TELECONFERENCE MINUTES

November 17, 2017

The special meeting of the Iowa Board of Pharmacy was held on Friday, November 17, 2017, at 11:00 a.m., via teleconference pursuant to the provisions of Iowa Code section 21.8. An in-person meeting was impractical due to the timely nature of agenda items and the anticipated brevity of the meeting. Chairperson Meyer called the meeting to order at 11:01 a.m.

MEMBERS PRESENT
Sharon K. Meyer, Chair
Edward J. McKenna, Vice-Chair
Brett Barker
LaDonna Gratias
Jason Hansel
Gayle Mayer
Joan Skogstrom

STAFF PRESENT
Andrew Funk, Executive Director
Laura Steffensmeier, Esq., Assistant Attorney General
Therese Witkowski, Executive Officer
Amanda Woltz, Administrative Assistant
Becky Hall, Secretary
Sue Mears, Compliance Officer

Legislation


An Act relating to the Iowa drug prescribing and dispensing information program, commonly known as the Iowa Prescription Monitoring Program or PMP, required reporters and schedules of controlled substances to be reported, proactive notifications, restructuring of the PMP advisory council, fee surcharge, and providing penalties for noncompliance with program requirements.
The Board reviewed proposed amendments to Iowa Code Chapter 124, related to the Prescription Monitoring Program.

Joan Skogstrom discussed adding a term limitation and limiting the number of unexcused absences for the Advisory Committee. LaDonna Gratias discussed the minimum number of members for the Advisory Committee and the possibility of increasing the number of members.

It was the consensus of the Board that both recommendations could be addressed by rules.

On a motion by Brett Barker, seconded by Jason Hansel, the Board voted unanimously by roll call vote to approve the proposed amendments to Iowa Code Chapter 124, related to the Prescription Monitoring Program. A copy is attached as Addendum A.

2. Proposed Amendments to Iowa Code Chapter 124 – Requiring e-Prescribing of Controlled Substances.

The Board reviewed the proposed amendments to Iowa Code Chapter 124, requiring e-prescribing of controlled substances and also discussed that there should be proposed amendments to Iowa Code Chapter 155A regarding e-prescribing of non-controlled prescription drugs.

On a motion by LaDonna Gratis, seconded by Jason Hansel, the Board voted unanimously by roll call vote to approve the concept of mandating electronic prescribing for all prescriptions effective July 1, 2019, and directed board staff and Assistant Attorney General Laura Steffensmeier to draft language to amend Iowa Code Chapter 124 and Iowa Code 155A to effectuate that. A copy is attached as Addendum B.

**Licensure by Consent Agreement**

Precision Compounding Pharmacy Inc., Nonresident Pharmacy License Application, Omaha, Nebraska.

On a motion by Gayle Mayer, seconded by LaDonna Gratis, the Board voted unanimously by roll call vote to approve the Licensure by Consent Agreement. A copy is attached as Addendum C.

Motion by Gayle Mayer, seconded by LaDonna Gratias, to adjourn at 11:29 a.m. on November 17, 2017.
ADDENDUM A

PROPOSED AMENDMENTS TO IOWA CODE CHAPTER 124, RELATED TO THE PRESCRIPTION MONITORING PROGRAM

NOVEMBER 17, 2017
An Act relating to the Iowa drug prescribing and dispensing information program, commonly known as the Iowa prescription monitoring program or PMP, required reporters and schedules of controlled substances to be reported, proactive notifications, restructuring of the PMP advisory council, fee surcharge, and providing penalties for noncompliance with program requirements.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

Section 1. Section 124.551, subsection 1, Iowa Code 2017, is amended to read as follows:

1. Contingent upon the receipt of funds pursuant to section 124.557 sufficient to carry out the purposes of this division, the board, in conjunction with the advisory council created in section 124.555, shall establish and maintain an information program for drug prescribing and dispensing.

Sec. 2. Section 124.552, Iowa Code 2017, is amended to read as follows:

124.552 Information reporting.

1. Unless otherwise prohibited by federal or state law, each licensed pharmacy that dispenses controlled substances identified pursuant to section 124.554, subsection 1, paragraph “g”, to patients in the state, and each licensed pharmacy located in the state that dispenses such controlled substances identified pursuant to section 124.554, subsection 1, paragraph “g”, to patients inside or outside the state, unless specifically excepted in this section or by rule, and each prescribing practitioner furnishing, dispensing, or supplying drugs to the prescribing practitioner’s patient, shall submit the following prescription information to the program:

a. Pharmacy identification.
b. Patient identification.

c. Prescribing practitioner identification.

d. The date the prescription was issued by the prescribing practitioner.

e. The date the prescription was dispensed.

f. An indication of whether the prescription dispensed is new or a refill.

g. Identification of the drug dispensed.

h. Quantity of the drug dispensed.

i. The number of days’ supply of the drug dispensed.

j. Serial or prescription number assigned by the pharmacy.

k. Type of payment for the prescription.

l. Other information identified by the board and advisory council by rule.

2. Information shall be submitted electronically in a secure format specified by the board unless the board has granted a waiver and approved an alternate secure format.

