measures, but only in compliance with Chapter 17 of the Commission's rules:
   a. Reduction or Elimination of Performance Adjustments
   b. Reduction in Work Hours
   c. Furlough Without Pay
   d. Retirement Incentive

6. In the event layoffs are required, such actions shall be accomplished in compliance with Chapter 17 of the Commission's rules.

Revision History

05-29-2019	Re-numbered policy.

Annual Leave

Leave with pay granted an employee for the purpose of rehabilitation, restoration, and maintenance of work efficiency, or the transaction of personal affairs.

Sick Leave

Leave with pay granted an employee who is unable to perform their usual duties and responsibilities due to illness, injury, or other disability or when the employee requires medical, dental, or optical consultation, treatment, or due to pregnancy.

Earning of Annual and Sick Leave

Annual and sick leave shall be earned by each full-time and each part-time classified employee who has a regular tour of duty, except that no employee shall earn annual or sick leave while serving on an intermittent appointment or on a restricted appointment.

The earning of such leave shall be based on the equivalent years of full-time state service and shall be creditable at the end of each regular pay period in accordance with the following general schedule:

Length of Service	Amount Earned per Hour Worked	Hrs/Pay Period Based on 80 Hours	Days/Year
Less than 3 years	0.0461	3.6880	12
3 but less than 5	0.0576	4.6080	15
5 but less than 10	0.0692	5.5360	18
10 but less than 15	0.0807	6.4560	21
15 or more	0.0923	7.3840	24

No classified employee shall be credited with annual or sick leave:

- For any overtime hour;
- For any hour of leave without pay;
- While he/she is on leave with or without pay, until such time as he/she returns to active working duty, except where inability to return to duty is caused by illness or incapacity;
- For any hour in on-call status outside regular duty hours;
- For any hour of travel or other activity outside regular duty hours; and/or
- For any hour of a holiday or other non-work day which occurs while he/she is on leave without pay.

Carrying Leave Forward

Accrued unused annual and sick leave earned by an employee shall be carried forward to succeeding calendar years.

Use of Annual Leave

Annual leave must be applied for by the employee and may be used only when approved by the Appointing Authority or his/her supervisor. Leave is requested on an approved "Application for Leave" form maintained in the Office Manager's office. Annual leave must be approved in advance, except in cases of an emergency, which is subject to the approval of the supervisor. Employees may be required to use annual leave during Louisiana Board of Pharmacy unforeseen office closures and will be determined on a case-by-case basis.

Annual leave shall not be charged for non-work days. The minimum charge to annual leave records shall not be less than one quarter hour. Annual leave may only be taken in quarter hour increments.

There is no such thing as abuse of annual leave since it can't be taken without the Appointing Authority and/or supervisor's approval in advance. Annual leave will not be approved if work requirements necessitate the employee's presence at work. Subject to FMLA, employees do not have a right to use annual leave whenever they want to.

Enforced Annual Leave

An Appointing Authority may require an employee to take annual leave whenever in his/her administrative judgment such action would be in the best interest of the Louisiana Board of Pharmacy.

No employee shall be required to reduce his/her accrued annual leave to less than240 hours except:

- Prior to being granted leave without pay, but subject to the right granted the employee by the military leave provisions of these rules; or
- Where it is determined that the need to be absent from work is because of a condition covered by FMLA.

Payment for Annual Leave upon Separation

Each employee upon separation shall be paid the value of his/her accrued annual leave in a lump sum disregarding any final fraction of an hour; provided, that the privileges of this rule shall not extend to any employee who is dismissed for theft of agency funds or property. The payment for such leave shall be computed by multiplying his/her hourly rate by the number of hours of accrued annual leave.

- No terminal payment for annual leave earned under these rules shall exceed the value of 300 hours, computed on the basis of the employee's hourly rate of pay at the time of separation.
- No payment for annual leave under this rule shall operate to continue the payee as a classified employee beyond the last date of active duty. Payment for annual

leave earned under administrative rules or regulations in effect prior to July 1, 1953 may be made on separation in accord with such rules or regulations.

- When an employee who has been paid under this Rule for accumulated annual leave is reemployed in a classified position, he/she shall pay the state agency which reemploys him/her the value of such annual leave at the rate paid him/her less the value of the working hours between the last day worked and the date of reemployment and shall be given credit for the number of hours of annual leave for which he/she has made reimbursement.

Use of Sick Leave

Sick leave may be used by an employee, who has sufficient leave to his/her credit, for a necessary absence from duty because of:

- Illness or injury which prevents performance of usual duties, and/or
- Medical, dental, or optical consultation or treatment.

Sick leave shall not be charged for non-work days. The minimum charge to sick leave records shall not be less than one quarter hour. Sick leave may only be taken in quarter hour increments.

Sick leave should be applied for in advance for routine medical visits, eye and dental exams. An employee may be required to furnish an excuse signed by a health care professional when applying for sick leave approval, at the discretion of the Appointing Authority and/or supervisor.

In all cases, an excuse is required when an employee has been on sick leave for 24 or more consecutive hours, or for any sick leave taken the day before or after a paid holiday. The 24 hours can cross pay weeks and pay periods. An original excuse must be submitted with each time sheet for each respective pay period involved. To return to work following an illness, injury, or surgery for which an employee has been under a medical provider's care, a release from the health care professional must be submitted. It will be up to the Appointing Authority and/or supervisor to determine if light duty is available. If it is not, then the employee will be required to have a release to full duty.

An employee who has exhausted all sick leave may be separated from his/her employment. A separation under these conditions is not considered a disciplinary action and is done because of a need to have the duties of the position performed. An employee must have used 12 weeks of leave under FMLA to be terminated under this provision. See Civil Service Rule 12.6.

Absence from duty caused by maternity is considered to be a temporary disability similar to any other medical disability. Employees may use accumulated sick leave for this purpose. If the employee's sick leave balance is insufficient to cover the entire period of absence, the employee must seek approval from the Appointing Authority or his/her supervisor to use annual leave, or to use leave without pay. Sick leave may be used only for that period of time during which the employee is unable to perform her duties because of pregnancy. Additional time off must be covered by other types of leave when the employee is discharged by her health care professional, usually six

weeks following delivery. Maternity leave will be designated under FMLA. La. R.S. 23:342 allows up to four (4) months leave for pregnancy/childbirth leave.

Before being granted leave for maternity purposes, the employee is required to furnish a statement from her health care professional to the effect that she can no longer perform the duties required and the expected date of delivery. Before an employee can return to work following leave for pregnancy, the health care professional must certify in writing that the employee is able to return to regular duties. To prepare for possible replacement of an employee who is requesting maternity leave, the employee's written request for leave should be submitted a minimum of two months in advance of the proposed beginning of leave. No later than one month prior to the termination of the approved leave period, the employee should notify the Office Manager in writing of her plans to resume duty on the established date.

The procedure to follow, when an employee is absent and other important guidelines are set forth in the discussion of absenteeism and tardiness in this handbook. Employees are to become familiar with these guidelines as well as any and all other departmental policies.

Continuation of Annual and Sick Leave

Employees cannot be paid for unused sick leave upon termination. If the employee is reemployed in state service within ten years from a non-disqualifying separation, the employee will be credited with all sick leave and any annual leave for which he/she was not paid. If the employee transfers to another state agency within the state, their leave balances are transferred to the gaining state agency.

Revision History

05-29-2019	Re-numbered policy.
05-07-2014	Changed minimum increment of leave from 30 min. to 15 min.
12-06-2006	Inserted requirement for written excuse for any sick leave taken immediately before or after a paid holiday [Use of Sick Leave – page 3].

Civil, Emergency & Special Leave

An employee shall be given time off without loss of pay, annual leave, or sick leave when:

1. Performing jury duty;

2. Appearing as a summoned witness before a court, grand jury or other public body or commission, and when the employee is not the plaintiff or defendant;

3. Performing emergency civilian duty in relation to national defense;

4. Voting in a primary, general or special election which falls on the employee's scheduled work day, providing that not more than two hours of leave shall be allowed an employee to vote in the parish of employment, and not more than one day of leave shall be allowed an employee to vote in another parish;

5. Participating in a State Civil Service examination on a regular work day, or taking a required examination pertinent to the employee's state employment before a state licensing board. A maximum of five (5) hours will be allowed for each exam. If two (2) exams are scheduled in one day, a maximum of eight (8) hours will be allowed. The certification shall be attached to the leave slip when submitted with employee's Attendance and Leave Record;

6. The Appointing Authority determines an Act of God prevents the performance of the duties of the employee, e.g., flooding, ice, hurricane, tornado, etc.;

7. The Appointing Authority determines that because of local conditions or celebrations, it is impractical for the employee to work in the locality;

8. The employee is ordered to report for pre-induction physical examination incident to possible entry into the military forces of the United States;

9. The employee is a member of the National Guard and is ordered to active duty incident to local emergency, Act of God, civil or criminal insurrection, civil or criminal disobedience, or similar occurrences of an extraordinary and emergency nature that threatens or affects the peace or prosperity of the people;

10. The employee is a current member of the Civil Air Patrol and incident to such membership is ordered to perform duty with troops or participate in field exercises or training, except that such leave shall not exceed fifteen (15) working

days in any one calendar year and shall not be used for unit meetings or training conducted during such meetings; or

11. The employee is granted American Red Cross leave for a period not to exceed fifteen (15) work days in any calendar year to participate in the American Red Cross relief services in Louisiana for disasters designated as Level III or above in the American Red Cross Regulations and Procedures. An employee must be certified as a Trained Disaster Volunteer. This type of leave shall be approved by the Appointing Authority.

Compensatory Leave

Compensatory Leave is leave hours credited and used by classified employees on job appointments, probational appointments, and permanent appointments for work and duties performed in excess of the normal 40-hour workweek or for working on a holiday.

Employees are required to keep an accurate log of his/her k-time on their Daily Attendance and Leave Record form for that pay period.

An employee may be required to use his/her earned compensatory leave at any time.

Compensatory leave shall not be credited to any employee in the classified service while serving on an intermittent basis.

In the event that an employee transfers without a break in service from the Louisiana Board of Pharmacy to another position within the state service, compensatory leave may be credited to the employee at the discretion of the new Appointing Authority.

For more information on compensatory leave, see Policy No. II.C.8.

Crisis Leave Pool

It shall be the policy of the Louisiana Board of Pharmacy to implement and administer a pool of shared annual leave which may be used by employees who cannot work due to a crisis situation and who have insufficient appropriate paid leave to cover the absence needed for the crisis situation. This policy shall be administered in accordance with Civil Service Rule 11.34 – Crisis Leave Pool. The Crisis Leave Pool shall consist of annual leave hours voluntarily donated, transferred and used by eligible employees on an hourly value rather than a dollar value.

Purpose
The Crisis Leave Program is established as a means of providing paid leave to eligible classified employees who have experienced a catastrophic illness or injury to themselves or eligible family member. The intent of the program is to assist employees who, through no fault of their own, have insufficient paid leave to cover the “crisis leave” period. The Appointing Authority reserves the right to define a “crisis leave” situation on a case-by-case basis.

Applicability
This policy applies to all classified employees with permanent status and unclassified employees of the Louisiana Board of Pharmacy.

Definitions

Eligible employee – a classified or unclassified employee of the Louisiana Board of Pharmacy who has attained permanent status and is eligible to earn annual leave may donate or use crisis leave.

Eligible family member – is defined as:

- A spouse, child or parent in the same household who is related to the employee by kinship, adoption or marriage or a foster child so certified by the Louisiana Office of Children's Services, or
- A spouse, child or parent not living in the same household but is totally dependent upon the employee for personal care or services on a continuing basis.

Catastrophic Injury or Illness – a severe condition or combination of conditions that:

- Affects the physical or mental health of the employee or the employee's eligible family member; and
- Requires the services of a licensed medical service provider for a prolonged period of time; and
- Prevents the employee from performing his/her duties and forces the employee to have exhausted appropriate leave and places them in a Leave Without Pay (LWOP) status. This may have been caused by a previous catastrophic illness or injury to qualifying employee or a qualifying catastrophe that has caused the employee to be unable to perform his/her duties for a period of more than ten (10) consecutive work days. Normal pregnancy, common illness and injury and elective surgery are not considered catastrophic unless complications arise.

Crisis Leave Manager – Office Manager

Responsibilities

- Appointing Authority – The Appointing Authority will be responsible for assuring that leave donors have the required balance of 120 hours of annual leave remaining after the leave donation, leave recipients have insufficient appropriate paid leave, a critical situation exists, and requests are made according to this policy.
- Office Manager – The Office Manager will be responsible for the administration of the Crisis Leave Pool that includes maintaining pool leave balances.

Solicitation of Annual Leave Hours
If the Crisis Leave Pool has an insufficient balance of leave, the Office Manager will solicit for donation to the pool. This will be accomplished by distributing an email asking for volunteers to donate. An employee shall not intimidate, threaten, or coerce any other employee with respect to donating, receiving, or using annual leave from the Crisis Leave Pool.

Eligibility Requirements

An employee may apply to receive crisis leave if the following requirements are met:

- The employee has attained permanent status and the employee or employee's eligible family member suffers from a catastrophic illness or injury; and
- The employee has exhausted all paid leave as applicable under Civil Service rules for leave usage; and
- The employee has a satisfactory attendance record with no history of leave abuse, and is not absent from work due to disciplinary reasons; and
- The illness or injury is not occupationally related (therefore making that employee eligible for workers' compensation) or the illness or injury was not attained in the commission of an assault or felony; and
- The employee has provided the appropriate documentation to the Leave Pool Manager.

An employee is not required to contribute to the Crisis Leave Pool to be eligible to receive crisis leave.

The amount of crisis leave granted for each catastrophic illness or injury is determined by the Appointing Authority. The amount of leave granted will generally reflect the recommendations of the documentation of the crisis, subject to the following terms:

- A maximum of 240 hours may be granted to an employee per calendar year.
- Crisis leave may not be granted to an individual to extend paid leave status beyond a total time in leave status of 12 weeks.
- The value of the annual leave granted as crisis leave may not exceed 75% of the employee's pay received in a regular workweek and the employee will not accrue leave while using crisis leave.
- The total amount of leave granted will not exceed the balance of ours in the leave pool at the time of the employee's request.

Donation Procedures

Contributions to the Crisis Leave Pool are strictly voluntary and are confidential. No employee shall be coerced or pressured to donate leave. An employee donating to the pool may not designate a particular employee to receive the donated time. Once annual leave is donated, the employee may not request to have it returned to his/her personal leave balance. Donation are accumulated in the pool and awarded on a first-come, first-served basis to eligible employees. Donations are limited to the following terms:

- An employee may donate a minimum of 8 hours of annual leave and a maximum of 80 hours at any time, above which donations are made in whole hour increments.
- The donor must have a balance of at least 120 hours of annual leave remaining after the contribution.
- Donations are limited to 240 hours of annual leave per employee per calendar year.

The employee must complete a Donation to Crisis Leave form and designate the leave as a "Donation to the Crisis Leave Pool." This form should be turned in to the Office Manager. The Office Manager will sign and date the form on the date received and

forward it to the Appointing Authority for final approval. All donation forms will be kept in a file in the Human Resource Office.

Request Procedures

An employee may request leave from the Crisis Leave Pool by completing a Crisis Leave Request form and submitting it to the crisis leave manager. The recipient must attach medical certification to the Crisis Leave Request form if the request is for an illness or injury of the employee or family member, along with the recipient's Application for Leave form (SF-6). The medical certification by a certified physician or other medical expert must state the patient's condition, prognosis and anticipated duration of the condition.

All requests for crisis leave must be treated as confidential. All requests and documentation must be submitted in envelopes marked 'confidential.' Requests proceed directly to the leave pool manager for approval or disapproval. Each request will be stamped time-and-day upon receipt by the leave pool manager, and handled on a first-come, first-served basis. When possible, a request is to be submitted at least 7 days before the crisis leave is needed. The Appointing Authority is allowed 5 working days from the date a request is received (with the required documentation) to approve all or part of the request, to deny the request, and communicate such approval or denial to the employee. The employee will receive written notification of approval or denial. The decision of the Appointing Authority is final and not subject to appeal.

Insufficient Balance of Leave in the Pool

If the employee becomes eligible for the crisis leave, but the pool of leave is exhausted, the Office Manager will communicate to the employees that a request is pending approval and donations are being sought. Once donations are received, leave may be used to meet the requirements of the eligible employee. If the employee does not need all of the leave which has been donated, the leave shall remain in the pool and will be available to other employees. Any approved crisis leave used is documented in accordance with the same procedures as regular paid leave taken by the employee.

Status Changes

Crisis leave is used to cover only the circumstances for which it was requested. If changes occur in the nature or severity of the illness or any other factor upon which the approval was based, the employee must provide documentation describing the change to the leave pool manager. Extensions on crisis leave may be requested subject to the limits outlined above; extensions of crisis leave are not automatic and must be approved on a first-come, first-served basis.

Hours granted from the Crisis Leave Pool may be used only for reasons stipulated in the approved request. The use of leave from the Crisis Leave Pool that is not in accordance with procedures and requirements outlined in this policy may constitute payroll fraud and will be dealt with accordingly.

Employees who are able to return to work before using all of their granted crisis leave must return the unused leave to the Crisis Leave Pool immediately.

Compensation
Employees on crisis leave will continue to receive benefits as appropriate. Employees on crisis leave will not accrue any paid leave.

Condition for Disqualifications
An employee may be deemed ineligible for crisis leave based on, but not limited to a request for extended Family Medical Leave and/or Workman's Compensation.

Violations of the Policy
False statements or misrepresentations made in connection with an employee's application to be a leave recipient will be cause of disciplinary action, up to and including removal from state service.

Educational

Educational Leave Without Pay – leave without pay for educational purposes, which may be granted to an employee for a period equivalent to the period of attendance at the educational institution. Employees granted educational leave without pay may also be granted a stipend if there are sufficient funds available for that purpose.

Educational Leave With Pay – may be granted to an employee for a maximum of thirty calendar days in one calendar year if the course of instruction to be taken is pertinent to the work of the employee in his/her department. An employee on a regular appointment may be granted leave for a maximum of ninety calendar days in one calendar year if the Louisiana Board of Pharmacy requires him/her to take special training.

Family Medical Leave Act

As per the Family and Medical Leave Act (FMLA) of 1993, the Louisiana Board of Pharmacy will grant a leave of absence to regular full-time and regular part-time employees (who meet the requirements described below) for the care of a child after birth or adoption or placement with the employee for foster care, for the care of a covered family member (spouse, child, or parent) with a serious health condition, or in the event of an employee's own serious condition.

A covered employee is entitled to twelve weeks of leave in a "year." The State of Louisiana has designated that all agencies use a "first usage" year. This 12-month period begins with an employee's first usage of FMLA leave.

At the employer's option, certain kinds of earned paid leave may be substituted for unpaid leave. It is the responsibility of the employee to maintain insurance premiums when the employee is out on leave. See FMLA of 1993, 29 U.S.C. 2611 et seq.

Employees must meet the following eligibility requirements:

- One must have been employed for 12 months by the state and for at least1250 hours during the 12 months preceding the start of FMLA leave. The employee must have actually worked 1250 hours. Leave time is excluded.
- The 12-month period required for employment need not be continuous. If an employee has worked any part of each of 52 weeks, the 12-month employment

requirement is considered met. These 52 weeks must have been within a reasonable time period.

Guidelines

The following guidelines will apply:

- Pursuant to federal regulations, the Louisiana Board of Pharmacy can place an employee on FMLA leave (paid or unpaid) even if the employee has not requested leave under FMLA. However, the employer should always require the employee to use paid leave first. This is to simplify problems with paying medical insurance premiums.
- The employee may utilize paid leave during FMLA leave and, after exhaustion of sick leave, may use annual leave when the employee cannot work because of illness or injury.
- While an employee's appointment may be terminated for exhaustion of sick leave, if that employee has not used all of the 12 weeks of FMLA leave, the Louisiana Board of Pharmacy will not consider termination of the employee's employment until the 12 weeks of FMLA leave have been exhausted.
- The Louisiana Board of Pharmacy may designate absences of FMLA leave where the reason for the absence is covered by FMLA and the employee may demand to use appropriate paid leave during FMLA leave. In either case, the Louisiana Board of Pharmacy must advise the employee in writing with notice of the employee's rights and obligations when such designation is made.
- The employee must give 30 days notice of the need for FMLA leave, or, if not practicable, as much notice as is practicable.
- The leave is an entitlement for only 12 weeks.
- Sick leave can still be used only for the employee's illness but may not be used for taking care of a family member.
- All medical records submitted to the employer for verification of leave must be treated as confidential.
- The 'key employee' provision of the federal act does not apply.

Funeral

Probationary and permanent employees may be granted time off for attending the funeral or burial rites of a parent, step-parent, child, step-child, brother, step-brother, sister, step-sister, spouse, mother-in-law, father-in-law, grandparent, or grandchild; provided such time off shall not exceed two consecutive days on any one occasion. The day of the wake and the day of the funeral are the two days for which special leave is given to the employee. Part-time employees may be given time off on a pro-rated basis.

For example, if the two days fall during the week on days the employee is scheduled to work, the employee would be eligible for two days of funeral leave. If additional leave is required by the employee, the employee may request to use sick, compensatory, or annual leave depending on the situation. For payroll purposes, the name of the deceased person, relationship to the employee, the date(s) of the wake or funeral and the funeral home handling the services should be listed on the leave slip.

Under exceptional circumstances, additional day(s) may be granted by the Appointing Authority.

Jury Duty

An employee shall be given time off without loss of pay, annual or sick leave when performing jury duty until dismissed by the court. To qualify for jury duty, a copy of the subpoena issued to the employee shall be submitted to his/her immediate supervisor as soon as it is received. The employee shall turn in verification of jury duty on his/her Attendance Leave Record for the pay period jury duty was held. If the employee is dismissed from jury duty during work hours, he/she shall report back to work, unless it is sufficiently near the close of business.

Leave of Absence Without Pay (LWOP)

A leave of absence without pay is time off from work without pay granted by the Appointing Authority or imposed by an Appointing Authority for an unapproved absence.

The Appointing Authority may extend leave of absence without pay to an employee, provided that such leave shall not prolong the period of the employee's appointment. The appointment of an employee who has not completed his probationary period and who fails to return to duty in pay status on or before the first working day following the expiration date of any period of leave without pay extended him shall terminate as of he close of business on such expiration date.

Leave without pay may be requested by an employee listing the reasons needed, the duration of the leave, and obligations of the employee during the period requested. Employees on leave without pay for more than ten (10) working days in any month are responsible for the employer portion of any match on health and life insurance premiums unless they are on FMLA leave. Leaves of absence without pay may be granted for maternity leave or to care for an ill family member under FMLA.

During a period of leave without pay, benefits associated with pay status are affected unless on FMLA leave. Annual and sick leave do not accrue during a period of leave without pay. Membership in the LASERS retirement system is suspended. Contributions may not be withdrawn from the state retirement system without the action being considered as a termination or resignation from employment.

If an employee who has been granted leave fails to respond to duty on the first working day following the expiration of leave, he/she shall be considered as having deserted his/her position and shall be removed from the position.

An Appointing Authority on its own initiative or at the request of the employee may curtail a period of leave of absence without pay extended to an employee, provided such curtailment is for the best interest of the state service and reasonable and proper notice thereof is furnished to the employee. Curtailment must not conflict with the provisions of Civil Service Rule 11.26(b). This policy for leave without pay will be in effect for periods in excess of four weeks of leave without pay. After 30 days of leave without pay, the Department of Civil Service is updated to reflect the dates of LWOP.

The employee's adjusted service date is corrected to reflect actual state service when the employee returns to duty.

In addition to any disciplinary action which may be imposed against an employee for an unapproved absence, such employee may be placed on leave without pay by the Appointing Authority for the period of unapproved absence.

Military Leave

Military Leave with Pay

Military leave with pay is leave granted to members of a reserve component of the armed forces of the United States who are called to duty for military purposes, and to members of National Guard Units who are called to active duty as a result of a non-local or non-state emergency. This may be designated on military orders as "ADT", "FTTD", "AT", or "IADT". Federal law, state law, and Civil Service rules impact the rights of employees called to active duty. Federal law is supreme and our state statutes track the federal law. Civil Service rules complement the rights granted by these federal and state laws. Federal and state law applies to all employees. The Civil Service rules apply only to classified employees.

Military leave with pay is granted as follows:

- Provided they give advance notice, employees serving on job appointments, provisional, probationary, or permanent status, shall be entitled to military leave with pay.
- No advance notice is required when such notice is either precluded by military necessity, or otherwise impossible or unreasonable.
- Maximum military leave with pay for military purposes is 15 working days per calendar year.
- Employees serving on job appointment, provisional, probationary or permanent status, who give advance notice of military obligations and apply for annual or compensatory leave for military purposes, shall be granted such leave.
- No advance notice is required when such notice is either precluded by military necessity, or otherwise impossible or unreasonable.

Military Leave Without Pay

Employees serving on job appointment, provisional, probationary, or permanent status, who have (a) exhausted annual leave and compensatory time or (b) choose not to use their paid leave for military purposes, shall be placed on leave without pay. This period of leave without pay for military purposes shall not exceed six years. After six years, he/she shall be separated from the classified service. This rule does not extend the term of temporary appointments which were made for less than six years; if the original term of the appointment was less than six years, the agency may end the appointment as originally scheduled and the employee may be separated. While the employee is on paid leave, the employee shall continue to accrue sick leave and annual leave. Employees do not continue to accrue leave after being placed on leave without pay. However, their period of leave (with or without pay) does count as state service for purposes of calculating leave accrual rate and adjusted state service date for layoff and layoff avoidance purposes. Contact Human Resources for more information on this topic.

An employee who is serving in a position that earns annual and sick leave and who is a member of a reserve component of the armed forces of the United States or the National Guard, shall be granted a leave of absence from the position, without loss of pay or deduction of annual or sick leave, when ordered to military duty for a period not to exceed fifteen (15) working days in any one calendar year, except that it shall be limited to fifteen working days for each tour of active duty. In addition, the Appointing Authority may grant annual leave, compensatory leave, leave without pay or any combination thereof, as required by state and federal law.

When an employee is ordered on duty, no advance notice is required when such notice is either precluded by military necessity, or otherwise impossible or unreasonable; however, if possible, the employee shall give prompt and immediate notice to the Appointing Authority.

An employee who is serving in a position that earns annual and sick leave and who is inducted into or ordered to military duty to fulfill a reserve obligation or ordered to active duty in connection with reserve activities for an indefinite period or for a period of time for annual field training, is eligible for leave without pay as provided by state and/or federal law.

Voting Leave

An employee may be granted time off without loss of pay, annual leave or sick leave when voting in a primary, general, or special election which falls on his regularly scheduled work day, provided not more than two hours of leave shall be allowed to vote in the parish where he is employed and not more than one day to vote in another parish.

Worker's Compensation

If an employee is injured or becomes ill on the job, a report must immediately be filed with the employee's immediate supervisor and with the Office Manager. This ensures that the Louisiana Board of Pharmacy can assist in obtaining appropriate medical treatment. Failure to follow this procedure may result in the appropriate Worker's Compensation report not being filed in accordance with the law, which may consequently jeopardize the employee's right to benefits in connection with the injury or illness. Questions regarding Worker's Compensation should be directed to the Office Manager.

The Office Manager must be notified immediately following any accidents/incidents. In all cases that are true emergencies (life or limb threatening) the most important issue to remember is to get the employee immediate medical care by calling 911.

The accident report must then be completed as soon as possible. All other accidents/ incidents are to be reported immediately to the supervisor and then to the Office Manager for the appropriate forms to be completed. The Office Manager must be kept informed of all aspects of medical care to properly notify the Division of Administration – Office of Risk Management and the Office of Worker's Compensation, when applicable as outlined by the Louisiana Worker's Compensation Law.

The Louisiana Board of Pharmacy can be fined if found to be in violation of reporting requirements. Fines for violating reporting requirements will be charged to the department at fault. The accident/incident forms are required whether or not the employee requires medical treatment. Accident/incident forms and Office of Risk Management/Loss Prevention forms are required whether or not the employee requires medical treatment.

In the event that the employee does require medical care, the employee is entitled to select a physician of choice for treatment. The treating physician may refer the injured employee to another doctor specializing in another area of medicine and in some cases to physical therapy. The employee cannot travel outside the State of Louisiana to receive medical treatment unless it is approved by the Office of Risk Management. The Louisiana Board of Pharmacy or the Office of Risk Management may choose other physicians and arrange examinations, which the employee would be required to attend for a second opinion.

Employees are entitled to all necessary and reasonable medical expenses associated with the injury as provided by Louisiana Workers' Compensation Law. The employee becomes eligible for Temporary Total Benefits after the doctor certifies the employee as being unable to work and the employee has been out for 7 days following the injury. Workers' Compensation is computed at 66.23% of average weekly earnings or a maximum not to exceed $429 per week. Wages lost during the first 7 days after the injury are not replaced unless the employee is off the job for more than 42 days. Typically what happens is the employee uses his/her accrued sick leave and stays in full pay status with the Louisiana Board of Pharmacy. The check for the employee's Temporary Total Benefits is sent to the Office Manager and at that time the employee is asked to sign the check over to the Louisiana Board of Pharmacy. The check will be receipted by the Licensing Division for deposit. The check stub and the original receipt are given to the employee. The amount of leave that the check will buy back is determined by dividing the employee's hourly rate of pay at the time of the accident into the amount of the check. The amount of the check then converts to leave time and that amount of leave time is added back to the employee's existing leave balances. If the employee does not have a sufficient amount of leave to use, then the employee may receive the worker's compensation check. Note: the employee cannot receive the Worker's Compensation check and a full payroll check.

Revision History

05-29-2019	Re-numbered policy.

1. The authority of the Louisiana Department of State Civil Service relative to state employees is derived from Article X of the Louisiana State Constitution.

2. The statutory authority for the Board to engage employees is RS 37:1182.B.6.

3. The regulatory authority for Board to engage employees is LAC 46:LIII.107.F.

4. The Civil Service Rules of Pay are found in *Chapter 6 – Pay Rules.*

5. Civil Service Rule 6.5.g authorizes an appointing authority, at his own discretion, to pay a new employee at a rate above the minimum.

6. **PURPOSE:** Civil Service Rule 6.5(g) provides the opportunity for agencies to hire above the normal minimum of the pay range when filling classified positions with applicants who possess extraordinary qualifications/credentials beyond the minimum qualifications. This rule may be helpful to attract qualified applicants who can effectively perform the duties.

7. **POLICY:** In accordance with State Civil Service Rule 6.5(g), Extraordinary Qualifications/Credentials, Louisiana Board of Pharmacy reserves the right to offer salaries above the minimum to applicants who possess extraordinary qualifications/credentials only when such action is necessary to recruit those persons to work for Louisiana Board of Pharmacy. Louisiana Board of Pharmacy will consider similar pay adjustments for current employees who possess the same or substantially similar qualifications.

   Specific verification of the extraordinary qualifications/credentials possessed and evidence of how those extraordinary qualifications/credentials would be particularly beneficial to help fill the position is required.

8. **APPLICABILITY:** This policy shall apply to the Louisiana Board of Pharmacy classified employees and prospective employees.

9. **IMPLEMENTATION:** This policy becomes effective July 1, 2018 upon the signature of the Appointing Authority and approval of State Civil Service. Subsequent revisions shall become effective on the date revisions are approved and signed by the Appointing Authority and approval of State Civil Service.

10. **POSTING:** This policy shall be posted in one or more visible locations to assure that it is accessible to all employees. The Appointing Authority must assure that the posting and any subsequent revisions remain in place permanently or is replaced when appropriate.

11. **FACTORS FOR CONSIDERATION:** When determining and setting an appropriate salary upon hire, the following factors shall be taken into consideration:

a) **Market Relativity**: a comparison of the new hire's pay relative to the midpoint or market rate for his/her position;

b) **Internal Equity**: a criterion that takes into consideration the relationship of one employee's salary to the salaries of other employees who have comparable levels of education and experience and perform similar duties and responsibilities, within a work unit, division or agency;

c) **Work Experience/Education**: a new hire's relevant work history and academic qualifications as related to the job;

d) **Knowledge, Skills, and Abilities**: special qualifications, competencies, and/or prerequisites needed to successfully perform the tasks required of a job;

e) **Recruitment/Retention Issues**: issues related to jobs that may warrant higher salaries because of difficulty in recruiting or retaining employees with qualifications or credentials that are highly sought after.

12. **PAY RANGES:** Pay ranges are divided into quartiles in order to aid in determining employee hiring rate placement within the prescribed salary range. There are four points in the range to consider:

a) **Minimum:** is the entry point for a grade and is appropriate for someone who is new to the position, when there is an abundant supply of talent, and low turnover;

b) **First Quartile**: is the progress point for a pay range and is usually appropriate for someone who is experienced and performing all the duties of the position, or when there are challenges in the supply of talent, and some turnover;

c) **Midpoint**: is the advanced point (midpoint or market) and is usually appropriate for a seasoned employee who is performing competently in their job over many years, or when there is a limited supply of talent, and significant turnover;

d) **3rd Quartile to Maximum**: is the point up to the maximum for a grade that is usually appropriate for an employee with a level of experience and expected performance that will significantly exceed both the requirements of the job and the performance of most other employees. Hiring at this rate should be rare and factors such as a scarce supply of talent, and critical turnover should be considered.

Minimum	**1st Quartile**	**Midpoint**	**3rd Quartile to Maximum**
Meets minimum qualifications No prior experience Requires additional training to build knowledge and skills	Previous related experience Demonstrated ability to perform duties May require additional training to perform duties independently	Subject Matter Expert Exhibits broad and deep knowledge of job and related areas Senior-level job expertise with no training required	Hiring above the midpoint/market should be rare, but may be justified by the following: -Difficult to recruit applicants to the position -Highly qualified with industry leading expertise -Sought-after educational background or certifications

Employees hired at the first level of a career progression group should not typically be hired on 6.5(g) since the minimum qualifications for the majority of first level jobs require no experience. In order to justify a 6.5(g) payment an applicant must have extraordinary job-related qualifications, which would likely qualify the applicant for the cap of the career progression group.

13. **PROVISIONS**

a) Provisions of Rule 6.5(g) can be used for a candidate only upon probation or job appointment.

b) Pay can be set under Rule 6.5(g) above the minimum but not to exceed the midpoint of the pay range for the job.

   i) The employee may be paid upon hiring or at any time within one year of the hire date.

   ii) If paid after the hiring date, the pay change must be prospective.

c) Extraordinary qualifications/credentials must be verified and documented as job related. The Appointing Authority shall verify any extraordinary qualifications/credentials which his request for a higher minimum salary upon appointment of a candidate will based.

   i) Any request for pay to be set above the minimum under Rule 6.5(g) must be submitted on a Personnel Action request form by the Appointing Authority with verified credentials attached and with written justification for the requested pay. The Appointing Authority must approve the requested salary before it is officially offered or paid.

d) In requesting similar pay adjustments for current employees occupying affected job titles and who possess the same or similar qualifications/credentials, the Appointing Authority will verify those superior credentials in the same manner as for a candidate.

   i) Upon approval by the Appointing Authority, salaries of current employees who occupy positions in the affected jobs and possess the same or substantially similar qualifications may be adjusted up to but not to exceed the amount of the percent difference between the special hiring rate and the minimum of the pay grade. The same verification process used for the applicant is required, and formal documentation must be created and available for audit.

   ii) Such adjustments shall only be made on the same effective date that the higher rate is given to the newly hired employee.

e) If an employee with permanent status resigns and is then rehired into either the same position or into the same job title or a job with a lower maximum at the same agency, the employee shall not be eligible for an increase under this rule unless there has been a break in service of at least 30 days.

f) If an employee with permanent status resigns and is then rehired into a job with a lower maximum at any other agency, the employee shall not be eligible for an increase under this rule unless there has been a break in service of at least 30 days.

g) Requests for exceptions to this rule must be approved by the State Civil Service Commission.

Revision History

05-29-2019	Re-numbered policy.
06-05-2018	At the request of the Dept. of State Civil Service, amended Item 9 to insert the specific effective date of July 1, 2018.
05-23-2018	Replaced all items after number five to comply with new Department of State Civil Service Policies.

It is the policy of the Appointing Authority to make decisions regarding employment, including hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment without regard to race, color, religion, sex, national origin, military service, handicap, age, or disabilities, as defined in the Americans with Disabilities Act.

It is the policy of the Appointing Authority to ensure equality of opportunity in all aspects of employment and to employ and advance qualified individuals with handicaps, qualified veterans, and special disabled veterans who, with reasonable accommodations, can perform the essential functions of a job.

Employees who present a complaint of discrimination, participate in an investigation of discrimination, or oppose an unlawful employment practice shall not be retaliated against as regards hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral and other aspects of employment.

Revision History

05-29-2019	Re-numbered policy.

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.B.5.c ~ 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.

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

Revision History

05-29-2019	Re-numbered policy and corrected citation in Item 6.
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.

Title: Procedure for Discrimination & Harassment Complaints

Policy No. II.B.5.c

Approved: 05-11-2005

Revised: 05-29-2019

Any employee of the Louisiana Board of Pharmacy who believes he/she has been a victim of discrimination and/or sexual harassment, whether by a supervisor, employee, peer, superior, board member, subordinate or any other person, should bring this matter to the immediate attention of any of the following: the immediate supervisor, the Office Manager, and/or the Appointing Authority. The involved supervisor and Appointing Authority shall review all discrimination or harassment investigations. They are expected to follow-up on suspicions and rumors of discrimination or harassment. They are to ensure that retaliation is not committed following an employee complaint. Anyone receiving the complaint shall notify the Appointing Authority. If satisfaction is not adequate at initial levels, any affected individual should feel free to bring the matter to the President of the Board of Pharmacy.

Action shall be taken to impartially examine and promptly resolve any complaint. Decisions regarding complaints are to be based upon objective criteria, ignoring any personal biases. Complaints that cannot be resolved by informal means, through help of the officials and services listed above, may be resolved by taking further action. Upon request to any of the above officials, a special committee or procedure may be established by the President to consider a complaint and possible resolution. Any such committee shall consist of no less than three (3) members and no more than five (5) and may include staff members, in an arrangement suitable to deal with the complaint.

Confidentiality of all parties will be respected to the greatest extent possible and employees, students, and others will not be subjected to retaliation of any kind for reporting incidents of sexual harassment. The Louisiana Board of Pharmacy prohibits any form of retaliation against any employee for filing a bona fide complaint under this policy or for assisting in a complaint investigation. However, if after investigating any complaint of harassment or unlawful discrimination, the Louisiana Board of Pharmacy determines that the employee has provided false information regarding the complaint, disciplinary action shall be taken against the individual who filed the false complaint or gave the false information.

Each employee of the Louisiana Board of Pharmacy is responsible for creating an atmosphere free of discrimination and harassment, sexual or otherwise. Further, employees are responsible for respecting the rights of their co-workers.

Revision History

05-29-2019	Re-numbered policy.

Employee grievances should be discussed promptly with the employee's immediate supervisor.

The Louisiana Board of Pharmacy wants all employees to be content in the workplace. Sometimes dissatisfaction arises in relationships between you and other employees or between you and your supervisor. If this occurs, you should feel free to discuss the complaint with your immediate supervisor or, if the employee is your immediate supervisor, you shall discuss the matter with the Office Manager.

If, however, you are not satisfied, with the decision you receive or if the employee's grievance is not resolved with the immediate supervisor or the Office Manager, you may make an appointment with the Appointing Authority who will then listen to and resolve the grievance in whatever manner is deemed appropriate. A resolution by the Appointing Authority shall be made within five (5) working days.

Revision History

05-29-2019	Re-numbered policy.

1. The statutory authority for the Board to disburse funds is found at La. R.S. 37:1182.A(20): *Make disbursements by check, voucher, or any other reasonable means deemed appropriate by the board and authorized by the president and the executive director*.

2. The regulatory authority for the Board to designate its Appointing Authority is found at LAC 46:LIII.103.F: *The executive director shall carry out functions of the board relative to its statutory requirements and other duties as defined by the board. With the board's approval, the executive director serves as the appointing authority and may appoint additional employees for professional, clerical, and special duties necessary to carry out the board's functions and may establish standards for the conduct of employees*.

3. The Board delegates to the Appointing Authority the responsibility for the proper management of the office and its assets.

4. With respect to single purchases of less than $1,000, the Appointing Authority delegates to the Office Manager the responsibility for adherence to all appropriate laws and rules governing such procedures. Single purchases of more than $1,000 require prior approval of the Appointing Authority. The Office Manager shall collect and maintain all required documentation for each purchase together with the record of disbursement.

5. In lieu of a state-approved credit/debit card, board members and employees may use personal credit cards for board-approved expenses and attach detailed receipts to expense reports submitted for reimbursement.

Revision History

05-29-2019	Re-numbered policy.
11-15-2017	Revised to add Items 1 for statutory authority and Item 2 for regulatory authority, to remove the previously-numbered Item 3 authorizing use of a state-approved purchasing card, and to add Item 5 authorizing members and employees to use personal credit cards for board-approved expenses.
08-06-2008	Completely re-written to comply with requirements from Office of State Purchasing in the Division of Administration.

1. All invoices, receipts, shipping notices, packing slips, and tickets for merchandise must be submitted to the Office Manager no later than 24 hours after receipt.

2. The Office Manager shall not process the payment of invoices and/or receipts without the approval of the Appointing Authority (as evidenced by his signature or initials) and the appropriate backup information as proof that the goods were received and/or that the repairs were made, as required by the Legislative Auditor.

Revision History

05-29-2019	Re-numbered policy.
11-15-2017	Added requirement for documentation of approval of invoices for payment.

1. All documents printed by the Louisiana Board of Pharmacy will follow the printing guidelines set forth in La. R.S. 43:31.1. This statute requires all agencies seeking to print or have printed any public document perform a 'needs assessment', which shall be approved by the Appointing Authority prior to expending any funds to have the publication printed.

Revision History

05-29-2019	Re-numbered policy.

Title: Travel Policy No. II.B.6.d

Approved: 05-11-2005 Revised: 05-29-2019

1. Employees who are required to travel on official business shall follow policies set forth by the State Travel Office and by the Appointing Authority.

2. In advance of any travel to a conference, convention, or an out-of-town destination, prior approval shall be given by the Appointing Authority.

3. For in-state and out-of-state travel, a Travel Expense Account form shall be completed within 30 days of travel, along with receipts, and forwarded to the Appointing Authority for approval, who then forwards the form on to the Office Manager for reimbursement. All expense checks are then completed and mailed within 10 business days.

Revision History

05-29-2019	Re-numbered policy.

State law requires accountability for state property, which is inventoried annually. All moveable property is tagged with an official state tag label and shall not be removed by any employee under any circumstance. Employees are responsible for maintaining a current inventory of moveable property and equipment assigned to them and furnishing a copy of said property list to the Office Manage upon request.

Certain employees, depending on the nature of their duties, may be issued credit cards, portable electronic equipment and other board property for which the employee shall sign a receipt and be held personally responsible, e.g., cell phones, laptops, printers, etc. Employees are responsible for safeguarding such equipment and reporting any relocated, lost, stolen, or damaged property to the Office Manager or the Appointing Authority within 24 hours.

Never sell, loan, transfer, assign, entrust, or donate any inventory and non-inventory property to any person or entity, or use property for personal or illegal purposes.

Upon termination of service, an audit of property shall be conducted prior to out-processing with the Office Manager or the Appointing Authority.

Lost or Stolen Property

Employee shall be solely responsible for said property if misplaced and/or lost, due to the negligence, recklessness, or intentional act of the employee. The employee shall replace the equipment and/or reimburse the Louisiana Board of Pharmacy for the entire cost of the said property, as provided by La. R.S. 34:305.E.

In certain circumstances, if the property lost is not the fault of the employee, proper documentation (e.g., police reports, etc.) shall be copied and sent to the Office Manager within 30 business days from the time of the incident. The Appointing Authority has the discretion to waive any costs associated with said property.

For more details or further information, please refer to state guidelines, Title 34 – Government Contracts, Procurement, and Property Control, at the following website: http://www.state.la.us/osr/lac/34v01/34v01.pdf.

Revision History

05-29-2019	Re-numbered policy.

Any request for state telephones or state telephone service should be handled through the Appointing Authority for approval and then sent to the Office Manager for processing.

State employees are to make no personal long distance calls on department telephone lines, unless the employee reimburses the state for the cost of the personal long distance call at rate of ten cents per minute.

Revision History

05-29-2019	Re-numbered policy.

Per the Federal Employee Privacy Laws and Regulations, Workplace Searches and Seizures, grants the Louisiana Board of Pharmacy the right to conduct workplace searches, provided it is within the guidelines of the law.

To safeguard the property of employees and to help prevent the possession, use, and sale of illegal drugs on State premises, and in keeping with the Louisiana Board of Pharmacy's drug policy, the Louisiana Board of Pharmacy reserves the right to question employees and all other persons entering and leaving the premises.

Employees of the Louisiana Board of Pharmacy should have little expectation of personal privacy in the workplace. File cabinets, desks, and workspaces provided to employees are the property of the Louisiana Board of Pharmacy. If the Louisiana Board of Pharmacy has a legitimate reason to conduct a search of these areas, the Louisiana Board of Pharmacy has the right to do so, as long as the personal rights of an individual are not violated. Personal property, such as purses, briefcases, restrooms, and automobiles will not be searched, unless the Appointing Authority has substantial evidence that an employee has been involved in misconduct or criminal activity. If a search is conducted of an employee's personal belongings, the search will be limited to business-related items only. Searches should only be conducted for legitimate work-related reasons or when the Louisiana Board of Pharmacy has reasons to suspect misconduct or policy violations.

Depending on the certain circumstances of a search, the Louisiana Board of Pharmacy will obtain an employee's consent before conducting a search of an individual's workplace, and will be applied reasonably, consistently, and as discreetly as possible.

Employees working on, entering, or leaving the premises who refuse to cooperate in an inspection, as well as employees who after the inspection are believed to be in possession of stolen property or illegal drugs, shall be sent immediately to the Appointing Authority and shall be subject to disciplinary action. This may include termination if upon investigation the employee is found to be in violation of the Louisiana Board of Pharmacy's rules and regulations. Any employee who may be in possession of stolen state property or illegal drugs is subject to criminal prosecution in accordance with the provisions of Louisiana law as outlined in Title 14 – Criminal Code and Miscellaneous Offenses, as well as Title 40 – Public Health and Safety.

Revision History

05-29-2019	Re-numbered policy.

The Louisiana Board of Pharmacy computer network provides access to information stored on the employee's personal computers, laptop computers, network servers, and the Internet.

This policy outlines the responsibilities of all Louisiana Board of Pharmacy employees. Anyone using or accessing office computer equipment is responsible for reading, understanding, and following these guidelines. Individuals who violate this policy risk disciplinary actions. It is important that employees treat electronic mail (email) and other electronic communications as permanent public records.

The guidelines in this policy refer to the use of Louisiana Board of Pharmacy network or hardware resources. This includes use of any office computers or access to any resources stored on the office server. All users of Louisiana Board of Pharmacy computers are covered by this policy. Other users include, but not limited to, employees, board members, contractors, and volunteers.

Employees are responsible for computer equipment assigned to them. Only authorized personnel may install hardware and software on the user's computer. For further information on installing hardware and software, please see the Office Manager.

Guidelines

Employees are expressly prohibited from engaging in the following activities at any time while using the Louisiana Board of Pharmacy equipment or facilities or when using a Louisiana Board of Pharmacy Internet Provider (IP) address:

- Accessing, sending, soliciting, displaying, printing, or otherwise disseminating material that is reasonably likely to harass, threaten, or embarrass others, or that is sexually explicit, fraudulent, or is otherwise inappropriate in a professional environment.
- Transmitting statements, language, images, or other material that are reasonably likely to be perceived as offensive or disparaging of others based on race, national origin, sex, sexual orientation, age, disability, or religious or political beliefs.
- Copying, disseminating, or printing copyrighted material, including articles, images, games, or other software.
- Engaging in activities that would in any way bring discredit to the Louisiana Board of Pharmacy.
- Gaining or attempting to gain unauthorized access to any computers, computer networks, databases, data, or electronically stored information.

Reporting Computer Problems

Employees are to directly contact the Office Manager with any and all computer problems. The Office Manager will then contact the appropriate personnel to diagnose the problem further and determine if service is needed.

The Office Manager shall be notified immediately if a computer virus is suspected.

Revision History

05-29-2019	Re-numbered policy.

The Internet provides a source of information in which almost every employee at the Louisiana Board of Pharmacy can benefit from.

The Louisiana Board of Pharmacy authorizes users to access the Internet when direct work-related benefits can be gained. The Louisiana Board of Pharmacy encourages authorized Internet users to develop strong Internet user skills and knowledge. It is expected these individuals will use the Internet to improve their job knowledge, to access legal, technical, and other information on topics that have direct relevance to the Louisiana Board of Pharmacy.

Internet access is primarily intended as a tool to help the office serve its customers.

Personal use of the Internet is acceptable as long as this use is not demeaning to the Louisiana Board of Pharmacy; however, excessive personal use of the Internet or email resources may lead to loss of the privilege or other disciplinary actions.

If you suspect anyone of Internet misusage, you shall report this potential problem immediately to the Office Manager, who will then inform the Appointing Authority.

Monitoring

Per the Federal Employee Privacy Laws and Regulations and the Electronic Communications Privacy Act, the Louisiana Board of Pharmacy is permitted to monitor employees' Internet activities, provided the Louisiana Board of Pharmacy has notified the employee and the employee has given his/her prior signed consent.

Revision History

05-29-2019	Re-numbered policy.

Employees of the Louisiana Board of Pharmacy operating a computer have the capability to exchange email messages with each other. In addition, all email users have access to Internet email as well.

When composing email messages, please keep the following in mind:

Do:

- Be polite.
- Include a subject line for each email message.
- Keep each line of a message to fewer than 70 characters. Longer lines can cause problems with some email systems.
- Keep in mind that email messages are public records. Words should be chosen carefully when composing email messages.
- Keep in mind when forwarding any email messages to others. Electronic emails can easily be construed in the wrong manner.

Do not:

- Type in all capital letters. This is an email form of SHOUTING.
- Use a 'smiley' face or other marking to signify humor. Sarcasm can be misunderstood easily in electronic communication.
- Gain or attempt to gain unauthorized access to another person's calendar or email.
- Open messages from people you do not know or any email messages not intended for you.
- Forward 'chain emails.'

If you suspect anyone of email misusage, you shall report this potential problem immediately to the Office Manager, who will then inform the Appointing Authority.

Monitoring

Per the Federal Employee Privacy Laws and Regulations and the Electronic Communications Act, the Louisiana Board of Pharmacy is permitted to monitor employees' email activities, provided the Louisiana Board of Pharmacy has notified the employee and the employee has given his/her prior signed consent.

Revision History

05-29-2019	Re-numbered policy.

Employees provided with the use of Westlaw or other legal research software should be limited to strictly work-related activities. Employees are responsible for understanding which areas of Westlaw are included in the department's contract and which areas will result in charges to the office.

Entering areas that result in charges to the Louisiana Board of Pharmacy is forbidden. If an employee is charged for unrelated work activity, he/she's paycheck shall be deducted for the charges incurred.

Revision History

05-29-2019	Re-numbered policy.

Remedial action may take many forms, depending upon the specific circumstances at issue. The following illustrative list includes possible disciplinary actions that may be used, either alone or in combination, depending on the severity of the action being taken:

- Apology;
- Oral reprimand;
- Written warning;
- Suspension; or
- Discharge.

Any remedial action and/or oral and written reprimands, with the approval of the Appointing Authority, shall state at a minimum what occurrence violated the Louisiana Board of Pharmacy's policy and that a recurrence may result in more serious discipline, up to and including termination. All documentation shall be sent directly to the Office Manager and shall be entered into the employee's personnel file.

Revision History

05-29-2019	Re-numbered policy.

All employees at the Louisiana Board of Pharmacy should be computer proficient. With prior approval of the Appointing Authority, it is the responsibility of each employee to take advantage of any computer training classes deemed necessary at the cost of the Louisiana Board of Pharmacy.

Revision History

05-29-2019	Re-numbered policy.

1. R.S. 37:1182.A.18 requires the Board to *'make, keep, and preserve all books, registers, and records.*

2. The Board delegates the responsibility for compliance with this law to the Executive Director in R.S. 37:1179.F.5: *'Make, keep, and preserve all books, registers, and records, and be in charge of same, and deliver them to his successor in office.'*

3. The Secretary of the State of Louisiana, in coordination with the State Archivist, has the authority to approve all record retention schedules and other records management activities. Pursuant to ultimate approval by the Secretary of the State of Louisiana, the Board will utilize this time schedule to manage its records.

Item No.	*Record Type*	*In Office*	*Destroy After*
1	Personnel Records	Permanent	Never
	Employment application and resume		
	Federal and state tax withholding		
	Salary information		
	Civil service documents		
	Office of Group Benefit documents		
	LASERS documents		
	Miscellaneous/General personnel documents		
	U.S. Dept. of Justice – I-9 form		
2	Time & Attendance	6 CY	6 CY
3	Leave Registers	Permanent	Never
4	Board Member Appts	Permanent	Never
5	Non-Hiree Resumes	2 CY	2 CY
6	Accounting Records, Invoices, Payroll, etc.	7 CY	7 CY
	Bank statements and cancelled checks		
	Payroll reports		
	Federal withholding reports		
	IRS quarterly reports		
	Dept. of Regulatory Services employee reports		
	Vouchers and paid invoices		
	Deposit receipts and log		
	Cash receipt report from licensing database		
	Bank reconciliation documents		
	Bookkeeping edit lists		
	Journal entries		

CY = Calendar Year / Act = Active

Item No.	*Record Type*	*In Office*	*Destroy After*
7	Comprehensive Annual Financial Reports & Audits	Permanent	Never – Transfer 3 copies to Archives
8	Professional Service Contracts	Act* + 10 CY	10 years after active term of contract
9	Inventory/Property Records	Act + 10 CY	10 years after property surplused
10	Board Meeting Minutes	Permanent	Never – Transfer 3 copies to Archives
11	Board Meeting Minute Tapes	1 CY	1 CY
12	Board Meeting Packets	10 CY	Never – Transfer to Archives
13**	Pharmacist Licensure Files	Act + 1 CY	1 year after death of licensee
14**	Technician Licensure Files	Act + 1 CY	1 year after death of licensee
15**	Pharmacy Licensure Files	Act + 1 CY	1 year after closure of permit

** Summary List

Official applications
Copy of birth certificate
Verification of licensure from other jurisdictions
Notes regarding mailing information
NABP examination eligibility lists
Reciprocity interview guidelines
Licensure checklists
Copies of checks or other fees
Requests for licensure verification from NABP and other jurisdictions
Check stub for fee to obtain records
NABP notification of disciplinary action on reciprocity candidates
LOSFA notifications
Email to board members regarding reciprocity candidates
Certified mail and return receipt cards
Communication log/records
Licensure examination results
Written requests for duplicate credentials
Certificate order form
Change forms (address, PIC, etc)
Facsimile confirmation sheets
Copies of NSF checks and collection letters
Examination Scantron® forms
Envelopes mailed to office
Correspondence for continuing education (certified envelopes, return requests)
Copies of death certificates
Copies of newspaper clippings
Certification of graduation from educational institutions
Hours of practical experience earned by interns in academic rotation programs
Hours of practical experience for interns certified to/from other jurisdictions
Preceptor affidavits
Requests for hours of practical experience to be certified to other jurisdictions
Results of NABP examinations to interns
Monthly reports to Dept of Health & Hospitals re new and closed permits
DEA licensure verifications
Lists of interns from colleges and schools of pharmacy
Other miscellaneous correspondence

CY = Calendar Year / Act = Active

Item No.		*Record Type*	*In Office*	*Destroy After*
16		Investigative/Litigation Files	Act + 1 CY	1 year after case closed
		Investigative reports with exhibits		
		Investigation materials		
		Drug accountability audits		
		Impairment records		
		Drug screen results		
		Criminal records		
		Criminal history record checks		
		Voluntary written statements		
		Voluntary surrender documents		
		Donor consent forms		
		Subpoenas and Subpoenas Duces Tecum		
		Medical Assistance Trust Fund delinquencies		
17		Revised Statutes & Administrative Rules	Permanent	Never
18		Consumer Complaints	Act + 3 CY	3 years after complaint resolved
19		Adjudications, Consent Agreements, Board Orders	Permanent	Never
20		Legal Opinions	Permanent	Never
21		Records Retention & Disposal Schedules	Permanent	Never
22		Correspondence & Memoranda		
	A	General (incl emails)	3 CY	3 years
		Office supply order forms		
		List of Interested Parties		
		Xerox monthly reading reports		
		U. S. Dept of Labor Statistical Reports		
		Telephone message report pads		
		Incoming and Outgoing email correspondence		
		Board meeting sign-in sheets		
		Correspondence sent or received		
	B	Transitory	1 CY	1 year
		Non-office related (computer updates, office closures, etc)		
	C	Policy Making/Related	Permanent	Never
		All policy making or policy related correspondence		
23		Continuing Education Audits	1 CY	1 year

CY = Calendar Year / Act = Active

Revision History

05-29-2019	Re-numbered policy.
05-17-2006	At the request of the Secretary of State, changed Item No. 2, from 5.5 FY to 6 CY.

1. The statutory authority for this program is RS 25:121-124.

2. The regulatory authority for this program is LAC 25:VII.4301 – 4317.

3. The staff shall compile and maintain a roster and inventory of agency publications.

4. The staff shall cooperate with the Louisiana State Library's Document Depository Program by transmitting the required number of copies of all public documents on a periodic basis to the state library, at:

   Dr. Karen J Cook
   Recorder of Documents
   State Library of Louisiana
   701 N. 4th Street
   Baton Rouge, LA 70802-5232
   Telephone 225.342.4929
   Facsimile 225.219.~~4725~~ 4804
   Email KCook@slol.lib.la.us

   a. For all documents printed commercially, 20 copies shall be reserved for and transmitted to the Document Depository Program.
   b. For all documents posted electronically, a PDF copy of the file shall be transmitted to the Document Depository Program.

Revision History

05-29-2019	Re-numbered policy.
08-14-2013	Added Item 3, updated the contact information in Item 4, and added sub-items (a) and (b). Deleted the remainder of the original policy.

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

Approved: 02-19-2019 Revised:

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.

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.

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.

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.

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

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.

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

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.

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

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.

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

Approved: 02-19-2019 Revised:

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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Section III – Credentials Division

A. Delegation of Authority

B. Applications for New Credentials

01. Application for New Pharmacist License by Examination
02. Application for New Pharmacist License by Reciprocity
03. Application for New Pharmacy Intern Registration
04. Application for New Pharmacy Technician Candidate Registration
05. Application for New Pharmacy Technician Certificate
06. Application for New Pharmacy Permit (in-state)
07. Application for New Nonresident Pharmacy Permit
08. Application for New DME Permit
09. Application for New AMS Registration
10. Application for New EDK Permit
11. Application for New CDS License
12. Application for New PIC Privilege
13. Application for New MA Registration
14. Application for New CDTM Registration

C. Applications for Renewal of Active Credentials

D. Applications for Reinstatement of Lapsed Credentials

E. Applications for Reinstatement of Disciplined Credentials

F. Attachment of Disciplinary Action to Credentials

G. Status Conversion of Credentials

01. Conversion of PST to PST-M or -MS
02. Conversion of PST to PST-VI
03. Conversion of PST to PST-G
04. Conversion of PST to PST-GVI
05. Conversion of CPT to CPT-M or -MS

H. Relinquishment of Credential

J. Criminal Background Check

1. The statutory authority for the Board to issue, renew, and reinstate credentials necessary to engage in the practice of pharmacy is found at R.S. 37:1182.

2. The statutory authority for the Board's Executive Director to manage the daily operations of the Board's office is found at R.S. 37:1179.F.

3. Through its approval of these policies and procedures, the Board delegates its credentialing authority to the Board's Executive Director, subject to existing limitations in the Board's rules, policies and procedures.

4. The Board's Executive Director may, in his discretion, further delegate certain licensing functions to one or more of the administrative officers or division managers. Such further delegation shall be recorded in dated memoranda, and further, may be modified or withdrawn by the Executive Director.

Revision History

08-15-2018	Re-numbered policy and clarified title.

1. The Executive Director is responsible for the creation and maintenance of all application forms for all new credentials issued by the Board.
    A. The application form shall collect sufficient information necessary to:
        i. establish the identity of the applicant;
        ii. demonstrate the qualifications of the applicant for the credential; and
        iii. make a determination as to the applicant's fitness for practice.
    B. Application forms for different credentials shall be uniquely identified and bear the date of their creation or revision.
    C. An information or instruction sheet designed to assist the applicant may be appended to the front of the application form.

2. All applications for new credentials shall be received in the Board office and shall be annotated with the date received in the office.

3. All applications for new credentials 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. When the administrative officer determines a referral to a Board committee is warranted, a case number is assigned and the application scheduled for a hearing before the appropriate committee.
        ii. If no committee referral is warranted, the administrative officer annotates the application form and returns it to credentialing staff for further processing.

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

Revision History

08-15-2018	Re-numbered policy.

Louisiana Board of Pharmacy **Policies & Procedures**

Title: Application for New Pharmacist License By Examination or Score Transfer

Policy No. III.B.1

Approved: 08-15-2018

Revised:

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1. The statutory authority identifying the qualifications for pharmacist licensure by examination, including by score transfer, are found at R.S. 37:1202.

2. The regulatory authority for the pharmacist licensure process is found at LAC 46:LIII.505.

3. The Executive Director is responsible for the creation and maintenance of all application forms for all new credentials issued by the Board.
   A. The application form shall collect sufficient information necessary to:
      i. establish the identity of the applicant;
      ii. demonstrate the qualifications of the applicant for the credential; and
      iii. make a determination as to the applicant's fitness for practice.
   B. Application forms for different credentials shall be uniquely identified and bear the date of their creation or revision.
   C. An information or instruction sheet designed to assist the applicant may be attached to the front of the application package.

4. All applications for new credentials shall be received in the Board office and shall be annotated with the date received in the office.

5. All applications for new credentials shall be referred to the Credentials Division staff for processing.
   A. In the event the staff determines there are deficiencies in the application for 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 impacting qualifications or fitness for practice, e.g., prior disciplinary or legal action, 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. When the administrative officer determines a referral to a Board committee is warranted, he shall assign a case number and schedule the applicant for a hearing before the appropriate committee.
      ii. In the event no committee referral is warranted, the administrative officer shall annotate the application form and the eLicense record to that effect and return the application form to the licensing staff for further processing.

6. With respect to the education requirement, staff shall ascertain the applicant obtained a professional pharmacy degree from a board-approved school of pharmacy, or in the alternative, the applicant is in possession of a valid Foreign Pharmacy Graduate Equivalency Certificate issue by the National Association of Boards of Pharmacy (NABP).

7. With respect to the examination requirement, staff shall ascertain the applicant successfully completed the following examinations within the one year period preceding the date the application for licensure was received in the Board office:
   A. North American Pharmacist Licensure Examination (NAPLEX); and
   B. Multistate Pharmacy Jurisprudence Examination for Louisiana (MPJE-La).

8. With respect to the experiential requirement, staff shall ascertain the applicant has acquired at least 1,740 hours of professional experience:
   A. The staff shall issue a credit for up to 1,740 hours of professional experience for the successful completion of the professional experience curriculum when so documented by the dean of the pharmacy school on the Certification of Graduation.
   B. In the event the applicant is unable to produce a Certificate of Graduation documenting the acquisition of at least 1,740 hours of professional experience within the professional experience curriculum, the staff shall issue a credit for any number of hours documented by the dean of the pharmacy school.
   C. In the event the applicant cannot substantiate the acquisition of at least 1,740 hours of professional experience within the curriculum of the professional experience curriculum, the applicant shall demonstrate the acquisition of the appropriate number of hours of professional experience necessary to achieve a total of 1,740 hours. These hours shall be documented on a Pharmacist's Affidavit form supplied by the board office, and shall have been earned in compliance with the board's rules for such activity described in Chapter 7 of the Louisiana Pharmacy Law Book.

9. Staff shall review the report from the criminal history record check.

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

11. The license shall be issued no later than 14 days following completion of all requirements for licensure.

Title: Application for New Pharmacist License By Reciprocity or License Transfer

Policy No. III.B.2

Approved: 05-10-2017

Revised: 08-15-2018

1. The statutory authority identifying the qualifications for pharmacist licensure by reciprocity, also known as license transfer, are found at La. R.S. 37:1203.

2. The regulatory authority for the licensure of pharmacists is found at LAC 46:LIII.501 *et. seq.*

3. As authorized by the statute, Louisiana participates in the license transfer process with every state which reciprocates with Louisiana under comparable circumstances and conditions. Credentials from other states are eligible for license transfer as long as the license was issued under the same requirements as are in effect in Louisiana and that the credentials are current and not lapsed. The State of California does not recognize any pharmacist licensure examination score earned prior to January 1, 2004 unless that score was earned within the State of California; however, Louisiana-licensed pharmacists with a licensure examination score dated after January 1, 2004 is eligible for reciprocity in California. Therefore, the following credentials are *not* eligible for reciprocity to Louisiana:
   A. A pharmacist license obtained by examination from the State of California where such examination was completed prior to January 1, 2004; or
   B. A pharmacist license from any jurisdiction which was not issued under the same requirements in effect in Louisiana; or
   C. A pharmacist license from any jurisdiction which is not current.

4. The Executive Director shall develop and maintain an application form to be used by applicants for pharmacist licensure. The form shall be uniquely identified and bear the date of its creation or revision. An information document designed to assist the applicant may be appended to the front of the application form. The application form shall collect sufficient information necessary to:
   A. Establish the identity of the applicant;
   B. Demonstrate the qualifications of the applicant for the license; and
   C. Assist in the determination as to the applicant's fitness for practice.

5. In addition to the application form developed by the Board, the applicant shall also submit the *Official Application for Transfer of Pharmacist License*, available from the National Association of Boards of Pharmacy (NABP) at their website, www.nabp.pharmacy.

6. With respect to the education requirement, staff shall ascertain the applicant obtained a professional pharmacy degree from a board-approved school of pharmacy, or in the alternative, the applicant was in possession of a valid Foreign Pharmacy Graduate Equivalency Certificate issued by NABP at the time of original pharmacist licensure.

7. With respect to the examination requirement, staff shall ascertain the applicant:
   A. Successfully completed the NAPLEX test for the license being transferred; and
   B. Successfully completed the MPJE-La. test within the one year period prior to the date the Louisiana pharmacist license is to be issued.

8. Staff shall review the report from the criminal history record check.

9. 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. When the administrative officer determines a referral to a Board committee is warranted, a case number is assigned and the application scheduled for a hearing before the appropriate committee.
      ii. If no committee referral is warranted, the administrative officer annotates The application form and returns it to licensing staff for further processing.
   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 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.

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

11. The license shall be issued no later than 14 days following the completion of all requirements for licensure.

Revision History

2018-0815	> Re-numbered policy. > Amended Item 3 to harmonize policy with statute. > Amended Item 6 to provide for reciprocity for foreign pharmacy graduates. > Deleted Item 8 relative to experiential requirements, to comply with Act 31 of 2018 Legislature. > Added Item 9 to harmonize policy with statute. > Added Item 12 to harmonize policy with statute.

Title: Application for New Pharmacy Intern Registration

Policy No. III.B.3

Approved: 05-29-2019

Revised:

1. The statutory authority to establish standards for the credentialing and practice of pharmacy interns is found at La. R.S. 37:1182.A.12.

2. The regulatory authority for the registration and oversight of pharmacy interns is found at LAC 46:LIII.701 *et seq*.

3. The Executive Director shall develop and maintain an application form to be used by applicants for pharmacy intern registration. The form shall be uniquely identified and bear the date of its creation or revision. An information document designed to assist the applicant may be appended to the front of the application form. The application form shall collect sufficient information necessary to:
   a. Establish the identity of the applicant;
   b. Demonstrate the qualifications of the applicant for the license; and
   c. Assist in the determination as to the applicant's fitness for practice.

4. With respect to the enrollment requirement, staff shall rely on official communications from the dean or registrar of an accredited college or school of pharmacy.

5. 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. When the administrative officer determines a referral to a Board committee is warranted, a case number is assigned and the application scheduled for a hearing before the appropriate committee.
      ii. If no committee referral is warranted, the administrative officer annotates the application form and returns it to licensing staff for further processing.
   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 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.

6. The staff shall fix the expiration date of the registration in accordance with the provisions of LAC 46:LIII.701.A.1.c:
    a. For applicants enrolled in an accredited college of pharmacy, a preliminary expiration date of May 1 in the year following the year of anticipated graduation shall be entered. When the anticipated graduation date is announced, the staff shall update the expiration date to one year after that date.
    b. For applicants who have already graduated from an accredited college of pharmacy, the staff shall enter the expiration date as one year after the date of graduation from the accredited college of pharmacy.
    c. For applicants who have graduated from a college of pharmacy not accredited by ACPE, staff shall enter the expiration date as two years after the date of issue of the intern registration.

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

1. In the interim following the initial issuance of the registration, staff shall update the expiration date in compliance with the provisions of LAC 46:LIII.701.A.1.c.

2. In the event the Board takes formal action against a registration, the staff shall enter the appropriate changes to the license record to implement the Board's decision.

3. In the event a pharmacy intern desires to relinquish the registration for non-disciplinary reasons, the staff shall enter the appropriate changes to the license record to implement that request.

4. In the event the college of pharmacy which certified the student's enrollment notifies the Board of the student's dismissal from the college, staff shall inactivate the registration.
   a. Staff shall notify the student of that notice, that such dismissal negates their eligibility for the intern registration, and request the student to relinquish the registration. When the student relinquishes the registration, staff shall update the inactivation to relinquishment.
   b. In the event the student fails to relinquish the registration in a timely manner, the staff shall refer the matter to an administrative officer to initiate disciplinary action.

5. The statutory definition of a pharmacy intern requires the student in an accredited college of pharmacy to be "*satisfactorily progressing*" within the curriculum of the college. The Board interprets that requirement to allow the student who takes a leave of absence of up to one semester to retain the registration; however, a leave of absence of more than one semester in duration will negate the student's eligibility for the registration. Multiple leaves of absence from the college will not endanger the eligibility for the registration, as long as the duration of each is not more than one semester.

6. In the event the student takes a leave of absence from the college and is not dismissed by the college, the college shall notify the Board of that fact as well as the date of the student's anticipated return to the college.
   a. Staff shall flag the license record with a calendar note.
   b. In the event the intern does not return to the college after one semester on leave, the staff shall inactivate the registration.
   c. Staff shall notify the student of his loss of eligibility for the registration and shall request the intern to relinquish the registration. When the student relinquishes the registration, staff shall update the inactivation to relinquishment.
   d. In the event the student fails to relinquish the registration in a timely

manner, the staff shall refer the matter to an administrative officer to initiate disciplinary action

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 included in the application; provided however,
         (e) For natural persons holding less than 5% ownership, the production of the following data may be waived:
            > date of birth;
            > Social Security number; and
            > professional licensure information.

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

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; > 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.

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 included in the application; provided however,
         (e) For natural persons holding less than 5% ownership, the production of the following data may be waived:
         > date of birth;
         > Social Security number; and
         > professional licensure information.

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

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.

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.

Title: Application for New Collaborative Drug Therapy Management (CDTM) Registration

Policy No. III.B.14

Approved: 02-21-2008 Revised: 05-29-2019

1. The statutory authority for this credential is RS 37:1164(37).

2. The regulatory authority for this credential is LAC 46:LIII.523.

3. Pharmacists seeking approval to collaborate with physicians in collaborative drug therapy management (CDTM) activities shall first acquire a registration from the Board of Pharmacy.
    a. The pharmacist shall complete the *Application for Collaborative Drug Therapy Management (CDTM) Registration*, or such other form as may be provided by the Board for this purpose.
    b. The pharmacist shall submit the completed form to the Board office. The Executive Director, or his designee, shall review the application to determine the applicant's compliance with the eligibility criteria identified in the rule.
        - Where the determination is made the applicant is compliant with all eligibility criteria, the Executive Director or his designee shall enroll the pharmacist on the CDTM Registry and then notify the pharmacist of his registration number.
        - Where the staff is unable to determine the applicant's compliance with all eligibility criteria, the Executive Director shall refer the application to the Application Review Committee, or such other committee as may be determined by the President of the Board. The committee may require the appearance of the applicant to make its determination as to the applicant's compliance with the eligibility criteria.
    c. The CDTM registration shall be renewed annually at the same time the pharmacist license is renewed.

4. A pharmacist in possession of a CDTM Registration who wishes to engage in a collaborative practice agreement may then file a *Notice of Intent to Collaborate* with the CDTM Advisory Council of the Louisiana State Board of Medical Examiners. The form for that purpose is available from that board. The application must be supplemented with a copy of the collaborative practice agreement, the contents of which must include those items identified by rule. The application is reviewed by the CDTM Advisory Council, which will then make a recommendation to the Board of Medical Examiners for its ultimate approval. Once approval is obtained from that board, the collaborating pharmacist and physician may initiate their activities as outlined in their collaborative practice agreement. Each separate agreement requires a separate *Notice of Intent to Collaborate*.

Revision History

05-29-2019	Re-numbered policy.

1. The Executive Director is responsible for the creation and maintenance of all application forms for the renewal of active credentials issued by the Board.
   A. The application form shall collect sufficient information necessary to:
      i. demonstrate the qualifications of the applicant for the credential; and
      ii. make a determination as to the applicant's fitness for practice.
   B. Application forms for different credentials shall be uniquely identified and bear the date of their creation or revision.
   C. An information or instruction sheet designed to assist the applicant may be appended to the front of the application form.

2. All applications for the renewal of active credentials shall be received in the Board office and shall be annotated with the date received in the office.

3. All applications for the renewal of active credentials 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. When the administrative officer determines a referral to a Board committee is warranted, a case number is assigned and the application scheduled for a hearing before the appropriate committee.
      ii. If no committee referral is warranted, the administrative officer annotates the application form and returns it to credentialing staff for further processing.

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

Revision History

08-15-2018	Re-numbered policy.

Title: Applications for Reinstatement of Lapsed Credentials Policy No. III.D

Approved: 11-16-2016 Revised: 08-15-2018

1. The Executive Director is responsible for the creation and maintenance of all application forms for the reinstatement of lapsed credentials issued by the Board.
   A. The application form shall collect sufficient information necessary to:
      i. demonstrate the qualifications of the applicant for the credential; and
      ii. make a determination as to the applicant's fitness for practice.
   B. Application forms for different credentials shall be uniquely identified and bear the date of their creation or revision.
   C. An information or instruction sheet designed to assist the applicant may be appended to the front of the application form.

2. All applications for the reinstatement of lapsed credentials shall be received in the Board office and shall be annotated with the date received in the office.

3. All applications for the reinstatement of lapsed credentials 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. When the administrative officer determines a referral to a Board committee is warranted, a case number is assigned and the application scheduled for a hearing before the appropriate committee.
      ii. If no committee referral is warranted, the administrative officer annotates the application form and returns it to credentialing staff for further processing.

4. When the licensing staff has completed the processing of the application, the staff shall comply with the Reinstatement Committee's policies for a determination of who must approve the application. [See PPM.I.C.5.a]

Revision History

08-15-2018	Re-numbered policy and updated reference in Item 4.

Title: Applications for Reinstatement of Disciplined Credentials

Policy No. III.E

Approved: 11-16-2016

Revised: 08-15-2018

1. The Executive Director is responsible for the creation and maintenance of all application forms for the reinstatement of disciplined credentials issued by the Board.
    A. The application form shall collect sufficient information necessary to:
        i. demonstrate the qualifications of the applicant for the credential; and
        ii. make a determination as to the applicant's fitness for practice.
    B. Application forms for different credentials shall be uniquely identified and bear the date of their creation or revision.
    C. An information or instruction sheet designed to assist the applicant may be appended to the front of the application form.

2. All applications for the reinstatement of disciplined credentials shall be received in the Board office and shall be annotated with the date received in the office.

3. All applications for the reinstatement of disciplined credentials 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. When the application is complete, staff shall refer the application to the administrative officer responsible for the Reinstatement Committee's docket.
    C. The administrative officer shall assign a case number to the application and schedule the applicant for a hearing with the Reinstatement Committee.
        i. An exception to the requirement for a hearing by the Reinstatement Committee shall be available for all CDS licenses other than those issued to pharmacies. Requests for reinstatement of CDS licenses suspended for revoked by the Board may be approved by the joint consent of the chair of the reinstatement committee and the Board's President. In the event of such approvals, staff shall prepare a reinstatement order for the President's signature.

Revision History

08-15-2018	Re-numbered policy.

1. When the Board takes formal disciplinary action against a credential issued by the Board, the Executive Director is responsible for the following administrative actions.
   A. A copy of the signed order shall be mailed to the respondent.
   B. An original copy of the signed order shall be affixed to the front of the respondent's paper credential file, and further, an electronic copy of the signed order shall be attached to the respondent's electronic credential file.
   C. The respondent's credential record in eLicense shall be updated:
      i. When the board's action affects the status of a credential, the status and reason for the status shall be updated in the Credential module.
      ii. The action shall be recorded in the Notes section of the Credential module.
   D. The board's action shall be recorded in the Resolution section of the case record in the Enforcement module in eLicense; the information in this section displays on the board's website when the public flag is selected.
   E. All disciplinary actions shall be reported to the NABP Clearinghouse for their records and for their further transmission of that information to the National Practitioner Data Bank.
   F. All disciplinary actions, with the exception of Letters of Warning and Letters of Reprimand, shall be published in the Board's quarterly newsletter. [See PPM.I.C.7.b]

2. When the Board receives notice of an action taken by the primary licensing agency of a practitioner holding a CDS license from the Board, or by the federal Drug Enforcement Administration (DEA), that communication shall be referred to an administrative officer for their review.
   A. When the licensing agency's action has no effect on their prescriptive authority, a copy of the signed order shall be affixed to the front of the CDS license paper file, an electronic copy of the order shall be attached to the electronic file of the CDS license, and summary of the agency's action shall be recorded in the Notes section of the respondent's CDS license record in eLicense.
   B. When the licensing agency's action does not affect the practitioner's CDS privilege but does restrict his prescriptive authority for other drugs or devices, a copy of the signed order shall be affixed to the front of the CDS license paper file, an electronic copy of the order shall be attached to the electronic file of the CDS license, and a summary of the agency's action shall be recorded in the Notes section of the respondent's CDS license record in eLicense, and further, a Pharmacy Alert shall be transmitted via email, advising pharmacies of the details of the restriction.

C. When the licensing agency's action restricts the practitioner's CDS privilege, a copy of the signed order shall be affixed to the front of the CDS license paper file, an electronic copy of the order shall be attached to the electronic file of the CDS license, and a summary of the agency's action shall be recorded in the Notes section of the respondent's CDS license record in eLicense; further, the status shall be change to 'Restricted', the status reason shall reflect a board order, and details of the restriction shall be entered in the User Defined File (UDF) section of the credential record. These notes display on the credential verification screen on the Board's website. Finally, a Pharmacy Alert shall be transmitted via email, advising pharmacies of the details of the restriction.

D. When the licensing agency's action suspends or revokes the practitioner's CDS privilege, the following actions are to be taken:

i. Affix a copy of the signed order to the front of the paper copy of the CDS license file as well as an electronic copy of the signed order to the electronic file of the CDS license.

ii. In eLicense, change the status of the credential to 'Inactivated' and select the reason for the status as 'primary license surrendered/suspended/ revoked.'

iii. Change the status for all schedules in the UDF section to 'no.'

iv. Enter a summary of the action in the Notes section of the Credential module.

v. Send a Pharmacy Alert to the pharmacies, advising them of the change in the practitioner's CDS privileges.

vi. Do not refer the CDS license for disciplinary action by the Board.

vii. When the primary licensing agency notifies the Board of the reinstatement of a previously suspended for revoked license, with or without restrictions on CDS privileges, staff shall affix a copy of the signed order to the front of the CDS license paper file, and attach an electronic copy of the order to the electronic CDS license record, change the credential status to the appropriate status as directed by the licensing agency, update the CDS schedules as appropriate, and send a Pharmacy Alert to advise the pharmacies of the change in status.

Revision History

08-15-2018	Re-numbered policy and updated reference in Item 1.F.

Title: Conversion of PST to PST-GVI (Gold Inactive) Policy No. III.G.04

Approved: 02-16-2011 Revised: 05-29-2019

1. The statutory authority for the Board to issue and renew licenses and other designations deemed necessary to engage in the practice of pharmacy is found at La. R.S. 37:1182.A.8.

2. The statutory authority for the Board to issue gold certificates to those pharmacists licensed to practice for 50 years or more and to waive the annual renewal fee is found at La. R.S. 37:1209.

3. The regulatory authority for the Board to allow a pharmacist to place his license on inactive status, with the provision that such license is not valid for practice, is found at LAC 46:LIII.505.A.3.b.

4. The Board makes the following findings as the basis for the policy:
   a. A gold certificate in active status is valid for practice; therefore, its renewal requires compliance with the continuing education requirements.

   b. Faced with the prospect of allowing their professional license to lapse and lose contact with the Board, several pharmacists who no longer wish to practice or comply with continuing education requirements have requested a mechanism to retain a gold certificate that would not be valid for practice.

   c. There is no provision for a credential to be placed in retired status, and it is likely that either legislative or rulemaking activity would be required to develop such a capacity.

   d. The credential at issue is an amalgamation of the gold certificate already authorized by statute and the inactive status already authorized by rule.

5. The holder of a pharmacist gold certificate, while still in active status, may submit a written request to the Board office for the placement of his gold certificate on inactive status.

6. The office shall ascertain the pharmacist's understanding of the procedures necessary to return a license on inactive status to active status.

7. When appropriate, the staff shall place the active gold certificate on inactive status.

8. A pharmacist gold certificate on inactive status shall not be valid for practice.

9. The renewal of a gold certificate on inactive status shall require the completion of an application form furnished by the Board office. No renewal fee shall be due, and no continuing education shall be required.

10. A request from a pharmacist holding a gold certificate on inactive status to return the license to active status shall be referred to the Board's Reinstatement Committee for its consideration.

Revision History

05-29-2019 Re-numbered policy.

Legal Authorities

1. The statutory authority for the Board to obtain criminal history record information is found at:
   A. R.S. 37:1216 with respect to applicants for any designation deemed necessary to engage in the practice of pharmacy; and
   B. R.S. 40:973.1 with respect to applicants for a state controlled dangerous substance license.

2. The regulatory authority for the Board to obtain criminal history record information from applicants for a state controlled dangerous substance license is found at LAC 46:LIII.2707.A.4.

3. Criminal history record information (CHRI) is defined in the *Code of Federal Regulations* as information collected by criminal justice agencies on individuals consisting of identifiable descriptions and notations of arrests, detentions, indictments, information, or other formal criminal charges, and any disposition arising therefrom, including acquittal, sentencing, correctional supervision, and release [28 CFR 20.3]. 28 CFR 20.21 further states information is considered CHRI if it confirms the existence or nonexistence of CHRI. CHRI is also described by the Federal Bureau of Investigation (FBI) Criminal Justice Information Services (CJIS) Security Policy 4.1.1 as a subset of criminal justice information (CJI) and is sometimes referred to as “restricted data”. Information is considered CHRI if it is transferred or reproduced directly from CHRI received as a result of a national FBI check and associated with the subject of the record. This includes information such as conviction/disposition data as well as identifiers used to index records regardless of format.

4. The Louisiana State Police Bureau of Criminal Identification and Information (LSP Bureau) is the state’s designated repository that stores CHRI in the Louisiana Computerized Criminal History (LACCH) database. As indicated in the authorizing statutes cited above, the Board will not accept CBC reports from any other source.

Purpose

5. The Board’s purpose for obtaining CHRI is to assist in its determination of the applicant’s fitness for practice.

Policies

6. Noncriminal justice agencies are prohibited from using CHRI for any purpose other than that for which it was requested. CHRI may be used solely for the purpose for which the record was requested and shall not be shared with any other agency or entity, even if the agency or entity is authorized to receive CHRI pursuant to its own statutes. When CHRI is needed for a subsequent authorized use, a new record request including fingerprints must be submitted to obtain the most possible current and accurate information.

7. The Board will obtain, maintain, handle, transport, and store CHRI by using only hard copy paper format.

8. The Board's Executive Director shall execute the Civil Agency User Agreement with the LSP Bureau. The user agreement identifies the requesting agency, identifies the purpose for which CHRI is requested, and identifies the specific statutory authorization granting access to the information. The user agreement is subject to cancellation by either party with 14 days written notice. The LSP Bureau may immediately suspend service for violation or for investigation of apparent/alleged violations of the user agreement or requirements for access. Further, the user agreement shall identify the following designations:
   A. Local Agency Security Officer (LASO): Pursuant to CJIS Security Policy 3.2.9, the LASO will act as liaison with the LSP Bureau and the La. Division of Administration's Office of Technology Services (OTS) to ensure the agency is in compliance with security procedures. This individual must be knowledgeable in CHRI policies and mandates rules and regulations as well as knowledge of IT security procedures. LASOs are designated as the point of contact on security-related issues for their respective agencies and LASOs are responsible for instituting the CJIS System Agency (CSA) incident response reporting procedures at their agency as needed.
   B. Noncriminal Agency Coordinator (NAC): The NAC will act as the primary contact person for that agency. The NAC should complete LSP Bureau training requirements and shall serve as liaison between the agency and the LSP Bureau. The NAC will ensure all employees with access or potential access to CHRI successfully complete the appropriate level of CJIS Security Awareness Training and will maintain that certification as long as the employee may have access to CHRI. The NAC is responsible for maintaining an updated Authorized Personnel List on file with the LSP Bureau. The Authorized Personnel List contains those individuals whom the agency has identified as authorized to access, handle, and/or destroy CHRI. The authorizations are based solely on the agency's determination, but should be limited to the minimum number of personnel necessary. All personnel who view, handle, uses, disseminate, or dispose of CHRI must appear on the list. Anyone included on this list must undergo the appropriate level of CJIS Security Awareness Training. The NAC should inform the LSP Bureau of changes in the agency head or any relevant business information (agency name changes, mailing/physical address changes, etc.). Changes must be made as they occur. A change in an agency's authorization may invalidate the entire User Agreement; if the

NAC becomes aware of a change in the authorization for access (e.g., new state statute, etc.), he/she shall contact the LSP Bureau immediately to update the User Agreement and, if necessary, submit the new authorization to LSP Bureau.

9. The Board has identified all licensing staff, compliance staff, prescription monitoring program staff, student workers, executive staff, Board members, and information technology staff and/or contractors as authorized personnel.
   A. No person who has been convicted of a felony may be granted access to CHRI without the explicit consent of the LSP Bureau or the CJIS System Officer (CSO).

10. All authorized persons must complete CJIS Security Awareness training as well as any agency-specific training on CHRI security and handling based on the agency's required policies and procedures. The NAC is responsible for ensuring agency personnel receive such training within six months of employment and every two years thereafter. Training levels are based on the level of access each individual will have to the information. The NAC is responsible for setting up user accounts for all personnel who must be certified. Training shall be completed based on the assigned levels noted here:
    A. Level 1 Security Awareness Training (CSP 5.2.1.1) – Student workers
    B. Level 2 Security Awareness Training (CSP 5.2.1.2) – Board members
    C. Level 3 Security Awareness Training (CSP 5.2.1.3) – Board staff
    D. Level 4 Security Awareness Training (CSP 5.2.1.4) – Information technology staff and/or contractors for IT support

11. Authorized personnel training must be logged on the NCJA Training Documentation Form and the documentation must be available for inspection by auditors.

12. Any persons within the office that are not listed on the Authorized Personnel List must be escorted through any portion of the building within which CHRI is processed, accessed, or stored by authorized personnel.

13. The retention and destruction of CHRI shall be based on the Board's record retention policy and shall comply with all applicable federal and state laws. Formal procedures for the secure disposal or destruction of physical media shall minimize the risk of sensitive information compromised by unauthorized individuals. Physical media (paper documents) shall be destroyed by shredding or incineration. Disposal or destruction shall be accomplished and witnessed by authorized personnel.

14. Federal and state civil and criminal penalties may apply to the misuse of CHRI. CHRI shall be used solely for the purpose requested and shall not be disseminated outside the Board. The exchange of CHRI is subject to immediate cancellation if disseminated beyond the Board or if used for any reason other than that authorized by Louisiana law. Further, depending on the nature of the offense and the identity of the offender, federal or state crimes may be charged for the willful and unauthorized disclosure of CHRI.

15. All unauthorized disclosure is to be reported to LSP Bureau using the forms designated by that agency.
    A. Unauthorized disclosures by members of the staff shall result in disciplinary action, which could include termination of employment.
    B. Unauthorized disclosures by board members shall be reported to the Office of the Inspector General.

Procedures

16. Upon receipt of the following applications for a credential issued by the Board, staff will provide a criminal background check (CBC) packet to the applicant, unless the applicant has previously completed the CBC process for the Board and the resulting report was received within the five year period prior to the date of the application (two years with respect to an applicant for a therapeutic marijuana designation):
    A. Application for New Pharmacist License
    B. Application for New Pharmacy Intern Registration
    C. Application for New Pharmacy Technician Certificate
    D. Application for New Pharmacy Technician Candidate Registration
    E. Application for New Pharmacy Permit
        (1) For persons holding 20% or more ownership interest at the direct or indirect level; and
        (2) For the pharmacist-in-charge.
    F. Application for Reinstatement of Pharmacist License or Pharmacy Technician Certificate, but only when the credential has been lapsed more than five years.
    G. Application for New Controlled Dangerous Substance License for any person not holding a primary credential issued by a professional licensing agency in Louisiana.
    H. Application for New Therapeutic Marijuana Designation.

17. The National Crime Prevention and Privacy Compact Council (Compact Council) outlines rights provided to applicants who are the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose. These rights are detailed in the Agency Privacy Requirements for Noncriminal Justice Applicants. The Board must notify applicants of their privacy rights by providing applicants with a copy of the Noncriminal Justice Applicant's Privacy Rights document. This notification shall be included in each CBC packet provided to applicants.

18. Completed CBC packets submitted by applicants to the Board shall be opened at a secure reception area, out of public view, and then forwarded to the licensing staff for preparation and delivery to the LSP Bureau.

19. Any CHRI received by the Board office shall immediately be marked "NOT PUBLIC RECORD". Information is considered CHRI if it is transferred or reproduced directly from CHRI received as a result of a national FBI check and associated with the subject of the record. This includes information such as

conviction/disposition data as well as identifiers used to index records regardless of format.

20. Items marked “NOT PUBLIC RECORD” shall not be shared or discussed with any individual not listed on the Authorized Personnel List.

21. Items marked “NOT PUBLIC RECORD” shall be stored in the file of the licensee or applicant and maintained in the secured portion of the office building

22. Authorized staff will transport CBC packets, in paper format, to and from the La. State Police headquarters on a weekly basis.

23. Authorized staff will transport CBC reports from the La. State Police headquarters on a weekly basis.

24. At no time during the transport of CBC packets or CBC reports may those materials be left unattended in the authorized personnel’s vehicle.

25. With respect to applicants who fail to disclose arrests on their application, Board staff shall send such applicants a letter outlining the date, arresting agency, and charge. This letter shall be marked “NOT PUBLIC RECORD” prior to mailing and a copy will be placed in their file. This information may not be mailed to any address other than the mailing address provided by the applicant; and further, this information may only be shared with the applicant by mail or by personal appearance at the Board office.

26. Applicants or licensees who want to obtain a copy of the CBC report shall be offered one of the following options:
    A. Pursuant to La. R.S. 15:588, an individual may obtain a certified copy of his personal criminal history as maintained by the LSP Bureau. Individuals must submit a “Right to Review Authorization Form” and a “Right to Review Disclosure Form” along with fingerprints and the appropriate fees to the LSP Bureau. Individuals my use this record to identify, if applicable, the date of an arrest, the identity of the arresting agency, and disposition information. This criminal history record may only be given to the individual, his authorized representative, or his attorney.
    B. The U.S. Dept. of Justice Order 556-73, also known as Departmental Order, establishes rules and regulations for individuals to obtain a copy of their Identity History Summary for review or proof that one does not exist. The individual may submit fingerprints, an Applicant Information Form, and payment directly to the FBI according to the procedures in 28 CFR 16.34.

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Section IV – Compliance Division

A. Delegation of Authority

B. Facility Inspections
- 01. Initial Surveys
- 02. Service Reviews
- 03. Follow-up Surveys
- 04. Compliance Checks

C. Investigations
- 01. Complaint Intake & Case Assignment
- 02. Investigation Process
- 03. Investigative Report / Case Memo
- 04. Administrative Review of Reports & Memos

D. Audits
- 01. Pharmacy Audits of Controlled Substances
- 02. Continuing Education
- 03. Attendance at AA/NA Meetings

E. Case Resolutions
- 01. Case Closures
- 02. Referrals to Other Entities
- 03. Referrals to Board Committees

F. Records Management

1. The statutory authority for the Board to inspect pharmacies is found at R.S. 37:1182.

2. The statutory authority for the Board to investigate complaints is found at R.S. 37:1245.

3. The statutory authority for the Board's Executive Director to manage the daily operations of the Board's office is found at R.S. 37:1179(F).

4. The statutory authority for the Board to employ inspectors is found at R.S. 37:1182(B)(6).

5. The Executive Director serves as the Board's appointing authority, and is responsible for the construction of proposed policies and procedures, as well as submission of same to the Board for its review and approval. Once approved, the Executive Director shall be responsible for the implementation and enforcement of the Board's policies and procedures.

6. The Compliance Division staff includes a Chief Pharmacist Compliance Officer and multiple Pharmacist Compliance Officers. The organizational reporting relationships for these employees is found elsewhere in the policies for the Administrative Division.

7. The Chief Compliance Officer shall develop and maintain a territorial map of the state, showing the areas for which each Compliance Officer is responsible for the inspection of pharmacies and other facilities as well as the investigation of complaints against licensees within those territories

8. When deemed appropriate, the Chief Compliance Officer may change the assignment of certain inspections or investigations to compliance officers.

1. The Compliance Division staff is responsible for conducting facility inspections and audits to ensure compliance with the minimum specifications applicable to the applicant or licensee.

2. The following types of inspections shall be completed by compliance officers:
   A. *Initial Survey*
      Before issuing a permit for a place where the storage of drugs is contemplated, the compliance officer shall perform an initial survey to determine compliance with minimum environmental and security standards.
   B. *Service Review*
      Subsequent to the issuance of the initial credential, the compliance officer shall perform periodic unannounced inspections to assess compliance with minimum standards applicable for the range of professional services offered at the facility.
   C. *Follow-up Survey*
      In the event the compliance officer detects non-compliance with certain specified standards, the compliance officer shall perform a follow-up inspection within the specified period of time to evaluate the remediation performed and compliance with the minimum standard.
   D. *Compliance Check*
      When the Board places restrictions on a credential, including probationary terms as well as other non-probationary restrictions, the compliance officers shall perform unannounced inspections to assess the licensee's compliance with the order of the Board.

1. The compliance officer shall complete an Initial Survey before authorizing the initial issuance of the credential.

2. The compliance officer shall inspect the following types of facilities to assess compliance with the laws and rules governing the practice of pharmacy or controlled dangerous substances:
   A. Facilities which have applied for a pharmacy permit;
   B. Facilities which have applied for a durable medical equipment permit;
   C. Facilities holding a license from the La. Dept. of Health which have applied for an automated medication system registration;
   D. Facilities holding a registered outsourcing facility permit from the La. Board of Drug & Device Distributors which have applied for a controlled dangerous substance license;
   E. Facilities holding a hospital license from the La. Dept. of Health which have applied for a controlled dangerous substance license;
   F. Facilities holding a substance abuse treatment center license from the La. Dept. of Health which have applied for a controlled dangerous substance license;
   G. Laboratories which have applied for a controlled dangerous substance license;
   H. Animal euthanasia practitioners who have applied for a controlled dangerous substance license;
   I. Canine drug detection training facilities which have applied for a controlled dangerous substance license;
   J. Research facilities or individual researchers seeking a controlled dangerous substance license.

3. In the event the compliance detects material non-compliance with the minimum standards, the compliance officer shall provide guidance to the applicant on how to achieve a degree of compliance sufficient to authorize the initial issuance of the credential.

4. The compliance officer shall document their inspection findings on the inspection form appropriate for the facility and service inspected:
   A. *Form No. 601 ~ Pharmacy Inspection Report* for all facilities seeking a pharmacy permit;
   B. *Form No. 602 ~ CDS Site Survey* for all facilities seeking a CDS license; or
   C. *Form No. 603 ~ DME Inspection Report* for all facilities seeking a DME permit.

5. When the compliance officer has verified compliance with the relevant minimum standards, the compliance officer shall notify the licensing staff to issue the credential.

1. The compliance officer shall perform un-announced Service Reviews (Inspections) at facilities in compliance with the following frequencies:
   A. Within 18 months of the previous inspection for pharmacies compounding of sterile preparations;
   B. Within 24 months of the previous inspection for all other types of pharmacies; and
   C. Within 24 months of the previous inspection for all other types of credentials.

2. The compliance officer shall document their inspection findings on the inspection form appropriate for the facility and service inspected:
   A. For basic and routine pharmacy services with no compounding activities:
      i. For those pharmacies licensed to operate in other states, the compliance officer shall complete the *Form No. 604 ~ Module I – Basic Pharmacy Services*;
      ii. For all other pharmacies, the compliance officer shall complete *Form No. 601 ~ Pharmacy Inspection Report*.
   B. For all pharmacies compounding nonsterile preparations, the compliance officer shall complete *Form No. 605 ~ Module II – Compounding of Nonsterile Preparations* and *Form No. 601 ~ Pharmacy Inspection Report*.
   C. For all pharmacies compounding sterile preparations, the compliance officer shall complete *Form No. 606 ~ Module III – Compounding of Sterile Preparations* and *Form No. 601 ~ Pharmacy Inspection Report.*
   D. For all facilities holding a durable medical equipment permit, the compliance officer shall complete *Form No. 603 ~ DME Inspection Report.*
   E. For all facilities holding a controlled dangerous substance license, the compliance officer shall complete *Form No. 602 ~ CDS Site Survey*.

3. In the event the compliance officer detects a lack of compliance with the following standards, the compliance officer shall conduct a Follow-up Survey within the time frame specified in that policy [PPM.IV.B.3].

Revision History

05-29-2019	Updated blueprint to conform to current NABP version; Details in Revision section at end of blueprint document.

Louisiana Board of Pharmacy

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Blueprint for Inspection of Pharmacies

Module I – Basic Pharmacy Services

Version 1.3

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The criteria in this blueprint are identified in the National Association of Boards of Pharmacy's Universal Inspection Form*, v.8, which was approved for use on June 20, 2018.*

Revision History Page 14

Pharmacy Practice Profile

01.00 Is the Pharmacist-in-Charge (PIC) (or pharmacy manager/director) present for the inspection?

02.00 Is the PIC employed full-time at the pharmacy?

03.00 Are there any other businesses located at this address?

04.00 Does the pharmacy have any other websites?

04.01 Does the pharmacy hold *.pharmacy* verification?

05.00 Do any other websites link to the pharmacy website (such as a provider or other affiliate?

06.00 Does the pharmacy allow patients to securely enter/update profile and medical information through the website (such as through a secure patient portal)?

07.00 Are patients able to order or refill prescriptions through the website?

08.00 Are photographs allowed during the inspection (no PHI)?

09.00 List of additional personnel interviewed as part of the inspection, including name and title.

10.00 If the pharmacy mails or delivers filled prescriptions (patient-specific, labeled with patient name when it leaves the pharmacy), are any of the deliveries to a provider or facility for administration to the patient?

11.00 Does the pharmacy provide prescription products to a provider or facility 'for office use' (not pursuant to a prescription received prior to delivery, not patient-specific, and not labeled with the patient name)?

12.00 Does the pharmacy provide prescription products to providers or facilities (including other pharmacies) as a wholesale distributor (sold to the provider or facility for their use, administration, or providing/dispensing to patients)?

13.00 If yes, is the percentage of product distributed at wholesale to providers or facilities *within this state* less than 5%? Indicate actual percentage and whether percentage is based on a number of units, number of prescriptions, dollar volume of total sales or dollar volume of prescription sales.

14.00 If yes, is the percentage of products distributed at wholesale to providers or facilities *in other states* less than 5%? Indicate actual percentage and whether percentage is based on a number of units, number of

prescriptions, dollar volume of total sales or dollar volume of prescription sales.

General Operations and Licensure

15.00 Are pharmacy licenses, permits, and registrations (state, controlled substances, DEA, etc.) posted in customers' view and current?

16.00 Is the most recent board of pharmacy inspection report available for review?

17.00 Were any deficiencies noted?

18.00 Does the pharmacy hold any wholesale, distributor, or manufacturer licenses?

19.00 Has this pharmacy been inspected by any other state for which it holds a license?

20.00 Is the pharmacy operating under an exemption or restriction granted by the state in which the pharmacy is located or by any other state in which the pharmacy is licensed?

21.00 Is the pharmacy operating under a waiver or variance granted by the state in which the pharmacy is located or by any other state in which the pharmacy is licensed?

22.00 Does the pharmacy have any additional restrictions, limitations, or waivers with regards to any federal licenses or registrations (FDA, DEA, etc.)?

23.00 Has the pharmacy been inspected or visited by the DEA?

24.00 Has the pharmacy been inspected by the FDA?

25.00 Does the pharmacy hold any accreditations or certifications?

26.00 Has the pharmacy held any accreditations or certifications in the past that they no longer hold?

27.00 Does the pharmacy perform patient lab testing such as blood glucose tests, cholesterol tests, etc.? Verify that the lab director (usually the PIC) is current.

28.00 Does the pharmacy maintain all required records, including but not limited to prescription files and invoices on site?

28.01 Are written and verbal prescriptions (reduced to writing) kept on site for the entire retention period?

28.02 Are electronic prescriptions (e-scripts but not fax) kept on site for the entire retention period?

28.03 Are all dispensing records (refills, verifications, DUR overrides) kept on-site for the entire retention period?

28.04 Are there systems in place to prevent a pharmacy record from being deleted after the prescription has been dispensed?

28.05 If records are stored off site, are they secure in a HIPAA compliant manner and readily retrievable?

29.00 Is there a statement in the P&P (Policy & Procedure Manual), or are other means used to ensure that the most stringent laws/regulations are followed?

Personnel

30.00 Are all pharmacist, pharmacy intern, pharmacy technician, and pharmacy technician candidate credentials issued by the board current?

31.00 Is there a process for periodic verification of credential validity?

32.00 If pharmacists are providing patient services that require additional training or certification [CPR, MA, CDTM], are they appropriately trained and certified?

33.00 Does the pharmacy maintain the proper staffing ratios for pharmacy interns, pharmacy technicians, and pharmacy technician candidates?

Facility and Security

34.00 Does the pharmacy have a working security/alarm system in place that is in compliance with the laws and regulations of the resident state?

35.00 Are Schedule II controlled substances secured in a locked cabinet or safe?

36.00 Are there contingency plans in the event the pharmacy cannot be secured?

37.00 Is the pharmacy clean and sanitary, and is there appropriate space for the prescription volume?

37.01 Is the working area well-lit and free of tripping hazards?

37.02 Is there a sink with hot and cold running water?

37.03 If the pharmacy destroys prescription products on site (e.g., expired, damaged, recalled, etc.), do they appropriately document the destruction?

37.04 Does the pharmacy return prescription products to the manufacturer, distributor, or send to a reverse distributor for destruction?

37.05 Does the pharmacy have a hazardous waste handling and collection system? For example, empty bottles that contained chemotherapy medications or warfarin, or hazardous drug compounding waste?

38.00 Does the pharmacy have a private area for patient counseling and providing patient services?

39.00 Is temperature in the drug storage area maintained to provide controlled room temperature of 20°C to 25°C (68°F to 77°F), or more restrictive if warranted by specific drug product storage requirements?

39.01 Is temperature monitoring in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max? Temperature records are maintained.

39.02 Are excursion action plans in place including evaluating excursion effects on drug product integrity?

40.00 Are the refrigerator and freezer restricted to drug products only (no food)?

41.00 Does the pharmacy have a process for how the refrigerator temperature is monitored for excursions 24/7?

41.01 Is the temperature in the refrigerator within the USP range (2° to 8°C or 36° to 46°F) or as specified by FDA approved labeling for drug product storage?

42.00 Does the pharmacy have a process for how the freezer temperature is monitored for excursions 24/7?

42.01 Is the temperature in the freezer within the USP range (-25° to -10°C or -13° to 14°F) or as specified by FDA approved labeling for drug product storage?

43.00 Are there contingency plans in the event of power outage or refrigerator/ freezer failure?

44.00 Are there contingency plans in the event of heating or air conditioning

failure?

45.00 Is there a plan of action if there are any temperature or humidity excursions to determine if the integrity of the products has been compromised?

46.00 Does the pharmacy utilize any automated apparatuses for prescription processing/counting (such as robotics, Baker cells, etc.)?

46.01 If yes, do they have and follow policies and procedures addressing cross-contamination and identification of drug products?

Product Receipt and Inventory

47.00 Does the pharmacy have a documented process for establishing sources (vendors) of prescription drugs?

47.01 Does the pharmacy purchase all prescription drugs directly from the manufacturer?

47.02 Does the pharmacy purchase (obtain) prescription drugs from other pharmacies?

47.03 Does the pharmacy purchase (obtain) prescription drugs from wholesale distributors (non-manufacturer sources)?

47.04 Does the pharmacy require wholesale distributor sources to purchase prescription drugs directly from the manufacturer?

47.05 Does the pharmacy purchase drugs from wholesale distributors that purchased the drug from other wholesale distributors?

47.06 Does the pharmacy determine that all sources listed on transaction histories have requisite state licensing?

47.07 Does the pharmacy determine that all sources listed on transaction histories have reported to FDA's Wholesale Distributor database?

47.08 Does the pharmacy have a process to handle suspect and illegitimate product investigations?

47.09 Has the pharmacy conducted any suspect or illegitimate product investigations?

47.10 Does the pharmacy ensure transaction data (transaction history, transaction information, transaction statement, also known as 3T data) is received at the same time or before the product is received?

47.11 Does the pharmacy have a procedure to verify product (suspect or illegitimate) including quarantine of product and reporting?

48.00 Does the pharmacy utilize paper DEA-222 forms to procure Schedule II substances?

49.00 Does the pharmacy utilize CSOS (electronic Schedule II ordering) to procure Schedule II substances?

50.00 Is the receipt of Schedule II orders documented appropriately? Does the DEA-222 form indicate quantity received and date on each line of product received? Does the CSOS record indicate verification of receipt and staff performing verification?

51.00 Are invoices for controlled substances (Schedules I-V) that are received filed separately and are the invoices signed/initialed and dated upon receipt and every item checked in?

52.00 Are all orders received when the pharmacy is open?

53.00 Does the pharmacy purchase any compounded preparations from other entities for dispensing to patients?

54.00 Does the pharmacy have a system in place to track prescription drug products in order to detect diversion or theft?

54.01 Are incidents of diversion or resignation/termination of personnel for cause reported?

55.00 Does the pharmacy keep a perpetual inventory log of all Schedule II controlled substances (including APIs, if applicable)?

56.00 Is the Schedule II perpetual inventory log reconciled regularly?

57.00 Is the most recent complete controlled substance inventory available for review?

57.01 Does the pharmacy maintain other required inventories (such as change in PIC, theft/loss, etc.)?

58.00 Does the pharmacy stock and sell OTC pseudoephedrine (and/or ephedrine) products? If yes, indicate if the sale is recorded electronically or manually in a logbook.

58.01 Are these products mailed, sent, or delivered into other states?

59.00 Does the pharmacy stock and sell other OTC restricted products for which identification is required and a log kept of the sale?

59.01 Are these products mailed, sent, or delivered into other states?

60.00 Are outdated, damaged, or recalled products segregated?

60.01 Are all drugs within active stock within expiration date?

60.02 How often is active stock examined for drugs past the expiration date?

61.00 Does the pharmacy *prepackage* bulk containers of prescription medications into smaller containers for ease of use?

62.00 Does the pharmacy *prepack* multiple drugs into a single container for compliance packaging?

63.00 Does the pharmacy return to stock prescription drugs that were filled but never picked up?

63.01 If yes, are they maintained in the appropriate container, with PHI removed and BUD adjusted?

Prescription Processing

64.00 *Patient Profile:* Is patient profile data organized and readily accessible to facilitate consultation with the prescriber, patient, or caregiver?

64.01 If the pharmacy dispenses veterinary prescriptions, does the information gathered and recorded include the species, and name of the animal/owner as required by resident state law?

65.00 *Prescription:* Are adequate processes in place to assure the integrity, legitimacy, and authenticity of prescription orders?

65.01 Is there a procedure to follow when a prescription is suspected of (or actually is) fraudulent?

65.02 Are adequate processes in place for assuring that prescription medications are not prescribed or dispensed based on online medical consultations without there being a pre-existing prescriber-patient/client relationship?

65.03 Does the pharmacy have electronic prescription capability?

65.04 If the pharmacy accepts electronic prescriptions for controlled substances, are they in compliance with federal regulations?

66.00 *Accuracy:* Is the accuracy of the information entered into the computer

system verified (patient information and prescription information?

67.00 *DUR:* Does staff conduct prospective DUR prior to the dispensing of a medication or product?

67.01 Does the DUR include:

67.01.01 Drug-drug interaction (prescription and OTC);

67.01.02 Drug-allergy interaction;

67.01.03 Therapeutic duplication;

67.01.04 Under- or over-utilization (including clinical abuse/misuse);

67.01.05 Disease state or condition contraindication;

67.01.06 Incorrect dosage or duration of therapy; and

67.01.07 Gender or age-related contraindications?

67.02 In addition to the pharmacy DUR software, does the pharmacy staff obtain other information to use in the DUR process?

67.03 Does the pharmacy have adequate resources/references related to the type of pharmacy practice it operates?

67.04 Does the pharmacy report required data to the state PMP, in this state and the other states in which the pharmacy is licensed?

67.05 Does the pharmacy access state PMP data for specific patients?

67.06 Are DUR overrides/bypasses documented?

67.07 Is the DUR process performed electronically by the computer system?

67.08 If the DUR is manual, is there a system to document:

- How manual DUR is performed;
- Specific issues that were identified; and
- Pharmacist that considered the identified issues and gave the approval to proceed.

67.09 If the pharmacy dispenses veterinary prescriptions, does it have a veterinary drug database integrated into the computer system for electronic DUR?

68.00 Are filled prescriptions verified for accuracy prior to dispensing?

69.00 Are filled prescriptions appropriately labeled?

70.00 *Confidentiality:* Does the system have adequate safeguards to prevent a user from performing functions under a different user account or beyond what they are authorized to perform?

70.01 Does the pharmacy destroy PHI including labeled prescription vials?

71.00 *Mail/Delivery:* If applicable, are packing materials designed to maintain the physical integrity, stability, and purity of prescription medications and compounded preparations in transport?

72.00 *Off-Site Processes:* Are any portions of the prescription processing (in the questions below) performed at a different location?

72.01 If yes, is the other location under common ownership?

72.02 If yes, is that location in a different state than this facility?

72.03 If yes, are there policies and procedures for identifying who is responsible for each step of prescription processing?

73.00 *Off-Site Inventory:* Does the pharmacy maintain any emergency kits in nursing homes, long-term care facilities, or other entities (such as hospice, emergency medical services, ambulances, correctional facilities, etc.)?

73.01 Do the emergency kits contain any compounded preparations?

74.00 *Off-Site Devices:* Does the pharmacy maintain any automated medication dispensing devices outside the pharmacy such as Pyxis in a nursing home, or a secure mailbox device that patients access after hours, etc.?

74.01 If so, are the automated devices appropriately licensed, registered, or approved by the board of pharmacy?

74.02 Do the automated dispensing devices contain any compounded preparations?

Patient Counseling and Communication

75.00 Does the pharmacist provide counseling for all new prescriptions picked up at the pharmacy (proactively, no 'offer')?

75.01 Is an 'offer' to counsel made for all new prescriptions picked up at the pharmacy?

76.00 Does the pharmacist provide counseling for all refilled prescriptions picked up at the pharmacy (proactively, no 'offer')?

76.01 Is an 'offer' to counsel made for all refilled prescriptions picked up at the pharmacy?

77.00 Does the pharmacist provide counseling for refilled prescriptions picked up at the pharmacy when there is a change in therapy or other issue determined by the pharmacist (proactively, no 'offer)?

77.01 Is an 'offer' to counsel made for all refilled prescriptions picked up at the pharmacy when there is a change in therapy or other issued determined by the pharmacist?

78.00 Is patient counseling provided for delivered prescriptions?

79.00 Is patient counseling provided for mailed prescriptions?

80.00 Are patient package inserts (PPIs) provided with every fill and refill of medications for which they are required (such as hormone products, inhalers, etc.)?

81.00 Are MedGuides provided with every fill and refill of medications for which they are required (such as NSAIDs, antidepressants, etc)?

82.00 Are REMS (Risk Evaluation Mitigation Strategy) implementation programs performed? Identify the programs and confirm procedures in place.

83.00 Is patient counseling, the offer to counsel, or the refusal of patient counseling documented?

84.00 Do patients have 24-hour access to a pharmacist?

85.00 Are processes in place to handle a drug recall?

86.00 Does the pharmacy accept prescription drugs back for destruction as part of a drug take-back program?

86.01 Does the take-back program include controlled substances?

86.02 Does the pharmacy have a modified DEA registration (Authorized Collector) for controlled substances take-back?

Quality Assurance / Quality Improvement Program

87.00 Is there a documented continuous quality improvement (CQI) program for the purpose of detecting, documenting, assessing, and preventing quality-related events (QREs)?

87.01 Policies and procedures for the program are maintained in the pharmacy in an immediately retrievable form.

87.02 "Quality Related Event" (QRE) is defined to mean any departure from the appropriate dispensing of a prescribed medication that is or is not corrected prior to the delivery and/or administration of the medication, including (but not limited to):

1. A variation from the prescriber's prescription drug order such as incorrect drug, strength, form, or patient; or inadequate or incorrect packaging, labeling, or directions;
2. A failure to identify and manage over-utilization or under-utilization, therapeutic duplication, drug-disease contraindications, drug-drug interactions, incorrect drug dosage or duration of drug treatment, drug-allergy interactions, or clinical abuse/misuse;
3. Packaging or warnings that fail to meet recognized standards, the delivery of a medication to the wrong patient, or the failure to detect and appropriately manage a significant actual or potential problem with a patient's drug therapy.

87.03 There is documentation of initial/ongoing (at least yearly) review and training of all pharmacy employees on the CQI program and processes.

88.00 *Documentation of QREs* starts as soon as possible, but no more than three days after determining their occurrence.

88.01 Documentation includes all the pertinent data about the prescription involved including personnel involved at each step.

88.02 Documentation includes documenting the type of QRE details and how/who discovered the QRE.

88.03 Documentation includes possible contributing factors such as day and time the QRE occurred, number of pharmacists and technicians on duty, prescription volume that day, equipment failure, or other factors affecting workflow at the time.

88.04 Documentation includes steps taken to remediate, including communications with the patient and the provider, and if the medication was ingested, and disposition of the patient.

89.00 *QRE data* collected is analyzed to assess causes and any contributing factors (root cause)?

89.01 The pharmacy uses the findings of the analysis to formulate an appropriate response and develop pharmacy systems and workflow

processes designed to prevent QREs and increase good outcomes for patients.

89.02 For pharmacies utilizing a drug formulary, a periodic review of such formulary is undertaken to ensure that appropriate medications are being offered/selected in the best interest of the patients.

90.00 *Quality Meetings* are held at least annually by staff members of the pharmacy to consider the effects on quality of the pharmacy system due to staffing levels, workflow, and technological support.

90.01 The meeting reviews data showing evidence of the quality of care for patients and develops plans for improvements to increase good outcomes for patients.

90.02 Improvements or changes made are evaluated for performance to measure the effectiveness of the CQI program.

91.00 *Reporting:* Incidents of QREs are reported to a nationally recognized error reporting program, an outside peer review committee, or a patient safety organization.

91.01 Adverse events are reported to the appropriate entities such as the board of pharmacy, MedWatch, FDA, VAERS, etc?

91.02 Incidents involving malfunctioning or defective medical equipment or devices (blood glucose meters, DME, injection devices, etc.) are documented and reported to the manufacturer or distributor.

92.00 *Quality Self-Audits* are performed by the pharmacy at least quarterly (and upon change in PIC) to determine whether the occurrence of QREs has decreased and whether there has been compliance with preventative procedures, and to develop a plan for improved adherence with the CQI program in the future.

93.00 *Consumer Surveys* are conducted at least yearly of patients who receive pharmaceutical products and services at the pharmacy. A statistically valid sampling technique may be used in lieu of surveying every patient. Each pharmacy should use the results of its consume survey to evaluate its own performance at a particular time and over a period of time.

94.00 *Patient Complaints* are documented, tracked, and investigated as appropriate and the information is used as part of the CQI program.

Revision History

05-14-2018	Version 1.3	**15.00**	Added examples of credentials.
		27.00	Added verification of lab director.
		29.00	Added check for compliance with most stringent provisions of laws and rules.
		32.00	Added examples of credentials at issue.
		93.00	Replaced ‘customer’ with ‘consumer.’
02-05-2018	Version 1.2	**01.00**	Moved name and other demographic information to separate document.
		02.00	Asks whether PIC is full-time at pharmacy.
		04.01	Asks whether pharmacy website(s) have *.pharmacy* verification.
		10.00	Demographic information moved.
		11.00	Demographic information moved.
		12.00	Demographic information moved; subsequent criteria re-numbered.
		18.00	Asks whether other credentials (manufacturer, distributor, etc.) credentials are held.
		21.00	Removed question about previous inspections by NABP; subsequent criteria re-numbered.
		28.04	New item asking whether system is in place to prevent a pharmacy record from being deleted after the prescription is dispensed.
		28.05	New item asking whether records stored off site are stored in HIPAA compliant manner and readily retrievable.
		37.01-05	New items asking about lighting, running water, destruction of products on site, and handling of hazardous waste on site.
		39.02	New item asking about temperature excursion

action plans.

46.01	New item asking about policies and procedures for drug product identification and cross-contamination in automated apparatuses for prescription processing/counting.
47.01-11	Re-structured and new items relative to sources of drug products.
60.01-02	Items-restructured.
60.03	Contents of item relocated to earlier standard and number deleted.
61.00	Changed focus of item from *repackaged* to *prepackaged* drug products.
63.01	New item asking about removal of PHI and adjustment of BUD for dispensed drug products returned to active dispensing stock.
65.04	New item verifying electronic prescriptions for controlled substance comply with federal rules.
72.00-11	Subparts consolidated and restructured.

Revision History

05-29-2019	Updated blueprint to conform to current NABP version; Details in Revision section at end of blueprint document.

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Blueprint for Inspection of Pharmacies

Module II – Compounding Nonsterile Preparations

Version 1.2

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The criteria in this blueprint are identified in the National Association of Boards of Pharmacy's Universal Inspection Form*, v.8, which was approved for use on June 20, 2018.*

Revision History Page 17

United States Pharmacopeia (USP)

Categories of Compounded Nonsterile Preparations

SIMPLE

Making a preparation that has a *United States Pharmacopeia* (*USP*) compounding monograph or that appears in a peer-reviewed journal article that contains specific quantities of all components, compounding procedure and equipment, and stability data for that formulation with appropriate BUDs; or reconstituting or manipulating commercial products that may require the addition of one or more ingredients as directed by the manufacturer. Examples include *Captopril Oral Solution*, *Indomethacin Topical Gel*, and *Potassium Bromide Oral Solution, Veterinary*.

MODERATE

Making a preparation that requires special calculations or procedures (such as calibration of dosage unit mold cavities) to determine quantities of components per preparation or per individualized dosage units; or making a preparation for which stability data for that specific formulation are not available. Examples include *Morphine Sulfate Suppositories*, diphenhydramine hydrochloride troches, and mixing two or more manufactured cream products when the stability of the mixture is not known.

COMPLEX

Making a preparation that requires special training, environment, facilities, equipment, and procedures to ensure appropriate therapeutic outcomes. Examples of possible complex preparation types include transdermal dosage forms, modified-release preparations, and some inserts and suppositories for systemic effects.

[Abstracted from *2018 USP Compounding Compendium*, current with USP-41/NF-36 through First Supplement]

General Operations Information

01.00 Does the pharmacy *dispense* nonsterile compounded preparations pursuant to a prescription?

01.01 Are patient profiles complete and DUR performed for each prescription?

01.02 Do the compounded prescriptions produce a significant difference from a commercially available drug that is justified by a documented medical need of the individual patient as determined by the prescribing practitioner?

01.03 Are nonsterile compounded prescriptions picked up at the pharmacy?

01.04 Are nonsterile compounded prescriptions delivered to patients in their homes or residential facilities?

01.05 Are nonsterile compounded prescriptions mailed to patients in their homes or residential facilities?

01.06 Are nonsterile compounded prescriptions delivered to the practitioner for administration to the patient in the office, clinic, or facility?

01.07 Are nonsterile compounded prescriptions mailed to the practitioner for administration to the patient in the office, clinic, or facility?

02.00 Does the pharmacy *distribute* nonsterile compounded preparations?

02.01 Does the pharmacy distribute nonsterile compounded preparations to practitioners for office use?

02.02 Does the pharmacy distribute nonsterile compounded preparation to hospitals, clinics, or surgery centers?

02.03 Does the pharmacy have a sales force that promotes compounded preparations?

02.04 Does the pharmacy distribute non-patient specific compounded preparations for promotional purposes?

02.05 If yes, does the sales force hand-deliver these compounds?

02.06 If yes, are any of these controlled substances?

03.00 Does the pharmacy provide nonsterile compounded preparations to other

pharmacies for dispensing?

03.01 If so, does the pharmacy have central fill/shared service contracts or agreements with these pharmacies for patient-specific preparations?

04.00 Does the pharmacy compound oral preparations (tablets, capsules, liquids, lozenges, etc.)?

05.00 Does the pharmacy compound topical (gels, creams, ointments, inserts, suppositories, patches, sprays including nasal sprays, etc.)?

06.00 Does the pharmacy compound vitamin or nutritional supplements?

07.00 Does the pharmacy sell any compounds over-the-counter?

08.00 Does the pharmacy compound investigational drugs?

09.00 Does the pharmacy only make essential copies of a commercially available drug product on the Drug Shortage List or that is justified by a documented medical need of the individual patient as determined by the prescribing practitioner?

09.01 If yes, products are verified as appearing on the Drug Shortage List in effect under 506E of the Federal Act at the time of compounding, distribution, and dispensing.

09.02 If yes, the Drug Shortage List is monitored, and when a drug product is no longer on the list, any remaining stock is quarantined and not available for distribution or dispensing.

10.00 Does the pharmacy perform compounding identified as *simple*? If so, indicate percentage of total compounding activity designated as such. This activity includes:

1. Making a preparation that has a USP compounding monograph or that appears in a peer-reviewed journal article that contains specific quantities of all components, compounding procedure and equipment, and stability data for that formulation with appropriate beyond-use dates (BUDs).
2. Reconstituting or manipulating commercial products that may require the addition of one or more ingredients as directed by the manufacturer.

11.00 Does the pharmacy perform compounding identified as *moderate*? If so, indicate percentage of total compounding activity designated as such. This activity includes:

1. Making a preparation that requires special calculations or procedures (such as calibration of dosage unit mold cavities) to determine quantities of components per preparation or per

individualized dosage units.

2. Making a preparation for which stability data for that specific formula is not available.

12.00 Does the pharmacy perform compounding identified as *complex*? If so, indicate percentage of total compounding activity designated as such. This activity includes making a preparation that requires special training, environment, facilities, equipment, and procedures to ensure appropriate therapeutic outcomes.

13.00 Does the pharmacy perform compounding with *hazardous drugs*? If so, indicate percentage of total compounding activity designated as such.

13.01 Is the pharmacy aware of the more stringent requirements of the proposed USP Chapter <800>?

14.00 Are Safety Data Sheets (SDS) [formerly known as Material Safety Data Sheets (MSDS)] available to personnel for drugs and chemicals used in the pharmacy (including those for compounding, if applicable)?

15.00 Does the pharmacy compound using any *controlled substances*? If so, indicate percentage of total compounding activity designated as such.

16.00 *APIs:* Does the pharmacy make any nonsterile compounded preparations using bulk powder Active Pharmaceutical Ingredients (APIs)?

16.01 Does the pharmacy purchase APIs directly from the manufacturer?

16.02 Does the pharmacy verify that the manufacturer/repackager of the API is an FDA-registered facility?

16.03 Does the pharmacy use active ingredients that are not from an FDA-registered facility?

16.04 Does the pharmacy computer track on-hand quantities of APIs used for compounding?

17.00 Does the pharmacy perform any testing in-house (not sent to an outside lab)?

18.00 Does the pharmacy send samples to an outside lab to perform testing?

19.00 Does the pharmacy use scales/balances for nonsterile compounding?

19.01 If so, what type of scale/balance is used?

19.02 If the scale/balance is electronic, does the pharmacy use the automatic calibration?

19.03 Describe the pharmacist checks for the measurement of each ingredient.

20.00 *Quality Assurance/Quality Improvement*: Does the pharmacy's continuous quality improvement program include nonsterile compounding measures?

20.01 If so, does the program include quality related events (QREs) related to the preparation of compounded preparations?

20.02 If so, does the program include personnel testing and verification?

20.03 If so, does the program include equipment calibration, testing, etc.?

20.04 If so, does the program include end product testing (such as pH, weight, potency, particulates, consistency, etc.)?

20.05 If so, does the program include patient or prescriber reports or complaints regarding nonsterile compounded preparations?

20.06 If so, does the program identify action limits or thresholds and the appropriate follow-up mechanisms when action limits or thresholds are exceeded, including a recall system?

20.07 Does the recall system include communication with both the patient and the prescriber regarding the affected nonsterile compounded preparation?

20.08 Are QREs involving nonsterile compounded preparations and pharmacy recall campaigns reported to the Board of Pharmacy?

Component Selection and Use

21.00 All bulk drug substances (APIs) used are:
(1) Compliant with the standards of an applicable USP or NF monograph, if one exists; or
(2) A component of an FDA-approved human drug product; or
(3) On the list of bulk drug substances for use in compounding developed by the FDA and issued through regulation. [*Note: must comply with (1) or (2) above until the FDA list is issued*]

21.01 Certificates of Analysis (COAs) obtained for all bulk APIs used for compounding.

21.02 USP- or NF-grade substances used, if available.

21.03 If compendial quality components are not available, chemically pure, analytical reagent grade or ACS [American Chemical Society]-certified components are used and are determined to be

free from impurities.

21.04 APIs or other components have labeling indicating use for pharmaceutical compounding or manufacturing. Labels do not indicate “for research purposes only”, “not for drug use”, or are handwritten labels from other pharmacies.

21.05 If compounding for both humans and animals, APIs or other components that are labeled for veterinary use only are segregated or marked in such a way to prevent them from being used for human compounding.

21.06 All substances and components have a complete label including a batch control or lot number, and an expiration date.

21.07 For APIs without an expiration date assigned by the manufacturer or supplier, the pharmacy assigns a conservative expiration date. The expiration date assigned does not exceed three years for ingredients used for nonsterile compounding and does not exceed one year for ingredients used for sterile compounding. The pharmacy may perform purity and quality testing to further extend their expiration date.

21.08 All APIs and components received without an expiration date are labeled with the date they were received.

21.09 If the pharmacy repackages APIs into smaller containers for ease of use, the expiration date assigned is conservative (typically, the lesser of one year or the actual expiration date from the original container). Product may be tested to extend the expiration date, but may not exceed the original package expiration date.

21.10 Bulk component containers are labeled with appropriate OSHA hazard communication labels and hazardous substances (including hormones) are segregated.

22.00 Where water is an ingredient, purified or distilled water is used.

23.00 Ingredients used for dietary or nutritional supplements meet USP, Food Chemicals Codex (FCC), or NF standards, or the pharmacy has alternate means to determine if the ingredients meet food-grade quality.

24.00 Pharmacy confirms that there are no preparations for human use or ingredients used that appear on the FDA’s list of drug products withdrawn or removed from the market for safety reasons. The facility has a copy of the list or other way to determine.

25.00 When manufactured products are used for compounding, all the other excipients in the product (in addition to the active ingredient) are

considered relative to the use, effectiveness, and stability of the compounded preparation to be made.

26.00 For *animal compounding*, the compounding meets the same standards as compounding for human patients.

26.01 The pharmacist is knowledgeable or has references regarding the individual species' limitations in physiology and metabolic capacity that can result in toxicity when certain drugs or excipients are used.

26.02 It is determined and documented if the animal is used for food (meat, milk, eggs, etc.) or that the animal is a pet.

26.03 The pharmacist is familiar with or has a reference regarding drug residues in the food chain and withdrawal times if compounding for food-producing animals.

26.04 The facility has a list of drugs and components not allowed when compounding for food-producing animals.

26.05 The pharmacist is familiar with or has a reference regarding regulations for drug use in performance animals (e.g., race or show horses, racing dogs).

Beyond Use Dating (BUD)

27.00 BUDs are assigned from the day of preparation.

28.00 BUDs are assigned based on dispensing in tight, light-resistant contains/overpacks.

29.00 Extended BUDs are supported by testing data.

29.01 Extended BUDs are assigned and the facility has performed its own stability testing.

30.00 BUDs for nonaqueous formulations are not later than the remaining time until the earliest expiration date of any API and not later than six months.

31.00 BUDs for water-containing oral formulations are not later than 14 days when stored at controlled cold temperatures (refrigerated).

32.00 BUDs for water-containing topical/dermal and mucosal liquid and semisolid formulations are not later than 30 days.

Environment

33.00 The nonsterile compounding area is a controlled environment and separate from the general pharmacy.

34.00 There is sufficient space available for the type and amount of compounding performed and the space is orderly to prevent mix-ups between ingredients, containers, labels, in-process materials, and finished preparations.

35.00 Only one preparation is compounded at a time.

36.00 Procedures are implemented to prevent cross-contamination, especially when compounding with drugs such as hazardous drugs and known allergens like penicillin that require special precautions.

37.00 The compounding area is well-lit.

38.00 The pharmacy performs hazardous nonsterile compounding in a ventilated cabinet such as a BSC, CAI, or CACI; however, CAI may not be used for hazardous drugs that may volatilize. *{USP Chapter <800> will change hazardous drug compounding requirements.}*

38.01 Ventilated cabinets (BSC, CAI, CACI) used for hazardous compounding are certified or tested periodically.

38.02 If the hoods or isolators are not located in a closed, controlled room environment, there is documentation from the manufacturer and site testing to verify proper functioning of equipment under dynamic conditions for the safety of personnel.

39.00 Appropriate protective attire (gowns, gloves, masks, etc.) is available.

39.01 If hazardous drugs are used, appropriate protective attire is available.

40.00 There is a sink in the compounding area with hot and cold potable water, soap or detergent, and air-driers or single-use towels.

41.00 There is adequate space to wash equipment and utensils including access to water for rinsing. *{Purified water is recommended, but not required.}*

42.00 The temperature of the compounding area is controlled by a thermostat and an air conditioning system is in place.

43.00 *Temperature* in the compounding area is maintained to provide controlled room temperature of 20° to 25°C (68° to 77°F), or more restrictive if warranted by specific drug product storage requirements.

43.01 Temperature monitoring is in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Temperature records are maintained.

43.02 Excursion action plan is in place, including evaluating excursion effects on drug product integrity.

43.03 Temperature monitoring is also performed in drug storage areas, if separate from the compounding areas, and maintained within 20° to 25°C (68° to 77°F), or more restrictive if warranted by specific drug product storage requirements.

43.04 Temperature monitoring is in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Temperature records are maintained.

43.05 Excursion action plan in place including evaluating excursion effects on drug product integrity.

44.00 *Humidity* in the compounding area is maintained to provide humidity in the ranges warranted by specific drug product storage requirements. If drug products require storage in a 'dry place', humidity is not to exceed 40%. Generally recommended range is 35-60%.

44.01 Humidity monitoring in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Humidity records are maintained.

44.02 Excursion action plan in place including evaluating excursion effects on drug product integrity.

44.03 Humidity monitoring is also performed in drug storage areas, if separate from the compounding areas, to provide humidity in the ranges warranted by specific drug storage requirements. If drug products require storage in a 'dry place', humidity is not to exceed 40%. Generally recommended range is 35-60%.

44.04 Humidity monitoring is in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Humidity records are maintained.

44.05 Excursion action plan in place including evaluating excursion effects on drug product integrity.

45.00 The bulk component storage area is adequately arranged and maintained in a clean and sanitary condition.

46.00 All components, equipment, and containers are stored off the floor, and

handled and stored to prevent contamination.

47.00 All components and packaging containers and closures are properly rotated to use oldest first.

48.00 Hazardous drugs are appropriately identified and marked, received, handled and stored by appropriately trained personnel (OSHA regulations and NIOSH Alerts).

49.00 Trash is disposed of in a safe, sanitary, and timely manner.

49.01 Hazardous waste is disposed of in a safe, sanitary, and timely manner.

Training

50.00 All personnel of reproductive capability who handle or compound hazardous drugs or chemicals have confirmed in writing that they understand the risks of handling hazardous drugs, including teratogenicity, carcinogenicity, and reproductive issues.

51.00 There is documentation that all personnel that perform compounding are appropriately trained including policies and procedures, documentation, hazardous drug handling, and compounding technique and are not allowed to compound or supervise compounding until training is successfully completed.

52.00 There is documentation that the training process for the preparation of compounds includes demonstration of the compounding procedure first, followed by the trainee performing the procedure under supervision successfully before being allowed to perform compounding.

53.00 There is documentation that training includes the operation of any equipment that may be used when preparing compounded products; documentation includes operation and troubleshooting.

54.00 There is documentation available showing employees performing nonsterile compounding are evaluated at least annually.

54.01 If performing hazardous nonsterile compounding, there is documentation available showing employees are evaluated at least annually.

55.00 If the pharmacy uses relief personnel from outside agencies to perform nonsterile compounding there is documentation that training is verified.

Compounding Equipment

56.00 Appropriate equipment and utensils are available, clean, and in good working order. Automated, mechanical, or electronic equipment (including capsule machines, autoclaves, ovens, etc.) are periodically inspected and calibrated.

57.00 Scales, balances, or other types of equipment used for measurement shall be routinely inspected, calibrated as necessary, and checked to ensure proper performance. is validated and calibrated at least annually. If scales are not validated and sealed by a state or local weights and measures agency, describe procedure used.

58.00 Powder hoods used for nonsterile compounding are certified or tested periodically to ensure proper function.

58.01 Hood filters are checked regularly and replaced when necessary.

59.00 All equipment is cleaned promptly after each use. Equipment and utensils washed using potable water with a soap or detergent, and rinsed. *{Recommendation: rinse with purified water.}*

60.00 The pharmacy uses separate equipment and utensils to compound allergenic, cytotoxic, or hazardous products, or has detailed procedures for meticulous cleaning of equipment and utensils immediately after use to prevent cross contamination or exposure.

Documentation

61.00 The pharmacy creates a *Master Formulation Record* the first time before compounding a new preparation.

61.01 Every formulation is evaluated for incompatibilities and the potential for being ineffective or toxic.

61.02 The *Master Formulation Record* contains:

61.02.01 Official or assigned name, strength, and dosage form;

61.02.02 All necessary calculations;

61.02.03 Description of all ingredients and their quantities;

61.02.04 Compatibility and stability information including references (when available);

61.02.05 Equipment used for the preparation;

61.02.06 Mixing instructions (order of mixing, temperatures, duration of mixing, and other pertinent factors);

61.02.07 Container used and packaging requirements;

61.02.08 Assigned BUD information;

61.02.09 Labeling information, including the name of and quantity or concentration of each active ingredient;

61.02.10 Description of the finished preparation;

61.02.11 Storage requirements; and

61.02.12 Quality control procedures and expected results (e.g., dose measurement of capsule in the dose calibrator).

62.00 The pharmacy creates a *Compounding Record* for each compound prepared.

62.01 The *Compounding Record* includes:

62.01.01 Official or assigned name, strength, and dosage of the preparation;

62.01.02 Master Formulation Record reference;

62.01.03 Sources, lot numbers, and expiration dates of all components;

62.01.04 Total quantity or number of dosage units compounded;

62.01.05 Person compounding the preparation;

62.01.06 Person performing the quality control procedures;

62.01.07 Person who approved the preparation;

62.01.08 Date of compounding;

62.01.09 Assigned internal identification number or prescription number;

62.01.10 Description of the final preparation;

62.01.11 Assigned BUD;

62.01.12 Duplicate label;

62.01.13 Results of quality control procedures (weight range of filled capsules, pH of aqueous liquids, etc.); and

62.01.14 Documentation of any quality control issues, and any adverse reactions or preparation problems reported by the patient or caregiver including investigation and recall, if appropriate.

Compounding Procedures

63.00 The *Master Formulation Record* and the *Compounding Record* has been reviewed by the compounder to ensure it is error free.

64.00 Compounding personnel ascertain that ingredients for compounded preparations are of the correct identity and appropriate quality including a unit-by-unit physical inspection of the components.

65.00 The containers and closures selected meet USP standards (from container supplier).

66.00 Container selection determined by physical and chemical properties of the preparation.

67.00 Compounding personnel maintain good hand hygiene and wear clean and appropriate clothing for the compounding being performed.

68.00 Personnel don appropriate protective garb when performing compounding.

68.01 If hazardous compounding, personnel don appropriate protective garb when compounding.

69.00 Routine compounding procedures for batch preparation completed and verified according to written procedures, including: calculations correct, weighing and measuring performed correctly, order of mixing correct, compounding techniques performed correctly.

70.00 Procedures for in-process checks followed. These checks indicate that appropriate procedures and packaging are followed for each step, including addressing pharmacist verification of steps performed by non-pharmacists that includes visual inspection of product, and documentation of the compounding accuracy is performed to ensure proper measurement, reconstitution, and component usage. *{Recommendation: compounding accuracy checked by a person other than the compounder.}*

71.00 There are no deviations from the Master Formulation Record unless they are approved by deemed appropriate by a pharmacist and a new Master Formulation Record is created.

72.00 There is a procedure for cleaning which is followed.

73.00 Personnel are appropriately garbed for protection when cleaning.

74.00 Compounding employees are using appropriate techniques. Inspector shall observe active compounding to measure compliance.

74.01 If compounding is not being performed at the time of survey, inspector shall request the preparation of a compound for observation of the process. If the pharmacy is unwilling or unable to comply with the inspector's request, the inspector shall record the name of the person at the pharmacy asserting that fact.

Finished Preparation Release Checks and Tests

75.00 The finished preparation is observed to appear as expected in the Master Formulation Record and documented.

76.00 As appropriate, the final completed preparation is assessed for quality control and is documented, e.g., weight, mixing, clarity, odor, color, consistency, pH, and strength.

77.00 There are established written processes that describe tests or examinations conducted on the compounded preparation e.g., degree of weight variation in capsules, to ensure uniformity and integrity.

78.00 Preparations with extended BUDs that are not supported by testing data are sampled and tested for physical, chemical, and microbiological characteristics.

78.01 If any failed tests or discrepancies are observed, there is an investigation and appropriate corrective actions taken before dispensing to patient.

78.02 If products are being tested are dispensed or distributed before the test results are obtained, there is a recall procedure if the test results indicate an issue.

79.00 There are appropriate control procedures to monitor the output and to verify the performance of compounding processes and equipment that may be responsible for causing variability in the final compounded preparations, e.g., validation of equipment and personnel performance documentation.

80.00 Labels on immediate patient-specific containers include identifiers for the persons preparing the compound and performing the final verification, BUD, and an indication that this is a compounded preparation, special

requirements for storage, and appropriate packaging and labeling of hazardous materials.

80.01 Labeling contains generic name and quantity or concentration of each active ingredient.

80.02 Labeling contains assigned BUD.

80.03 Labeling contains storage and handling information.

80.04 If hazardous, labeling contains storage and handling information.

80.05 Labeling contains prescription or control number, whichever is applicable.

81.00 Batch preparations (in anticipation of prescriptions) are of an appropriate volume and batch preparations in stock are all within their BUD (not outdated).

82.00 Labels on batch preparations include the name and quantity of all contents, date and time of preparation (or internal code/lot number indicating this information), preparer and verification pharmacist identifiers, stability (BUD), and any auxiliary labels indicated including appropriate packaging and labeling of hazardous materials.

83.00 Preparations are stored and secured properly prior to dispensing based upon conditions under which BUD was assigned.

84.00 Preparations are examined immediately after preparation and again immediately prior to dispensing for any signs of instability.

Patient Counseling and Communication

85.00 Patient/caregiver training programs or materials contain information and precautions regarding the handling and disposal of products such as fentanyl, hormones, and chemotherapy medications.

86.00 The required printed drug information materials (drug information sheets, patient package inserts, MedGuides, etc.) are provided for the compounded preparations.

87.00 Patients are instructed on the signs of product instability or contamination (as appropriate) and how to report any changes in the physical characteristics of the preparation to the pharmacy.

88.00 Preparation recalls include documentation that both the patient and the physician/prescriber of the potentially contaminated compounded preparation are notified of the potential risk.

Revision History

05-14-2018	Version 1.2	01.05	Added new item for the mailing of nonsterile preparations to patients.
		01.06	Previously numbered as 01.05.
		01.07	Added new item for the mailing of nonsterile preparations to practitioners.
		02.03	Changed focus from providing samples to promoting compounded preparations.
		02.04	Added new item for distribution of preparations for promotional purposes.
		02.05	Added new item for hand delivery by sales force.
		02.06	Added new item for samples of controlled substances.
		03.01	Amended item to include shared services.
		05.00	Amended item to include gels.
		07.00	Added new item relative to OTC sales of compounded items. **Required re-numbering of all subsequent items.**
		09.00	Re-structured item to specify the two acceptable reasons for compounding copies.
		09.01	Amended item to specify the Drug Shortage List published by the FDA.
		09.02	Amended item to specify the Drug Shortage List published by the FDA.
		13.01	Removed item, pending implementation of USP <800>.
		13.02	Removed item, pending implementation of USP <800>.
		16.02	Amended item to include repackager.
		19.00	Added new item for scales/balances.

19.01 Added new item to identify type of scale/balance.

19.02 Added new item to ask about automatic calibration.

19.03 Added new item re pharmacist check of measurements.

20.01 Existing Item previously not numbered.

20.02 Existing item previously not numbered.

20.03 Existing item previously not numbered.

20.04 Existing item previously not numbered.

20.05 Existing item previously not numbered.

20.06 Existing item re-numbered.

20.07 Existing item re-numbered.

20.08 Existing item re-numbered.

21.11 Removed item relative to components from foreign sources.

24.00 Amended item to clarify for human use.

28.00 Existing item relocated and re-numbered.

29.00 Existing item relocated and re-numbered.

29.01 Added new item for pharmacy's stability testing.

30.00 Existing item relocated and re-numbered.

31.00 Existing item relocated and re-numbered.

32.00 Existing item relocated and re-numbered.

38.02 Redundant item removed.

39.00 Amended item to remove references to attire for hazardous drugs.

39.01 Added new item relative to attire for hazardous drugs.

43.03 Amended item to add specific temperature ranges.

43.04 Added new item for temperature monitoring of drug storage areas.

43.05 Added new item for excursion plan.

44.03 Amended item to add humidity threshold.

44.04 Added new item for humidity monitoring of drug storage areas.

44.05 Added new item for excursion plan.

50.00 Removed item recommending environmental testing.

54.00 Amended item to remove reference to training for compounding hazardous drugs.

54.01 Added new item for training for compounding hazardous drugs.

57.00 Amended item to exchange specific annual requirement for routine checks.

68.00 Amended item to remove reference to hazardous compounding.

68.01 Added new item for protective garb for hazardous compounding.

71.00 Amended item to prohibit deviation from Master Formulation Record unless approved by pharmacist and a new Master Formulation Record is created.

72.00 Amended item to clarify cleaning procedure compliance.

73.01 Item re-numbered to 74.00.

74.01 Added new item to record name of person at pharmacy refusing to allow inspector to observe active compounding.

80.01 Added new item for label to include name and quantity.

80.02 Added new item for label to contain assigned BUD.

80.03 Added new item for label to contain storage and handling information.

		80.04	Added new item for label on hazardous drugs to contain storage and handling information specific to that hazardous characteristic.
		80.05	Added new item for label to contain prescription or control number.
		82.00	Amended item to include time of preparation.
		83.00	Amended item to include security.
08-30-2017	Version 1.1	**80.00**	Adjusted labeling requirement for batches, to change the inclusion of the preparation time from a required element to a recommendation for best practice.

1. A compliance officer may restrict or suspend a pharmacy's sterile compounding activities when the following conditions are observed:
   A. Viable air or surface samples exceed action levels specified in USP <797>;
   B. The primary engineering control (PEC) or the secondary engineering control (SEC) was unable to be certified in compliance with the relevant standards specified in USP <797>; or
   C. Non-compliance with the USP <797> standards for the sterilization method or sterility testing.

2. The compliance officer shall record observations of non-compliance on the inspection report; and further, shall instruct the pharmacy to document their remediation activities for the compliance officer in a timely manner.

3. When the pharmacy has sufficiently remediated their non-compliance, the compliance officer may remove the restriction or suspension of sterile compounding activity.

Revision History

05-29-2019	Updated blueprint to conform to current NABP version; Details in Revision section at end of blueprint document.
08-15-2018	Added Items 1-3.
11-15-2017	Approved Module III.

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Blueprint for Inspection of Pharmacies

Module III – Compounding Sterile Preparations

Version 1.2

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The criteria in this blueprint are identified in the National Association of Boards of Pharmacy's Universal Inspection Form, v.8, which was approved for use on June 20, 2018.

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Introduction

United States Pharmacopeia (USP)

Chapter <797> Pharmaceutical Compounding - Sterile

The objective of USP Chapter <797> is to describe conditions and practices to prevent harm, including death, to patients that could result from:

- Microbial contamination (nonsterility);
- Excessive bacterial endotoxins;
- Variability in the intended strength of correct ingredients that exceeds either monograph limits for official articles or 10% for nonofficial articles;
- Unintended chemical and physical contaminants; and
- Ingredients of inappropriate quality in compounded sterile preparations (CSPs).

Despite the extensive attention in the chapter to the provision, maintenance, and evaluation of air quality, the avoidance of direct or physical contact contamination is paramount. It is generally acknowledged that direct or physical contact of critical sties of CSPs with contaminants, especially microbial sources, poses the greatest probability of risk to patients. Therefore, compounding personnel must be meticulously conscientious in precluding contact contamination of CSPs both within and outside ISO Class 5 areas.

To achieve the above five conditions and practices, the chapter provides minimum practice and quality standards for CSPs of drugs and nutrients based on current scientific information and best sterile compounding practices. The use of technologies, techniques, materials, and procedures other than those described in the chapter is not prohibited so long as they have been proven to be equivalent or superior with statistical significance to those described therein. The standards in the chapter do not pertain to the clinical administration of CSPs in patients via application, implantation, infusion, inhalation, injection, insertion, instillation, and irrigation, which are the routes of administration. Four specific categories of CSPs are described in the chapter: low-risk level, medium-risk level, high-risk level, and immediate use.

The standards in the chapter are intended to apply to all persons who prepare CSPs and all places where CSPs are prepared (e.g., hospitals and other healthcare institutions, patient treatment clinics, pharmacies, physician practice facilities, and other locations and facilities in which CSPs are prepared, stored, and transported). Persons who perform sterile compounding include pharmacists, nurses, pharmacy technicians, and physicians. These terms recognize that most sterile compounding is performed by or under the supervision of pharmacists in pharmacies and also that the chapter applies to all healthcare personnel who prepare, store, and transport CSPs. For the purposes of the chapter, CSPs include any of the following:

1. Compounded biologics, diagnostics, drugs, nutrients, and radiopharmaceuticals, including but not limited to the following dosage forms that must be sterile when they are administered to patients: aqueous, bronchial and nasal inhalations, baths and soaks for live organs and tissues, injections (e.g., colloidal dispersions, emulsions, solutions, suspensions), irrigations for wounds and body cavities, ophthalmic drops and ointments, and tissue implants.

2. Manufactured sterile products that are either prepared strictly according to the instructions appearing in manufacturers' approved labeling (product package inserts) or prepared differently than published in such labeling. [Note: The FDA states that "Compounding does not include mixing, reconstituting, or similar acts that are performed in accordance with the directions contained in approved labeling provided by the product's manufacturer and other manufacturer directions consistent with that labeling." However, the FDA-approved labeling (product package insert) rarely describes environmental quality (e.g., ISO Class air designation, exposure durations to non_ISO classified air, personnel garbing and gloving, and other aseptic precautions by which sterile products are to be prepared for administration). Beyond-use exposure and storage dates or times for sterile products that have been either opened or prepared for administration are not specified in all package inserts for all sterile products. Furthermore, when such durations are specified, they may refer to chemical stability and not necessarily to microbiological purity or safety.]

ISO Classification of Particulate Matter in Room Air

(limits are in particles of 0.5 microns and larger per cubic meter [ISO] and cubic feet [FS 209E]*

Class Name		*Particle Count*	
ISO Class	U.S. FS 209E	ISO, m^3	FS 209E, ft^3
3	Class 1	35.2	1
4	Class 10	352	10
5	Class 100	3,520	100
6	Class 1,000	35,200	1,000
7	Class 10,000	352,000	10,000
8	Class 100,000	3,520,000	100,000

**Adapted from former Federal Standard No. 209E, General Services Administration, Washington, DC 20407 (September 11, 1992) and International Standards Organization (ISO) 14644-1:1999, Cleanrooms and associated controlled environments – Part 1: Classification of air cleanliness.*

Microbial Contamination Risk Levels of Compounded Sterile Preparations

Low Risk Level

Preparations compounded under all of the following conditions are at a low risk of contamination:

1. The compounded sterile preparations (CSPs) are compounded with aseptic manipulations entirely within ISO Class 5 or better air quality using only sterile ingredients, products, components, and devices.
2. The compounding involves only transfer, measuring, and mixing manipulations using not more than three commercially manufactured packages of sterile products and not more than two entries into any one sterile container or package (e.g., bag, vial) of sterile product or administration container/device to prepare the CSP.
3. Manipulations are limited to aseptically opening ampuls, penetrating disinfected stoppers on vials with sterile needles and syringes, and transferring sterile liquids in sterile syringes to sterile administration devices, package containers of other

sterile products, and containers for storage and dispensing.

4. For a low risk level preparation, in the absence of passing a sterility test, the storage periods cannot exceed the following time periods: before administration, the CSPs are properly stored and are exposed for not more than 48 hours at controlled room temperature, for not more than 14 days at a cold temperature, and for 45 days in solid frozen state.

Examples of Low Risk Compounding

1. Single-volume transfers of sterile dosage forms from ampuls, bottles, bags, and vials using sterile syringes with sterile needles, other administration devices, and other sterile containers. The solution content of ampuls should be passed through a sterile filter to remove any particles.
2. Simple aseptic measuring and transferring with not more than three packages of manufactured sterile products, including infusion or diluents solution to compound admixtures and nutritional solutions.

Medium Risk Level

When CSPs are compounded aseptically under Low Risk conditions and one or more of the following conditions exist, such CSPs are at a medium risk of contamination:

1. Multiple individual or small doses of sterile products are combined or pooled to prepare a CSP that will be administered either to multiple patients or to one patient on multiple occasions.
2. The compounding process includes complex aseptic manipulations other than the single-volume transfer.
3. The compounding process requires unusually long duration, such as that required to complete dissolution or homogenous mixing.
4. For a medium risk preparation, in the absence of passing a sterility test, the storage periods cannot exceed the following time periods: before administration, the CSPs are properly stored and are exposed for not more than 30 hours at controlled room temperature, for not more than 9 days at a cold temperature, and for 45 days in solid frozen state.

Examples of Medium Risk Compounding

1. Compounding of total parenteral nutrition fluids using manual or automated devices during which there are multiple injection, detachments, and attachments of nutrient source products to the device or machine to deliver all nutritional components to the final sterile container.
2. Filling of reservoirs of injection and infusion devices with more than three sterile drug products and evacuation of air from those reservoirs before the filled device is dispensed.
3. Transfer of volumes from multiple ampuls or vials into one or more final sterile containers.

High Risk Level

CSPs compounded under any of the following conditions are either contaminated or at a high risk to become contaminated:

1. Nonsterile ingredients, including manufactured products not intended for sterile

routes of administration (e.g., oral), are incorporated or a nonsterile device is employed before sterilization.

2. Any of the following are exposed to air quality worse than ISO Class 5 for more than 1 hour:
    - Sterile contents of commercially manufactured products;
    - CSPs that lack effective antimicrobial preservatives; and
    - Sterile surfaces of devices and containers for the preparation, transfer, sterilization, and packaging of CSPs.
3. Compounding personnel are improperly garbed and gloved.
4. Nonsterile water-containing preparations are stored for more than 6 hours before being sterilized.
5. It is assumed, and not verified by examination of labeling and documentation from suppliers or by direct determination, that the chemical purity and content strength of ingredients meet their original or compendial specifications in unopened or in opened packages of bulk ingredients.

Examples of High Risk Compounding

1. Dissolving nonsterile bulk drug and nutrient powders to make solutions that will be terminally sterilized.
2. Exposing the sterile ingredients and components used to prepare and package CSPs to room air quality worse than ISO Class 5 for more than 1 hour.
3. Measuring and mixing sterile ingredients in nonsterile devices before sterilization is performed.
4. Assuming, without appropriate evidence or direct determination, that packages of bulk ingredients contain at least 95% by weight of their active chemical moiety and have not been contaminated or adulterated between uses.

Immediate Use

The immediate use provision is intended only for those situations where there is a need for emergency or immediate patient administration of a CSP. Such situations may include cardiopulmonary resuscitation, emergency room treatment, preparation of diagnostic agents, or critical therapy where the preparation of the CSP under conditions described for *Low Risk Level* subjects the patient to additional risk due to delays in therapy. Immediate use CSPs are not intended for storage for anticipated needs or batch compounding. Preparations that are medium risk level and high risk level CPSs shall not be prepared as immediate use CSPs.

Immediate use CSPs are exempt from the requirements described for Low Risk Level only when all of the following criteria are met:

1. The compounding process involves simple transfer of not more than three commercially manufactured packages of sterile nonhazardous products or diagnostic radiopharmaceutical products from the manufacturers' original containers and not more than two entries into any one container or package (e.g., bag, vial) of sterile infusion solution or administration container/device. For example, antineoplastic agents shall not be prepared as immediate use CSPs because they are hazardous drugs.
2. Unless required for the preparation, the compounding procedure is a continuous process not to exceed 1 hour.

3. During preparation, aseptic technique is followed and, if not immediately administered, the CSP is under continuous supervision to minimize the potential for contact with nonsterile surfaces, introduction of particulate matter or biological fluids, mix-ups with other CSPs, and direct contact of outside surfaces.
4. Administration begins not later than 1 hour following the start of the preparation of the CSP.
5. Unless immediately and completely administered by the person who prepared it or immediate and complete administration is witnessed by the preparer, the CSP shall bear a label listing patient identification information, the names and amounts of all ingredients, the name or initials of the person who prepared the CSP, and the exact 1-hour BUD and time.
6. If administration has not begun within 1 hour following the start of preparing the CSP, the CSP shall be promptly, properly, and safely discarded.

Compounding in worse than ISO Class 5 conditions increases the likelihood of microbial contamination, and administration durations of microbially contaminated CSPs exceeding a few hours increase the potential for clinically significant microbial colonization and thus for patient harm, especially in critically ill or immunocompromised patients.

[Abstracted from *2018 USP Compounding Compendium*, current with USP-41/NF-36 through First Supplement]

General Operations Information

001.00 Does the pharmacy *dispense* sterile compounded preparations pursuant to a prescription?

001.01 Are patient profiles complete and DUR performed for each prescription?

001.02 Are sterile compounded prescriptions picked up at the pharmacy?

001.03 Are sterile compounded prescriptions delivered/mailed to patients in their homes or residential facilities?

001.04 Are sterile compounded prescriptions delivered/mailed to the practitioner for administration to the patient in the office, clinic, or facility?

002.00 Does the pharmacy *distribute* sterile compounded preparations?

002.01 Does the pharmacy distribute sterile compounded preparations to practitioners for office use?

002.02 Does the pharmacy distribute sterile compounded preparation to hospitals, clinics, or surgery centers?

002.03 Is the pharmacy registered with the FDA as an Outsourcing Facility?

002.04 Does the pharmacy have a sales force that distributes samples containing active ingredients?

003.00 Does the pharmacy provide sterile compounded preparations to other pharmacies for dispensing?

003.01 If so, does the pharmacy have central fill/shared services contracts or agreements with these pharmacies for patient-specific preparations?

004.00 Which of the following sterile compounds are prepared?

004.01 Allergen extracts

004.02 Parenteral solutions

004.03 Parenteral suspensions

004.04 Preservative-free parenterals

004.05 Ophthalmic preparations

004.06 Oral or nasal inhalation preparations (not topical sprays)

004.07 Baths and soaks for live organs and tissues

004.08 Irrigations for wounds and body cavities

004.09 Any other sterile preparations (implants, pellets, etc.)

005.00 Does the pharmacy compound investigational drugs?

006.00 Does the pharmacy only make essential copies of a commercially available drug product on the Drug Shortage List or for a documented medical need of the individual patient as determined by the prescribing practitioner?

006.01 If yes, products are verified as appearing on the Drug Shortage List in effect under 506(E) of the Federal Act at the time of compounding, distribution, and dispensing.

006.02 If yes, the Drug Shortage List is monitored and when a drug product is no longer on the list, any remaining stock is quarantined and not available for distribution or dispensing.

007.00 Does the pharmacy perform *low-risk* compounding? If so, indicate the percentage of sterile compounding activity designated as such.

007.01 Are all low-risk compounds assigned BUDs within USP guidelines (48 hours at controlled room temperature, 14 days refrigerated, 45 days frozen)?

007.02 If low risk, are the compounds located in segregated area have BUD 12 hours or less?

007.03 If extended BUDs are used, list products with extended BUDs and maximum BUD in notes.

007.04 If extended BUDs are used, is further testing being performed to justify the use of extended BUDs?

008.00 Does the pharmacy perform *medium-risk* compounding? If so, indicate the percentage of sterile compounding activity designated as such.

008.01 Are all medium-risk compounds assigned BUDs within USP guidelines (30 hours at controlled room temperature, 9 days refrigerated, 45 days frozen)?

008.02 If extended BUDs are used, list products with extended BUDs and maximum BUD in notes.

008.03 If extended BUDs are used, is further testing being performed to justify the use of extended BUDs?

009.00 Does the pharmacy perform *high-risk* compounding? If so, indicate the percentage of sterile compounding activity designated as such.

009.01 Are all high-risk compounds assigned BUDs within USP guidelines (24 hours at controlled room temperature, 3 days refrigerated, 45 days frozen)?

009.02 If extended BUDs are used, list products with extended BUDs and maximum BUD in notes.

009.03 If extended BUDs are used, is further testing being performed to justify the use of extended BUDs?

010.00 Does the pharmacy provide sterile compounded preparations to be administered via an implantable infusion pump?

011.00 Does the pharmacy perform compounding for *immediate use*? If so, indicate the percentage of sterile compounding activity designated as such.

012.00 Does the pharmacy perform compounding with *hazardous drugs*? If so, indicate the percentage of sterile compounding activity designated as such.

012.01 Does the pharmacy have a plan to comply with USP Chapter <800> by the implementation date?

012.02 Are hazardous drugs segregated and stored in a room that is negative pressure (at least 0.01" water column) to adjacent areas and with at least 12 ACPH (air changes per hour)?

012.03 Is hazardous drug waste quarantined in a designated area and disposed of in compliance with local, state, and federal regulations?

013.00 Are Safety Data Sheets (SDS) [formerly known as Material Safety Data Sheets (MSDS)] available to personnel for drugs and chemicals used in the pharmacy (including those for compounding, if applicable)?

014.00 Does the pharmacy perform compounding using *blood products* (or other biological materials), such as wound care, autologous eye drops, etc?

015.00 Does the pharmacy compound using any *federally controlled substances I-V*?

016.00 Does the pharmacy make any sterile compounded preparations using bulk powder Active Pharmaceutical Ingredients (APIs)?

016.01 Does the pharmacy purchase APIs directly from the manufacturer/ repackager?

016.02 Does the pharmacy verify that the manufacturer/repackager of the API is an FDA-registered facility?

016.03 Does the pharmacy use active ingredients that are not from an FDA-registered facility?

016.04 Does the pharmacy computer track on-hand quantities of APIs used for compounding?

017.00 Does the pharmacy use scales/balances for sterile compounding?

017.01 If so, what type of scale/balance is used?

017.02 If the scale/balance is electronic, does the pharmacy use the automatic calibration?

018.00 Does the pharmacy have a *lyophilizer*?

018.01 Where is the lyophilizer located?

018.02 Note the products lyophilized and the volume or percent of products per week produced using the lyophilizer.

018.03 Is the lyophilizer part of the viable air and surface sampling, media fill testing procedures, and cleaning schedules and procedures?

019.00 Does the pharmacy perform any testing in-house (not sent to an outside lab)?

020.00 Does the pharmacy send samples to an outside lab to perform testing?

021.00 *Quality Assurance/Quality Improvement*: Does the pharmacy's continuous quality improvement program include sterile compounding measures? If so, review 021.01 – 021.12 below.

021.01 Does the CQI program include QREs related to the preparation of compounded products?

021.02 Does the CQI program include nonviable environmental monitoring and testing?

021.03 Does the CQI program include viable environmental testing?

021.04 Does the CQI program include personnel testing and verification?

021.05 Does the CQI program include equipment calibration, testing, etc?

021.06 Does the CQI program include sterilization method testing and validation.

021.07 Does the CQI program include end product testing (such as: potency, particulates, sterility, endotoxins, etc.)?

021.08 Does the CQI program include patient or prescriber reports or complaints regarding CSPs?

021.09 Does the facility QA program identify action limits or thresholds and the appropriate follow-up mechanisms when action limits or thresholds are exceeded, including a recall system?

021.10 Does the recall system include communication with both the patient and prescriber regarding the potentially contaminated CSP administered and the potential risks?

021.11 Are QREs involving CSPs that may have been contaminated or are recalled reported to the appropriate agency such as the Board of Pharmacy and/or FDA?

021.12 Are all Colony-forming units [CFUs] detected by any personnel, environmental, or product testing, or any other checks or tests including endotoxin, purity, potency, etc.) remediated, appropriately investigated, cause determined, and processes implemented to prevent in the future, where applicable?

Component Selection and Use

022.00 All bulk drug substances (APIs) used are:

(1) Compliant with the standards of an applicable USP or NF monograph, if one exists; or
(2) A component of an FDA-approved human drug product; or
(3) On the list of bulk drug substances for use in compounding developed by the FDA and issued through regulation. [*Note: must comply with (1) or (2) above until the FDA list is issued*]

022.01 Certificates of Analysis (COAs) obtained for all bulk APIs used for compounding, and further, are reviewed upon receipt to verify the quality of the API before being used in compounding.

022.02 USP- or NF-grade substances used, if available.

022.03 If compendia quality components are not available, chemically

pure, analytical reagent grade or ACS [American Chemical Society]-certified components are used and are determined to be free from impurities.

022.04 APIs or other components have labeling indicating use for pharmaceutical compounding or manufacturing. Labels do not indicate “for research purposes only”, “not for drug use”, or are handwritten labels from other pharmacies.

022.05 If compounding for both humans and animals, APIs or other components that are labeled for veterinary use only are segregated or marked in such a way to prevent them from being used for human compounding.

022.06 All substances and components have a complete label including a batch control or lot number, and an expiration date.

022.07 For APIs without an expiration date assigned by the manufacturer or supplier, the pharmacy assigns a conservative expiration date. The expiration date assigned is not greater than one year, unless it is supported with data and/or testing.

022.08 All APIs are labeled with the date they were received.

022.09 If the pharmacy repackages the APIs into smaller containers for ease of use, the expiration date assigned is conservative (typically the lesser of one year or the actual expiration date from the original container). Product may be tested to extend the expiration date, but may not exceed the original package expiration date.

022.10 Bulk component containers are labeled with appropriate OSHA hazard communication labels and hazardous substances (including hormones) are segregated.

023.00 No preparations for human use are made or ingredients used that appear on the FDA’s list of drug products withdrawn or removed from the market for safety reasons. The facility should have a copy of the list or other way to determine.

024.00 When manufactured products are used for compounding, all the other excipients (in addition to the active ingredient) in the manufactured product are considered relative to the use, effectiveness, and stability of the compounded preparation to be made.

025.00 For *animal compounding*, does the compounding meet the same standards as compounding for human patients?

025.01 The pharmacist is knowledgeable or has current references regarding the individual species’ limitations in physiology and

metabolic capacity that can result in toxicity when certain drugs or excipients are used.

025.02 It is determined and documented if the animal is used for food (meat, milk, eggs, etc.) or that the animal is a pet.

025.03 The pharmacist is familiar with or has a current reference regarding drug residues in the food chain and withdrawal times if compounding for food-producing animals.

025.04 The facility has a list of drugs and components not allowed when compounding for food-producing animals.

025.05 The pharmacist is familiar with or has a current reference regarding regulations for drug use in performance animals (e.g., race or show horses, racing dogs).

026.00 If the pharmacy compounds *stock solutions* or components (that are then used to compound a finished product) using APIs, these stock solutions are categorized as high-risk compounding.

026.01 The stock solutions are assigned a BUD based on the USP <797> high-risk compound BUD, **or** are assigned on the basis of direct testing or extrapolation from reliable literature sources to support an extended BUD.

026.02 Compounded preparations using the stock solution are classified as high-risk compounds with appropriate handling with regard to BUD and testing requirements.

Environment

027.00 If the facility performs both sterile and nonsterile compounding, the areas are separated and distinct.

028.00 If the facility performs compounding using blood products (or other biological material), this compounding area is separate and distinct from the general compounding areas.

028.01 Are components used in compounding with blood products restricted to the blood compounding area (not used in other compounding areas)?

029.00 Entry into the sterile compounding area is limited to task-critical employees [limited to only the pharmacist(s) and other trained and authorized pharmacy personnel].

030.00 The anteroom has a line of demarcation or other separation of the dirty to

clean side.

030.01 Carts used to bring supplies from the storeroom are kept on the outside of the line of demarcation.

030.02 Carts used in the clean/buffer room are kept on the clean side of the line of demarcation.

031.00 All surfaces of the sterile compounding area carts, shelves, stools, chairs and other items resistant to disinfectants, non-permeable, non-carpeted or upholstered, and low-particulate generating.

032.00 Walls are constructed of durable material, which is cleanable, such as epoxy-coated or heavy gauge polymer material.

033.00 The ceiling surface shall be impervious and hydrophobic. If tiles are used, they shall be locked and the seams between the tiles and where they meet the walls shall be caulked and sealed.

034.00 The floor is overlaid with wide sheet flooring and seamless or with heat-welded seams, with coving to the sidewall, and a sealed seam where the coving meets the wall.

035.00 The clean/buffer room or anteroom does not have dust-collecting overhangs, such as ceiling utility pipes, ledges, pneumatic tube stations, sprinkler heads, emergency exit signs, etc.

036.00 The exposed surfaces of:

036.01 PEC are free of dirt, rust, chips, and particulate matter.

036.02 Light fixtures are smooth, mounted flush, and sealed.

037.00 A working sink, located on the clean side of the line of demarcation, is available that enables pharmacy personnel to wash hands and enter the sterile compounding area without contaminating his/her hands and is away from/not adjacent to any PECs.

038.00 There is no sink or drain in the clean/buffer room.

039.00 Hand drying is with lint-free disposable towels or an electronic or HEPA-filtered hand dryer.

039.01 If using a hand dryer, particle count and smoke testing validation is performed when the dryer is in use (while someone is actively using the dryer to dry their hands) at certification, and the immediate area around the dryer is part of the viable air and surface testing program performed [not applicable if only using towels].

040.00 All air ducts controlling air flow into the sterile compounding clean/buffer room and anteroom are equipped with HEPA filters that maintains the clean/buffer room in an ISO Class 7 environment and the anteroom with an ISO Class 7 (when adjacent to hazardous drugs cleanroom) or ISO Class 8 environment.

041.00 Incoming air ducts through HEPA filters are on or near the ceiling and air return ducts are low on the walls in the anteroom and clean/buffer room.

042.00 If there are particle generating equipment/appliances in the clean/buffer room or anteroom (e.g., computers, printers, refrigerators, dishwashers, etc.), they are located by an air return so air flows over and out of the room taking particles with it, and this air flow has been confirmed by smoke testing while the equipment was in use.

043.00 Beverages including drinking water, chewing gum, candy or food items are prohibited from the clean/buffer room or the anteroom.

044.00 If compounding occurs using nonsterile ingredients, products, components, or devices (e.g., compounding with nonsterile APIs or using nonsterile vials and closures), the pharmacy has appropriate equipment to sterilize the finished product.

044.01 Pre-sterilization procedures for high-risk CSPs (such as weighing and mixing) are performed in no worse than ISO Class 8 environment.

045.00 Completely enclosed anteroom and clean/buffer room (with a door) are equipped with monitors or gauges to measure differential pressure.

045.01 Anteroom is at least 0.02” water column positive pressure to general pharmacy areas.

045.02 Clean/buffer room is at least 0.02” water column positive pressure to the anteroom.

045.03 Hazardous compounding room and drug storage area is at least 0.01” water column negative pressure to ISO Class 7 anteroom.

045.04 Pressures are read and recorded on a log at least every work shift, or a minimum of once daily, or in the alternative, are monitored by a continuous recording device.

045.05 Written plan in place to detect and react to pressure differentials outside limits.

046.00 If the clean/buffer room and anteroom are not fully enclosed (open or with plastic strips – no door that closes), the air flow is measured across the

openings.

046.01 The air flow is at least 40 feet per minute across the entire opening.

046.02 Airflow is read and recorded each shift (minimum of once daily) or continuously recorded.

046.03 Written plan in place to detect and react to airflow measurements outside of limits.

046.04 This area is used only for low- and medium-risk compounding. (Hazard drugs and high-risk not allowed.)

047.00 *Temperature*. The temperature of all compounding and drug storage areas shall be maintained in accordance with standards, and a written plan shall be in place to address any excursions.

047.01 Temperature in the compounding area is maintained to provide comfortable working conditions for compounding personnel of 20°C or cooler (68°F or cooler), or more restrictive if warranted by specific drug product storage requirements.

047.02 If drugs are stored in the compounding area, temperature monitoring is in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Temperature records are maintained.

047.03 Temperature monitoring is also performed in drug storage area (if separate from the compounding area). Temperature is maintained at controlled room temperature of 20° to 25° C (68° to 77° F) or as specified by FDA approved labeling for drug product storage.

047.04 Temperature monitoring in the drug storage area is performed at least once daily and documented. Temperature records are maintained.

047.05 Temperature in the refrigerator or cooler is maintained to provide controlled cold temperature of 2° to 8°C (36° to 46°F) or as specified by FDA approved labeling for drug product storage.

047.06 Temperature monitoring in the refrigerator is performed at least once daily and documented. Additionally, compounding personnel shall note the storage temperature when placing the product into or removing the product from the storage unit in order to monitor any temperature aberration. Alternatively, continuous monitoring or retroactive detection using min/max may be used. Temperature records are maintained.

047.07 Temperature in the freezer is maintained to provide controlled

frozen temperature of -25° to -10°C (-13° to 14°F), or as specified by FDA approved labeling for drug product storage.

047.08 Temperature monitoring in the freezer is performed at least once daily and documented. Additionally, compounding personnel shall note the storage temperature when placing product into or removing product from the storage unit in order to monitor any temperature aberration. Temperature records are maintained.

047.09 Action plan in place for temperature excursions including evaluating excursion effects on drug product integrity for all temperature monitored areas.

048.00 *Humidity*: If warranted by specific drug products, humidity in the compounding area is maintained to provide humidity within the specified ranges. If drug products require storage in a "dry place", humidity is not to exceed 40%. Generally recommended range is 35-60% for performing sterile compounding.

048.01 If applicable, humidity monitoring in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Humidity records are maintained.

048.02 If applicable, excursion action plan in place including evaluating excursion effects on drug product integrity.

048.03 If applicable, humidity monitoring is also performed in drug storage areas (if separate from the compounding areas).

049.00 Blowers on ISO Class 5 primary engineering controls (PECs) are operated continuously during compounding activity, including during interruptions of less than eight hours.

050.00 When the ISO Class 5 PEC blower is turned off, and before other personnel enter to perform compounding activities, only one garbed person is allowed to enter the buffer area for the purpose of turning on the blower (for at least 30 minutes) and of sanitizing the work surfaces.

051.00 The doors into the anteroom from the general pharmacy area and from the anteroom into the clean/buffer room are prevented from both being open at the same time (by interlocking, training of personnel, or signage).

052.00 The inside and outside doors of a pass-through are prevented from both being open at the same time (by interlocking, training of personnel, or signage).

053.00 For BSC or LAFW that is NOT located in an ISO Class 7 clean/buffer room, the BSC or LAFW has been certified to maintain ISO Class 5 during compounding activities.

053.01 Used only for low-risk compounded preparations with a 12-hour or less BUD assigned.

053.02 All garbing requirements adhered to.

053.03 Located in an area that is maintained under sanitary conditions and only traveled by persons engaging in the compounding of sterile preparations.

053.04 Location does not contain any unsealed windows or doors that connect to the outdoors or areas of high traffic flow, and is not adjacent to construction sites, warehouses, or food preparation areas.

053.05 The sink is separated from the immediate area of the ISO Class 5 BSC or LAFW (not adjacent).

054.00 For CAI/CACI that is NOT located in an ISO Class 7 clean/buffer room, the CAI/CACI has been certified to maintain ISO Class 5 under dynamic conditions including transferring of ingredients, components, and devices, and during preparation of compounded sterile preparations.

054.01 The pharmacy has documentation from the manufacturer that the CAI or CACI will meet this standard when located in worse then ISO Class 7 environments.

054.02 The CAI or CACI is located in an area that is maintained under sanitary conditions and only traveled by persons engaging in the compounding of sterile preparations.

054.03 The sink is separated from the immediate area of the CAI or CACI (not adjacent).

054.04 For NIOSH hazardous compounding in a CACI that is NOT located in a clean/buffer room, the CACI is located in a physically separated area that maintains a negative pressure of 0.01” water column pressure to adjacent areas and a minimum of 12 air changes per hour (ACPH).

Cleaning and Disinfection

055.00 Are all personnel performing cleaning appropriately garbed?

056.00 Is the sterile compounding area equipped with appropriate non-shedding cleaning equipment and supplies?

057.00 If cleaning tools are reused, is there a procedure to rinse and sanitize the

tools and an appropriate clean storage area?

058.00 Are reusable tools appropriately labeled to prevent them from being used inappropriately?

059.00 For cleaning and sanitizing agents that are not 'ready-to-use' formulations, are there formulas and instructions for mixing or diluting the agents prior to use and is the preparation documented?

060.00 Are cleaning and sanitizing agents appropriately labeled including expiration dates?

061.00 Are appropriate cleaning agents used that are effective for bacteria, viruses, fungi, and spores?

062.00 Is the ISO Class 5 PEC cleaned at the beginning of each shift, between compounding activities, at least every 30 minutes while compounding and after spills or suspected surface contamination?

062.01 If heavily soiled, cleaning includes the appropriate agent.

063.00 Does sanitizing of the ISO Class 5 PEC include sanitizing with sterile 70% isopropyl alcohol using a nonlinting wipe?

064.00 Does daily cleaning and sanitizing include counters and easily cleanable work surfaces?

065.00 Does daily cleaning include the floors starting from the clean/buffer room and working outwards? Floor cleaning does not occur during compounding.

066.00 If fatigue mats are used, are they cleaned daily and let dry on both sides?

067.00 Is a tacky mat used and if so, is there a procedure in place regarding replacement?

068.00 Are the ceilings, walls, all shelving, bins, carts, chairs, and the tops and sides of the primary engineering controls thoroughly cleaned monthly? This includes removing everything from shelves and bins before cleaning, cleaning the undersides of cart surfaces and stools, wheels, etc.

069.00 Is enough time allocated for cleaning activities, including contact/dwell times for the cleaning/disinfection agents?

Training

070.00 There is documentation that compounding personnel are appropriately trained including policies and procedures, documentation, hazardous drug

handling, cleaning/disinfection/spills, garbing/gowning/hand hygiene, and aseptic technique. Compounding personnel includes persons performing, supervising, and verifying compounding activities.

070.01 All personnel performing compounding are not allowed to compound until training and initial testing is successfully completed.

070.02 All personnel that supervise compounding and/or perform verifications of other's compounding are not allowed to supervise or verify compounding until training and initial testing is successfully completed.

071.00 All personnel of reproductive capacity who handle or compound hazardous drugs or chemicals have confirmed in writing that they understand the risks of handling hazardous drugs.

072.00 There is documentation, such as an observational checklist, that all personnel (including housekeeping or other outside personnel) that perform cleaning activities in the compounding areas including hazardous compounding areas are appropriately trained in garbing, cleaning, and disinfection.

073.00 There is documentation of training on the operation of any equipment that may be used when preparing compounded sterile preparations.

074.00 If the pharmacy uses relief personnel from outside agencies to perform sterile compounding, training and certifications are verified.

075.00 There is documentation that all compounding personnel (including those supervising or performing verifications) have passed an initial written exam, and subsequent annual written exams for the appropriate compounding risk levels and NIOSH hazardous drugs, when applicable.

076.00 There is documentation that all compounding personnel have passed an initial and subsequent annual competency assessments of aseptic compounding skills using observational audit tools including handling NIOSH hazardous drugs, when applicable. Compounding skills evaluations shall include use of equipment.

077.00 There is documentation that new compounding personnel have passed an initial observed gowning procedure and three gloved fingertip sampling tests.

078.00 There is documentation that compounding personnel preparing low or medium risk-level products have passed an annual observed gowning procedures and gloved fingertip sampling test.

079.00 There is documentation that a media fill test procedure is performed for each compounding employee at least annually for individuals that prepare low or medium risk-level products.

080.00 The media fill testing procedures include:

080.01 Media selection (including obtaining COAs or growth promotion certificates from suppliers);

080.02 Fill volume;

080.03 Incubation time and temperature (Media-filled vials are generally incubated at 20° to 25° or at 30° to 35° for a minimum of 14 days. If two temperatures are used for incubation of media-filled samples, then these filled containers should be incubated for at least 7 days at each temperature.

080.04 Inspection of filled units;

080.05 Documentation;

080.06 Interpretation of results; and

080.07 Action levels set with the corrective actions required.

081.00 *High-Risk Sterile Compounding:* There is documentation that compounding personnel have passed an observed gowning procedure and gloved fingertip sampling test every six months.

082.00 *High-Risk Sterile Compounding:* There is documentation that a media fill test procedure is performed for each compounding employee at least every six months for individuals that prepare high-risk level products.

083.00 *Failed testing*. Employees who have failed any testing are prohibited from compounding until training is performed/reviewed and subsequent testing is performed successfully.

083.01 Gloved fingertip tests that failed have the organisms identified down to the genus to determine the most likely source of the contamination. This data is used to develop plans to prevent contamination.

083.02 There is a plan to evaluate the sterile compounds prepared by an employee with failed gloved fingertip tests or media fills to detect potential contamination of the sterile preparations compounded.

Garbing

084.00 Personnel are prohibited from compounding, or entering the clean/buffer room or anteroom if they have a rash, sunburn, weeping sores, conjunctivitis, or an active respiratory infection.

085.00 Personnel are required to remove all personal outer garments such as hats, scarves, sweaters, vests, coats, or jackets and any makeup or cosmetics before entering compounding areas.

086.00 Personnel are required to remove all hand and wrist jewelry, and all visible jewelry or piercings, such as earrings, lip or eyebrow piercings, etc. before entering clean/buffer room.

087.00 Personnel are prohibited from wearing artificial nails or extenders, and required to keep natural nails neat and trimmed.

088.00 Garbing with dedicated shoes or shoe covers that are donned as the line of demarcation is crossed (with the dedicated or covered shoe never touching the same side of the line of demarcation as the dirty shoe).

089.00 Garbing includes head and facial hair covers and masks. There is a mirror available to check that all hair is covered.

090.00 Hand cleaning is performed in the anteroom and includes removing debris from under the nails with a nail cleaner followed by a vigorous washing of the hands and forearms with soap for at least 30 seconds with hands and arms then dried with a non-linting disposable towel or a hand dryer.

091.00 The gown is non-shedding with sleeves that fit snugly around the wrists and enclosed at the neck.

092.00 All bare skin is covered on the arms and legs (no bare ankles, wrists, etc.).

093.00 Prior to donning sterile gloves, a waterless alcohol based surgical hand scrub with persistent activity is used and hands are allowed to dry.

094.00 Upon leaving the sterile preparation compounding area, gowns are taken off and disposed of, or if used for non-hazardous compounding they are left in the anteroom and not reused for longer than one shift.

095.00 Pharmacists or other personnel do NOT enter the anteroom and cross the line of demarcation without donning shoe covers or dedicated shoes.

096.00 Pharmacists or other personnel do NOT enter the clean/buffer room without fully washing and garbing (e.g., not wearing just a mask to check a technician's work).

Environmental Monitoring

097.00 The most recent primary engineering control and room certification report is available.

097.01 All ISO Class 7 and 8 secondary engineering controls (SECs) (clean/buffer rooms and anterooms) have been certified within the last six months.

097.02 All ISO Class 5 PECs (laminar airflow workbenches or areas, BSCs, CAIs, CACIs, and barrier isolators) have been certified within the last six months.

097.03 Certification is performed at least every six months (view date of previous certification) and whenever a device is relocated or altered, or major service to the facility is performed.

097.04 Certification is performed to the Controlled Environmental Testing Association (CETA)'s *"Certification Guide for Sterile Compounding Facilities"* (CAG-003-2006) and is noted on the report.

097.05 If the certification standard used and noted on the report is NOT CETA's CAG-003-2006, the facility has performed a comparison and determined the standard used is the same or better than those found in CETA's CAG-003-2006.

097.06 The PIC or compounding supervisor is familiar with what testing is required and interpretation of results, ensures all testing is performed appropriately (under dynamic conditions where appropriate), has action levels identified, evaluates results to detect issues or trends, and action levels are further customized based on trended data of performance.

098.00 The certification report includes information about the equipment used for performing each test including: identification of the equipment used by model, serial number, last calibration date (or when next calibration is due).

098.01 The equipment used had not exceeded its calibration date at the time of certification.

099.00 The HEPA filtered air changes per hour (ACPH) were measured for the compounding rooms.

099.01 ISO Class 7 sterile compounding room is certified as having a minimum of 30 ACPE with at least 15 ACPH from outside air sources.

099.02 ISO Class 7 anteroom (required if connected to a NIOSH hazardous compounding clean/buffer room) is certified as having a minimum of 30 ACPH.

099.03 ISO Class 7 hazardous sterile compounding room is certified as having a minimum of 30 ACPH.

099.04 If a CACI is used in a non-HEPA filtered room, the room is certified to maintain a minimum of 12 ACPH.

100.00 Air pattern analysis using smoke testing was performed under dynamic conditions (people working in the PECs and rooms). The smoke flow is described in the report for the various tests as turbulent, sluggish, smooth, etc.

100.01 Air pattern analysis was conducted at the critical area (direct compounding area inside the ISO Class 5 PEC) to demonstrate unidirectional airflow and sweeping action over and away from the product under dynamic conditions (personnel compounding or simulating compounding in PEC).

100.02 Air pattern analysis was conducted to confirm positive pressure (and negative pressure into hazardous compounding rooms) at all points around all openings, doorways, and pass-throughs.

100.03 Air pattern analysis was conducted around particle generating equipment while the equipment was in operation to confirm airflow.

101.00 Differential air pressure between rooms was measured.

101.01 The differential pressure measured was at least 0.02” water column positive from the clean/buffer room to the anteroom and between the anteroom and all adjacent spaces with the doors closed.

101.02 The differential pressure measured was at least 0.01” water column negative from the hazardous clean/buffer room to the anteroom with the doors closed.

102.00 Displacement airflow between rooms or areas were measured; required for a clean/buffer room without a door that closes to the anteroom – may be an open space or may have plastic strips in doorways.

102.01 Displacement airflow (for low and medium-risk non-hazardous rooms only) was measured at a minimum differential velocity of 40 feet per minute from the clean/buffer room to the anteroom.

103.00 Particle counts of particles 0.5 um and larger were measured under dynamic conditions.

103.01 ISO Class 5 areas and PECs are certified as having less than 3,520 particles per cubic meter of air (100 particles per cubic foot).

103.02 ISO Class 7 areas are certified as having less than 352,000 particles per cubic meter of air (10,000 particles per cubic foot).

103.03 ISO Class 8 areas are certified as having less than 3,520,000 particles per cubic meter of air (100,000 particles per cubic foot).

104.00 HEPA filter tests were performed.

104.01 All room HEPA filters were leak tested and if leaks found, they were fixed.

104.02 All PEC HEPA filters were leak tested and if leaks found, they were fixed.

105.00 PECs with failed tests are not used for compounding until the conditions are corrected and verified by subsequent testing.

106.00 Viable air (every six months) and surface sampling (periodically) tests have been conducted as required. Document frequency.

106.01 Appropriate growth media used (containing tryptic soy agar medium with polysorbate and lecithin (TSApl) added to neutralize cleaning agents for surface sampling) with appropriate corresponding incubation time and temperature used.

106.02 Viable air sampling by active impaction using a volumetric air sampling device.

106.03 Air samples were taken in each ISO Class 5 PEC, and in each sterile compounding room and anteroom, and a sufficient volume of air (400-1000 liters) was collected. At least 1000 liters must be collected in ISO Class 5 PECs.

106.04 Surface samples performed on all direct compounding areas inside of each ISO Class 5 PEC, in each ISO classified room, inside any pass-throughs, and on surfaces likely to be contaminated due to position relative to doorways, etc.

106.05 Viable air and surface samples did not exceed USP action levels (or internal action levels if more restrictive):

Classification	*Air Sample*	*Surface Sample*
ISO Class 5	> 1 CFU/m^3	> 3 CFU/plate
ISO Class 7	> 10 CFU/m^3	> 5 CFU/plate
ISO Class 8	> 100 CFU/m^3	> 100 CFU/plate

106.06 CFUs detected by any means (viable air or surface sampling,

gloved fingertip testing, failed sterility tests, etc.) are analyzed to determine the organism down to the genus level.

106.07 If the number of CFUs detected in the rooms exceeds action levels, begin immediate remediation (recleaning and retesting) and conduct investigation into the source(s) of the contamination.

106.08 If the number of CFUs detected in the PECs exceeds action levels, begin immediate remediation (recleaning and retesting), and conduct investigation into the source(s) of the contamination.

106.09 If any highly pathogenic (i.e., mold, yeast, coagulase positive staphylococcus, or gram negative rods) were detected (whether or not the number of CFUs exceeds action levels), begin immediate remediation (recleaning and retesting), and conduct investigation into the source(s) of the contamination.

107.00 Facilities performing routine air or surface sampling with internal qualified personnel routinely verify sampling procedures.

Compounding Equipment

108.00 Appropriate equipment and utensils are available, clean, and in good working order. Automated, mechanical, or electronic equipment (autoclaves, ovens, etc.) are periodically inspected, and calibrated yearly or in accordance with the equipment manufacturer guidelines.

109.00 All environmental monitoring equipment and gauges (differential pressure gauges or probes, air flow and velocity measuring equipment for rooms not fully enclosed, etc.) are periodically inspected, and calibrated yearly or in accordance with the equipment manufacturer guidelines. Calibration is documented.

110.00 All temperature and humidity (where applicable) monitoring devices (thermometers, hygrometers, probes, etc.) are periodically inspected, and calibrated yearly or in accordance with equipment manufacturer guidelines. Calibration is documented.

111.00 Where Automated Compounding Devices (ACDs) are used for sterile compounding (such as repeater pumps), there is a policy and procedure for their use and calibration.

111.01 There is documentation of the ACD tubing being changed or discarded every 24 hours.

111.02 The ACD is used when performing media fill testing.

Compounding Procedures

112.00 Gloves are sanitized with adequate frequency with an approved disinfectant, such as sterile 70% isopropyl alcohol (IPA).

113.00 Nonessential objects that shed particles are prohibited in the clean/buffer room area, including pencils, cardboard cartons, paper towels, reading material, and cotton items, e.g., gauze pads.

114.00 Essential paper related products (syringe overwraps, work records contained in a protective plastic sleeve) are wiped down with sterile 70% IPA before being brought into the clean/buffer room area.

115.00 Supplies required for the scheduled operations of the shift are prepared by wiping the outer surface with sterile 70% IPA (or removing the outer wrap as the item is introduced into the aseptic work area) and brought into the clean/buffer room in a bin or on a movable cart.

116.00 Compounding employees are using appropriate aseptic technique. Inspector shall observe compounding activity or simulation thereof.

116.01 If compounding is not being performed at the time of survey, ask a compounding pharmacist or technician to prepare a compound or simulate such activity to permit direct observation. Document name of person refusing such a request.

117.00 Compounding personnel ascertain that ingredients for compounded sterile preparations are of the correct identity and appropriate quality by reading vendors' labels, and a unit-by-unit physical inspection of the product before use.

118.00 All rubber stoppers of vials and bottles and the neck of ampoules are disinfected with sterile 70% IPA waiting for at least ten seconds before they are used to prepare CSPs.

119.00 Single-dose vials exposed to ISO Class 5 or cleaner air are used within six hours of the initial puncture and any remaining contents discarded; if used in less than ISO Class 5 air, they are used within one hour of the initial puncture and any remaining contents discarded.

120.00 The remaining contents of opened single-dose ampoules (or vials where container closure system has been removed) are discarded immediately.

121.00 Multiple-dose vials formulated for removal of portions on multiple occasions are used within 28 days (or the manufacturer's specific BUD if less) after the initial entry or puncture and any remaining contents discarded.

122.00 The *Compounding Record* is complete with the following minimum data

elements:

122.01 Official or assigned name, strength, and dosage of the preparation;

122.02 Names, lot numbers, and expiration dates of all components;

122.03 Total quantity or number of units compounded;

122.04 Person compounding the preparation;

122.05 Person performing the quality control procedures;

122.06 Person who approved the preparation;

122.07 Date of compounding;

122.08 Assigned internal identification number or prescription number;

122.09 Assigned BUD and reference if extended beyond USP guidelines;

122.10 Duplicate label;

122.11 Sterilization method (if applicable); and

122.12 Indication of the quality control procedures to perform (testing, filter integrity, etc.) and results of the testing, quality control issues, and investigation and recall, if applicable.

123.00 Procedure for in-process checks is followed. These checks indicate that appropriate procedures and packaging are followed for each step, including addressing pharmacist verification of steps performed by non-pharmacists and visual inspection of product. Documentation of the compounding accuracy is *recommended* to be performed by someone other than the compounder to ensure proper measurement, reconstitution, and component usage.

124.00 Labels on *batch* preparations include the name and quantity of all contents, date, and time of preparation (or internal code indicating this information), preparer and verification pharmacist identifiers, stability (BUD), and any auxiliary labels indicated including appropriate packaging and labeling of hazardous materials.

125.00 Labels on *patient-specific* containers, in addition to standard label requirements, also include names and quantity or concentration of active ingredients, BUD, total volume, route of administration, storage conditions and other information for safe use.

126.00 Inspect several different finished products and look for any particulates. Do any of the finished products inspected show any evidence of

particulates? If so, list the products including lot and expiration date and obtain photos if possible. Request the product be quarantined and notify Board office immediately.

127.00 Preparations without additional stability testing or supported by data are assigned BUDs within USP <797> guidelines:

- *Low Risk:* 48 hrs room – 14 days refrigerated – 45 days frozen;
- *Medium Risk:* 30 hrs room – 9 days refrigerated – 45 days frozen;
- *High Risk:* 24 hrs room – 3 days refrigerated – 45 days frozen.

128.00 If extended BUDs are assigned, they are assigned on the basis of stability data extrapolated from reliable literature sources.

129.00 If extended BUDs are assigned, has the facility performed its own stability testing?

130.00 Compounded multiple-dose vials with extended BUDs assigned have additional instruction provided that indicates remainder must be discarded 28 days after first puncture or use.

131.00 *Filter Sterilization* in an ISO Class 5 environment and documentation includes:

131.01 If the compounded preparation contains large particles, a prefilter is placed upstream from the sterilizing filter.

131.02 The 0.2 micron sterile microporous membrane filter used to sterilize CSPs is chemically and physically compatible with the CSP; and the filter is intended for human-use applications for sterilizing CSPs (labeling does not indicate ‘research only’ or ‘laboratory use’ only).

131.03 Is the appropriate capacity filter being used for the volume being filtered?

131.04 Filtering is completed rapidly without filter replacement; and

131.05 Confirmation of filter integrity (bubble testing) is performed and value documented for each filter used with each batch sterilized by filtration.

132.00 *Steam Sterilization* documentation includes:

132.01 The autoclave has been validated for the exposure time and mass of the items to be sterilized;

132.02 Ensures live steam contacts all ingredients and surfaces to be sterilized, effectiveness verified with biological indicators and temperature sensing devices;

132.03 Solutions are passed through a 1.2 micron or small filter into the final containers to remove particulates before sterilization;

132.04 That the CSP will not be adversely affected by the steam and heat;

132.05 The description of steam sterilization includes conditions and duration for specific CSPs.

132.06 That the effectiveness of steam sterilization is verified each time using appropriate biological indicators of Bacillus stearothermophilus and other confirmation methods such as temperature sensing devices.

133.00 *Dry Heat Sterilization* documentation includes:

133.01 Dry heat is only used for those items that cannot be sterilized by steam or would be damaged by moisture;

133.02 Sufficient space is left between materials to allow for air circulation;

133.03 The description of dry heat sterilization includes conditions and duration for specific CSPs;

133.04 That the effectiveness of dry heat sterilization is verified each time using appropriate biological indicators of Bacillus subtilis and other confirmation methods such as temperature sensing devices; and

133.05 Heated filtered air is evenly distributed throughout the chamber with a blower, and the oven is equipped with a system for controlling and recording temperature and exposure period.

134.00 *Depyrogenation by Dry Heat* documentation includes:

134.01 Dry heat depyrogenation is used to render glassware and containers (such as vials) free from pyrogens as well as viable microbes;

134.02 The description of the cycle and duration for specific load items;

134.03 The effectiveness of the cycle is verified using endotoxin challenge vials (ECVs); and

134.04 Bacterial endotoxin testing is performed on the ECVs to verify the cycle is capable of achieving a three log reduction in endotoxins.

135.00 Other methods of sterilization are used with documented procedures and validation performed.

Finished Preparation Release Checks and Tests

136.00 Are products visually checked for particulates or other foreign matter against both a light and a dark colored background as a condition of release?

137.00 Are there checks for container, closure integrity, and any other apparent visual defects?

138.00 Is compounding accuracy documented by verification of steps?

139.00 Is verification of ingredient identity and quantity verified? Is there a reconciliation of components?

140.00 Are labels verified as being correct and is a copy of the label included in the record?

141.00 *Sterility Testing* complies with USP <71>. If testing is performed to a more stringent standard, describe in inspection notes.

141.01 Sterility testing includes both bacterial and fungal testing.

141.02 Sterility testing is performed for all CSPs that have extended BUDs.

141.03 Sterility testing is performed for high-risk CSPs prepared in batches of more than 25 identical containers.

141.04 Sterility testing is performed for CSPs exposed longer than 12 hours at 2° to 8°C or longer than 6 hours at warmer than 8°C before being sterilized.

141.05 The appropriate quantities of units are sterility tested:

- *For parenterals:*
  - For not more than 100 units, test 10% or 4 units, whichever is greater;
  - For 101 to 500 units, test 10 units; and
  - For more than 500 units, test 2% or 20 units, whichever is less.
- *For large-volume parenterals:*
  - 2% of the units or 10 containers, whichever is less.
- *For non-parenterals (eye drops, inhalation, etc.):*
  - For not more than 200 units, test 5% or 2 containers, whichever is greater;
  - For 201 or more units, test 10 containers; or
  - If the product is packaged in unit doses, use the parenteral testing parameters above.

141.06 For products failing testing, product is quarantined, and an investigation is performed including microbial identification and

action taken.

141.07 If items are dispensed or distributed prior to sterility testing completion, there is a written procedure requiring daily observation of the incubated media. If there is any evidence of microbial growth, there is an immediate recall and both the patient and the physician/prescriber for the patient to whom a potentially contaminated CSP was administered are notified of the potential risk.

142.00 *Endotoxin Testing* complies with USP <85>. If testing is performed to a more stringent standard, describe in inspection notes.

142.01 Is endotoxin testing performed for all high-risk level CSPs for administration by injection prepared in groups of more than 25 single-dose packages, such as ampoules, bags, syringes, vials, etc.?

142.02 High-risk CSPs prepared in multiple dose vials for administration to multiple patients.

142.03 High-risk CSPs exposed longer than 12 hours at 2° to 8°C (25° to 46°F) or longer than 6 hours at warmer than 8°C (46°F) before they are sterilized.

142.04 For products failing testing, product is quarantined, and an investigation is performed and action taken.

Patient Counseling and Communication

143.00 Do patient/caregiver training programs or materials contain information and precautions regarding the handling and disposal of hazardous products such as chemotherapy medications?

144.00 Are required printed drug information materials (drug information, PPI, MedGuides, etc.) provided for the compounded products?

145.00 Are patients instructed on the signs of product instability or contamination (as appropriate) and to report any changes in the physical characteristics of the product to the pharmacy?

146.00 Product recalls include documentation that both the patient AND the physician/prescriber of the potentially contaminated CSP was administered are notified of the potential risk.

Revision History

05-14-2018	Version 1.2	003.01	Amended item to add shared services.
		007.02	Added new item inquiring about low-risk preparations in segregated areas. **Required re-numbering of subsequent sub-items**.
		012.01	Amended item to evolve from awareness to an implementation plan.
		016.01	Amended item to include repackager.
		016.02	Amended item to include repackager.
		016.04	Added new item for computerized tracking of API inventory.
		021.04	Amended item to change 'validation' to 'verification.'
		022.01	Amended item to include review of COA.
		022.11	Removed item relative to APIs from foreign sources.
		024.00	Removed item relative to FDA list of drugs with demonstrable difficulty in compounding. **Required re-numbering of all subsequent items.**
		025.01	Amended item to clarify for current reference.
		025.03	Amended item to clarify for current reference.
		025.05	Amended item to clarify for current reference.
		026.01	Amended item to permit extrapolation from literature to extend BUDs of stock solutions.
		032.00	Amended item to specify durable construction which is cleanable.
		033.00	Amended item to specify impervious and hydrophobic nature of ceiling.
		036.01	Added new item relative to exposed surface of PEC.

045.05	Amended item to clarify plan is written.
046.03	Amended item to clarify plan is written.
047.04	Added new item for temperature monitoring in drug storage area. **Required re-numbering of all subsequent sub-items.**
052.01	Removed item with recommendation on location of pass-through areas.
053.00	Removed item with recommendation on location of particle-generating materials.
057.00	Amended item to remove reference to buckets.
070.00	Amended item to add new topics of training.
099.03	Removed recommended item re ACPH for ISO Class 8 anterooms. Required re-numbering of subsequent sub-items.
100.07	Amended item to remove requirement to cease compounding.
100.08	Amended item to remove requirement to cease compounding.
100.10	Removed item containing recommendation for testing report contents.
100.11	Removed item containing recommendation for testing report contents.
111.00	Removed item containing recommendation for PEC filters.
116.01	Added new item to document refusal to permit direct observation of compounding activity.
124.01	Removed item containing recommendation for labeling of single-use containers.
125.01	Removed item containing recommendation for labeling of single-use containers.
132.04	Removed item describing even distribution of heated air.

		132.06	Added new item for verification of effectiveness of steam sterilization.
		143.00	Removed item containing recommendation for potency testing.
08-30-2017	Version 1.1	**006.00**	Changed question relative preparation of copies of commercially approved products to limit it to certain circumstances.
		006.03	Deleted item due to specific data requested in 006.00.
		007.02	New question requests additional information relative to BUD in low-risk compounding.
		007.03	New question requests additional information about testing for BUD in low-risk compounding.
		008.02	New question requests additional information relative to BUD in medium-risk compounding.
		008.03	New question requests additional information about testing for BUD in medium-risk compounding.
		009.02	New question requests additional information relative to BUD in high-risk compounding.
		009.03	New question requests additional information about testing for BUD in high-risk compounding.
		010.01	Deleted item due to absence of parameter in USP chapter.
		012.02	Observation: when USP chapter is final, will need to change pressure parameter from “0.01” to “0.03”.
		016.00	Deleted reference to nonsterile preparations.
		017.00	New question asking about use of scales or balances in compounding of sterile preparations.
		017.01	New question asking details about scales

used.

017.02 New question asking about electronic scales.

021.00 Question about pharmacy's continuous quality improvement (CQI) program relative to compounding of sterile preparations.

021.01 thru 021.12 Additional questions about different aspects of the pharmacy's CQI program.

023.00 Added clarification "for human use".

027.02 Deleted item; not covered in USP chapter.

027.03 Deleted item; not covered in USP chapter.

027.04 Deleted item; not covered in USP chapter.

038.01 Deleted recommendation re hand-free sink.

040.00 Observation: Future revision of USP 797 will removed heated hand dryer.

045.01 Clarification; requirement, not recommendation.

048.01 Clarification re temperature standards.

048.03 Clarification re temperature standards.

048.04 Clarification re temperature standards.

048.06 Clarification re temperature standards.

064.01 New item seeking additional detail.

065.00 Clarification – sanitizing vs cleaning.

067.00 Clarification re timing of floor cleaning.

071.00 Clarification re time for cleaning activities.

085.01 Clarification – deleted media fill tests.

099.04 Clarification; changed "standards" to "procedures."

099.05 Clarification allows for alternative procedures

	equivalent or superior to listed reference.
099.06	Adds additional person beyond PIC.
101.03	Clarification – recommendation, not requirement.
108.00	Clarification of timing of samples.
108.06	Clarification – deleted media fills.
108.07	Clarification re CFUs on clean rooms.
108.08	New question relative to CFUs in PECs; distinct from 108.07.
108.09	Clarification re action plans on CFUs.
108.10	Clarification; recommendation, not requirement.
108.11	Clarification; recommendation, not requirement.
109.00	Clarification re sampling procedures.
112.00	Clarification re monitoring devices.
113.00	Deleted this item due to its relocation.
123.00	Clarification on single-dose containers.
128.00	Clarification on labeling of patient-specific containers.
134.02	Added example of inappropriate use of filters.
134.03	New item for additional data point re filters.
139.00	Clarification of visual checks prior to release.
140.00	Additional detail re visual checks prior to release.
144.00	Allows for alternative but superior standard for sterility testing.
144.03	Clarification of standard for sterility testing in high-risk compounding.

145.00 Allows for alternative but superior standard for endotoxin testing.

147.00 Item deleted; standards incorporated elsewhere in blueprint.

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Blueprint for Inspection of Pharmacies

Module IV – Nuclear Pharmacy Services

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General Pharmacy

001.00 Is the Pharmacist-in-Charge (PIC) or pharmacy manager/director present for the inspection?

002.00 Are photographs allowed during the inspection?

General Operations & Licensure

003.00 Are pharmacy licenses, permits, and registrations (state, controlled substance, DEA, etc.) posted?

004.00 Is the Radiation Safety Officer (RSO) the same as is listed on the Radioactive Materials (RAM) license?

005.00 Is the PIC an Authorized User (AU) on the RAM license? List all Aus.

006.00 Is the most recent board of pharmacy inspection report available for review?

006.01 Were any deficiencies noted?

007.00 Is the most recent Nuclear Regulatory Commission (NRC) or Dept. of Environmental Quality (DEQ) inspection report available for review?

007.01 Were any deficiencies noted?

008.00 Has this pharmacy been inspected by any other state for which it holds a license?

009.00 Is the pharmacy operating under an exemption or restriction granted by the state in which the pharmacy is located or by any other state in which the pharmacy is licensed?

010.00 Is the pharmacy operating under a variance or waiver granted by the state in which the pharmacy is located or by any other state in which the pharmacy is licensed?

011.00 Has the pharmacy been inspected or visited by the DEA?

012.00 Has the pharmacy been inspected by the FDA?

013.00 Has the pharmacy been inspected by the Environmental Protection Agency (EPA), Department of Transportation (DOT), or any other outside agency?

014.00 Does the pharmacy hold any accreditations or certifications?

015.00 Has the pharmacy held any accreditations or certifications in the past that they no longer hold?

016.00 Were any deficiencies detected on the last internal audit?

017.00 Does this pharmacy handle investigational drug (IND) radiopharmaceuticals?

018.00 Does the pharmacy ***distribute*** compounded preparations to practitioners for "office use" or "physician use"?

019.00 Does the pharmacy ***distribute*** compounded preparations to hospitals, clinics, or surgery centers?

020.00 When the pharmacy ***delivers*** or ***distributes*** pharmaceuticals, does the pharmacy maintain a copy of each customer's current RAM license/registration?

021.00 Does the pharmacy provide compounded preparations to other pharmacies for dispensing?

022.00 Does the pharmacy purchase any compounded preparations from other entities for dispensing to patients?

023.00 Does the pharmacy only make essential copies of a commercially available drug product on the Drug Shortage List or that is justified by a documented medical need of the individual patient as determined by the prescribing practitioner?

023.01 If yes, products are verified as appearing on the Drug Shortage List in effect under Sec. 506E of the Federal Act at the time of compounding, distribution and dispensing.

023.02 If yes, the Drug Shortage List is monitored and when a drug product is no longer on the list, any remaining stock is quarantined and not available for distribution or dispensing.

024.00 ***Nonsterile Compounding:*** Does the pharmacy compound oral preparations (capsules, liquids, etc.)?

025.00 ***Sterile Compounding:*** Does the pharmacy compound parenteral preparations?

026.00 ***Sterile Compounding:*** Does the pharmacy compound parenteral suspensions?

027.00 ***Sterile Compounding***: Does the pharmacy compound inhalation preparations?

028.00 Does the pharmacy perform testing in-house (such as purity, radiochemical purity, potency, sterility, endotoxin, environmental monitoring)?

029.00 Does the pharmacy send samples to an outside lab to perform testing?

Policy & Management

030.00 Policies and procedures (P&P) for the program are maintained in the pharmacy in an immediately retrievable form.

031.00 Do the P&Ps include the prescription processing, compounding, dispensing, delivery, receipt and storage, and the handling of hazardous drugs, and handling infectious waste and spills?

032.00 Are the P&Ps reviewed and updated regularly?

033.00 Are systems in place for the ongoing monitoring of state and federal laws and rules for changes in those laws or rules?

034.00 Is there a statement in the P&P, or are other means used, that the most stringent laws or rules are followed?

035.00 Does the pharmacy maintain all required records, including but not limited to prescription files and invoices, on site?

036.00 Does the pharmacy have access to appropriate law references, including state and federal regulations, including for those states in which the pharmacy is licensed, as well as the NRC?

037.00 Does the pharmacy have access to appropriate dosage and toxicology references?

038.00 Does the pharmacy have access to appropriate practice-specific references (nuclear, geriatric, pediatric, etc.)?

039.00 Are Safety Data Sheets (SDS) [formerly known as Material Safety Data Sheets (MSDS)] available to personnel for drugs and chemicals used in the pharmacy (including those for compounding, if applicable)?

040.00 Does the pharmacy have a hazardous waste handling and collection system?

Quality Assurance / Quality Improvement (QA/QI)

041.00 Is there a documented continuous quality improvement (CQI) program for the purpose of detecting, documenting, assessing, and preventing Quality

Related Events (QREs)?

042.00 Is QA data kept on site?

043.00 Are quality self-audits performed?

044.00 Is Quality Related Event (QRE) defined?

044.01 Is there a form to fill out for a QRE?

044.02 Reporting: Incidents of QREs are reported to a nationally-recognized error reporting program, an outside peer review committee, or a patient safety organization.

045.00 Are external errors documented and tracked?

046.00 Are internal errors documented and tracked?

047.00 Are complaints documented, tracked, and investigated as appropriate and the information is used as part of the CQI program?

048.00 Are reports of contamination or instability of compounded preparations documented, investigated, and tracked, and is there a recall system in place?

049.00 Does the pharmacy CQI program include viable environmental monitoring?

049.01 Does the facility QA program identify action limits or thresholds and the appropriate follow-up mechanisms when action limits or thresholds are exceeded, including a recall system.

049.02 Are deficiencies in compounding, labeling, packaging, and quality testing and inspection identified and corrected?

050.00 Are pharmacy information systems and technology performance issues measured and tracked?

051.00 Are any other measurements tracked and analyzed?

052.00 QRE data collected is analyzed to assess causes and any contributing factors (root cause).

053.00 Is data trended over time, e.g., against previous years' data?

054.00 Quality meetings are held at least annually by staff members of the pharmacy to consider the effects on quality of the pharmacy system due to staffing levels, workflow, and technological support.

055.00 Have process or policy changes or improvements been made based upon other data collected in the QA/QI program?

056.00 Improvements or changes made are evaluated for performance to measure the effectiveness of the CQI program.

Animal Compounding Compliance

057.00 The compounding meets the same standards as compounding for human patients.

058.00 The pharmacist is knowledgeable or has references regarding the individual species' limitations in physiology and metabolic capacity that can result in toxicity when certain drugs or excipients are used.

059.00 For therapy doses, the pharmacy obtains appropriate information to assess correct dosage such as animal species, breed, or weight.

060.00 It is determined and documented if the animal is used for food (meat, milk, eggs, etc.) or that the animal is a pet.

061.00 The facility has a list of drugs and components not allowed when compounding for food-producing animals.

062.00 The pharmacist is familiar with, or has a reference regarding, drug residues in the food chain and withdrawal times if compounding for food-producing animals.

063.00 The pharmacist is familiar with, or has a reference regarding, regulations for drug use in performance animals, e.g., race or show horses, racing dogs, etc.

Personnel Information

064.00 Is there a process for periodic verification of validity of personnel licenses (registrations)?

065.00 Are all personnel wearing name tags that clearly identify if they are a pharmacist , intern, or technician?

066.00 If the pharmacy uses relief personnel from outside agencies to perform sterile compounding, the training and certifications are verified.

067.00 Does the pharmacy have Visiting Authorized Nuclear Pharmacists?

067.01 Do the visiting nuclear pharmacists have written authorizations on file?

067.02 Are the visiting nuclear pharmacists' licenses on file in the pharmacy?

067.03 Are visiting nuclear pharmacists limited to 60 days per year or less?

067.04 Are all records associated with the visiting nuclear pharmacist maintained for at least 5 years after the last visit?

068.00 Does the pharmacy have a technician policy that specifies what a technician is allowed and not allowed to do?

069.00 Does the pharmacy maintain the proper technician to pharmacist ratio?

070.00 Do employees undergo background checks upon hire?

071.00 Do employees undergo drug testing upon hire?

072.00 Is new hire training, including orientation, general pharmacy procedures, HIPAA, Radiation Safety/ALARA [as low as reasonably achievable], Occupational Safety & Health Administration (OSHA) blood borne pathogen, and hazardous materials handling performed and documented?

073.00 Is ongoing annual training performed and documented, including topics such as HIPAA, Radiation Safety/ALARA, OSHA blood borne pathogen, or HAZCOM (OSHA's Hazard Communication Program)?

074.00 Is there a performance review process and is it documented?

075.00 Is a procedure for corrective or disciplinary action in place and documented?

Personnel Compliance

076.00 Have all personnel of reproductive capacity who handle or compound radiopharmaceuticals / radioactive materials confirmed in writing they understand the risk of handling radiopharmaceuticals / radioactive materials?

077.00 Is there documentation of training for other employees (including drivers, warehouse, receiving, administrative, clerks) who may have contact with radiopharmaceuticals / radioactive materials on handling the spills associated with them?

078.00 Personnel demonstrate knowledge and can verbalize the principles of the safe use of RAM – time (working quickly / efficiently), distance (not handling RAM directly, using tongs), and shielding (using lead containers and shields in work areas).

079.00 Personnel demonstrate knowledge of emergency procedures and are able to point out the locations of the eyewash station, emergency spill kit, and can verbalize how to handle contamination, including reporting.

080.00 ***Nonsterile Compounding:*** There is documentation that the training includes cleaning and disinfection, garb, and manipulation of ingredients, including quality testing, labeling, and RAM handling.

081.00 ***Nonsterile Compounding:*** There is documentation that the training process for the preparation of compounds includes demonstration of the compounding procedure first, followed by the trainee performing the procedure under supervision successfully before trainee is allowed to perform compounding independently.

082.00 ***Nonsterile Compounding:*** There is documentation that training includes the operation of any equipment that may be used when preparing compounded products.

083.00 ***Nonsterile Compounding:*** There is documentation that employees performing nonsterile compounding are evaluated at least annually on compounding competency, including compounding technique, equipment, and materials handling.

084.00 ***Sterile Compounding:*** There is documentation that all compounding personnel have passed initial and subsequent annual written exams that include QA procedures for the appropriate compounding risk levels including RAM.

085.00 ***Sterile Compounding:*** There is documentation that all compounding personnel have passed initial and subsequent annual competency assessments of aseptic compounding skills using observational audit tools including handling RAM.

086.00 ***Sterile Compounding:*** There is documentation that new compounding personnel have passed initial observed gowning procedures and three gloved fingertip sampling tests.

087.00 ***Sterile Compounding:*** There is documentation that compounding personnel preparing low or medium risk level preparations have passed an annual observed gowning procedure and gloved fingertip sampling test.

088.00 ***Sterile Compounding:*** There is documentation that a media fill test procedure is performed for each compounding employee at least annually for individuals that prepare low or medium risk level preparations.

089.00 ***Sterile Compounding:*** The media fill testing procedures include:

089.01 Media selection, including obtaining Certificates of Analysis or growth promotion certification from suppliers;

089.02 Fill volume;

089.03 Incubation time and temperature;

089.04 Inspection of filled units;

089.05 Documentation;

089.06 Interpretation of results; and

089.07 Action levels set with the corrective actions required.

090.00 ***High-Risk Sterile Compounding:*** There is documentation that compounding personnel have passed an observed gowning procedure and gloved fingertip sampling test every six months.

091.00 ***High-Risk Sterile Compounding:*** There is documentation that a media fill test procedure is performed for each compounding employee at least every six months.

092.00 ***Sterile and Nonsterile Compounding:*** Are all personnel that perform cleaning activities in the compounding areas appropriately trained, including housekeeping or other outside personnel if used for cleaning?

Facility & Security

093.00 Is entry to prescription product storage and processing areas limited to task-critical employees?

094.00 Is entry into the compounding areas limited to task-critical employees, i.e., pharmacists and other trained and authorized pharmacy personnel?

095.00 Are drugs secured to prevent unauthorized removal or access?

096.00 Does the pharmacy have a working security / alarm system in place?

097.00 Does the pharmacy have cameras?

098.00 Does anyone have access to the pharmacy after hours in the absence of the pharmacist?

099.00 Do pharmacy staff remain in the pharmacy if the pharmacist is absent on a meal break? If so, is there a policy regarding what activities may or may

not be allowed during the pharmacist's absence?

100.00 Is the "Notice to Workers" [required by NRC] posted?

101.00 Is the "Notice to Employees [NRC Form 3] posted?

102.00 If the facility performs both sterile and nonsterile compounding, the areas are separated and distinct.

103.00 Is the blood compounding area separate and distinct from the general compounding area?

103.01 Are components used in compounding with blood products restricted to the blood compounding area (not used in other compounding area)?

104.00 Are chemicals stored in the appropriate manner, e.g., per SDS?

105.00 Are all volatile products, e.g., Xe-133 gas, liquid I-131 NaI, stored and manipulated in a negative pressure environment?

105.01 If the pharmacy handles radioactive gases, are the clearance time and safety procedures posted?

106.00 Are there housekeeping standards to ensure the environment is professional, safe, neat, and clean?

107.00 Is the pharmacy clean and is there appropriate space for the prescription volume?

108.00 Is there a heating and air conditioning system?

109.00 Temperature monitoring is performed in drug storage areas (if separate from the compounding areas) and maintained within 20° to 25° C (68° to 77° F), or more restrictive if warranted by specific drug product storage requirements.

109.01 Temperature monitoring in the drug storage area is performed at least once daily and documented.

109.02 Excursion action plan is in place, including evaluating excursion effects on drug product integrity.

110.00 Humidity monitoring is performed in drug storage areas (if separate from the compounding areas) to provide humidity in the ranges warranted by specific drug product storage requirements, generally 35-60%.

110.01 Humidity monitoring is in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max.

110.02 Excursion action plan in place including evaluating excursion effects on drug product integrity.

111.00 Are the refrigerator and freezer restricted to drug products only (no food)?

112.00 Temperature monitoring in the refrigerator is performed at least once daily and documented. Additionally, compounding personnel shall note the storage temperature when placing the product into or removing the product from the storage unit in order to monitor any temperature aberration. Alternatively, continuous monitoring or retroactive detection using min/max may be used.

112.01 Is the temperature in the refrigerator within the USP range (2° to 8° C or 36° to 46° F) or as specified by FDA approved labeling for drug product storage?

113.00 Temperature monitoring in the freezer is performed at least once daily and documented. Additionally, compounding personnel shall note the storage temperature when placing the product into or removing the product from the storage unit in order to monitor any temperature aberration.

113.01 Is the temperature in the freezer within the USP range (-25° to -10° C or -13° to 14° F) or as specified by FDA approved labeling for drug product storage?

114.00 Are there contingency plans in the event of power outage or refrigerator / freezer failure?

115.00 Are there contingency plans in the event of heating or air conditioning failure?

Environmental Monitoring Compliance

116.00 ***Nonsterile Compounding:*** All PECs (primary engineering controls) have been certified within the last six months.

117.00 ***Sterile Compounding:*** The most recent PEC and room certification report is available.

117.01 All ISO Class 7 and 8 SECs (clean/buffer rooms and anterooms) have been certified within the last six months.

117.02 All ISO Class 5 PECs (laminar airflow workbenches or areas, BSCs, CAIs, CACIs, and barrier isolators) have been certified within the last six months.

117.03 Certification is performed at least every six months and whenever a

device or room is relocated or altered, or major service to the facility is performed.

117.04 Certification procedures such as those outlined in the Controlled Environmental Testing Association (CETA)'s *"Certification Guide for Sterile Compounding Facilities"* (CAG-003-2006) shall be noted on the report.

117.05 If the certification procedures used are not those outlined in *"Certification Guide for Sterile Compounding Facilities"* (CAG-003-2006), the facility has performed a comparison and determined the procedures used are equivalent or better than the procedures outlined in *"Certification Guide for Sterile Compounding Facilities"* (CAG-003-2006).

117.06 The PIC or compounding supervisor is familiar with what testing is required and interpretation of results, ensures all testing is performed appropriately (under dynamic conditions where appropriate), has action levels identified, evaluates results to detect issues or trends, and action levels are further customized based on trended data of performance.

118.00 The certification report includes information about the equipment used for performing each test including: identification of the equipment used by model, serial number, last calibration date (or when next calibration is due).

118.01 The equipment used had not exceeded its calibration date at the time of certification.

119.00 The HEPA filtered air changes per hour (ACPH) were measured for the compounding rooms.

119.01 ISO Class 7 sterile compounding room is certified as having a minimum of 30 ACPH with at least 15 ACPH from outside air sources.

119.02 ISO Class 8 anteroom is certified as having the recommended minimum of 20 ACPH. {*Recommended}*

119.03 If a CACI is used in a non-HEPA filtered room, the room is certified to maintain a minimum of 12 ACPH.

120.00 Air pattern analysis using smoke testing was performed under dynamic conditions (people working in the hoods and rooms). The smoke flow is described in the report for the various tests as turbulent, sluggish, smooth, etc.

120.01 Air pattern analysis was conducted at the critical area (direct compounding area inside the ISO Class 5 PEC) to demonstrate unidirectional airflow and sweeping action over and away from the product under dynamic conditions (personnel compounding or simulating compounding in PEC).

120.02 Air pattern analysis was conducted to confirm positive pressure (and negative pressure into required compounding rooms) at all points around all openings, doorways, and pass-throughs.

120.03 Air pattern analysis was conducted around particle generating equipment while the equipment was in operation to confirm airflow.

121.00 Differential air pressure between rooms was measured.

121.01 The differential pressure measured was at least 0.02" water column positive from the clean/buffer room to the anteroom and between the anteroom and all adjacent spaces with the doors closed. [Radioactive licensing may prohibit anteroom from being positive to unrestricted general area.]

121.02 The differential pressure measured was at least 0.01" water column negative from the room containing volatile products to the adjacent room with the doors closed.

122.00 Displacement airflow between rooms or areas was measured; required for a clean/buffer room without a door that closes to the anteroom – may be an open space or may have plastic strips in doorways.

122.01 Displacement airflow (for low and medium-risk non-hazardous rooms only) was measured at a minimum differential velocity of 40 feet per minute from the clean/buffer room to the anteroom.

123.00 Particle counts of particles 0.5 um and larger were measured under dynamic conditions.

123.01 ISO Class 5 areas and PECs are certified as having less than 3,520 particles per cubic meter of air (100 particles per cubic foot).

123.02 ISO Class 7 areas are certified as having less than 352,000 particles per cubic meter of air (10,000 particles per cubic foot).

123.03 ISO Class 8 areas are certified as having less than 3,520,000 particles per cubic meter of air (100,000 particles per cubic foot).

124.00 HEPA filter tests were performed.

124.01 All room HEPA filters were leak tested and if leaks found, they were fixed.

124.02 All PEC HEPA filters were leak tested and if leaks found, they were fixed.

125.00 Viable air (every six months) and surface sampling (periodically) tests have been conducted as required.

125.01 PECs with failed tests are not used for compounding until the conditions are corrected and verified by subsequent testing.

125.02 Appropriate growth media used (containing tryptic soy agar medium with polysorbate and lecithin [TSApl] added to neutralize cleaning agents for surface sampling) with appropriate corresponding incubation time and temperature used.

125.03 Viable air sampling by active impaction using a volumetric air sampling device.

125.04 Air samples were taken in each ISO Class 5 PEC, and in each sterile compounding room and anteroom, and the samples contained a sufficient volume of air (400 – 1,000 liters).

125.05 Surface samples performed on all direct compounding areas inside of each ISO Class 5 PEC, in each ISO classified room, inside any pass-throughs, and on surfaces likely to be contaminated due to position relative to doorways, etc.

125.06 Viable air and surface samples did not exceed USP action levels (or internal action levels if more restrictive):

Classification	*Air Sample*	*Surface Sample*
ISO Class 5	> 1 CFU/m^3	> 3 CFU/plate
ISO Class 7	> 10 CFU/m^3	> 5 CFU/plate
ISO Class 8	> 100 CFU/m^3	> 100 CFU/plate

125.07 CFUs detected by any means (viable air or surface sampling, gloved fingertip testing, failed sterility tests, etc.) are identified to the genus level.

125.08 If any highly pathogenic microbes (i.e., mold, yeast, coagulase positive staphylococcus, or gram negative rods) were detected (whether or not the number of CFUs exceeds action levels), begin immediate remediation (e.g., recleaning and retesting), and conduct investigation into the source(s) of the contamination.

126.00 ***Materials Tests:*** Molybdenum-99 breakthrough tests are performed and records kept for at least 5 years.

Product Ordering, Receipt, and Inventory

127.00 Is the pharmacy restricted to buying prescription drugs from certain distributors or manufacturers?

127.01 If restricted, does the PIC approve the vendors?

128.00 Are all orders received when the pharmacy is open?

129.00 Does the pharmacy purchase any compounded preparations from other entities for dispensing to patients?

130.00 Does the pharmacy make any sterile or nonsterile compounded preparations using bulk powder or liquid APIs (active pharmaceutical ingredients) such as I^{131} for capsules or solutions?

130.01 Does the pharmacy verify that the manufacturer / repackager of the API is an FDA-registered facility?

130.02 Does the pharmacy use APIs that are not from an FDA-registered facility?

131.00 Does the computer system track on-hand quantities of products?

132.00 Are orders generated and sent by the computer for prescription products, including controlled substances?

133.00 Does the pharmacy maintain required inventories (such as change in PIC, theft/loss, etc.)?

134.00 Are incidents of diversion or resignation/termination of personnel for cause reported?

135.00 Does the pharmacy have a complete physical inventory of products performed at least once yearly?

136.00 Does the pharmacy have a system in place to track prescription drug products in order to detect diversion or theft?

137.00 Are all products inspected upon receipt to detect any packaging issues, damage, etc.?

138.00 How are outdated, damaged, or recalled products segregated?

139.00 Are non-RAM expired or damaged products destroyed on site?

Components

140.00 Certificates of Analysis (COAs) are obtained for all bulk APIs (such as I^{131} for making capsules and solutions) and for media used for viable testing.

141.00 Certificates for each sealed source are kept on file.

142.00 USP or NF grade substances are used, if available.

143.00 APIs or other components have labeling indicating use for pharmaceutical compounding or manufacturing. Labels do not indicate “For Research Purpose Only” or “Not for Drug Use” or “Veterinary Use Only” or are handwritten from other pharmacies.

144.00 All substances and components have a complete label including a batch control or lot number, and an expiration date.

145.00 For APIs without an expiration date assigned by the manufacturer or supplier, the pharmacy assigns a conservative expiration date.

146.00 All APIs are labeled with the date they were received.

147.00 If the pharmacy repackages APIs into smaller containers for ease of use, the expiration date assigned is conservative (typically the lesser of one year or the actual expiration date from the original container).

148.00 Containers are labeled with appropriate OSHA hazard communication labels and are stored correctly.

149.00 Nonsterile Compounding: Is water an ingredient? If so, what type is used?

150.00 Does the pharmacy use nonsterile empty vials and vial stoppers, or closures and terminally sterilize them with an on-site autoclave?

Prescription/Order Processing

151.00 Are any portions of the prescription processing performed at a different location?

152.00 Does the pharmacy obtain a copy or verify the RAM license of the facility to which the radiopharmaceutical will be delivered?

153.00 Does the pharmacy verify the state medical license of the physician identified on the facility RAM license?

154.00 Is there a procedure to follow when a RAM license for the facility or the license of the prescriber cannot be obtained or verified?

155.00 Does the pharmacy have electronic prescription capability?

156.00 Does the pharmacy provide routine maintenance to the pharmacy computer system, and is the information backed up?

157.00 Is there a continuity plan should the system become inoperable?

Patient Profiles and Communication

158.00 Does the patient information gathered include patient contact information, age, date of birth, and gender?

159.00 For therapy doses, does the pharmacy receive appropriate information to assess correct dosage, such as geriatric or pediatric weight-based doses?

160.00 Does the pharmacist perform an evaluation of the dose, safety, and intended use of the preparation to be compounded?

161.00 Does the pharmacy take back prescription drugs from customers?

162.00 Are providers instructed on the signs of product instability or contamination (as appropriate) and to report any changes in the physical characteristics of the product to the pharmacy?

163.00 Does the after-hours voicemail message have instructions on whom to contact based on urgency of issue?

Patient Confidentiality

164.00 Is the PIC also the HIPAA Privacy Officer?

165.00 Is there a HIPAA policy in place for employees, vendors, and contractors?

166.00 Do employees deemed nonessential to patient care have access to confidential patient information, such as delivery services?

167.00 Is access to the pharmacy system limited to appropriate personnel?

168.00 Are confidential documents shredded?

169.00 Does the pharmacy destroy PHI (personal health information), including labeled prescription vials?

170.00 Does the crisis plan include security of paper and electronic patient information?

Prescription Packaging and Transporting

171.00 Does the pharmacy utilize employee drivers to deliver prescriptions to patients and/or facilities?

172.00 Does the pharmacy utilize other services/carriers to deliver prescriptions to patients and/or facilities?

173.00 There is a tracking system in place to verify delivery of prescription products.

174.00 Deliveries of RAM are directly to a secure location at a healthcare facility.

175.00 Is only authorized packaging used?

175.01 Are DOT-7A performance test records on file for each type of packaging used by the pharmacy?

175.02 Is the packaging tamper-evident?

Equipment

176.00 Appropriate equipment and utensils rae available, clean, and in good working order.

177.00 Appropriate instruments and meters (Geiger-Mueller survey meters, rate meters, Cutie Pie survey meters, etc.) are available, including documentation for use (policies and procedures and operating instructions).

178.00 PEC prefilters are checked and replaced regularly.

179.00 Is all equipment thoroughly cleaned promptly after each use to prevent cross contamination?

180.00 Automated Compounding Devices (ACDs), such as repeater pumps, are used for sterile compounding, and there is a policy and procedure for their calibration and use.

180.01 There is documentation of the ACD tubing being changed or discarded every 24 hours.

180.02 The ACD is used when performing media fill testing.

Nonsterile Compounding – Beyond Use Dating (BUD)

181.00 BUDs are assigned from the day of preparation.

182.00 BUDs are assigned based on dispensing in tight, light-resistant containers / overpacks.

183.00 Extended BUDs are supported by testing data.

184.00 Extended BUDs are assigned and the facility has performed it own stability testing.

185.00 BUDs for nonaqueous formulations are not later than the remaining time until the earliest expiration date of API and not later than six months.

186.00 BUDs for water-containing oral formulations are not later than 14 days when stored at controlled cold temperatures (refrigerated).

187.00 BUDs for water-containing semisolid formulations are not later than 30 days.

Nonsterile Compounding – Environment

188.00 The nonsterile compounding area is a controlled environment and separate from the general pharmacy.

189.00 The pharmacy performs nonsterile compounding in a ventilated cabinet.

190.00 Ventilated cabinets used for nonsterile compounding are certified or tested periodically.

191.00 There is sufficient space available for the type and amount of compounding performed and the space is orderly to prevent mix-ups between ingredients, containers, labels, in-process materials, and finished preparations.

192.00 Only one preparation is compounded at a time.

193.00 The compounding area is well-lit.

194.00 Appropriate protective attire (gowns, gloves, masks, etc.) is available.

195.00 There is a sink for the nonsterile compounding area with hot and cold potable water, soap or detergent, and air driers or single-use towels.

196.00 ***Temperature*** in the compounding area is maintained to provide controlled room temperature of 20 to 25 C (68 to 77 F), or more restrictive if warranted by specific drug product storage requirements.

196.01 If drugs are stored in the compounding area, temperature monitoring is in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max.

196.02 Excursion action plan is in place, including evaluating excursion effects on drug product integrity.

197.00 ***Humidity*** in the compounding area is maintained to provide humidity in the ranges warranted by specific drug product storage requirements, but is ***recommended*** generally in the range of 35-60%.

197.01 Humidity monitoring is in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max.

197.02 Excursion action plan is in place, including evaluating excursion effects on drug product integrity.

198.00 All components, equipment, and containers are stored off the floor, and handled and stored to prevent contamination.

199.00 All components and packaging containers and closures are properly rotated to use oldest first.

Nonsterile Compounding – Documentation

200.00 The pharmacy creates a Master Formulation Record the first time before compounding a new preparation.

201.00 Every formulation is evaluated for incompatibilities and the potential for being ineffective or toxic.

202.00 The ***Master Formulation Record*** includes:

202.01 Official or assigned name, strength, and dosage form;

202.02 All necessary calculations;

202.03 Description of all ingredients and their quantities;

202.04 Compatibility and stability information including references (when available);

202.05 Equipment used for the preparation;

202.06 Mixing instructions (order of mixing, temperatures, duration of mixing, and other pertinent factors);

202.07 Container used and packaging requirements;

202.08 Assigned BUD information;

202.09 Labeling information, including the name of and quantity or concentration of each active ingredient;

202.10 Description of the finished preparation;

202.11 Storage requirements; and

202.12 Quality control procedures and expected results (e.g., dose measurement of capsule in the dose calibrator).

203.00 The pharmacy creates a Compounding Record for each compound prepared.

204.00 The ***Compounding Record*** includes:

204.01 Official or assigned name, strength, and dosage of the preparation;

204.02 Master Formulation record reference;

204.03 Sources, lot numbers, and expiration dates of all components;

204.04 Total quantity or number of dosage units compounded;

204.05 Person compounding the preparation;

204.06 Person performing the quality control procedures;

204.07 Person who approved the preparation;

204.08 Date of compounding;

204.09 Assigned internal identification number or prescription number;

204.10 Description of the final preparation;

204.11 Assigned BUD;

204.12 Duplicate label;

204.13 Results of quality control procedures (weight range of filled capsules, pH of aqueous liquids, etc.); and

204.14 Documentation of any quality control issues and any adverse reactions or preparation problems reported by the patient or caregiver, including investigation and recall, if appropriate.

Nonsterile Compounding – Compounding Procedures

205.00 The Master Formulation Record and the Compounding Record have been reviewed by the compounder to ensure it is error-free.

206.00 Compounding personnel ascertain that ingredients for compounded preparations are of the correct identity and appropriate quality, including a unit-by-unit inspection of the components.

207.00 The containers and closures selected meet USP standards (from container supplier).

208.00 Container selection determined by physical and chemical properties of the preparation.

209.00 Compounding personnel maintain good hand hygiene and wear clean and appropriate clothing for the compounding being performed.

210.00 Personnel don appropriate protective garb when performing compounding.

211.00 Routine compounding procedures for batch preparation completed and verified according to written procedures, including: calculations correct, weighing and measuring performed correctly, order of mixing correct, and compounding techniques performed correctly.

212.00 Procedures for in-process checks followed. These checks indicate that appropriate procedures and packaging are followed for each step, including addressing pharmacist verification of steps performed by non-pharmacists that includes visual inspection of product, and documentation of the compounding accuracy is performed to ensure proper measurement, reconstitution, and component usage. ***Recommendation:*** *compounding accuracy checked by a person other than the compounder.*

213.00 There are no deviations from the Master Formulation Record, unless they are approved and deemed appropriate by a pharmacist and a new Master Formulation Record is created.

214.00 There is a procedure for cleaning which is followed, e.g., after each preparation, daily tasks, monthly tasks, etc.

215.00 Personnel are appropriately garbed for protection when cleaning.

Nonsterile Compounding – Release Checks

216.00 The finished preparation is observed to appear as expected in the Master Formulation Record and documented.

217.00 As appropriate, the final completed preparation is assessed for weight, mixing, clarity, color, consistency, pH, and strength/activity, with results documented.

217.01 Batch preparation (in anticipation of prescriptions) are of an appropriate volume and batch products in stock are all within their BUD (not outdated).

217.02 Labels on batch preparations include the name and quantity of all contents, date and time of preparation (or internal code/lot number indicating this information), preparer and verification pharmacist identifiers, stability (BUD), and any auxiliary labels indicated, including appropriate packaging and labeling of hazardous materials.

218.00 The immediate container shall be labeled with:

218.01 The standard radiation symbol;

218.02 The words “Caution – Radioactive Material”;

218.03 The name of the pharmacy; and

218.04 The prescription number.

219.00 Does the labeling on patient-specific containers include?:

219.01 State required prescription label information;

219.02 Identifiers for the person preparing the compound and performing the final verification;

219.03 BUD;

219.04 An indication that this is a compounded preparation; and

219.05 Any additional special handling requirements.

220.00 The immediate outer container of a radioactive drug to be dispensed shall also be labeled with:

220.01 The standard radiation symbol;

220.02 The words “Caution – Radioactive Material”;

220.03 The name of the radionuclide;

220.04 The chemical form;

220.05 The amount of RAM contained, in millicuries (mCi) or microcuries (µCi).

220.06 If the radioactive drug is a liquid, the volume in milliliters; and

220.07 The requested calibration time for the amount of radioactivity contained.

Sterile Compounding – Environment

221.00 The anteroom has a line of demarcation or other separation of the dirty to the clean side.

221.01 Carts used to bring supplies from the storeroom are kept on the outside of the line demarcation.

221.02 Carts used in the clean/buffer room are kept on the clean side of the line of demarcation.

222.00 All surfaces of the sterile preparation compounding area carts, shelves, stools, chairs, and other items are resistant to disinfectants, non-permeable, non-carpeted or upholstered, and low particulate count generating.

223.00 Walls are constructed of durable materials, which are cleanable, such as epoxy-coated or heavy-gauge polymer material. If panels are used, they are locked together and sealed.

224.00 The ceiling surface shall be impervious and hydrophobic. If tiles are used, they shall be locked and the seam between the tiles and where they meet the walls shall be caulked and sealed.

225.00 The floor overlaid with wide sheet flooring and seamless or with heat welded seams, with cowing to the sidewall, and a sealed seam where the cowing meets the wall.

226.00 The clean/buffer room or anteroom does not have dust collecting overhangs.

227.00 The exposed surfaces of:

227.01 PEC are free of dirt, rust, chips, and particulate matter;

227.02 Light fixtures are smooth, mounted flush, and sealed.

228.00 A working sink, located on the clean side of the line of demarcation, is available that enables pharmacy personnel to wash hands and enter the sterile compounding area without contaminating his hands and is away

from and not adjacent to any PECs.

229.00 There is no sink or drain in the clean/buffer room.

230.00 All air ducts controlling air flow into the sterile compounding area are equipped with HEPA-filtered air that maintains the clean/buffer room with at least an ISO Class 8 environment.

231.00 Incoming air ducts through HEPA filters are on or near the ceiling and air return ducts are low on the walls in the anteroom and clean/buffer room.

232.00 Beverages including drinking water, chewing gum, candy, or food items are prohibited from the clean/buffer room or anteroom.

233.00 If compounding occurs using nonsterile ingredients, products, components, or devices (e.g., compounding with nonsterile APIs or using nonsterile vials and closures), the pharmacy has appropriate equipment to sterilize the finished product.

233.01 Pre-sterilization procedures for high-risk CSPs (compounded sterile preparations) such as weighing and mixing are performed in no worse than an ISO Class 8 environment.

234.00 Does the ISO Class 8 clean room or buffer area door lead into an ISO Class 8 anteroom?

235.00 Completely enclosed anteroom and clean/buffer room (with a door) are equipped with monitors or gauges to measure differential pressure.

235.01 Anteroom is at least 0.02” wc (water column) positive pressure to general pharmacy areas.

235.02 Clean/buffer room is at least 0.02” wc positive pressure to general pharmacy areas.

235.03 Hazardous compounding room and drug storage area is at least 0.01” wc negative pressure to ISO Class 7 anteroom.

235.04 Pressures are reviewed and documented on a log at least every work shift (minimum of once daily) or monitored by a continuous recording device.

235.05 Written plan in place to detect and react to pressure differentials outside of limits.

236.00 If the clean/buffer room and anteroom are not fully enclosed (open or with plastic strips – no door that closes), the air flow is measured across the openings.

236.01 The airflow is at least 40 feet per minute across the entire opening.

236.02 Airflow is read and recorded each shift (minimum of once daily) or continuously recorded.

236.03 Written plan in place to detect and react to airflow measurements outside of limits.

236.04 This area is used only for low- and medium-risk compounding – hazardous and high-risk compounding not allowed.

237.00 The doors into the anteroom from the general pharmacy area and from the anteroom into the clean room are prevented from both being open at the same time – by interlocking, training of personnel, or signage.

238.00 The inside and outside doors of a pass-through are prevented from both being open at the same time – by interlocking, training of personnel, or signage.

239.00 ***If the PEC is a BSC or LAFW that is <u>not</u> located in an ISO Class 7 clean/buffer room***, the BSC or LAFW has been certified to maintain ISO Class 5 during compounding activities.

239.01 If low risk, do the compounds located in segregated area have BUDs of 12 hours or less?

239.02 All garbing requirements are adhered to.

239.03 PEC is located in an area that is maintained under sanitary conditions and only traveled by persons engaging in the compounding of sterile preparations.

239.04 This location does not contain any unsealed windows or doors that connect to the outdoors or areas of high traffic flow, and is not adjacent to construction sites, warehouses, or food preparation areas.

240.00 ***If the CAI/CACI is not located in an ISO Class 7 clean/buffer room***, the CAI/CACI has been certified to maintain ISO Class 5 under dynamic conditions, including transferring of ingredients, components, and devices as well as during preparation of CSPs.

240.01 The pharmacy has documentation from the manufacturer that the CAI or CACI will meet this standard when located in worse than ISO Class 7 environments.

240.02 The CAI or CACI is located in an area that is maintained under sanitary conditions and only traveled by persons engaging in the compounding of sterile preparations.

240.03 The sink is separated from the immediate area of the ISO Class 5 BSC or LAFW (not adjacent).

241.00 **Temperature** in the compounding area is maintained to provide controlled room temperature of 20 to 25 C (68 to 77 F), or more restrictive if warranted by specific drug product storage requirements.

241.01 Temperature monitoring is in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Records are maintained.

241.02 Excursion action plan is in place including evaluating excursion effects on drug product integrity.

242.00 ***Humidity*** in the compounding area is maintained to provide humidity in the range warranted by specific drug product storage requirements, with a general ***recommended*** range of 35-60%.

242.01 Humidity monitoring is in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max.

242.02 Excursion action plan is in place including evaluating excursion effects on drug product integrity.

243.00 Are the blowers on PECs operated continuously during compounding activity, including during interruptions of less than eight hours?

244.00 When the ISO Class 5 PEC blower is turned off and before other personnel to perform compounding activities, is only one garbed person allowed to enter the buffer area for the purposes of turning on the blower (for at least 30 minutes) and sanitizing the work surface?

Sterile Compounding – Cleaning and Disinfection

245.00 Are all personnel performing cleaning appropriately garbed?

246.00 Is the sterile compounding area equipped with appropriate non-shedding cleaning equipment and supplies?

247.00 If cleaning tools are reused, is there a procedure to rinse and sanitize the tools?

248.00 Are reusable tools appropriately labeled to prevent them from being used inappropriately?

249.00 For cleaning and sanitizing agents that are not “ready for use” formulations, are there formulas and instructions for mixing or diluting the cleaning and sanitizing agents prior to use, and is the preparation of

cleaning supplies or agents documented?

250.00 Are cleaning and sanitizing agents appropriately labeled including expiration dates?

251.00 Are appropriate cleaning agents used that are effective for bacteria, viruses, fungi, and spores?

252.00 Is the ISP Class 5 PEC cleaned at the beginning of each shift, between compounding different preparations, at least every 30 minutes while compounding, and after spills or suspected surface contamination?

253.00 Does sanitizing of the ISO Class 5 PEC include sanitizing with sterile 70% IPA (isopropyl alcohol) using a non-linting wipe?

253.01 If heavily soiled, cleaning includes the appropriate agent.

254.00 Does daily cleaning and sanitizing include counters and easily cleanable work surfaces?

255.00 Does daily cleaning include the floors starting from the clean room and working outwards?

256.00 If fatigue mats are used in the clean room or anteroom, are they cleaned daily and left to dry on both sides?

257.00 Is a tacky mat used, and if so, is there a procedure in place regarding replacement?

258.00 Are the ceilings, walls, all shelving, bins, carts, chairs, and the tops and sides of the PECs thoroughly cleaned monthly?

259.00 Is enough time allocated for cleaning activities, including contact/dwell times for the cleaning/disinfection agents?

Sterile Compounding – Garbing

260.00 Personnel are prohibited from compounding, or entering the clean/buffer room or anteroom if they have a rash, sunburn, weeping sores, conjunctivitis, or an active respiratory infection.

261.00 Personnel are required to remove all personal outer garments such as hats, scarves, sweaters, vests, coats, or jackets and any makeup or cosmetics before entering compounding areas.

262.00 Personnel are required to remove all hand and wrist jewelry, and all visible jewelry or piercings such as earrings, lip or eyebrow piercings, etc. before entering clean/buffer room.

263.00 Personnel are prohibited from wearing artificial nails or extenders, and required to keep natural nails neat and trimmed.

264.00 Garbing with dedicated shoes or shoe covers that are donned as the line of demarcation is crossed (with the dedicated or covered shoe never touching the same side of the line of demarcation as the dirty shoe).

265.00 Garbing includes head and facial hair covers and masks.

266.00 Hand cleaning is performed in the anteroom and includes removing debris from under the nails with a nail cleaner followed by a vigorous washing of the hands and forearms with soap for at least 30 seconds with hands and arms then dried with lint-free disposable towels, or an electronic or HEPA filtered hand dryer.

267.00 The gown is non-shedding with sleeves that fit snugly around the wrists and enclosed at the neck.

268.00 All bare skin on the arms and legs is covered.

269.00 Prior to donning sterile glove, a waterless alcohol-based surgical hand scrub with persistent activity is used and hands allowed to dry.

270.00 Upon leaving the sterile preparation compounding area, gowns are taken off and disposed of, or if used for nonhazardous compounding they are left in the anteroom and not reused for longer than one shift.

271.00 Pharmacists or other personnel do NOT enter the anteroom and cross the line of demarcation without donning shoe covers or dedicated shoes.

272.00 Pharmacists or other personnel do NOT enter the clean/buffer room without fully washing and garbing.

Sterile Compounding – Compounding Procedures

273.00 Gloves are disinfected with adequate frequency with an appropriate disinfectant, such as sterile 70% IPA.

274.00 Nonessential objects that shed particles are prohibited in the clean/buffer room area, including pencils, cardboard cartons, paper towels, reading material, and cotton items, e.g., gauze pads.

275.00 Essential paper related products (syringe overwraps, work records contained in a protective plastic sleeve) are wiped down with sterile 70% IPA before being brought into the clean/buffer room area.

276.00 Supplies required for the scheduled operations of the shift are prepared by wiping the outer surface with sterile 70% IPA (or removing the outer

wrap as the item is introduced into the aseptic work area) and brought into the clean/buffer room in a bin or on a movable cart.

277.00 Compounding employees are using appropriate aseptic technique.

277.01 If compounding is not being performed at the time of survey, ask that a compounding pharmacist or technician prepare a compound for the surveyor to observe the compounding process.

278.00 Compounding personnel ascertain that ingredients for CSPs are of the correct identity and appropriate quality by reading vendors' labels, and a unit-by-unit physical inspection of the product before use.

279.00 All rubber stoppers of vials and bottles and the neck of ampoules are disinfected with sterile 70% IPA waiting for at least 10 seconds before they are used to prepare CSPs.

280.00 Are opened or needle-punctured single-dose containers (bags, bottles, syringes, or vials) that are opened or punctured in worse than ISO Class 5 air used within one hour and the remaining contents discarded?

281.00 Single-dose vials exposed to ISO Class 5 or cleaner air are used within six hours of the initial puncture and any remaining contents discarded.

282.00 Multiple-dose vials formulated for removal of portions on multiple occasions are used within 28 days (or the manufacturer's specific BUD if less) after the initial entry or puncture and any remaining contents discarded.

283.00 The *Compounding Record* is complete with the following minimum data elements:

283.01 Official or assigned name, strength, and dosage of the preparation;

283.02 Names, lot numbers, and expiration dates of all components;

283.03 Total quantity or number of units compounded;

283.04 Person compounding the preparation;

283.05 Person performing the quality control procedures;

283.06 Person who approved the preparation;

283.07 Date of compounding;

283.08 Assigned internal identification number or prescription number;

283.09 Assigned BUD and reference if extended beyond USP guidelines;

283.10 Duplicate label;

283.11 Sterilization method (if applicable); and

283.12 Indication of the quality control procedures to perform (testing, filter integrity, etc.) and results of the testing, quality control issues, and investigation and recall, if applicable.

284.00 Procedure for in-process checks is followed. These checks indicate that appropriate procedures and packaging are followed for each step, including addressing pharmacist verification of steps performed by non-pharmacists and visual inspection of product. Documentation of the compounding accuracy is performed by someone other than the compounder to ensure proper measurement, reconstitution, and component usage.

285.00 Labels on ***batch*** preparations include the name and quantity of all contents, date, and time of preparation (or internal code indicating this information), preparer and verification pharmacist identifiers, stability (BUD), and any auxiliary labels indicated including appropriate packaging and labeling of hazardous materials.

286.00 The immediate container shall be labeled with:

286.01 The standard radiation symbol;

286.02 The words “Caution – Radioactive Material”;

286.03 The name of the pharmacy; and

286.04 The prescription number.

287.00 Labeling on patient-specific containers includes:

287.01 State required prescription label information;

287.02 Identifiers for the person preparing the compound and performing the final verification;

287.03 BUD;

287.04 Route of administration and flow rate (if applicable); and

287.05 Any additional special handling requirements.

288.00 The immediate outer container of a radioactive drug to be dispensed shall also be labeled with:

288.01 The standard radiation symbol;

288.02 The words “Caution – Radioactive Material”;

288.03 The name of the radionuclide;

288.04 The chemical form;

288.05 The amount of RAM contained in millicuries or microcuries;

288.06 If the radioactive drug is a liquid, the volume in milliliters; and

288.07 The requested calibration time for the amount of radioactivity contained.

289.00 All manufacturer-supplied products are stored in original manufacturer containers.

290.00 BUDs assigned that are greater than 12 hours are documented with justification based on USP guidelines, testing, or literature.

291.00 If BUDs are set according to manufacturer package insert recommendations, the products are prepared *exactly* according to package insert.

292.00 Appropriate sterilization methods are used and documented.

Sterile Compounding – Release Checks and Tests

293.00 For suspensions, is the particle size measured (where applicable)?

294.00 Are products visually checked for particulates or other foreign matter against both a light and a dark colored background as a condition of release?

295.00 Are there checks for container, closure integrity, and any other apparent visual defects?

296.00 Is compounding accuracy documented by verification of steps?

297.00 Is verification of ingredient identity and quantity verified? Is there a reconciliation of components?

298.00 Are labels verified as being correct, and is a copy of the label included in the record?

299.00 ***Sterility Testing*** complies with USP <71>. If testing is performed to a more stringent standard, describe in inspection notes.

299.01 Sterility testing includes both bacterial and fungal testing.

299.02 Sterility testing is performed on all compounded sterile preparations that have extended BUDs.

299.03 Sterility testing is performed for high-risk compounded sterile preparations prepared in batches of more than 25 identical containers.

299.04 Sterility testing is performed for compounded sterile preparations exposed longer than 12 hours at 2°to 8°C or longer than 6 hours at warmer than 8°C before being sterilized.

299.05 The appropriate quantities of units are sterility tested:

- *For parenterals:*
  - For less than 100 units, test 10% or 4 units, whichever is greater;
  - For 100 to 500 units, test 10 units; and
  - For more than 500 units, test 2% or 20 units, whichever is less.
- *For large-volume parenterals:*
  - 2% of the units or 10 containers, whichever is less.
- *For non-parenterals (eye drops, inhalation, etc.):*
  - For less than 200 units, test 5% or 2 containers, whichever is greater;
  - For 200 or more units, test 10 containers.

299.06 For products failing testing, product is quarantined, and an investigation is performed including microbial identification and action taken.

299.07 If items are dispensed or distributed prior to sterility testing completion, there is a written procedure requiring daily observation of the incubated media. If there is any evidence of microbial growth, there is an immediate recall and both the patient and the physician/prescriber for the patient to whom a potentially contaminated compounded sterile preparation was administered are notified of the potential risk.

300.00 The appropriate quantity of units is used for sterility testing.

301.00 ***Endotoxin Testing*** complies with USP <85>. If testing is performed to a more stringent standard, describe in inspection notes.

301.01 Is endotoxin testing performed for all high-risk level CSPs for administration by injection prepared in groups of more than 25 single-dose packages, such as ampoules, bags, syringes, vials, etc.?

301.02 High-risk CSPs prepared in multiple dose vials for administration to multiple patients.

301.03 High-risk CSPs exposed longer than 12 hours at 2° to 8°C (25° to 46°F) or longer than 6 hours at warmer than 8°C (46°F) before they are sterilized.

301.04 For products failing testing, product is quarantined, and an investigation is performed and action taken.

302.00 ***Purity testing:*** CSPs are tested for radioactive purity.

303.00 View a sampling of testing records. Products that have been dispensed or distributed that failed testing (e.g., sterility, endotoxin, or radiochemical purity) have been appropriately recalled and investigated.

Revision History

1. In the event the compliance officer detects a lack of compliance with the following standards, the compliance officer shall conduct a Follow-up Survey within the indicated amount of time to evaluate the remediation performed and assess compliance with the standard, and shall document their findings:
   A. Form No. 601 ~ Pharmacy Inspection Report
      Standard No. 30 – Adequate Lighting/Ventilation;
      If the pharmacy can provide electronic documentation of the remediation to the satisfaction of the compliance officer, a repeat visit shall not be required; however, if such documentation is not received by the compliance officer within 3 days, then the compliance officer shall re-inspect the pharmacy within 7 days of the original inspection.

   B. Form No. 601 ~ Pharmacy Inspection Report
      Standard No. 33 – Sterile Compounding OR
      Form No. 606 ~ Compounding of Sterile Preparations
      Standards 28 through 146
      When a compliance officer restricts a pharmacy's Beyond Use Date (BUD) or suspends a pharmacy's compounding activity, follow-up action is required before the compliance officer may remove the restriction or allow the resumption of suspended compounding activity. If the compliance officer cannot satisfactorily determine compliance through electronic documentation, a follow-up survey shall be performed.

   C. Form No. 601 ~ Pharmacy Inspection Report
      Standard No. 36 – Security/Alarm/Restricted Access
      If no pharmacist was on duty at the time of the attempted survey, or if the pharmacy personnel were unable to demonstrate the premises were physically secure, the compliance officer shall re-inspect the pharmacy within 30 days of the original inspection or attempted inspection.

1. In the event the Board places restrictions on a credential, including probationary terms as well as other non-probationary restrictions, the compliance officer shall conduct unannounced Compliance Checks as appropriate to assess the licensee's compliance with the order of the Board.

2. The compliance officer shall document their Compliance Check findings for the Board in eLicense.

1. The statutory authority for the Board to conduct investigations is found at RS 37:1182(B)(3) and 40:986(B).

2. The regulatory authority for the Board to conduct investigations is found at LAC 46:LIII.323.

3. The following personnel are authorized to conduct investigations for the Board:
   A. Executive Director;
   B. Assistant Executive Director;
   C. General Counsel;
   D. Chief Pharmacist Compliance Officer; and
   E. Pharmacist Compliance Officer.

4. All personnel authorized to conduct investigations shall obtain specialized education and training for that activity.
   A. All authorized personnel shall complete the National Certified Investigator & Inspector Training (NCIT-Basic) certification program sponsored by the Council on Licensure, Enforcement, & Regulation (CLEAR) within two years of their appointment to the position authorized to conduct investigations.
   B. The Pharmacist Compliance Officer and Chief Pharmacist Compliance Officer shall also complete the NCIT-Specialized certification program sponsored by CLEAR within three years of their appointment to those positions.

5. All complaints shall be forwarded to one of the following administrative officers:
   A. Executive Director;
   B. Assistant Executive Director; or
   C. General Counsel.

6. The administrative officer shall cause the complaint to be recorded in the eLicense enforcement module. Subsequent activity about the complaint shall be recorded in the eLicense enforcement module.

7. The General Counsel shall assign the investigation of the complaint to a person authorized to conduct such investigations, noting the identity of the investigator and date of assignment in eLicense.

8. At the conclusion of the investigation, the investigator shall prepare an Official Investigative Report (OIR) in the event the case is to be referred for Board consideration, or in the alternative, a Case Memorandum for all other cases.

9. Any investigation not completed within 180 days after its assignment to the investigator shall be reported to the chair of the violations committee for their consideration and guidance.

1. The statutory authority for the inspection of drugs is found at LRS 37:1182.A.14.

2. The statutory authority for the inspection of pharmacies is found at LRS 37:1182.A.15.

3. The regulatory authority to conduct investigations of complaints is found at LAC 46:LIII.323.A.

4. The Board interprets the above statutes and rule such that compliance officers are authorized and permitted to take, obtain, record, collect, and maintain photographic and other visual images during their inspection and investigation activities.

Revision History

05-29-2019	Re-numbered policy.

1. The statutory authority for the Board to conduct investigations is found at R.S. 37:1182(B)(3).

2. The regulatory authority for the Board to conduct investigations is found at LAC 46:LIII.323.

3. Pharmacies or other facilities holding controlled substances shall acquire a Controlled Dangerous Substance (CDS) license from the Board prior to engaging in that activity, and shall renew that license every year until such time as they cease all activity with controlled substances.

4. As part of its obligation to inspect and investigate complaints in pharmacies and other facilities holding controlled substances, the investigator may conduct an audit of controlled substance activity at the facility.

5. The investigator shall inventory the controlled substances on hand at the beginning of the audit, or in the alternative, may rely on the facilities own inventory record for a previous date.

6. The investigator shall acquire invoices for all controlled substances acquired by the facility for the audit period, using all distributors declared by the facility.

7. The investigator shall review all prescriptions, invoices, and other documents relative to the disposition of such controlled substances.

8. The investigator shall prepare an audit report detailing their findings.

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Section V – Prescription Monitoring Program

A. Administration
- 01. Board Operations
- 02. Advisory Council

B. Data Collection
- 01. Dispenser Enrollment
- 02. Reporting Requirements
- 03. Compliance Monitoring

C. Data Hosting
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E. Statistical Data Analysis
- 01. Prescription Transaction Volume
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F. Release of Program Information to Other Entities
- 01. Epidemiologist
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G. Legislative Oversight
- 01. Annual report

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.

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.

        i. The member organization shall identify their appointee to the council and shall notify the Board of Pharmacy office of the date of their appointment and any subsequent changes to that appointment.

        ii. The member organization shall identify any designee of their appointee and shall notify the Board of Pharmacy office of the date of the designee's appointment and any subsequent changes or additional designees.

    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.

        i. The Board staff shall reply timely to requests for council membership information from the Senate & Governmental Affairs Committee or any other governmental agency or private entity.

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.

    C. In the absence of the chair and vice chair, the chair shall designate the presiding officer for the council meeting.

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.

   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

Revision History

02-05-2020	> Added (i) and (ii) under Item 1.A due to guidance from the Senate Committee on Governmental Affairs and the Boards & Commissions office. > Added (i) under Item 1.B to direct staff. > Added (C) under Item 2. This situation has happened only once; in the event it happens again, policy will provide appropriate guidance.

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.

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.

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

2. Dispensers with no eligible prescription transactions to report may submit a Zero Report for that reporting period; their failure to do so may result in a desk audit and a potential 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;

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.

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.

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.

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.

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 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

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.

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 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
PMP Program Manager

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 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 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 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.

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 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:

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 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.

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.

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.

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. Medical interns/residents

      iii. Podiatrists;

      iv. Physician assistants;

      v. Medical psychologists

      vi. Dentists;

      vii. Advanced practice registered nurses;

      viii. Optometrists;

      ix. 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 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;

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.

Louisiana Board of Pharmacy

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Section VI – Rescinded, Deleted & Obsolete Policies

I.A.2	Declaratory Statements & Advisory Opinions
I.A.6	Centralized Prescription Processing by Out-of-State Hospital Pharmacies
I.A.13	Reporting of Immunizations
I.A.22	Transfer of Prescription Information Between Pharmacies
I.A.26	Sale of CBD Oil (Guidance Document)
I.B.1.a	Pharmacist Licensure Re-examination
I.B.4.a	Reciprocity Committee
I.B.5.a	Reinstatement Committee
II.A.1	Employee Drug Testing
II.A.3	Inspectors Drug Disposal
II.A.5	Salary Administration – Flexible Maximum Hire Rates
II.A.6	Flexible Special Entrance Rates for Salaries
II.B.7	Dress Code
II.C.2	Employment
II.C.3	Employment Benefits
II.C.5	Office Hours
II.C.6	Attendance
II.C.7	Performance Planning & Review
II.C.9	Holidays
II.D.2	Annual & Sick Leave

II.E.1	Purchases
II.E.2	Invoices & Receipts
II.E.5	Travel Card & CBA
II.H.2	Sexual Harassment
II.I.3	Smoking
III.B	Document Depository Program
IV.B.6	Application for New Pharmacy Permit
IV.B.7	Application for New Nonresident Pharmacy Permit
V.A.2	PMP Advisory Council

Louisiana Board of Pharmacy **Policies & Procedures**

Title: Declaratory Statements & Advisory Opinions Policy No. I.A.2

Approved: 05-05-2004 Revised:

1. The statutory authority for these procedures is RS 49:962.

2. The regulatory authority for these procedures is LAC 46:LIII.359.

3. Petitioner shall be allotted a minimum of thirty (30) minutes to present his arguments in support of a written Petition for Declaratory Statement or Petition for Advisory Opinion validly entered into the record. The Chair may exercise his discretion in extending this period.

4. General Counsel for the Louisiana Board of Pharmacy shall be allotted a minimum of thirty (30) minutes to respond to the Petition for Declaratory Statement or Petition for Advisory Opinion. The Chair may exercise his discretion in extending this period. At any time during General Counsel's presentation, additional comments, arguments and/or points of information may be presented by other Board representatives or staff with the Chair's approval.

5. Petitioner shall have no more than fifteen (15) minutes for rebuttal. The Chair may exercise his discretion in extending this period.

6. During the course of all arguments, the Chair may solicit comments from Board members, Board staff and audience members at his discretion.

7. At the conclusion of all arguments, the Chair may solicit comments from Board members, Board staff and audience members at his discretion.

8. All remarks by a member of the Board, Board staff or audience member shall be addressed through the Chair.

9. Upon conclusion of all arguments, comments and points of information, the Chair may either direct the Board to rule on the matter at that time or, based on the complexity of the issues involved, may direct the Board members to take the Petition under advisement and direct a ruling at the next regularly scheduled meeting of the full Board.

10. If the matter is taken under advisement, the Chair shall direct the petitioner to submit any written response to General Counsel's written arguments on the matter. The Chair shall allow a minimum of fifteen (15) days for the response to be submitted. The Chair may exercise his discretion in extending this period for good cause.

OBSOLETE

11. In accordance with Robert's Rules of Order, at the outset of the formal hearing, the Chair shall direct Board members, staff and audience members that decorum shall be maintained throughout the presentation and debate on the matter. After a preliminary verbal warning by the Chair to any individual disturbing the assembly, upon a second recognized instance by the Chair of this individual disrupting decorum, the individual may be escorted from the meeting room and prohibited reentry at the Chair's discretion.

OBSOLETE

Title: Centralized Prescription Processing by Out-of-State Hospital Pharmacy

Policy No. I.A.6

Approved: 05-09-2007

Rescinded: 05-07-2008

1. The Board entertained a request from an out-of-state hospital pharmacy requesting guidance as to whether it could render services to a Louisiana-licensed hospital pharmacy.

2. The Board, by unanimous vote, adopted the following motion:

   Resolved, that the Board interprets its statutes and rules in such a manner that a properly permitted out-of-state pharmacy may provide centralized prescription processing services, pursuant to the specifications of LAC 46:LIII.1117, to a Louisiana-licensed hospital pharmacy.

RESCINDED

1. The Board entertained a request from a pharmacist credentialed to administer medications for an opinion relative to the reporting of immunizations.
   - The petitioner took note of the provisions of LAC 46:LIII.521.F that appear to require the pharmacist to notify the patient's practitioner within 24 hours after the administration of a vaccine. Further, he took note that rule was promulgated by the Board in July 2008.
   - The petitioner also took note of La. R.S. 37:1218, which was passed by the 2010 Legislature, taking effect on August 15, 2010. In particular, he noted the statute requires the reporting of influenza immunizations administered without medical orders to the state immunization registry but does not contain any requirement to notify the practitioner.
   - The petitioner requested guidance as to whether the pharmacist was required to notify practitioners of influenza immunizations administered without medical orders. Staff noted the statute did not contain any language exempting influenza immunizations from the requirement found in the rule. Since the rule does not exempt any particular immunizations, staff opined the pharmacist was obligated to report all immunizations to the practitioner within 24 hours, as specified in the rule.
   - The petitioner disagreed with the staff opinion and requested a formal opinion from the Board.

2. The Board reviewed the rule and statute in question, and following substantial discussion considered the following motion:

   Resolved, that the Board interpret La. R.S. 37:1218 and LAC 46:LIII.521.F to require all immunizing pharmacists to report all vaccine administrations to the patient's physician, without respect to the existence of a prescription or medical order for such immunizations.

3. Pursuant to a roll call vote, the motion was adopted.

   Yes: Bond, Burch, Dartez, Hall, McKay, Reed, Resweber, Simonson, Soileau.

   No: Anderson, Indovina, Melancon, Moore, Pitre, Rabb.

OBSOLETE

Louisiana Board of Pharmacy **Policies & Procedures**

Title: Transfer of Prescription Information Between Pharmacies

Policy No. I.A.22

Approved: 05-10-2017

Revised:

1. The Louisiana Pharmacy Practice Act, more specifically at La. R.S. 37:1224.E, authorizes the transfer of prescription information between pharmacies, to wit:

   "A prescription may be filled, compounded, and dispensed at the permitted pharmacy which first received the prescription or at any other permitted pharmacy to which the prescription is properly transferred from the originating pharmacy. A prescription may be properly transferred through the transfer of prescription information from one pharmacy to another manually or through an electronic transfer using an electronic file updated on a real-time on-line basis and shared by two or more pharmacies. Electronic transfers of prescriptions shall be permitted regardless of whether or not the pharmacy from which the prescription is transferred is open for business."

2. The Board's rules, more specifically *LAC 46:LIII.2523 – Transfer of Prescription Information*, describes the requirements relative to the transfer of original prescription information between pharmacies for the purpose of refill dispensing, describing procedures for prescriptions for controlled substances as well as prescriptions for non-controlled substances. There are no other rules relative to the transfer of prescriptions which have not yet been dispensed.

3. In response to multiple inquiries from pharmacists across the state, the Board adopted the following opinion pursuant to a unanimous vote in the affirmative of the members present and voting.

   The Board interprets its laws and rules such that pharmacies may transfer original prescription information for prescriptions that have not yet been dispensed, subject to the following provisions:

   - *Prescriptions for medications not listed as a controlled substance may be transferred by a pharmacist, pharmacy intern, or certified pharmacy technician; and further, the person transferring the prescription shall annotate the prescription as to the:*
     1. *date of its transfer;*
     2. *name and address of the receiving pharmacy; and*
     3. *name of the person receiving the prescription.*
   - *Prescriptions for medications listed as a controlled substance may be transferred by a pharmacist, subject to the limitation identified in 21 CFR 1311 which prohibits the transfer of electronic prescriptions for controlled substances away from the pharmacy which received that prescription from the prescriber; and further, the pharmacist transferring the prescription shall annotate the prescription as to the:*
     1. *date of its transfer;*
     2. *name, address, and DEA registration number of the receiving pharmacy; and*
     3. *name of the pharmacist receiving the transfer information.*

OBSOLETE

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.

OBSOLETE

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.*

OBSOLETE

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].

OBSOLETE

Title: Pharmacist Licensure Reexamination Policy No. I.B.1.a

Approved: 11-28-2000 Deleted: 05-11-2005

1. The statutory authority for this policy is RS 37:1202.B.5.

2. Following the first or second unsuccessful attempt of an examination for licensure, an applicant shall be permitted to attempt that examination for licensure.

3. Following the third unsuccessful attempt of an examination for licensure, an applicant shall not be permitted to attempt that examination for licensure until one year from the last date of that examination.

DELETED

1. The statutory authority for the Reciprocity Committee is RS 37:1203.

2. The regulatory authority for the Reciprocity Committee is LAC 46:LIII.509.

3. After all other requirements for reciprocity have been completed, the applicant shall apply for an opportunity for the interview examination.

4. Board members shall receive advance notification of reciprocity applicants prior to the interview examination.

5. The date for the reciprocity interview will be determined by Board staff in consultation with both the reciprocity candidate and the interviewer(s).

6. If the candidate requests an interview date prior to the next regular meeting of the Reciprocity Committee, the staff (in consultation with the committee chair) shall use the following order of precedence in facilitating the arrangements:

    a. If a member of the Reciprocity Committee is scheduled to be in the Board office for official business, that member shall conduct the interview.

    b. If a member of the Reciprocity Committee is not available, but another Board member is scheduled to be in the Board office for official business, that member shall conduct the interview.

    c. If no Board member is available, the Executive Director shall conduct the interview.

    d. If no interviewer is available through the options stated herein, the Reciprocity Committee Chair shall appoint a member of the Reciprocity Committee or another Board member to conduct the interview.

7. During the Board meeting following any interview examination, the Reciprocity Committee shall submit to the Board for ratification the results of all reciprocity interview examinations.

OBSOLETE

1. The statutory authority for the Reciprocity Committee is RS 37:1203.

2. The regulatory authority for the Reciprocity Committee is LAC 46:LIII.109.

3. After all other requirements for reciprocity have been completed, the applicant shall apply for an opportunity for the interview examination.

4. Board members shall receive advance notification of reciprocity applicants prior to the interview examination.

5. The date for the reciprocity interview will be determined by Board staff in consultation with both the reciprocity candidate and the interviewer(s).

6. If the candidate requests an interview date prior to the next regular meeting of the Reciprocity Committee, the staff (in consultation with the committee chair) shall use the following order of precedence in facilitating the arrangements:

    a. If a member of the Reciprocity Committee is scheduled to be in the Board office for official business, that member shall conduct the interview.

    b. If a member of the Reciprocity Committee is not available, but another Board member is scheduled to be in the Board office for official business, that member shall conduct the interview.

    c. If no Board member is available, the Executive Director shall conduct the interview.

    d. If no interviewer is available through the options stated herein, the Reciprocity Committee Chair shall appoint a member of the Reciprocity Committee or another Board member to conduct the interview.

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OBSOLETE

Revision History

08-15-2001	Original policy approved
05-05-2004	Updated the regulatory citation in Article 2.

OBSOLETE

1. The statutory authority for the Reciprocity Committee is RS 37:1203.

2. The regulatory authority for the Reciprocity Committee is LAC 46:LIII.109.

3 In order to comply with the statutory qualifications for licensure by reciprocity, found specifically at LRS 37:1203.A, licensing division staff shall review all reciprocity applications for adherence to the following criteria:
   a. If there is evidence (by copy of order) that any license has ever been revoked, suspended, or probated for any reason other than infractions of continuing education regulations – regardless of whether that revocation, suspension, or probation was subsequently stayed, reversed, or expunged – the applicant shall be ruled ineligible for reciprocity.
   b. Staff shall offer the ineligible applicant the opportunity to withdraw the application and obtain a full refund of any fees received and deposited by the office.

4. After all other requirements for reciprocity have been completed, the applicant shall apply for an opportunity for the interview examination.

5. Board members shall receive advance notification of reciprocity applicants prior to the interview examination.

6. The date for the reciprocity interview will be determined by Board staff in consultation with both the reciprocity candidate and the interviewer(s).

7. If the candidate requests an interview date prior to the next regular meeting of the Reciprocity Committee, the staff (in consultation with the committee chair) shall use the following order of precedence in facilitating the arrangements:

   a. If a member of the Reciprocity Committee is scheduled to be in the Board office for official business, that member shall conduct the interview.

   b. If a member of the Reciprocity Committee is not available, but another Board member is scheduled to be in the Board office for official business, that member shall conduct the interview.

   c. If no Board member is available, the Executive Director shall conduct the interview.

OBSOLETE

d. If no interviewer is available through the options stated herein, the Reciprocity Committee Chair shall appoint a member of the Reciprocity Committee or another Board member to conduct the interview.

8. During the Board meeting following any interview examination, the Reciprocity Committee shall submit to the Board for ratification the results of all reciprocity interview examinations.

OBSOLETE

Revision History

08-15-2001	Original policy approved.
05-05-2004	Updated the regulatory citation in Article 2.
02-17-2005	Inserted Article 3.

OBSOLETE

OBSOLETE

1. The statutory authority for the Reciprocity Committee is RS 37:1203.

2. The regulatory authority for the Reciprocity Committee is LAC 46:LIII.109.

3. After all other requirements for reciprocity have been completed, the applicant shall apply for an opportunity for the interview examination.

4. Board members shall receive advance notification of reciprocity applicants prior to the interview examination.

5. The date for the reciprocity interview will be determined by Board staff in consultation with both the reciprocity candidate and the interviewer(s).

6. If the candidate requests an interview date prior to the next regular meeting of the Reciprocity Committee, the staff (in consultation with the committee chair) shall use the following order of precedence in facilitating the arrangements:

    a. If a member of the Reciprocity Committee is scheduled to be in the Board office for official business, that member shall conduct the interview.

    b. If a member of the Reciprocity Committee is not available, but another Board member is scheduled to be in the Board office for official business, that member shall conduct the interview.

    c. If no Board member is available, the Executive Director shall conduct the interview.

    d. If no interviewer is available through the options stated herein, the Reciprocity Committee Chair shall appoint a member of the Reciprocity Committee or another Board member to conduct the interview.

7. During the Board meeting following any interview examination, the Reciprocity Committee shall submit to the Board for ratification the results of all reciprocity interview examinations.

Revision History

08-15-2001	Original policy approved.
05-05-2004	Updated the regulatory citation in Article 2.
02-17-2005	Inserted Article 3.
11-14-2007	Deleted Article 3, in compliance with Act 164 of 2006 Legislature.

OBSOLETE

OBSOLETE

1. The statutory authority for the Reciprocity Committee is RS 37:1203.

2. The regulatory authority for the Reciprocity Committee is LAC 46:LIII.109.

3. After all other requirements for reciprocity have been completed, the applicant shall apply for an opportunity for the interview examination.

4. Board members shall receive advance notification of reciprocity applicants prior to the interview examination.

5. The date for the reciprocity interview will be determined by Board staff in consultation with both the reciprocity candidate and the interviewer(s).

    a. In the event the application is complete except for the report from the criminal background check, that shall not automatically delay the consideration of the application by the committee; provided, however, the issuance of the license shall require receipt and favorable review of that report.

6. If the candidate requests an interview date prior to the next regular meeting of the Reciprocity Committee, the staff (in consultation with the committee chair) shall use the following order of precedence in facilitating the arrangements:

    a. If a member of the Reciprocity Committee is scheduled to be in the Board office for official business, that member shall conduct the interview.

    b. If a member of the Reciprocity Committee is not available, but another Board member is scheduled to be in the Board office for official business, that member shall conduct the interview.

    c. If no Board member is available, the Executive Director shall conduct the interview.

    d. If no interviewer is available through the options stated herein, the Reciprocity Committee Chair shall appoint a member of the Reciprocity Committee or another Board member to conduct the interview.

7. During the Board meeting following any interview examination, the Reciprocity Committee shall submit to the Board for ratification the results of all reciprocity interview examinations.

Revision History

08-15-2001	Original policy approved.
05-05-2004	Updated the regulatory citation in Article 2.
02-17-2005	Inserted Article 3.
11-14-2007	Deleted Article 3, in compliance with Act 164 of 2006 Legislature.
11-09-2010	Inserted Sub-Article 5.a

OBSOLETE

OBSOLETE

1. The statutory authority for the Reinstatement Committee is RS 37:1249.

2. The regulatory authority for the Reinstatement Committee is LAC 46:LIII.393.

3. Current regulations indicate the expiration date of licenses issued by the Board.
    a. The pharmacist license expires December 31 of each year. (LAC 46:LIII.507.B.6)
    b. The pharmacy technician license expires June 30 of each year. (LAC 46:LIII.815.B)

4. Applications for licensure renewal placed in possession of authorized mail carriers, or received in the Board office, after the expiration date shall be referred to the Reinstatement Committee for its consideration.
    a. For licenses lapsed less than one year, the Executive Director may exercise administrative discretion in the approval of the reinstatement application.
    b. For licenses lapsed more than one year, the Executive Director shall consult with the committee chair to determine the necessity for the personal appearance of a reinstatement applicant.

5. The applicant shall submit the following items to the Board office no later than 30 days prior to any Administrative Hearing:
    a. properly completed application for renewal,
    b. copies of continuing pharmacy (cpe) education certificates submitted in support of CPE requirements,
    c. administrative hearing fee of $250, (RS 37:1184.a.ix),
    d. reinstatement fee of $200, (RS 37:1184.b.iii),
    e. any unpaid fees imposed by prior Board orders, and
    f. any other fees incurred through non-renewal.
        i. the fee for licenses expired in excess of one year shall include the renewal fee and the delinquent fee in effect for each intervening year.
        ii. the fee for licenses retired for less than five years shall include the renewal fee, but not the late fee, in effect for each intervening year. (LAC 46:LIII.507.5)

6. The committee will determine the conditions under which it will recommend to the Board the approval or denial of the application for renewal. The committee's recommendation may include the successful completion of the Multistate Pharmacy Jurisprudence Examination (MPJE), additional supervised practical experience, additional continuing pharmacy education, or any other measures the committee

may deem necessary.

7. All correspondence and/or communications relative to applicants shall be coordinated through the Board office.

OBSOLETE

Revision History

02-10-2000 Original policy approved.

04-26-2000 Added Articles 4.a and 4.b.

OBSOLETE

1. The statutory authority for the Reinstatement Committee is RS 37:1249.

2. The regulatory authority for the Reinstatement Committee is LAC 46:LIII.109.

3. Current regulations indicate the expiration date of licenses issued by the Board.
    a. The pharmacist license expires December 31 of each year. (LAC 46:LIII.505.A.4)
    b. The pharmacy technician certificate expires June 30 of each year. (LAC 46:LIII.807.D)

4. Applications for licensure renewal placed in possession of authorized mail carriers, or received in the Board office, after the expiration date shall be referred to the Reinstatement Committee for its consideration.
    a. For credentials lapsed less than one year, the Executive Director may exercise administrative discretion in the approval of the reinstatement application.
    b. For credentials lapsed more than one year, the Executive Director shall consult with the committee chair to determine the necessity for the personal appearance of a reinstatement applicant.
    c. For credentials lapsed five years or more, the Executive Director shall notice the applicant to appear before the committee.

5. The applicant shall submit the following items to the Board office no later than 30 days prior to any Administrative Hearing:
    a. properly completed application for renewal,
    b. copies of continuing pharmacy (cpe) education certificates submitted in support of CPE requirements,
    c. administrative hearing fee of $250, (RS 37:1184.a.ix),
    d. reinstatement fee of $200, (RS 37:1184.b.iii),
    e. any unpaid fees imposed by prior Board orders, and
    f. any other fees incurred through non-renewal. The fee for credentials lapsed in excess of one year shall include the renewal fee and the delinquent fee in effect for each intervening year.

6. The committee will determine the conditions under which it will recommend to the Board the approval or denial of the application for renewal. The committee's recommendation may include the successful completion of the Multistate Pharmacy Jurisprudence Examination (MPJE), additional supervised practical experience, additional continuing pharmacy education, or any other measures the committee may deem necessary.

OBSOLETE

7. All correspondence and/or communications relative to applicants shall be coordinated through the Board office.

OBSOLETE

Revision History

02-10-2000 Original policy approved.

04-26-2000 Added the following:

4a. For licenses lapsed less than one year, the Executive Director may exercise administrative discretion in the approval of the reinstatement application.

4b. For licenses lapsed more than one year, the Executive Director shall consult with the committee chair to determine the necessity for the personal appearance of a reinstatement applicant.

05-05-2004 Updated regulatory citations in Articles 2, 3.a, and 3.b.
Technical corrections in Articles 3.b, 4.a, and 4.b ('credentials' for 'licenses').
Added Article 4.c.
Deleted Article 5.f.ii, due to deletion of enabling regulation.

OBSOLETE

OBSOLETE

1. The statutory authority for the Reinstatement Committee is RS 37:1249.

2. The regulatory authority for the Reinstatement Committee is LAC 46:LIII.109.

3. Current regulations indicate the expiration date of licenses issued by the Board.
    a. The pharmacist license expires December 31 of each year. (LAC 46:LIII.505.A.4)
    b. The pharmacy technician certificate expires June 30 of each year. (LAC 46:LIII.807.D)

4. Applications for licensure renewal placed in possession of authorized mail carriers, or received in the Board office, after the expiration date shall be referred to the Reinstatement Committee for its consideration.
    a. For credentials lapsed less than one year, the Executive Director may exercise administrative discretion in the approval of the reinstatement application.
    b. For credentials lapsed more than one year, the Executive Director shall consult with the committee chair to determine the necessity for the personal appearance of a reinstatement applicant.
    c. For credentials lapsed five years or more, the Executive Director shall notice the applicant to appear before the committee.

5. The applicant shall submit the following items to the Board office no later than 30 days prior to any Administrative Hearing:
    a. properly completed application for renewal;
    b. copies of continuing pharmacy (cpe) education certificates submitted in support of CPE requirements;
    c. report of criminal background check, provided, however, that the non-receipt of said report shall not serve to automatically delay the consideration of the application by the committee;
    d. administrative hearing fee of $250, (RS 37:1184.a.ix);
    e. reinstatement fee of $200, (RS 37:1184.b.iii);
    f. any unpaid fees imposed by prior Board orders; and
    g. any other fees incurred through non-renewal. The fee for credentials lapsed in excess of one year shall include the renewal fee and the delinquent fee in effect for each intervening year.

6. The committee will determine the conditions under which it will recommend to the Board the approval or denial of the application for renewal. The committee's recommendation may include the successful completion of the Multistate Pharmacy

Jurisprudence Examination (MPJE), additional supervised practical experience, additional continuing pharmacy education, or any other measures the committee may deem necessary.

7. All correspondence and/or communications relative to applicants shall be coordinated through the Board office.

OBSOLETE

Revision History

02-10-2000 Original policy approved.

04-26-2000 Added the following.

4a. For licenses lapsed less than one year, the Executive Director may exercise administrative discretion in the approval of the reinstatement application.

4b. For licenses lapsed more than one year, the Executive Director shall consult with the committee chair to determine the necessity for the personal appearance of a reinstatement applicant.

05-05-2004 Updated regulatory citations in Articles 2, 3.a, and 3.b
Technical corrections in Articles 3.b, 4.a, and 4.b ('credentials' for 'licenses').
Added Article 4.c.
Deleted Article 5.f.ii, due to deletion of enabling regulation.

02-21-2008 Added Article 5.c.

OBSOLETE

1. The statutory authority for the Reinstatement Committee is RS 37:1249.

2. The regulatory authority for the Reinstatement Committee is LAC 46:LIII.109.

3. Current regulations indicate the expiration date of licenses issued by the Board.
    a. The pharmacist license expires December 31 of each year. (LAC 46:LIII.505.A.4)
    b. The pharmacy technician certificate expires June 30 of each year. (LAC 46:LIII.807.D)
    c. The controlled dangerous substance (CDS) license expires one year after the date of issue. (LAC 46:LIII.2707.A.6)

4. Applications for licensure renewal placed in possession of authorized mail carriers, or received in the Board office, after the expiration date shall be referred to the Reinstatement Committee for its consideration.
    a. For credentials lapsed less than one year, the Executive Director may exercise administrative discretion in the approval of the reinstatement application.
    b. For credentials lapsed more than one year, the Executive Director shall consult with the committee chair to determine the necessity for the personal appearance of a reinstatement applicant.
    c. For credentials (other than CDS licenses) lapsed five years or more, the Executive Director shall notice the applicant to appear before the committee.
    d. For CDS credentials lapsed five years or more, the Executive Director shall consult with the committee chair, and further, shall notify the applicant's primary licensing agency and the U. S. Drug Enforcement Administration of the applicant's lapse and reinstatement.

5. The applicant shall submit the following items to the Board office no later than 30 days prior to any Administrative Hearing:
    a. properly completed application for renewal;
    b. copies of continuing pharmacy (cpe) education certificates submitted in support of CPE requirements;
    c. report of criminal background check, provided, however, that the non-receipt of said report shall not serve to automatically delay the consideration of the application by the committee;
    d. administrative hearing fee of $250, (RS 37:1184.a.ix);
    e. reinstatement fee of $200, (RS 37:1184.b.iii);
    f. any unpaid fees imposed by prior Board orders; and

OBSOLETE

g. any other fees incurred through non-renewal. The fee for credentials lapsed in excess of one year shall include the renewal fee and the delinquent fee in effect for each intervening year.

6. The committee will determine the conditions under which it will recommend to the Board the approval or denial of the application for renewal. The committee's recommendation may include the successful completion of the Multistate Pharmacy Jurisprudence Examination (MPJE), additional supervised practical experience, additional continuing pharmacy education, or any other measures the committee may deem necessary.

7. All correspondence and/or communications relative to applicants shall be coordinated through the Board office.

OBSOLETE

Revision History

02-10-2000 Original policy approved.

04-26-2000 Added the following:

4a. For licenses lapsed less than one year, the Executive Director may exercise administrative discretion in the approval of the reinstatement application.

4b. For licenses lapsed more than one year, the Executive Director shall consult with the committee chair to determine the necessity for the personal appearance of a reinstatement applicant.

05-05-2004 Updated regulatory citations in Articles 2, 3.2, and 3.b
Technical corrections in Articles 3.b, 4.a, and 4.b ('credentials' for 'licenses').
Added Article 4.c.
Deleted Article 5.f.ii, due to deletion of enabling regulation.

02-21-2008 Added Article 5.c.

08-05-2009 Added Article 3.c.
Amended Article 4.c to insert 'other than CDS licenses' after credentials
Added Article 4.d

OBSOLETE

OBSOLETE

1. The statutory authority for the Reinstatement Committee is RS 37:1249.

2. The regulatory authority for the Reinstatement Committee is LAC 46:LIII.109.

3. Current regulations indicate the expiration date of renewable credentials issued by the Board.
   A. The pharmacist license expires December 31 of each year. [LAC 46:LIII.505.A.4]
   B. The pharmacy technician certificate expires June 30 of each year. [LAC 46:LIII.807.D]
   C. The pharmacy permit expires December 31 of each year. [LAC 46:LIII.1101]
   D. The durable medical equipment (DME) permit expires August 31 of each year [LAC 46:LIII.2403]
   E. The automated medication system (AMS) registration expires June 30 of each year. [LAC 46:LIII.1203]
   F. The emergency drug kit (EDK) permit expires June 30 of each year. [LAC 46:LIII.1711]
   G. The controlled dangerous substance (CDS) license expires one year after the date of issue. [LAC 46:LIII.2707.A.6]

4. Applications for licensure renewal placed in possession of authorized mail carriers, or received in the Board office, after the expiration date shall be referred to the Reinstatement Committee for its consideration.
   A. For credentials lapsed less than one year, the Executive Director may exercise administrative discretion in the approval of the reinstatement application.
   B. For credentials lapsed more than one year, the Executive Director shall consult with the committee chair to determine the necessity for the personal appearance of a reinstatement applicant.
   C. For credentials (other than CDS licenses) lapsed five years or more, the committee chair in consultation with the President shall have the discretion to notice the applicant to appear before the committee.
   D. For CDS credentials lapsed five years or more, the Executive Director shall consult with the committee chair, and further, shall notify the applicant's primary licensing agency and the U.S. Drug Enforcement Administration of the applicant's lapse and reinstatement.

5. Applications for reinstatement of credentials which have been suspended or revoked by the Board shall be referred to the full committee, for a hearing to determine whether the reinstatement of the previously suspended or revoked credential would be in the public's best interest. The respondent shall bear the burden of demonstrating their rehabilitation and fitness for practice.

A. An exception to the requirement for a committee hearing shall be available for the reinstatement of a CDS license issued to anyone other than a pharmacy. For the reinstatement of these CDS licenses which have been suspended or revoked by the Board, the approval of the reinstatement application requires only the joint consent of the chair of the reinstatement committee and the President; when such approvals are issued, staff shall prepare a reinstatement order for the President's signature.
B. In the event a primary licensing agency vacates or rescinds a previous order which resulted in the Board's suspension or revocation of a practitioner's CDS license, staff shall prepare a reinstatement order for the President's signature.
C. In the event a practitioner applies for the reinstatement of a CDS license which was inactivated by staff secondary to a primary licensing agency's disciplinary action on his professional license, staff shall consult the chair of the reinstatement committee to determine the necessity for a personal appearance before the committee. In the event the committee chair authorizes the reinstatement, staff shall restore the credential to a status commensurate with the terms of the primary licensing agency board order.
D. When the staff has completed the reinstatement of a CDS license for a practitioner, a Pharmacy Alert shall be distributed via email to all the pharmacies for whom the Board has an email address on file.

6. The applicant shall submit the following items to the Board office no later than 30 days prior to any Administrative Hearing:
   A. properly completed application for renewal;
   B. copy of transcript from CPE Monitor submitted in support of CPE requirements;
   E. report of criminal background check, provided, however, that the non-receipt of said report shall not serve to automatically delay the consideration of the application by the committee;
   F. administrative hearing fee of $250, (RS 37:1184.a.ix);
   G. reinstatement fee of $200, (RS 37:1184.b.iii);
   H. any unpaid fees imposed by prior Board orders; and
   I. any other fees incurred through non-renewal. The fee for credentials lapsed in excess of one year shall include the renewal fee and the delinquent fee in effect for each intervening year.

7. The committee will determine the conditions under which it will recommend to the Board the approval or denial of the application for reinstatement. The committee's recommendation may include the successful completion of an examination, additional supervised practical experience, additional continuing pharmacy education, or any other measures the committee may deem necessary.

8. All correspondence and/or communications relative to applicants shall be coordinated through the Board office.

OBSOLETE

Revision History

08-15-2018 > Re-numbered policy.
> Amended Article 3 to add additional renewable credentials.
> Amended Article 5 to describe procedures relative to CDS licenses.

11-16-2016 > Added new Article 5 addressing reinstatement of previously suspended or revoked credentials.
> Amended Article 6 substituting copy of CPE Monitor transcript in lieu of copies of CE certificates.
> Amended Article 7 to delete the naming of a specific test in favor of more general term.

02-12-2014 > Amended Article 4.c to no longer require mandatory committee appearances for all licensees lapsed five years or longer. Instead, staff will refer these applicants to the committee chair and president, who shall have the discretion whether to require a committee appearance or some other alternative requirement.

08-05-2009 > Added Article 3.c.
> Amended Article 4.c to insert 'other than CDS licenses' after credentials
> Added Article 4.d

02-21-2008 > Added Article 5.c.

05-05-2004 > Updated regulatory citations in Articles 2, 3.2, and 3.b
> Technical corrections in Articles 3.b, 4.a, and 4.b ('credentials' for 'licenses').
> Added Article 4.c.
> Deleted Article 5.f.ii, due to deletion of enabling regulation.

04-26-2000 > Added the following:

4.A. For licenses lapsed less than one year, the Executive Director may exercise administrative discretion in the approval of the reinstatement application.

4.B For licenses lapsed more than one year, the Executive Director shall consult with the committee chair to determine the necessity for the personal appearance of a reinstatement applicant.

02-10-2000 Original policy approved.

OBSOLETE

Louisiana Board of Pharmacy **Policies & Procedures**

Title: Employee Drug Testing Policy No. II.A.1

Approved: 09-13-1998 Deleted: 05-11-2005

1. The statutory authority for this policy is RS 49:1015.

2. The executive authority for this policy is Executive Order 98-38, entitled *State Employee Drug Testing*, dated 08-10-1998.

3. As an agency subject to the oversight of the Dept. of Health and Hospitals, we are subject to DHH Policy 8134-98, entitled *DHH Employee Drug Testing*, which became effective 10-30-1998.

4. To implement the above policies, the Board has contracted with Professional Recovery Network, Inc. (PRN).

5. The attachment lists the collection sites available to Board members and employees.

6. Board members and employees shall obtain a drug screen within 24 hours of notification.

    a. Call the site prior to your arrival to ensure that your request can be handled properly and to confirm the collection fee.
    b. Inform the collection site personnel that you are a pharmacist with the PRN program. If you do not wish to use your name, you may identify yourself by your professional license number.
    c. The cost of the drug screen is $26.00, and is payable to PRN via money order, which will be collected at the site.
    d. The collection fee varies by site, and is payable at the time of collection in the manner stipulated by the site.
    e. If you encounter any problems at the collection site, please call the PRN office at 1-888-505-7554. They will resolve the problem, if possible.
    f. PRN will send the results to the Board office.

DELETED

Louisiana Board of Pharmacy **Policies & Procedures**

Title: Inspectors – Drug Disposal Policy No. II.A.3

Approved: 04-26-2000 Deleted: 05-11-2005

In order to protect the public and the environment, as well as to prevent drug diversion, Board pharmacist inspectors may dispose of unwanted or expired drugs in the following manner:

1. Small quantities may be disposed of on-site in a manner that ensures the drugs are no longer usable or recoverable.

    a. The quantity to be disposed shall be reasonable, as determined by the inspector using sound professional judgment.

    b. The permit holder or an authorized agent of the permit holder shall witness the destruction.

    c. See 21 CFR 1307.21.b(3) concerning disposition of controlled substances.

2. The disposal of large quantities of unwanted or expired drugs must be accomplished through the use of a registered reverse distributor authorized to handle legend and/or controlled substances.

3. Records of drugs destroyed or transferred to a reverse distributor shall be maintained at the site, with copies forwarded to the proper agency, if required.

DELETED

Title: Salary Administration – Flexible Maximum Hire Rates Policy No. II.A.5

Approved: 05-16-2001 Revised: 02-15-2006

1. The statutory authority for the Board to engage employees is RS 37:1182.B.6.

2. The regulatory authority for Board employees is LAC 46:LIII.107.F.

3. The authority of the Louisiana Department of State Civil Service relative to state employees is derived from Article X of the Louisiana State Constitution.

4. The Civil Service Rules of Pay are found in *Chapter 6 – Pay Plan.*

5. Civil Service Rule 6.5.b.1 authorizes an appointing authority to institute Flexible Maximum Hire Rates for current employees, provided that the Civil Service Commission has approved the rate during a regularly scheduled meeting.

6. During its February 2, 2000 meeting, the Commission approved a Flexible Maximum Hire Rate Plan for all professional level pharmacy positions (MS-64 through MS-75).

7. Upon the finding of market conditions adversely impacting the recruitment and retention of employee pharmacists, the Board, during its regular April 26, 2000 meeting, voted to authorize the Executive Director to institute a Flexible Maximum Hire Rate of $4291(monthly gross salary), provided, however, that the salary of current incumbents with more than five years of service would be adjusted to the maximum salary of the MS-65 level.

OBSOLETE

Title: Salary Administration – Flexible Maximum Hire Rates Policy No. II.A.5

Approved: 02-15-2006 Deleted: 11-06-2013

1. The statutory authority for the Board to engage employees is RS 37:1182.B.6.

2. The regulatory authority for Board employees is LAC 46:LIII.107.F.

3. The authority of the Louisiana Department of State Civil Service relative to state employees is derived from Article X of the Louisiana State Constitution.

4. The Civil Service Rules of Pay are found in *Chapter 6 – Pay Plan.*

5. Civil Service Rule 6.5.b.1 authorizes an appointing authority to institute Flexible Maximum Hire Rates for current employees, provided that the Civil Service Commission has approved the rate during a regularly scheduled meeting.

6. During its February 2, 2000 meeting, the Commission approved a Flexible Maximum Hire Rate Plan for all professional level pharmacy positions (MS-64 through MS-75).

7. Upon the finding of market conditions adversely impacting the recruitment and retention of employee pharmacists, the Board, during its regular April 26, 2000 meeting, voted to authorize the Executive Director to institute a Flexible Maximum Hire Rate of $4291(monthly gross salary), provided, however, that the salary of current incumbents with more than five years of service would be adjusted to the maximum salary of the MS-65 level.

8. During its February 15, 2006 meeting, the Board reviewed the current salary structure for its compliance officers, noting concerns with recent trends within state service. In an effort to prevent or reduce turnover, the Board approved a recommendation from the Finance Committee to adjust the starting salaries for the Compliance Officer (MS-525) positions, as well as the Chief Compliance Officer (MS 527) position. The adjustments shall become effective March 20, 2006.
   a. Compliance Officer (MS 525)
      The current midpoint of the MS 525 range [$81,910 per year] shall be the maximum hire rate. Current employees with annual salaries below that level shall be raised to the new rate.
   b. Chief Compliance Officer (MS 527)
      The maximum hire rate for the position shall be adjusted to $87,397 per year. Current employees with annual salaries below that level shall be raised to the new rate.

DELETED

Revision History

02-15-2006 Added Article 8.

DELETED

OBSOLETE

1. The statutory authority for the Board to engage employees is RS 37:1182.B.6.

2. The regulatory authority for Board employees is LAC 46:LIII.107.F.

3. The authority of the Louisiana Department of State Civil Service relative to state employees is derived from Article X of the Louisiana State Constitution.

4. The Civil Service Rules of Pay are found in *Chapter 6 – Pay Plan.*

5. Civil Service Rule 6.5.b.1 authorizes an appointing authority to institute Flexible Special Entrance Rates (FSER) for current employees, provided that the Civil Service Commission has approved the rate during a regularly scheduled meeting.

6. The Board reviewed the current salary structure for its administrative and professional personnel. They also reviewed responses to recent job announcements as well as the current job market and general economic conditions. They determined the appointing authority should have flexibility in the maximum hire rate for certain of its classified employees.
   a. For the following positions in the Administrative Services (AS) classification, the appointing authority may use a FSER in the first quartile of the pay grid for the position.
      i. Administrative Coordinator 1 (AS 605)
      ii. Administrative Coordinator 3 (AS 609)
      iii. Licensing Analyst 2 (AS 611)
   b. For the following positions in the Medical Services (MS) classification, the appointing authority may use a FSER in the third quartile of the pay grid for the position.
      i. Pharmacist Compliance Officer (MS 525)
      ii. Pharmacist Chief Compliance Officer (MS 527)
      iii. Pharmacist Chief Operations Officer (MS 528)
   c. The following factors, when present, may justify consideration of a FSER for a new hire:
      i. A qualified applicant with exceptional qualifications; or
      ii. Prevailing salaries for comparable positions in the private sector;
   d. In the event the appointing authority intends to offer a flexible special entrance rate to a new hire, he shall first obtain approval from the Board's President.

Louisiana Board of Pharmacy **Policies & Procedures**

Title: Special Entrance Rates for Salaries Policy No. II.A.6

Approved: 11-06-2013 Revised: 11-18-2015

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1. The statutory authority for the Board to engage employees is RS 37:1182.B.6.

2. The regulatory authority for Board employees is LAC 46:LIII.107.F.

3. The authority of the Louisiana Department of State Civil Service relative to state employees is derived from Article X of the Louisiana State Constitution.

4. The Civil Service Rules of Pay are found in *Chapter 6 – Pay Plan.*

5. Civil Service Rule 6.5.b.1 authorizes an appointing authority to institute Special Entrance Rates (SER) for current employees, provided that the Civil Service Commission has approved the rate during a regularly scheduled meeting.

6. The Board reviewed the current salary structure for its administrative and professional personnel. They also reviewed responses to recent job announcements as well as the current job market and general economic conditions. They determined the appointing authority should have flexibility in the maximum hire rate for certain of its classified employees.
   a. For the following positions in the Administrative Services (AS) classification, the appointing authority may use a SER in the first quartile of the pay grid for the position.
      i. Administrative Coordinator 1 (AS 605)
      ii. Administrative Coordinator 3 (AS 609)
      iii. Licensing Analyst 2 (AS 611)
      iv. Administrative Assistant (AS 609)
   b. For the following positions in the Medical Services (MS) classification, the appointing authority may use a SER in the third quartile of the pay grid for the position.
      i. Pharmacist Compliance Officer (MS 525)
      ii. Pharmacist Chief Compliance Officer (MS 527)
      iii. Pharmacist Chief Operations Officer (MS 528)
   c. The following factors, when present, may justify consideration of a SER for a new hire:
      i. A qualified applicant with exceptional qualifications; or
      ii. Prevailing salaries for comparable positions in the private sector;
   d. In the event the appointing authority intends to offer a special entrance rate to a new hire, he shall first obtain approval from the Board's President.

7. Civil Service Rule 6.16.2.b authorizes an appointing authority to grant an employee a pay increase of up to 10% of the employee's base pay to reduce compress, realign pay between comparable employees, or alleviate supervisor/subordinate pay inversions caused by job and pay plan changes.

Rescinded

a. Current employees with annual salaries below the level of a new employee's entrance rate shall be raised to the new employee's rate, provided the increase is no greater than 10% of the current employee's salary.
b. This policy shall apply to all full-time classified employees with permanent status. The employee must have a current overall Performance Evaluation System (PES) rating of "Exception," "Successful" or equivalent to be eligible for an Optional Pay Adjustment.
c. Employees who are at range maximum are not eligible to receive a base increase.
d. This policy shall become effective upon Civil Service Commission approval.

Rescinded

Employees of the Louisiana Board of Pharmacy are expected to be well groomed and dress in a professional manner. Remember to conduct yourself at all times in a way that best represents you and the office.

During Board or Board committee meetings, employees of the Louisiana Board of Pharmacy making public appearances, and/or appointments both inside and outside of the office shall wear proper attire as follows:

> Women: Slacks, skirts, or dresses are appropriate. Shorts, leggings, mini-skirts, halter-tops and tennis shoes are not appropriate. Hosiery should be worn with any dress or skirt worn above knee-length.
>
> Men: Suits, sport coats, ties, polo, button front dress shirts and pants may be worn to maintain a professional appearance. Facial hair such as beards and sideburns must be neat, clean, and well trimmed.
>
> Students: Casual attire is appropriate. Jeans are appropriate; however, faded, worn down jean are not acceptable. Inappropriately printed T-shirts, flip flops, muscle-shirts, tank tops, shorts, leggings, sweatpants, mini-skirts, and halter-tops are not appropriate. If there is a Board or Board committee meeting, dark denim, khakis, or other casual pants of the same quality should be worn. Facial hair such as beards and sideburns must be neat, clean, and well-trimmed.
>
> Fridays: Casual attire may be worn. Jeans, khakis, or other casual pants of the same quality may be worn; however, faded, worn down pants are not acceptable. Inappropriately printed T-shirts, flip flops, muscle shirts, tank tops, shorts, leggings, sweatpants, mini-skirts, and halter-tops are not appropriate.

If an employee has business outside the office, please adhere to the above dress code.

Exceptions to the above policy may be approved in advance by your supervisor, upon a showing of good cause.

A supervisor is authorized to send an employee home if the attire does not meet these professional standards. Always remember the Louisiana Board of Pharmacy is a professional organization and these provisions should be interpreted with that in mind.

OBSOLETE

OBSOLETE

No individual will be deprived of, or granted, an employment opportunity, promotion, or transfer opportunity due to their race, color, religion, sex, sexual orientation, national origin, political affiliation, or disability.

New Employees

New employees will familiarize themselves with the Policy & Procedure Manual. Questions regarding an office policy or procedure should be directed to the Office Manager or Appointing Authority.

Consent to a background check is a condition of employment within the Louisiana Board of Pharmacy.

Each new employee shall be processed through the Office Manager and complete personnel data records, payroll withholding forms, group insurance selection and retirement system forms and any other forms deemed necessary.

All full-time employees must obtain an identification card issued by the Office Manager. The ID card, which contains a photograph of the employee, remains the property of the Louisiana Board of Pharmacy.

Termination (Voluntary or Involuntary)

Employees desiring to voluntarily terminate their employment are urged to notify the Louisiana Board of Pharmacy at least two weeks in advance of their intended termination. Such notice should preferably be given in writing to the immediate supervisor and the Office Manager. The notice should be addressed to the Appointing Authority and then forwarded to the Office Manager for processing. Proper notice allows the Office Manager time to prepare your final payroll documents and to calculate any accumulated leave to which you may be entitled. Employees who are terminated for any reason, voluntary or involuntary, shall be paid wages due on or before the next regularly scheduled payday, or within fifteen (15) days of termination, whichever occurs first.

Employees who are planning to retire should notify the Office Manager a minimum of three months in advance. This will allow ample time to file the application for retirement and other supporting documentation. Employees eligible for Social Security should contact their local Social Security Administration office at least three months in advance of their expected retirement date to allow for processing of the related Social Security documents.

OBSOLETE

All temporary appointments (restricted, intermittent, job appointments, probational, and provisional appointments) are on an “at will” basis and may be terminated at any time with no reason given.

Permanent employees may also be non-disciplinarily terminated in accordance with Civil Service Rule 12.6 when

- They exhaust sick leave and are still not able to report to work;
- When they fail to maintain a required license; or
- When they have ten or more unscheduled absences in a six-month period. For more information, see the Unscheduled Absence provisions of Civil Service Rule 12.6.

Permanent classified employees may be terminated for cause or by an approved lay off in accordance with Civil Service Rules. Although it is hoped the relationships with employees are long-term and mutually rewarding, the Louisiana Board of Pharmacy reserves the right to terminate employee relationships in accordance with applicable Civil Service Rules. For example, if an employee who is required to drive as part of the essential duties of the position has his/her license revoked or suspended, the employee may be subject to non-disciplinary removal because the employee is no longer able to carry out the duties of the position.

Exit interviews are held with the Appointing Authority. This is usually done on the last official day of work. The purpose of this interview is to review eligibility for continuation of benefits and conversion to ensure that all necessary forms are completed, to collect all Louisiana Board of Pharmacy property including, but not limited to, all office equipment, office keys, building access cards, identification card, board-owned cell phone, badge, and the Policy & Procedure Manual, and to provide the employee with an opportunity to discuss their job-related experiences. The terminated employee shall complete the exit interview before receiving a final paycheck.

OBSOLETE

Full-time employees are entitled to receive certain benefits and earn annual and sick leave on a continual basis in accordance with policies set forth by the State of Louisiana.

Health Insurance

New employees must enroll in a group benefit plan within the first 30 days of employment. If this deadline is missed the employee may still enroll as a late applicant, but they must provide proof of insurability, which is subject to approval by the insurance plan selected. Also, a pre-existing condition clause may be imposed on the applicant for a period of one year from the date of coverage. The portability law may be applicable in some cases for late applicants who had other health insurance coverage within 60 days prior to the effective date of coverage with the Louisiana Board of Pharmacy health plan. If an employee declines to enroll in health insurance a waiver of coverage must be filled out within the first 30 days of employment.

IMPORTANT: A new enrollment form must be completed for each new dependent within 30 days after acquiring the new dependent (birth, adoption, marriage, etc.). Failure to comply with this rule will subject your dependent to the pre-existing condition clause even if adding the new dependent does not result in a change in classification of coverage of the premium.

NOTIFICATION OF CHANGE ERROR: It is the employee's responsibility to notify the program of any change or error in classification of coverage or any other error affecting his contribution amount. Any failure later determined will be corrected on the first of the following month. All refunds shall be limited to six months from the date notice is received by the Office of Group Benefits.

Employees may change their health care provider every year during open enrollment only, which is held every year beginning April 1st. Dates subject to change. All changes executed in the month of April will become effective July 1 of the current year, through June 30 of the following year.

Because health care providers change on a yearly basis, please see the Office Manager for the most current up-to-date health care providers in your area.

Retirement

Classified employees or unclassified employees who were members of LASERS prior to July 1, 1991 are eligible for membership in LASERS. Full-time employees are automatically enrolled in the Louisiana State Employees' Retirement System (LASERS). Certain employees are not eligible for membership in LASERS: part-time (20 hours or

less per week) and temporary employees (restricted job appointments). Persons who are age 60 or older at the time of employment have the option to join LASERS, if they meet all other eligibility requirements. If employment is terminated prior to retirement, the employee can request a refund of retirement contributions. The employee must be out of state service at least 30 days to obtain a refund. Since retirement contributions are tax deferred, taxes and related penalties will apply to cash refunds.

For more information about Louisiana State Employees Retirement System (LASERS), please visit their home page at http://www.lasers.state.la.us.

La Capitol Federal Credit Union

La Capitol Federal Credit Union offers a wide array of financial products to all state employees. Because this is a not-for profit, they are able to offer products at low costs. For membership or service information, check out their website at http://www.lacapfcu.org, email securemail@lacapfcu.org, or visit any office.

START Savings Program

The Office Manager can setup payroll deductions for the Louisiana Tuition Trust Authority's START Saving Program. The program is a college savings plan for children and qualifies as a Qualified Tuition Program under Section 529 of the Federal Internal Revenue Code.

For enrollment and information, interested employees should contact the START Saving Program at 1-800-256-5625 or access the START portal by logging on to the LOSFA website at: http://www.osfa.state.la.us.

Worker's Compensation

Employees are covered by workers compensation, which provides for payment of medical expenses and partial salary payments in the event of an approved work-related injury or illness. The amount of the benefits payable and the duration of payment depend on the nature of the injury or illness and the employee's salary. In general, usual and customary medical expenses incurred in connection with an injury or illness are paid and partial salary payments are provided beginning after the seven-day waiting period.

For more information concerning employee benefits, please contact the Office Manager.

OBSOLETE

The Louisiana Board of Pharmacy is open from 8:00 am to 4:30 pm Monday through Thursday and from 8:00 am to 4:00 pm on Friday.

Lunch

Each employee who works an eight hour day shall be granted a thirty minute lunch break each day. An employee is not allowed to work during his/her lunch unless absolutely necessary. If absolutely necessary, the employee must have prior approval from the Appointing Authority before doing so. If prior approval was not given, the employee is on his/her own time during this period and he/she will not be paid overtime.

Breaks

Each employee who works an eight hour day shall be granted two fifteen minute paid work breaks or rest periods.

If desirable, employees may combine the thirty minute lunch break along with the two fifteen minute breaks for a total of a one hour lunch break. However, employees should never leave a customer waiting by going to lunch and/or on a break.

Outside Normal Office Hours

If circumstances require an employee to vary his/her work schedule from the normal office hours, a written request shall be sent to the Appointing Authority for approval.

OBSOLETE

To ensure that accurate records are kept of the hours employees actually work (including overtime hours worked where applicable) and of the accrued leave time taken, and to ensure that employees are paid in a timely manner, employees are required to complete a Daily Attendance and Leave Record Form. At the end of the pay period, the time should be reported as it was worked with any leave taken reported to their immediate supervisor within ten (10) business days following the end of each pay period.

Daily Attendance and Leave Record Forms shall then be submitted by the immediate supervisor to the Office Manager for processing within three (3) business days. No employee is permitted to date, complete and/or sign a Daily Attendance and Leave Record Form for another employee.

Falsification of payroll records is a breach of Louisiana Board of Pharmacy policy, a violation of state law, and is grounds for disciplinary action, including termination for payroll fraud.

Absenteeism

The Louisiana Board of Pharmacy expects all employees to assume diligent responsibility for their attendance and promptness. Should an employee be unable to report to work because of an illness, the immediate supervisor or Appointing Authority shall be notified within thirty minutes of expected time of duty, unless it is an extreme circumstance. Failure to properly notify the immediate supervisor or Appointing Authority may result in an unexcused absence.

If an employee is absent for more than three consecutive days, a statement from a health care professional is required before being permitted to return to work. The Louisiana Board of Pharmacy reserves the right to require an employee to be examined by a health care professional designated by the Louisiana Board of Pharmacy at its discretion, especially where abuse is suspected, e.g., or example, when an employee's leave record indicates a pattern of absences and/or frequent absences before or after holidays or weekends.

For the office to operate efficiently, each employee shall be at their place of assignment at the scheduled time. When an employee is away from the office on business, their immediate supervisor should be aware of the employee's whereabouts at all times. Absenteeism that is unexcused or excessive in the judgment of the Louisiana Board of Pharmacy is grounds for disciplinary action, up to and including dismissal.

OBSOLETE

Tardiness

Employees are expected to be punctual. It is understood that common problems do occur; however, an employee who is excessively tardy for an extended period of time may result in leave without pay during the actual period(s) of time he/she was late and could further lead to disciplinary action or discharge. Tardiness that is unexcused or excessive in the judgment of the Appointing Authority is grounds for disciplinary action, up to and including dismissal. Excessive tardiness on the part of any employee may be considered when recommending salary increases or promotions.

OBSOLETE

OBSOLETE

All Civil Service classified employees will receive an annual performance appraisal, which is an evaluation of the individual's work performance. Only at the discretion of the Appointing Authority shall Civil Service unclassified employees have an annual performance appraisal.

New employees hired on probational appointments serve up to a twenty-four month probation period. If their job performance is satisfactory during this time, the supervisor can recommend that they be made permanent as early as six months into the probationary period. However, employees hired under Civil Service Rule 6.5(g) – Flexible Hire Rate Policy are required to serve a minimum of a twelve month probationary period.

A probational employee may be terminated at any time during the probationary period. Performance and task standards have been established for each position. The supervisor will have a planning session with the employee within 30 days of his/her date of hire so that there will be a clear understanding as to what is considered standard performance of the tasks assigned. At the end of the sixth month of work, the supervisor will be required to formally evaluate the new employee to determine whether to continue probation or to recommend permanent Civil Service status and/or a merit increase. If the probationary employee is recommended for permanent status and funds are available, the Appointing Authority may grant the employee a 4% merit increase.

Per Civil Service Rule 10.6(c), the employee's rating session shall take place within 60 calendar days before or on the employee's anniversary date. Failure to follow proper performance planning and review procedures should be reflected on the supervisor's performance review.

Per Civil Service Rule 10.10(b), any employee whose official overall rating or re-rating is "Needs Improvement" or "Poor" shall not receive a merit increase, promotion or permanent status. An employee whose official overall rating or re-rating is "Needs Improvement" or "Poor" shall not be detailed to a higher level position except as approved in advance by the Director of Civil Service.

When considering employees for permanent status, merit raises, promotions or reallocations, supervisors are to review and document their consideration of performance planning and review ratings. To ensure that employees perform their respective jobs to the best of their abilities, it is important that they be recognized for good performance and that they receive appropriate suggestions for improvement when necessary. Consistent with this goal, their performance will be evaluated by their supervisor on an ongoing basis. All written performance reviews will be based on overall performance in relation to job responsibilities and will also take into account

conduct, demeanor, and record of attendance and tardiness along with other related factors. In addition to the regular performance evaluations described above, special written performance evaluations may be conducted by a supervisor at any time to advise the employee of the existence of performance problems. After a supervisor reviews an employee's performance rating with the employee, the employee will have the opportunity to attach comments regarding the evaluation of the appraisal form.

Procedure for Completing Performance Planning & Review

- *Probationary Performances*

Approximately sixty (60) days in advance of the completion of the employee's probationary period, the Office Manager will forward a Performance Appraisal form, with "probationary" checked off, to the Appointing Authority. If the Appointing Authority is not the employee's rating supervisor, the Appointing Authority will then forward it to the appropriate rating supervisor.

If the employee has successfully completed the probationary period, the rating supervisor should fill out the form and discuss each area of the form with the employee. The rating supervisor and employee must sign the form. After completion, the rating supervisor should forward the form to the Appointing Authority for signature. The Appointing Authority is responsible for returning the original form to the Office Manager and providing a duplicate copy to the employee. If the employee receives a rating of "outstanding", "very good", or "satisfactory", he/she may be eligible for a merit increase per Civil Service Rule 6.14(a). Any employee who receives a rating of "poor" or "needs improvement" shall not be eligible for any increase under the provisions of Civil Service Rule 6.14(i).

If the employee has unsuccessfully completed the probationary period and problems exist with the employee's work performance, the rating supervisor should fill out the form and discuss each area of the form with the employee. The employee must be informed which area of performance needs to be improved. The employee will then be re-evaluated on his/her anniversary date. During this period, the probation is extended for a period to be determined by the Appointing Authority. Both the rating supervisor and the employee must sign the form. The rating supervisor should forward the form to the Appointing Authority for signature. The Appointing Authority is responsible for returning the original to the Office Manager and providing a duplicate to the employee.

OBSOLETE

- *Annual Performance Appraisal*

Approximately sixty (60) days in advance of the established anniversary date, the Office Manager will forward a Performance Appraisal Form with "Annual Appraisal" checked off, to the Appointing Authority. If the Appointing Authority is not the employee's rating supervisor, the Appointing Authority will then forward it to the appropriate rating supervisor. After completion, the rating supervisor should fill out the form and discuss each area of the form with the employee. Both the rating supervisor and the employee must sign the form. The rating supervisor should forward the form to the Appointing Authority for signature. The Appointing Authority is responsible for returning the original to the Office Manager and providing a duplicate to the employee. If the employee receives a rating of "outstanding", "very good", or "satisfactory", he/she may be eligible for a merit increase per Civil Service Rule 6.14(a). However, an employee who has a current official overall performance planning and review rating of "poor" or "needs improvement" shall not be eligible for any increase under the provisions of Civil Service Rule 6.14(i).

Merit/Salary Increases

- *Merit Increases (Classified Employees Only)*

When a new employee has been continuously employed, without a break in service of one or more working days for a period of six months, he becomes eligible for and may be granted a merit increase provided that the Appointing Authority has determined his/her performance merits such an award per Civil Service Rule 6.14(a).

At the end of each subsequent twelve (12) month period of such continuous employment, he/she may be granted an additional merit increase if the Appointing Authority has determined that his/her performance merits such an award. This date of eligibility shall then be known as his/her anniversary date and shall not change through such continuous employment within the classified service per Civil Service Rule 6.14(b).

The amount of merit increases is four (4) percent of the employee's individual pay rate per Civil Service Rule 6.14(c). Merit increases are only given to employees at the sole discretion of the Appointing Authority. No supervisor has the right to give merit increases.

- *Salary Increases (Unclassified Employees Only)*

A salary increase may be given at any point in time and does not have a minimum or maximum percentage. The salary increase is solely at the discretion of the Appointing Authority and/or the Louisiana Board of Pharmacy.

OBSOLETE

Holidays shall be observed as provided in La. R.S. 1:55, and by any proclamation issued by the Governor. The Appointing Authority will also grant paid holidays declared as such in the Governor's proclamation when a holiday falls on a Saturday or Sunday.

To be eligible to receive holiday pay, an employee must be in pay status a minimum of 4 hours the day before or the day following the holiday. In other words, hours worked must touch the holiday. Approved paid leave is considered a day worked for holiday pay eligibility.

Employees shall be eligible for compensation on holidays observed except:

- When the employee's regular work schedule averages less than twenty (20) hours per week;
- When the employee is a temporary, intermittent, restricted, or seasonal employee; or
- When the employee is on leave without pay immediately preceding and following the holiday period.

The Louisiana Board of Pharmacy grants full-time employees the following paid holidays:

- New Year's Day
- Martin Luther King, Jr. Day
- Mardi Gras Day
- Good Friday
- Memorial Day
- Independence Day
- Labor Day
- Veterans Day
- Thanksgiving Day
- Christmas Day
- Inauguration Day (once every four years; city of Baton Rouge)
- General Election Day (in even numbered years)

With Governor's Proclamation only:

- President's Day
- Acadian Day (day after Thanksgiving)
- Any and all other proclaimed holidays

OBSOLETE

OBSOLETE

Annual Leave

Leave with pay granted an employee for the purpose of rehabilitation, restoration, and maintenance of work efficiency, or the transaction of personal affairs.

Sick Leave

Leave with pay granted an employee who is unable to perform their usual duties and responsibilities due to illness, injury, or other disability or when the employee requires medical, dental, or optical consultation, treatment, or due to pregnancy.

Earning of Annual and Sick Leave

Annual and sick leave shall be earned by each full-time and each part-time classified employee who has a regular tour of duty, except that no employee shall earn annual or sick leave while serving on an intermittent appointment or on a restricted appointment.

The earning of such leave shall be based on the equivalent years of full-time state service and shall be creditable at the end of each regular pay period in accordance with the following general schedule:

Length of Service	Amount Earned per Hour Worked	Hrs/Pay Period Based on 80 Hours	Days/Year
Less than 3 years	0.0461	3.6880	12
3 but less than 5	0.0576	4.6080	15
5 but less than 10	0.0692	5.5360	18
10 but less than 15	0.0807	6.4560	21
15 or more	0.0923	7.3840	24

No classified employee shall be credited with annual or sick leave:

- For any overtime hour;
- For any hour of leave without pay;
- While he/she is on leave with or without pay, until such time as he/she returns to active working duty, except where inability to return to duty is caused by illness or incapacity;
- For any hour in on-call status outside regular duty hours;
- For any hour of travel or other activity outside regular duty hours; and/or
- For any hour of a holiday or other non-work day which occurs while he/she is on leave without pay.

OBSOLETE

Carrying Leave Forward

Accrued unused annual and sick leave earned by an employee shall be carried forward to succeeding calendar years.

Use of Annual Leave

Annual leave must be applied for by the employee and may be used only when approved by the Appointing Authority or his/her supervisor. Leave is requested on an approved "Application for Leave" form maintained in the Office Manager's office. Annual leave must be approved in advance, except in cases of an emergency, which is subject to the approval of the supervisor. Employees may be required to use annual leave during Louisiana Board of Pharmacy unforeseen office closures and will be determined on a case-by-case basis.

Annual leave shall not be charged for non-work days. The minimum charge to annual leave records shall not be less than one half hour. Annual leave may only be taken in half-hour increments.

There is no such thing as abuse of annual leave since it can't be taken without the Appointing Authority and/or supervisor's approval in advance. Annual leave will not be approved if work requirements necessitate the employee's presence at work. Subject to FMLA, employees do not have a right to use annual leave whenever they want to.

Enforced Annual Leave

An Appointing Authority may require an employee to take annual leave whenever in his/her administrative judgment such action would be in the best interest of the Louisiana Board of Pharmacy.

No employee shall be required to reduce his/her accrued annual leave to less than240 hours except:

- Prior to being granted leave without pay, but subject to the right granted the employee by the military leave provisions of these rules; or
- Where it is determined that the need to be absent from work is because of a condition covered by FMLA.

Payment for Annual Leave upon Separation

Each employee upon separation shall be paid the value of his/her accrued annual leave in a lump sum disregarding any final fraction of an hour; provided, that the privileges of this rule shall not extend to any employee who is dismissed for theft of agency funds or

property. The payment for such leave shall be computed by multiplying his/her hourly rate by the number of hours of accrued annual leave.

- No terminal payment for annual leave earned under these rules shall exceed the value of 300 hours, computed on the basis of the employee's hourly rate of pay at the time of separation.
- No payment for annual leave under this rule shall operate to continue the payee as a classified employee beyond the last date of active duty. Payment for annual leave earned under administrative rules or regulations in effect prior to July 1, 1953 may be made on separation in accord with such rules or regulations.
- When an employee who has been paid under this Rule for accumulated annual leave is reemployed in a classified position, he/she shall pay the state agency which reemploys him/her the value of such annual leave at the rate paid him/her less the value of the working hours between the last day worked and the date of reemployment and shall be given credit for the number of hours of annual leave for which he/she has made reimbursement.

Use of Sick Leave

Sick leave may be used by an employee, who has sufficient leave to his/her credit, for a necessary absence from duty because of:

- Illness or injury which prevents performance of usual duties, and/or
- Medical, dental, or optical consultation or treatment.

Sick leave shall not be charged for non-work days. The minimum charge to sick leave records shall not be less than one half hour. Sick leave may only be taken in half-hour increments.

Sick leave should be applied for in advance for routine medical visits, eye and dental exams. An employee may be required to furnish an excuse signed by a health care professional when applying for sick leave approval, at the discretion of the Appointing Authority and/or supervisor.

The 24 hours can cross pay weeks and pay periods. An original excuse must be submitted with each time sheet for each respective pay period involved. To return to work following an illness, injury, or surgery for which an employee has been under a medical provider's care, a release from the health care professional must be submitted. It will be up to the Appointing Authority and/or supervisor to determine if light duty is available. If it is not, then the employee will be required to have a release to full duty.

OBSOLETE

An employee who has exhausted all sick leave may be separated from his/her employment. A separation under these conditions is not considered a disciplinary action and is done because of a need to have the duties of the position performed. An employee must have used 12 weeks of leave under FMLA to be terminated under this provision. See Civil Service Rule 12.6.

Absence from duty caused by maternity is considered to be a temporary disability similar to any other medical disability. Employees may use accumulated sick leave for this purpose. If the employee's sick leave balance is insufficient to cover the entire period of absence, the employee must seek approval from the Appointing Authority or his/her supervisor to use annual leave, or to use leave without pay. Sick leave may be used only for that period of time during which the employee is unable to perform her duties because of pregnancy. Additional time off must be covered by other types of leave when the employee is discharged by her health care professional, usually six weeks following delivery. Maternity leave will be designated under FMLA. La. R.S. 23:342 allows up to four (4) months leave for pregnancy/childbirth leave.

Before being granted leave for maternity purposes, the employee is required to furnish a statement from her health care professional to the effect that she can no longer perform the duties required and the expected date of delivery. Before an employee can return to work following leave for pregnancy, the health care professional must certify in writing that the employee is able to return to regular duties. To prepare for possible replacement of an employee who is requesting maternity leave, the employee's written request for leave should be submitted a minimum of two months in advance of the proposed beginning of leave. No later than one month prior to the termination of the approved leave period, the employee should notify the Office Manager in writing of her plans to resume duty on the established date.

The procedure to follow, when an employee is absent and other important guidelines are set forth in the discussion of absenteeism and tardiness in this handbook. Employees are to become familiar with these guidelines as well as any and all other departmental policies.

Continuation of Annual and Sick Leave

Employees cannot be paid for unused sick leave upon termination. If the employee is reemployed in state service within ten years from a non-disqualifying separation, the employee will be credited with all sick leave and any annual leave for which he/she was not paid. If the employee transfers to another state agency within the state, their leave balances are transferred to the gaining state agency.

OBSOLETE

OBSOLETE

Annual Leave

Leave with pay granted an employee for the purpose of rehabilitation, restoration, and maintenance of work efficiency, or the transaction of personal affairs.

Sick Leave

Leave with pay granted an employee who is unable to perform their usual duties and responsibilities due to illness, injury, or other disability or when the employee requires medical, dental, or optical consultation, treatment, or due to pregnancy.

Earning of Annual and Sick Leave

Annual and sick leave shall be earned by each full-time and each part-time classified employee who has a regular tour of duty, except that no employee shall earn annual or sick leave while serving on an intermittent appointment or on a restricted appointment.

The earning of such leave shall be based on the equivalent years of full-time state service and shall be creditable at the end of each regular pay period in accordance with the following general schedule:

Length of Service	Amount Earned per Hour Worked	Hrs/Pay Period Based on 80 Hours	Days/Year
Less than 3 years	0.0461	3.6880	12
3 but less than 5	0.0576	4.6080	15
5 but less than 10	0.0692	5.5360	18
10 but less than 15	0.0807	6.4560	21
15 or more	0.0923	7.3840	24

No classified employee shall be credited with annual or sick leave:

- For any overtime hour;
- For any hour of leave without pay;
- While he/she is on leave with or without pay, until such time as he/she returns to active working duty, except where inability to return to duty is caused by illness or incapacity;
- For any hour in on-call status outside regular duty hours;
- For any hour of travel or other activity outside regular duty hours; and/or
- For any hour of a holiday or other non-work day which occurs while he/she is on leave without pay.

OBSOLETE

Carrying Leave Forward

Accrued unused annual and sick leave earned by an employee shall be carried forward to succeeding calendar years.

Use of Annual Leave

Annual leave must be applied for by the employee and may be used only when approved by the Appointing Authority or his/her supervisor. Leave is requested on an approved "Application for Leave" form maintained in the Office Manager's office. Annual leave must be approved in advance, except in cases of an emergency, which is subject to the approval of the supervisor. Employees may be required to use annual leave during Louisiana Board of Pharmacy unforeseen office closures and will be determined on a case-by-case basis.

Annual leave shall not be charged for non-work days. The minimum charge to annual leave records shall not be less than one half hour. Annual leave may only be taken in half-hour increments.

There is no such thing as abuse of annual leave since it can't be taken without the Appointing Authority and/or supervisor's approval in advance. Annual leave will not be approved if work requirements necessitate the employee's presence at work. Subject to FMLA, employees do not have a right to use annual leave whenever they want to.

Enforced Annual Leave

An Appointing Authority may require an employee to take annual leave whenever in his/her administrative judgment such action would be in the best interest of the Louisiana Board of Pharmacy.

No employee shall be required to reduce his/her accrued annual leave to less than240 hours except:

- Prior to being granted leave without pay, but subject to the right granted the employee by the military leave provisions of these rules; or
- Where it is determined that the need to be absent from work is because of a condition covered by FMLA.

Payment for Annual Leave upon Separation

Each employee upon separation shall be paid the value of his/her accrued annual leave in a lump sum disregarding any final fraction of an hour; provided, that the privileges of this rule shall not extend to any employee who is dismissed for theft of agency funds or

property. The payment for such leave shall be computed by multiplying his/her hourly rate by the number of hours of accrued annual leave.

- No terminal payment for annual leave earned under these rules shall exceed the value of 300 hours, computed on the basis of the employee's hourly rate of pay at the time of separation.
- No payment for annual leave under this rule shall operate to continue the payee as a classified employee beyond the last date of active duty. Payment for annual leave earned under administrative rules or regulations in effect prior to July 1, 1953 may be made on separation in accord with such rules or regulations.
- When an employee who has been paid under this Rule for accumulated annual leave is reemployed in a classified position, he/she shall pay the state agency which reemploys him/her the value of such annual leave at the rate paid him/her less the value of the working hours between the last day worked and the date of reemployment and shall be given credit for the number of hours of annual leave for which he/she has made reimbursement.

Use of Sick Leave

Sick leave may be used by an employee, who has sufficient leave to his/her credit, for a necessary absence from duty because of:

- Illness or injury which prevents performance of usual duties, and/or
- Medical, dental, or optical consultation or treatment.

Sick leave shall not be charged for non-work days. The minimum charge to sick leave records shall not be less than one half hour. Sick leave may only be taken in half-hour increments.

Sick leave should be applied for in advance for routine medical visits, eye and dental exams. An employee may be required to furnish an excuse signed by a health care professional when applying for sick leave approval, at the discretion of the Appointing Authority and/or supervisor.

In all cases, an excuse is required when an employee has been on sick leave for 24 or more consecutive hours, or for any sick leave taken immediately before or after a paid holiday. The 24 hours can cross pay weeks and pay periods. An original excuse must be submitted with each time sheet for each respective pay period involved. To return to work following an illness, injury, or surgery for which an employee has been under a medical provider's care, a release from the health care professional must be submitted. It will be up to the Appointing Authority and/or supervisor to determine if light duty is available. If it is not, then the employee will be required to have a release to full duty.

OBSOLETE

An employee who has exhausted all sick leave may be separated from his/her employment. A separation under these conditions is not considered a disciplinary action and is done because of a need to have the duties of the position performed. An employee must have used 12 weeks of leave under FMLA to be terminated under this provision. See Civil Service Rule 12.6.

Absence from duty caused by maternity is considered to be a temporary disability similar to any other medical disability. Employees may use accumulated sick leave for this purpose. If the employee's sick leave balance is insufficient to cover the entire period of absence, the employee must seek approval from the Appointing Authority or his/her supervisor to use annual leave, or to use leave without pay. Sick leave may be used only for that period of time during which the employee is unable to perform her duties because of pregnancy. Additional time off must be covered by other types of leave when the employee is discharged by her health care professional, usually six weeks following delivery. Maternity leave will be designated under FMLA. La. R.S. 23:342 allows up to four (4) months leave for pregnancy/childbirth leave.

Before being granted leave for maternity purposes, the employee is required to furnish a statement from her health care professional to the effect that she can no longer perform the duties required and the expected date of delivery. Before an employee can return to work following leave for pregnancy, the health care professional must certify in writing that the employee is able to return to regular duties. To prepare for possible replacement of an employee who is requesting maternity leave, the employee's written request for leave should be submitted a minimum of two months in advance of the proposed beginning of leave. No later than one month prior to the termination of the approved leave period, the employee should notify the Office Manager in writing of her plans to resume duty on the established date.

The procedure to follow, when an employee is absent and other important guidelines are set forth in the discussion of absenteeism and tardiness in this handbook. Employees are to become familiar with these guidelines as well as any and all other departmental policies.

Continuation of Annual and Sick Leave

Employees cannot be paid for unused sick leave upon termination. If the employee is reemployed in state service within ten years from a non-disqualifying separation, the employee will be credited with all sick leave and any annual leave for which he/she was not paid. If the employee transfers to another state agency within the state, their leave balances are transferred to the gaining state agency.

OBSOLETE

Revision History

12-06-2006	Inserted requirement for written excuse for any sick leave taken immediately before or after a paid holiday [Use of Sick Leave – page 3].

OBSOLETE

Title: Purchases Policy No. II.E.1

Approved: 05-11-2005 Revised: 08-06-2008

All minor purchases shall be planned and approved in advance by the Office Manager. Major purchases should be sent directly to the Office Manager, who then forwards the requisition to the Appointing Authority for final approval.

No one has the authority to obligate the Louisiana Board of Pharmacy to any expenditure for any reason without the required prior authorization. All purchases shall comply with appropriate directives.

OBSOLETE

1. The Board delegates to the Appointing Authority the responsibility for the proper management of the office and its assets.

2. With respect to single purchases of less than $1,000, the Appointing Authority delegates to the Office Manager the responsibility for adherence to all appropriate laws and rules governing such procedures. Single purchases of more than $1,000 require prior approval of the Appointing Authority. The Office Manager shall collect and maintain all required documentation for each purchase together with the record of disbursement.

3. The Board authorizes the Appointing Authority to make application for, receive, and manage the utilization of one or more LaCarte cards. The Appointing Authority names the Office Manager as the Agency Purchasing Card Program Administrator.

    a. LaCarte is a Visa card issued by the Bank of America for the State of Louisiana. A card is issued to a specific employee of the Board, and the card will be embossed with the State of Louisiana, Board of Pharmacy, employee name, employee account number, and state tax-exempt number.
    b. The use of the card is restricted to purchases for official state use only, for individual purchases up to $1,000. It shall not be used for personal use, to access cash, for alcohol, or for fuel, travel or entertainment purposes. It shall not be used for contracted services or for 1099-reportable vendors.
    c. A cardholder is limited to a maximum of $1,000 for a single purchase, and a maximum of $2,500 in transactions per cycle. Expenditures resulting in a cumulative annual amount in excess of the budgeted amount for that category requires prior approval of the Appointing Authority.
    d. The Appointing Authority shall determine the appropriate merchant codes for card utilization, and the Office Manager shall monitor adherence to those parameters.
    e. The Office Manager shall maintain the card accounts, ensure prompt reconciliation of periodic statements, perform post audits of purchases to monitor compliance with appropriate policies, and prepare all required reports.
    f. The Office Manager shall record the issuance of a card in the cardholder's personnel record, and shall cancel and collect the card when it is no longer needed or upon the termination of the employee.
    g. When the Office Manager determines that the card has been used inappropriately, the Appointing Authority shall be notified to initiate the appropriate disciplinary process.

OBSOLETE

Revision History

08-06-2008 Completely re-written to comply with requirements from Office of State Purchasing in the Division of Administration.

OBSOLETE

Title: Invoices/Receipts Policy No. II.E.2

Approved: 05-11-2005 Revised:

The Office Manager shall not process the payment of invoices and/or receipts without the approval of the Appointing Authority and the appropriate backup information as proof that the goods were received and/or that the repairs were made, as required by the Legislative Auditor.

Therefore, all invoices, receipts, shipping notices, packing slips, and tickets for merchandise must be submitted to the Office Manager no later than 24 hours after receipt.

Delayed receipts often cause late payments of bills and/or expense checks.

OBSOLETE

Louisiana Board of Pharmacy **Policies & Procedures**

Title: Travel Card & CBA Policy Policy No. II.E.5

Approved: 05-02-2012 Revised:

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RESCINDED

Louisiana Board of Pharmacy **Policies & Procedures**

Title: Travel Card & CBA Policy Policy No. II.E.5

Approved: 05-02-2012 Revised:

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1. Program

A. Policy Statement

The State of Louisiana State Liability Travel Card and CBA Program policy covers and establishes minimum standards for possession and use. The State Liability Travel Card / CBA is a tool used to assist employees and members in paying for specific, higher cost travel expenses, incurred during travel for official state business. The Travel Card / CBA is a VISA account issued by Bank of America for the State of Louisiana. These accounts will enable employees and members to purchase travel related accommodations and services with the convenience of a credit card to offset allowable expenses in accordance with Policy & Procedure Memorandum No. 49, a copy of which can be accessed at http://www.doa.louisiana.gov/osp/travel/travelpolicy/2011-12travelguide.pdf.

Use of the State Liability Travel Card / CBA is provided for official state business only.

It will be the responsibility of the Board to set single purchase limits for individual cardholders. The Board may allow a SPL (single purchase limit) up to $5,000 without prior approval from the Office of State Purchasing and Travel (OSP&T). The OSP&T must approve in writing any authority for a SPL or one time override to be above $5,000.

This policy and procedure, along with the use of the Travel Card and CBA, does not negate any current requirement and/or allowances in PPM-49, including the travel authorization / expense forms which must be completed for all non-routine travel, conferences and out-of-state travel, as well as the Purchasing Policies, Rules & Regulations, Louisiana Statutes, or Executive Orders.

B. Conditions of Participation

The Board members and employees, as a condition of participation in the State Liability Travel Card / CBA Program, shall abide by the terms of this policy unless a “Request for Exception” form is submitted and approved by the OSP&T.

No member or employee may qualify for a State Liability Travel Card if their State of Louisiana Corporate Travel Individual Liability account has been revoked due to charge-offs and/or non-payment or if their account has a balance due at the inception of the program. All accounts must be paid in full prior to consideration for a State Liability Travel Card.

All Travel Card cardholders must sign the State Liability Travel Card Program Cardholder Agreement Form acknowledging and outlining the cardholder’s responsibility under the program [See Section 4.B]

The Board’s failure to comply with all conditions of participation may result in its removal from the Travel Card / CBA Program.

2. Definitions

Airfares, State Contracted – airfares, bid by the OSP&T, which are totally refundable but higher in cost due to the last seat availability requirement of the airline. These fares are usually only used for last minute notice of travel. State contracted airfares must be purchased with the State Liability Travel Card or the Board’s CBA account.

Controlled Billed Account (CBA) – a credit account issued in the Board's name (no plastic cards issued). These accounts are direct liabilities of the State and are paid by the Board. CBA accounts are controlled through an authorized approver(s) to provide means to purchase any allowed transactions or services allowed by this policy. [See Section 4.C] Although other travel-related charges are now allowed on the CBA account, the traveler needs to ensure that the actual 'plastic' is not necessary, as there is no plastic issued for a CBA account.

Cycle – the period of time between billings. For example, the State of Louisiana Travel Card closing period ends at midnight on the 8th day of each month. Synonymous with 'billing cycle.'

Cycle Limit – maximum spending (dollar) limit a Travel Card / CBA is authorized to charge in a cycle. These limits should reflect the individuals' travel patterns. They are preventative controls and as such should be used judiciously.

Incidental Expense – expenses incurred while traveling on official state business which are not allowed on the state liability travel card. Incidentals include but are not limited to meals, fees and tips to porters, baggage carriers, bellhops, or hotel maids, transportation between places of lodging and airport, such as taxi, telephone calls and any other expense not allowed in Section 4.C.

Merchant Category Code (MCC) – a standard code the credit card industry uses to categorize merchants based on the type of goods or services provided by the merchant. A merchant is assigned an MCC by the acquiring bank.

Policy & Procedure Memorandum No. 49 (PPM-49) – the state's general travel regulations. These regulations apply to all Board employees as well as those expenses incurred by members not covered in the exception statute found at La. R.S.37:1178.B. or Board Policy I.B.2a.

Single Purchase Limit (SPL) – the maximum spending (dollar) limit a Travel Card is authorized to charge in a single transaction. The SPL may be set by the Board up to $5,000; however, this limit should reflect the individual's travel patterns. These are preventative controls and should be used judiciously. Purchases shall not be split with the intent of and for the purpose of evading the Travel Card SPL set for the cardholder.

Travel Card – a credit account issued in an employee's name. This account is a direct liability of the State and is paid by the Board. Travel Card accounts are a tool used to assist the employee in paying for specific, higher cost travel expenses incurred during travel for the Board on official state business only.

Travel Card Log – used in reconciliation process for purchases or services charged during the billing cycle. The log is used by matching the paper memo statement received from the bank to the log and the documentation obtained from the vendor.

Transaction Documentation – all documents pertaining to a transaction. The documentation is also used for reconciliation at the end of the billing cycle and is to be retained with the monthly reconciliation documentation for review and audit purposes. Examples of transaction documentation include but are not limited to itemized purchase receipts and invoices, receiving documents, credits, disputes, written approvals, airline exception justifications and approvals, and travel authorizations and expense forms.

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3. Administrative Responsibilities

A. Office of State Purchasing & Travel Responsibilities

The Office of State Purchasing & Travel is responsible for the statewide contract administration of the State Liability Travel Card / CBA Program. The State Program Administrator will serve as a central point of contact to address all issues and changes necessary to the overall program and coordinate such changes with the contractor, Bank of America.

OSP&T will issue and maintain the State Liability Travel Card / CBA Policy. If the state's policy or the program limits are changed statewide, a revised Travel Card / CBA Policy will be issued by OSP&T.

OSP&T will approve the Board's participation in the program and identify the allowable Merchant Category Codes (MCC) and their limits, if applicable. MCC allowances will be in accordance with Section 4.C. OSP&T may grant an exception to the Board on a case-by-case basis in response to a written request by the Board in the form prescribed by OSP&T and forwarded to their office.

B. Board Responsibilities

The Executive Director will be responsible for designating the Board's Travel Card / CBA Program Administrator and for notifying the State Program Administrator at OSP&T of any changes in the director or administrator positions at the Board.

The Board is responsible for developing a policy documenting all internal procedures and ensuring they are in accordance with the guidelines of the State Liability Travel Card / CBA Policy and updated when necessary with changes or additions which may occur in the Board's internal procedures or the State's policy.

The Board's Program Administrator will be responsible for keeping abreast of program updates as they are sent as email updates and are posted on the OSP&T website at http://www.doa.louisiana.gov/osp/travel/traveloffice.htm along with dissemination of this information to the Executive Director, all cardholders and other Board staff and members as deemed appropriate.

The Board is responsible for performing post audits of cardholder transactions to monitor appropriate use while verifying that purchases are made in accordance with PPM-49 and all other purchasing rules and regulations. The bank will provide reporting capabilities to the Board at no cost to the Board.

The Board is responsible for establishing proper controls and developing internal policies and procedures, as well as:

1. Conducting necessary training to ensure the cardholder is aware of all duties and responsibilities associated with possession or use of a State Liability Travel Card. The program administrator shall maintain the original employee signed copy of the State Liability Travel Card Program Cardholder Agreement Form, for all participants of the Travel Card Program. A copy of the signed agreement along with the state and agency policy shall be provided to the participating employee.

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2. Determining appropriate cardholders and setting individual cardholder limits for single transactions, and daily and/or cycle transaction limits. The Board shall issue no more than one card to any authorized cardholder.

3. Determining allowable merchant codes based on individual needs and the State's allowances.

4. Educating cardholders on use of the cards and sales tax requirements. See Section 6.

5. Maintaining budgetary controls.

6. Developing a travel card log used to assist in the reconciliation process.

7. Monitoring for inactive cardholder accounts and adjusting SPL and/or monthly cycle limits accordingly, based on possible change in needs and/or cancellation of the card when not utilized in a twelve month period.

8. Establishing procedures as part of the exit interview process to collect and cancel cards upon termination of the employee cardholder.

9. Educating cardholders on the process of reporting a card lost, stolen, and/or any fraudulent activity.

10. Requesting cards and performing any maintenance necessary for Board cardholders, monitoring the issuance of cards, and ensuring prompt reconciliation of periodic statements.

11. Establishing procedures for reducing Travel Card cardholders to $1 limits during an extended absence, to protect the cardholder and the Board.

12. Establishing and enforcing personnel policies to discipline employees in the event of abuse or failure to comply with established guidelines as well as procedures for recoupment of unauthorized charges and/or overage of allowances as defined in PPM-49. If abuse, whether accidental or for travel incidentals, occurs more than twice, the Board shall cancel the card.

13. Establishing internal procedures for both state and city tax reimbursements to applicable hotel, city, parish, and/or State to handle hotel charges which are not allowed but were charged resulting in an unauthorized tax exemption for charges such as room services, movies, double occupancy for additional non-state employees, etc. as well as other charges which are in excess of official business days (such as personal days added at the beginning or end of a trip or conference.)

14. Maintaining a list of all Board cardholder's names.

15. Establishing Corporate Business Accounts for the Board and determining proper authorizers. The contract travel agency and Bank of America must be notified of proper authorizers for the Board's CBA.

16. Assigning codes specific to the Board's accounting system to track purchases as deemed necessary.

17. Ensuring that reconciliation is completed and payments made timely.

C. Supervisor Responsibilities

1. Always submit approvals with all necessary documentation in a timely manner and in accordance with the Board's policy.

2. Ensure each transaction:
   - Has an appropriate business purpose;
   - Is in compliance with PPM-49 and/or the Board's travel policy;
   - Is in compliance with the Board's Travel Card / CBA Program policy;
   - Has all required documentation supporting the transaction; and
   - Is not a duplication of personal request and/or reimbursements.

D. Audit Reports

The following reports shall be produced at least once per month:

- Card Decline Report – shows all transactions which were declined during a specified time period, including the reason for the decline. Examples of card declines include failure to activate card, MCC group excluded, type of vendor not allowed, not enough money available, etc.
- Card Status Report – shows the status of each card by listing the cardholders name, profile, and single transaction limit. This report can verify that each cardholder has been assigned the correct profile and that all limits are correct.

All reports are to be used as a tool to assist the program administrator with determining which cardholders may need a refresher training course, counseling, cancellation of card, as well as to determine possible changes to cardholders' limits, profiles, and MCC groups.

4. Policy Requirements

A. Travel Card Account Requirements & Guidelines

1. Travel advances should not be given to an employee who does not qualify for a Travel Card in the event their previous Individual Liability Travel Card account was revoked due to charge-offs and/or non-payment or if that account has an outstanding balance. A list of currently ineligible employees may be obtained from the OSP&T or from Bank of America.

2. All Travel Card transactions must have a receipt and must be in accordance with all PPM-49 guidelines, Board travel policies, or purchasing regulations, including the travel authorization / expense forms which must be completed for all non-routine travel, conferences, and out-of-state travel.

3. In accordance with airline contracts and PPM-49, it is mandatory that all state contracted airfare be purchased with a Travel Card or the Board's CBA account.

4. Cardholders must be approved by the Executive Director and distributed only to frequent travelers, not as an automatic process upon hiring.

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5. Cardholders must attend a training class and sign a State Liability Cardholder Agreement form acknowledging the cardholder's responsibilities prior to receiving the card.

6. All Travel Cards are issued with state liability, under which the state is liable for the payment of the purchases. The program is based on the strength of the State's financial resources, not the personal finances of the cardholder.

7. Due to the liability assumption by the state, Travel Cards are to be issued in the name of State of Louisiana employees only.

8. Travel Cards will be issued with dual limits. The overall card cycle limit is determined by the Board, and the SPL is also determined by the Board. Exceptions to the SPL may be requested from OSP&T with a travel exemption request form.

9. The State Liability Travel Card is a VISA card and will be identified with the State of Louisiana seal and marked Commercial Travel Card / Louisiana Travel Card. The cards will be embossed with the Employee's name, Board's name, account number, and tax exemption number.

10. Expiring Travel Cards will automatically be replaced or renewed prior to the Travel Card's expiration date by the issuing bank. All replacement or renewed cards will be sent to the Board's Program Administrator.

B. Individual Cardholder Requirements & Guidelines

1. Use for official state travel only. No personal use.

2. Attend training class and sign a State Liability Cardholder Agreement form, acknowledging cardholder's responsibilities prior to receiving the card.

3. Never put the full Travel Card account number in emails, fax, reports, memo, etc. If designation of an account is necessary, only use the final four or eight digits of the account number.

4. Recognize the Travel Card is the property of the State of Louisiana and the cardholder is responsible for the physical security and control of the Travel Card and its appropriate use. The Cardholder is also responsible for maintaining the security of card data, such as the account number, the expiration date, and the card verification code (CVC), the 3-digit security code located on the back of the card.

5. The cardholder shall never send a copy of the Travel Card if requested by a merchant. If this is required for payment, then the cardholder must use another form of payment other than the Travel Card.

6. Present a personal credit card when checking into a hotel to cover any incidental expenses, which are not allowed if using the Travel Card to pay for hotel room charges. If incidentals are incurred during a business trip, traveler must be

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reimbursed through the Board's travel reimbursement policy and procedures, including use of the BA-12 travel expense report form.

7. Never use an individual Travel Card for personal, non-business expenses for any reason. Use of the Travel Card is limited to the person whose name is embossed on the card. The Travel Card shall not be used to pay for another or loaned to another person to pay for official or non-official travel expenses.

8. Taxes should never be paid on hotel, Enterprise in-state vehicle rentals, or Park-N-Fly parking charges with the Travel Card. See Section 6.

9. Never, under any circumstances, use the Travel Card to access cash.

10. Never accept cash in lieu of a credit to the Travel Card account.

11. Never use the Travel Card for incidental expenses.

12. Never use the Travel Card for gift cards or gift certificates.

13. Never use the Travel Card for the purchase of alcohol, food or entertainment services without prior approval from OSP&T.

14. Never use the Travel Card for fuel and maintenance of vehicles.

15. Never use the Travel Card to avoid procurement or payment procedures.

16. The cardholder shall submit their BA-12 travel expense report form and all required documentation, special approvals, etc. timely and in accordance with the Board's travel policy. Every transaction must have a receipt; failure to do may result in a cancellation of the Travel Card.

17. Never make a payment directly to the bank in the event an unauthorized charge is placed on the cardholder's Travel Card. If the payment is made directly to the bank, it will cause the monthly billing statement file to be out of balance and the Board will need to determine the cause. Ultimately, it will be determined that a personal payment was made, therefore, report any unauthorized charges to the Board's Program Administrator immediately.

18. Notify the Board's Program Administrator if fraudulent charges are noticed, as the card may need to be cancelled and another card issued.

19. Notify the Board's Program Administrator if use of the card has changed and either lower or higher limits are necessary.

20. Immediately report a lost or stolen card to Bank of America at 1-888-449-2273.

C. Allowable Card Transactions

1. Airfare and travel agency fees must be paid for with the Board's CBA account.

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2. Registration for Conferences and workshops; however, the Travel Card may not be used for membership dues.

3. Hotel / Lodging.

4. Rental car.

5. Parking – only in connection with hotel stay and combined on invoice. Park-N-Fly charges are permitted.

6. Internet Services – only in connection with hotel stay and combined on invoice.

7. Airline baggage fees – only when combined with normal airfare cost at time of reservation. If baggage charge is invoiced or billed separately or at time of check-in, these fees are not allowed on the Travel Card without approval from OSP&T; however, they may be reimbursable on the traveler's expense report form.

8. Gasoline for Rental Car – not to be used since the Board is part of the Fuel Card Program.

9. Shuttle Service – only when pre-paid prior to trip. Not for individual ground transportation during a business trip such as taxi, bus, etc. without prior approval from OSP&T.

D. State Corporate Business Account Requirements & Guidelines

1. All CBA transactions must be in accordance with PPM-49 guidelines, Board travel policies, and purchasing regulations.

2. The purpose of a CBA is to provide a tool for the Board to purchase contract and non-contract airfare and assist with payment of travel expenses only. See Section 4.C.

3. In accordance with airline contracts and PPM-49, it is mandatory that all airfare be purchased with the Board's CBA.

4. The State promotes the use of the CBA account for airfares and registration; however, the Board's Executive Director will determine who is eligible to use the Board's CBA.

5. The account is issued in the name of the Board and the Board's Program Administrator is the primary point of contact for the account. The Board may designate multiple authorizers for the account; the contract travel agency and Bank of America must be notified of the authorizers.

6. CBA accounts shall have an overall card cycle limit as determined by the Board. This limit should reflect the Board's travel patterns; they are preventative controls and should be used judiciously.

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7. The CBA accounts are also the direct liability of the state. The Board will be responsible for ensuring all payments are made timely to the bank.

8. No plastic card is used; these are referred to as 'ghost accounts.' If it is determined that personal or other unauthorized charges are occurring on the CBA account, appropriate measures, up to and including dismissal, shall be taken to resolve the misuse or abuse of the account.

9. The full CBA account number shall never be put in emails, fax, reports, memos, etc. If designation of an account is necessary, only use the final four or eight digits of the account.

10. All CBA accounts must be paid in full monthly and musts be made by electronic payment.

5. Card Misuse

A. Fraudulent Purchases – any use of the Travel Card / CBA which is determined to be an intentional attempt to defraud the state for personal gain or for the personal gain of others.

An employee suspected of having misused the Travel Card / CBA with the intent to defraud the state will be subjected to an investigation. Should the investigation result in findings which show that the actions of the employee have caused an impairment to the state service, and should those findings be sufficient to support such action, the employee will be subject to disciplinary action. The nature of the disciplinary action will be the prerogative of the Board's Executive Director and will be based on the investigation findings and the record of the employee. Any such investigation and ensuing action shall be reported to the Legislative Auditor and the Director of the OSP&T.

B. Non-Approved Purchases – a purchase made by a cardholder for which payment by the state is unapproved. A non-approved purchase differs from a fraudulent purchase in that it is a non-intentional misuse of the Travel Card / CBA with no intent to deceive the Board for personal gain or for the personal gain of others.

A non-approved purchase is generally the result of a miscommunication between a supervisor and the cardholder. A non-approved purchase could occur when the cardholder mistakenly uses the Travel Card rather than a personal card.

When a non-approved purchase occurs, the cardholder should be counseled to use more care in handling of the Travel Card / CBA. The counseling should be in writing and maintained in the employee's file for no longer than one year unless another incident occurs. The employee shall pay for the item or service purchased inappropriately. Should another incident of a non-approved purchase occur within a 12-month period, the Board's Executive Director may consider revocation of the Travel Card / CBA.

C. Merchant Forced Transactions

Commercial cards are accepted by a variety of merchants that process transactions only if approved by the issuing bank, thereby abiding by the card controls in place. Merchants processing transactions generally perform two steps:

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1. Merchant authorizes transactions against card controls (MCC, limits, expiration date, etc.) and, if approved, receives an authorization number.
2. Merchant submits the transactions for payment from the bank.

In rare instances, merchants will circumvent the authorization process and only perform the second step, in which case, the merchant did not receive an authorization number. If this does happen, the merchant has forfeited all dispute rights and the transaction can be disputed and unless the merchant can provide a valid authorization number, the dispute will be resolved in the cardholder's favor.

D. Card Security

Each cardholder is responsible for the security of their card, and therefore should:

- Never display their card account number around their work area;
- Never give his card account number to someone; and
- Never email the full account number under any circumstances.

6. Sales Tax

A. Charges are a direct liability of the State, therefore, Louisiana sales tax should not be charged on hotel, Enterprise in-state vehicle rentals, and Park-N-Fly charges.

B. Cardholders should make every effort at the time of hotel, Enterprise in-state vehicle rental and Park-N-Fly parking charges to avoid being charged Louisiana State sales tax.

C. In the event state sales tax is charged and a credit is warranted, it will be the cardholder's responsibility to have the vendor (not Bank of America) issue a credit to the cardholder's account.

D. It is State policy not to pay Louisiana State sales tax; however, the Board may exempt cardholders from obtaining a credit from the vendor for state sales tax charges of $25 or less. If a cardholder continually allows taxes of $25 or less to be charged to the card, corrective measures must be taken. It is the Board's responsibility to monitor these sales tax transactions to ensure corrective action is taken against repeat offenders.

7. Documentation

A. Complete Documentation

1. Ensure that documentation is adequate and sufficient to adhere to PPM-49, Board travel policies, and purchasing regulations. The Board should ensure that designated reviewers are verifying receipts and certifying that the documentation is acceptable for each transaction, that it was for official state business, that it is in compliance with the appropriate rules and regulations, and that it has been reviewed and is approved.

2. Documentation is required for all purchases and credits. For items such as registrations, where the vendor does not normally generate a receipt or packing slip, a copy of the ordering document may be used. Acceptable documentation must include a line description and line item pricing for the purchase.

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3. The Board will maintain a file of all supporting documentation in accordance with record retention laws. This file will be subject to periodic review by the Office of the Legislative Auditor and any other duly authorized auditor.

B. Individual Travel Cards

It will be each cardholder's responsibility to submit their travel expense report forms and all required documentation, special approvals, etc. timely and in accordance with the Board's travel policy to help ensure it is paid timely by the Board.

C. Corporate Business Accounts

Authorizers for the CBA accounts will maintain records and approvals sufficient to reconcile the CBA statement to ensure it is paid timely. Each Program Administrator is responsible for ensuring that documentation is adequate and sufficient to adhere to PPM-49, state purchasing guidelines, and accounting guidelines for recording of expenditures.

8. Payment Procedures for Travel Card & CBA Accounts

A. Payment Procedures

The Board will ensure that necessary procedures and controls are in place for prompt payment, reconciliation, and cost distribution of charges and credits.

1. Bank of America will send paper statements or an electronic file containing all cardholder transactions. These files may be used for reporting and reconciliation.

2. The paper statements or electronic files will be sent after the close of the billing cycle. Payment must be made electronically to Bank of America within 25 days of the statement billing date.

B. Non-ISIS Interface Agencies

The Board can use the Statement Billing File to interface to its accounting system or use paper statements to produce one electronic funds transfer to Bank of America.

9. Reconciliation and Cost Distribution

A. Documentation must be obtained indicating the date of purchase, the vendor name, description of the item, amount, receipt date, and accounting distribution information such as reporting category, travel authorizations and expense report forms, any special justifications or approvals, etc. This may be accomplished by maintaining a Travel Card log or recording information directly on the receipt from the vendor.

B. Cardholders will receive paper memo statements monthly from Bank of America within 5 business days of the close of the billing cycle. If the cardholder statement is not received timely, the cardholder must notify the Board's Program Administrator immediately so that a statement can be obtained for reconciliation purposes.

C. The cardholder must reconcile purchases charged during the billing cycle by matching the bank memo statement to his Travel Card log and the documentation obtained from

RESCINDED

the vendors. The documentation will be reviewed and certified by the cardholder as received or reported as a disputed item. The cardholder will then forward the statement and supporting documentation to the Board's Executive Director or his designee.

D. The Board's Executive Director or his designee must review the information and documentation submitted by the cardholder. See Section 3.C. The reviewer must verify that acceptable documentation exists to support each purchase, verify that purchases are for official state business, and purchases comply with PPM-49 and Board policies. The reviewer must sign the expense report form certifying his review and approval. The cardholder may not approve his own monthly Travel Card log.

E. If it is determined that personal or other unauthorized charges are occurring on the card, appropriate measures, up to and including dismissal, shall be taken to resolve the misuse or abuse of the card. See Section 5; Card Misuse.

F. All of the documentation shall be forwarded to the Board's Office Manager for accounting and payment functions.

G. It shall be the Board's responsibility to obtain through WORKS (program administered by OSP&T) or contact the bank if the paper statement is not received timely. The Board's Program Administrator should complete the reconciliation and distribution processes each month and prior to receiving the next billing cycle.

10. Waivers

A. Exemptions

The Director of OSP&T or his designee may waive in writing any provisions of these policies when the best interests of the State will be served.

11. Internal Procedures

A. The Board's Appointing Authority is the Executive Director. He shall determine the eligibility for access to and use of Travel Cards and the Board's CBA.

B. The Board's Office Manager shall serve as the Program Administrator.

C. The Board's Executive Director and Office Manager are the only persons authorized to allow charges to be placed on the Board's CBA account.

D. The Board shall apply for only one Travel Card, in the name of the Executive Director.

E. When the cardholder is no longer employed with the Board, he shall return the card to the Board office for cancellation.

RESCINDED

Louisiana Board of Pharmacy **Policies & Procedures**

Title: Travel Card & CBA Policy Policy No. II.E.5

Approved: 05-02-2012 Revised:

The Board's Executive Director and Program Administrator, by signing this policy on this 27th day of December in 2011, acknowledge and accept their responsibilities in the administration of this program as outlined herein.

_____ _____

Malcolm J. Broussard
Executive Director

Kelley L. Villeneuve
Office Manager

RESCINDED

Louisiana Board of Pharmacy **Policies & Procedures**

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

Approved: 05-11-2005 Revised:

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). Violations will not be tolerated and may result in disciplinary action and possible termination of employment.

Sexual harassment is any demand or sexual inference connected with one's job. Examples 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.

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.

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.

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 or supervisor.

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.

OBSOLETE

To maintain a safe and comfortable working environment and to ensure compliance with applicable laws, the board office and the building in which it is located is a non-smoking facility. Employees smoking inside any part of the building may be subject to disciplinary action. This includes stairways, elevators, hallways, and restrooms.

Smoking is allowed outside the back entrance of the building only.

OBSOLETE

Title: Smoking Policy No. II.I.3

Approved: 05-02-2012 Revised: 05-27-2015

To maintain a safe and comfortable working environment and to ensure compliance with applicable laws, the entire board office building is designated a non-smoking facility. Employees smoking inside any part of the building may be subject to disciplinary action. This includes stairways, hallways, and restrooms.

Smoking is allowed outside the side entrance of the building only.

OBSOLETE

1. The statutory authority for this program is RS 25:121-124.

2. The regulatory authority for this program is LAC 25:VII.4301 – 4317.

3. The staff shall cooperate with the Louisiana State Library's Document Depository Program by transmitting the required number of copies of all public documents on a periodic basis to the state library, at:

   Ms. Ferol Foos
   Recorder of Documents
   State Library of Louisiana
   701 N. 4th Street
   Baton Rouge, LA 70802-5232
   Telephone 225.342.4929
   Facsimile 225.219.4725
   Email ffoos@pelican.state.lib.la.us

4. Twenty (20) copies of the following publications, and their subsequent updates, shall be transmitted to the library on a quarterly basis:

   Laws & Regulations
   Newsletters
   Bulletins
   Annual Reports
   Special Reports
   Minutes of Board Meetings
   Website Documents

5. The staff shall maintain a record of the quarterly transmittals to the library.

OBSOLETE

OBSOLETE

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 or other indirect owners. There may be more than one level of indirect owners; if so, all levels of indirect owners must be declared in the application.

      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. This requirement shall not be applicable to a natural person holding no direct ownership, no first-level indirect ownership, and less than 5% ownership in any indirect level ownership beyond the first level.

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

3.b.ii (cont.)

(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, and further, where there are multiple levels of ownership, an organizational chart clearly identifying the corporate relationships.
Where the legal person is a publicly traded firm or an institutional investor, the accounting of its ownership shall identify any natural person holding 5% or more ownership interest in that organization.

c. Describe the pharmacy's location and credentials issued by other agencies;
d. Identify the pharmacy owner's registered agent for the service of process;
e. Identify the special professional services intended for Louisiana residents; and
f. Identify the Owner's Managing Officer and Pharmacist-in-Charge, and further, assist in the determination of their fitness for practice in those capacities.

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. Owner's Managing Officer;
   b. Pharmacist-in-Charge; and
   c. Any natural person holding 20% or more ownership interest at the direct or first-level 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.

OBSOLETE

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 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.

OBSOLETE

OBSOLETE

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.
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         (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. This requirement shall not be applicable to a natural person holding no direct ownership, no first-level indirect ownership, and less than 5% ownership in any indirect level ownership beyond the first level.

3.b (cont.)

ii. by collecting specific information for every *legal* person (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, and further, where there are multiple levels of ownership, an organizational chart clearly identifying the corporate relationships.

Where the legal person is a publicly traded firm or an institutional investor, the accounting of its ownership shall identify any natural person holding 5% or more ownership interest in that organization.

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

d. Identify the pharmacy owner's registered agent for the service of process;

e. Identify the special professional services intended for Louisiana residents; and

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c. Any natural person holding 20% or more ownership interest at the direct or first-level 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.

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      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 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.

OBSOLETE

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.

OBSOLETE

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

OBSOLETE

Louisiana Board of Pharmacy

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Loss Prevention Manual

May 27, 2020

The policies and procedures contained in this manual have been approved by the Board on the date indicated on each document. The entire manual is subject to periodic review by the Board, and their continuing approvals are noted below.

May 5, 2010

May 4, 2011

May 2, 2012

May 29, 2013

May 7, 2014

May 27, 2015

May 4, 2016

May 10, 2017

May 23, 2018

May 29, 2019

May 27, 2020

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Louisiana Board of Pharmacy

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General Safety

A. Management Policy

B. Assignment of Safety Responsibility

C. Safety Rules

D. Safety Meeting Procedures

E. Employee Safety Training

F. Safety Committee

G. Inspection Procedures

H. Incident & Accident Investigation

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K. Blood Borne Pathogens

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N. Hazardous Materials

O. Employee Non-Compliance

P. Workers' Compensation Post-Accident Drug Testing

Q. Transitional Duty Return to Work Plan

R. Confined Spaces

Louisiana Board of Pharmacy **Loss Prevention**

Title: Management Policy Policy No. I.A

Approved: 05-05-2010 Revised:

It is the policy of the Appointing Authority to assure that all employees and guests who use our facilities have an environment which is accident-free and as safe as possible.

The administration of safety is not only a function of management, but of the entire staff. Each individual employee is responsible for helping reach the goal of reducing personal injury and loss of property to the lowest possible degree. Each employee is responsible for supporting safety programs, following safety rules, immediately reporting potentially unsafe conditions or work practices, and for taking effective temporary actions to minimize the risk to themselves, others or property.

Employees are to report the following items to the Office Manager immediately:

- Any accident, injury, or near miss, no matter how slight;
- Damaged or defective pieces of equipment;
- Any electrical equipment, fixtures, or outlets needing repair;
- Any lights that will not burn or any fluorescent lights that are flickering;
- Broken or missing tiles, damaged floors, or walls; and
- Water or spills on floors.

Remember that safety is up to each and every employee. Try to become familiar with hazards in the work area and do not take any unnecessary risks. If an employee is injured on the job, the Office Manager should be notified immediately. An accident report and other forms must then be completed.

Louisiana Board of Pharmacy **Loss Prevention**

Title: Assignment of Safety Responsibility Policy No. I.B

Approved: 05-05-2010 Revised:

The ultimate responsibility for preventing accidents and controlling hazards rests with management. Safety should be managed like any other administrative function. Management should direct the safety effort by setting achievable goals and by planning, organizing, and controlling activities to achieve those goals. The keys to effective safety performance are management procedures that assign responsibility. The following is a list of responsibilities assigned to the indicated employees:

Executive Director

1. Has full responsibility for safety.
2. Authorizes necessary expenditures to provide safe work conditions.
3. Approves safety policies as formulated by the loss prevention coordinator.
4. Participates in the safety program by conducting safety tours, approving safety contracts, reviewing and responding to safety reports, ensuring safety awareness among key management personnel, evaluating safety program, and reviewing safety audit reports.

Loss Prevention Coordinator

The coordinator is responsible for the development and implementation of the safety program. Duties include:

1. Planning and directing a regular program of safety inspections and accident investigations.
2. Checking for compliance with applicable safety laws and codes.
3. Primary responsibility for coordinating the safety operations at the office.
4. Keeping and analyzing accident records.
5. Conducting safety meetings.
6. Conducting activities to stimulate and maintain interest in safety among employees.
7. Conducting educational activities.
8. Supervising and appraising accident investigations.

Supervisors

1. Inspects work area for compliance with safe work practices and safety rules.
2. Trains employees to work safely.
3. Corrects unsafe conditions and unsafe acts.
4. Obtains prompt first aid for the injured.
5. Reports and investigates accidents and works with loss prevention coordinator to determine cause and correct any problems.
6. Discusses safety with individual employees.

Employees

1. Works in accordance with accepted safety practices.
2. Reports unsafe conditions and practices.
3. Observes safety rules and regulations.
4. Makes safety suggestions.
5. Asks for assistance or further explanation when needed.

Louisiana Board of Pharmacy **Loss Prevention**

Title: Safety Rules Policy No. I.C

Approved: 05-02-2012 Revised:

1. Smoke only in approved areas.
2. Horseplay and fighting will not be tolerated in the work place.
3. Before beginning work, notify your supervisor of any permanent or temporary impairment that may reduce your ability to perform in a safe manner.
4. Use personal protective equipment to protect yourself from potential hazards that cannot be eliminated.
5. Operate equipment only if you are trained and authorized.
6. Inspect the workstation for potential hazards and ensure that the equipment is in safe operating condition before using it.
7. Immediately report any recognized potentially unsafe condition or act to your supervisor.
8. If there is any doubt about the safe work method to be used, consult the supervisor before beginning work.
9. Immediately report accidents, near misses, and property damage to a supervisor regardless of the severity.
10. Maintain an orderly environment and work procedure. Store all tools and equipment in a designated place. Put scrap and waste material in a designated refuse container.
11. Report any smoke, fire, or unusual odors to your supervisor.
12. Use proper lifting techniques. For objects exceeding 50 pounds in weight, the immediate supervisor shall determine specific methods for safe lifting.
13. Never attempt to catch a falling object.
14. If your work creates a potential slip or trip hazard, correct the hazard immediately or use safety tape to tag the area before leaving it unattended.
15. Adhere to office rules regarding first aid, evacuation routes, and fire department notification.
16. Adhere to office rules and procedures specific to office operations.
17. Assist and cooperate with all safety investigations and inspections and assist in implementing safety procedures as requested.
18. Employees authorized to drive on state business should fasten restraint belts before starting any motor vehicle, obey all driver safety instructions, and comply with all traffic signs, signals, markers, and persons designated to direct traffic while on duty.
19. The exterior employee entrance shall remain locked and closed at all times.
20. The interior doors leading from the lobby to non-public areas shall remain closed and secure at all times.

Revisions

05-02-2012 Added items 19 and 20.

Meeting Preparation

1. Identify topics for safety meetings by conducting frequent inspections of the work spaces and note any unsafe activities or behaviors that should be remedied.
2. Select an activity or topic that can benefit all employees in attendance. Safety meetings can help identify and eliminate hazards before accidents occur.
3. The Safety Meeting Report shall list the topics to be discussed.
4. Identify the methods to be used during the meeting, e.g., classroom, demonstrations, reading materials, etc.

Conduct the Meeting

1. Meetings may be conducted in a classroom-like setting with lecture, video, and/or demonstrations.
2. Information may be distributed via e-mail, handouts, or correspondence, and employees shall be required to indicate they 'have received and read' the materials.
3. Record the total number of employees participating vs the total number of employees and calculate a percentage of employees who participated.

Document Attendance

1. Ensure an original signature is obtained from each employee in attendance at each meeting and that the documentation reflects the date on which the information was actually received.
2. For those employees to whom the safety meeting information is provided electronically, maintain a record of receipt by each employee, e.g., e-mail return receipt.

Meeting Record Maintenance

1. Safety meeting report forms should be sent to the loss prevention coordinator.
2. Sign-in sheets should be maintained for a minimum of three years, and training records should be maintained for as long as possible.

Louisiana Board of Pharmacy **Loss Prevention**

Title: Employee Safety Training Policy No. I.E

Approved: 05-05-2010 Revised:

1. Safety training shall be provided to all employees who must perform new tasks or operate new equipment or whose safety performance is not satisfactory. The safety related training, whether conducted by a supervisor on the job or by a training specialist, shall include instruction in correct work procedures, use of safety equipment, and availability of assistance. Additionally, safety related training shall cover a review of the basics pertaining to a specific topic and the Board's specific policy.
2. All safety related training, whether formal or on-the-job training, shall be documented.
3. The executive director shall ensure that trained persons are conducting safety meetings, inspecting the work area, investigating accidents, analyzing jobs for safety, and demonstrating leadership skills in safety.
4. The loss prevention coordinator shall have documented proof of attendance at least once every three years in the La. Division of Administration, Office of Risk Management LOSs Prevention Program course.
5. The Board shall conduct documented training on the following topics:
   - Drug-Free Workplace
   - Sexual Harassment

   Training on these topics shall be completed within one year of hire plus once every five years thereafter, and may count toward the quarterly safety meeting requirement.

Louisiana Board of Pharmacy **Loss Prevention**

Title: Safety Committee Policy No. I.F

Approved: 05-02-2012 Revised:

1. Since the Board staff consists of 18 employees, only 14 of whom work in the Board office and then under minimal risk, the appointment of a safety committee to meet on a routine basis would be counterproductive to Board operations.
2. Safety risks will be evaluated and acted upon as they are discovered.

1. The loss prevention coordinator is responsible for conducting quarterly inspections and for identifying and correcting conditions or practices that are potential safety or fire hazards.
2. The coordinator shall complete the inspection form during each inspection. The completed checklist shall be forwarded to the executive director for review. The checklist shall be retained for at least three years, and further, shall be made available to the Office of Risk Management Loss Prevention Unit upon request.
3. All employees are responsible for reporting any potentially hazardous condition or practice they discover. The employee shall record the unsafe condition on the Hazard Control Log which shall be kept in the Office Manager's office. The loss prevention coordinator is responsible for checking the Hazard Control Log and is authorized to take immediate temporary control of the area to prevent exposure to the hazard until corrective action is taken. If a supervisor or administrative officer cannot correct the hazard, they shall immediately report it to the executive director.
4. If a hazard exists for more than 30 days, the supervisor shall send a copy of the Hazard Control Log to the executive director and to the Office of Risk Management Loss Prevention Unit.
5. The Hazard Control Log shall be retained in the originating work area for at least three years.
6. Deficiencies identified by the State Fire Marshal's office shall be reported immediately to the executive director.

Louisiana Board of Pharmacy
Quarterly Safety Inspection Checklist

Quarter: _____ Date: _____

If an item is checked as “NOT OK” go to the last page and complete the “Comments” section.

ITEM	OK	NOT OK
1. Is there litter or spilled liquid on the floor?		
2. Are floor surfaces chipped, does carpeting show worn spots or holes?		
3. Are warning signs posted near repair work or redecorating?		
4. Are aisles free of boxes, wastebaskets, chairs and other obstacles that impede traffic?		
5. Are cords placed where they might trip a passerby?		
6. Do cords looked frayed? Are they draped over hot pipes, bent around hooks or stepped on?		
7. Are flimsy extension cords in use? (All extension cords should be 3-pronged)		
8. Is all electrical equipment connected with three pronged plugs?		
9. Are electrical outlet boxes or bonnets exposed so that they pose a tripping hazard?		
10. Do employees stand on chairs, desks, boxes, or other improvised ladders?		
11. Do employees lean back in chairs, with feet up on desk?		
12. Do employees run in office?		
13. Are stairs well lighted?		
14. Are handrails, tread and risers in good condition?		
15. Are stairs free of litter or spills?		
16. Are desk or file drawers left open?		
17. Is more than one file drawer opened at the same time?		
18. Are files top-heavy with empty drawers at the bottom and full drawers on top?		
19. Are boxes, papers, and books stored on top of files, storage cabinets, and windowsills?		

20.	Is machinery turned off when not in use?		
21.	Do employees wear dangling jewelry or floppy clothing around machinery?		
22.	Are employees using spike files or pencil holders with pencil points up?		
23.	Is the paper cutter placed in a safe location?		
24.	Are sharps or razor blades mixed in with paper clips?		
25.	Are fire exits clearly marked and lighted?		
26.	Have emergency lights been tested?		
27.	Have fire extinguishers been inspected recently? (Is the needle in the green?)		
28.	Are ABC extinguishers readily available?		
29.	Do all employees know the location of exits and extinguishers?		
30.	Are adequate first aid supplies available?		
31.	Are all accidents/incidents recorded and reported?		
32.	Do employees practice good housekeeping and maintain a safe environment in their respective work areas?		
33.	Are exterior stairs free of algae and other obstacles?		

COMMENTS: Please specify item number, location of deficiency and the corrective action being taken. If it cannot be corrected immediately, you must record the deficiency on the hazard log so that follow-up can occur.

_____

_____

_____

_____

_____

Area Inspected by:

_____ _____

Signature of Inspector Date

Updated 06/08/2015

HAZARD CONTROL LOG

HC-1-90

DEPARTMENT:

AGENCY:

LOCATION:

DATE:

DATE	HAZARD	IMMEDIATE TEMPORARY CONTROL	LONG-TERM SOLUTION	HAZARD DETECTED	PRIORITY	SCHEDULED/DATE COMPLETION

HAZARD NOT CORRECTED AFTER 30 DAYS SEND LOG TO:
OFFICE OF RISK MANAGEMENT, LOSS PREVENTION SECTION
P.O. BOX 94106
BATON ROUGE, LOUISIANA 70821-9106

SAFETY
DAYS

PRIORITY
E = EMERGENCY
A = TODAY
B = ONE WEEK
C = ONE MONTH
D = THREE MONTH

REVIEWED BY:

DATE:

REVIEWED BY:

DATE:

An accident is defined as "an unplanned event that caused personal injury or property damage." An incident is defined as "an unplanned event that could have caused personal injury or property damage. Incidents and accidents may occur in spite of an emphasis on safety and regular inspections. Such events do not just happen – they are caused. All such events should be investigated by responsible personnel to determine the cause and any contributing factors in order to prevent a recurrence.

Employee-Related Incidents

For every employee-related incident or accident, a copy of the DA2000 investigation form shall be completed. The form shall include information about the individual injured, a description of the incident/accident (bodily injury vs property damage), a statement of what caused or might have caused the incident/accident, and any corrective action that has been taken or that should be taken to prevent recurrence.

The supervisor of the work unit involved is primarily responsible for conducting the incident/accident investigation and completing all related forms. The loss prevention coordinator may be involved depending upon the nature and severity of the incident or accident. All information fields (including the root cause analysis section on the DA2000) on the forms shall be completed and reviewed for accuracy. Notations such as N/A [not applicable] are not acceptable.

In the event of a fatality or near fatality, the Office of Risk Management (ORM) Loss Prevention Unit shall be contacted immediately.

The loss prevention coordinator shall retain all incident and accident related DA2000 forms for review by the ORM Loss Prevention Unit, and further, report online all DA1973/LDOL-OWC-1007 [E1 – First Report of Injury] forms to the appropriate ORM Claims Unit within the required reporting time frame established by the Claims Unit.

Workers' Compensation Injuries

When an accident involves an injury that results in employee medical expenses or workers' compensation related loss, the loss prevention coordinator shall also complete the Employer's Report of Injury/Illness [LDOL-WC-1007] in a timely manner. This form is also known as the DA1973 (E1) and is available online at http://doa.louisiana.gov/orm/formsCR.htm.

After acquiring necessary medical aid for the injured worker, the supervisor or loss prevention coordinator should follow these steps in investigating the accident:

1. If possible, ask the person or persons involved to describe what happened. Do not assign blame or fault; just get the facts.
2. Survey the accident scene for information. If a camera is available, document the scene with photographs as necessary. Assemble and secure any objects that may have contributed to the accident.
3. Determine if there were any witnesses to the accident and get their written description of the accident.
4. Take whatever steps are necessary to prevent recurrences until the condition can be permanently corrected.
5. Complete the Incident/Accident Reporting Form [DA2000].

Visitor / Client-Related Incidents [DA3000]

For every non-employee-related incident/accident, an investigation form shall be completed. ORM Form DA3000 shall include information on the individual injured, a description of the incident/accident (bodily injury vs property damage), a statement of what caused or might have caused the incident/accident, and any corrective action that has been taken or that should be taken to prevent recurrence.

The supervisor of the work unit involved is primarily responsible for conducting the incident/accident investigation and completing all related forms. The loss prevention coordinator may be involved depending upon the nature and severity of the incident or accident. All information fields (including the root cause analysis section on the DA2000) on the forms shall be completed and reviewed for accuracy. Notations such as N/A [not applicable] are not acceptable.

In the event of a fatality or near fatality, the ORM Loss Prevention Unit shall be contacted immediately.

The loss prevention coordinator shall retain all incident and accident related DA3000 forms for review by the ORM Loss Prevention Unit, and further, report online all DA1973/LDOL-OWC-1007 [E1 – First Report of Injury] forms to the appropriate ORM Claims Unit within the required reporting time frame established by the Claims Unit.

OFFICE OF RISK MANAGEMENT
UNIT OF RISK ANALYSIS AND LOSS PREVENTION
STATE EMPLOYEE INCIDENT/ACCIDENT INVESTIGATION FORM
Worker's Compensation Claims—To Be Filled Out By Injured Worker's Employer

(PLEASE TYPE OR PRINT)

1. AGENCY _____

2. ACCIDENT DATE_____ 3. REPORTING DATE _____

4. EMPLOYEE NAME (LAST, FIRST) _____

5. JOB TITLE _____

6. IMMEDIATE SUPERVISOR_____

7. DESCRIBE IN DETAIL HOW INCIDENT/ACCIDENT OCCURRED *(USE ADDITIONAL SHEET IF NECESSARY)* _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

8. PARISH WHERE OCCURRED_____ 9. PARISH OF DOMICILE_____

10. WAS MEDICAL TREATMENT REQUIRED_____ Y _____N

11. EXACT LOCATION WHERE EVENT OCCURRED_____

_____

_____

_____

_____

12. NAME (S) OF WITNESSES _____

13. NAME OF PERSON COMPLETING THIS SECTION OF REPORT_____

14. SIGNATURE _____ 15. DATE_____

<u>KEEP COMPLETED FORMS ON FILE AT THE LOCATION WHERE INCIDENT/ACCIDENT OCCURRED</u>

MANAGEMENT SECTION

16. NAME OF PERSON COMPLETING THIS SECTION OF REPORT_____

17. POSITION/TITLE _____

18. IS THE PERSON COMPLETING REPORT TRAINED IN ACCIDENT INVESTIGATION _____ Y _____ N

19. WAS EQUIPMENT INVOLVED _____Y _____N (If no, skip to question 20)

    A. TYPE OF EQUIPMENT_____

    B. IS THERE A JSA FOR EQUIPMENT _____Y _____ N C. DATE LAST JSO PERFORMED _____

20. HAVE SIMILAR ACCIDENT/INCIDENTS OCCURRED _____Y _____N

21. DID INCIDENT INVOLVE SAME INDIVIDUAL _____Y _____N

22. SAME LOCATION _____Y _____N

23. WAS THE SCENE VISITED DURING THE INVESTIGATION _____Y _____N

    A. DATE & TIME _____ B. ARE PICTURES AVAILABLE _____Y _____N

C. IF NO, REASON FOR NOT VISITING _____

ROOT CAUSE ANALYSIS

*UNSAFE ACT (**PRIMARY**):* ☐*Failure to comply with policies/procedures* ☐*Failure to use appropriate equipment/technique* ☐*Inattentiveness* ☐*Inadequate/lack of JSA/standards* ☐*Incomplete or no policies/procedures* ☐*Inadequate training on policies/procedures* ☐*Inadequate adherence of policies/procedures*

*Other (specify)*_____

Detailed explanation of checked box _____

_____

WHY WAS ACT COMMITTED:

*UNSAFE CONDITION **(PRIMARY)**:* ☐*Inappropriate equip/tool* ☐*Inadequate maintenance* ☐*Inadequate training* ☐*Wet surface* ☐*Worn/broken/defective building components* ☐*Broken equipment* ☐*Inadequate guard* ☐*Electrical hazard* ☐*Fire Hazard*

Other (specify) _____

*Detailed explanation of checked box*_____

_____

WHY DID CONDITION EXIST:

CONTRIBUTORY FACTORS (IF ANY):

IMMEDIATE ACTION TAKEN TO PREVENT RECURRENCE:

LONG RANGE ACTION TO BE TAKEN:

WHAT ADDITIONAL ASSISTANCE IS NEEDED TO PREVENT RECURRENCE:

KEEP COMPLETED FORMS ON FILE AT THE LOCATION WHERE INCIDENT/ACCIDENT OCCURRED

OFFICE OF WORKER'S COMPENSATION
POST OFFICE BOX 94040
BATON ROUGE, LA 70804-9040
(225) 342-7565

Employee Social Security Number
Employer UI Account Number
Employer Federal ID Number
Location Code

EMPLOYER REPORT OF INJURY / ILLNESS LDOL-WC-1007

This report is completed by the Employer for each injury/illness identified by them or their employee as occupational. A copy is to be provided to the employee and the insurer immediately. Forms for cases resulting in more than 7 days of disability or death are to be sent to the OWCA by the 10th day after the Incident or as requested by the OWCA.

PURPOSE OF REPORT: (Check all that apply)

- ☐ More than 7 days of disability
- ☐ Injury resulted in death
- ☐ Amputation or disfigurement
- ☐ Possible dispute
- ☐ Lump Sum Compromise/Settlement
- ☐ Other
- ☐ Medical Only (no copy needed by OWCA)

1. Date of Report MM/DD/YY	2. Date / time of injury: MM/DD/YY Time ☐ AM ☐ PM	3. Normal Starting Time Day of Accident: ☐ AM ☐ PM	4. If Back to Work Give Date MM/DD/YY	5. At same Wage? ☐ Yes ☐ No	DO NOT WRITE IN THIS COLUMN
6. If Fatal injury, Give Date of Death: MM/DD/YY	7. Date Employer Knew of injury: MM/DD/YY	8. Date Disability began: MM/DD/YY	9. Last Full Day Paid MM/DD/YY		Date Received
10. Employee Name: First Middle Last		11. ☐ Male ☐ Female	12. Employee Phone # ( ) -		S.I.C.
13. Address and Zip Code			14. Parish of Injury		State-Parish
15. Date of Hire	16. Age at illness/injury	17. Occupation	18. Dept./Division Employed:		Occupation
19. Place of Injury-Employer's Premises ? ☐ Yes ☐ No	20. If No, indicate Location-Street, City, Parish and State				Nature
21. What work activity was the employee doing when the incident occurred ? (Give weight, size and shape of material or equipment involved. Tell what he was doing with them. Indicate if correct procedures were followed.)					Part of Body
					Source
					Event
					NCC:

22. What caused the incident to happen? (Describe fully the events which resulted in injury or disease. Tell what happened and how it happened. Name any objects or substances involved and tell how they were involved. Give full details on all factors which led to or contributed to this injury or illness.)

23. Part of body injured and Nature of Injury or Illness(ex. left leg: multiple fractures)	24. If Occ. Disease- Give Date Diagnosed

25. Physician and Address street city state zip	26. If Hospitalized, give name & address of facility
27. Employer's Name	28. Person Completing This Report – Please print
29. Employer's Address street city state zip	30. Employer's Telephone Number ( ) -
31. Employer's Mailing Address – If Different From Above city state zip	32. Nature of Business – Type of Mfg., Trade, Construction, Service, etc.

33. Wage Information Employee was paid ☐ Daily ☐ Weekly ☐ Monthly ☐ Other The average weekly wage was $ per week.

34. Verification of Employer Knowledge of this Report.

Name: Title: Date:

DA 1973
R 8/98

OFFICE OF RISK MANAGEMENT
P.O. Box 91106
Baton Rouge, LA 70821-9106
Phone No. (225) 219-0168

OFFICE OF RISK MANAGEMENT COPY

LDOL – WC – 1025 – ER
R 8/98

EMPLOYER CERTIFICATE OF COMPLIANCE

You must submit this Certification to your workers' compensation insurer. Failure to submit this Certification as required may result in your being penalized by a fine of $500, payable to your insurer.

You must secure workers' compensation for your employees through insurance or by becoming an authorized self-insured. If you fail to provide security for workers' compensation, you must pay an additional 50% in weekly benefits to your injured workers.

If you willfully fail to provide security for workers' compensation, then you are subject to a fine of up to $ 10,000, imprisonment with or without hard labor for not more than I year, or both. If you have been previously fined and again fail to provide security for workers' compensation, then you are subject to additional penalties, including a court order to cease and desist from continuing further business operations.

You must not collect, demand, request, or accept any amount from any employee to pay or reimburse for the workers' compensation insurance premium. If you violate this provision, you may be punished with a fine of not more than $500, or imprisoned with or without hard labor for not more than one year, or both.

It is unlawful for you to willfully make, or to assist or counsel someone else to make, a false statement or representation in order to obtain or to defeat workers' compensation benefits. If you violate this provision, you may be fined up to $10,000, imprisoned with or without hard labor for up to I 0 years, or both depending on the amount of benefits unlawfully obtained or defeated. In addition to these criminal penalties, you may be assessed a civil penalty of up to $5,000.

EMPLOYER CERTIFICATION

I certify that I can read the English language, that I have read this entire document and understand its contents, and that I understand I am held responsible for this information. I certify my compliance with the Louisiana Workers' Compensation Act.

Preparer Name (PRINT)	Signature	Date
Company Name	Company Address	
( ) -		
Phone Number	Insurance Policy Number	
	- -	
Employee Name	Employee Social Security Number	

OFFICE OF RISK MANAGEMENT
UNIT OF RISK ANALYSIS AND LOSS PREVENTION
VISITOR/CLIENT ACCIDENT REPORTING FORM
General Liability Claims – For Agency Use Only

KEEP COMPLETED FORMS ON FILE AT THE LOCATION WHERE INCIDENT/ACCIDENT OCCURRED

(PLEASE TYPE OR PRINT)

1. AGENCY NAME and LOCATION CODE _____

2. DATE and TIME of ACCIDENT _____

3. VISITOR/CLIENT NAME _____

4. VISITOR/CLIENT ADDRESS _____

_____

5. CLAIMANT'S TELEPHONE # _____

6. CLAIMANT DETAIL DESCRIPTION OF HOW ACCIDENT OCCURRED

_____

_____

_____

_____

_____

7. DID THE EMPLOYEE ASK THE CLAIMANT IF HE/SHE WAS INJURED? ___Y ___N

8. DID THE CLAIMANT VERBALLY EXPRESS AN INJURY TO ANY PART OF HIS/HER BODY? ___Y ___N

9. IF THE CLAIMANT EXPRESSED AN INJURY, WHAT PART OF HIS/HER BODY DID THEY STATE WAS INJURED? PLEASE BE SPECIFIC (I.E. RIGHT FOREARM, LEFT WRIST, LOWER RIGHT ABDOMEN) _____

_____

10. IF THE CLAIMANT EXPRESSED INJURY, WAS MEDICAL CARE OFFERED? ___Y ___N

11. DID THE CLAIMANT ACCEPT OR DECLINE MEDICAL CARE? ___ACCEPT ___DECLINE

12. WERE THERE WITNESS (ES) ___Y ___N

13. WITNESS'S NAME, ADDRESS, and TELEPHONE # (use additional sheet if needed)

_____

_____

_____

14. WITNESS STATEMENTS ATTACHED ___Y ___N

15. DETAIL DESCRIPTION OF ACCIDENT LOCATION _____

_____

IS THIS LOCATION IN A ☐ STATE-OWNED OR ☐ LEASED BUILDING

16. DID THE PERSON CONDUCTING THE INVESTIGATION OBSERVE ANYTHING THAT WAS DIFFERENT THAN THE VISITOR'S/CLIENT'S/WITNESS'S ACCOUNT ___Y ___N IF YES, WHAT

_____

_____

17. CHECK THE APPROPRIATE ENVIRONMENTAL CONDITION THAT IS APPLICABLE TO THE ACCIDENT: ☐ RAINING ☐ SUNNY ☐ CLOUDY ☐ FOGGY ☐ COLD ☐ HOT ☐ LIGHTING ☐ WIND

☐ OTHER WEATHER CONDITION _____ ☐ WEATHER NOT A FACTOR

18. CHECK THE APPROPRIATE BOX (S) THAT PERTAINS TO THE ACCIDENT: ☐ LIQUID ON FLOOR—TYPE OF LIQUID _____ ☐ STAIRS ☐ PARKING LOT ☐ GARAGE ☐ SIDEWALK ☐ ELEVATORS ☐ GRATING

☐ SPONSORED ACTIVITY ☐ DORMITORY ☐ WAITING ROOM ☐ WALKWAYS ☐ RAILINGS ☐ FURNITURE

☐ FLOORING—DESCRIBE THE TYPE OF FLOOR AND TYPE OF WAX _____

☐ EQUIPMENT (SPECIFY TYPE) _____

☐ OTHER CONDITION _____

19. IF THE ACCIDENT INVOLVED ITEMS THAT CAN BE RETAINED (i.e. furniture, muffler, exam table), THE CLAIMS UNIT REQUIRES THAT THE ITEM BE TAGGED WITH THE DATE OF ACCIDENT AND NAME OF CLAIMANT. IF THE ITEM IS BROKEN OR DAMAGED, IT MUST BE PLACED IN A SECURED AREA AFTER BEING TAGGED. THE TAG CANNOT BE REMOVED OR THE BROKE/DAMAGE ITEM CANNOT BE SURPLUS/DISCARDED UNTIL NOTIFIED BY THE CLAIMS UNIT. IF APPLICABLE, WAS THIS DONE Y____ N_____

20. WAS THE CLAIMANT AUTHORIZED TO BE IN THIS AREA ___Y ___N

21. DID ANY EMPLOYEE OBSERVE ANYTHING BEFORE/AFTER THAT IS REVELANT TO THE ACCIDENT ___Y ___N IF YES, WAS A STATEMENT OBTAINED AND ATTACHED ___Y ___N

22. DID THE SUPERVISOR OR AGENCY SAFETY OFFICER RECEIVE A REPORT OF ANY OBSERVED CONDITIONS? ___Y ___N

23. WERE PICTURES TAKEN AND ARE THEY ATTACHED TO REPORT? Y_____ N_____

24. NAME AND POSITION OF EMPLOYEE FILLING OUT THIS REPORT

_____

_____

_____

PLEASE DATE

KEEP COMPLETED FORMS ON FILE AT THE LOCATION WHERE INCIDENT/ACCIDENT OCCURRED

When to Perform a Job Safety Analysis

A job safety analysis shall be performed on all jobs that have resulted in an incident/accident trend, death, or a change in a job procedure/equipment.

Based on the nature of tasks conducted at the Board office, the risk of incidents, accidents or death is minimal. The Board maintains basic office equipment, none of which requires specialized skills or in-depth training to operate.

JSA FORM
JSA WORKSHEET (FORM JSA-1-00)

STATE OF LOUISIANA JOB SAFETY ANALYSIS TRAINING GUIDE	JOB:	DATE:	
	TITLE OF PERSON WHO DOES JOB:	SUPERVISOR:	ANALYSIS BY:
DEPARTMENT:	LOCATION:		REVIEWED BY:
REQUIRED AND/OR RECOMMENDED PERSONAL PROTECTIVE EQUIPMENT:			APPROVED BY:

SEQUENCE OF BASIC JOB STEPS	**POTENTIAL ACCIDENTS OR HAZARDS**	**RECOMMENDED-SAFE-JOB-PROCEDURES.**

JSA 1-00 STATE OF LOUISIANA

The following safety records shall be maintained for at least three years. Copies of forms describing the specific procedures are available on the ORM website.

Safety Meeting Report

Completed quarterly by, and maintained by, the loss prevention coordinator.

Training Documentation

Sign in sheets shall be completed for all training sessions and maintained by the loss prevention coordinator.

Inspection Checklist

Inspection forms shall be completed quarterly by the loss prevention coordinator. The completed form shall be made available to the executive director and the ORM Loss Prevention Unit upon request.

Hazard Control Log

Shall be posted in a conspicuous location and made available as needed to identify potential hazards in each work area. The original form stays in the area it covers or until the hazard has been corrected, and all completed forms will be kept on file until the next Loss Prevention audit. Copies are maintained by the loss prevention coordinator, and the ORM Loss Prevention Unit if not corrected in 30 days.

Incident/Accident Reporting Form

Complete for each incident/accident that occurs whether or not it requires medical expense or lost time. A copy should be given to the loss prevention coordinator.

Louisiana Board of Pharmacy **Loss Prevention**

Title: Blood Borne Pathogens Policy No. I.K

Approved: 05-05-2010 Revised: 05-27-2015

The purpose of this policy is to reduce or eliminate occupational exposure to blood and other potentially infectious materials to our employees. All bodily fluids will be considered infectious regardless of the perceived status of the source individual. However, the risk of exposure to blood borne pathogens by Board staff is minimal.

Blood Borne Diseases

- HIV: Human Immunodeficiency Virus causes AIDS
- Hepatitis B and C
- Syphilis
- Malaria

Hepatitis B (HBV) and C (HCV):

- Inflammation of the liver – most common blood borne disease
- Symptoms vary
- Can be infectious or non-infectious
- Hepatitis infects hundreds of thousands of people in the USA annually
- An infected person may carry the virus for years before symptoms appear
- No cure or vaccine at present
- Means of Transmission – must enter body through contact or injected (examples: sexual contact, sharing needles, cutting yourself with a sharp object, body fluids, Infected blood or body fluid on skin with open cuts, sores, getting blood or body fluid in eyes, mouth)
- HBV has a preventive vaccine available
- HCV does not have a preventive vaccine available

Preventative Measures

- Use universal precautions – treat all blood and body fluids as potentially infectious.
- Unbroken skin provides some protection from blood borne pathogens
- Wear personal protective equipment (PPE) (examples: latex gloves, safety glasses, goggles, face shields, aprons, boots) whenever blood or body fluids are present or expected
- Utilize engineering techniques (examples: tongs, recognized work practices, specialized equipment) whenever possible

Decontamination Procedures

1. Call a professional for proper decontamination and disposal.
2. Obtain Blood Borne Pathogen (BBP) clean-up kits and either require employees to follow the manufacturer's instructions that are provided with the kits or train employees on their use and disposal.

The following are general guidelines for decontamination:

- After an accident, the contaminated area must be cleaned with the proper recommended decontamination solution.
- Cleaning equipment must be properly decontaminated.
- Wear required PPE.
- Restrict access to the area.
- Use disposable supplies whenever possible and dispose of properly.

Disposal

The disposal of all regulated waste shall be in accordance with applicable federal, state, and local regulations. All waste with the possibility of contamination of BBP shall be placed in containers that are closeable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transportation or shipping. The waste must be labeled or color-coded prior to removal to prevent spillage or protrusion of contents during handling, storage, transportation or shipping.

Medical Provisions

Preventive Vaccine

If the HBV vaccine is offered to an employee and the employee accepts it, it will be provided to the employee free of charge. Training by a knowledgeable person will be provided to the employee.

If an employee declines the offer of the HBV vaccine, then the employee is required to sign a declination statement. If at anytime the employee changes his/her decision and decides to accept the offer of the HBV vaccine then the series will be provided free of charge and training by a knowledgeable person will be provided to the employee.

Post-exposure Procedures

- Wash hands with antibacterial soap after contact.
- Flush eyes and face with fresh water for several minutes after contact.
- Follow Board's notification/reporting procedures for an exposure.
- Follow Board's written procedures for seeking medical counseling .

Other Exposure Hazards

- Cleaning surfaces contaminated with blood, vomit, feces.
- Always wear gloves and protective apron or clothing.
- Be alert for sharp objects, broken glassware, used syringes in trash.
- Do not pick up broken glass – use brush or broom & dustpan.
- Dispose of glass, sharp objects safely.
- Laundry – bloody or contaminated linens or sharp objects.

Training

The level of training shall be contingent upon the level of exposure to BBP:

High Risk: Health Care Facilities/professionals, and other high risk occupations Workers with occupational exposure shall receive training when they are hired and at least once per year afterwards. The training must be given during working hours and at no cost to the employee and training records shall be maintained for five years.

Low Risk: General Office/Classroom personnel All employees shall participate in a training program within 90 days of employment. If there are no BBP events, the training shall be required every five years thereafter. If the Board or employee experiences a BBP event, the employee shall be required to retrain within the following 60 days.

Common Sense Rules

- Wash hands and remove protective clothing before eating, drinking, smoking, handling contact lenses, applying lip balm or cosmetics.
- Keep hands away from eyes, nose, mouth while cleaning.
- Frequent hand washing is best defense against spreading infection.

Summary

- Protect yourself on and off the job; know the facts.
- Practice good personal hygiene.
- Follow work rules, use gloves and protective clothing.
- Wash your hands often, after work or exposure.
- Keep areas clean – report problems immediately to supervisors.

Revision History

05-27-2015	Changed the timeframe of the educational training, from within the first year of employment for low-risk employees to within the first 90 days of employment.

Requirements for First Aid:

- *Employees*

  All employees shall report any injury to the office manager as soon as possible, at least before the end of the shift during which the accident occurred.

  The employee shall be required to complete an Accident/Incident Report (DA2000). A description of the accident and names of witnesses (if any) are included on the form.

  If a physician is needed, the employee may be given an Employer's First Report of Injury Form for treatment to be given to the treating physician.

  The employee will provide the agency with the treating physician's diagnosis of the injury and the length of time he or she is expected to be unable to work.

- *Visitors*

  When an employee becomes aware of a visitor needing first aid, the employee shall report that fact to the office manager as quickly as possible.

  The office manager shall provide the visitor with a completed Accident/Incident Report (DA3000) as soon as possible,

  The visitor shall be encouraged to seek medical treatment with their own provider, as appropriate.

First Aid Training

Only someone who has completed a certified first aid or emergency response course or someone who has advanced medical training may administer first aid. Refresher training is required according to certification requirements.

First Aid Kit and Inventory Form

A first aid supply kit shall be maintained and inventoried periodically. An inventory list may be included in each first aid kit. Expiration dates on kit contents must be checked as well.

Emergency Eye Wash

In such situations where this is needed, typical protocol calls for a minimum of 15 minutes constant flushing time. This normally cannot be achieved via the use of small, portable, disposable containers of fluid found in many first aid kits. A fixed flushing station that uses an unlimited supply of uncontaminated fluid (e.g., potable water) is preferable.

Revision History

05-27-2015 Added information about visitors to the first section.

Louisiana Board of Pharmacy **Loss Prevention**

Title: Emergency Preparedness Policy No. I.M

Approved: 05-05-2010 Revised:

The purpose of the Emergency Preparedness Policy is to ensure that a plan for the safe evacuation of all persons in the affected area and the rapid control of hazards during life threatening situations. This program includes procedures for:

1. Preventing and controlling emergency situations,
2. Warning employees of actual or impending disasters and preparing them for possible evacuation or shelter in place, and
3. Establishing safe evacuation routes.

Emergency Evacuation Drills

1. Evacuation drills are to be conducted under the supervision of an administrative officer or his designee at least once a year.
2. Drills are necessary to train and prepare building occupants for safe evacuation should an internal emergency occur.
3. All fire alarms should be treated as “real” and proper evacuation conducted.

Evacuation Procedures

1. Refer to the building floor plan for exit doorways leading outside the building.
2. Exit doorways must be kept clear and unobstructed at all times.
3. Exit in a single-file line keeping to the right side of hallways.
4. Do not congregate in the halls.

Supervision During the Evacuation

1. The Administrative department will supervise the evacuation of the building and ensure there are no persons missing or unaccounted for.
2. Re-entry into the building after a fire shall only be upon authorization by the most senior staff member present.

All Personnel

1. All building occupants will exit the building upon announcement.
2. Close doors in the vicinity of a fire threat.
3. Assist all injured or disabled persons from the building.
4. Report to the designated assembly area. If designated assembly area is contaminated with smoke, report to one of the other designated assembly areas. Remain with and listen to instructions from the senior administrative staff member on duty.
5. Assembly area is located in the parking lot on the southeast corner of the building.

Guidelines for Fire Threats:

1. Try to remain calm and do not enter an area that may be dangerous. Recruit assistance from persons in vicinity, if possible, to alert administration and co-workers.
2. Remove victims in the immediate area of the fire; assure complete evacuation using assistance from others if necessary.
3. Use fire extinguishers to aid in evacuation and to confine the area of the fire.
4. Close doors behind you as rooms are cleared of all occupants.
5. Call 911to report name, address, and location of fire in the building.
6. Report to designated assembly area.
7. Monitor situation until all clear is given by a senior administrative officer – Do not re-enter the building until instructed to do so.

Fire Extinguisher Procedures:

1. Pull the pin.
2. Aim the nozzle at the base of the fire.
3. Squeeze the handle to discharge the extinguishing agent.
4. Sweep from side to side until fire is extinguished.

The loss prevention coordinator shall be responsible for inspecting and maintaining all portable extinguishers. Extinguishers shall be inspected and certified by an outside contractor once a year.

Guidelines for Natural Disasters:

Events such as hurricanes, floods, or tornadoes:

1. Only enter disaster areas if it is essential.
2. Do not bring lanterns, torches, or lighted cigarettes into building that have been flooded or damaged because of the possibility of leaking gas lines or flammable materials.
3. Do not touch fallen or damaged electric wires.
4. Immediately leave the area upon discovering a leaking gas line.

Hurricanes and Tropical Storms

1. Generate two copies of electronic data and remove both copies from the property.
2. All pending items shall be removed from desktops and placed in securable locations.
3. All file cabinet doors shall be closed and locked.
4. All electrical devices should be powered down and unplugged. Computers and battery backups should be stored off of floors in the event of flooding.
5. Movable equipment should be relocated away from windows.

6. Unmovable equipment should be covered to protect from rain in the event of broken windows or roof failure.
7. All blinds shall be closed.
8. All interior doors shall be closed.
9. Movable items outside the building should be secured or moved indoors.
10. Deadbolts to all exterior entrances should be engaged in the event of a loss of power.

Floods

1. All electrical devices should be powered down and unplugged. Computers and battery backups should be moved off of floors and onto a desk or table top.
2. Vital records should be moved to higher surfaces where possible.

Tornadoes

1. When a tornado warning is issued, take shelter immediately. The warning indicates that a tornado has been sighted in the area.
2. Protect yourself from falling objects and flying debris.
3. The best protection is an underground shelter or ditch or a steel-framed or reinforced concrete building.
4. If no shelter is available, go to the basement or inner hallway of the lowest floor of the building.

Guidelines for Bomb Threats:

Every threat should be taken seriously.

1. Remain calm and avoid creating a panic; most threats are bogus.
2. If a bomb threat is received by mail, message, or telephone, record in writing the time and type of threat, location of bomb, expected time of detonation, whether the voice is male or female, and any other important information.
3. If the threat is received by phone, keep the person on the phone as long as possible to determine any unusual voice characteristics, such as raspiness, hoarseness, or stuttering. Try to notice any background noises.
4. Ask why the bomb was placed there and whom the caller wishes to hurt.
5. Do not hang up the phone when the call ends. Police may be able to reverse trace the call. Hang up only if you must call for help.
6. Call 911 immediately (during the call if possible).
7. Notify your supervisor and follow his guidance.
8. Do not touch or move any suspicious package. It is important that each employee visually scans his work area before leaving to look for unusual packages or something out of the ordinary. Local law enforcement has no way of knowing what belongs in a work area and what does not. It is necessary that employees identify suspicious objects or packages for the bomb squad.

9. Do not use a cell phone in or near the building or during the evacuation as this could trigger the bomb.
10. Only take personal items with you if an evacuation is ordered.
11. Do not return to your work area until you receive the all-clear signal by the authorized person.

Guidelines for Threatening Individuals:

1. Do not become confrontational.
2. Observe the person closely, taking note of clothing, method of travel, any weapons displayed or implied.
3. Take note of whether the threats are verbal or physical.
4. Disengage the individual and call 911 immediately.
5. Notify your supervisor and fellow workers.
6. Remain as calm and collected as possible, avoiding panic.

Guidelines for Civil Disturbances:

Civil disturbances are generally riots and demonstrations, marches, and groups that have become riotous or a threatening individual.

1. Restrict both employee and visitor movement in your area.
2. Prepare for evacuation or relocation.
3. Secure your area (lock doors, safes, files, vital records, etc.).
4. Notify your local law enforcement immediately and then your supervisor and/or administrative officer.

Guidelines for Proximity Threats:

Proximity threats are events that occur near the office and can cause damage to life and property, and may require the need for evacuation. Examples include:

Railroad, interstate, and water vessel disasters

1. Obtain emergency response procedures from the local municipality.
2. Once notified, determine if voluntary or mandatory evacuation is required.
3. Use applicable emergency response procedures as per the local municipality

Local chemical or nuclear plant disasters
By law, all plant facilities must report what is produced and include all of the following emergency procedures:

1. Contact local/municipal government.
2. Once notified, determine if voluntary or mandatory evacuation is required.
3. Vertical, upwind, or downwind evacuation determined by type of incident.
4. Shut down heating, ventilation, and air conditioning (HVAC) system if sheltering in place and the situation allows.

Terrorist threats include:

1. Biological weapons
2. Bomb scares or explosions
3. Chemical attacks
4. Cyber attacks
5. Nuclear weapons
6. Suspicious mail

Bomb Threat Checklist

Answer / circle all applicable

Call demographics				
	Number at which call was received:		**Date:**	**Time:**
	Sex of Caller:	**Race:**	**Age:**	**Length of call:**
	Exact wording of threat:			

Questions to ask	
When is the bomb going to explode?	
Where is it right now?	
What does it look like?	
What kind of bomb is it?	
What will cause it to explode?	
Did you place the bomb?	
What is your address?	
What is your name?	
If voice is familiar, who did it sound like?	

Caller's Voice							
Calm	Slow	Soft	Nasal	Ragged	Laughter	Disguised	Cracked voice
Angry	Rapid	Loud	Stutter	Raspy	Slurred	Clearing throat	Distinct accent
Excited	Familiar	Normal	Lisp	Deep	Crying	Deep breathing	

Background Sounds				
Street noises	Factory machinery	Motor	Local call	Long distance
Animal noises	Office machinery	Voices	Clear	
House noises	Phone booth	Music	PA system	Other:_____

Threat Language			
	Well spoken	Irrational	Incoherent
	Foul	Taped	Message read by threat maker

The Board currently does not handle, store or use hazardous materials.

Title: Employee Non-Compliance Policy No. I.O

Approved: 05-05-2010 Revised:

Employees found to be non-compliant with the policies in this Loss Prevention Manual should be reported to the loss prevention coordinator.

Depending on the severity of the infraction, formal disciplinary action may be taken, up to and including reimbursement of costs for damages incurred, suspension or loss of privileges, or termination of employment.

Infractions will be documented in the offending employee's personnel file.

Louisiana Board of Pharmacy **Loss Prevention**

Title: Workers' Compensation Post-Accident Drug Testing Policy No. I.P

Approved: 11-18-2015 Revised: 11-15-2017

1. Authority
   a. Executive Order No. BJ 08-69 provides for the promulgation by executive agencies of written policies mandating drug testing of employees, appointees, prospective employees and prospective appointees in accordance with La. R.S. 49:1001, *et seq.*
   b. La. R.S. 39:1535(B)(12) provides that the Office of Risk Management ("ORM") may promulgate rules and regulations to establish procedures governing risks and injuries sustained where a participating or covered entity of the State may be liable for damages.
   c. La. R.S. 23:1081 and Louisiana Administrative Code Title 40, Part I, Chapter 15 allows an employer to test an employee for drugs and alcohol when the employee receives a personal injury from an accident arising out of and in the course of his employment.

2. Applicability
   a. In addition to any drug testing policy adopted by an executive agency pursuant to Executive Order No. BJ 08-69, this policy shall also apply to all persons having an employment relationship with an executive agency, whether classified, unclassified, student employees, interns, full-time, part-time, or temporary (hereinafter employee(s)"), when the employee's agency is provided workers' compensation coverage through ORM.

3. Drug Testing
   a. Any employee directly involved in an on-duty accident or incident, and whose action or inaction may have been a causative factor of same, shall be required to immediately submit to drug and alcohol testing if:
      i. Reasonable Suspicion: Circumstances give rise to a reasonable suspicion of the employee's drug or alcohol use or impairment; or
      ii. Fatality: The accident or incident resulted in a fatality; or
      iii. Hazardous Materials Release: The accident or incident resulted in or caused the release of hazardous waste as defined in La. R.S. 30:2173(2) or hazardous materials as defined in La. R.S. 32:1502(5).
   b. Employees should be aware of the legal presumption of impairment under La. R.S. 23:1081 if an employee refuses, after being so directed, to submit to drug or alcohol testing as a result of an on-duty accident or incident. As a consequence of such refusal, benefits under the workers' compensation laws of the State of Louisiana may be denied.

4. Drug and Alcohol Testing Procedures
   a. Testing shall be performed as provided for in the LAC 40:I.Chapter 15, or its successor.
   b. Testing shall be performed at the most practical hospital, medical facility, or laboratory. ORM, or the agency, reserves the right to require employees to submit to additional testing, if warranted.
   c. A representative of the agency shall transport the employee being tested to and from the testing site. Under no circumstance should any employee who is believed to be impaired or under the influence of any drug or alcohol be permitted to operate a motor vehicle.

5. Violations
   a. Employees found to test positive or failing to promptly submit to testing under this policy may be subject to dismissal or denial of their Workers' Compensation benefits pursuant to La. R.S. 23:1081.
   b. Employees and supervisors may also be subject to discipline, up to and including dismissal, in accordance with their agency's drug-free policy for failing to cooperate with, or to apply, the post-accident drug testing requirements outlined in this policy.

6. Questions
   a. Questions regarding this policy should be directed to the Office of Risk Management.

Revision History

11-15-2017	Amended Item 3.a to remove the requirement for drug testing after all accidents or incidents and replaced it with a requirement for such testing in the three named circumstances; also added Item 3.b to alert employees of the legal presumption of impairment if the employee refuses to submit to testing after being directed to do so.

Louisiana Board of Pharmacy **Loss Prevention**

Title: Transitional Duty Return to Work Plan Policy No. I.Q

Approved: 02-24-2016 Revised:

I. The statutory authority for the development of the plan is La. R.S. 39:1547.

II. The administrative oversight of this plan is provided through the Office of Risk Management (ORM) within the state's Division of Administration.

III. A transitional return to work is employment which allows injured workers to return to work at the agency where they were injured for up to one year, within the physical restrictions determined by their physician, until they are capable of returning to full duty.

IV. This transitional return to work plan applies only to those employees who are eligible to receive workers' compensation benefits under Title 23 through the ORM's self-insurance plan.

V. The Board's Transitional Return to Work (TRW) Team shall include the following persons:
   A. Manager, Administrative Division (who shall serve as the TRW coordinator);
   B. Manager, Compliance Division;
   C. Manager, Credentials Division;
   D. Assistant Executive Director;
   E. Claim Adjuster for the Third Party Administrator (TPA) for ORM;
   F. TRW Coordinator for ORM TPA; and
   G. Vocational Counselor for ORM TPA as needed.

VI. The TRW Team shall be responsible for the following activities:
   A. Complete transitional return to work plan;
   B. Review of job modifications;
   C. Job tasking;
   D. Task identification;
   E. Compliance with State's requirement for transitional return to work plan;
   F. Oversight of plans;
   G. Facilitate success of plans; and
   H. Report transitional return to work plan results.

VII. The TRW Coordinator is the primary contact for employees and outside agencies on matters related to disability management and return to work planning. This includes, but is not limited to:
   A. Responsible for the overall coordination and day-to-day administration of the disability management plan;
   B. Develop, facilitate, and monitor TRW plan;
   C. Develop and facilitate accommodations;
   D. Work with the employee and the employer to facilitate TRW plans; and

E. Monitor TRW plan and provide progress reports to appropriate individuals.

VIII. The TRW team shall meet when an employee is injured and/or there is a change in the injured employee's medical status. Team meetings shall not be required if there are no active lost time claims.

IX. General Requirements

A. A successful TRW plan shall be based on medical prognosis and recovery.

B. Transitional work shall be available until an employee is able to resume full duty employment based on the following Civil Service guidelines:

1. Agencies that choose to return employees to work following a Workers Compensation claim are allowed to return the employee to his own job in light duty status for six (6) months provided the agency maintains in the employee's file a copy of the *Physician's Modified Work Information Sheet*. A copy of this form is appended to this Board policy statement.
2. Requests for additional time beyond the initial six months may be made by the Board's Appointing Authority to the Director of State Civil Service.
3. Appointing authorities also have the option of using a Detail to Special Duty in which to return the employee to work.

C. Medical issues that can delay return to work shall be referred to ORM's third party administrator's (TPA) return to work coordinator.

D. The TRW plan shall be reviewed with all existing employees annually.

E. A review of the TRW plan shall be included in the new hire orientation.

F. Once an injury/illness is reported by an employee, the Board will:

1. Report work related injuries or illnesses immediately, or no later than 48 hours, using the TPA's online claims management system.
2. Provide the employee with a *Physician's Modified Work Information Sheet* to give to the treating physician.
3. Allow the injured employee to seek treatment with a physician of choice chosen from Occupational Medical Clinics in his geographical area. Employees still retain the right to seek medical treatment from a physician of choice for the work-related accident.

X. Pre-Accident Job Tasking & Accommodation Types

A. Job tasking is the process of detailing each specific job task performed in a position to ensure injured workers are returned to a safe work environment.

1. Job tasking should begin before the accident occurs or once an injury has occurred that leads to lost time.
2. Compile a master list of transitional tasks for each position.
3. Complete job tasking for each position or injury that results in lost time.
4. Consult with first-line supervisors to ensure employees will be worked outside of restrictions placed by the treating physician.

5. Maintain a file of job tasks for each position for which a lost-time claim has occurred.
6. There is no need for repetition of job tasking with each new occurrence.

B. Accommodation Types
1. Modification of job tasks, equipment or schedules in accordance with Civil Service provisions as outlined in the HR Managers' Handbook that is maintained on the Civil Service website, or until the injured worker can return to full duty, whichever comes first.
2. Accommodations may include, but are not limited to:
   a. *Modified Work* – includes modification to the job tasks, functions, hours of work, frequency of breaks, worksite, or any combination of these.
   b. *Alternate Work* – different from the employee's pre-injury job or illness offered to a worker who is temporarily or permanently unable to perform their pre-injury work.
   c. *Transitional Work* – a group of tasks or specific jobs that can be performed until the worker is capable of returning to full-pre-injury duties.

XI. The Return to Work Process

A transitional return to work plan should be completed with the supervisor of the injured employee and a representative from the TRW team to include:

1. Specific job tasks identified,
2. Hours to be worked,
3. Duty assignment,
4. Physical restrictions, with
5. Evidence of the plan's review and approval by each member of the team.

A. Eligibility for Return to Work

When reviewing an individual worker's eligibility for return to work options, the following criteria should be followed:

1. Assess the job task of the worker's pre-injury position.
2. Identify transitional tasks that can be performed with the employee's current physical restrictions.
3. Review other services or tasks that can be performed which would improve the overall function of the agency.
4. Review tasks that can be performed that would return an employee to gainful employment.
5. ORM's TPA will be available to identify transitional return to work tasks if needed.

B. Before the Return to Work
1. The agency will hold a return to work meeting with the employee to review the plan before the employee returns to work.
2. Once the meeting has taken place, an offer of transitional duty

employment shall be made to the injured employee in writing.

3. If the injured employee is represented by counsel, the notice shall be sent to the employee via counsel.

C. The Return to Work Offer

The offer of transitional return to work employment shall include the following:

1. Offer must be made in writing.
2. Offer must be sent by certified mail return receipt or electronic mail.
3. A specific return to work date and time.
4. Duty assignment.
5. Who to report to.
6. The employing agency shall provide transitional employment for up to one year utilizing Civil Services' Special Detail provisions as outlined in the HR Managers' Handbook that is maintained on the Civil Service website, or until the injured worker can medically return to full duty, whichever comes first.

D. Employee Responsibility

1. Return the *Physician's Modified Work Information Sheet* to the immediate supervisor within 24 hours of receipt of the signed form from the treating physician.
2. Accept the transitional return to work offer.
3. Report to work as requested in the return to work offer letter.
4. Work within the restrictions provided by the physician.
5. Comply with medical treatment and keep all scheduled medical appointments.
6. Advise the immediate supervisor and ORM's TPA and RTW coordinator if the transitional work is physically too difficult.

E. After the Employee has Returned to Work

The agency shall not require the employee to perform tasks that have been prohibited by the treating physician when the employee returns to work on a transitional return to work plan.

1. Evaluate the plan every 30 days to assess the employee's ability to return to full duty.
2. ORM's TPA will be responsible for communications with medical personnel.

XII. Termination of Employment

The Board's TRW Coordinator shall notify the ORM's TPA if a person is at risk of termination due to exhaustion of sick leave.

XIII. Measure of Effectiveness

A. The Board's TRW Coordinator should:

1. Maintain documentation of failed transitional return to work employment;
2. Maintain documentation of efforts made to identify transitional return to

work tasks;

3. Maintain documentation of barriers in identifying transitional return to work, including evidence that transitional return to work tasks could not be identified, if applicable; and
4. Notify the TRW Coordinator for ORM's TPA when an injured worker is removed from work or the accommodations are no longer available.

B. The *Transitional Return to Work Audit Form (DA WC4000)* shall be used to measure the effectiveness of the Board's transitional duty employment program. A copy of the form is appended to this policy and is also available on the ORM's website.

PHYSICIAN'S MODIFIED WORK INFORMATION SHEET

Employee Name:_____Injury/Illness date:_____

Doctor Name: _____Phone Number:_____

RETURN TO WORK FULL DUTY WITH NO RESTRICTIONS? YES NO DATE _____

To All Employees:
Please return this completed report directly to your supervisor within 24 hours of your injury or illness, and prior to the start of your next scheduled work shift.

Attending Physician:
The State of Louisiana, Office of Risk Management is committed to a modified/alternate duty work program to accommodate the timely return to productive, beneficial work that facilitates recovery. In order for the return to work to be successful, it is important that the accommodation fits the appropriate restriction(s) and limitation(s) that the employee should be observing. To assist us in identifying suitable duties, please indicate your patients work capabilities and any other comments you may have. The State of Louisiana has the ability to provide duties that accommodate almost all restrictions.

The following details the employee's current capabilities; (*please checkmark as appropriate)*

	1 to 2 lbs	3 to 5 lbs	6 to 10 lbs	11 to 20 lbs	21 to 30 lbs	31 to 40 lbs	41 + lbs
Lifting							
Carrying							
Push/pull							

	Minimal	Under 1 Hr	1-2 Hrs	2-3 Hrs	3-4 Hrs	4-5 Hrs	5-6 Hrs	8 hrs
Sitting								
Standing								
Walking								

	YES	NO
Squatting		
Bend/Twist at Waist		
Reaching		
Work above Shoulder		

List any other restrictions:_____

_____

Restrictions effective until (date) _____

Follow-Up Appointment date(s): _____

Signature of Attending Physician: _____

Date:_____

TRANSITIONAL DUTY EMPLOYMENT AUDIT FORM – DA WC4000

The purpose of this form is to record an agency's Transitional Duty activity for the **current month** only.

Month of Report_____ Location code_____

Agency_____ Contact Person_____

The agency has developed and implemented a Transitional Duty Employment plan: _____ Yes _____ No

Transitional Duty Employment is monitored at the department level: _____ Yes _____ No

REPORT THE FOLLOWING ACTIVITY:

1. Number of lost time workers' compensation claims during the past month: _____. *
2. Number of employees returned to work on transitional duty: _____.
3. Number of employees returned to work full duty: _____.
4. Number of employees on workers' compensation at month's end: _____.
5. Number of employees who are separated from the agency and still receiving workers' compensation: _____.
6. The RTW committee has met and reviewed all W/C claims eligible for Transitional Duty Employment: ____ yes ____ no.

***NOTE: Lost time refers to whole <u>days</u> an employee has missed from work due to a work-related accident for which indemnity benefits would be paid.**

Please keep completed forms on file at the location or department level that is responsible for Transitional Duty Employment.

THIS FORM IS FOR INTERNAL USE ONLY.

Louisiana Board of Pharmacy **Loss Prevention**

Title: Confined Spaces Policy No. I.R

Approved: 05-29-2019 Revised:

1. "Confined Space" means a space that:
   A. is large enough and so configured that an employee can bodily enter and perform assigned work;
   B. has limited or restricted means for entry or exit (e.g., tanks, vessels, silos, storage bins, hoppers, vaults, and pits that may have limited means of entry); and
   C. is not designed for continuous employee occupancy.

2. The Board has conducted an assessment of Confined Spaces within the Board office building.

3. While the attic space in the Board office building falls within the definition of a Confined Space, all work performed in that area is conducted by contracted maintenance personnel.

Louisiana Board of Pharmacy

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Driver Safety

A. Authorized Drivers

B. Initial Authorization Process

C. Annual Re-Authorization Process

D. Supervisor's Responsibility

E. Employee's Responsibility

F. Accident Reporting

G. Fleet Management

H. Safety Audits and Recordkeeping

1. Authorized drivers shall include board members as well as employees who hold the following positions with the Board:
   a. Executive Director / Chief Executive Officer (Appointing Authority)
   b. General Counsel
   c. Office Manager
   d. PMP Manager / Chief Operating Officer
   e. PMP Assistant
   f. Administrative Coordinator & Administrative Assistant – Administrative Division
   g. Compliance Officer / Chief Compliance Officer

2. Employees holding a position not listed herein shall not be authorized to drive on state business.

3. Employees classified as “high-risk” shall not be authorized to drive vehicles on state business from the date of discovery for a minimum of twelve months. High-risk drivers are those individuals:
   a. Having three or more convictions, guilty pleas, and/or *nolo contendere* pleas for moving violations within the previous twelve month period; or
   b. Having a single conviction, guilty plea, or *nolo contendere* plea for operating a vehicle while intoxicated, hit and run driving, vehicular negligent injury, reckless operation of a vehicle, or similar violation within the previous twelve month period.

4. When used in the context of these policies and procedures, a ‘state vehicle’ shall include the following:
   a. A vehicle owned by the board or another state agency; or
   b. A vehicle rented or leased by the board or another state agency.

Revision History

02-21-2018	Re-numbered all paragraphs; Added board members @ Paragraph 1, as well as Chief Compliance Officer @ Paragraph 1.f.
05-10-2017	Added Administrative Assistants in the Administrative Division in the list of authorized drivers.
05-27-2015	Added definition of ‘state vehicle’.

1. Board member and employee shall complete and sign the Authorization and Driving History Form (DA-2054) and return the completed form to the Office Manager.

2. Board member and employee shall provide proof that he has a valid driver's license.

3. Board member and employee shall provide proof of automobile insurance.

4. Board member and employee shall complete an ORM-recognized defensive driving course within 30 days of hire (or 30 days after commissioning for board members) and once every three years.

5. The Office Manager shall obtain official driving records (ODRs) annually and ensure that board members and employees meet all program requirements to be authorized to drive.

6. The Appointing Authority or designee shall review the Official Driving Record to ensure the board member or employee does not meet the high-risk driver definition.

Revision History

02-21-2018	Added board members to the policy.

1. Board member and employee shall complete and sign the Authorization and Driving History Form (DA-2054) attesting that they currently carry at least the required minimum vehicle insurance annually on or before January 1st in order to be authorized for the new calendar year.

2. The Office Manager shall obtain official driving records (ODRs) annually and ensure that board members and employees meet all program requirements to be authorized to drive on state business.

3. The Appointing Authority or designee shall review the Official Driving Record to ensure the board member or employee does not meet the high-risk driver definition.

4. Board members and employees who meet requirements will be authorized to drive on state business until the end of the calendar year.

5. Receipt of evidence that places a driver in the high-risk category shall cause the board member's or employee's driving privileges to be revoked immediately. An employee whose job responsibilities require driving shall be dismissed. In the event a board member's driving privileges are revoked, the member shall not be authorized to drive on state business nor receive mileage reimbursement.

Revision History

02-21-2018	Added board members.

1. The supervisor shall provide time for each authorized employee to complete an approved Defensive Driving Course.

2. The supervisor shall allow only authorized board members and employees to drive on state business.

3. The supervisor shall ensure that all accidents or incidents are properly reported and said records are maintained.

Revision History

02-21-2018	Added board members.

1. Board members and employees may only operate those vehicles for which they are licensed and insured.

2. The board member and employee shall be required to demonstrate proof of insurance on an annual basis.

3. The board member and employee shall immediately report any revocation of their driver's license or any moving violations received to his supervisor, but no later than their next scheduled workday. Said reporting applies whether on state or personal/private business and whether in a state or personal/private vehicle.

4. The board member and employee shall complete a refresher course at least once every three years.

5. Drivers who have convictions on their motor vehicle records shall be required to retake a recognized driving course within ninety days of notification of a conviction.

6. Board members and employees shall not use a Wireless Telecommunications Device while driving in a state-owned, leased, or private vehicle that is being driven on state business. This includes writing, sending, or reading a text based communication and engaging in a call. Use of a Wireless Telecommunications Device is permissible for passengers in such vehicles. The following situations shall constitute exceptions to this policy:
    A. Report a traffic crash, medical emergency, or serious road hazard.
    B. Report a situation in which the person believes his personal safety is in jeopardy.
    C. Report or avert the perpetration or potential perpetration of a criminal act against the driver or another person.
    D. Engage in a call or write, send or read a text-based communication while the motor vehicle is lawfully parked.

Revision History

02-21-2018	Added board members

Louisiana Board of Pharmacy **Loss Prevention**

Title: Accident Reporting Policy No. II.F

Approved: 05-29-2013 Revised: 02-21-2018

A vehicular accident is defined as any incident in which the vehicle comes in contact with another vehicle, person, object, or animal that results in death, personal injury, or property damage, regardless of who was injured, what was damaged or to what extent, where it occurred or who was responsible.

1. All accidents shall be reported to the employee's immediate supervisor and Office Manager by the driver of the state vehicle (or other vehicle driven on state business) on the day of the accident. If the driver is not able to complete the Louisiana State Driver's Accident Report Form (DA 2041), then the driver's supervisor will complete the report to the best of his ability for the employee. The supervisor may enter identifying information and attach the police report. The DA 2041 shall be completed within 48 hours after any vehicle accident while on state business and forwarded to the ORM Claims Unit. The DA 2041 form can be downloaded from: http://www.doa.la.gov/orm/formsCR.htm. The Office Manager shall retain proof of the submission of the DA 2041 form to the ORM Claims Unit within the 48-hour time limit.

   (Note: When an accident occurs in a board member's or an employee's personal vehicle or a rental vehicle while he/she is on state business, complete the DA 2041 and note whether or not the vehicle is rented or personal. In addition, in ALL cases the board member's or employee's liability insurer is the primary insurer of the accident. ORM's coverage is excess over any other collectible insurance).

   A copy of the Uniform Motor Vehicle Traffic Accident Report (police report) shall accompany the DA 2041 or should be sent to the ORM Claims Unit as soon as it is received by the agency. Do NOT delay submission of the DA 2041 waiting on the police report.

2. Failure of an authorized driver to report any vehicular accident may be cause for suspension of Driver Authorization. Accidents by board members or employees in their personal vehicle after hours need not be reported unless the employee was ticketed.

3. The supervisor of the authorized driver involved in an accident shall review the accident report within two working days of the accident for completeness of information. Incomplete reports shall be returned for completion or corrected information. The supervisor may assist the individual in completing the report. All accidents require completion of the Vehicle Accident Report (DA 2041).

4. The supervisor may consider what corrective action(s) may be necessary for accidents.

5. The executive director or designee shall review the Accident Report Form, the Uniform Motor Vehicle Traffic Accident Report (police report – if one was completed), and the Authorization and Driving History Form (DA 2054).

Revision History

02-21-2018	Added board members.
05-27-2015	Added requirement for Office Manager to retain proof of timely submission of report in Section 1.
05-29-2013	Added the exclusion of accidents by employees in their personal vehicles after office hours unless they were ticketed to Section 2.

The Board does not maintain a fleet of state-owned vehicles.

1. Driver Safety Program records shall be maintained at the Board office for review until at least the next audit or compliance review.

2. The following specific records shall be retained for the period of time indicated here:
   A. Official Driving Records (ODR) and High-Risk Driver documentation, e.g., re-training records, letters) – maintain for one year.
   B. Driver training (initial, refresher) documentation – maintain for 3 years.
   C. DA 2054 forms – maintain indefinitely or until form information is updated.

3. The Board office shall maintain a list of board members and employees who have been authorized to drive or in the alternative, a list of board members and employees not authorized to drive.

Revision History

02-21-2018	Added board members.

Louisiana Board of Pharmacy

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

Bonds, Crime & Property

A. Procedures for Managing Assets

B. Employee Training

C. Regular Audits

D. Audit Findings

E. Loss or Damage to Assets

F. Employee Responsibilities & Accountability

G. Office Security

H. Key Control

Negotiable Items

General

- Negotiable items shall include cash, personal checks, business checks, cashier's checks, certified checks, money orders, travelers' checks and postage.
- Negotiable items accepted as payment for fees shall remain with the application or form until the application is processed and the fee has been entered into the database by an Administrative Coordinator 3.
- Negotiable items which cannot be processed by the close of business shall be secured out of sight in a locked cabinet.

Cash

- No petty cash fund shall be made available to Board staff.
- Payments made for fees with cash shall be for the exact amount of the fee as stated in the Pharmacy Practice Act as change cannot be made available.
- Cash payments in excess of the required fee shall be rejected immediately.
- A sequentially numbered receipt identifying the date the cash was received, licensee name, amount, and type of fee shall be issued and signed by the employee accepting the cash. The receipt number of the receipt given should be clearly written on the application.
- The amount of cash received by the employee shall be clearly identified on the application or form received with the cash.

Checks

- Checks (including personal checks, business checks, cashier checks, certified checks, money orders, and travelers' checks) shall remain attached to the application until entered into the appropriate database by an Administrative Coordinator 3.
- The applicant or licensee name and / or credential type and number shall be written on the face of the instrument in ink.
- Once it has been determined that a fee can be accepted, the instrument shall be endorsed on the reverse side for deposit into the Board's account.

Receipts

- A money receipt shall be issued for all cash payments and any other type of payment upon request at the time payment is received.
- Receipts shall not be issued more than ten (10) working days after the payment is made.

Postage

- Postage shall be used for Board-related business only.
- It is the employee's responsibility to ensure that the appropriate amount of postage is applied to the envelope.
- If an error has been made resulting in excess postage, the original envelope containing the original metered stamp, or the original metered tape, shall be given immediately to the Administrative Assistant for the Administrative Department or Office Manager.
- Envelopes and tapes bearing excess postage shall be submitted to the United States Postmaster for credit.
- Postage refunds from the Postmaster shall be given to the Office Manager immediately for deposit.

Postage by Phone

- The Office Manager shall issue a check for postage for deposit into the Board's *Postage By Phone* account.
- Available account funds shall be downloaded to the Board's postage meter by the Administrative Assistant for the Administrative Department.
- Downloads in excess of $5,000 shall be authorized by the Office Manager or Executive Director.
- Once the *Postage By Phone* account balance drops below $5,000 another deposit shall be processed by the Office Manager.

Employee Equipment

- Certain employees, depending on the nature of their duties, may be issued credit cards, portable electronic equipment and other Board property for which the employee shall sign a receipt and be held personally responsible (e.g., cell phones, laptops, printers, etc).
- Employees are responsible for safeguarding such equipment and reporting any relocated, lost, stolen or damaged property to the Office Manager or the Appointing Authority within twenty-four hours.
- Employees shall <u>never</u> sell, loan, transfer, assign, entrust or donate any inventory and non-inventory property to any person or entity, or use property for personal or illegal purposes.
- Upon termination of service, an audit of property shall be conducted prior to out-processing with the Office Manager or the Appointing Authority.

- Employee shall be solely responsible for said property if misplaced and/or lost, due to the negligence, recklessness, or intentional act of the employee. Further, the employee shall replace the equipment and/or reimburse the Board for the entire cost of the property, as authorized by La. R.S. 34:305(E).
- In certain circumstances, if the property lost is not the fault of the employee, proper documentation (e.g., police reports, etc) shall be copied and sent to the Office Manager within thirty (30) business days from the time of the incident. The Appointing Authority has the discretion to waive any costs associated with said property.

Telecommunications

- All long distance calls placed on Board telephone equipment and lines shall be recorded on a telephone log and made available for review upon request.
- All telephone logs are to be retained in accordance with the Board's records retention policy.
- State employees are to make no personal long distance calls on Board telephone equipment or telephone lines, unless the employee reimburses the state for the cost of the personal long distance call at rate of ten (10) cents per minute.

Securing Negotiable Items & Data Back-ups

Negotiable Items

- Negotiable items ready for deposit shall be submitted to the Office Manager daily.
- Negotiable items shall be secured in a locked cabinet until a bank deposit is made.
- Deposits shall be made at least once per week or more frequently during higher volume processing.

Safety Deposit Box

- A safety deposit shall be maintained for the purpose of securing back-up tapes of the Board's data off-site.
- Safety deposit box keys shall be granted to the Executive Director and the Office Manager.
- Safety deposit box keys shall be relinquished to the Board office upon termination of employment.

Purchasing

Purchases

- Minor purchases shall be planned and approved in advance by the Office Manager.
- Major purchases should be sent directly to the Office Manager, who then forwards the requisition to the Appointing Authority for final approval.
- No one has the authority to obligate the Louisiana Board of Pharmacy to any expenditure for any reason without prior authorization by the Appointing Authority.
- All purchases shall comply with appropriate directives.
- Purchases of movable property valued at $250 or higher shall be tagged and entered into the Asset Management System within 30 days of receipt of the purchased item.
    - A copy of the payment shall be attached to the invoice and filed with asset management records for a period of three (3) years.
    - A copy of invoices for property valued at $1000 or higher shall also be submitted to the Board's Certified Public Accountant by the end of the month in which the item was purchased.

Invoices

- The Office Manager shall not process the payment of invoices and/or receipts without the approval of the Appointing Authority and the appropriate backup information as proof that the goods were received and/or that the repairs were made, as required by the Legislative Auditor.
- All invoices, receipts, shipping notices, packing slips, and tickets for merchandise must be submitted to the Office Manager no later than twenty-four (24) hours after receipt.

Printing

- All documents printed by the Board will follow the printing guidelines set forth in La. R.S. 43:31.1. This statute requires all agencies seeking to print or have printed any public document perform a "needs assessment", which shall be approved by the Appointing Authority prior to expending any funds to have the publication printed.

Formal Training

- When warranted, formal training may be offered to employees on subjects that pertain to his / her job duties.
- Requests for additional training shall be made in writing to the employee's supervisor and approved by the Appointing Authority.

On the Job Training

- When necessary, on the job training shall be conducted by the employee's supervisor, Office Manager, authorized personnel, or vendor.

Documentation of Training

- All employee training shall be documented and retained in the employee's personnel file.

Internal Review & Analysis of Procedures

- Any procedures identified by the annual legislative audit as insufficient shall be reported immediately to the agency head.
- Corrective action will be taken on a case-by-case basis depending on the nature of the discovery.

Inventory

- Inventory of moveable property shall be taken annually during the first fifteen days of August.
- Notice of Intent to conduct inventory shall be submitted to the Louisiana Property Assistance Agency (LPAA) at least 30 days prior to the start of inventory – in the first fifteen (15) days of July.
- Certification of inventory shall be submitted to LPAA and the Legislative Auditor's Office by August 28th.

Evaluation of Findings

- Internal audit findings should be promptly evaluated and reported to the Office Manager with recommendations for correction.

Corrective Action Plan

- Audit findings shall be reported to the Executive Director immediately after discovery.
- Corrective action will be taken on a case-by-case basis depending on the discovery.
- If corrective action cannot be taken due to inadequate resources, written justification will be required.

Louisiana Board of Pharmacy **Loss Prevention**

Title: Loss or Damage to Assets Policy No. III.E

Approved: 05-05-2010 Revised:

1. The loss of or damage to Board assets shall be reported immediately to the Office Manager using the Board's Incident Report Form (see following).

2. If the damage resulted in an injury to an employee, Form DA-2000 and any other forms necessary for Workers' Compensation must also be completed.

3. If the loss or damage occurs due to the negligence, recklessness, or intentional act of the employee, the employee shall replace the equipment or reimburse the Board for the entire cost of replacing the property, as authorized by La. R.S. 34:305(E).

4. In certain circumstances, if the property lost is not due to any fault of the employee, proper documentation (e.g., police reports, etc) shall be copied and sent to the Office Manager within thirty (30) business days from the time of the incident. The Appointing Authority has the discretion to waive any costs associated with replacing said property.

INCIDENT REPORT FORM

Louisiana Board of Pharmacy
3388 Brentwood Drive
Baton Rouge, LA 70809-1700

Loss or damage to Board assets must be reported to the Office Manager to establish responsibility for insurance coverage with the Division of Administration. It is the responsibility of the supervisor to complete the Incident Report Form in the following manner:

A. As soon as the supervisor is notified of a lost or damaged asset the Incident Report Form should be completed and signed by the employee and their supervisor. If damage resulted in injury to an employee, an Employee Accident / Incident Report form and Medical Authorization Form should also be completed by the employee. Please see Office Manager for all forms.

B. If the employee goes to a physician, the employee should obtain the Authorization for Initial/ Emergency Medical Treatment Form from the Office Manager before going to the physician, hospital, etc. Once the employee has returned from the physician, the Original Employee Accident/ Incident Report form, the Medical Authorization, discharge instructions, etc. are turned into the Office Manager.

C. If the employee does not see a physician, the Employee Accident/ Incident Report and the ORM Loss Prevention form are turned into the Office Manager as soon as possible.

D. All charges for physicians, hospitals, prescriptions, etc. must be carried in the employee's name. Claims for reimbursement or payment of any charges may be forwarded to the Office Manager for transmittal to the Division of Administration, Office of Risk Management.

DATES/GENERAL INFORMATION

☐Loss of Asset ☐Damage to Asset

Date of Report_____ Date and Time loss discovered_____

Name of Person Loss Reported to _____ Time Reported _____

Normal Starting Time Day of Accident _____ If employee back to work give date _____

Date Employer Knew of Injury _____ Date lost time began _____

EMPLOYEE INFORMATION

Employee Name _____ Department_____

Supervisor's Name (please print)_____ _____

Employee Accident/Incident Report Form – Page 2

Exact Location of Asset_____

How was ? *(Be specific - if using tools or equipment or handling material-name them and tell what you were doing with them)*

_____

_____

_____

_____

How did Injury Occur? *(Describe fully the events which resulted in injury or disease. Tell what happened and how it happened. Name any objects or substance involved and tell how they were involved. Give full details on all factors which led or contributed to injury or disease.)*

_____

_____

_____

_____

Name and work phone numbers of all witnesses: _____

_____

Did Injury or Disease Occur Because of: Mechanical defect: ☐ Yes ☐No- Unsafe Act: ☐ Yes ☐ No

If yes, explain _____

_____

Nature and Location on Injury or Disease *(Describe Fully, include Parts of Body Affected)* _____

_____

Did employee see physician, hospital, etc.? ☐ Yes or ☐No

Attending Physician and Address (*If hospital involved, please indicate)* _____

_____

_____	_____	_____	_____
Date	Employee's Signature	Date	Supervisor's Signature

Rev. 07/05

Executive Director

- Responsible for the implementation of an internal fiscal control program that includes operating guidelines and the specific duties of all employees involved in the program.
- Responsible for reviewing the fiscal control program regularly for efficiency and effectiveness.
- Recommendations contained in Legislative Audits should be implemented promptly.

Supervisors

- Supervisors must ensure that employees are properly trained in the program's policies, procedures and guidelines so that all safeguards are followed at all times.
- Supervisors should review the program's internal controls to ensure protection of the State's assets and property from losses.
- No safeguard of the internal control plan is to be eliminated or bypassed.

Employees

- Employees are expected to follow the program fiscal controls and to report any deviations.
- Deviations include but are not limited to:
    - Deliberate recording of a transaction with inadequate documentation, inadequate information, and/or approval
    - Deliberate omission of information in a financial/statistical report
    - Failure to safeguard an asset (e.g., equipment: left in an insecure environment [such as a laptop with no lock], left on a desk, or in an unlocked room)
    - Unauthorized use (e.g., personal use of a computer and/or use of unauthorized/unlicensed programs on a computer
    - Failure to safeguard fiscal/personal information (e.g., computer left unattended with 'desktop' open)
    - Failure to secure files with confidential information (should use encryption and/or password protection)
- The employee should report the deviation in accordance with Board policies and procedures.

Each employee shall be responsible for helping ensure the security of office assets.

Building Access

- All visitors shall sign-in at the reception desk and shall remain in the waiting area or Board room.
- Only authorized contractors and building maintenance staff shall have access to employee areas of the office.
- Only authorized computer contractors shall have access to Board servers and computers.
- If an office area will be unattended for an extended period of time, the employee shall ensure that their workstation is secure and exterior doors are locked and closed.
- At the conclusion of the work day, each employee shall ensure that exterior doors are locked and closed.

Louisiana Board of Pharmacy **Loss Prevention**

Title: Key Control Policy No. III.H

Approved: 05-02-2012 Revised: 05-27-2015

Building Access Card and Key Control

Policy Statement
To achieve, maintain and restore maximum physical security for the employees, property and offices of the Board and to establish a recorded chain of accountability for all keys issued and duplicated.

Purpose
The Board has established a process to achieve maximum physical security with minimum logistics through the control of access cards and keys and the manner of issuance, monitoring and maintenance.

The Appointing Authority shall establish the hours of operation for the Board office (8:00 am – 4:30 pm on Monday through Thursday, and 8:00 am – 4:00 pm on Friday), and further, shall determine who may have access to the office building both within those hours as well as after routine office hours. The Appointing Authority shall issue access cards encoded with the appropriate level of access as well as keys to those employees authorized to have them.

The Appointing Authority shall establish different security zones within the office building, and further, shall determine who may have access to each of those security zones. The access cards issued shall be encoded with the security zone(s) appropriate for that employee.-

Applicability
This policy applies to any individual who is granted access to any area of the Board and to all keys and devices that control such access.

Responsibility

- No persons shall knowingly possess a key or access card programmed to areas where that person is not an authorized entrant.

- Duplication of keys or cards is authorized only by the Appointing Authority or Office Manager.

- Keys or cards are not to be transferred or loaned from one employee to another without the knowledge and authorization of the Office Manager and the Appointing Authority

- Employees are responsible for all keys and access cards assigned to them.

Louisiana Board of Pharmacy **Loss Prevention**

Title: Key Control Policy No. III.H

Approved: 05-02-2012 Revised: 05-27-2015

Procedure

- Keys and access cards are issued to employees by the Office Manager.

- Employees shall sign for receipt of all keys and access cards issued to him or her and shall certify their understanding that keys / cards are to be returned upon termination of employment.

- The Appointing Authority and/or Office Manager are responsible for the collection of any and all keys and access cards issued to an employee upon the employee's termination from or transfer within the department. The collection of keys and access cards shall be acknowledged on the "Exit Interview/Separation" Form.

- It is the Supervisor's responsibility to immediately report to the Manager any terminating/transferring employee who departs without returning keys and access cards.

- Lost or stolen keys and access cards must be reported immediately to the Office Manager.

- The installation, changing or removal of locks, card readers, or any other access control devices shall only be performed with the knowledge and approval of the executive director.

- The Board regards any violation of this policy as a serious threat to security. This includes security compromises caused by the failure to retrieve keys and access cards upon the termination of an employee, as well as any keys or access cards that may have been lost or stolen. Failure in maintaining possession and control of keys will result in the re-keying of all locks to which the keys operate. This cost shall be borne by the Board. At the discretion of the executive director, this financial cost may be passed on to individual employees who repeat such actions.

- The Office Manger shall maintain a list of all employees with keys issued and access card information.

Revision History

05-27-2015	Added second and third paragraphs under *Purpose*.

Louisiana Board of Pharmacy
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Equipment Management

A. Equipment Management

Louisiana Board of Pharmacy **Loss Prevention**

Title: Equipment Management Policy No. IV.A

Approved: 05-02-2012 Revised:

The primary goal of an equipment management program is to ultimately decrease repairs to equipment by increasing the efficiency in managing the scheduled equipment maintenance.

An effective program will reduce loss of equipment, decrease operational down time and extend the life of the Board's mechanical and electrical and other equipment. All systems shall be monitored so that temperature, humidity, plumbing, lighting, air quality, emergency, and safety equipment are maintained at an acceptable level.

Responsibilities

- The Office Manager shall be responsible for scheduling repairs and routine preventative maintenance.

- To maximize energy efficiency, only senior staff may adjust thermostat temperatures.

Inventory

- The Board shall develop a specific inventory of all mechanical equipment including the name of the equipment, location, model number, and serial number.

- Currently, the only equipment maintained by the Board is HVAC equipment. No other equipment or electrical devices, such as elevators or boilers, exist on-site which require maintenance.

HVAC Preventative Maintenance Schedule

Quarterly
- Change air filters
- Visually inspect

Semi-annually
- Change belts

Annually

Documentation

The Board staff shall document its preventive maintenance and/or repairs. Documentation shall be created and maintained with software tools Microsoft Word or Excel®. Handwritten notations deemed unreadable by the Loss Prevention Officer will require clarification.

The following shall be included in documentation, if applicable:

1. What work was performed on the equipment
2. Who performed the work
3. What replacement parts where used and their cost
4. Clear, concise documentation of the work performed by the contractor
5. Date work was performed/completed

Audits and Record Keeping

Records shall be maintained for the life of the equipment including, but not limited to: preventive maintenance schedules, testing results, repair documents, replacement documents and all completed service documents.

Louisiana Board of Pharmacy

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Section V – Rescinded, Deleted & Obsolete Policies

I – C	Safety Rules
I – G – 1	Quarterly Inspection Form
I – K	Bloodborne Pathogens
I – L	First Aid
I – P	Workers' Compensation Post-Accident Drug Testing
I – Q – 2	Transitional Duty Return to Work Form
II – A	Authorized Drivers
II – B	Initial Authorization Process
II – C	Annual Re-Authorization Process
II – D	Supervisor's Responsibility
II – E	Employee's Responsibility
II – F	Accident Reporting
II – H	Safety Audits & Recordkeeping
III – H	Key Control

Louisiana Board of Pharmacy **Loss Prevention**

Title: Safety Rules Policy No. I.C

Approved: 05-05-2010 Revised: 05-02-2012

1. Smoke only in approved areas.
2. Horseplay and fighting will not be tolerated in the work place.
3. Before beginning work, notify your supervisor of any permanent or temporary impairment that may reduce your ability to perform in a safe manner.
4. Use personal protective equipment to protect yourself from potential hazards that cannot be eliminated.
5. Operate equipment only if you are trained and authorized.
6. Inspect the workstation for potential hazards and ensure that the equipment is in safe operating condition before using it.
7. Immediately report any recognized potentially unsafe condition or act to your supervisor.
8. If there is any doubt about the safe work method to be used, consult the supervisor before beginning work.
9. Immediately report accidents, near misses, and property damage to a supervisor regardless of the severity.
10. Maintain an orderly environment and work procedure. Store all tools and equipment in a designated place. Put scrap and waste material in a designated refuse container.
11. Report any smoke, fire, or unusual odors to your supervisor.
12. Use proper lifting techniques. For objects exceeding 50 pounds in weight, the immediate supervisor shall determine specific methods for safe lifting.
13. Never attempt to catch a falling object.
14. If your work creates a potential slip or trip hazard, correct the hazard immediately or use safety tape to tag the area before leaving it unattended.
15. Adhere to office rules regarding first aid, evacuation routes, and fire department notification.
16. Adhere to office rules and procedures specific to office operations.
17. Assist and cooperate with all safety investigations and inspections and assist in implementing safety procedures as requested.
18. Employees authorized to drive on state business should fasten restraint belts before starting any motor vehicle, obey all driver safety instructions, and comply with all traffic signs, signals, markers, and persons designated to direct traffic while on duty.

OBSOLETE

Louisiana Board of Pharmacy
Quarterly Safety Inspection Checklist

Quarter: _____ Date: _____

If an item is checked as “NOT OK” go to the last page and complete the “Comments” section.

ITEM	OK	NOT OK
1. Is there litter or spilled liquid on the floor?		
2. Are floor surfaces chipped, does carpeting show worn spots or holes?		
3. Are warning signs posted near repair work or redecorating?		
4. Are aisles free of boxes, wastebaskets, chairs and other obstacles that impede traffic?		
5. Are cords placed where they might trip a passerby?		
6. Do cords looked frayed? Are they draped over hot pipes, bent around hooks or stepped on?		
7. Are flimsy extension cords in use? (All extension cords should be 3-pronged)		
8. Is all electrical equipment connected with three pronged plugs?		
9. Are electrical outlet boxes or bonnets exposed so that they pose a tripping hazard?		
10. Do employees stand on chairs, desks, boxes, or other improvised ladders?		
11. Do employees lean back in chairs, with feet up on desk?		
12. Do employees run in office?		
13. Are stairs well lighted?		
14. Are handrails, tread and risers in good condition?		
15. Are stairs free of litter or spills?		
16. Are desk or file drawers left open?		
17. Is more than one file drawer opened at the same time?		
18. Are files top-heavy with empty drawers at the bottom and full drawers on top?		

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19.	Are boxes, papers, and books stored on top of files, storage cabinets, and windowsills?		
20.	Is machinery turned off when not in use?		
21.	Do employees wear dangling jewelry or floppy clothing around machinery?		
22.	Are employees using spike files or pencil holders with pencil points up?		
23.	Is the paper cutter placed in a safe location?		
24.	Are sharps or razor blades mixed in with paper clips?		
25.	Are fire exits clearly marked and lighted?		
26.	Have emergency lights been tested?		
27.	Have fire extinguishers been inspected recently? (Is the needle in the green?)		
28.	Are ABC extinguishers readily available?		
29.	Do all employees know the location of exits and extinguishers?		
30.	Are adequate first aid supplies available?		
31.	Are all accidents/incidents recorded and reported?		
32.	Do employees practice good housekeeping and maintain a safe environment in their respective work areas?		

COMMENTS: Please specify item number, location of deficiency and the corrective action being taken. If it cannot be corrected immediately, you must record the deficiency on the hazard log so that follow-up can occur.

_____

_____

_____

_____

Area Inspected by:

_____ _____

Signature of Inspector Date

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Louisiana Board of Pharmacy **Loss Prevention**

Title: Blood Borne Pathogens Policy No. I.K

Approved: 05-05-2010 Revised:

The purpose of this policy is to reduce or eliminate occupational exposure to blood and other potentially infectious materials to our employees. All bodily fluids will be considered infectious regardless of the perceived status of the source individual. However, the risk of exposure to blood borne pathogens by Board staff is minimal.

Blood Borne Diseases

- HIV: Human Immunodeficiency Virus causes AIDS
- Hepatitis B and C
- Syphilis
- Malaria

Hepatitis B (HBV) and C (HCV):

- Inflammation of the liver – most common blood borne disease
- Symptoms vary
- Can be infectious or non-infectious
- Hepatitis infects hundreds of thousands of people in the USA annually
- An infected person may carry the virus for years before symptoms appear
- No cure or vaccine at present
- Means of Transmission – must enter body through contact or injected (examples: sexual contact, sharing needles, cutting yourself with a sharp object, body fluids, Infected blood or body fluid on skin with open cuts, sores, getting blood or body fluid in eyes, mouth)
- HBV has a preventive vaccine available
- HCV does not have a preventive vaccine available

Preventative Measures

- Use universal precautions – treat all blood and body fluids as potentially infectious.
- Unbroken skin provides some protection from blood borne pathogens
- Wear personal protective equipment (PPE) (examples: latex gloves, safety glasses, goggles, face shields, aprons, boots) whenever blood or body fluids are present or expected
- Utilize engineering techniques (examples: tongs, recognized work practices, specialized equipment) whenever possible

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Decontamination Procedures

1. Call a professional for proper decontamination and disposal.
2. Obtain Blood Borne Pathogen (BBP) clean-up kits and either require employees to follow the manufacturer's instructions that are provided with the kits or train employees on their use and disposal.

The following are general guidelines for decontamination:

- After an accident, the contaminated area must be cleaned with the proper recommended decontamination solution.
- Cleaning equipment must be properly decontaminated.
- Wear required PPE.
- Restrict access to the area.
- Use disposable supplies whenever possible and dispose of properly.

Disposal

The disposal of all regulated waste shall be in accordance with applicable federal, state, and local regulations. All waste with the possibility of contamination of BBP shall be placed in containers that are closeable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transportation or shipping. The waste must be labeled or color-coded prior to removal to prevent spillage or protrusion of contents during handling, storage, transportation or shipping.

Medical Provisions

Preventive Vaccine

If the HBV vaccine is offered to an employee and the employee accepts it, it will be provided to the employee free of charge. Training by a knowledgeable person will be provided to the employee.

If an employee declines the offer of the HBV vaccine, then the employee is required to sign a declination statement. If at anytime the employee changes his/her decision and decides to accept the offer of the HBV vaccine then the series will be provided free of charge and training by a knowledgeable person will be provided to the employee.

Post-exposure Procedures

- Wash hands with antibacterial soap after contact.
- Flush eyes and face with fresh water for several minutes after contact.
- Follow Board's notification/reporting procedures for an exposure.
- Follow Board's written procedures for seeking medical counseling .

Other Exposure Hazards

- Cleaning surfaces contaminated with blood, vomit, feces.
- Always wear gloves and protective apron or clothing.
- Be alert for sharp objects, broken glassware, used syringes in trash.
- Do not pick up broken glass – use brush or broom & dustpan.
- Dispose of glass, sharp objects safely.
- Laundry – bloody or contaminated linens or sharp objects.

Training

The level of training shall be contingent upon the level of exposure to BBP:

High Risk: Health Care Facilities/professionals, and other high risk occupations Workers with occupational exposure shall receive training when they are hired and at least once per year afterwards. The training must be given during working hours and at no cost to the employee and training records shall be maintained for five years.

Low Risk: General Office/Classroom personnel All employees shall participate in a training program within 12 months of employment. If there are no BBP events, the training shall be required every five years thereafter. If the Board or employee experiences a BBP event, the employee shall be required to retrain within the following 60 days.

Common Sense Rules

- Wash hands and remove protective clothing before eating, drinking, smoking, handling contact lenses, applying lip balm or cosmetics.
- Keep hands away from eyes, nose, mouth while cleaning.
- Frequent hand washing is best defense against spreading infection.

Summary

- Protect yourself on and off the job; know the facts.
- Practice good personal hygiene.
- Follow work rules, use gloves and protective clothing.
- Wash your hands often, after work or exposure.
- Keep areas clean – report problems immediately to supervisors.

OBSOLETE

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Requirements for First Aid:

All employees shall report any injury to the office manager as soon as possible, at least before the end of the shift during which the accident occurred.

The employee shall be required to complete an Accident/Incident Report (DA2000). A description of the accident and names of witnesses (if any) are included on the form.

If a physician is needed, the employee may be given an Employer's First Report of Injury Form for treatment to be given to the treating physician.

The employee will provide the agency with the treating physician's diagnosis of the injury and the length of time he or she is expected to be unable to work.

First Aid Training

Only someone who has completed a certified first aid or emergency response course or someone who has advanced medical training may administer first aid. Refresher training is required according to certification requirements.

First Aid Kit and Inventory Form

A first aid supply kit shall be maintained and inventoried periodically. An inventory list may be included in each first aid kit. Expiration dates on kit contents must be checked as well.

Emergency Eye Wash

In such situations where this is needed, typical protocol calls for a minimum of 15 minutes constant flushing time. This normally cannot be achieved via the use of small, portable, disposable containers of fluid found in many first aid kits. A fixed flushing station that uses an unlimited supply of uncontaminated fluid (e.g., potable water) is preferable.

Louisiana Board of Pharmacy **Loss Prevention**

Title: Workers' Compensation Post-Accident Drug Testing Policy No. I.P

Approved: 11-18-2015 Revised:

1. Authority
   a. Executive Order No. BJ 08-69 provides for the promulgation by executive agencies of written policies mandating drug testing of employees, appointees, prospective employees and prospective appointees in accordance with La. R.S. 49:1001, *et seq.*
   b. La. R.S. 39:1535(B)(12) provides that the Office of Risk Management ("ORM") may promulgate rules and regulations to establish procedures governing risks and injuries sustained where a participating or covered entity of the State may be liable for damages.
   c. La. R.S. 23:1081 and Louisiana Administrative Code Title 40, Part I, Chapter 15 allows an employer to test an employee for drugs and alcohol when the employee receives a personal injury from an accident arising out of and in the course of his employment.

2. Applicability
   a. In addition to any drug testing policy adopted by an executive agency pursuant to Executive Order No. BJ 08-69, this policy shall also apply to all persons having an employment relationship with an executive agency, whether classified, unclassified, student employees, interns, full-time, part-time, or temporary (hereinafter employee(s)"), when the employee's agency is provided workers' compensation coverage through ORM.

3. Drug Testing
   a. All employees who are entitled to assert a claim pursuant to the workers' compensation laws of Louisiana shall be subject to, and shall cooperate in, post-accident drug testing. With or without prior notification, any employee in an accident that occurs during the course and scope of employment shall be required to submit to drug and/or alcohol testing as soon as practicable under La. R.S. 23:1081, whether or not a compensable injury is immediately claimed by the employee, where an accident occurs under any circumstance, regardless of fault, which necessitates, or should reasonably necessitate, medical attention to the employee as determined by the employee, the employee's supervisor(s), or the department head, regardless of whether the employee actually desires, agrees to, seeks, or receives medical attention.

4. Drug and Alcohol Testing Procedures
   a. Testing shall be performed as provided for in the LAC 40:I.Chapter 15, or its successor.

OBSOLETE

b. Testing shall be performed at the most practical hospital, medical facility, or laboratory. ORM, or the agency, reserves the right to require employees to submit to additional testing, if warranted.

c. A representative of the agency shall transport the employee being tested to and from the testing site. Under no circumstance should any employee who is believed to be impaired or under the influence of any drug or alcohol be permitted to operate a motor vehicle.

5. Violations

a. Employees found to test positive or failing to promptly submit to testing under this policy may be subject to dismissal or denial of their Workers' Compensation benefits pursuant to La. R.S. 23:1081.

b. Employees and supervisors may also be subject to discipline, up to and including dismissal, in accordance with their agency's drug-free policy for failing to cooperate with, or to apply, the post-accident drug testing requirements outlined in this policy.

6. Questions

a. Questions regarding this policy should be directed to the Office of Risk Management.

OBSOLETE

TRANSITIONAL RETURN TO WORK AUDIT FORM – DA WC4000

Month of Report_____ Location code_____

Agency_____ Contact Person_____

REPORT THE FOLLOWING ACTIVITY:

1. Number of lost time workers' compensation claims during the past month: _____
2. Number of employees returned to work on transitional duty: _____
3. Number of employees returned to work full duty: _____
4. Number of employees on workers' compensation at month's end: _____
5. Number of employees who are separated from the agency and still receiving workers' compensation: _____

- A job task list is on file for each workers' compensation claim this month: __yes __ no
- The RTW committee has met and reviewed all W/C ___yes ___no

1. Employee _____ days missed _____ day pay rate _____
2. Employee _____ days missed _____ day pay rate _____
3. Employee _____ days missed _____ day pay rate _____
4. Employee _____ days missed _____ day pay rate _____
5. Employee _____ days missed _____ day pay rate _____
6. Employee_____ days missed _____ day pay rate_____
7. Employee_____ days missed _____ day pay rate_____
8. Employee _____days missed _____ day pay rate_____
9. Employee _____days missed _____ day pay rate_____
10. Employee _____ days missed _____ day pay rate_____
11. Employee _____ days missed _____ day pay rate_____
12. Employee _____ days missed _____ day pay rate_____

TOTAL _____ TOTAL _____

OBSOLETE

Louisiana Board of Pharmacy **Loss Prevention**

Title: Authorized Drivers Policy No. II.A

Approved: 05-05-2010 Revised:

Authorized drivers shall include employees who hold the following positions with the Board:

1. Executive Director / Chief Executive Officer (Appointing Authority)
2. General Counsel
3. Office Manager
4. PMP Manager / Chief Operating Officer
5. PMP Assistant
6. Administrative Coordinator – Administrative Division
7. Compliance Officer

Employees holding a position not listed herein shall not be authorized to drive on state business.

Employees classified as “high-risk” shall not be authorized to drive vehicles on state business from the date of discovery for a minimum of twelve months. High-risk drivers are those individuals:

1. Having three or more convictions, guilty pleas, and/or *nolo contendere* pleas for moving violations within the previous twelve month period; or
2. Having a single conviction, guilty plea, or *nolo contendere* plea for operating a vehicle while intoxicated, hit and run driving, vehicular negligent injury, reckless operation of a vehicle, or similar violation within the previous twelve month period.

OBSOLETE

Louisiana Board of Pharmacy **Loss Prevention**

Title: Authorized Drivers Policy No. II.A

Approved: 05-05-2010 Revised: 05-10-2017

Authorized drivers shall include employees who hold the following positions with the Board:

1. Executive Director / Chief Executive Officer (Appointing Authority)
2. General Counsel
3. Office Manager
4. PMP Manager / Chief Operating Officer
5. PMP Assistant
6. Administrative Coordinator & Administrative Assistant – Administrative Division
7. Compliance Officer

Employees holding a position not listed herein shall not be authorized to drive on state business.

Employees classified as "high-risk" shall not be authorized to drive vehicles on state business from the date of discovery for a minimum of twelve months. High-risk drivers are those individuals:

1. Having three or more convictions, guilty pleas, and/or *nolo contendere* pleas for moving violations within the previous twelve month period; or
2. Having a single conviction, guilty plea, or *nolo contendere* plea for operating a vehicle while intoxicated, hit and run driving, vehicular negligent injury, reckless operation of a vehicle, or similar violation within the previous twelve month period.

When used in the context of these policies and procedures, a 'state vehicle' shall include the following:

- A vehicle owned by the board or another state agency; or
- A vehicle rented or leased by the board or another state agency.

OBSOLETE

Revision History

05-27-2015	Added definition of 'state vehicle'.
05-10-2017	Added Administrative Assistants in the Administrative Division in the list of authorized drivers.

OBSOLETE

1. Employee shall complete and sign the Authorization and Driving History Form (DA-2054) and return the completed form to the Office Manager.
2. Employee shall provide proof that he has a valid driver's license.
3. Employee shall provide proof of automobile insurance.
4. Employee shall complete an ORM-recognized defensive driving course within 30 days of hire and once every three years.
5. The Office Manager shall obtain official driving records (ODRs) annually and ensure that employees met all program requirements to be authorized to drive.
6. The Appointing Authority shall review the Official Driving Record to ensure the employee does not meet the high-risk driver definition.

OBSOLETE

1. Employee shall complete and sign the Authorization and Driving History Form (DA-2054) and return the completed form to the Office Manager.
2. Employee shall provide proof that he has a valid driver's license.
3. Employee shall provide proof of automobile insurance.
4. Employee shall complete an ORM-recognized defensive driving course within 30 days of hire and once every three years.
5. The Office Manager shall obtain official driving records (ODRs) annually and ensure that employees met all program requirements to be authorized to drive.
6. The Appointing Authority or designee shall review the Official Driving Record to ensure the employee does not meet the high-risk driver definition.

OBSOLETE

1. Employee shall complete and sign the Authorization and Driving History Form (DA-2054) annually on or before January 1st in order to be authorized for the new calendar year.
2. The Office Manager shall obtain official driving records (ODRs) annually and ensure that employees meet all program requirements to be authorized to drive on state business.
3. The Appointing Authority shall review the Official Driving Record to ensure the employee does not meet the high-risk driver definition.
4. Employees who meet requirements will be authorized to drive on state business until the end of the calendar year.
5. Receipt of evidence that places a driver in the high-risk category shall cause the employee's driving privileges to be revoked immediately. An employee whose job responsibilities require driving shall be dismissed.

OBSOLETE

1. Employee shall complete and sign the Authorization and Driving History Form (DA-2054) attesting that they currently carry at least the required minimum vehicle insurance annually on or before January 1st in order to be authorized for the new calendar year.
2. The Office Manager shall obtain official driving records (ODRs) annually and ensure that employees meet all program requirements to be authorized to drive on state business.
3. The Appointing Authority or designee shall review the Official Driving Record to ensure the employee does not meet the high-risk driver definition.
4. Employees who meet requirements will be authorized to drive on state business until the end of the calendar year.
5. Receipt of evidence that places a driver in the high-risk category shall cause the employee's driving privileges to be revoked immediately. An employee whose job responsibilities require driving shall be dismissed.

OBSOLETE

Louisiana Board of Pharmacy **Loss Prevention**

Title: Supervisor's Responsibility Policy No. II.D

Approved: 05-05-2010 Revised:

1. The supervisor shall provide time for each authorized employee to complete an approved Defensive Driving Course.
2. The supervisor shall allow only authorized employees to drive on state business.
3. The supervisor shall ensure that all accidents or incidents are properly reported and said records are maintained.

OBSOLETE

Louisiana Board of Pharmacy **Loss Prevention**

Title: Employee's Responsibility Policy No. II.E

Approved: 05-05-2010 Revised: 05-29-2013

1. Employees may only operate those vehicles for which they are licensed and insured.
2. The employee shall be required to demonstrate proof of insurance on an annual basis.
3. The employee shall immediately report any revocation of their driver's license or any moving violations received to his supervisor, but no later than their next scheduled workday. Said reporting applies whether on state or personal/private business and whether in a state or personal/private vehicle.
4. The employee shall complete a refresher course at least once every three years.
5. Drivers who have convictions on their motor vehicle records shall be required to retake a recognized driving course within ninety days of notification of a conviction.

OBSOLETE

1. Employees may only operate those vehicles for which they are licensed and insured.
2. The employee shall be required to demonstrate proof of insurance on an annual basis.
3. The employee shall immediately report any revocation of their driver's license or any moving violations received to his supervisor, but no later than their next scheduled workday. Said reporting applies whether on state or personal/private business and whether in a state or personal/private vehicle.
4. The employee shall complete a refresher course at least once every three years.
5. Drivers who have convictions on their motor vehicle records shall be required to retake a recognized driving course within ninety days of notification of a conviction.
6. Employees shall not use a Wireless Telecommunications Device while driving in a state-owned, leased, or private vehicle that is being driven on state business. This includes writing, sending, or reading a text based communication and engaging in a call. Use of a Wireless Telecommunications Device is permissible for passengers in such vehicles. The following situations shall constitute exceptions to this policy:
    A. Report a traffic crash, medical emergency, or serious road hazard.
    B. Report a situation in which the person believes his personal safety is in jeopardy.
    C. Report or avert the perpetration or potential perpetration of a criminal act against the driver or another person.
    D. Engage in a call or write, send or read a text-based communication while the motor vehicle is lawfully parked.

OBSOLETE

Louisiana Board of Pharmacy **Loss Prevention**

Title: Accident Reporting Policy No. II.F

Approved: 05-05-2010 Revised: 05-29-2013

A vehicular accident is defined as any incident in which the vehicle comes in contact with another vehicle, person, object, or animal that results in death, personal injury, or property damage, regardless of who was injured, what was damaged or to what extent, where it occurred or who was responsible.

1. All accidents shall be reported to the employee's immediate supervisor and Office Manager by the driver of the state vehicle (or other vehicle driven on state business) on the day of the accident. If the driver is not able to complete the Louisiana State Driver's Accident Report Form (DA 2041), then the driver's supervisor will complete the report to the best of his ability for the employee. The supervisor may enter identifying information and attach the police report. The DA 2041 shall be completed within 48 hours after any vehicle accident while on state business and forwarded to the ORM Claims Unit. The DA 2041 form can be downloaded from: http://www.doa.la.gov/orm/formsCR.htm.

   (Note: When an accident occurs in an employee's personal vehicle while he/she is on state business then strike through "state vehicle" and write "personal vehicle" on the accident reporting form. In addition, in ALL cases the employee's liability insurer is the primary insurer of the accident. ORM's coverage is excess over any other collectible insurance).

   A copy of the Uniform Motor Vehicle Traffic Accident Report (police report) shall accompany the DA 2041 or should be sent to the ORM Claims Unit as soon as it is received by the agency. Do NOT delay submission of the DA 2041 waiting on the police report.

2. Failure of an authorized driver to report any vehicular accident may be cause for suspension of Driver Authorization.

3. The supervisor of the authorized driver involved in an accident shall review the accident report within two working days of the accident for completeness of information. Incomplete reports shall be returned for completion or corrected information. The supervisor may assist the individual in completing the report. All accidents require completion of the Vehicle Accident Report (DA 2041).

4. The supervisor may consider what corrective action(s) may be necessary for accidents.

5. The executive director shall review the Accident Report Form, the Uniform Motor Vehicle Traffic Accident Report (police report – if one was completed), and the Authorization and Driving History Form (DA 2054).

OBSOLETE

Louisiana Board of Pharmacy **Loss Prevention**

Title: Accident Reporting Policy No. II.F

Approved: 05-29-2013 Revised: 05-27-2015

A vehicular accident is defined as any incident in which the vehicle comes in contact with another vehicle, person, object, or animal that results in death, personal injury, or property damage, regardless of who was injured, what was damaged or to what extent, where it occurred or who was responsible.

1. All accidents shall be reported to the employee's immediate supervisor and Office Manager by the driver of the state vehicle (or other vehicle driven on state business) on the day of the accident. If the driver is not able to complete the Louisiana State Driver's Accident Report Form (DA 2041), then the driver's supervisor will complete the report to the best of his ability for the employee. The supervisor may enter identifying information and attach the police report. The DA 2041 shall be completed within 48 hours after any vehicle accident while on state business and forwarded to the ORM Claims Unit. The DA 2041 form can be downloaded from: http://www.doa.la.gov/orm/formsCR.htm.

   (Note: When an accident occurs in an employee's personal vehicle or a rental vehicle while he/she is on state business, complete the DA 2041 and note whether or not the vehicle is rented or personal . In addition, in ALL cases the employee's liability insurer is the primary insurer of the accident. ORM's coverage is excess over any other collectible insurance).

   A copy of the Uniform Motor Vehicle Traffic Accident Report (police report) shall accompany the DA 2041 or should be sent to the ORM Claims Unit as soon as it is received by the agency. Do NOT delay submission of the DA 2041 waiting on the police report.

2. Failure of an authorized driver to report any vehicular accident may be cause for suspension of Driver Authorization. Accidents by employees in their personal vehicle after hours need not be reported unless the employee was ticketed.

3. The supervisor of the authorized driver involved in an accident shall review the accident report within two working days of the accident for completeness of information. Incomplete reports shall be returned for completion or corrected information. The supervisor may assist the individual in completing the report. All accidents require completion of the Vehicle Accident Report (DA 2041).

4. The supervisor may consider what corrective action(s) may be necessary for accidents.

5. The executive director or designee shall review the Accident Report Form, the Uniform Motor Vehicle Traffic Accident Report (police report – if one was completed), and the Authorization and Driving History Form (DA 2054).

OBSOLETE

Louisiana Board of Pharmacy **Loss Prevention**

Title: Accident Reporting Policy No. II.F

Approved: 05-29-2013 Revised: 05-27-2015

A vehicular accident is defined as any incident in which the vehicle comes in contact with another vehicle, person, object, or animal that results in death, personal injury, or property damage, regardless of who was injured, what was damaged or to what extent, where it occurred or who was responsible.

1. All accidents shall be reported to the employee's immediate supervisor and Office Manager by the driver of the state vehicle (or other vehicle driven on state business) on the day of the accident. If the driver is not able to complete the Louisiana State Driver's Accident Report Form (DA 2041), then the driver's supervisor will complete the report to the best of his ability for the employee. The supervisor may enter identifying information and attach the police report. The DA 2041 shall be completed within 48 hours after any vehicle accident while on state business and forwarded to the ORM Claims Unit. The DA 2041 form can be downloaded from: http://www.doa.la.gov/orm/formsCR.htm. The Office Manager shall retain proof of the submission of the DA 2041 form to the ORM Claims Unit within the 48-hour time limit.

   (Note: When an accident occurs in an employee's personal vehicle or a rental vehicle while he/she is on state business, complete the DA 2041 and note whether or not the vehicle is rented or personal. In addition, in ALL cases the employee's liability insurer is the primary insurer of the accident. ORM's coverage is excess over any other collectible insurance).

   A copy of the Uniform Motor Vehicle Traffic Accident Report (police report) shall accompany the DA 2041 or should be sent to the ORM Claims Unit as soon as it is received by the agency. Do NOT delay submission of the DA 2041 waiting on the police report.

2. Failure of an authorized driver to report any vehicular accident may be cause for suspension of Driver Authorization. Accidents by employees in their personal vehicle after hours need not be reported unless the employee was ticketed.

3. The supervisor of the authorized driver involved in an accident shall review the accident report within two working days of the accident for completeness of information. Incomplete reports shall be returned for completion or corrected information. The supervisor may assist the individual in completing the report. All accidents require completion of the Vehicle Accident Report (DA 2041).

4. The supervisor may consider what corrective action(s) may be necessary for accidents.

5. The executive director or designee shall review the Accident Report Form, the Uniform Motor Vehicle Traffic Accident Report (police report – if one was completed), and the Authorization and Driving History Form (DA 2054).

OBSOLETE

Revision History

05-29-2013	Added the exclusion of accidents by employees in their personal vehicles after office hours unless they were ticketed to Section 2.
05-27-2015	Added requirement for Office Manager to retain proof of timely submission of report in Section 1.

OBSOLETE

Louisiana Board of Pharmacy **Loss Prevention**

Title: Safety Audits and Recordkeeping Policy No. II.H

Approved: 05-29-2013 Revised:

1. Driver Safety Program records shall be maintained at the Board office for review until at least the next audit or compliance review.

2. The following specific records shall be retained for the period of time indicated here:
    A. Official Driving Records (ODR) and High-Risk Driver documentation, e.g., re-training records, letters) – maintain for one year.
    B. Driver training (initial, refresher) documentation – maintain for 3 years.
    C. DA 2054 forms – maintain indefinitely or until form information is updated.

3. The Board office shall maintain a list of employees who have been authorized to drive or in the alternative, a list of employees not authorized to drive.

OBSOLETE

Louisiana Board of Pharmacy **Loss Prevention**

Title: Key Control Policy No. III.H

Approved: 05-02-2012 Revised:

Building Access Card and Key Control

Policy Statement
To achieve, maintain and restore maximum physical security for the employees, property and offices of the Board and to establish a recorded chain of accountability for all keys issued and duplicated.

Purpose
The Board has established a process to achieve maximum physical security with minimum logistics through the control of access cards and keys and the manner of issuance, monitoring and maintenance.-

Applicability
This policy applies to any individual who is granted access to any area of the Board and to all keys and devices that control such access.

Responsibility

- No persons shall knowingly possess a key or access card programmed to areas where that person is not an authorized entrant.

- Duplication of keys or cards is authorized only by the Appointing Authority or Office Manager.

- Keys or cards are not to be transferred or loaned from one employee to another without the knowledge and authorization of the Office Manager and the Appointing Authority

- Employees are responsible for all keys and access cards assigned to them.

Procedure

- Keys and access cards are issued to employees by the Office Manager.

- Employees shall sign for receipt of all keys and access cards issued to him or her and shall certify their understanding that keys / cards are to be returned upon termination of employment.

- The Appointing Authority and/or Office Manager are responsible for the collection of any and all keys and access cards issued to an employee upon the employee's termination from or transfer within the department. The collection of keys and access cards shall be acknowledged on the "Exit Interview/Separation" Form.

OBSOLETE

- It is the Supervisor's responsibility to immediately report to the Manager any terminating/transferring employee who departs without returning keys and access cards.

- Lost or stolen keys and access cards must be reported immediately to the Office Manager.

- The installation, changing or removal of locks, card readers, or any other access control devices shall only be performed with the knowledge and approval of the executive director.

- The Board regards any violation of this policy as a serious threat to security. This includes security compromises caused by the failure to retrieve keys and access cards upon the termination of an employee, as well as any keys or access cards that may have been lost or stolen. Failure in maintaining possession and control of keys will result in the re-keying of all locks to which the keys operate. This cost shall be borne by the Board. At the discretion of the executive director, this financial cost may be passed on to individual employees who repeat such actions.

- The Office Manger shall maintain a list of all employees with keys issued and access card information.

OBSOLETE

Roster of Colleges and Schools of Pharmacy
Accredited by ACPE

Accreditation Status

Precandidate A new program that has no students enrolled but that meets the eligibility criteria for accreditation may be granted Precandidate accreditation status. The granting of Precandidate status indicates that a college or school's planning for the Doctor of Pharmacy program has taken into account ACPE standards and guidelines and suggests reasonable assurances of moving to the next step, that of Candidate status. Granting of Precandidate status brings no rights or privileges of accreditation. Full public disclosure by the college or school of pharmacy of the terms and conditions of this accreditation status is required.

Candidate Once students have enrolled in a new program, but the program has not had a graduating class, the program may be granted Candidate status. The granting of Candidate status denotes a developmental program that is expected to mature in accord with stated plans and within a defined time period. Reasonable assurances are expected to be provided that the program may become accredited as programmatic experiences are gained, generally, by the time the first class has graduated. Graduates of a class designated as having Candidate status have the same rights and privileges as graduates of an accredited program.

Accredited The professional degree program of a college or school of pharmacy is granted accreditation if it has been demonstrated to the satisfaction of ACPE that the program complies with accreditation standards, including the appropriateness of the program's mission and goals, the adequacy of resources and organization to meet the mission and goals, outcomes which indicate that the mission and goals are being met, and the reasonable assurance of the continued compliance with standards.

Probation A professional degree program of a college or school of pharmacy that has been granted accreditation and is found to be in non-compliance with a standard or standards may be placed on probation as described in ACPE Policies and Procedures 9.1 and 9.2.
Students graduating from a college of school of pharmacy with probationary accreditation status are not adversely affected in their quest for pharmacist licensure since the college or school is still accredited.

Discontinued The professional degree program has been discontinued, effective on the date shown.

Current as of 05-27-2020

Roster of Colleges and Schools of Pharmacy
Accredited by ACPE

NABP #	*Name*	*City*	*State*	*Status*
045	Albany College of Pharmacy	Albany	NY	**Accredited**
TBD	American University of Health Sciences - School of Pharmacy	Signal Hill	CA	**Precandidate**
108	Appalachian College of Pharmacy *(formerly University of Appalachia)*	Oakwood	VA	**Accredited**
001	Auburn University - Harrison School of Pharmacy	Auburn	AL	**Accredited**
110	Belmont University - College of Pharmacy	Nashville	TN	**Accredited**
143	Binghamton University - School of Pharmacy	Johnson City	NY	**Candidate**
017	Butler University - College of Pharmacy	Indianapolis	IN	**Accredited**
135	California Health Sciences University - College of Pharmacy	Clovis	CA	**Candidate**
094	California Northstate University - College of Pharmacy	Rancho Cordova	CA	**Accredited**
075	Campbell University - College of Pharmacy	Buies Creek	NC	**Accredited**
130	Cedarville University - School of Pharmacy	Cedarville	OH	**Accredited**
138	Chapman University - School of Pharmacy	Irvine	CA	**Accredited**
111	Chicago State University - College of Pharmacy	Chicago	IL	**Probation**
119	Concordia University - School of Pharmacy	Mequon	WI	**Accredited**
036	Creighton University - School of Pharmacy	Omaha	NE	**Accredited**
019	Drake University - College of Pharmacy	Des Moines	IA	**Accredited**
055	Duquesne University - Mylan School of Pharmacy	Pittsburgh	PA	**Accredited**
120	D'Youville College - School of Pharmacy	Buffalo	NY	**Accredited**
105	East Tennessee State University - Bill Gatton College of Pharmacy	Johnson City	TN	**Accredited**
132	Fairleigh Dickinson University - School of Pharmacy	Florham Park	NJ	**Accredited**
028	Ferris State University - College of Pharmacy	Big Rapids	MI	**Accredited**
011	Florida A&M University - College of Pharmacy	Tallahassee	FL	**Accredited**
083	Hampton University - School of Pharmacy	Hampton	VA	**Probation**
096	Harding University - School of Pharmacy	Searcy	AR	**Accredited**
140	High Point University - Fred Wilson School of Pharmacy	High Point	NC	**Candidate**
010	Howard University - College of Pharmacy	Washington	DC	**Accredited**
116	Husson University - School of Pharmacy	Bangor	ME	**Accredited**
015	Idaho State University - College of Pharmacy	Pocatello	ID	**Accredited**
136	Keck Graduate Institute of Pharmacy	Claremont	CA	**Accredited**
088	Lake Erie College of Osteopathic Medicine - School of Pharmacy	Erie	PA	**Accredited**
141	Larkin Health Sciences Institute - College of Pharmacy	Miami	FL	**Candidate**
300	Lebanese American University - School of Pharmacy	Byblos	Lebanon	**Accredited**
112	Lipscomb University - College of Pharmacy	Nashville	TN	**Accredited**

Current as of 05-27-2020

Roster of Colleges and Schools of Pharmacy
Accredited by ACPE

NABP #	*Name*	*City*	*State*	*Status*
089	Loma Linda University - School of Pharmacy	Loma Linda	CA	**Accredited**
042	Long Island University - Arnold & Marie Schwartz College of Pharmacy	Brooklyn	NY	**Accredited**
128	Manchester University - College of Pharmacy	Fort Wayne	IN	**Accredited**
133	Marshall University - School of Pharmacy	Huntington	WV	**Accredited**
142	Marshall B. Ketchum University - College of Pharmacy	Fullerton	CA	**Candidate**
026	MCPHS University - School of Pharmacy @ Boston *(formerly Massachusetts College of Pharmacy & Health Sciences)*	Boston	MA	**Accredited**
085	MCPHS University - School of Pharmacy @ Worcester *(formerly Massachusetts College of Pharmacy & Health Sciences)*	Worcester	MA	**Accredited**
144	Medical College of Wisconsin - School of Pharmacy	Milwaukee	WI	**Candidate**
TBD	Medical University of South Carolina - College of Pharmacy	Charleston	SC	**Accredited**
013	Mercer University - College of Pharmacy	Atlanta	GA	**Accredited**
082	Midwestern University - College of Pharmacy @ Glendale	Glendale	AZ	**Accredited**
077	Midwestern University - College of Pharmacy @ Chicago	Chicago	IL	**Accredited**
047	North Dakota State University - School of Pharmacy	Fargo	ND	**Accredited**
101	Northeast Ohio Medical University - College of Pharmacy *(formerly Northeastern Ohio University Colleges of Medicine & Pharmacy)*	Rootstown	OH	**Accredited**
027	Northeastern University - Bouve School of Pharmacy	Boston	MA	**Accredited**
115	Notre Dame of Maryland University - School of Pharmacy *(formerly College of Notre Dame of Maryland)*	Baltimore	MD	**Accredited**
076	Nova Southeastern University - College of Pharmacy	Fort Lauderdale	FL	**Accredited**
048	Ohio Northern University - College of Pharmacy	Ada	OH	**Accredited**
049	Ohio State University - College of Pharmacy	Columbus	OH	**Accredited**
054	Oregon State University - College of Pharmacy	Corvallis	OR	**Accredited**
103	Pacific University - School of Pharmacy	Hillsboro	OR	**Accredited**
086	Palm Beach Atlantic University - Lloyd L Gregory School of Pharmacy	West Palm Beach	FL	**Accredited**
123	Philadelphia College of Osteopathic Medicine - College of Pharmacy	Suwanee	GA	**Accredited**
121	Presbyterian College - School of Pharmacy	Clinton	SC	**Accredited**
018	Purdue University - College of Pharmacy	West Lafayette	IN	**Accredited**
117	Regis University - School of Pharmacy	Denver	CO	**Accredited**
126	Roosevelt University - College of Pharmacy	Schaumburg	IL	**Accredited**
127	Rosalind Franklin University - College of Pharmacy	North Chicago	IL	**Accredited**

Current as of 05-27-2020

Roster of Colleges and Schools of Pharmacy
Accredited by ACPE

NABP #	*Name*	*City*	*State*	*Status*
087	Roseman University - College of Pharmacy *(formerly Univ of Southern Nevada - College of Pharmacy)*	Henderson	NV	**Accredited**
038	Rutgers, the State University of New Jersey - Ernest Mario School of Pharmacy	Piscataway	NJ	**Accredited**
002	Samford University - McWhorter School of Pharmacy	Birmingham	AL	**Accredited**
081	Shenandoah University - Bernard J Dunn School of Pharmacy	Winchester	VA	**Accredited**
104	South Carolina College of Pharmacy	Charleston	SC	**11/1/2019**
131	South College - School of Pharmacy	Knoxville	TN	**Accredited**
063	South Dakota State University - College of Pharmacy	Brookings	SD	**Accredited**
091	South University - School of Pharmacy	Savannah	GA	**Accredited**
099	Southern Illinois University - Edwardsville School of Pharmacy	Edwardsville	IL	**Accredited**
052	Southwestern Oklahoma State University - College of Pharmacy	Weatherford	OK	**Accredited**
100	St. John Fisher College - Wegmans School of Pharmacy	Rochester	NY	**Accredited**
043	St. John's University - College of Pharmacy	Jamaica	NY	**Accredited**
033	St. Louis College of Pharmacy	St. Louis	MO	**Accredited**
093	Sullivan University - College of Pharmacy	Louisville	KY	**Accredited**
057	Temple University - School of Pharmacy	Philadelphia	PA	**Accredited**
106	Texas A&M University - Irma Lerma Rangel College of Pharmacy	Kingsville	TX	**Accredited**
065	Texas Southern University - College of Pharmacy	Houston	TX	**Accredited**
078	Texas Tech University - School of Pharmacy	Amarillo	TX	**Accredited**
095	Thomas Jefferson University - School of Pharmacy	Philadelphia	PA	**Accredited**
113	Touro New York College of Pharmacy	New York City	NY	**Accredited**
097	Touro University - California College of Pharmacy	Vallejo	CA	**Accredited**
114	Union University - School of Pharmacy	Jackson	TN	**Accredited**
044	Universty at Buffalo - The State University of New York School of Pharmacy	Buffalo	NY	**Probation**
003	University of Arizona - College of Pharmacy	Tucson	AZ	**Accredited**
004	University of Arkansas for Medical Sciences - College of Pharmacy	Little Rock	AR	**Accredited**
090	University of California, San Diego -Skaggs School of Pharmacy	San Diego	CA	**Accredited**
005	University of California, San Francisco - School of Pharmacy	San Francisco	CA	**Accredited**
109	University of Charleston - School of Pharmacy	Charleston	WV	**Accredited**
050	University of Cincinnati - James L Winkle College of Pharmacy	Cincinnati	OH	**Accredited**
008	University of Colorado - Skaggs School of Pharmacy	Aurora	CO	**Accredited**
009	University of Connecticut - School of Pharmacy	Storrs	CT	**Accredited**
102	University of Findlay - College of Pharmacy	Findlay	OH	**Accredited**

Current as of 05-27-2020

Roster of Colleges and Schools of Pharmacy
Accredited by ACPE

NABP #	*Name*	*City*	*State*	*Status*
012	University of Florida - College of Pharmacy	Gainesville	FL	**Accredited**
014	University of Georgia - College of Pharmacy	Athens	GA	**Accredited**
098	University of Hawaii at Hilo - Daniel K Inouye College of Pharmacy	Hilo	HI	**Accredited**
066	University of Houston - College of Pharmacy	Houston	TX	**Accredited**
016	University of Illinois at Chicago - College of Pharmacy	Chicago	IL	**Accredited**
020	University of Iowa - College of Pharmacy	Iowa City	IA	**Accredited**
021	University of Kansas - School of Pharmacy	Lawrence	KS	**Accredited**
022	University of Kentucky - College of Pharmacy	Lexington	KY	**Accredited**
023	University of Louisiana at Monroe - College of Pharmacy	Monroe	LA	**Accredited**
025	University of Maryland - School of Pharmacy	Baltimore	MD	**Accredited**
122	University of Maryland - Eastern Shore School of Pharmacy	Princess Anne	MD	**Accredited**
029	University of Michigan - College of Pharmacy	Ann Arbor	MI	**Accredited**
031	University of Minnesota - College of Pharmacy	Minneapolis	MN	**Accredited**
032	University of Mississippi - School of Pharmacy	Oxford	MS	**Accredited**
034	University of Missouri at Kansas City - School of Pharmacy	Kansas City	MO	**Accredited**
035	University of Montana - Skaggs School of Pharmacy	Missoula	MT	**Accredited**
037	University of Nebraska - College of Pharmacy	Omaha	NE	**Accredited**
118	University of New England - College of Pharmacy	Portland	ME	**Accredited**
039	University of New Mexico - College of Pharmacy	Albuquerque	NM	**Accredited**
046	University of North Carolina - Eshelmann School of Pharmacy	Chapel Hill	NC	**Accredited**
134	University of North Texas System - College of Pharmacy	Fort Worth	TX	**Accredited**
053	University of Oklahoma - College of Pharmacy	Oklahoma City	OK	**Accredited**
058	University of Pittsburgh - School of Pharmacy	Pittsburgh	PA	**Accredited**
059	University of Puerto Rico - School of Pharmacy	San Juan	PR	**Accredited**
060	University of Rhode Island - College of Pharmacy	Kingston	RI	**Accredited**
124	University of Saint Joseph - School of Pharmacy *(formerly St. Joseph College)*	Hartford	CT	**Accredited**
TBD	University of South Carolina - College of Pharmacy	Columbia	SC	**Accredited**
125	University of South Florida - School of Pharmacy	Tampa	FL	**Accredited**
007	University of Southern California - School of Pharmacy	Los Angeles	CA	**Accredited**
064	University of Tennessee - College of Pharmacy	Memphis	TN	**Accredited**
067	University of Texas at Austin - College of Pharmacy	Austin	TX	**Accredited**
145	University of Texas at El Paso - School of Pharmacy	El Paso	TX	**Candidate**

Current as of 05-27-2020

Roster of Colleges and Schools of Pharmacy
Accredited by ACPE

NABP #	*Name*	*City*	*State*	*Status*
139	University of Texas at Tyler - Ben and Maylee Fisch College of Pharmacy	Tyler	TX	**Accredited**
107	University of the Incarnate Word - Feik School of Pharmacy	San Antonio	TX	**Accredited**
006	University of the Pacific - Thomas J Long School of Pharmacy	Stockton	CA	**Accredited**
056	University of the Sciences - Philadelphia College of Pharmacy	Philadelphia	PA	**Accredited**
051	University of Toledo - College of Pharmacy	Toledo	OH	**Accredited**
068	University of Utah - College of Pharmacy	Salt Lake City	UT	**Accredited**
070	University of Washington - School of Pharmacy	Seattle	WA	**Accredited**
073	University of Wisconsin at Madison - School of Pharmacy	Madison	WI	**Accredited**
074	University of Wyoming - School of Pharmacy	Laramie	WY	**Accredited**
069	Virginia Commonwealth University - School of Pharmacy	Richmond	VA	**Accredited**
071	Washington State University - College of Pharmacy	Pullman	WA	**Accredited**
030	Wayne State University - Eugene Applebaum College of Pharmacy	Detroit	MI	**Accredited**
137	West Coast University - School of Pharmacy	Los Angeles	CA	**Accredited**
072	West Virginia University - School of Pharmacy	Morgantown	WV	**Accredited**
129	Western New England University - College of Pharmacy	Springfield	MA	**Accredited**
084	Western University of Health Sciences - College of Pharmacy	Pomona	CA	**Accredited**
080	Wilkes University - Nesbitt College of Pharmacy	Wilkes-Barre	PA	**Accredited**
TBD	William Carey University - School of Pharmacy	Biloxi	MS	**Candidate**
092	Wingate University - School of Pharmacy	Wingate	NC	**Accredited**
024	Xavier University of Louisiana - College of Pharmacy	New Orleans	LA	**Accredited**

Applications Pending at ACPE

TBD	Stony Brook University - School of Pharmacy	Stony Brook	NY

Counts	
1	Precandidate
8	Candidate
132	Accredited
3	Accredited with probation
144	*Total Accredited*
1	Pending application(s) for accreditation
1	Discontinued

Current as of 05-27-2020

From: Malcolm J. Broussard
To: "Thomas Frisco"
Subject: RE: Review and Consideration as a Board-Approved Education Program
Date: Thursday, April 23, 2020 11:21:00 AM

Hello Mr. Frisco,

This will confirm receipt of your request for the Board's approval of the pharmacy technician training program administered by NYICD. We have independently verified your program's accreditation by ASHP, and I have added your request to the agenda for the next meeting of the Board, now scheduled for May 27, 2020. I will advise you of their decision as soon as possible thereafter.

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

NOTICE: In compliance with Act 655 of the 2018 Legislature, 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 70809; 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; 225.342.9435; s&g@legis.la.gov
NOTICE: In compliance with Act 256 of the 2019 Legislature, the Board gives public notice that any information submitted to the Board may become public record unless specifically exempted by the Public Records Law, La. R.S. 44:1 *et seq.*

From: Thomas Frisco <tfrisco@nyicd.edu>
Sent: Thursday, April 23, 2020 10:25 AM
To: Malcolm J. Broussard <mbroussard@pharmacy.la.gov>; info <info@pharmacy.la.gov>
Subject: Review and Consideration as a Board-Approved Education Program

Louisiana Board of Pharmacy
Attn: Mr. Malcolm J. Broussard
Executive Director
3388 Brentwood Drive
Baton Rouge, LA 70809

Dear Malcolm Broussard,
I hope this email finds you well during this COVID-19 Pandemic. I am pleased to present New York Institute of Career Development's (NYICD) online pharmacy technician training program for review and consideration as a board-approved education program for pharmacy technician registrants in Louisiana.

The NYICD Pharmacy Technician Career Diploma program is a dynamic, comprehensive, 602-hour course that is American Society Health-system Pharmacists/Accreditation Council for Pharmacy Education (ASHP/ACPE) accredited. Our course prepares students for employment

as pharmacy technicians, as well as for national certification through the Pharmacy Technician Certification Board (PTCB). At 602-hours, our course length exceeds that required of on-the-job training programs by the Louisiana Board of Pharmacy. Students learn at their own pace and have access to their instructors—all of whom are working pharmacists or technicians--at a 1:1 ratio. Through our partnerships with CVS and Walgreens, students spend 160 hours learning on-the-job as pharmacy technician externs. Learner competency is assessed at the end of each instruction module, through lab assignments and projects, and in person by each extern's on-site supervisor. NYICD's lab assignments are completed using the PioneerRx software system, thereby exposing students to the most commonly-used prescription processing software in independent pharmacies in the United States.

As an online training program, NYICD offers several unique advantages to Louisiana pharmacy technician students. Online education makes courses accessible to students for whom daily or weekly in-person class attendance is simply not possible, typically at a lower cost. Online learners increase their self-discipline and time management skills, and develop confidence using the technology that makes online education possible. NYICD's comparatively low tuition and payment plans allow students to finance their education without going into debt, and therefore to begin their careers as pharmacy technicians on more solid financial footing. Because students are able to work full time while completing coursework on their own schedules, they are able not only to earn an income as they learn, but maintain a resume-enhancing employment history, as well.
Thank you for your time and consideration.
Respectfully,
Tom

Enclosed attachments:

Thomas Frisco
Director, Pharmacy Technician Program
tfrisco@nyicd.edu |
New York Institute of Career Development, Distance Education Company

192 Lexington Avenue, Suite 701 | New York City, New York 10016 | Direct Desk: (212) 338-9260 | Office: (800) 240-0332 ext. 0175 | Fax: (212) 867–8122

"Many of life's failures are people who did not realize how close they were to success when they gave up." —Thomas A. Edison

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Thank You.

Technician Program Information

Distance Education Co. / New York Institute of Career Development

192 Lexington Ave, Suite 701
New York NY 10016

Code: NY-04

Accreditation Status: Accredited

Category: Technical Training

Sub-Category: Entry (400)

Program Director
Thomas Frisco
(212) 867-8800 ext. x204
Email: tfrisco@nyicd.edu

Reporting Administrator
Jacob Boller
(212) 867-8800 ext. x221
Email: jboller@nyip.edu

Program Contact

Certificate

Prerequisite course work: High School Diploma or Equivalent

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AHFS Drug Information
ASHP eLearning
My eBooks Library
ASHP Advantage
ASHP Connect

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Business Opportunities
Advertising
ASHP Foundation
SafeMedication.com

CONTACT

Email ASHP

4500 East-West Highway,
Suite 900
Bethesda, MD 20814

1-866-279-0681

CONNECT WITH ASHP

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NYICD | New York Institute of Career Development
192 Lexington Ave., Suite 701, New York, NY 10016
www.nyicd.edu | info@nyicd.edu | 1-800-239-9275

Online Pharmacy Tech Course Outline

Unit 1: Introduction to Pharmacy

1.1 History of Pharmacy

Study the origins of pharmacy and the development of the pharmacy profession. You will look at the roles and duties of pharmacists and pharmacy technicians, and explore the history of legislation that affects the pharmacy practice.

1.2 Medical and Pharmaceutical Terminology

Knowing medical and pharmaceutical terminology clearly identifies you as a member of the pharmaceutical profession. Learn all you can about the medical and pharmaceutical language related to your career, and gain the ability to relate to your professional peers, the confidence of understanding terms used on your job, and the power to advance to your fullest potential.

1.3 Professional Standards

When working in a pharmacy, you will be working as part of a team. Understand the importance of teamwork, interpersonal skills, relationship building in the workplace. Investigate the different types of pharmacy teams, methods of communication, and conflict resolution tools that will allow you to handle yourself professionally in a pharmacy environment.

1.4 Systems of Measurement

Understand the systems of measurement used to manufacture and dispense medications. Begin to understand the process of calculating and converting household and metric systems. Then, look at other standard methods of measurement in the pharmacy, including temperature, time, and the different numerical systems.

1.5 Lab Simulation, Part 1

Use pharmacy lab simulation software to perform the everyday tasks encountered by the pharmacy technician, including collecting, organizing, and record demographic and clinical information for the patient care process, and recording third-party insurance information for the billing process.

Unit 2: Pharmacy Basics

2.1 Pharmacy Calculations

Learn how to calculate values and perform conversions from fractions, decimals, and percentages. Take a look at ratios and proportions as they apply to the pharmacy technician, and complete real-world pharmacy calculations, such as household to metric measurement conversions for prescriptions

2.2 Trade Names and Generic Names

Discover the technical names, proprietary names, nonproprietary names, official names, and unofficial names used to identify drug substances. Examine the differences between trade and generic drug names, and learn the drug name creation process.

2.3 Dosage Forms and Routes of Administration

Study the different types of dosage forms, such as liquids, tablets, ointments, suppositories, and inhalers. Then, review the different ways that drugs are administered to the patient, and why different drugs, disease states, and patient states require different routes of administration.

2.4 Lab Simulation, Part 2

Practice the technician's primary role in the pharmacy, which includes accepting and assessing prescriptions, adding and processing prescriptions through the pharmacy software, providing the medicines to the patient, and receiving payment for those orders.

Unit 3: Understanding Pharmacology

3.1 Pharmacologic Classes

It is vitally important that you familiarize yourself with drug classification systems to succeed as a pharmacy technician. Explore the methods used to identify and categorize medications that have been developed to improve the efficiency of the medical practice.

3.2 Antibiotics, Antifungals, and Antivirals

Some of the most commonly prescribed medications are antibiotics, antifungals, and antiviral drugs. Familiarize yourself with these drug types, develop methods for recognizing the names of the drugs in various classes and categories, and understand the approach and mechanism of actions of these agents.

3.3 Anesthetics, Narcotic Pain Relievers, Muscle Relaxants, and Nonnarcotic Analgesics

Focus on the central nervous system and survey the anesthetics, narcotic pain relievers muscle relaxants, nonnarcotic analgesics, and psychiatric drugs used to treat the disease states that affect this region, and learn when and why to use drugs to treat various disorders.

3.4 Respiratory and Gastrointestinal Drugs

Respiratory drugs are used to treat or prevent a variety of diseases such as bronchoconstriction, inflammation, and loss of lung elasticity. Gastrointestinal (GI) drugs are used to treat ulcers, GI mobility, and GI disease. Study the variety of conditions associated with the respiratory system and the gastrointestinal (GI) tract and the drugs used to treat disorders related to these body systems.

3.5 Cardiovascular, Renal, and Urinary Drugs

As with the other body systems, cardiovascular, renal, and urinary systems can also suffer disease, and particular drugs are designed to treat both the symptoms and the underlying causes. Examine the difference between the various drugs used for cardiovascular, renal, and urinary diseases.

3.6 Hormones and Topicals

Many classes of drugs are used for hormonal therapy. Topical medication is applied to the surface of the skin, and comes in the form of creams, ointments, gels, and lotions. Discuss the classes of medication that may be used to treat a range of conditions, but have one of these common attributes.

3.7 Chemotherapeutic Drugs

Cancer treatment is a complex disease. Explore the many pharmaceutical interventions for this cancer, the drugs in each class, why they are used, and the advantages and risk involved in using chemotherapeutic agents.

3.8 Psychiatric Drugs and Drugs for CNS Disorders

Familiarize yourself with psychiatric drugs and drugs for the central nervous system, including the leading medications used to treat various forms of mental illness, activate the central nervous system, and treat disorders such as dementia, epilepsy, and attention deficit disorder (ADD).

Unit 4: Pharmacy Applications and Processes

4.1 Community Pharmacy Operations

Study the types of community pharmacies, the roles of the pharmacist, pharmacy technician, and pharmacy clerk, the differences between retail and institutional practice settings, the types of automated dispensing systems used in community pharmacies today, and the differences between community and closed-door pharmacies

4.2 Interpreting and Processing Prescriptions

Outline the requirements that the pharmacy technician must follow when interpreting, typing, and filling a prescription, including the steps required for examination of an order for a controlled substance to confirm it’s legality

4.3 Third-Party Payments
Review several different types of health insurance plans, including private insurance plans, group insurance plans, and government-sponsored healthcare plans. Explore the impact of insurance in the pharmacy as it relates to billing for prescription medications.

4.4 Merchandise Handling and Inventory
Learn how to return drug products to the manufacturer in the case of a drug recall, how to handle expired drugs and nearly expired, and how to order and manage stocks of controlled substances. Then, apply these accepted procedures in inventory control of medications, equipment, and devices.

4.5 Hospital Pharmacy Practice
Examine institutional pharmacies, which in addition to hospitals, may also serve long-term care facilities, skilled nursing facilities, and hospice care facilities, including the role of the hospital pharmacist and the pharmacy technician with regards to medication reconciliation and pharmacy informatics.

Unit 5: Analyzing and Evaluating the Pharmacy Practice

5.1 Infection Control
Observe universal precautions that are critical in preventing the spread of transmissible diseases, recognize common pathogens encountered in the pharmacy, and investigate proper handwashing techniques and other procedure to avoid the spread of infectious diseases.

5.2 Extemporaneous Compounding
Investigate the preparation of admixtures and compounds to support patient care, study the requirements for protecting patients and healthcare workers from infection during this process, examine the techniques used in preparing non-sterile extemporaneous products and supplies, and break down of the procedures used in preparing sterile IV products.

5.3 Regulatory Law
Take an in-depth look into the actions and events that have led to the current state of the pharmacy profession, including the laws, professional organizations, and government agencies that regulate pharmacy practices and professional standards.

5.4 Employment Preparation
Look beyond your education and towards your career in the pharmaceutical industry. Identify different continuing education options as they apply to the pharmacy technician. Then, explore some of the resources you will need in your pursuit of employment.

5.5 Lab Simulation, Part 3
Use a custom pharmacy lab kit supplied by the school to perform everyday pharmacy technician tasks, including using a manual pill counter for oral medication. Adhere to proper lab techniques and safety procedures while using pharmacy equipment and tools. Create liquid concentrations and alligations. Perform compounding for creams, liquids, suspensions, emulsions, elixirs, and ointments using geometric dilution, and use standard packaging and labeling techniques for medication.

The ASHP and ACPE Board of Directors awards this

Certificate of Accreditation

for the

Pharmacy Technician Training Program

conducted at

Distance Education Co. / New York Institute of Career Development
New York, New York

This certificate is issued subject to the conditions set forth in the ASHP and ACPE Regulations on Accreditation of Pharmacy Technician Training Programs

Initial Accreditation Date:
November 7, 2018

Secretary, Board of Directors

Roster of Pharmacy Technician Training Programs
Status of Accreditation by ASHP / ACPE

ASHP #	Name	City	State	Programs	Status
VA-06	American National University	Salem	VA	Entry Level	**Accredited**
LA-07	Ayers Career College	Shreveport	LA	Entry Level	**Accredited**
LA-26	Baton Rouge Community College	Baton Rouge	LA	Entry Level	**Accredited**
LA-02	Bossier Parish Community College	Bossier City	LA	Entry Level & Advanced	**Accredited**
UT-09	Career Step	Lehi	UT	Entry Level	**Accredited**
LA-25	Central La. Technical Community College	Ferriday	LA	Advanced Only	**Accredited**
RI-01	CVS Caremark	Woonsocket	RI	Entry Level	**Accredited**
LA-04	Delgado Community College	New Orleans	LA	Entry Level & Advanced	**Accredited**
LA-23	Delta College	Covington	LA	Advanced Only	**Accredited**
LA-22	Fortis College	Baton Rouge	LA	Advanced Only	**Accredited**
TX-48	Health Mart Systems	Irving	TX	Entry Level	**Candidate**
LA-20	Healthcare Training Institute	Kenner	LA	Entry Level & Advanced	**Accredited**
LA-18	Infinity College	Lafayette	LA	Entry Level & Advanced	**Accredited**
TX-10	Lamar State College	Orange	TX	Entry Level & Advanced	**Accredited**
LA-03	Louisiana State University at Alexandria	Alexandria	LA	Entry Level	**Accredited**
MI-11	MedCerts	Livonia	MI	Entry Level	**Accredited**
TX-33	Medical Education & Training Campus (US Army)	San Antonio	TX	Entry Level & Advanced	**Accredited**
LA-24	Medical Training College	Baton Rouge	LA	Entry Level	**Accredited**
LA-08	Northshore Technical Community College	Bogalusa	LA	Entry Level & Advanced	**Accredited**
AZ-11	Penn Foster College	Scottsdale	AZ	Entry Level	**Accredited**
LA-10	Remington College at Lafayette	Lafayette	LA	Entry Level & Advanced	**Accredited**
LA-09	Remington College at Shreveport	Shreveport	LA	Entry Level & Advanced	**Accredited**
PA-06	Rite Aid Pharmacies	Camp Hill	PA	Entry Level	**Accredited**
CA-54	Therapeutic Research Center	Stockton	CA	Entry Level & Advanced	**Accredited**
LA-14	Unitech Training Academy at Alexandria	Alexandria	LA	Entry Level	**Accredited**
LA-27	Unitech Training Academy at Baton Rouge	Baton Rouge	LA	Entry Level	**Accredited**
LA-15	Unitech Training Academy at Houma	Houma	LA	Entry Level	**Accredited**
LA-17	Unitech Training Academy at Lafayette	Lafayette	LA	Entry Level	**Accredited**
LA-13	Unitech Training Academy at Lake Charles	Lake Charles	LA	Entry Level	**Accredited**
LA-12	Unitech Training Academy at Metairie	Metairie	LA	Entry Level	**Accredited**
LA-16	Unitech Training Academy at West Monroe	West Monroe	LA	Entry Level	**Accredited**
IL-05	Walgreen Co.	Deerfield	IL	Entry Level	**Accredited**
AR-04	WalMart Stores	Bentonville	AR	Entry Level	**Accredited**

Current as of 05-01-2020

PROPOSED CONTRACTS / AGREEMENTS

Fiscal Year 2020-2021

Contractor	Service	2016/2017 Terms	2017/2018 Terms	2018/2019	2019/2020	2020/2021	Changes to prior FY	Contract Received
Celia Cangelosi	Legal	$225/hr maximum $80,000	$225/hr maximum $100,000	$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 $50,000	$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	$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	$90/hr - prepare bank reconciliations, journal entries, financial statements	No	
		$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	$170/hr - review bank reconciliations, adjusting journal entries, and financial statements	No	
		$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	$210/hr - oversight and final approval of accounting work	No	
		$40/hr - travel to annual meeting	$50/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 $30,000	maximum $30,000	maximum $30,000	maximum $32,000	Yes	
Appriss (05/18/15 - present) (07/01/10 - 02/28/14: HID) (03/01/14 - 05/17/15: Optimum)	PMP (Rx Hosting)	$74,900	$73,700	Must be re-bid	$189,900 maximum $215,000	$154,512 (PMP Services) $12,898.63 (RxCheck) 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) maximum $50,000	$2,500/mo (July -June) maximum $50,000	No	
MicroPact (CAVU/Iron Data)	Database	$63,600 (plus additional for software upgrade)	$66,600 (plus additional for software upgrade)	$69,600 (plus additional for software upgrade)	$72,000	$72,000	No	

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

RESOLUTION

The following Motion and Resolution was offered by Mr. Marty McKay who moved for its adoption, and seconded by Ms. Jacqueline Hall at the May 27, 2020 meeting of the Louisiana Board of Pharmacy (the "Board"):

WHEREAS, the Board has one attorney on staff and he supervises the Board's compliance officers' investigations, and further, the Board desires to avoid any appearance of impropriety that might arise should that attorney also attempt to serve as the Board's prosecutor, and further, there is a need for an attorney experienced in administrative law to provide prosecutorial services during its administrative hearings, and further, to provide additional representation when the Board's decisions are appealed to the judiciary, and further, to provide legal representation to the Board and its staff when sued in their official capacities in a court of law; and

WHEREAS, the Board has worked with **Celia R. Cangelosi** in the same capacity for over twenty years, providing the experience as prosecuting attorney, with additional experience in representing the Board's interests in the 19th Judicial District Court, the First Circuit Court of Appeals; and the Louisiana Supreme Court; and

WHEREAS, the Board's proposed contract with **Celia R. Cangelosi** specifies an hourly rate of two hundred twenty five dollars ($225) per hour of service, and further, provides for reimbursement of certain expenses when submitted in compliance with the Division of Administration's regulations governing such, and further, provides the total compensation, including all fees and reimbursements, shall not exceed one hundred thousand dollars ($100,000) for Fiscal Year 2020-2021; and

WHEREAS, there is no authority for payment of a contingency fee; and

WHEREAS, this resolution shall take effect on July 1, 2020.

THEREFORE BE IT RESOLVED that the Louisiana Board of Pharmacy, pursuant to La. R.S. 42:262, does hereby retain and employ **Celia R. Cangelosi** as special counsel; and

BE IT FURTHER RESOLVED, that this Resolution and proposed contract described herein be submitted to the Attorney General for the State of Louisiana for approval.

The resolution having been submitted to a vote, the vote thereon was as follows:

YEAS:	16	
NAYS:	0	
NOT VOTING:	1	(Carl Aron, Chair)

Whereupon the Resolution was declared adopted by the Louisiana Board of Pharmacy on the 27th day of May 2020.

I, Carl W. Aron, President of the Louisiana Board of Pharmacy, hereby certify the above and foregoing to be a true and exact copy of a resolution adopted by the Board at its meeting held May 27, 2020, at which a quorum was present, and the same has not been revoked, rescinded or altered in any manner, and is in full force and effect.

Witness my hand this 27th day of May 2020.

_____
Carl W. Aron

DRAFT

Louisiana Board of Pharmacy

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

RESOLUTION

The following Motion and Resolution was offered by Mr. Marty McKay who moved for its adoption, and seconded by Ms. Jacqueline Hall at the May 27, 2020 meeting of the Louisiana Board of Pharmacy (the "Board"):

WHEREAS, the Board has one attorney on staff and he supervises the Board's compliance officers' investigations, and further, the Board desires to avoid any appearance of impropriety that might arise should that attorney also attempt to serve as an advisor to the Board's Hearing Officer, and further, there is a need for an attorney experienced in administrative law to provide advisory services to the Board's Hearing Officer during its administrative hearings, or to serve as the Hearing Officer; and further, to provide legal representation to the Board and its staff when sued in their official capacities in a court of law, as well as other professional legal services as may be requested by the Board from time to time; and

WHEREAS, the Board has worked with **Shows, Cali & Walsh, LLP** in the same capacity for over ten years, where they have provided advisory services to the Board's Hearing Officer as well as serving as the Hearing Officer from time to time; and further, represented the Board and its staff during a suit against the Board in 2013; and

WHEREAS, the Board's proposed contract with **Shows, Cali & Walsh, LLP** specifies an hourly rate of two hundred twenty-five ($225) per hour of service, and further, provides for reimbursement of certain expenses when submitted in compliance with the Division of Administration's regulations governing such, and further, provides the total compensation, including all fees and reimbursements, shall not exceed fifty thousand dollars ($50,000) for Fiscal Year 2020-2021; and

WHEREAS, there is no authority for payment of a contingency fee; and

WHEREAS, this resolution shall take effect on July 1, 2020.

THEREFORE BE IT RESOLVED that the Louisiana Board of Pharmacy, pursuant to La. R.S. 42:262, does hereby retain and employ **Shows, Cali & Walsh, LLP** as special counsel; and

BE IT FURTHER RESOLVED, that this Resolution and proposed contract described herein be submitted to the Attorney General for the State of Louisiana for approval.

The resolution having been submitted to a vote, the vote thereon was as follows:

YEAS: 16
NAYS: 0
NOT VOTING: 1 (Carl Aron, Chair)

Whereupon the Resolution was declared adopted by the Louisiana Board of Pharmacy on the 27th day of May 2020.

I, Carl W. Aron, President of the Louisiana Board of Pharmacy, hereby certify the above and foregoing to be a true and exact copy of a resolution adopted by the Board at its meeting held May 27, 2020, at which a quorum was present, and the same has not been revoked, rescinded or altered in any manner, and is in full force and effect.

Witness my hand this 27th day of May 2020.

_____
Carl W. Aron

DRAFT

April 3, 2020

Malcolm J. Broussard
Louisiana Board of Pharmacy
3388 Brentwood Drive
Baton Rouge, LA 70809-1700
VIA EMAIL: mbroussard@pharmacy.la.gov

Re: Renewal of Cooperative Endeavor Agreement

Dear Mr. Broussard,

The University of Louisiana at Monroe would like to renew the above referenced contract for Pharmaceutical Cost Transparency Database Services for an additional twelve (12) month period of July 1, 2020, through June 30, 2021.

Please signify your acceptance by checking below as appropriate, signing, and returning it to our office by June 15, 2020. You can return it via email to cockerham@ulm.edu, or via fax to 318.342.3171.

Sincerely,

Dr. Alberto Ruiz
Vice President of Academic Affairs

☐ Yes, I hereby offer to extend the contract referenced above.

☐ No, I hereby reject the opportunity to extend the contract referenced above

Signature: _____ Title: _____ Date: _____

University of Louisiana Monroe
College of Pharmacy

Louisiana Board of Pharmacy Drug Cost Database

Exhibit A

Proforma

Products/Services		FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	FY2022-23
One Time Costs						
SQL SVR STD CORE x 4		$6,399.98				
Labor: Auto Upload, Admin Interface, Mfg Interface, Prescriber Interface		$15,000.00				
Labor: Installation of AWS		$1,000.00				
Yearly Costs						
Monthly AWS Hosting Fee @ $150/mo		$1,800.00	$1,800.00	$1,800.00	$1,800.00	$1,800.00
Labor: Managed Services @$250/mo		$3,000.00	$3,000.00	$3,000.00	$3,000.00	$3,000.00
Antivirus: $100/yr every 3 years		$100.00	$100.00	$100.00	$100.00	$100.00
Taxes		$670.00	$75.00	$75.00	$75.00	$75.00
ULM Admin						
Personnel ULM (assumed 200 hours/year)		$15,000.00	$15,000.00	$15,000.00	$15,000.00	$15,000.00
Personnel benefits	40%	$6,000.00	$6,000.00	$6,000.00	$6,000.00	$6,000.00
Administration Fee ULM (20%)		$8,594.00	$3,995.00	$3,995.00	$3,995.00	$3,995.00
Indirects						
41%		$23,601.23	$12,287.70	$12,287.70	$12,287.70	$12,287.70
Total Yearly Expenses		$81,165.21	$42,257.70	$42,257.70	$42,257.70	$42,257.70

NABPF
National Association of Boards of Pharmacy Foundation
www.nabp.pharmacy
1600 Feehanville Drive
Mount Prospect, IL 60056
T) 847/391-4406
F) 847/375-1114

State Board Newsletter Program Letter of Agreement

This Letter of Agreement is entered into between the National Association of Boards of Pharmacy Foundation® ("NABPF®") and the Louisiana Board of Pharmacy ("Board") and sets forth the terms and conditions for the Board's participation in the NABPF State Board Newsletter Program.

The Parties agree to the following terms and conditions:

1. Board requests that NABPF produce a newsletter on its behalf, in electronic format through the NABPF State Board Newsletter program.

2. Board agrees to provide NABPF with the content, articles and text ("Copy") for its State Board Newsletter ("Newsletter") In the event that Board provides NABPF with licensure disciplinary information for publication in the Newsletter such as licensure revocation, suspension, or probation actions, Board agrees to provide NABPF with any licensure restoration or licensure reinstatement information that corresponds to the previously revoked, suspended, or probationary licenses.

3. Board agrees that during the term of this Agreement, it will submit Copy to NABPF on or before the fifth of the month prior to the issue month for each Newsletter.

4. NABPF produces the Newsletter to include national news and information that NABPF deems relevant for the Newsletter.

5. NABPF agrees to format and proofread the Copy and place the Newsletter on the website, *www.nabp.pharmacy*. The Parties agree that NABPF staff will correct "typos" it discovers, such as misspellings or grammatical errors, but will not make substantive edits to the Copy without the prior authorization of the Board.

6. For Newsletter distribution purposes, as applicable, Board agrees to provide NABPF with the current list of recipients' e-mail addresses, if applicable, in a form to be agreed to by the Parties but not less than 30 days prior to the issue month for **each** Newsletter. If such a list is not timely provided, NABPF will use the most recently submitted list of e-mail addresses. The parties agree that recipient contact information may be used for professional and public health purposes including, but not limited to, pharmacy practice surveys and disaster/emergency call lists.

7. NABPF, in its sole discretion, determines the national news and formatting for the Newsletter and reserves the right to exclude Copy that NABPF deems unsuitable for the Newsletter.

8. NABPF prepared a reference guide for the Board that projects the costs to prepare the Newsletter as of July 1, 2020. Such costs are estimations of what NABPF incurs to prepare the Newsletter through June 2021; however, NABPF will invoice the Board for NABPF's actual costs. This reference guide, entitled "State Board Newsletter Estimated Expenses" is attached to and incorporated herein as "Expense Sheet." On an annual basis, NABPF will send the Board a new Expense Sheet, which projects the costs to prepare the Newsletter for the next 12-month period (July 1st through June 30th).

9. The Board acknowledges that NABPF uses good faith efforts to limit the amount and frequency of any Newsletter cost increases to those that are reasonably necessary to provide the services described in the Agreement.; In the interest of informing the Board regarding possible Newsletter preparation fee increases for the remainder of the term of this Agreement, NABPF estimates that the Expense Sheet costs will not be increased more than an average of 5% annually over the term of the Agreement. Upon publication of each Newsletter, NABPF will prepare an invoice for the actual costs to produce the Newsletter and send it to the Board. Board agrees to pay NABPF for its participation in the State Board of Pharmacy Newsletter Program within thirty (30) days of receipt of such invoice. If the Board does not timely pay all charges, NABPF will cancel further production of the Newsletter.

10. Board represents and warrants that the Copy it provides to NABPF for inclusion in the Newsletter will be accurate, true, and original, will not violate any copyright or other right of any person or entity (including, but not limited, to rights of privacy or publicity), and will not libel or otherwise portray in a false light any person or entity.

11. Board agrees to read and adhere to the concepts, principles, and stipulations contained in the State Newsletter Program Editorial and Production Guidelines sheet, which is attached to and incorporated herein as "Guidelines." NABPF will publish the Newsletter online in a downloadable file that includes a masthead featuring the NABPF seal, the state or jurisdictional seal, the name of the board of pharmacy, and address of the board office.

12. Board requests that the following official title of the agency to be used on the standardized masthead: Louisiana Board of Pharmacy.

13. Board agrees to provide NABPF with a 300dpi, 3x3 inch electronic image of the State (or jurisdictional) seal in JPG, TIFF, or EPS format, if it has not already been provided to NABPF for use on the Newsletter masthead.

14. To the greatest extent possible under applicable law, Board shall indemnify NABPF and its agents, director, and employees against any loss, expense, or damage, including reasonable attorney's fees, occasioned by any claim, demand, suit, or recovery arising from the breach of any of the foregoing representations and warranties or from any claim of infringement of

copyright or proprietary right or from any claim of libel, false light, or invasion of privacy based upon anything contained in Copy that Board provides to NABPF for inclusion in the Newsletter; provided, however, that the Board shall not be liable for any content or text written by the NABPF. In no event shall NABPF be responsible for or liable to the Board or any third party for Copy that Board provides to NABPF.

15. Notwithstanding anything here and before to the contrary, either Party may cancel the Agreement upon sixty (60) days prior written notice to the other Party.

16. The Parties agree that the term of this Agreement begins on July 1, 2020 and terminates on July 1, 2021.

17. This Agreement may not be amended or revised unless agreed to in writing by the Parties.

The undersigned warrant that they are authorized representatives of their respective organizations and that they are authorized to enter into this Agreement and by signing below hereby bind their respective organizations to its terms and conditions.

NATIONAL ASSOCIATION OF BOARDS OF PHARMACY	Louisiana Board of Pharmacy
By: _____	By: _____
Carmen A. Catizone, Executive Director	Printed name/title
Date: _____	Date: _____

STATE BOARD NEWSLETTER ESTIMATED EXPENSES
July 2020-June 2021

Louisiana E-Newsletter – Four Issues Per Year
Total Quantity Printed: N/A
Quantity Sent Bulk Mail: N/A

PRODUCTION AND POSTING
Costs are estimated for a four-page *Newsletter*. Information about costs for *Newsletters* with additional pages can be obtained by contacting the NABP Communications department.

ACTIVITY	COST PER ISSUE	COST PER YEAR (4 ISSUES)
Layout/Typesetting ($80)	$80	$320
Web Hosting Fees ($75)	$75	$300
TOTAL	**$155**	**$620**

EMAILING/LIST MAINTENANCE
Email sent to subscribers each time *Newsletter* is posted. Board can request email contact list at any time.

ACTIVITY	COST PER ISSUE	COST PER YEAR (4 ISSUES)
List Maintenance	$0	$0
Email Alert	$0	$0
TOTAL	**$0**	**$0**

TOTAL FOR PRODUCTION, POSTING, AND EMAILING
Total charges will vary based on the number of pages posted.

COST PER ISSUE	COST PER YEAR (4 ISSUES)
$155	**$620**

BOARD OF PHARMACY TO FURNISH:

- Typed copy for *Newsletter* (sent via email)
- Reproduction of state seal for masthead
- Official title for *Newsletter* masthead
- List of emails (optional)

NABP FOUNDATION TO FURNISH:

- Guidelines for *Newsletter* publication
- Editorial assistance
- Typesetting and layout
- Production supervision
- Email list management (optional)
- Email alert (optional)

Louisiana Board of Pharmacy

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

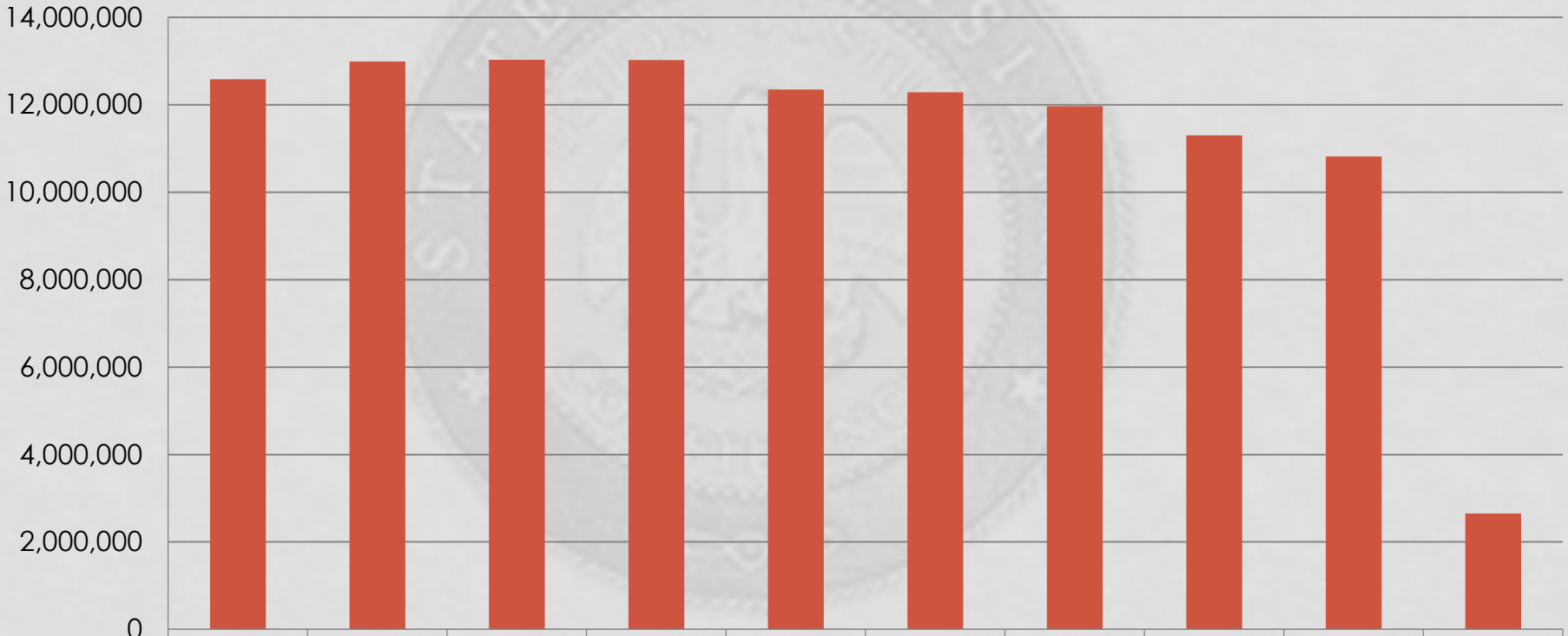
Report of Assistant Executive Director

PRESCRIPTION MONITORING PROGRAM (PMP)

BOARD MEETING – MAY 2020

NUMBER OF ELIGIBLE PRESCRIPTION TRANSACTIONS REPORTED TO THE PMP

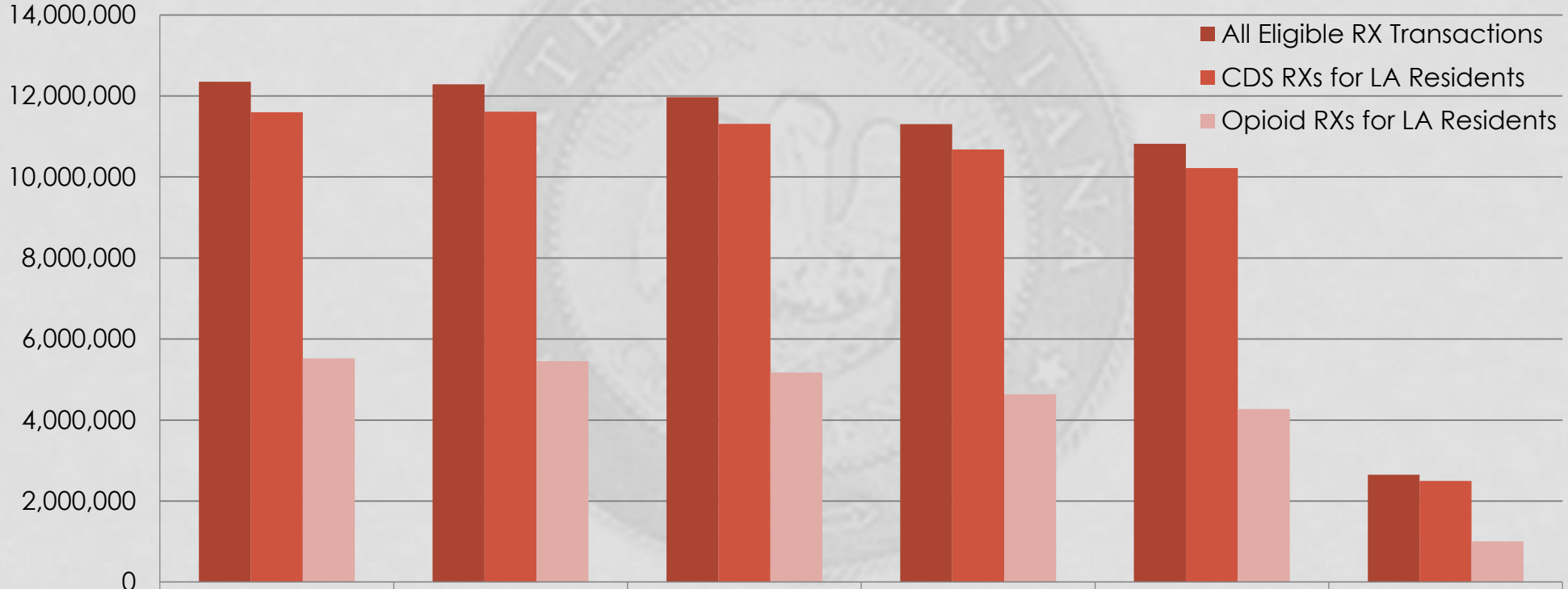
Total Reported: 142,299,137
(01/01/2008 through 03/31/2020)



	2,011	2,012	2,013	2,014	2,015	2,016	2,017	2,018	2,019	2,020
RXs	12,584,423	12,989,950	13,032,083	13,020,364	12,350,904	12,289,457	11,967,339	11,303,599	10,821,224	2,650,419

PMP Reporting Comparisons

(*ending 03/31/2020)

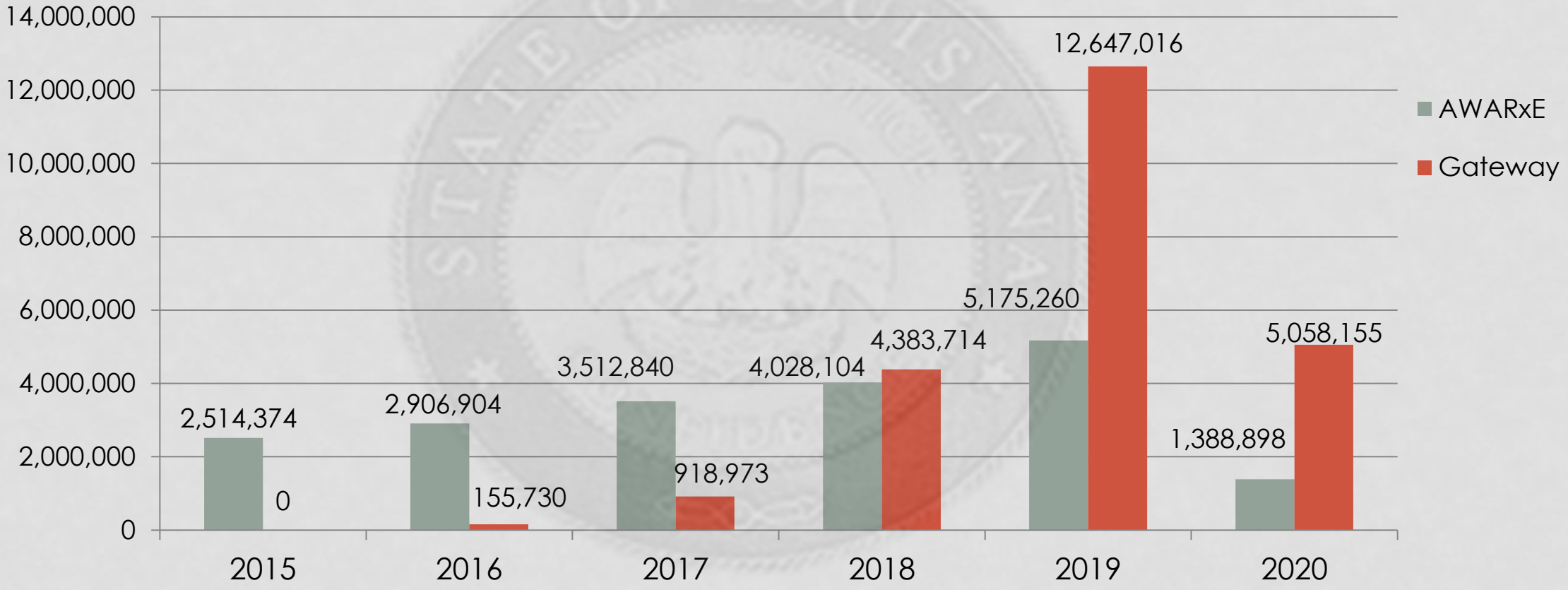


	2015	2016	2017	2018	2019	2020*
All Eligible RX Transactions	12,350,904	12,289,457	11,967,339	11,303,599	10,821,224	2,650,419
CDS RXs for LA Residents	11,595,884	11,611,045	11,308,677	10,679,449	10,218,398	2,495,843
Opioid RXs for LA Residents	5,519,935	5,450,972	5,171,221	4,636,369	4,274,221	1,006,555

PMP User Stats for 2020Q1 (Covid-19)				
PMP Healthcare Provider Role	Number of Providers Eligible for PMP Access (as of 04/30/2020)	Number of Providers with PMP Active Access Privileges (as of 04/30/2020)	Number of PMP Requests by Providers through **AWARxE®** During 2020Q1	Number of PMP Requests by Providers through **Gateway®** During 2020Q1
Physician (MD, DO)	13,256	8,787	432,010	2,909,780
Nurse Practitioner (APRN)	3,816	2,962	125,520	411,263
Dentist (DDS)	2,272	1,552	5,694	634
Physician Assistant (PA)	1,014	765	22,884	50,595
Optometrist (OD)	359	154	10	0
Podiatrist (DPM)	164	110	481	0
Medical Psychologist (MP)	93	86	6,613	0
Medical Intern/Resident	1,206	1,128	6,122	0
Prescriber's Delegate	NA	2,790	207,340	0
Pharmacist (PST)	9,098	4,411	529,249	1,685,883
Pharmacist's Delegate	NA	1,116	52,975	0
Totals	**31,278**	**23,861**	**1,388,898**	**5,058,155**

Louisiana Prescriber & Pharmacist Searches through AWARxE and Gateway

(Ending 03/31/2020)



NABP PMP InterConnect®

PMP Interstate Data Sharing

As of April 28, 2020, the Louisiana PMP is sharing with 31 states and the U.S. Military Health System (MHS) – Department of Defense (DOD)

Alabama	Kansas	North Dakota
Alaska	Maine	Oklahoma
Arizona	Massachusetts	Pennsylvania
Arkansas	Michigan	Puerto Rico
Connecticut	Minnesota	South Carolina
Delaware	Mississippi	South Dakota
D.C.	Montana	Tennessee
Florida	Nevada	Texas
Georgia	New Mexico	Virginia
Idaho	North Carolina	West Virginia
Iowa		

LAW ENFORCEMENT REQUESTS

Total Number of Law Enforcement Requests Processed: 11,355
01/01/2009 through 03/31/2020

Requests for Full Exemption from PMP Reporting
May 27, 2020

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
8054	NR	AptivaRx	Part B mail order pharmacy	Yes	Fort Lauderdale	FL
8043	NR	Beauty Empower Rx LLC	Closed door, mail order pharmacy	No	Fairfax	VA
8051	SAT	Byrd Regional Hospital Deer Creek Outpatient Surgery & Imaging Center	Outpatient surgery and imaging only	Yes	Leesville	LA
7510	NR	CareZone Pharmacy, LLC	Full-service pharmacy specializing in compliance packaging and adherence	Yes	Nashville	TN
8005	NR	Grand Rx	Community, retail, non-resident pharmacy.	Yes	Richmond	TX
8033	NR	HHI Infusion Services	Home infusion pharmacy for IV antibiotics & biologic specialty drugs	Yes	Burr Ridge	IL
8069	NR	Hill Derm Pharmacy	Ships only topical prescriptions to Louisiana patients	Yes	Sanford	FL
8083	NR	Humana Pharmacy, Inc.	Mail-order	No	Irving	TX
7407	NR	Incline Health	Retail pharmacy - Mail order	Yes	Oceanport	NJ
7919	NR	IngenioRx Specialty or CVS Specialty	Non-dispensing pharmacy providing specialty mail-order, front-end services	No	Las Vegas	NV
8014	IR	MD Clinics	Retail pharmacy	Yes	Minden	LA
7974	SAT	Ochsner Hospital for Orthopedics and Sports Medicine	Hospital pharmacy serving surgery patients	Yes	Jefferson	LA

8060	HOS	PAM Specialty Hospital of Shreveport North	Long term, acute care hospital	Yes	Shreveport	LA
8064	HOS	PAM Specialty Hospital of Shreveport South	Long term, acute care hospital	Yes	Shreveport	LA
8050	HOS	PharmaCare Services at Tri-Parish Rehabilitation Hospital	Hospital inpatient pharmacy	Yes	Leesville	LA
8061	HOS	Physician's Medical Center Pharmacy	Hospital inpatient pharmacy	Yes	Houma	LA
8009	HOS	Prairieville Family General Hospital	Inpatient hospital pharmacy	Yes	Prairieville	LA
7043	NR	Premier Pharmacy	Retail/Compounding pharmacy	Yes	Kingsport	TN
1138	HOS	Reeves Memorial Medical Center Pharmacy	Critical access hospital	Yes	Bernice	LA
8080	NR	Script2U LLC	Dispenses prescription drugs and devices	No	Memphis	TN
8036	NR	SinfoniaRx, Inc	Medication Therapy Management consultation services only. No dispensing.	No	Gainesville	FL
8037	NR	SinfoniaRx, Inc.	Medication Therapy Management consultation services via telehealth.	No	Austin	TX
8053	NR	Skin Specialty Solutions, Inc.	Dermatological mail order pharmacy	No	Fenton	MO
6356	HOS	Slidell Memorial Hosp Regional Cancer Ctr Pharmacy	Oncology/Hematology outpatient infusion center	Yes	Slidell	LA
3202	CH	St. Vincent dePaul Community Pharmacy	Charity pharmacy	No	Baton Rouge	LA
4211	CH	St. Vincent dePaul Community Pharmacy	Ambulatory community pharmacy ("charitable")	No	Monroe	LA
4673	CH	St. Vincent dePaul Triparish Community Pharmacy	Charitable pharmacy	No	Houma	LA
8042	HOS	Thibodaux Regional Health System, Inc.	Inpatient hospital pharmacy	Yes	Thibodaux	LA

5041	NR	US Bioservices	Specialty pharmacy	Yes	Lenexa	KS
6755	NR	US Bioservices	Mail order pharmacy	Yes	Denver	CO
7440	NR	US Specialty Care	Mail order pharmacy - Specialty medications	Yes	Englewood	CO
7438	NR	US Specialty Care	Mail order pharmacy - Specialty medications	Yes	Lakeland	FL

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

Louisiana Board of Pharmacy

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

Report of Executive Director

Louisiana Board of Pharmacy

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

May 27, 2020

Agenda Item 9-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.

Mar. 2	La. Hospital Association – Medical Marijuana Policy Workgroup
Mar. 3	Governor's Office – Drug Policy Board
May 14	NABP Annual Meeting *(videoconference)*

2. Reports

A. Internal Reports (posted in the Library)
   1. Credentials Division
      a. Census Report
      b. Licensure Activity Report
      c. Pending Applications Report
      d. Exceptions Report
   2. Compliance Division
      a. Census Report – Practitioner Recovery Program & Disciplinary Status
      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. Quarterly Report of Legal Judgments [Act 2018-627]
      b. 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]

(cont.)

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. Quarterly Report of Legal Judgments [Act 2018-627]
    c. 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 – ULM College of Pharmacy
    a. Annual Report of Pharmacy Education Support Fees Collected
24. La. State Employees Retirement System
    a. Monthly Report of Employer & Employee Contributions
25. La. Workforce Commission
    a. Quarterly Report of Employer's Unemployment Tax

26. La. House of Representatives – Office of the Speaker
    a. Annual Report of Rulemaking Activity
    b. Ad hoc notices for rulemaking projects
27. La. House of Representatives – Poynter Legislative Research Library
    a. Annual Filing of Legislative Reports
28. La. House of Representatives – Committee on Appropriations
    a. Quarterly Report of Legal Judgments [Act 2018-627]
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. 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 Finance
    a. Quarterly Report on Legal Judgments [Act 2018-627]
34. 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. Ad hoc notices for rulemaking projects
35. La. Senate – Committee on Senate & Governmental Affairs
    a. Annual Report on Boards & Commissions
    b. Quarterly Report of Board Complaints [Act 2018-655]
36. 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
37. La. Legislature – Legislative Fiscal Office
    a. Annual Notice of Budget Adoption
    b. Annual LaTrac Report of Board Activity [Act 2009-12]
    c. Ad hoc impact statements for rulemaking projects
38. La. Legislature – Joint Legislative Committee on the Budget
    a. Annual Notice of Budget Adoption
    b. Annual LaTrac Report of Board Activity [Act 2009-12]
39. U.S. Dept. of Commerce – Census Bureau
    a. Annual Survey of Public Employment & Payroll
40. U.S. Dept. of Health & Human Services – Office of Public Health
    a. Quarterly Report to ESAR-VHP
41. U.S. Dept. of Labor – Bureau of Labor Statistics
    a. Monthly Survey of Current Employment Statistics
42. 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 2019 are presented in this report; the results for the first trimester of 2020 not yet available.

With the recent rule changes, we asked staff to review our law test questions to see if any of those items were impacted. As a result of the review, we removed 33 questions from the active item pool. Since some of those topics are still necessary for the test, we re-wrote 22 of them and will insert those items back into the pool of test questions.

2. NAPLEX – the results for the third trimester of 2019 are presented in this report; the results for the first trimester of 2020 not yet available.

B. Technicians

1. NHA – the results for the first quarter of 2020 are available.

2. PTCB – the results for the second half of 2019 were presented at the last meeting; the results for the first half of 2020 are not yet available.

4. Operations

A. Credentials Division

As of May 21, 2020, we had 73,267 active credentials under management by the Board. That number reflects a 4.8% increase from the beginning of this fiscal year on July 1, 2019. About 65% of the credentials (47,624) reside in the Pharmacy Program with the balance in the CDS Program.

We opened the renewal cycle for pharmacy technicians, EDK permits, and AMS registrations on May 1; the renewal cycle will close on June 30. We sent renewal reminder notices on April 30.

- CPT: We placed 7,195 certificates into renewal. Of that number, 1,924 (27%) had renewed by May 22. Of that number renewing, 97% did so online.
- EDK: We placed 424 permits into renewal. Of that number, 75 (18%) had renewed by May 22.
- AMS: We placed 373 registrations into renewal. Of that number, 150 (29%) had renewed by May 22.

As directed by the Board, we have adjusted the expiration dates of several categories of credentials scheduled to expire since March. To date, we have extended expiration dates for 1,512 credentials, including MA registrations, PTC registrations, PNT registrations, and several categories of CDS licenses.

We are planning to expand the use of virtual credentials. These credentials are identified by the (V) appearing at the end of the credential title. No paper forms for these credentials are created or retained. Beginning January 1, 2021, we plan to issue the PTC and PNT registrations, as well as some (but not all) categories of CDS licenses in virtual format.

B. Compliance Division

Our 7 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 1,437 pharmacies within the state, as well as 337 DME permits, and an additional 510 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 179 cases pending from the prior fiscal year. We have opened 361 new cases and closed 355, leaving 185 cases still open for this fiscal year. Of the 355 cases closed, 70% were disposed of through staff activities and the balance through committee and Board action.

You may recall one of the recommendations from the Legislative Auditor in their audit of the prescription monitoring program was for more audits of pharmacies. The PMP office staff routinely audits pharmacies to ensure they are reporting every day they are open. The compliance officers will now include PMP audits during their inspections to ensure pharmacies are reporting all of their eligible transactions.

C. Administrative Division

When the Governor declared the COVID-19 public health emergency on March 11, we worked with the Board President to begin issuing a series of guidance documents beginning March 13. We reminded our licensees of the provisions of Rule 519 and then addresses a number of requests for guidance on different topics. When the Governor issued the Stay-at-Home order on March 23, we closed the Board office to visitors and sent most of the office staff home. However, the supervisors and administrative officers remained on duty in the office; in addition, the compliance officers remained on duty but suspended their inspections to only those most critical (new permits). Since pharmacies have been deemed essential businesses and the Board supports those businesses with regulatory services, we have remained open for business. By the end of the first week of the stay-at-home order, it became clear we needed all available staff in the office. Our floor plan facilitates physical distancing among the staff. We returned the office staff on March 30; we still have two particularly vulnerable staff members working from home. With the lifting of the stay-at-home order and some minor work in the lobby, we re-opened the office to visitors on May 26.

The administrative team continues our work on three major projects – developing a revision of the record retention policy for ultimate approval by the state archives which will include provisions for disposing of scanned documents and other aspects of electronic document management (which will then allow for the imaging of existing records), researching the integration of electronic documents with our licensure information system, and transitioning more credentials to both online renewal and online original applications.

D. Marijuana Pharmacies

As you may recall, the enabling legislation adopted in 2015 limits the number of marijuana pharmacy permits in the state to a maximum of ten active permits. The Board's rules for marijuana pharmacies adopted in August 2017 identified the nine regions of the state used by the state health department, allocated one marijuana pharmacy permit to each of those nine regions, and included a provision that the 10th permit may be awarded by the Board when it is convinced of the need for it. Following the conclusion of the competitive application process identified in its rules, the Board awarded the first nine marijuana pharmacy permits in April 2018.

To facilitate the Board's determination of need for a 10th permit, we have initiated a data collection process to document patient need as indicated by the ZIP code of the patients with medical cannabis transactions reported by the marijuana pharmacies to the PMP database. A copy of the graphical report including transactions from August 6, 2019 through May 1, 2020 has been posted in the Boardroom Library.

5. State Activities

A. La. Dept. of Agriculture & Forestry – Agricultural Chemistry & Seed Commission

The agency published a *Rule* on February 20 for the regulation, licensure, and enforcement of the cultivation, processing, and transportation of industrial hemp, to implement the provisions of Act 164 of the 2019 Legislature.

B. Regular Session of the 2020 Legislature

The session is scheduled to adjourn no later than 6:00 pm on Monday, June 1, 2020. A copy of the interim report has been posted in the Boardroom Library.

C. First Extraordinary Session of the 2020 Legislature

The special session is scheduled to convene at 6:01 pm on Monday, June1 and is scheduled to adjourn no later than 6:00 pm on Tuesday, June 30. The call issued by the House Speaker and Senate President contains 41 topics which may be legislated. Item 24 relates to the licensure of medical professionals during a gubernatorially declared public health emergency. Item 33 relates to the creation of a Streamlining Government Commission and its authority, powers, and duties. Item 34 relates to the suspension of licensing requirements and fees imposed on certain businesses during a gubernatorially

declared public health emergency.

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.

Due to the COVID-19 pandemic, the association changed the format of its 20200 annual meeting – from an in-person conference in Baltimore, MD to a videoconference, with both business sessions held on May 14. We placed copies of the five resolutions adopted during that meeting in the Boardroom Library.

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 are scheduled to meet together on October 11-13, 2020 at the Civana Spa, Resort & Sanctuary in Carefree, AZ. Registration details will be provided when they are available. We have heard from the meeting organizers they are considering a conversion of the meeting to a virtual format.

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 Alabama Board of Pharmacy is scheduled to host this year's conference The Lodge Hotel in Gulf Shores, AL on Oct. 4-6, 2020. Registration details will be provided when they are available.

As a gentle reminder, the Louisiana Board is scheduled to host the conference in 2021. We should be prepared to provide the date and venue for that meeting during the 2020 conference.

7. International Activities

A. International Pharmaceutical Federation (FIP)

FIP has announced that future congresses will be held Sep. 13-17, 2020 in Seville, Spain; Aug. 29 – Sep. 2, 2021 in Brisbane, Australia; and Sep. 25-29, 2022 in Capetown, South Africa.

B. World Health Professions Alliance (WHPA)

WHPA held its biennial World Health Professions Regulation Conference on May 16 in Geneva, Switzerland. Presentations centered on two key topics: the value of strong regulatory bodies to deliver quality care, and the importance of continuing professional development (CPD).

C. 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 that are 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.

In December 2019, there were 580 registered domains 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, Scotland, South Africa, and Turkey. More information, including a list of registered domains, is available at www.safe.pharmacy.

NABP verification of websites through the dotPharmacy program enables pharmacy websites to comply with e-business requirements established by Google, Bing, Yahoo, Twitter, Snap, Visa, and MasterCard.

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

		6/30/2018	6/30/2019	1/23/2020	5/21/2020
PST.VI	LA	14	9	13	13
	NR	20	17	15	16
	Total	*34*	*26*	*28*	*29*
PST-GVI	LA	24	20	16	16
	NR	8	6	7	8
	Total	*32*	*26*	*23*	*24*
PST-M	LA	0	0	0	0
	NR	8	8	8	8
	Total	*8*	*8*	*8*	*8*
PST-MS	LA		3	5	5
	NR		2	5	5
	Total		*5*	*10*	*10*
PST-G	LA	194	186	180	185
	NR	27	31	30	30
	Total	*221*	*217*	*210*	*215*
PST	LA	5,690	5,795	5,640	5,657
	NR	3,090	3,230	3,119	3,214
	Total	*8,780*	*9,025*	*8,759*	*8,871*
Active PST		***9,009***	***9,255***	***9,038***	***9,157***
PNT	LA	910	892	903	973
	NR	158	200	228	247
	Total	*1,068*	*1,092*	*1,131*	*1,220*
PNT-FPG	Total	2	2	3	5
	PNT	***1,070***	***1,094***	***1,134***	***1,225***
CPT	LA	6,433	6,452	6,923	7,034
	NR	152	147	165	174
	Total	*6,585*	*6,599*	*7,088*	*7,208*
CPT-M	Total	1	1	2	2
CPT-MS	Total		1	3	3
Active CPT		***6,586***	***6,601***	***7,093***	***7,213***
PTC	LA	1,931	1,544	1,663	1,780
	NR	69	51	53	54
	PTC	***2,000***	***1,595***	***1,716***	***1,834***

Louisiana Board of Pharmacy
Pharmacy Program - Census Report

		6/30/2018	6/30/2019	1/23/2020	5/21/2020
PHY	CH	10	9	9	9
	HOS	163	161	163	165
	HOX	6	5	5	5
	IN	11	11	10	10
	INX	11	11	11	11
	IR	584	597	612	612
	IRX	6	8	9	9
	NR	534	561	561	585
	NRN	8	10	10	10
	NRP	2	1	1	1
	NU	13	13	12	12
	PE	0	0	0	0
	PEN	0	0	0	0
	PEX	3	4	4	12
	RC	630	596	572	573
	RPP	1	2	2	1
	SAT	6	6	7	9
	SPL	0	0	0	0
	TDS	0	0	0	0
	TM		8	9	9
	PHY	***1,988***	***2,003***	***1,997***	***2,033***
AMS	AMS	498	116	145	151
	AMS-X	372	345	368	313
	AMS	***870***	***461***	***513***	***464***
EDK	EDK	435	374	420	403
	EDK-X	11	6	8	8
	EDK	***446***	***380***	***428***	***411***
DME	LA	205	339	338	337
	NR	437	301	293	308
	DME	***642***	***640***	***631***	***645***
CDTM		69	78	79	77
MAR		3,073	3,161	3,270	3,302
PMP		15,835	19,686	21,205	21,066
SWP		45	41	50	71
TMD		71	127	147	131
TOTAL		***41,770***	***45,174***	***47,298***	***47,624***

Louisiana Board of Pharmacy
CDS Program - Census Report

	Classification	6/30/2018	6/30/2019	1/23/2020	5/21/2020
ACS	Animal Control Shelter	0	0	0	0
AMS	Automated Medication System	35	40	1	45
AMX	Automated Medication System - Exempt	2	2	1	2
APN	Advanced Practice Registered Nurse	2,975	3,434	3,830	3,830
ASC	Ambulatory Surgical Center	0	0	0	0
CRX	Correctional Center	0	0	0	0
DDS	Dentist	2,174	2,224	2,276	2,230
DET	Drug Detection Canine - Private Agency	0	6	7	7
DEX	Drug Detection Canine - Law Enforcement	8	0	0	0
DIS	Distributor	290	285	282	279
DPM	Podiatrist	158	163	164	164
DVM	Veterinarian	1,188	1,216	1,294	1,248
DYS	Dialysis Center	0	0	0	0
EMC	Emergency Center	0	0	0	0
EMS	Emergency Medical Service	0	0	0	0
ETC	Animal Euthanasia Tech - Cert	3	3	2	2
ETL	Animal Euthanasia Tech - Lead	26	25	26	26
HOS	Hospital	301	297	309	310
HOX	Hospital - Exempt	5	5	5	5
INT	Intern or Resident	318	1,047	1,201	1,201
LAB	Analytical Laboratory	8	8	8	8
LAX	Analytical Laboratory - Exempt	4	4	5	5
MD	Physician	12,824	13,138	13,291	13,295
MDT	Physician via Telemedicine	2	11	16	16
MED	Medical Clinic	0	0	0	0
MFR	Manufacturer	45	47	44	44
MP	Medical Psychologist	91	91	93	93
OD	Optometrist	349	360	360	360
PA	Physician's Assistant	783	928	1,023	1,023
PHX	Pharmacy - Exempt	22	24	25	25
PHY	Pharmacy	1,313	1,279	1,270	1,270
REP	Sales Representative	0	0	0	0
RES	Researcher	104	106	123	123
RHC	Rural Health Clinic	0	0	0	0
RNT	APRN via Telehealth	5	1	1	1
ROF	Registered Outsourcing Facility	19	19	16	16
SAC	Substance Abuse Clinic	6	6	6	6
SAX	Substance Abuse Clinic - Exempt	0	0	0	0
TPL	Third-Party Logistics Providers	0	0	6	9
MIS	Other	0	0	0	0
	TOTAL	*23,058*	*24,769*	*25,685*	*25,643*

Highlighted credentials subject to inspection

Total Credentials Under Board Management

Pharmacy Program	41,770	45,174	47,298	47,624
CDS Program	23,058	24,769	25,685	25,643
TOTAL	***64,828***	***69,943***	***72,983***	***73,267***

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

FY 19-20 ~ 3rd Quarter

January 1, 2020 - March 31, 2020

Prefix	Subcategory	CredentialType	Total
AMS		Automated Medication System	7
AMS	X	Automated Medication System - Exempt	8
		Prefix Totals	15
CDS	APN	CDS License - APRN	122
CDS	DDS	CDS License - Dentist	11
CDS	DET	CDS License - Drug Detection / Canine	1
CDS	DIS	CDS License - Distributor	9
CDS	DVM	CDS License - Veterinarian	9
CDS	HOS	CDS License - Hospital	12
CDS	INT	CDS License - Medical Intern or Resident	21
CDS	MD	CDS License - Physician	112
CDS	MDT	CDS License - Physician via Telemedicine	2
CDS	MFR	CDS License - Manufacturer	1
CDS	OD	CDS License - Optometrist	2
CDS	PA	CDS License - Physician Assistant	16
CDS	PHY	CDS License - Pharmacy	15
CDS	RES	CDS License - Researcher	12
CDS	ROF	CDS License - Registered Outsourcing Facility	1
		Prefix Totals	346
CPT		Certified Pharmacy Technician	138
DME		Durable Medical Equipment (DME) Provider	24
EDK		Emergency Drug Kit	10
MA		Medication Administration (V)	47
PHY	HOS	Pharmacy - Hospital Inpatient	5
PHY	IR	Pharmacy - Community ~ Independent	10
PHY	NR	Pharmacy - Nonresident	24
PHY	RC	Pharmacy - Community ~ Chain	1
PHY	SAT	Pharmacy - Hospital Off-Site Satellite	2
		Prefix Totals	42
PIC		Pharmacist-in-Charge (V)	103
PMP	CDS	PMP - CDS Credential (V)	107
PMP	PHY	PMP - PHY Dispenser Account (V)	22
PMP	PST	PMP - Pharmacist (V)	93
		Prefix Totals	222
PNT		Pharmacy Intern	111
PNT	FPG	Pharmacy Intern - Foreign Pharmacy Graduate	1
		Prefix Totals	112
PST		Pharmacist	86
PTC		Pharmacy Technician Candidate	263
SWP		Special Work Permit	15
TM	CPT	Therapeutic Marijuana Designation - CPT	1
TM	PST	Therapeutic Marijuana Designation - PST	3
		Prefix Totals	4
		Grand Totals	1427

Pending Applications

PHARMACY CREDENTIALS

Prefix	Subcat.	CredentialType	11/2/2018	2/6/2019	5/13/2019	8/1/2019	11/1/2019	1/23/2020	5/21/2020
AMS		Automated Medication System	5	8	9	7	7	6	1
CPT		Certified Pharmacy Technician	29	33	58	46	32	28	45
DME		Durable Medical Equipment	18	20	12	14	10	6	7
EDK		Emergency Drug Kit	5		7	2	2	3	3
PHY	CH	Pharmacy - Charitable	1	1					
PHY	HOS	Pharmacy - Hospital Inpatient	5	6	6	9	8	6	1
PHY	IN	Pharmacy - Institutional	1	1	1			3	3
PHY	IR	Pharmacy - Community ~ Independent	20	22	18	21	22	15	18
PHY	NR	Pharmacy - Nonresident	73	60	67	61	41	41	32
PHY	NRN	Pharmacy - Nonresident Nuclear							
PHY	NU	Pharmacy - Nuclear						1	
PHY	PEN	Pharmacy - Penal	1						
PHY	RC	Pharmacy - Community ~ Chain	4	3	2	1	1	2	
PHY	RPP	Pharmavy - Remote Processor	1						
PHY	SAT	Pharmacy - Hospital Off-Site Satellite	1	1	1	1	2	3	2
PHY	SPL	Pharmacy - Special Event			1	1	1		
PHY	TM	Pharmacy - Therapeutic Marijuana	8	6	2	1			
PIC		Pharmacist-in-Charge				1	0	1	1
PNT	FPG	Pharmacy Intern - Foreign Graduate	1	1				1	
PNT		Pharmacy Intern	173	74	35	57	139	86	16
PST		Pharmacist	278	272	348	305	234	203	379
PTC		Pharmacy Technician Candidate	289	223	235	245	232	213	198
		Subtotal	**913**	**731**	**802**	**772**	**731**	**618**	**706**

CDS CREDENTIALS

Prefix	Subcat.	CredentialType	11/2/2018	2/6/2019	5/13/2019	8/1/2019	11/1/2019	1/23/2020	5/21/2020
CDS	AMS	CDS - Automated Medication System	1	1	1				
CDS	APN	CDS - APRN	14	14	11	10	9	11	11
CDS	DDS	CDS - Dentist	3	2	1			3	
CDS	DET	CDS - Drug Detection / Canine	1				1	2	1
CDS	DIS	CDS - Distributor	17	15	14	13	2	3	2
CDS	DPM	CDS - Podiatrist						1	1
CDS	DVM	CDS - Veterinarian			4	1	3	1	1
CDS	ETC	CDS - Animal Euthanasia Tech, Certified	1						
CDS	ETL	CDS - Animal Euthanasia Tech, Lead	1	3	1				
CDS	HOS	CDS - Hospital	8	12	13	13	12	11	5
CDS	INT	CDS - Medical Intern or Resident	14	7	7	8	13	10	16
CDS	MD	CDS - Physician	34	24	18	20	8	9	22
CDS	MFR	CDS - Manufacturer	4						
CDS	MP	CDS - Medical Psychologist							
CDS	OD	CDS - Optometrist							
CDS	PA	CDS - Physician Assistant	11	8	11	14	6	3	5
CDS	PHY	CDS - Pharmacy	27	24	21	20	23	23	20
CDS	PHX	CDS - Pharmacy - Exempt	1	1					
CDS	RES	CDS - Researcher	2	2	3	5	17	16	15
CDS	RNT	CDS - APRN via Telehealth							
CDS	ROF	CDS - Registered Outsourcing Facility	1	3	2	1			
CDS	SAC	CDS - Substance Abuse Clinic	1	5	1	1		3	3
CDS	TM	CDS - Therapeutic Marijuana	8	6	2	1			
		Subtotal	**149**	**127**	**110**	**107**	**94**	**96**	**102**

OTHER CREDENTIALS

Prefix	Subcat.	CredentialType	11/2/2018	2/6/2019	5/13/2019	8/1/2019	11/1/2019	1/23/2020	5/21/2020
CDTM		Collaborative Drug Therapy Management					1		
LB		Law Book							
MA		Medication Administration	10	10	10	8	8	6	6
PMP		PMP - CDS Credential	143	342	310	310	287	144	82
PMP		PMP - MIS Credential							
PMP		PMP - PHY Credential	2	1					
PMP		PMP - PST Credential	5	345	2	2	1		
SWP		Special Work Permit	10	10	10	10	10	10	12
TM	CPT	Therapeutic Marijuana Designation - CPT	18	17	26	26	29	24	23
TM	OMO	Therapeutic Marijuana Designation - OMO						1	
TM	PNT	Therapeutic Marijuana Designation - PNT							2
TM	PST	Therapeutic Marijuana Designation - PST	2	7	10	11	16	11	12
		Subtotal	**190**	**732**	**368**	**367**	**352**	**196**	**137**

TOTAL	**1252**	**1590**	**1280**	**1246**	**1177**	**910**	**945**

Louisiana Board of Pharmacy

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May 27, 2020

Agenda Item 9-L: Report of Executive Director

Section 2 – A – 1 – D ~ 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 Board meeting]*

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.

- *[None since last Board meeting]*

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 February 7, 2020, Mr. Aron and Mr. Finalet concurred to grant a request of Dana Raed Abdel-Jabbar. She had previously obtained PTC.025514 which expired on November 9, 2018. She is enrolled at Unitech and was issued a Special Work Permit for two years to earn the required hours of practical experience.
- On February 11, 2020, Mr. Aron and Mr. Finalet concurred to grant a request of Bianca Lynn Duplessis. She had previously obtained PTC.022858 which expired on December 15, 2016. She is NHA-certified and was issued a Special Work Permit for two years to earn the required hours of practical experience.
- On February 13, 2020, Mr. Aron and Mr. Finalet concurred to grant a request of Dar'Neissa Sharmaine Kemp. She had previously obtained PTC.0211603 which expired on July 8, 2016. She is enrolled at Ayers and was issued a Special Work Permit for two years to earn the required hours of practical experience.
- On February 14, 2020, Mr. Aron and Mr. Finalet concurred to grant a request of Raina Alise Hall. She had previously obtained PTC.025865 which expired on August 20, 2019. She is enrolled at Ayers and was issued a Special Work Permit for two years to earn the required hours of practical experience.
- On February 19, 2020, Mr. Aron and Mr. Finalet concurred to grant a request of Clara Girese McQueen. She had previously obtained PTC.006510 which expired on October 8, 2002. She is PTCB-certified and was issued a Special Work Permit for two years to earn the required hours of practical experience.
- On March 4, 2020, Mr. Aron and Mr. Finalet concurred to grant a request of Nakia Latonia Yearling. She had previously obtained PTC.023520 which expired on July 4,

2017. She is enrolled at Ayers and was issued a Special Work Permit for two years to earn the required hours of practical experience.

- On March 10, 2020, Mr. Aron and Mr. Finalet concurred to grant a request of Stephanie R. Lemelle. She had previously obtained PTC.004016 which expired on June 1, 2000. She is PTCB-certified and was issued a Special Work Permit for two years to earn the required hours of practical experience.
- On March 12, 2020, Mr. Aron and Mr. Finalet concurred to grant a request of Tyiesha Issonett Williams. She had previously obtained PTC.026509 which expired on July 24, 2019. She is NHA-certified and was issued a Special Work Permit for two years to earn the required hours of practical experience.
- On March 12, 2020, Mr. Aron and Mr. Finalet concurred to grant a request of Nijha Randall. She had previously obtained PTC.025527 which expired on November 16, 2018. She is PTCB-certified and was issued a Special Work Permit for two years to earn the required hours of practical experience.
- On March 17, 2020, Mr. Aron and Mr. Finalet concurred to grant a request of Katelyn Ciara Small. She had previously obtained PTC.026140 which expired on April 17, 2019. She is enrolled at Ayers and was issued a Special Work Permit for two years to earn the required hours of practical experience.
- On April 14, 2020, 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 NHA-certified and was issued a Special Work Permit for two years to earn the required hours of practical experience.
- On April 30, 2020, Mr. Aron and Mr. Finalet concurred to grant a request of Carla Renee Conner. She had previously obtained PTC.026568 which expired on August 8, 2019. She is enrolled at CVS' training program and was issued a Special Work Permit for two years to earn the required hours of practical experience.
- On May 6, 2020, Mr. Aron and Mr. Finalet concurred to grant a request of Janice Meaux Ryan. She had previously obtained PTC.008480 which expired on January 13, 2004. She is enrolled at Walgreens' training program and was issued a Special Work Permit for two years to earn the required hours of practical experience.
- On May 11, 2020, Mr. Aron and Mr. Finalet concurred to grant a request of Heather Francine Wade. She had previously obtained PTC.020315 which expired on January 31, 20115. She is PTCB-certified and was issued a Special Work Permit for two years to earn the required hours of practical experience.
- On May 13, 2020, Mr. Aron and Mr. Finalet concurred to grant a request of Sharon Singleton Felix. She had previously obtained PTC.025471 which expired on May 1, 2019. She is enrolled at Walgreens' training program and was issued a Special Work Permit for two years to earn the required hours of practical experience.
- On May 14, 2020, Mr. Aron and Mr. Finalet concurred to grant a request of Darla Jo Chelette. She had previously obtained PTC.025544 which expired on November 16, 2018. She graduated from Unitech's training program and was issued a Special Work Permit for two years to earn the required hours of practical experience.

Louisiana Board of Pharmacy

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Compliance Division Census Report

May 27, 2020

Practitioner Recovery Program

- Probation Completed

02-25-2020	PST.018065	Matthew Marston Lane

• Active Probation	35	Pharmacist
	6	Technician
• Active Suspension	40	Pharmacist
	3	Pharmacy intern
	17	Technician
	4	Technician candidate

Disciplinary Restrictions

- Probation Completed

02-25-2020	PST.016284	Charles Jude Mitchell, Jr.
02-25-2020	PST.013542	Thadrian Marquis Johnson
05-23-2020	PTC.026922	Racquel Monique Williams

• Active Probation	13	Pharmacist
	1	Pharmacy intern
	3	Technician
	0	Technician candidate
	7	Pharmacy permit
	1	CDS-PHY license
• Active Suspension/ Inactivation	52	Pharmacist
	1	Pharmacy intern
	86	Technician
	21	Technician candidate
	1	Special work permit
	12	Pharmacy permit
	7	CDS-PHY license
	107	CDS license for practitioners

Louisiana Board of Pharmacy
Compliance Division

Complaint Investigation Completion Policy Monitor

	FY 17-18 6/30/2018	FY 18-19 6/30/2019	FY 19-20 5/25/2020	FY 20-21
Pending at Beginning of Fiscal Year	160	180	179	
New Cases Added	500	433	361	
Cases Closed	480	434	355	
Cases Remaining	180	179	185	
Average No. Days to Close Investigation		52	52	
No. Investigations Closed > 180 Days		19	12	
% Investigations Beyond Policy Limit		4.4%	3.4%	
% Cases Closed by Board Action		27%	30%	

Louisiana Board of Pharmacy

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Multistate Pharmacy Jurisprudence Examination (MPJE™)

September 1 – December 31, 2019

State & National Summary Data
Frequency Distribution of Scaled Scores

May 27, 2020

Multistate Pharmacy Jurisprudence Examination (MPJE™)

This computer adaptive competency assessment is administered by the National Association of Boards of Pharmacy (NABP). The examination blueprint is designed to assess the applicant's competency in federal and state laws relative to pharmacy practice and is therefore specific for a given state. The examination is administered via an open window process; applicants may schedule the examination at a local testing center at any time following approval by the state board and receipt of an Authorization to Test (ATT) document from NABP. Individual scores are available to applicants via secure web posting approximately 7-10 days following the examination. Summary reports are provided to the colleges of pharmacy and state boards on a calendar trimester basis.

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Multistate Pharmacy Jurisprudence Examination® (MPJE®) State Summary Report

Louisiana

Test Window: September 1, 2019 - December 31, 2019

Table 1 First-Time Candidates, ACPE-Accredited Programs Only

	Candidates	Pass Rate %	Total Scaled Score Mean	Standard Deviation
State	119	77.31%	77.82	4.13
National	5631	76.36%	77.41	4.20

Table 2 All Candidates

	Candidates	Pass Rate %	Total Scaled Score Mean	Standard Deviation
State	157	75.80%	77.53	4.01
National	8714	72.66%	76.90	4.03

Table 3 contains information on the range of scaled scores achieved by FT ACPE (First-Time, ACPE-Accredited) candidates as well as the pool of all candidates. It also shows the boundaries of the Scaled Score Range.

Table 3 Total Scaled Score Min/Max

	Min	Max
FT ACPE	60	100
All Candidates	60	100
Scale Score Range	0	100

Candidates who did not answer enough questions to receive a score are reflected in pass rate data as a fail but are not included in mean scaled score data.

The following tables and graphs are scaled score frequency distributions for MPJE candidates. Candidates who did not answer enough questions to receive a score are not reflected in the frequency distributions.

Table 4 & Graph 1 State Frequency Distribution of Scaled Scores

Based on Total Tests Administered N = 157

Scaled Score Range	Frequency	Cumulative Percent of the Upper Limit of the Interval
[0,4]	0	0%
[5,9]	0	0%
[10,14]	0	0%
[15,19]	0	0%
[20,24]	0	0%
[25,29]	0	0%
[30,34]	0	0%
[35,39]	0	0%
[40,44]	0	0%
[45,49]	0	0%
[50,54]	0	0%
[55,59]	0	0%
[60,64]	0	0%
[65,69]	1	1%
[70,74]	37	24%
[75,79]	75	72%
[80,84]	35	94%
[85,89]	7	99%
[90,94]	2	100%
[95,100]	0	100%

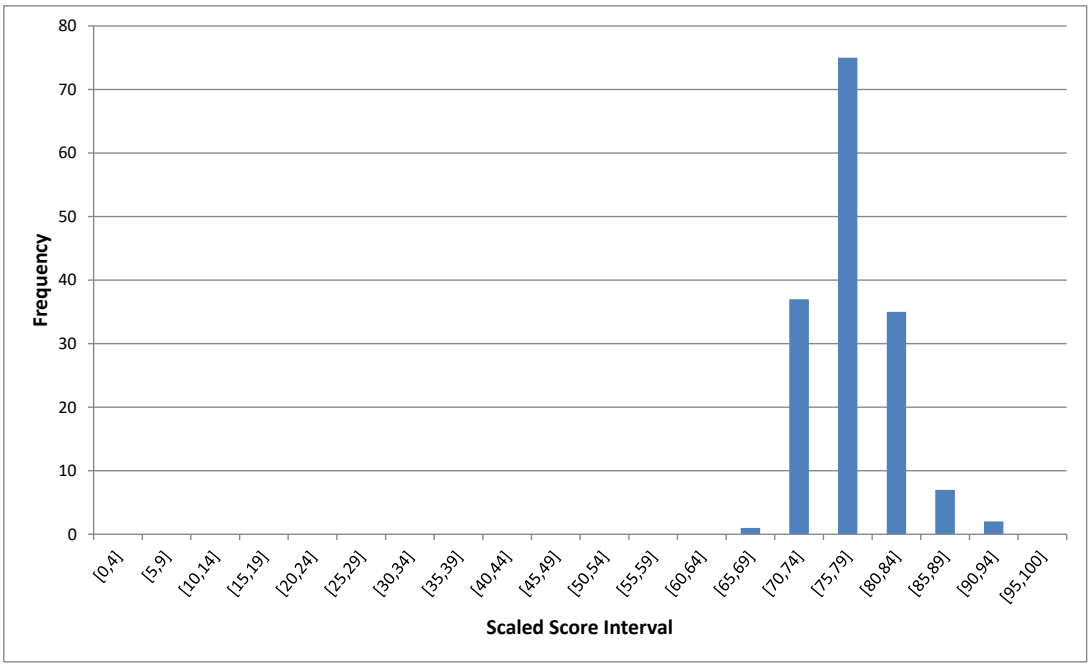
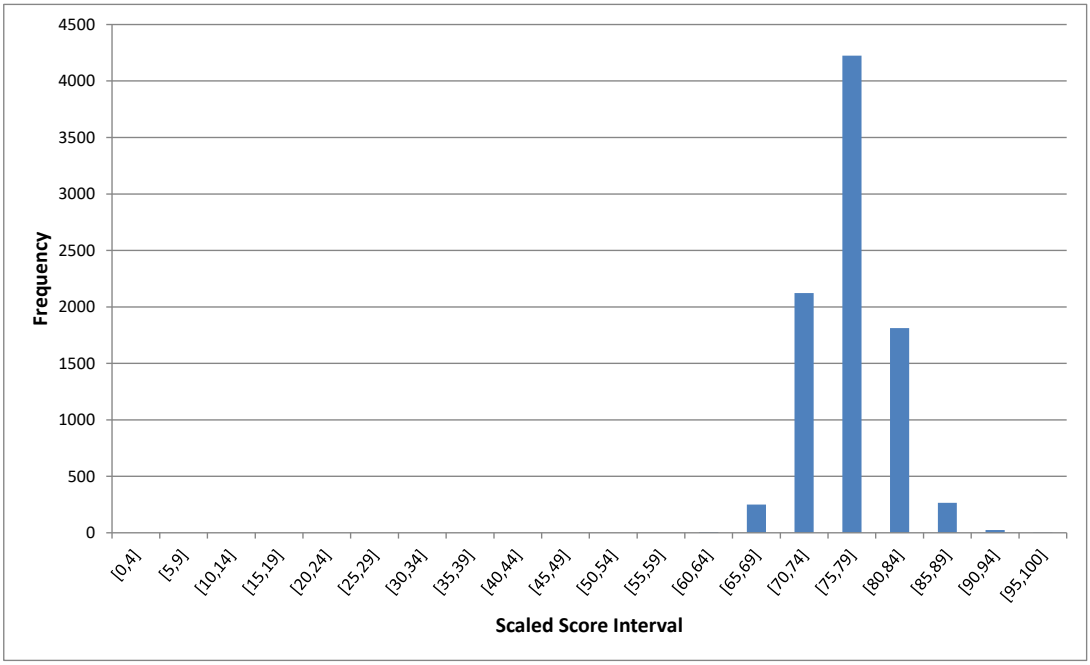


Table 5 & Graph 2 National Frequency Distribution of Scaled Scores

Based on Total Tests Administered N = 8711

Scaled Score Range	Frequency	Cumulative Percent of the Upper Limit of the Interval
[0,4]	0	0%
[5,9]	0	0%
[10,14]	0	0%
[15,19]	0	0%
[20,24]	0	0%
[25,29]	0	0%
[30,34]	0	0%
[35,39]	0	0%
[40,44]	0	0%
[45,49]	0	0%
[50,54]	0	0%
[55,59]	0	0%
[60,64]	8	0%
[65,69]	249	3%
[70,74]	2122	27%
[75,79]	4225	76%
[80,84]	1813	97%
[85,89]	265	100%
[90,94]	25	100%
[95,100]	4	100%



Multistate Pharmacy Jurisprudence Examination (MPJE)
for
Louisiana Board of Pharmacy

	2018			*2019*			*2020*			*2021*		
	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec
First-Time Candidates, ACPE-Accredited Programs Only												
No. of State Candidates	76	329	131	118	272	119						
State Pass Rate	90.53%	78.37%	71.76%	86.44%	86.40%	77.31%						
State Scaled Score Mean	79.02	77.56	77.19	79.25	78.34	77.82						
No. of National Candidates	4,113	16,502	5,987	4,648	16,509	5,631						
National Pass Rate	82.37%	85.00%	76.03%	81.95%	84.21%	76.36%						
National Scaled Score Mean	78.26	78.50	77.46	78.09	78.39	77.41						
All Candidates												
No. of State Candidates	111	370	211	157	309	157						
State Pass Rate	82.79%	78.82%	69.19%	79.62%	84.41%	75.80%						
State Scaled Score Mean	78.00	77.47	76.64	78.26	78.10	77.53						
No. of National Candidates	5,845	18,851	9,201	6,583	18,823	8,714						
National Pass Rate	76.46%	83.07%	72.86%	76.77%	82.49%	72.66%						
National Scaled Score Mean	77.49	78.21	76.94	77.38	78.12	76.90						

Multistate Pharmacy Jurisprudence Examination (MPJE)

University of Louisiana at Monroe

	2017			***2016***			***2015***			***2014***		
	Jan - Apr	May - Aug	Sep - Dec	Jan - Apr	May - Aug	Sep - Dec	Jan - Apr	May - Aug	Sep - Dec	Jan - Apr	May - Aug	Sep - Dec
TOTAL CANDIDATE GROUP												
No. of Candidates	45	147	70	80	143	66	42	122	56	32	122	39
** testing in same/different state*	6 / 39	80 / 67	29 / 41	7 / 73	89 / 54	15 / 51	13 / 29	68 / 54	13 / 43	5 / 27	62 / 60	6 / 33
Mean Scale Score - School *	74.50/78.67	76.61/80.63	77.17/79.34	80.14/84.04	77.42/79.20	77.67/78.71	76.85/81.90	81.44/84.13	79.85/83.12	79.40/81.41	81.44/83.32	78.50/81.42
** testing in same/different state*												
Mean Scaled Score - State	77.39	76.83	76.52	80.92	77.12	76.91	79.81	80.56	80.05	80.36	80.18	80.13
Mean Scaled Score - National	77.59	78.16	76.99	81.10	78.08	77.08	81.32	82.40	80.91	81.04	82.52	81.08
School Pass Rate: *	50.00/94.87	76.25/95.52	79.31/95.12	100 / 98.63	83.15/79.63	73.33/80.39	76.92/93.10	94.12/98.15	84.62/95.35	100 / 85.19	95.16/96.67	83.33/87.88
** testing in same/different state*												
State Pass Rate:	75.57	77.13	70.53	90.23	77.93	75.14	80.69	88.14	86.55	82.52	86.08	82.69
National Pass Rate:	76.90	83.24	74.01	87.62	82.66	74.77	88.20	93.04	87.78	87.62	93.28	88.50
FIRST-TIME CANDIDATE GROUP												
No. of Candidates	40	139	47	76	133	48	38	120	49	29	119	33
** testing in same/different state*	4 / 36	73 / 66	12 / 35	7 / 69	84 / 49	6 / 42	11 / 27	68 / 52	7 / 42	5 / 24	62 / 57	3 / 30
Mean Scaled Score - School *	74.75/78.67	76.67/80.65	78.33/79.29	80.14/84.23	77.31/79.41	78.83/79.07	76.91/82.04	81.44/84.40	78.71/83.14	79.40/82.29	81.44/83.58	78.00/81.97
** testing in same/different state*												
Mean Scaled Score - State	78.28	77.00	76.88	81.58	77.10	77.33	80.63	80.62	80.81	81.05	80.62	81.13
Mean Scaled Score - National	78.31	78.41	77.52	81.84	78.24	77.61	82.14	82.66	81.60	81.82	82.80	81.79
School Pass Rate: *	50.00/94.44	78.08/95.45	83.33/97.14	100 / 98.55	82.14/77.55	66.67/83.33	72.73/92.59	94.12/98.08	85.71/95.24	100 / 91.67	95.16/98.25	66.67/90.00
** testing in same/different state*												
State Pass Rate:	80.85	78.38	72.58	92.79	77.21	77.88	83.61	88.77	91.06	85.88	89.29	84.96
National Pass Rate:	82.10	84.89	77.03	90.71	83.77	78.24	91.72	93.97	90.35	90.85	94.34	90.87

Multistate Pharmacy Jurisprudence Examination (MPJE)

University of Louisiana at Monroe

	2013			***2012***			***2011***			***2010***		
	Jan - Apr	May - Aug	Sep - Dec	Jan - Apr	May - Aug	Sep - Dec	Jan - Apr	May - Aug	Sep - Dec	Jan - Apr	May - Aug	Sep - Dec
TOTAL CANDIDATE GROUP												
No. of Candidates	47	94	30	4	126	87	5	71	12	38	104	35
** testing in same/different state*	11 / 36	40 / 54	2 / 28		72 / 54	11 / 34						
Mean Scale Score - School *	81.45/84.03	82.50/82.59	80.50/82.79	82.25	82.44/82.70	80.09/79.85	82.60	82.73	83.83	81.47	82.14	81.89
** testing in same/different state*												
Mean Scaled Score - State	81.33	80.82	80.43	81.18	80.91	79.62		81.01	80.41	81.37	80.88	81.64
Mean Scaled Score - National	80.92	82.50	80.52	80.41	82.43	80.55	80.27	82.23	80.46	80.45	82.51	80.57
School Pass Rate: *	100/97.22	95.00/98.15	100 / 92.86	100.00	97.22/90.74	90.91/85.29	100.00	97.18	100.00	94.74	90.38	91.43
** testing in same/different state*												
State Pass Rate:	93.98	90.51	85.21	90.41	90.69	81.61		89.91	90.99	90.00	92.64	95.79
National Pass Rate:	87.18	92.98	87.01	84.54	92.76	86.85	86.43	92.17	86.24	89.09	94.83	89.35
FIRST-TIME CANDIDATE GROUP												
No. of Candidates	44	93	28	4	124	70	5	66	11	34	96	30
** testing in same/different state*	10 / 34	39 / 54	1 / 27		72 / 52	10 / 29						
Mean Scaled Score - School *	81.80/84.26	82.77/82.59	82.00/83.19	82.25	82.44/83.02	80.62/79.90	82.60	83.08	84.18	82.12	82.67	82.33
** testing in same/different state*												
Mean Scaled Score - State	81.90	81.03	81.08	81.75	81.03	80.21		81.52	81.14	82.07	80.93	82.07
Mean Scaled Score - National	81.78	82.76	81.22	81.44	82.75	81.26	81.17	82.86	81.76	80.82	82.67	80.94
School Pass Rate: *	100.00/97.06	97.44/98.15	100 / 96.30	100.00	97.22/92.31	89.66/90.00	100.00	100.00	100.00	97.06	93.75	93.33
** testing in same/different state*												
State Pass Rate:	97..22	91.88	87.29	93.22	91.03	85.71		94.06	94.32	93.44	92.92	97.56
National Pass Rate:	91.08	93.95	90.04	89.13	93.94	89.60	92.24	96.05	94.00	90.64	95.50	90.79

Multistate Pharmacy Jurisprudence Examination (MPJE)

University of Louisiana at Monroe

	2009			***2008***		***2007***		***2006***	
	Jan - Apr	May - Aug	Sep - Dec	Jan - June	Jul - Dec	Jan - June	Jul - Dec	Jan - June	Jul - Dec
TOTAL CANDIDATE GROUP									
No. of Candidates	42	120	36	61	137	50	151	68	111
** testing in same/different state*									
Mean Scale Score - School *	80.95	82.58	80.75	81.26	81.99	80.20	81.62	80.43	81.92
** testing in same/different state*									
Mean Scaled Score - State	79.57	81.69	80.35	81.33	81.34	80.15	81.47	80.01	81.34
Mean Scaled Score - National	80.29	82.39	80.25	81.59	81.27	81.26	81.14	80.68	80.42
School Pass Rate: *	88.10	95.00	86.11	96.72	91.97	90.00	92.05	88.24	92.79
** testing in same/different state*									
State Pass Rate:	81.03	94.52	85.92	91.75	91.05	87.18	90.39	91.09	92.39
National Pass Rate:	86.23	93.74	87.04	90.31	89.92	89.38	89.78	87.25	87.82
FIRST-TIME CANDIDATE GROUP									
No. of Candidates	37	117	34	58	127	43	140	60	102
** testing in same/different state*									
Mean Scaled Score - School *	81.30	82.56	81.09	81.52	82.13	81.05	81.83	80.80	82.14
** testing in same/different state*									
Mean Scaled Score - State	79.69	81.76	80.98	81.53	81.62	80.59	81.84	80.24	81.52
Mean Scaled Score - National	80.75	82.58	80.63	81.97	81.57	81.72	81.51	81.09	80.80
School Pass Rate: *	89.19	94.87	88.24	96.55	91.34	95.35	93.57	91.67	94.12
** testing in same/different state*									
State Pass Rate:	80.77	94.34	89.66	92.31	91.95	91.18	92.49	92.31	93.53
National Pass Rate:	88.45	94.30	88.68	91.82	91.16	91.43	91.24	89.41	89.34

Multistate Pharmacy Jurisprudence Examination (MPJE)

University of Louisiana at Monroe

	2005		***2004***		***2003***		***2002***	
	Jan - June	Jul - Dec	Jan - June	Jul - Dec	Jan - June	Jul - Dec	Jan - June	Jul - Dec
TOTAL CANDIDATE GROUP								
No. of Candidates	59	146	62	110	77	119	59	123
Mean Scaled Sore - School	79.25	80.50	79.39	80.79	78.57	80.04	80.17	80.41
Mean Scaled Score - State	80.50	80.03	78.58	80.03	77.32	78.87	80.34	79.41
Mean Scaled Score - National	80.39	80.04	80.10	79.83	79.92	79.33	90.78	79.85
School Pass Rate	89.83	87.67	91.94	91.82	77.92	88.24	88.14	88.62
State Pass Rate:	90.55	87.03	86.90	92.55	72.88	84.67	92.00	85.98
National Pass Rate:	86.57	85.69	85.63	84.75	84.52	82.61	90.78	84.93
FIRST-TIME CANDIDATE GROUP								
No. of Candidates	55	132	52	104	59	110	55	111
Mean Scaled Score - School	79.33	80.66	79.73	80.96	79.31	80.22	80.22	80.58
Mean Scaled Score - State	80.71	80.29	79.04	80.11	77.69	79.23	80.30	79.41
Mean Scaled Score - National	80.80	80.44	80.58	80.25	80.34	79.76	82.08	80.19
School Pass Rate	89.09	87.12	92.31	92.31	81.36	88.18	89.09	88.29
State Pass Rate:	91.38	88.69	90.14	92.53	75.00	86.55	91.49	86.32
National Pass Rate:	88.51	87.51	88.16	86.87	86.58	84.67	92.15	86.45

Multistate Pharmacy Jurisprudence Examination (MPJE)

University of Louisiana at Monroe

	2001		***2000***	
	Jan - June	Jul - Dec	Jan - June	Jul - Dec
TOTAL CANDIDATE GROUP				
No. of Candidates	100	57	125	82
Mean Scaled Sore - School	80.84	81.37	83.27	82.76
Mean Scaled Score - State	80.64	80.32	81.64	80.49
Mean Scaled Score - National	82.25	81.51	82.24	81.75
School Pass Rate	90.00	91.23	94.40	91.46
State Pass Rate:	87.84	90.00	89.89	86.25
National Pass Rate:	91.22	90.54	91.37	90.50
FIRST-TIME CANDIDATE GROUP				
No. of Candidates	92	51	117	78
Mean Scaled Score - School	80.89	81.78	83.67	83.14
Mean Scaled Score - State	80.67	80.51	82.14	80.97
Mean Scaled Score - National	82.59	81.86	82.55	82.05
School Pass Rate	90.22	90.20	96.58	93.59
State Pass Rate:	88.06	89.77	92.59	87.32
National Pass Rate:	92.45	91.75	92.57	91.37

Multistate Pharmacy Jurisprudence Examination (MPJE)

Xavier College of Pharmacy

	2017			***2016***			***2015***			***2014***		
	Jan - Apr	May - Aug	Sep - Dec	Jan - Apr	May - Aug	Sep - Dec	Jan - Apr	May - Aug	Sep -Doc	Jan - Apr	May - Aug	Sep - Dec
TOTAL CANDIDATE GROUP												
No. of Candidates	61	187	134	111	182	130	81	215	103	52	193	128
** testing in same/different state*	18 / 43	95 / 92	42 / 92	13 / 98	92 / 90	51 / 79	26 / 55	105 / 110	33 / 70	12 / 40	82 / 111	43 / 85
Mean Scaled Score - School *	74.00/75.63	76.36/76.23	75.52/75.13	75.15/79.34	75.93/77.13	75.16/76.56	75.27/79.70	79.39/80.75	78.36/80.64	76 / 79.28	78.35/79.98	77.05/80.62
** testing in same/different state*												
Mean Scaled Score - State	77.39	76.83	76.52	80.92	77.12	76.91	79.81	80.56	80.05	80.36	80.18	80.13
Mean Scaled Score - National	77.59	78.16	76.99	81.10	78.08	77.08	81.32	82.40	80.91	81.04	82.52	81.08
School Pass Rate: *	44.44/65.12	73.68/67.39	59.52/53.26	53.85/82.65	64.13/74.44	56.86/78.48	50.00/72.73	81.90/89.09	78.79/85.71	50 / 82.50	76.83/90.09	65.12/90.59
** testing in same/different state*												
State Pass Rate:	75.57	77.13	70.53	90.23	77.93	75.14	80.69	88.14	86.55	82.52	86.08	82.69
National Pass Rate:	76.90	83.24	74.01	87.62	82.66	74.77	88.20	93.04	87.78	87.62	93.28	88.50
FIRST-TIME CANDIDATE GROUP												
No. of Candidates	42	164	79	94	163	77	65	193	73	43	176	98
** testing in same/different state*	6 / 36	86 / 78	18 / 61	10 / 84	83 / 80	16 / 61	14 / 51	94 / 99	14 / 59	8 / 35	76 / 100	24 / 74
Mean Scaled Score - School *	75.17/75.64	76.66/76.58	75.28/75.41	74.90/79.99	76.04/77.46	73.19/76.64	76.29/80.28	79.24/81.07	79.00/81.47	76.63/79.31	78.83/80.23	77.33/80.86
** testing in same/different state*												
Mean Scaled Score - State	78.28	77.00	76.88	81.58	77.10	77.33	80.63	80.62	80.81	81.05	80.62	81.13
Mean Scaled Score - National	78.31	78.41	77.52	81.84	78.24	77.61	82.14	82.66	81.60	81.82	82.80	81.79
School Pass Rate: *	50.00/66.67	75.58/70.51	66.67/55.74	50.00/88.10	65.06/76.25	31.25/77.05	57.14/78.43	80.85/91.92	92.86/91.53	50 / 80	80.26/90.00	62.5 / 91.89
** testing in same/different state*												
State Pass Rate:	80.85	78.38	72.58	92.79	77.21	77.88	83.61	88.77	91.06	85.88	89.29	84.96
National Pass Rate:	82.10	84.39	77.03	90.71	83.77	78.24	91.72	93.97	90.35	90.85	94.34	90.87

Multistate Pharmacy Jurisprudence Examination (MPJE)

Xavier College of Pharmacy

	2013			***2012***			***2011***			***2010***		
	Jan - Apr	May - Aug	Sep - Dec	Jan - Apr	May - Aug	Sep - Dec	Jan - Apr	May - Aug	Sep - Dec	Jan - Apr	May - Aug	Sep - Dec
TOTAL CANDIDATE GROUP												
No. of Candidates	53	188	115	13	181	87	10	77	44	42	160	83
** testing in same/different state*	6 / 47	95 / 93	46 / 69		94 / 87	23 / 65						
Mean Scaled Score - School *	78.17/79.09	79.46/79.55	77.33/78.72	79.69	79.27/78.48	76.96/79.95	76.50	79.32	78.93	78.93	79.89	78.17
** testing in same/different state*												
Mean Scaled Score - State	81.33	80.82	80.43	81.18	80.91	79.62		81.01	80.41	81.37	80.88	81.64
Mean Scaled Score - National	80.92	82.50	80.52	80.41	82.43	80.55	80.27	82.23	80.46	80.45	82.51	80.57
School Pass Rate: *	83.33/76.60	85.26/81.72	71.74/76.81	84.62	84.04/81.61	60.87/86.15	70.00	81.82	81.82	80.95	88.75	78.31
** testing in same/different state*												
State Pass Rate:	93.98	90.51	85.21	90.41	90.69	81.61		89.91	90.99	90.00	92.64	95.79
National Pass Rate:	87.18	92.98	87.01	84.54	92.76	86.85	86.43	92.17	86.24	89.08	94.83	89.35
FIRST-TIME CANDIDATE GROUP												
No. of Candidates	43	171	86	9	163	70	7	67	29	32	157	61
** testing in same/different state*	3 / 40	89 / 82	31 / 55		87 / 76	11 / 54						
Mean Scaled Score - School *	81.33/79.38	79.66/79.94	77.03/78.85	79.78	79.34/78.70	77.55/80.57	78.14	79.84	80.14	79.66	79.95	78.48
** testing in same/different state*												
Mean Scaled Score - State	81.90	81.03	81.08	81.75	81.03	80.21		81.52	81.14	82.07	80.93	82.07
Mean Scaled Score - National	81.78	82.76	81.22	81.44	82.75	81.26	81.17	82.86	81.76	80.82	82.67	80.94
School Pass Rate: *	100 / 77.50	87.64/82.93	67.74/74.55	88.89	83.91/84.24	63.64/87.04	85.71	86.57	89.66	84.38	89.17	78.69
** testing in same/different state*												
State Pass Rate:	97.22	91.88	87.29	93.22	91.03	85.71		94.06	94.32	93.44	92.92	97.56
National Pass Rate:	91.08	93.95	90.04	89.13	93.94	89.60	92.24	96.05	94.00	90.64	95.50	90.89

Multistate Pharmacy Jurisprudence Examination (MPJE)

Xavier College of Pharmacy

	2009			***2008***		***2007***		***2006***	
	Jan - Apr	May - Aug	Sep - Dec	Jan - June	Jul - Dec	Jan - June	Jul - Dec	Jan - June	Jul - Dec
TOTAL CANDIDATE GROUP									
No. of Candidates	63	162	68	55	208	77	169	139	181
Mean Scaled Score - School	78.03	80.20	78.10	78.25	79.49	78.47	79.76	79.04	79.82
Mean Scaled Score - State	79.57	81.69	80.35	81.33	81.34	80.15	81.47	80.01	81.34
Mean Scaled Score - National	80.29	82.39	80.25	81.59	81.27	81.26	81.14	80.68	80.42
School Pass Rate:	74.60	88.27	77.94	80	83.17	77.92	87.57	87.77	86.19
State Pass Rate:	81.03	94.52	85.92	91.75	91.05	87.18	90.39	91.09	92.39
National Pass Rate:	86.23	93.74	87.04	90.31	89.92	89.38	89.78	87.25	87.82
FIRST-TIME CANDIDATE GROUP									
No. of Candidates	44	150	47	45	181	62	154	121	156
Mean Scaled Score - School	78.55	80.35	78.79	79.02	79.71	79.47	80.03	79.14	80.27
Mean Scaled Score - State	79.69	81.76	80.98	81.53	81.62	80.59	81.84	80.24	81.52
Mean Scaled Score - National	80.75	82.58	80.63	81.97	81.57	81.72	81.51	81.09	80.80
School Pass Rate:	79.55	88.67	82.98	88.89	85.64	85.48	88.96	87.60	89.10
State Pass Rate:	80.77	94.34	89.66	92.31	91.95	91.18	92.49	92.31	93.53
National Pass Rate:	88.45	94.30	88.68	91.82	91.16	91.43	91.24	89.41	89.34

Multistate Pharmacy Jurisprudence Examination (MPJE)

Xavier College of Pharmacy

	2005		***2004***		***2003***		***2002***	
	Jan - June	Jul - Dec	Jan - June	Jul - Dec	Jan - June	Jul - Dec	Jan - June	Jul - Dec
TOTAL CANDIDATE GROUP								
No. of Candidates	82	135	66	123	71	158	43	122
Mean Scaled Score - School	78.06	78.96	77.36	78.64	76.75	77.99	79.12	78.18
Mean Scaled Score - State	80.50	80.03	78.58	80.03	77.32	78.87	80.34	79.41
Mean Scaled Score - National	80.39	80.04	80.10	79.83	79.92	79.33	81.72	79.85
School Pass Rate:	76.83	82.22	78.79	80.49	67.61	75.95	81.40	77.05
State Pass Rate:	90.55	87.03	86.90	92.55	72.88	84.67	92.00	85.98
National Pass Rate:	86.57	85.69	85.63	84.75	84.52	82.61	90.78	84.93
FIRST-TIME CANDIDATE GROUP								
No. of Candidates	63	121	56	101	53	122	38	102
Mean Scaled Score - School	78.57	79.36	77.73	79.19	77.04	78.48	79.58	78.18
Mean Scaled Score - State	80.71	80.29	79.04	80.11	77.69	79.23	80.30	79.41
Mean Scaled Score - National	80.80	80.44	80.58	80.25	80.34	79.76	82.08	80.19
School Pass Rate:	79.37	85.12	80.36	84.16	71.70	78.69	86.84	78.43
State Pass Rate:	91.38	88.69	90.14	92.53	75.00	86.55	91.49	86.32
National Pass Rate:	88.51	87.51	88.16	86.87	86.58	84.67	92.15	86.45

Multistate Pharmacy Jurisprudence Examination (MPJE)

Xavier College of Pharmacy

	2001		***2000***	
	Jan - June	Jul - Dec	Jan - June	Jul - Dec
TOTAL CANDIDATE GROUP				
No. of Candidates	53	126	25	94
Mean Scaled Score - School	77.43	79.86	78.92	78.90
Mean Scaled Score - State	80.64	80.32	81.64	80.49
Mean Scaled Score - National	82.25	81.51	82.24	81.75
School Pass Rate:	69.81	88.10	80.00	80.85
State Pass Rate:	87.84	90.00	89.89	86.25
National Pass Rate:	91.22	90.54	91.37	90.50
FIRST-TIME CANDIDATE GROUP				
No. of Candidates	38	107	23	86
Mean Scaled Score - School	77.58	79.92	79.04	79.01
Mean Scaled Score - State	80.67	80.51	82.14	80.97
Mean Scaled Score - National	82.59	81.86	82.55	82.05
School Pass Rate:	71.05	86.92	78.26	80.23
State Pass Rate:	88.06	89.77	92.59	87.32
National Pass Rate:	92.45	91.75	92.57	91.37

Louisiana Board of Pharmacy

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

North American Pharmacist Licensure Examination (NAPLEX™)

September 1 – December 31, 2019

State & National Summary Data
Frequency Distribution of Scaled Scores

May 27, 2020

North American Pharmacist Licensure Examination (NAPLEX™)

This computer adaptive competency assessment is administered by the National Association of Boards of Pharmacy (NABP). The examination blueprint is designed to assess the applicant's competency in basic pharmacy practice and is recognized by pharmacy regulatory authorities in all of the states and territories within the USA. The examination is administered via an open window process; applicants may schedule the examination at a local testing center at any time following approval by the state board and receipt of an Authorization to Test (ATT) document from NABP. Individual scores are available to applicants via secure web posting approximately 7-10 days following the examination. Summary reports are provided to the colleges of pharmacy and state boards on a calendar trimester basis.

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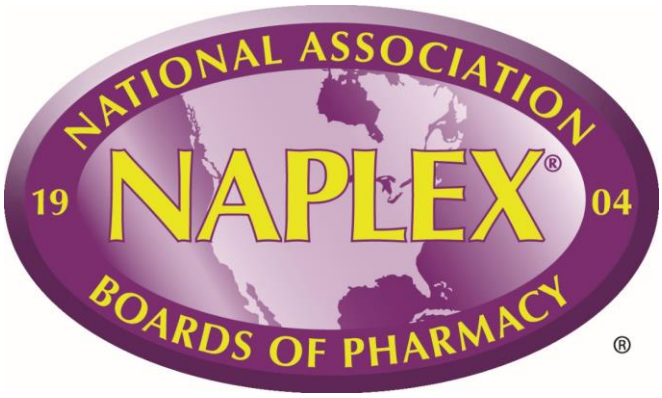
Cumulative Report (2000 through 2017) for Xavier College of Pharmacy	12



North American Pharmacist Licensure Examination® (NAPLEX®) State Summary Report

Louisiana

Test Window: September 1, 2019 - December 31, 2019

Table 1 First-Time Candidates, ACPE-Accredited Programs Only

	Candidates	Pass Rate %	Total Scaled Score Mean	Standard Deviation	Area 1 Scaled Score Mean	Standard Deviation	Area 2 Scaled Score Mean	Standard Deviation
State	21	61.90%	81.62	18.30	11.71	1.10	11.76	1.30
National	1777	67.59%	82.58	18.73	11.85	1.14	11.80	1.24

Table 2 All Candidates

	Candidates	Pass Rate %	Total Scaled Score Mean	Standard Deviation	Area 1 Scaled Score Mean	Standard Deviation	Area 2 Scaled Score Mean	Standard Deviation
State	41	60.98%	78.93	16.82	11.59	1.05	11.68	1.19
National	3425	64.55%	80.17	17.50	11.68	1.08	11.70	1.19

Table 3 contains information on the range of scaled scores achieved by FT ACPE (First-Time, ACPE-Accredited) candidates as well as the pool of all candidates. It also shows the boundaries of the Scaled Score Range.

Table 3 Total Scaled Score Min/Max

	Min	Max
FT ACPE	1	134
All Candidates	1	134
Scale Score Range	0	150

The following tables and graphs are scaled score frequency distributions for NAPLEX candidates.

Table 4 & Graph 1 State Frequency Distribution of Scaled Scores

Based on Total Tests Administered N = 41

Scaled Score Range	Frequency	Cumulative Percent of the Upper Limit of the Interval
[0,4]	0	0%
[5,9]	0	0%
[10,14]	0	0%
[15,19]	0	0%
[20,24]	0	0%
[25,29]	0	0%
[30,34]	1	2%
[35,39]	0	2%
[40,44]	0	2%
[45,49]	1	5%
[50,54]	1	7%
[55,59]	0	7%
[60,64]	2	12%
[65,69]	7	29%
[70,74]	4	39%
[75,79]	4	49%
[80,84]	6	63%
[85,89]	6	78%
[90,94]	2	83%
[95,99]	3	90%
[100,104]	1	93%
[105,109]	0	93%
[110,114]	2	98%
[115,119]	1	100%
[120,124]	0	100%
[125,129]	0	100%
[130,134]	0	100%
[135,139]	0	100%
[140,144]	0	100%
[145,150]	0	100%

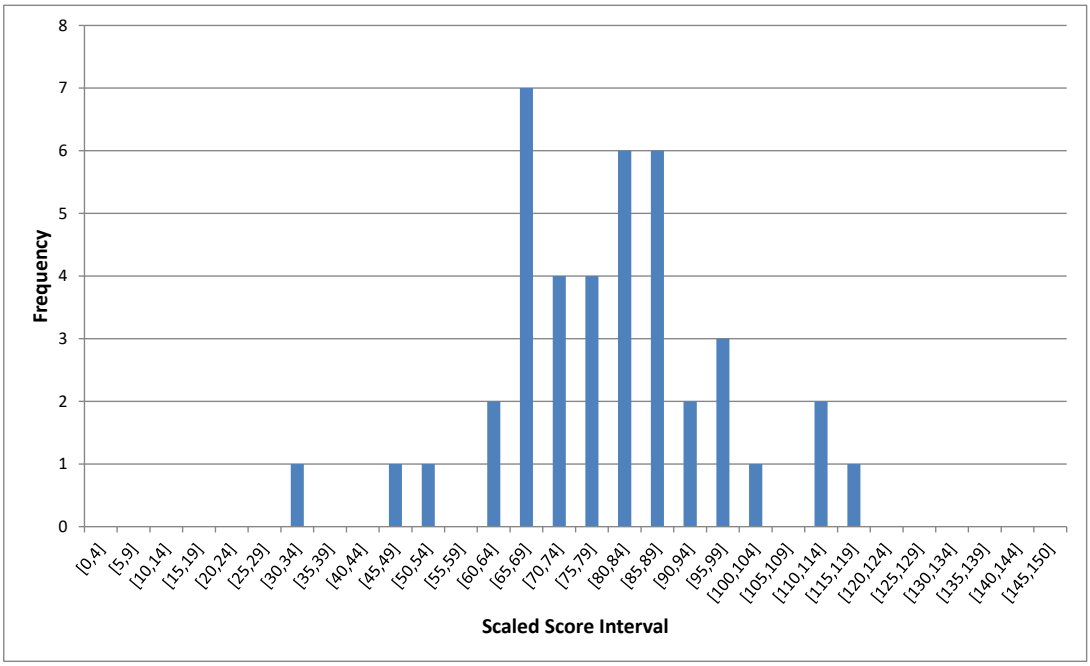
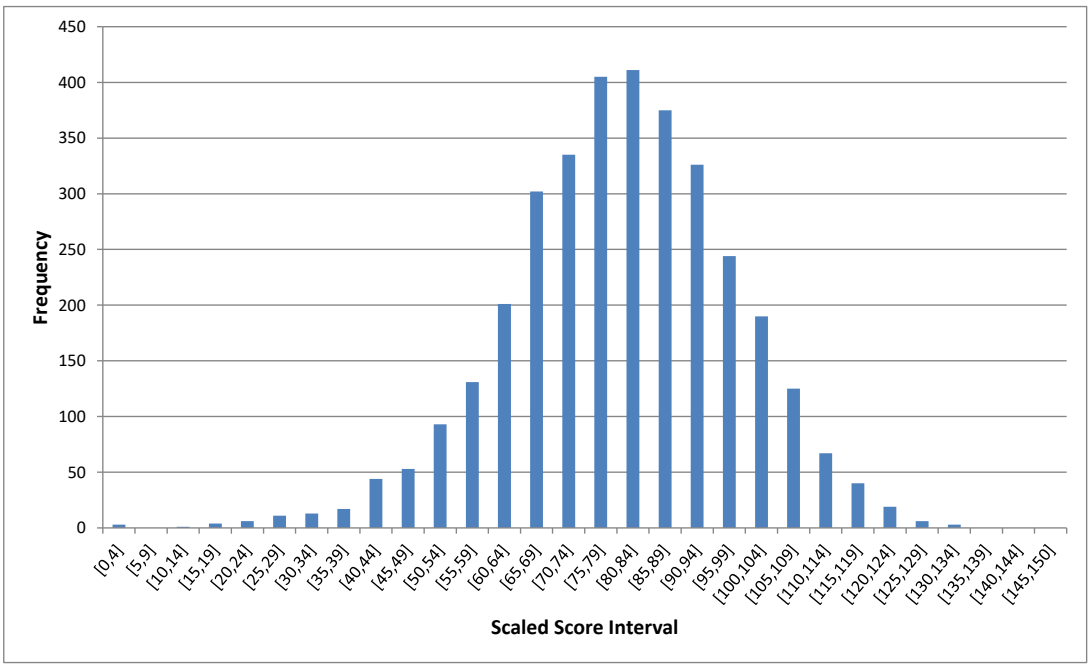


Table 5 & Graph 2 National Frequency Distribution of Scaled Scores

Based on Total Tests Administered N = 3425

Scaled Score Range	Frequency	Cumulative Percent of the Upper Limit of the Interval
[0,4]	3	0%
[5,9]	0	0%
[10,14]	1	0%
[15,19]	4	0%
[20,24]	6	0%
[25,29]	11	1%
[30,34]	13	1%
[35,39]	17	2%
[40,44]	44	3%
[45,49]	53	4%
[50,54]	93	7%
[55,59]	131	11%
[60,64]	201	17%
[65,69]	302	26%
[70,74]	335	35%
[75,79]	405	47%
[80,84]	411	59%
[85,89]	375	70%
[90,94]	326	80%
[95,99]	244	87%
[100,104]	190	92%
[105,109]	125	96%
[110,114]	67	98%
[115,119]	40	99%
[120,124]	19	100%
[125,129]	6	100%
[130,134]	3	100%
[135,139]	0	100%
[140,144]	0	100%
[145,150]	0	100%



North American Pharmacist Licensure Examination (NAPLEX)
for
Louisiana Board of Pharmacy

	2021			*2020*			*2019*			*2018*		
	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec
First-Time Candidates, ACPE-Accredited Programs Only												
No. of State Candidates							3	181	21	1	204	24
State Pass Rate							66.67%	90.06%	61.90%	0.00%	89.22%	45.83%
State Scaled Score Mean							71.33	94.68	81.62	50.00	94.10	76.04
No. of National Candidates							374	12,364	1,777	290	12,271	2,019
National Pass Rate							67.11%	90.59%	67.59%	64.48%	91.64%	72.76%
National Scaled Score Mean							82.00	96.80	82.58	72.20	97.54	84.56
All Candidates												
No. of State Candidates							24	186	41	17	215	50
State Pass Rate							70.83%	88.17%	60.98%	35.29%	86.98%	50.00%
State Scaled Score Mean							76.50	94.04	78.93	72.88	93.10	76.24
No. of National Candidates							1,344	13,199	3,425	1,349	13,152	3,582
National Pass Rate							61.24%	88.52%	64.55%	56.56%	89.57%	69.24%
National Scaled Score Mean							77.80	95.54	80.17	77.61	96.25	82.00

North American Pharmacist Licensure Examination (NAPLEX)

University of Louisiana at Monroe

	2017			*2016*			*2015*			*2014*		
	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec
TOTAL CANDIDATE GROUP												
No. of Candidates	11	95	22	4	94	18	4	79	9 / 3	1	68	11
Mean Scaled Score - School	87.45	90.85	78.32	60.25	87.35	83.76	82.00	94.93	83.89/89.67	101.00	95.10	82.27
Mean Scaled Score - State	80.50	90.83	77.78	66.88	89.27	77.06	82.15	95.51	85.60/73.62	73.85	96.45	80.88
Mean Scaled Score - National	79.33	95.88	80.89	74.52	84.81	81.48	83.84	100.46	88.25/73.84	80.22	101.71	89.22
School Pass Rate:	81.82	84.21	54.55	0.00	76.6	77.78	50.00	89.87	77.78/100	100.00	89.71	63.64
State Pass Rate:	70.59	82.76	63.64	22.22	77.61	54.72	69.23	88.24	76.00/46.15	53.85	90.75	70.59
National Pass Rate:	62.73	88.07	65.47	48.80	85.71	65.32	67.06	92.29	77.64/46.27	63.24	93.86	79.77
FIRST-TIME CANDIDATE GROUP												
No. of Candidates	2	92	7	1	91	4	1	78	5 / 0	1	68	3
Mean Scaled Score - School	72.50	91.55	78.14	31.00	87.62	79.67	74.00	94.62	83.60 / 0	101.00	95.10	92.00
Mean Scaled Score - State	87.50	91.6	74.81	47.33	89.71	71.05	77.00	96.08	86.50 / 0	85.00	96.96	83.34
Mean Scaled Score - National	86.04	97.19	83.79	78.95	95.9	83.02	94.01	101.53	91.24 / 0	90.89	102.80	93.94
School Pass Rate:	50.00	85.87	57.14	0.00	76.92	50.00	0.00	89.74	80.00 / 0	100.00	89.71	66.67
State Pass Rate:	75.00	84.46	51.85	0.00	78.07	38.10	33.33	89.34	75.00 / 0	100.00	92.12	73.68
National Pass Rate:	76.19	90.22	69.31	57.75	87.78	65.64	84.96	93.86	81.88 / 0	83.15	95.61	85.36

North American Pharmacist Licensure Examination (NAPLEX)

University of Louisiana at Monroe

	2013			***2012***			***2011***			***2010***		
	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec
TOTAL CANDIDATE GROUP												
No. of Candidates	3	40	7	6	80	17	2	91	9	3	67	6
Mean Scaled Score - School	92.00	100.45	88.43	75.33	97.14	85.41	67.50	97.40	87.22	98.00	99.97	93.17
Mean Scaled Score - State	77.25	98.66	86.88	81.25	98.42	86.95		99.66	85.27	83.15	94.22	80.13
Mean Scaled Score - National	80.17	102.78	87.03	83.15	102.81	88.15	83.97	103.27	88.08	84.75	101.11	84.90
School Pass Rate:	100.00	90.00	100.00	83.33	92.50	82.35	0.00	89.01	77.78	100.00	95.52	100.00
State Pass Rate:	55.56	92.95	81.82	68.75	93.82	76.19		90.81	73.17	61.54	83.24	65.00
National Pass Rate:	61.07	94.65	75.91	68.33	95.21	77.86	67.85	94.16	76.57	65.07	92.39	72.20
FIRST-TIME CANDIDATE GROUP												
No. of Candidates	3	38	4	2	80	9	1	87	3	0	67	2
Mean Scaled Score - School	92.00	101.68	92.00	49.50	97.14	87.11	62.00	99.39	84.67	0.00	99.97	97.00
Mean Scaled Score - State	80.75	99.30	88.33	84.00	99.47	91.00		100.88	83.70	92.00	94.46	90.75
Mean Scaled Score - National	92.48	104.02	92.69	94.87	104.13	95.75	96.99	105.03	96.71	100.12	103.06	94.26
School Pass Rate:	100.00	92.11	100.00	50.00	92.50	77.78	0.00	93.10	66.67	0.00	95.52	100.00
State Pass Rate:	75.00	94.08	83.33	75.00	95.35	72.73		93.18	74.07	66.67	84.15	83.33
National Pass Rate:	85.14	96.57	84.46	87.69	97.19	90.14	87.50	96.57	89.24	88.38	95.31	86.71

North American Pharmacist Licensure Examination (NAPLEX)

University of Louisiana at Monroe

	2009			*2008*			*2007*			*2006*		
	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec
TOTAL CANDIDATE GROUP												
No. of Candidates	6	91	8	11	98	12	3	90	23	2	60	10
Mean Scaled Score - School	97.83	113.84	77.25	94.73	106.39	93.83	107.67	117.27	101.57	98.00	113.17	95.80
Mean Scaled Score - State	94.80	108.26	84.32	93.70	103.31	95.41	88.00	117.29	94.73	86.67	111.87	96.07
Mean Scaled Score - National	93.72	112.51	93.62	96.76	112.08	96.61	89.95	113.33	94.18	86.89	107.02	93.18
School Pass Rate:	83.33	95.60	50.00	90.91	92.86	83.33	100.00	95.56	78.26	100.00	93.33	80.00
State Pass Rate:	80.00	92.64	63.16	90.00	90.34	82.76	63.64	95.52	74.51	77.78	89.17	79.31
National Pass Rate:	76.40	95.03	78.20	83.11	95.48	81.96	71.38	94.47	78.76	68.82	90.52	77.07
FIRST-TIME CANDIDATE GROUP												
No. of Candidates	3	88	3	3	97	5	3	89	19	2	58	4
Mean Scaled Score - School	93.00	115.34	78.33	110.33	106.76	95.80	107.67	117.66	103.05	98.00	114.59	125.00
Mean Scaled Score - State	86.00	108.80	84.10	96.00	104.42	95.82	103.40	118.18	95.00	93.33	112.95	95.41
Mean Scaled Score - National	106.27	114.65	102.87	106.63	114.11	103.62	102.16	116.00	102.19	97.18	110.34	99.96
School Pass Rate:	66.67	96.59	33.33	100.00	93.81	80.00	100.00	95.51	78.95	100.00	94.83	100.00
State Pass Rate:	57.14	93.04	60.00	83.33	92.35	82.35	100.00	96.69	76.74	100.00	90.38	70.59
National Pass Rate:	90.76	97.50	89.51	92.24	97.44	90.66	84.09	97.23	88.12	81.12	94.49	84.74

North American Pharmacist Licensure Examination (NAPLEX)

University of Louisiana at Monroe

	2005			***2004***			***2003***			***2002***		
	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec
TOTAL CANDIDATE GROUP												
No. of Candidates	9	72	17	3	64	18	10	70	24	13	62	27
Mean Scaled Score - School	82.67	104.17	101.65	85.67	105.30	94.83	78.40	101.44	92.50	82.85	100.24	89.56
Mean Scaled Score - State	95.00	101.77	92.50	81.33	103.47	96.71	77.50	99.40	87.33	75.50	101.46	87.48
Mean Scaled Score - National	91.32	104.85	87.72	92.13	102.16	91.70	91.50	101.40	89.40	90.81	101.21	90.02
School Pass Rate:	88.89	90.28	94.12	100.00	96.88	94.44	60.00	95.71	87.50	84.62	85.48	77.78
State Pass Rate:	100.00	87.83	78.57	83.33	96.12	100.00	62.50	94.90	80.00	50.00	85.90	70.37
National Pass Rate:	82.88	89.15	71.73	83.22	95.11	84.79	82.77	93.84	79.55	81.52	93.76	81.73
FIRST-TIME CANDIDATE GROUP												
No. of Candidates	5	70	11	2	58	17	2	64	16	13	61	20
Mean Scaled Score - School	81.40	105.09	110.09	87.00	107.34	93.47	73.50	102.69	98.56	82.85	100.44	92.80
Mean Scaled Score - State	101.50	103.64	98.94	84.00	105.61	99.73	74.00	100.41	92.38	81.89	103.71	91.15
Mean Scaled Score - National	98.84	107.67	95.89	100.14	104.14	96.60	97.39	103.38	95.88	95.13	103.00	94.62
School Pass Rate:	80.00	91.43	100.00	100.00	100.00	94.12	50.00	96.88	100.00	84.62	85.25	75.00
State Pass Rate:	100.00	90.09	88.89	100.00	100.00	100.00	66.67	95.65	90.48	77.78	90.28	70.00
National Pass Rate:	91.31	92.86	82.12	95.07	97.38	92.22	91.47	96.54	89.64	89.27	96.74	88.52

North American Pharmacist Licensure Examination (NAPLEX)

University of Louisiana at Monroe

	2001			*2000*		
	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec
TOTAL CANDIDATE GROUP						
No. of Candidates	40	30	10	76	47	18
Mean Scaled Score - School	88.93	87.30	87.00	96.51	91.62	88.61
Mean Scaled Score - State	84.66	93.82	82.05	96.75	88.52	86.05
Mean Scaled Score - National	90.25	101.70	90.50	91.78	99.86	91.21
School Pass Rate:	85.00	90.00	90.00	96.05	82.98	88.89
State Pass Rate:	75.86	89.29	70.00	92.50	78.57	77.27
National Pass Rate:	81.07	94.38	83.69	82.95	92.05	83.04
FIRST-TIME CANDIDATE GROUP						
No. of Candidates	37	20	6	71	33	9
Mean Scaled Score - School	88.32	86.90	90.67	97.13	96.00	94.00
Mean Scaled Score - State	88.78	95.92	85.93	97.49	93.61	87.77
Mean Scaled Score - National	94.54	103.35	94.22	96.51	101.85	96.48
School Pass Rate:	83.78	85.00	100.00	95.77	96.97	100.00
State Pass Rate:	83.33	91.84	73.33	94.59	93.18	84.62
National Pass Rate:	87.91	96.75	90.10	91.44	95.44	91.39

North American Pharmacist Licensure Examination (NAPLEX)

Xavier College of Pharmacy

	2017			***2016***			***2015***			***2014***		
	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec
TOTAL CANDIDATE GROUP												
No. of Candidates	25	127	45	16	123	43	15	141	22 / 9	18	138	27
Mean Scaled Score - School	77.68	90.03	74.84	61.87	89.84	75.2	72.13	96.03	86.73/59.78	70.72	96.29	80.41
Mean Scaled Score - State	80.50	90.83	77.78	66.88	89.27	77.06	82.15	95.51	85.60/73.62	73.85	96.45	80.88
Mean Scaled Score - National	79.33	95.88	80.89	74.52	94.81	81.48	83.84	100.46	88.25/73.84	80.22	101.71	89.22
School Pass Rate:	64.00	80.31	55.56	25.00	78.05	51.16	53.33	85.11	86.36/22.22	50.00	92.75	70.37
State Pass Rate:	70.59	82.76	63.64	22.22	77.61	54.72	69.23	88.24	76.00/46.15	53.85	90.75	70.59
National Pass Rate:	62.73	88.07	65.47	48.80	85.71	65.32	67.06	92.29	77.64/46.27	63.24	93.86	79.77
FIRST-TIME CANDIDATE GROUP												
No. of Candidates	1	121	23	4	114	22	4	137	10 / 1	3	131	18
Mean Scaled Score - School	111.00	90.57	73.00	63.67	91.1	74.81	84.75	97.31	89.60/27.00	61.00	97.15	82.33
Mean Scaled Score - State	87.50	91.60	74.81	47.33	89.71	81.05	77.00	96.08	86.50/73.67	85.00	96.96	83.84
Mean Scaled Score - National	86.04	97.19	83.79	78.95	95.9	83.02	94.01	101.53	91.24/81.00	90.89	102.80	93.94
School Pass Rate:	100.00	81.82	39.13	25.00	80.7	50.00	75.00	87.59	80.00 / 0	66.67	93.89	72.22
State Pass Rate:	75.00	84.46	51.85	0.00	78.07	38.10	33.33	89.34	75.00/33.33	100.00	92.12	73.68
National Pass Rate:	76.19	90.22	69.31	57.75	87.78	65.64	84.96	93.86	81.88/58.74	83.15	95.61	85.36

North American Pharmacist Licensure Examination (NAPLEX)

Xavier College of Pharmacy

	2013			*2012*			*2011*			*2010*		
	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec
TOTAL CANDIDATE GROUP												
No. of Candidates	10	136	43	13	120	21	25	124	45	19	148	52
Mean Scaled Score - School	68.67	95.13	81.47	76.69	95.13	83.24	76.00	99.13	85.04	73.63	89.73	77.15
Mean Scaled Score - State	77.25	98.66	86.88	81.25	98.42	86.95		99.66	85.27	83.15	94.22	80.13
Mean Scaled Score - National	80.17	102.78	87.03	83.15	102.81	88.15	83.97	103.27	88.08	84.75	101.11	84.90
School Pass Rate:	40.00	86.03	65.12	46.15	90.00	61.90	64.00	87.10	75.56	42.11	75.00	59.62
State Pass Rate:	55.56	92.95	81.82	68.75	93.82	76.19		90.81	73.17	61.54	83.24	65.00
National Pass Rate:	61.07	94.65	75.91	68.33	95.21	77.86	67.85	94.16	76.57	65.07	92.39	72.20
FIRST-TIME CANDIDATE GROUP												
No. of Candidates	1	131	29	3	111	12	6	115	33	6	143	16
Mean Scaled Score - School	47.00	96.65	82.76	84.67	97.71	95.58	61.00	101.95	85.45	79.83	90.78	84.00
Mean Scaled Score - State	80.75	99.30	88.33	84.00	99.47	91.00		100.88	83.70	92.00	94.46	90.75
Mean Scaled Score - National	92.48	104.02	92.69	94.87	104.13	95.75	96.99	105.03	96.71	100.12	103.06	94.26
School Pass Rate:	0.00	89.31	68.97	66.67	93.69	91.67	16.67	92.17	81.82	50.00	76.92	75.00
State Pass Rate:	75.00	94.08	83.33	75.00	95.35	72.73		93.18	74.07	66.67	84.15	83.33
National Pass Rate:	85.14	96.57	84.46	87.69	97.19	90.14	87.50	96.57	89.24	88.38	95.31	86.71

North American Pharmacist Licensure Examination (NAPLEX)

Xavier College of Pharmacy

	2009			*2008*			*2007*			*2006*		
	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec
TOTAL CANDIDATE GROUP												
No. of Candidates	18	138	28	22	138	55	17	81	56	20	94	48
Mean Scaled Score - School	80.33	97.59	86.96	81.36	96.77	89.82	74.18	109.07	86.77	72.15	106.20	92.81
Mean Scaled Score - State	94.80	108.26	84.32	93.70	103.31	95.41	88.00	117.29	94.73	86.67	111.87	96.07
Mean Scaled Score - National	93.72	112.51	93.62	96.76	112.08	96.61	89.95	113.33	94.18	86.89	107.02	93.18
School Pass Rate:	61.11	83.33	71.43	68.18	81.88	76.36	52.94	83.95	64.29	50.00	82.98	77.08
State Pass Rate:	80.00	92.64	63.16	90.00	90.34	82.76	63.64	95.52	74.51	77.78	89.17	79.31
National Pass Rate:	76.40	95.03	78.20	83.11	95.48	81.96	71.38	94.47	78.76	68.82	90.52	77.07
FIRST-TIME CANDIDATE GROUP												
No. of Candidates	6	127	12	5	124	36	3	68	46	5	87	31
Mean Scaled Score - School	81.00	99.77	83.33	85.40	98.77	92.47	94.67	114.60	90.50	69.40	109.32	93.10
Mean Scaled Score - State	86.00	108.80	84.10	96.00	104.42	95.82	103.40	118.18	95.00	93.33	112.95	95.41
Mean Scaled Score - National	106.27	114.65	102.87	106.63	114.11	103.62	102.16	116.00	102.19	97.18	110.34	99.96
School Pass Rate:	50.00	86.61	66.67	80.00	84.68	80.56	100.00	92.65	71.74	40.00	86.21	77.42
State Pass Rate:	57.14	93.04	60.00	83.33	92.35	82.35	100.00	96.69	76.74	100.00	90.38	70.59
National Pass Rate:	90.76	97.50	89.51	92.24	97.44	90.66	84.09	97.23	88.12	81.12	94.49	84.74

North American Pharmacist Licensure Examination (NAPLEX)

Xavier College of Pharmacy

	2005			*2004*			*2003*			*2002*		
	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec
TOTAL CANDIDATE GROUP												
No. of Candidates	6	95	30	10	82	19	19	90	40	22	69	48
Mean Scaled Score - School	83.00	98.92	73.07	76.40	98.99	91.68	79.42	94.46	84.33	76.00	93.23	86.98
Mean Scaled Score - State	95.00	101.77	92.50	81.33	103.47	96.71	77.50	99.40	87.33	75.50	101.46	87.48
Mean Scaled Score - National	91.32	104.85	87.72	92.13	102.16	91.70	91.50	101.40	89.40	90.81	101.21	90.02
School Pass Rate:	83.33	86.32	56.67	70.00	96.34	84.21	68.42	90.00	75.00	54.55	79.71	85.42
State Pass Rate:	100.00	87.83	78.57	83.33	96.12	100.00	62.50	94.90	80.00	50.00	85.90	70.37
National Pass Rate:	82.88	89.15	71.73	83.22	95.11	84.79	82.77	93.84	79.55	81.52	93.76	81.73
FIRST-TIME CANDIDATE GROUP												
No. of Candidates	3	90	19	2	79	10	8	83	26	8	63	40
Mean Scaled Score - School	85.00	101.34	79.79	72.50	100.06	98.80	87.75	95.34	88.04	80.63	95.00	88.60
Mean Scaled Score - State	101.50	103.64	98.94	84.00	105.61	99.73	74.00	100.41	92.38	81.89	103.71	91.15
Mean Scaled Score - National	98.84	107.67	95.89	100.14	104.14	96.60	97.39	103.38	95.88	95.13	103.00	94.62
School Pass Rate:	66.67	88.89	68.42	50.00	98.73	100.00	87.50	90.36	80.77	75.00	84.13	90.00
State Pass Rate:	100.00	90.09	88.89	100.00	100.00	100.00	66.67	95.65	90.48	77.78	90.28	70.00
National Pass Rate:	91.31	92.86	82.12	95.07	97.38	92.22	91.47	96.54	89.64	89.27	96.74	88.52

North American Pharmacist Licensure Examination (NAPLEX)

Xavier College of Pharmacy

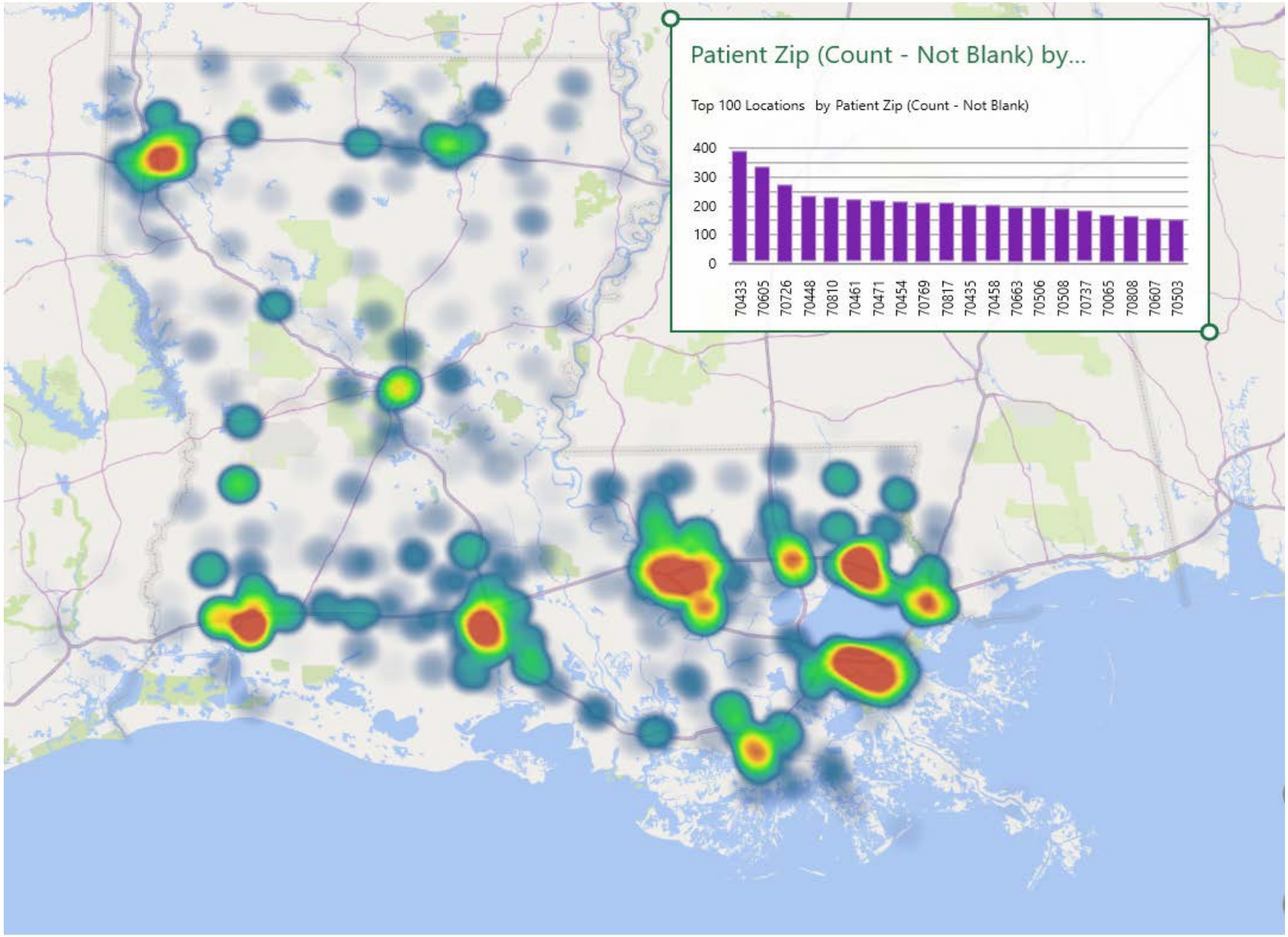
	2001			*2000*		
	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec
TOTAL CANDIDATE GROUP						
No. of Candidates	28	85	40	10	80	43
Mean Scaled Score - School	76.50	93.14	85.15	77.60	87.99	81.67
Mean Scaled Score - State	84.66	93.82	82.05	96.75	88.52	86.05
Mean Scaled Score - National	90.25	101.70	83.69	91.78	99.86	91.21
School Pass Rate:	57.14	85.88	82.50	60.00	77.50	62.79
State Pass Rate:	75.86	89.29	70.00	92.50	78.57	77.27
National Pass Rate:	81.07	94.38	83.69	82.95	92.05	83.04
FIRST-TIME CANDIDATE GROUP						
No. of Candidates	10	74	29	1	77	23
Mean Scaled Score - School	74.80	95.92	86.48	95.00	88.19	82.13
Mean Scaled Score - State	88.78	95.92	85.93	97.49	93.61	87.77
Mean Scaled Score - National	94.54	103.35	94.22	96.51	101.85	96.48
School Pass Rate:	50.00	90.54	82.76	100.00	77.92	65.22
State Pass Rate:	83.33	91.84	73.33	94.59	93.18	84.62
National Pass Rate:	87.91	96.75	90.10	91.44	95.44	91.39

National Healthcareers Association
ExCPT

	Calendar Year 2021				Calendar Year 2020			
	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
First-Time Candidate Group								
No. of LA Candidates					40			
No. of LA Candidates who passed					27			
State Pass Rate					68%			
No of National Candidates					1503			
No. of National Candidates who passed					1101			
National Pass Rate					73%			
Multiple Attempts Group								
No. of LA Candidates					0			
No. of LA Candidates who passed								
State Pass Rate								
No. of National Caniddates					66			
No. of National Candidates who passed					33			
National Pass Rate					50%			

National Healthcareers Association
ExCPT

	Calendar Year 2019				Calendar Year 2018			
	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
First-Time Candidate Group								
No. of LA Candidates	48	71	58	56	7	32	34	32
No. of LA Candidates who passed	41	39	35	36	2	16	20	22
State Pass Rate	85%	56%	60%	64%	29%	50%	59%	69%
No of National Candidates	1835	3942	1536	1602				
No. of National Candidates who passed	1356	2503	1123	1183				
National Pass Rate	74%	63%	73%	74%	66%	61%	70%	70%
Multiple Attempts Group								
No. of LA Candidates	1	1	1	0	2	6	2	5
No. of LA Candidates who passed	1	1	0	0	1	3	2	2
State Pass Rate	100%	100%	0%	0%	50%	50%	100%	40%
No. of National Caniddates	172	194	72	85				
No. of National Candidates who passed	94	95	37	36				
National Pass Rate	55%	49%	51%	42%	62%	47%	40%	55%


Patient Zip (Count - Not Blank) by...
Top 100 Locations by Patient Zip (Count - Not Blank)
400
300
200
100
0
70433
70605
70726
70448
70810
70461
70471
70454
70769
70817
70435
70458
70663
70506
70508
70737
70065
70808
70607
70503

Louisiana Board of Pharmacy

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Baton Rouge, Louisiana 70809-1700
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Interim Legislative Report

2020-0523 @ 1800

Regular Session of the 2020 Louisiana Legislature
Convened 2020-0309 @ 1200 – Temporarily adjourned 2020-0316 @ 1800
Reconvened 2020-0331 @ 1100 – Temporarily adjourned 2020-0331 @ 1200
Convened 2020-0504 @ 0900 – Shall adjourn no later than 2020-0601 @ 1800

Last Items Reviewed

HB	871	HR	52	HCR	94	HSR	1	HCSR	4		
SB	518	SR	59	SCR	72	SSR	0	SCSR	0	Acts	0

Total = 1,671 Items on Watch List = 82

House of Representatives

Bills

HB 6 G. Miller House & Governmental Affairs
Provides relative to reports by executive branch agencies. [*Gov sig*]

01-21-2020	Prefiled and referred to committee.
03-19-2020	On agenda – not considered due to temporary adjournment.
04-02-2020	On agenda – meeting canceled on 03-27-2020.
05-06-2020	Reported favorably.
05-13-2020	Engrossed; passed to third reading.
05-15-2020	Amended, then passed House (97-0); sent to the Senate.
05-18-2020	Referred to Senate Committee on Governmental Affairs.
05-20-2020	Amended, then reported favorably; referred to Legislative Bureau.
05-21-2020	Reported without amendment; passed to third reading.
05-25-2020	***Scheduled for floor debate and final passage.***

Removes a current provision providing an automatic expiration of certain reports, and in its place, requires such agencies to prepare a special report directed to the Speaker of the House of Representatives and President of the Senate no later than 01-01-2022 and every four years thereafter, a listing of all such reports, the citation of law requiring the agency to produce the report, an estimate of the agency resources required to produce the report, and a determination regarding the continued necessity of the report. The bill requires the leader of each chamber to refer the special report to the committee of jurisdiction for their evaluation of the special report and a determination of the continued necessity of the report. When a standing committee determines a report is no longer necessary, the committee shall cause the introduction of legislation to repeal the requirement for the report. ***House floor amendment*** *changed the requirement for the agency's determination regarding the continued necessity of the report to the agency's opinion regarding the continued necessity of the report.* ***Senate committee amendment*** *repeals the section of law [RS 49:1401], with a net effect of continuing all existing reports until they are specifically repealed by legislative act.*

HB 7 G. Miller House & Governmental Affairs
Provides relative to reports by executive branch agencies. [*Gov sig*]

01-21-2020 Prefiled and referred to committee.
03-19-2020 On agenda – not considered due to temporary adjournment.
04-02-2020 On agenda – meeting canceled on 03-27-2020.

This bill simply repeals the same provision referenced in HB 6 {R.S. 49:1401} and does not replace it with the special report described in the new provisions of HB 6.

HB 45 G. Miller House & Governmental Affairs
Provides relative to certain licensing boards. [*01-01-2021*]
02-07-2020 Prefiled and referred to committee.
03-19-2020 On agenda – not considered due to temporary adjournment.
04-02-2020 On agenda – meeting canceled on 03-27-2020.

This bill applies to all licensing boards authorized in Title 37 – Professions & Occupations, which includes the Board of Pharmacy. Current law requires us to submit quarterly reports to the House & Senate Governmental Affairs Committees about complaints against the board itself. The bill would change the recipient of the reports from the legislative committees to the legislative auditor, and further, would specify the due date of the report as the 15th day of the month following the end of the calendar quarter.

HB 48 G. Miller House & Governmental Affairs
Repeals certain reporting and notice requirements applicable to certain licensing boards and commissions. [*Gov sig*]
02-07-2020 Prefiled and referred to committee.
03-19-2020 On agenda – not considered due to temporary adjournment.
04-02-2020 On agenda – meeting canceled on 03-27-2020.

This bill proposes to repeal the quarterly report certain licensing boards (including the Board of Pharmacy) are required to file concerning complaints against the board itself.

HB 49 Marcelle Administration of Criminal Justice
Provides relative to penalties for possession of marijuana. [*08-01-2020*]
02-07-2020 Prefiled and referred to committee.

This bill seeks to amend the criminal penalties for first conviction for possession of marijuana, as follows:

- *For possession of 14 grams or less – retains $300 maximum fine; removes option for 15-day maximum prison time; adds option for up to 48 hours of community service.*
- *For possession of more than 14 grams but less than 28 grams – reduces maximum fine from $500 to $300; retains maximum prison time of 6 months; adds option for up to 48 hours of community service.*
- *For possession of 28 grams or more – retains maximum fine of $500 as well as maximum prison time of 6 months; adds option for up to 48 hours of community service.*

One issue of concern is the failure to differentiate between botanical and concentrate forms of marijuana. Upon adoption in its original form, this bill will require an update to the Louisiana Pharmacy Law Book.

HB 71 Mack Administration of Criminal Justice
Provides relative to the execution of a death sentence. [*08-01-2020*]
02-13-2020 Prefiled and referred to committee.
02-20-2020 Withdrawn from the files of the House.

This bill seeks to amend the current law relative to execution of death sentences as well as the public records law to provide that any person who manufactures, distributes, prescribes, compounds, or dispenses any substance, supply, or equipment used in execution of death sentence shall be confidential and shall not be public record, nor be subject to disclosure, nor be discoverable, nor be admissible as evidence in any proceeding. Provides that the Administrative Procedure Act shall not apply to such records. Provides that such protections shall apply retroactively, no matter when made, including any pending litigation. Specifically includes pharmacists, pharmacies, distributors, and outsourcing facilities. This bill was withdrawn in favor of HB 222 (see below).

HB 89 James Administration of Criminal Justice

Adds certain substances to the Uniform Controlled Dangerous Substances Law. [*08-01-2020*]

02-17-2020	Prefiled and referred to committee.
03-19-2020	On agenda – not considered due to temporary adjournment.
05-06-2020	Amended, then reported favorably.
05-13-2020	Engrossed; passed to third reading.
05-15-2020	Amended, then passed House (97-0); sent to the Senate.
05-18-2020	Referred to Senate Committee on Judiciary-C.
05-19-2020	Reported favorably; referred to Legislative Bureau.
05-20-2020	Reported without amendment; passed to third reading.
05-21-2020	Passed Senate (34-0); returned to the House; Received in the House without amendment.
05-22-2020	Enrolled; signed by House Speaker.

This bill originated as the Board's Legislative Proposal 2020-B ~ CDS Update (Draft #2). We are aware of new scheduling actions from the DEA, so we will prepare an amendment for the first committee hearing for this bill. Upon adoption in its original form, this bill will require an update to the Louisiana Pharmacy Law Book. ***House committee amendments*** *added new drugs consistent with recent DEA scheduling actions.* ***House floor amendment*** *was technical in nature.*

HB 91 Bagley Health & Welfare

Re-creates the La. Dept. of Health. [*06-30-2020*]

02-18-2020	Prefiled and referred to committee.
03-11-2020	Committee reported favorably (15-0). Engrossed; passed to third reading.
03-16-2020	Scheduled for floor debate – not considered due to temporary adjournment.
05-07-2020	Passed House (94-0); sent to the Senate.
05-12-2020	Referred to Senate Committee on Health & Welfare.
05-20-2020	Reported favorably; referred to Legislative Bureau.
05-21-2020	Reported without amendment; passed to third reading.
05-25-2020	***Scheduled for floor debate and final passage.***

This bill re-creates the La. Dept. of Health as well as all the statutory entities associated therewith, including the Board of Pharmacy and the Prescription Monitoring Program Advisory Council. The bill extends the existing 'sunset' date to June 30, 2025.

HB 127 Villio Administration of Criminal Justice

Provides relative to certain offenses when the offender knowingly consumes quantities of a drug that exceed the prescribed or recommended dosage. [*08-01-2020*]

02-20-2020	Prefiled and referred to committee.
05-13-2020	Reported favorably.
05-18-2020	Engrossed; passed to third reading.
05-22-2020	Amended, then failed to pass the House (29-56).

This bill seeks to amend the existing definitions of the crimes of driving while intoxicated and other crimes related to vehicular injury or homicide by removing the requirement that the offender knowingly consumed a quantity of drug higher than prescribed or recommended. ***House floor amendment*** *inserted a provision that an affirmative defense would exist if the pharmacy dispensing label or the manufacturer's label did not contain either a warning that the drug could cause drowsiness or dizziness, or in the alternative, a warning to avoid or use care when operating a vehicle, vessel, or other machinery.*

HB 158 Marino Health & Welfare

Authorizes the recommendation of medical marijuana in treating certain neurodegenerative diseases and conditions. [*08-01-2020*]

02-24-2020	Prefiled and referred to committee.
05-13-2020	Reported favorably.
05-15-2020	Engrossed; passed to third reading.
05-21-2020	Passed House (80-10); sent to the Senate.

05-22-2020 Referred to Senate Committee on Health & Welfare.

This bill seeks to amend the list of qualifying medical conditions for medical marijuana by replacing the entry for Parkinson's disease with a list of seven neurodegenerative conditions including Parkinson's. Upon adoption in its original form, this bill will require an update to the Louisiana Pharmacy Law Book.

HB 222 Mack Administration of Criminal Justice
Provides relative to the execution of a death sentence. [*08-01-2020*]
02-26-2020 Prefiled and referred to committee.

This bill is similar to HB 71 (see above), except that it requires the Board of Pharmacy and Board of Medical Examiners to perform potency testing of drugs intended for use in death penalty executions, while the state crime lab or a private lab approved by the state crime lab shall perform the purity testing of those drugs. Further, the bill provides that if the drugs needed for the death penalty are not available, then the method of execution shall be by nitrogen hypoxia.

HB 244 Lyons Health & Welfare
Provides relative to marijuana pharmacies, creates the Medical Marijuana Affordable Access Council, and authorizes the regulation of medical marijuana prices. [*08-01-2020*]
02-26-2020 Prefiled and referred to committee.
02-27-2020 Withdrawn from the files of the House.

This bill creates the Medical Marijuana Affordable Access Council, a 13-member organization whose primary function shall be to recommend to the Board of Pharmacy a maximum price to consumers for each of the various medical marijuana products. The president of the Board of Pharmacy is one of the members of the council. The Board of Pharmacy shall be responsible for administrative support of the council, shall convene the organizational meeting, and fix a time and place for the quarterly council meetings. The Board of Pharmacy shall promulgate rules to regulate and enforce the price limits recommended to the Board by the council. Another section of this bill changes the maximum number of marijuana pharmacy permits, from the current 10 in the state to a maximum of 2 per ZIP code. Upon adoption in its original form, this bill will require an update to the Louisiana Pharmacy Law Book.

HB 297 Jordan Insurance
Provides for the membership of the pharmacy benefit manager monitoring advisory council. [*Gov sig*]
02-26-2020 Prefiled and referred to committee.
05-13-2020 On agenda – not considered.
05-19-2020 Amended, then involuntarily deferred.

This bill seeks to amend the qualifications of one of the members of the PBM Advisory Council. One of the 20 spots is reserved for the president of a PBM licensed by the Board of Pharmacy selected by the Pharmaceutical Care Management Association (PCMA) from a list of eligible and interested persons. The bill would change the assignment to the president of PCMA. Upon adoption in its original form, this bill will require an update to the Louisiana Pharmacy Law Book. ***House committee amendment*** *would allow the President of PCMA to appoint a representative from a PBM licensed by the Board of Pharmacy.*

HB 315 Stefanski House & Governmental Affairs
Provides relative to meetings of public bodies. [*08-01-2020*]
02-26-2020 Prefiled and referred to committee.

This bill seeks to amend the Open Meetings Law. If adopted in its original form, it will require changes in how motions are made for executive session, to add new items to an agenda, and to change the sequence of items on the agenda.

HB 330 Lyons Health & Welfare
Adds chronic pain associated with fibromyalgia to the set of conditions qualifying a patient for treatment with medical marijuana. [*08-01-2020*]
02-27-2020 Prefiled and referred to committee.
05-13-2020 Reported favorably.
05-15-2020 Engrossed; passed to third reading.

05-21-2020 Passed House (74-18); sent to the Senate.
05-22-2020 Referred to Senate Committee on Health & Welfare.

This bill seeks to add "chronic pain associated with fibromyalgia" to the list of qualifying medical conditions in the medical marijuana law. Upon adoption in its original form, this bill will require an update to the Louisiana Pharmacy Law Book.

HB 345 Stefanski House & Governmental Affairs
Provides relative to public comment on agenda items at meetings of public bodies. [*08-01-2020*]
02-27-2020 Prefiled and referred to committee.

This bill seeks to amend the Open Meetings Law to change some of the provisions relative to public comments during meetings of public bodies.

HB 346 Glover Administration of Criminal Justice
{Constitutional Amendment} Authorizes local governing authorities to call an election for the purpose of allowing the sale, possession, distribution, and use of marijuana. [*11-03-2020*]
02-27-2020 Prefiled and referred to committee.

If adopted by a two-thirds vote in each chamber, this bill will place a question on the ballot in the November 3, 2020 statewide election as to whether the voters authorize the addition of a new Section 17 to Article XII of the Louisiana Constitution, authorizing local governing authorities to hold local elections to authorize the sale, possession, distribution, and use of marijuana.

HB 385 James Health & Welfare
Repeals the prohibition on medical marijuana in raw or crude form. [*08-01-2020*]
02-27-2020 Prefiled and referred to committee.
05-13-2020 Removed from agenda prior to meeting.

This bill seeks to amend the medical marijuana law to repeal the current prohibition on the use of raw or crude cannabis. Upon adoption in its original form, this bill will require an update to the Louisiana Pharmacy Law Book.

HB 386 James Health & Welfare
Adds to the set of debilitating conditions qualifying a patient for a recommendation of medical marijuana by a physician. [*08-01-2020*]
02-27-2020 Prefiled and referred to committee.
05-13-2020 Removed from agenda prior to meeting.

This bill seeks to amend the medical marijuana law by adding the following statement to the list of qualifying medical conditions: "Any condition not otherwise specified in this Subparagraph that a physician, in his medical opinion, considers debilitating to an individual patient and is qualified through his medical education and training to treat." Upon adoption in its original form, this bill will require an update to the Louisiana Pharmacy Law Book.

HB 389 Echols Appropriations
Provides for the disbursement of monies received in settlements from opioid manufacturers. [08-01-2020]
02-27-2020 Prefiled and referred to committee.

This bill establishes a special fund in the state treasury titled the "Louisiana Opioid Settlement Fund"; this is the fund intended to receive proceeds from settlement agreements with opioid manufacturers or other responsible parties. The administrator of the fund is ULM in conjunction with the ULM College of Pharmacy. The bill restricts the use of the monies to funding opioid education, overdose prevention efforts, and addiction research, treatment, and recovery. In particular, the bill mandates the following allocations:

(1) 20% shall be used for prevention efforts including:
(a) Education, addiction, and overdose prevention programs in colleges, universities, and elementary and secondary schools;

(b) Continuing medical education for medical providers;
(c) Training for medical students and residents
(2) 50% shall be used to address the current opioid crisis including:
(a) Rehabilitation and treatment services, including those provided by the Dept. of Public Safety and Corrections;
(b) Drug courts;
(c) Counseling services and training;
(d) Opioid antagonist training;
(e) Medication assisted treatment education;
(f) Law enforcement operations, including those conducted by sheriffs, state police, and municipal police.
(3) 30% shall be used for addiction and treatment research and development of opioid alternatives including:
(a) Non-addictive pharmaceutical research;
(b) Alternative pain management strategies.

The administrator shall determine the criteria for grant funding opportunities and shall establish a procedure for distribution of the grant funds. The administrator shall submit annual reports to the Joint Legislative Committee on the Budget with information on the grant applications received, funding distributed, and recipients of the funding.

HB 418 LaCombe Administration of Criminal Justice

Provides relative to immunity from prosecution for medical marijuana. [*08-01-2020*]

02-27-2020	Prefiled and referred to committee.
05-13-2020	Reported favorably.
05-18-2020	Engrossed; passed to third reading.
05-22-2020	Amended, then passed House (75-17); sent to the Senate.

This bill seeks to amend the controlled substance law, more specifically the section which provides immunity from prosecution to legitimate stakeholders in the statewide medical marijuana program. The bill seeks to add facilities licensed by the Dept. of Health caring for patients using medical marijuana from a marijuana pharmacy. Upon adoption in its original form, this bill will require an update to the Louisiana Pharmacy Law Book. ***House floor amendment*** *added another group to the list of entities with immunity from prosecution for medical marijuana, specifically the physicians recommending such products.*

HB 422 Emerson Commerce

Provides relative to apprenticeships. [*01-01-2021*]

02-27-2020	Prefiled and referred to committee.
05-11-2020	Amended, then reported favorably.
05-15-2020	Engrossed; passed to third reading.
05-20-2020	Amended, then passed House (100-0); sent to the Senate; Received in Senate; placed on calendar for second reading.
05-21-2020	Referred to Senate Cmte on Labor & Industrial Relations.

This bill seeks to enact a new Chapter 61 – Apprenticeships in Title 37 ~ Professions and Occupations. The new law requires licensing boards to promulgate rules to recognize apprenticeships that comply with 29 CFR Part 29, and to issue a license to persons who have completed an apprenticeship program, passed the required examination, and paid the licensing fee. House committee amendments changed the 'shall' to 'may' and made other technical changes. ***House floor amendment*** *allows the licensing board to set a passing score on their own examination that does not exceed the passing score on a standard examination, and further, allows the licensing board to set a licensing fee for credentials issued to applicants completing apprenticeships that does not exceed the licensing fee for credentials issued to other applicants.*

HB 424 Landry Health & Welfare

Prohibits physicians whose licenses have been revoked, suspended, or otherwise restricted from treating certain members of vulnerable populations. [*08-01-2020*]

02-27-2020	Prefiled and referred to committee.
05-13-2020	Voluntarily deferred.

This bill seeks to amend the medical practice act, to provide that no physician whose license has been revoked, suspended, or otherwise restricted shall practice medicine upon any child, any person who is confined, or any person with a disability (as defined by 42 USC 12102).

HB 455 LaCombe Health & Welfare
Authorizes recommendation of medical marijuana by physicians for patients in hospice or palliative care. [*08-01-2020*]

02-27-2020	Prefiled and referred to committee.
05-13-2020	Reported favorably.
05-15-2020	Engrossed; passed to third reading.
05-21-2020	Passed House (80-10); sent to the Senate.
05-22-2020	Placed on calendar for second reading.

This bill seeks to amend the medical marijuana law by adding to the list of qualifying medical conditions "any condition for which a patient is receiving hospice care or palliative care." Upon adoption in its original form, this bill will require an update to the Louisiana Pharmacy Law Book.

HB 459 Stagni Insurance
Provides for coverage of certain services and procedures performed by pharmacists. [*08-01-2020*]

02-27-2020	Prefiled and referred to committee.
05-06-2020	On agenda; voluntarily deferred for the session.

This bill seeks to amend the insurance law to provide that a health care plan, insurer, or PBM may not deny reimbursement to a pharmacist for services or procedures performed by pharmacists if the service or procedure i: (1) covered by the plan when performed by a physician, APRN, or PA and (2) performed in compliance with pharmacy laws and rules.

HB 467 Amedee Health & Welfare
Requires the provision of certain information to patients or parents of patients prior to administration of an immunization or vaccine. [*08-01-2020*]

02-28-2020	Prefiled and referred to committee.

This bill seeks to amend several sections of laws for physicians, nurses, physician assistants, pharmacists, and healthcare facilities relative to the administration of immunizations and vaccines. The new provisions will require all immunizers to provide certain information prior to the administration of the medication: (1) the disease or condition intended to treat or prevent, (2) the effectiveness of the drug, (3) any contraindications, (4) possible side effects, (5) ingredients, and (6) instructions for submitting reports of adverse reactions to VAERS.

HB 491 Echols Agriculture, Forestry, Aquaculture & Rural Development
Authorizes certain universities to conduct research and testing of state-regulated industrial hemp, CBD, and medical marijuana products. [*08-01-2020*]

02-28-2020	Prefiled and referred to committee.

This bill seeks to amend several sections of laws, including the industrial hemp, CBD, and medical marijuana laws, to add ULM to the current list of universities authorized to conduct research in those areas (LSU and Southern). Upon adoption in its original form, this bill will require an update to the Louisiana Pharmacy Law Book.

HB 498 Emerson Commerce
Provides relative to occupational license and examination fee waiver and payment plan for qualified individuals. [*08-01-2020*]

02-28-2020	Prefiled and referred to committee.
05-04-2020	Voluntarily deferred for one week.
05-11-2020	Amended, then reported favorably.
05-15-2020	Engrossed; passed to third reading.
05-20-2020	Amended, then passed House (98-0); sent to the Senate; Received in Senate; placed on calendar for second reading.
05-21-2020	Referred to Senate Committee on Commerce.

This bill amends the introductory section of Title 37 – Professions & Occupations, to require licensing boards to waive any fee charged for an initial license or examination to any individual who is otherwise qualified to receive a license and meets either of the two following conditions: (1) Receives public assistance including but not limited to food stamps, temporary assistance for needy families, Medicaid, disability insurance or resides in public housing; (2) earns less than 200% of the current federal poverty guidelines as established by the federal government. Bill also requires licensing agencies to provide payment plans in lieu of full license and examination fee payments for all initial applications and examinations to all individuals who apply; and further, there shall be no additional fees assessed on payment plans. ***House committee amendments*** *(1) provided an exception to the 200% eligibility criterion for those applicants who could not work because they were attending undergraduate or graduate school; (2) provided an adverse consequence for licensees not completing any payment plan within twelve months; and (3) exempted any licensing board which does not administer its own examinations.* ***House floor amendments*** *were technical in nature.*

HB 515 Wright House & Governmental Affairs
Provides relative to the content of the notice of intent of an agency's intended action regarding administrative rules. [*08-01-2020*]

02-28-2020	Prefiled and referred to committee.
05-13-2020	Amended, then reported favorably.
05-15-2020	Engrossed; passed to third reading.
05-21-2020	Passed House (98-0); sent to the Senate.
05-22-2020	Referred to Senate Committee on Governmental Affairs.

This bill seeks to amend the Administrative Procedure Act, to require an agency submitting a notice of intent for administrative rules to include any preamble it may have prepared, instead of the current provision which allows the notice to include information on how to obtain the preamble. ***House committee amendment*** *removed the option to prepare a preamble and requires the preparation of that portion of the notice document.*

HB 523 Mincey Health & Welfare
Provides relative to the distribution of kratom products. [*08-01-2020*]

02-28-2020	Prefiled and referred to committee.
05-13-2020	Removed from agenda prior to meeting.

This bill seeks to create a new part in the controlled substance law to authorize and regulate the sale of kratom products. Upon adoption in its original form, this bill will require an update to the Louisiana Pharmacy Law Book.

HB 546 James Administration of Criminal Justice
Provides for a proposition election regarding the decriminalization of marijuana. [*Multiple effective dates*]

02-28-2020	Prefiled and referred to committee.

This bill seeks to authorize a statewide proposition election on 11-03-2020 on the following question: "Shall the possession, distribution, or dispensing of marijuana, tetrahydrocannabinols, or chemical derivatives thereof by persons 21 years of age or older no longer be a criminal offense in the state of Louisiana?" If the bill passes, then it would become effective on 08-01-2020. If the majority of the voters approve that ballot item AND the legislature provides a regulatory system for the legal sale and distribution of marijuana and establishes a sales tax on those items by July 1, 2021, THEN additional sections of the bill would become effective, namely, the removal of marijuana from Schedule I of the state controlled substance law, the removal of the criminal penalties for marijuana, and the removal of immunity from prosecution for medical marijuana program participants.

HB 579 Davis Appropriations
Provides for the defense and indemnification of public officials and employees. [*Gov sig*]

02-28-2020	Prefiled and referred to committee.

This bill seeks to amend several sections of law relative to the state's defense and indemnification of certain state officials. The bill seeks to add members of boards and commissions to that law, and further,

to add antitrust claims to the list of covered actions. Requires the attorney general or private counsel appointed by the attorney general to represent the state and all its agencies for both tort and antitrust claims.

HB 595 Davis Health & Welfare

Creates and provides for the Task Force on Opioid Use Prevention, Treatment, and Recovery. [*08-01-2020*]

02-28-2020	Prefiled and referred to committee.
05-13-2020	Removed from agenda prior to meeting.

This bill seeks to create the named task force, assign it to the Dept. of Health's organizational structure, identify the 18 members of the task force and its leadership, and to provide its dual purposes: (1) lead a statewide policy response, coordinating resources, and engaging stakeholders across the state concerning prevention and treatment of opioid use disorder, as well as (2) develop recommendations on an annual basis to inform legislative and executive actions that address opioid use prevention, treatment, and recovery. The task force is authorized and encouraged to solicit input from 20 named entities, one of which is the Board of Pharmacy.

HB 608 Jordan Health & Welfare

Provides relative to the regulation of pharmacy benefit managers. [*07-01-2020*]

02-28-2020	Prefiled and referred to committee.
05-13-2020	Voluntarily deferred for one week.
05-19-2020	Voluntarily deferred.

This bill seeks to amend the PBM Licensing Law adopted last year which requires the Board of Pharmacy to license and regulate PBMs if they engage in certain activities enumerated within that law which are construed to be within the practice of pharmacy. The bill seeks to add a limitation on the Board's rules such that the Board shall not adopt any permitting requirements which conflict with those established in R.S. 22:1651 for third-party administrators. Upon adoption in its original form, this bill will require an update to the Louisiana Pharmacy Law Book.

HB 609 Jordan Insurance

Provides relative to the regulation of pharmacy benefit managers. [*07-01-2020*]

02-28-2020	Prefiled and referred to committee.
05-13-2020	On agenda – not considered.
05-19-2020	Amended, then voluntarily deferred.

This bill seeks to amend the PBM Licensing Law adopted last year. The bill seeks to limit a restriction identified in the unfair trade practices section of the law. In particular, the current law prohibits a PBM from buying, selling, transferring, or providing personal healthcare or contact information of any beneficiary to any other party for any purpose. The bill seeks to narrow the prohibition to transfers for compensation or remuneration. Further, the current law provides an exception by authorizing a PBM to provide protected beneficiary information to that health plan provider if requested by the health plan provider. The bill seeks to further authorize the release of such information to any other entity authorized pursuant to federal law to request the information. Upon adoption in its original form, this bill will require an update to the Louisiana Pharmacy Law Book. ***House committee amendments*** *removed the exception for transfers made for compensation or remuneration, and further allowed such transfers to both state and federal government entities.*

HB 613 Owen Commerce

Provides relative to the occupational licenses of military families. [*08-01-2020*]

02-28-2020	Prefiled and referred to committee.
05-04-2020	Deferred for one week.
05-11-2020	Amended, then reported favorably.
05-15-2020	Engrossed; passed to third reading.
05-20-2020	Amended, then passed House (100-0); sent to the Senate; Received in Senate; placed on calendar for second reading.
05-21-2020	Referred to Senate Committee on Commerce.

This bill seeks to amend the law relative to occupational licenses for military applicants and military spouse applicants. The bill adds dependents of military applicants and military spouses to the provisions requiring special licensing considerations. Upon adoption in its original form, this bill will require an update to the Louisiana Pharmacy Law Book. ***House committee amendment*** *changed application of bill from 'federal employees' to 'defense department employee.'* ***House floor amendments*** *(1) exempted nursing licenses and (2) were technical in nature.*

HB 616 Stagni Health & Welfare
Provides for disclosure of prescription drug cost information. [*08-01-2020*]
02-28-2020 Prefiled and referred to committee.
05-06-2020 On agenda – voluntarily deferred for the session.

This bill seeks to amend a section of the insurance law relative to PBM rebate transparency reports. In addition, the bill seeks to amend the pharmaceutical cost transparency law (which requires the reporting of drug cost information to the Board of Pharmacy) to add reporting requirements for pharmaceutical manufacturers. The bill requires annual reports to the Dept. of Health of drug price information for those products with a wholesale acquisition cost of $100 or more for a 30-day supply of the drug. Further, additional reporting is required when the price reported increases by 15% or more in one year or 40% or more over the three preceding years. The Dept. of Health is charged with posting those prices for the public on a website under its control. Upon adoption in its original form, this bill will require an update to the Louisiana Pharmacy Law Book.

HB 619 Turner Health & Welfare
Authorizes the La. Board of Pharmacy to charge fees for permitting of pharmacy benefit managers and provides for the frequency with which the board may assess other fees. [*08-01-2020*]
02-28-2020 Prefiled and referred to committee.
03-19-2020 On agenda – not considered due to temporary adjournment.
05-06-2020 Amended, then reported favorably.
05-13-2020 Engrossed; passed to third reading.
05-15-2020 Amended, then passed House (90-7); sent to the Senate.
05-18-2020 Referred to Senate Committee on Health & Welfare.

This bill originated as the Board's Legislative Proposal 2020-A ~ PBM Permit Fee + Renewal Fees (Draft #3). Upon adoption in its original form, this bill will require an update to the Louisiana Pharmacy Law Book. ***House committee amendment*** *was a technical clarification.* ***House floor amendments*** *were technical in nature.*

HB 622 Emerson Commerce
Provides relative to universal occupational or professional licensing regulation. [*01-01-2021*]
02-28-2020 Prefiled and referred to committee.
05-04-2020 Removed from agenda prior to meeting.
05-11-2020 Amended, then voluntarily deferred for the session.

This bill seeks to create a new chapter of rules at the end of Title 37 – Professions & Occupations and applies to all licensing boards within that title, which includes the Board of Pharmacy. The bill seeks to establish universal occupational and professional licensing in this state which will require boards to issue licenses to applicants demonstrating licensure in other states under certain circumstances as identified in the bill. Upon adoption in its original form, this bill will require an update to the Louisiana Pharmacy Law Book. ***House committee amendments*** *(1) preserved the ability of a board to administer examinations on Louisiana laws and rules, and (2) changed the effective date from 01-01-2021 to 06-30-2021.*

HB 626 Jordan Agriculture, Forestry, Aquaculture & Rural Development
Provides relative to the regulation of cannabis. [*08-01-2020*]
02-28-2020 Prefiled and referred to committee.

This bill seeks to create a regulatory structure for the retail sale of cannabis under the authority of the La. Dept. of Agriculture & Forestry (LDAF). The bill authorizes up to 15 production facilities licensed by LDAF, the production of cannabis products and cannabis-infused products, and the retail sale of those products to persons 21 years of age or older by retailers credentialed by the Office of Alcohol & Tobacco

Control. The bill does not amend or repeal any section of law relative to medical marijuana.

HB 633 Freiberg House & Governmental Affairs
Provides for the mandatory training in cybersecurity awareness for all state and local employees, officials, and contractors. [*Gov sig*]

02-28-2020	Prefiled and referred to committee.
05-19-2020	Amended, then reported favorably.
05-21-2020	Engrossed; passed to third reading.
05-22-2020	Passed House (97-0); sent to the Senate.

This bill seeks to require the Dept. of State Civil Service to develop a training program relative to cybersecurity awareness, then make that program available to all agencies at as minimal cost as possible. The bill requires each agency to identify which employees have access to information technology assets then require completion of the training within the first 30 days of that employee's employment at the agency. The requirement for training is extended to elected officials and contractors with access to the information technology assets. The agency head is required to monitor and report compliance with the requirement. ***House committee amendments*** *extended the training requirement to include cybersecurity contractors used by the agency.*

HB 646 Jordan Administration of Criminal Justice
Provides for the decriminalization of marijuana possession and distribution. [*Contingent*]

02-28-2020	Prefiled and referred to committee.

This bill seeks to amend the controlled substance law to (1) remove marijuana from Schedule I of the state list of controlled substances, (2) remove marijuana from the criminal penalties for possession and distribution of Schedule I substances, and (3) repeal the immunity from prosecution for participants in the statewide medical marijuana program. If adopted, the law would only become effective when the legislature provides for a statutory regulatory system for the legal sale and distribution of marijuana and establishes a sales tax on those sales. Upon adoption in its original form, this bill will require an update to the Louisiana Pharmacy Law Book.

HB 685 Ivey House & Governmental Affairs
Provides relative to interagency data sharing. [*08-01-2020*]

02-28-2020	Prefiled and referred to committee.
05-06-2020	Voluntarily deferred for one week.
05-13-2020	Amended, then reported favorably.
05-15-2020	Engrossed; passed to third reading.
05-21-2020	Amended, then passed House (95-0); sent to the Senate.
05-22-2020	Referred to Senate Committee on Governmental Affairs.

This bill seeks to create a data sharing request review process. A state agency requesting data from another state agency would submit their request to the joint governmental affairs committee, which will convene a hearing to review the request and determine whether to permit the disclosing agency to share the data with the requesting agency. ***House committee amendments*** *changed the 'shall' to 'may' to create an optional pathway for data sharing between agencies, and further preserved confidentiality when required by statute.* ***House floor amendment*** *limited the exclusion to tax records.*

HB 699 Dwight Appropriations
Establishes the Opioid Restitution Fund. [*08-01-2020*]

02-28-2020	Prefiled and referred to committee.

This bill establishes a special fund within the state treasury titled the "Opioid Restitution Fund"; this is the fund intended to receive proceeds from settlement agreements with opioid manufacturers or other responsible parties. The administrator of the fund is the governor. Monies in the fund shall be used exclusively for the following purposes:

(1) Improving access to medications proven to prevent or reverse an overdose;
(2) Supporting behavioral health services providers and referral to treatment services for hospitals, correctional facilities, and other high-risk populations.
(3) Increasing access to medications that support recovery from substance abuse disorders;

(4) Expanding access to crisis identification and stabilization services and residential treatment services;
(5) Expanding and establishing safe stations, mobile crisis response systems, and crisis stabilization centers;
(6) Organizing primary and secondary school education campaigns to prevent opioid use, including for administrative expenses;
(7) Enforcing the laws regarding opioid prescriptions and sales, including for administrative expenses;
(8) Research and training for substance use treatment and overdose prevention, including for administrative expenses; and
(9) Supporting and expanding evidence-based interventions for substance use treatment and overdose prevention.

The governor shall (1) develop key goals, objectives, and performance indicators relating to substance use treatment and prevention efforts; consult with substance use treatment and prevention stakeholders to identify recommended appropriations from the fund; and (3) submit an annual report to the legislature no later than January 1 which shall include (a) an accounting of total funds expended from the fund in the preceding fiscal year by use, jurisdiction, and agency program; (b) the performance indicators and progress toward achieving goals and objectives; and (c) the recommended appropriations from the fund.

HB 700 Schexnayder Agriculture, Forestry, Aquaculture & Rural Development
To provide for the regulation of industrial hemp, industrial hemp products, and industrial hemp-derived cannabidiol (CBD) products. [*08-01-2020*]

02-28-2020	Prefiled and referred to committee.
03-09-2020	***Withdrawn from the files of the House.***

This bill seeks to amend the industrial hemp legislation adopted last year to make several changes, some of which include adjusting the maximum THC level in industrial hemp from the current 0.3% to the greater of 0.3% or the level identified in federal law {there has been some recent discussion of slight upward adjustments of that level}, authorizing the LDAF Commissioner to issue stop orders for violations of the industrial hemp law or rules, introducing a new prohibition for industrial-hemp derived products such that they may not contain any active pharmaceutical ingredient recognized by the federal FDA, transfers the authority to regulate manufacturers and distributors of CBD products from the Office of Alcohol & Tobacco (ATC) to the Dept. of Health, authorizes the ATC Commissioner to levy fines for violation of the ATC rules, and prohibits the sale of CBD products to persons under the age of 18 years.

HB 702 Bagley Health & Welfare
Provides with respect to the practice of physician assistants. [*08-01-2020*]

02-28-2020	Prefiled and referred to committee.
05-06-2020	Amended, then reported favorably.
05-13-2020	Engrossed; passed to third reading.
05-15-2020	Passed House (91-0); sent to the Senate.
05-18-2020	Referred to Senate Committee on Health & Welfare.

This bill amends the medical practice act to change the relationship between physicians and physician assistants, from one of supervision to one of collaboration. The changes in the bill do not affect the prescriptive authority of the physician assistant. ***House committee amendments*** *were substantial and resulted in language amending the practical nursing act to allow LPNs to implement valid orders issued by a physician assistant.*

HB 747 Riser House & Governmental Affairs
Provides for notice regarding the impact of administrative rules on businesses. [*08-01-2020*]

03-31-2020	Filed; pending committee referral.
05-04-2020	Referred to committee.

This bill amends the Administrative Procedure Act relative to one of the fiscal and economic impact statements required as part of the Notice of Intent when state agencies engage in rulemaking activities.

HB 769 Bryant Judiciary
Provides relative to the regulation of cannabis. [*On the effective date of the Act originating as HB 626 of*

the 2020 Regular Session]

03-31-2020	Filed; committee referral pending.
05-04-2020	Referred to committee.
05-14-2020	Voluntarily deferred.

This bill creates a new Chapter 9 – Cannabis and Cannabis Products within R.S. Title 26 – Liquors & Alcoholic Beverages, and further, authorizes the Alcohol & Tobacco Control (ATC) unit to regulate the retail sale of cannabis and cannabis products.

HB 770 Bryant Administration of Criminal Justice

Amends the definition of marijuana. [*On the effective date of the Act originating as HB 769 of the 2020 Regular Session*]

03-31-2020	Filed; committee referral pending.
05-04-2020	Referred to committee.

This bill amends the definition of marijuana in the state controlled substance law to exclude any edible compound or substance made with marijuana or marijuana oils and regulated according to Chapter 9 of Title 26 of the Louisiana Revised Statutes. Upon adoption in its original form, this bill will require an update to the Louisiana Pharmacy Law Book.

HB 792 Bagley Health & Welfare

Provides for delivery of medical marijuana to patients by marijuana pharmacies. [*08-01-2020*]

03-31-2020	Filed; committee referral pending.
04-04-2020	Referred to committee.
05-06-2020	Reported favorably.
05-13-2020	Engrossed; passed to third reading.
05-15-2020	Amended, then passed House (80-15); sent to the Senate.
05-18-2020	Referred to Senate Committee on Health & Welfare.
05-20-2020	Voluntarily deferred.

This bill amends the medical marijuana law and requires the Board to promulgate rules relative to delivery of dispensed marijuana to patients by designated employees or agents of the pharmacy. Upon adoption in its original form, this bill will require an update to the Louisiana Pharmacy Law Book. ***House floor amendment*** *was technical in nature.*

HB 798 Dwight House & Governmental Affairs

Authorizes public bodies to allow members to participate and vote electronically during certain states of emergency under certain conditions. [*Gov sig*]

03-31-2020	Filed; committee referral pending.
05-04-2020	Referred to committee.
05-06-2020	Reported favorably.
05-13-2020	Engrossed; passed to third reading.
05-15-2020	Amended, then passed House (96-0); sent to the Senate.
05-18-2020	Referred to Senate Committee on Governmental Affairs.
05-20-2020	Reported favorably; referred to Legislative Bureau.
05-21-2020	Reported without amendment; passed to third reading.

This bill amends the Open Meetings Law to allow members of public bodies to participate and vote electronically under certain conditions. ***House floor amendment*** *provides an exception to violations of the Open Meetings Law and personal liability of members for participating in meetings that did not comply with the provisions of the Open Meetings Law but were conducted pursuant to the provisions of Section 4 of Proclamation 30 JBE 2020 issued on March 17, 2020.*

HB 807 Lyons Health & Welfare

Provides relative to marijuana pharmacies. [*08-01-2020*]

03-31-2020	Filed; committee referral pending.
05-04-2020	Referred to committee.
05-13-2020	Removed from agenda prior to meeting.

This bill amends the medical marijuana law to repeal the limitation of the number of marijuana pharmacy permits. Upon adoption in its original form, this bill will require an update to the Louisiana Pharmacy Law Book.

HB 814 Jenkins Health & Welfare

Adds chronic pain associated with sickle cell disease to the set of conditions qualifying a patient for treatment with medical marijuana. [*08-01-2020*]

03-31-2020	Filed; committee referral pending.
05-04-2020	Referred to committee.
05-13-2020	Reported favorably.
05-15-2020	Engrossed; passed to third reading.
05-21-2020	Passed House (75-18); sent to the Senate.
05-22-2020	Referred to Senate Committee on Health & Welfare.

This bill amends the medical marijuana law to add chronic pain associated with sickle cell disease to the list of qualifying medical conditions. Upon adoption in its original form, this bill will require an update to the Louisiana Pharmacy Law Book.

HB 819 Bagley Health & Welfare

Authorizes the recommendation of medical marijuana for treating traumatic brain injuries and concussions. [*08-01-2020*]

03-31-2020	Filed; committee referral pending.
05-04-2020	Referred to committee.
05-06-2020	Amended, then reported favorably.
05-13-2020	Engrossed; passed to third reading.
05-15-2020	Passed House (76-15); sent to the Senate.
05-18-2020	Referred to Senate Committee on Health & Welfare.
05-20-2020	Reported favorably; referred to Legislative Bureau.
05-21-2020	Reported without amendment; passed to third reading.
05-25-2020	***Scheduled for floor debate and final passage.***

This bill amends the medical marijuana law to add traumatic brain injuries and concussions to the list of qualifying medical conditions. Upon adoption in its original form, this bill will require an update to the Louisiana Pharmacy Law Book. ***House committee amendments*** *added several new conditions; further, added new language that permits any physician to recommend marijuana for any reason for any patient.*

HB 843 Schexnayder Agriculture, Forestry, Aquaculture, & Rural Development

To provide for the regulation of industrial hemp, industrial hemp products, and industrial hemp-derived cannabidiol (CBD) products. [*08-01-2020*]

03-31-2020	Filed; committee referral pending.
05-04-2020	Referred to committee.
05-07-2020	Amended, then reported favorably.
05-13-2020	Engrossed; passed to third reading.
05-15-2020	Amended, then passed House (89-4); sent to the Senate.
05-18-2020	Referred to Senate Committee on Agriculture, Forestry, Aquaculture, & Rural Development.
05-26-2020	***On agenda – 0900 in Room E.***

This bill amends the 2019 law recognizing industrial hemp-derived cannabidiol products, still preserving the requirement for the Dept. of Health to register such products in compliance with the State Food, Drug, and Cosmetic Law, and for the requirement for Alcohol & Tobacco Control to register and regulate the distributors and sellers of industrial hemp-derived cannabidiol products. Upon adoption in its original form, this bill will require an update to the Louisiana Pharmacy Law Book. ***House committee amendments*** *made adjustments to the role of the Industrial Hemp Advisory Committee.* ***House floor amendment*** *authorized the Dept. of Agriculture & Forestry to work with a public university for testing of hemp and hemp products.*

HB 854 Green Agriculture, Forestry, Aquaculture, & Rural Development

Provides an exception to prohibited CBD products and creates civil penalties. [*08-01-2020*]

03-31-2020	Filed; committee referral pending.
05-04-2020	Referred to committee.

This bill amends the 2019 law recognizing industrial hemp-derived cannabidiol products and more specifically the prohibition on the sale of any part of hemp for inhalation by adding an exception for hemp rolling papers. Upon adoption in its original form, this bill will require an update to the Louisiana Pharmacy Law Book.

[56]

Resolutions

HR 45 DeVillier House & Governmental Affairs

Directs state agencies and licensing boards to suspend the imposition of sanctions against licensees and permittees for a violation of COVID-19 executive orders.

05-18-2020	Filed; referred to committee.
05-19-2020	Reported favorably.

The resolution directs boards to suspend until the adjournment of the Regular Session of the 2021 Legislature the imposition of any sanctions for any violations of COVID-19 executive orders.

HR 46 Bagley Health & Welfare

Authorizes and directs the executive branch agencies that submit statutorily required reports to the House Committee on Health and Welfare to continue to submit such reports as required by law.

05-20-2020	Filed; referred to committee.

[2]

Concurrent Resolutions

HCR 48 Wright House & Governmental Affairs

Requests the House and Senate governmental affairs committees to meet and function as a joint committee to review the process of rulemaking by state agencies and the Louisiana Administrative Code and make recommendations thereto.

05-04-2020	Filed; committee referral pending.
05-07-2020	Referred to House & Governmental Affairs Committee.
05-13-2020	Amended, then reported favorably.
05-15-2020	Engrossed; passed to third reading.
05-18-2020	Amended, then passed House (97-0); sent to the Senate.
05-19-2020	Placed on calendar for second reading.
05-20-2020	Referred to Senate Committee on Governmental Affairs.

House committee amendment adjusted the composition of the list of organizations from which the joint committee shall solicit input. ***House floor amendment*** *was technical in nature.*

HCR 71 Schexnayder Commerce

Authorizes and directs suspension of licensing fees imposed on businesses by state agencies and licensing boards.

05-07-2020	Filed; referred to House Commerce Committee.
05-11-2020	Reported favorably.
05-15-2020	Engrossed; passed to third reading.
05-18-2020	Amended, then passed House (87-1); sent to the Senate.
05-19-2020	Placed on calendar for second reading.
05-20-2020	Referred to Senate Committee on Commerce.

Requires licensing boards to adopt emergency rules to suspend licensing fees through the end of the Regular Session of the 2021 Legislature. ***House floor amendment*** *exempted licensing boards whose*

FY 19 financial reports reflected insufficient financial reserves [defined as the ability to operate for 18 months or less].

HCR 81 Marcelle Labor & Industrial Relations
Establishes a task force to study and make recommendations relative to the cannabis industry projected workforce demands.

05-13-2020	Filed; referred to Committee on Labor & Industrial Relations.
05-20-2020	Reported favorably.
05-21-2020	Engrossed; passed to third reading.
05-22-2020	Passed House (71-27); sent to the Senate.

Establishes an 11-member task force to study and make recommendations relative to projected workforce demands in the cannabis industry in Louisiana. One of the members shall be a representative from the Board of Pharmacy. The task force report shall include findings, recommendations, and proposed legislation, and is due on or before February 1, 2021, at which time the task force shall cease to exist.

HCR 89 Bryant Agriculture, Forestry, Aquaculture, & Rural Development
Requests a study of the effects of legalizing recreational cannabis usage.

05-15-2020	Filed; referred to committee.
05-20-2020	Voluntarily deferred.

Requests the House Committees on Agriculture and Criminal Justice to study the effects of legalizing recreational cannabis usage and to report its findings to the legislature prior to the convening of the Regular Session of the 2021 Legislature. Directs the committees to solicit input from 10 named state agencies and private organizations, including the Board of Pharmacy.

[4]

Study Resolutions

Concurrent Study Resolutions

Senate

Bills

SB 51 McMath Education
Requires each full-time university or college police officer to carry a supply of opiate antagonist nasal spray in his official vehicle. [*Gov sig*]

02-19-2020	Prefiled and referred to committee.

This bill seeks to amend the current laws relative to postsecondary educational institutions to require them to establish policies and procedures for their full-time police officers relative to maintaining supplies of opiate antagonist nasal spray products in their official vehicles, training in the use of such products, and the reporting of such doses administered.

SB 68 Mills Senate & Governmental Affairs
Provides relative to the promulgation of emergency rules in accordance with the Administrative Procedures Act. [*08-01-2020*]

02-20-2020	Prefiled and referred to committee.

This bill seeks to amend a portion of the Administrative Procedure Act (APA), more specifically related to the procedure for promulgating emergency rules.

SB 73 Mizell Judiciary-C
Creates the crime of aggravated distribution of a controlled dangerous substance. [*Gov sig*]

02-20-2020	Prefiled and referred to committee.
03-17-2020	On agenda – not considered due to temporary adjournment.

This bill seeks to add a new term 'aggravated distribution of a controlled dangerous substance', defined as the dispensing or distribution of a controlled dangerous substance that is the direct cause of serious bodily injury to the recipient and includes another person who provides the drug to the person who gives it to the ultimate user. The act is declared a crime of violence and the term of imprisonment is not less than 5 years nor more than 40 years and the fine is up to $50,000. Upon adoption in its original form, this bill will require an update to the Louisiana Pharmacy Law Book.

SB 160 Talbot Labor & Industrial Relations
Provides for the creation of a workers' compensation pharmacy formulary. [*08-01-2020*]
02-25-2020 Prefiled and referred to committee.

This bill requires the Office of Workers' Compensation to develop a prescription medication formulary along with policies and procedures for the use of the formulary including procedures for variances not covered by the formulary as well as management of opioid medications. The bill contains a deadline of January 1, 2021 to implement the formulary; and further, requires the use of the formulary for injuries sustained after that date, and delays the requirement until July 1, 2021 for injuries sustained prior to January 1, 2021.

SB 237 Ward Senate & Governmental Affairs
Provides for notice requirements related to the Small Business Protection Act. [*08-01-2020*]
02-27-2020 Prefiled and referred to committee.

This bill seeks to amend the portion of the Administrative Procedure Act (APA) related to notice requirements to small businesses. The APA currently requires a small business impact statement as one of several different impact statements when agencies file notices of intent to propose or amend rules. The bill seeks to require additional information as part of that impact statement.

SB 267 Boudreaux Health & Welfare
Removes the sunset provision for the authorization of use of therapeutic marijuana. [*08-01-2020*]
02-27-2020 Prefiled and referred to committee.
03-11-2020 On agenda; not considered.

The enabling legislation for therapeutic marijuana contains a sunset date of January 1, 2025. This bill would remove that date. Upon adoption in its original form, this will require an update to the Louisiana Pharmacy Law Book.

SB 273 Hewitt Senate & Governmental Affairs
Provides for registration with secretary of state by managed service providers servicing public bodies. [*Multiple*]
02-27-2020 Prefiled and referred to committee.
03-18-2020 On agenda – not considered due to temporary adjournment.
05-06-2020 Amended, then reported favorably.
05-07-2020 Engrossed; passed to third reading and floor vote.
05-13-2020 Amended, then passed Senate (37-2); sent to the House.
05-15-2020 Referred to House Committee on Commerce.
05-18-2020 Amended, then reported favorably; referred to Legislative Bureau.
05-20-2020 Reported without amendment.
05-21-2020 Passed to third reading and final passage.

This bill seeks to require managed service providers (defined as firms providing information technology services to public bodies) to apply for a special registration from the secretary of state, and to provide reports on certain cybersecurity issues to the Louisiana Cybersecurity Commission. Public bodies would be prohibited from engaging the services of a managed service provider which had not registered with the secretary of state or which had not renewed that registration. The section of the act requiring the secretary of state to promulgate rules to implement the new law is effective on 08-01-2020 while the remainder of the new law is effective on 02-01-2021. ***Senate committee*** *amendments added managed security service providers (defined as firms providing cybersecurity monitoring and management for a*

public body) to the bill; and further, requires reporting of cyberattacks on public bodies within a certain period of time. ***Senate floor*** *amendments require the reporting of cyberattacks and ransom payments from public bodies within certain timeframes; and further, exempts such reports from public record requirements up to 60 days following receipt of such reports.* ***House committee amendments*** *changed the entity designated to receive reports from the Cybersecurity Commission to the La. State Police Fusion Center, and further, exempted from the definition of 'managed service provider' companied which are regulated by the La. Public Service Commission or the Federal Communications Commission.*

SB 296 Barrow Health & Welfare
Provides relative to immunizations administered by pharmacists. [*08-01-2020*]
02-27-2020 Prefiled and referred to committee.

This bill seeks to amend the immunization sections in the pharmacy law (§1218 and 1218.1) to remove the age limitations, such that pharmacists could administer immunizations to any person regardless of age, in compliance with the appropriate protocols. The bill also seeks to remove the requirement for the Board to issue any credential and substitutes a requirement for the pharmacist to provide documentation of education and training on request by the Board. Upon adoption in its original form, this bill will require an update to the Louisiana Pharmacy Law Book.

SB 325 Barrow Health Welfare
Provides relative to immunizations. [*08-01-2020*]
02-28-2020 Prefiled and referred to committee.

This bill updates several sections of law relative to immunizations, including §1218 in the pharmacy law relative to influenza immunizations. However, the proposed changes are grammatical and technical as opposed to substantive. Upon adoption in its original form, this bill will require an update to the Louisiana Pharmacy Law Book.

SB 339 Ward Health & Welfare
Provides for the therapeutic use of marijuana. [*08-01-2020*]
02-28-2020 Prefiled and referred to committee.

This bill seeks to amend the medical marijuana law, to remove the requirement for the Board of Medical Examiners to regulate physicians authorized to recommend medical marijuana, and to authorize any physician licensed to practice in the state to issue recommendations for medical marijuana. Upon adoption in its original form, this bill will require an update to the Louisiana Pharmacy Law Book.

SB 362 Mizell Health & Welfare
Provides relative to prescriptions for opioids. [*08-01-2020*]
02-28-2020 Prefiled and referred to committee.

This bill seeks to amend the controlled substance law, more specifically the section which requires prescribers of opioid medications to check the patient's record in the PMP prior to issuing such prescriptions. In particular, the bill seeks to amend the list of exceptions to that requirement by removing the exception when prescribing a seven-day supply or less of an opioid. If adopted in its current form, the only exceptions to the mandatory PMP review would be (1) for hospice or terminally ill patient, (2) for hospital inpatients, (3) for treatment of cancer-related chronic or intractable pain, or (4) when PMP is inaccessible for technical reasons. Upon adoption in its original form, this will require an update to the Louisiana Pharmacy Law Book.

SB 371 T. Carter Health & Welfare
Provides relative to opioid prescriptions. [*Gov sig*]
02-28-2020 Prefiled and referred to committee.

This bill seeks to amend the controlled substance law, more specifically the section on prescriptions. The bill defined an 'opioid naïve' patient as a person who has not taken an opioid prescription medication within the previous 60 days and requires the pharmacist to make that determination by reviewing the patient's record in the PMP database. Further, the bill limits the dispensing of opioid medications to opioid-naïve patients to a 7-day supply, with certain exceptions. Upon adoption in its original form, this

bill will require an update to the Louisiana Pharmacy Law Book.

SB 429 Johns Health & Welfare
Requires certain disclosures by healthcare providers. [*08-01-2020*]
03-16-2020 Filed; committee referral pending.
05-04-2020 Referred to committee.

This bill seeks to add a new section in Title 37 – Professions & Occupations relative to advertising by healthcare providers, including pharmacies and pharmacists. The bill will require all advertising by healthcare providers to disclose the type of licensure held by the provider as well as the existence of any collaborative practice and supervised practice agreements. Requires rulemaking by professional licensing boards to implement the law.

SB 464 Peacock Health & Welfare
Provides relative to the practice of medicine. [*08-01-2020*]
03-31-2020 Filed; committee referral pending.
05-04-2020 Referred to committee.

This bill places the Louisiana State Board of Medical Examiners within the Interstate Medical Licensure Compact.

SB 466 Hewitt Senate & Governmental Affairs
Provides for teleconferencing of public bodies under certain circumstances. [*Gov sig*]
03-31-2020 Filed; committee referral pending.
05-04-2020 Referred to committee.
05-13-2020 Amended, then reported favorably.
05-14-2020 Engrossed; passed to third reading.
05-19-2020 Amended, then passed Senate (35-1); sent to the House.
05-20-2020 Referred to House Committee on Governmental Affairs.
05-27-2020 ***On agenda – 0830 in HCR-5.***

This bill amends the Open Meetings Law to allow for the use of teleconferencing technology under certain conditions. ***Senate committee amendments*** *added a new section providing for the state legislature to work remotely, contingent upon approval of a future constitutional amendment to authorize the legislature to work remotely.* ***Senate floor amendments*** *limit the consideration of amendments during teleconference meetings to those submitted at least 24 hours, and further changed the eligibility requirement for teleconferences from it being 'difficult or impossible' to convene a quorum to 'impractical or impossible.'*

SB 469 Johns Commerce, Consumer Protection, & International Affairs
Provides relative to professional and occupational licensing boards and commissions during declared emergencies. [*Gov sig*]
03-31-2020 Filed; committee referral pending.
05-04-2020 Referred to committee.

This bill enacts a new provision of law applicable to all professional and occupational licensing boards, and for the duration of the COVID-19 public health emergency, prohibits boards from taking punitive or disciplinary action against a licensee solely for late payment of a fee, late submission of a document, or failure to meet any deadline required by law.

SB 488 Abraham Health & Welfare
Provides relative to restrictions on the quantity of controlled substances dispensed. [*08-01-2020*]
03-31-2020 Filed; committee referral pending.
05-04-2020 Referred to committee.

This bill amends the Pharmacy Practice Act to prohibit chain pharmacies from implementing any policy which restricts the quantity or dosage of a prescription for a controlled substance or restricts the filling of prescriptions of a specific prescriber, and further, prohibits the pharmacy from taking any adverse action against a pharmacist, intern, or technician who opposes their employer policy, and further, does not

prohibit a pharmacist from declining to fill a prescription based on professional judgment based on certain conditions. Upon adoption in its original form, this bill will require an update to the Louisiana Pharmacy Law Book.

SB 501 Connick Health & Welfare
Provides relative to the licensure of pharmacies dispensing therapeutic marijuana. [*Gov sig*]
03-31-2020 Filed; committee referral pending.
05-04-2020 Referred to committee.

This bill amends the medical marijuana law to repeal the limitation on the number of marijuana pharmacy permits; and further, indicates the Board shall not limit the number of permits.

[18]

Resolutions

SR 48 Mills
Directs the executive branch agencies under the jurisdictional oversight of the Senate Committee on Health & Welfare to continue to submit statutorily mandated reports until such time as the mandate is specifically amended or repealed.
05-18-2020 Filed; placed on calendar for second reading.
05-19-2020 Passed Senate.

SR 55 Hewitt
Directs the executive branch agencies under the jurisdictional oversight of the Senate Committee on Governmental Affairs to continue to submit statutorily mandated reports until such time as the mandate is specifically amended or repealed.
05-20-2020 Filed; placed on calendar for second reading.
05-21-2020 Referred to Senate Committee on Governmental Affairs.

[2]

Concurrent Resolutions

SCR 68 White
Directs the executive branch agencies under the jurisdictional oversight of the Joint Legislative Committee on the Budget to continue to submit statutorily mandated reports until such time as the mandate is specifically amended or repealed.
05-20-2020 Filed; placed on calendar for second reading.
05-21-2020 Referred to Senate Committee on Finance.
05-25-2020 ***On agenda – 1400 in Room A-B.***

[1]

Study Resolutions

Concurrent Study Resolutions

RESOLUTION NO: **116-1-20**

TITLE: **State Pharmacy Boards' Responses to FDA Form 483 Observations**

WHEREAS, the United States Food and Drug Administration (FDA) frequently conducts inspections of 503A pharmacies and can potentially issue an FDA Form 483, which documents the inspector'(s') observations and is not a citation or notice of violation of any law or rule; and

WHEREAS, it appears that many FDA Form 483 observations relate to cGMP standards, which are applicable to manufacturers and 503B Outsourcing Facilities but not applicable to pharmacy practice laws, rules, or standards; and

WHEREAS, a pharmacy's FDA Form 483 may be posted online with or without a response from the pharmacy; and

WHEREAS, some state boards of pharmacy may have taken administrative or disciplinary action against a pharmacy license based solely on a posted FDA Form 483 without first-hand observations made by a state-trained and/or authorized inspector;

THEREFORE BE IT RESOLVED that NABP provide guidance to its member state boards of pharmacy regarding taking disciplinary action against a pharmacy license based solely on observations from an FDA Form 483.

RESOLUTION NO: **116-2-20**

TITLE: **Development and Administration of Patient-Specific Biologics**

WHEREAS, drug manufacturers often receive blood components from a patient for the development of a patient-specific biologic and the final formulation is shipped directly to a practitioner for administration to the patient; and

WHEREAS, it is unclear whether shipping of this patient-specific biologic by a manufacturer for patient administration comports with either the definition of wholesale distribution or dispensing as defined in state laws and the *Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy* (*Model Act*); and

WHEREAS, it is, therefore, unclear which type of license should be issued by the state to these manufacturers; and

WHEREAS, the United States Food and Drug Administration (FDA) is approving an increasing number of biologics, which could result in manufacturers shipping an increased number of patient-specific biologics; and

WHEREAS, it is imperative that the state agency responsible for overseeing the drug supply chain protect patient safety by ensuring biologics are shipped to practitioners in a safe and legally compliant manner;

THEREFORE BE IT RESOLVED that NABP consult with FDA about the legal framework authorizing manufacturers to ship a biologic containing a patient-specific blood component to a practitioner for administration to the patient, and recommend to its member boards the appropriate level and type of regulatory oversight.

RESOLUTION: **116-3-20**

TITLE: **Incorporating Criminal Background Checks into the NABP e-Profile System**

WHEREAS, the National Association of Boards of Pharmacy Clearinghouse is a vital tool for member state boards of pharmacy to assess licensure or registration of applicants and to monitor professional accountability; and

WHEREAS, some member state boards of pharmacy require a criminal background check as a condition of licensure or registration; and

WHEREAS, providing a means for prospective licensees and registrants to obtain a criminal background check through their NABP e-Profile could prove to be a cost-effective and efficient means of facilitating licensure or registration and could reduce barriers to license portability;

THEREFORE BE IT RESOLVED that NABP staff investigate and report on whether and how criminal background checks may be included in the NABP e-Profile system.

RESOLUTION NO: **116-5-20**

TITLE: **Task Force on Medication Reuse**

WHEREAS, every year millions of dollars of costly, previously dispensed, or short dated medications may be thrown away while some uninsured or indigent patients fail to receive life-saving therapies they need; and

WHEREAS, the *Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy* and most states have provisions for the return and reuse of medications and the establishment of repositories or charitable pharmacies specifically for dispensing of donated medications to the uninsured or indigent; and

WHEREAS, some of the current rules regarding return and reuse of medications may still cause usable and potentially life-saving medications to be thrown away; and

WHEREAS, several states have pursued or established legislation to enable increased usage of previously dispensed or short dated medications, especially antineoplastic medications;

THEREFORE BE IT RESOLVED that NABP convene a task force on medication reuse for the purpose of identifying the best mechanism to enable the transfer of unused medications to persons in need of financial assistance to ensure access to life-saving therapies.

RESOLUTION NO: **116-6-20**

TITLE: **Recognition Resolution**

WHEREAS, the individuals listed here have made significant contributions to NABP, the protection of the public health, and the practice of pharmacy:

James A. “Buddy” Bowden (AR)
Lois Cantin (MB)
John T. Douglas (AR)
Rocco F. Giruzzi, Jr (NY)
William A. “Bill” Gouveia (MA)
Leonard L. Inge, Sr (FL)
Ronald W. McLean (NY)
James B. “Jim” Powers (FL)
Cyril “Cy” Blackmore Weich (TX)
Clifford Eugene White (VA)
John Wilson (IN)
Arlie Arnold Winters, Jr (WV)

NABP Past President Bryan H. Potter (OK)

WHEREAS, NABP and its member boards of pharmacy are saddened by the death of these individuals;

THEREFORE BE IT RESOLVED that NABP and its members formally acknowledge the leadership and contributions made by these individuals; and

BE IT FURTHER RESOLVED that NABP and the boards of pharmacy extend their sincere sympathies to the family and friends of these members.

Louisiana Board of Pharmacy

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New Agenda Items Added During Meeting

Louisiana Board of Pharmacy

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Announcements

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May 27, 2020

Agenda Item 14: Announcements

May 29	Public Hearing (Reg. Projects 2020-1 + 2020-2 + 2020-3 + 2020-5)
June 1	Regular Session of 2020 Legislature adjourns
	1st Extraordinary Session of 2020 Legislature convenes
June 22	La. Medical Marijuana Stakeholder Meeting
June 30	1st Extraordinary Session adjourns
July 8	La. Pharmacy Congress
	Prescription Monitoring Program Advisory Council
	Pharmacy Benefit Manager Monitoring Advisory Council
July 9	Governor's Office – Drug Policy Board
July 22	dotPharmacy Executive Board Meeting – *via webinar*
August 11	Reinstatement, Impairment, Finance, & Executive Committees
August 12	Reciprocity Committee & Board Meeting
August 13	Administrative Hearing

End of Meeting Binder