3. Information shall be timely transmitted as designated by the board and advisory council by rule, unless the board grants an extension. The board may grant an extension if either of the following occurs:

   a. The pharmacy or prescribing practitioner suffers a mechanical or electronic failure, or cannot meet the deadline established by the board for other reasons beyond the pharmacy’s or practitioner’s control.

   b. The board is unable to receive electronic submissions.

4. This section shall not apply to a prescribing practitioner furnishing, dispensing, supplying, or administering drugs to the prescribing practitioner’s patient, or to
dispensing by a licensed pharmacy for the purposes of inpatient hospital care, inpatient hospice care, or long-term residential facility patient care.

**Sec. 3.** Section 124.553, subsection 1, paragraph (b), Iowa Code 2017, is amended as follows:

b. An individual who requests the individual’s own program information in accordance with the procedure established in rules of the board and advisory council adopted under section 124.554.

**Sec. 4.** Section 124.553, subsection 1, Iowa Code 2017, is amended by adding the following new paragraph:

**NEW PARAGRAPH:** g. By targeted distribution of proactive notifications, a prescribing practitioner or a pharmacist who has been involved in authorizing or dispensing controlled substances to a patient who has been identified, based on thresholds or criteria designed to identify doctor or pharmacy shopping or the patient’s excessive use of a controlled substance, as an at-risk patient who may be abusing or misusing controlled substances or who may be in jeopardy of overdose or addiction to controlled substances.

**Sec. 5.** Section 124.553, subsection 2, Iowa Code 2017, is amended to read as follows:

2. The board shall maintain a record of each person that requests information from the program and of all proactive notifications distributed as provided in 124.553, subsection 1, paragraph "g". Pursuant to rules adopted by the board and advisory council under section 124.554, the board may use the records to document and report statistical information, and may provide program information for statistical, public
research, public policy, or educational purposes, after removing personal identifying information of a patient, prescribing practitioner, dispenser, or other person who is identified in the information.

**Sec. 6.** Section 124.553, subsection 3, Iowa Code 2017, is amended to read as follows:

3. Information contained in the program and any information obtained from it, and information contained in the records of requests for information from the program and of proactive notifications distributed to prescribing practitioners and dispensing pharmacists, is privileged and strictly confidential information. Such information is a confidential public record pursuant to section 22.7, and is not subject to discovery, subpoena, or other means of legal compulsion for release except as provided in this division. Information from the program shall not be released, shared with an agency or institution, or made public except as provided in this division.

**Sec. 7.** Section 124.553, subsection 7, Iowa Code 2017, is amended to read as follows:

7. The Except for a registration fee surcharge as provided in section 124.557, the board shall not charge a fee to a pharmacy, pharmacist, or prescribing practitioner for the establishment, maintenance, or administration of the program, including costs for forms required to submit information to or access information from the program, except that the board may charge a fee to an individual who requests the individual’s own program information. A fee charged to an individual pursuant to this subsection shall not exceed the actual cost of providing the requested information and shall be considered a repayment receipt as defined in section 8.2.
**Sec. 8.** Section 124.554, Iowa Code 2017, is amended to read as follows:

**124.554 Rules and reporting.**

1. The board, and advisory council in consultation with the advisory committee, shall jointly adopt rules in accordance with chapter 17A to carry out the purposes of, and to enforce the provisions of, this division. The rules shall include but not be limited to the development of procedures relating to:

   a. Identifying each patient about whom information is entered into the program.

   b. An electronic format for the submission of information from pharmacies and prescribing practitioners.

   c. A waiver to submit information in another format for a pharmacy or prescribing practitioner unable to submit information electronically.

   d. An application by a pharmacy or prescribing practitioner for an extension of time for transmitting information to the program.

   e. The submission by an authorized requestor of a request for information and a procedure for the verification of the identity of the requestor.

   f. Use by the board or advisory council committee of the program request records required by section 124.553, subsection 2, to document and report statistical information.

   g. Including all schedule II through IV controlled substances and those substances in schedules III and IV that the advisory council and board determine can be addictive or fatal if not taken under the proper care and direction of a prescribing practitioner schedule V controlled substances except when dispensed by a pharmacist without a prescription.
h. Access by a pharmacist or prescribing practitioner to information in the program pursuant to a written agreement with the board and advisory council.

i. The correction or deletion of erroneous information in the program.

j. The establishment of thresholds or other criteria or measures to be used in identifying an at-risk patient as provided in section 124.553, subsection 1, paragraph “g,” and the targeted distribution of proactive notifications suggesting review of the patient’s prescription history.

k. User registration processes and requirements.

2. Beginning January 1, 2007 15, 2019, and annually by January 15 thereafter, the board and advisory council committee shall present to the general assembly and the governor a report prepared consistent with section 124.555, subsection 3, paragraph “d”, which shall include but not be limited to the following:

   a. The cost to the state of implementing and maintaining the program.

   b. Information from pharmacies, prescribing practitioners, the board, the advisory council committee, and others regarding the benefits or detriments of the program.

   c. Information from pharmacies, prescribing practitioners, the board, the advisory council committee, and others regarding the board’s effectiveness in providing information from the program.

Sec. 9. Section 124.555, Iowa Code 2017, is amended to read as follows:

124.555 Advisory council committee established.

An advisory council committee shall be established to provide oversight to the board and the program and to comanage program activities. The board and in consultation with the advisory council committee, shall jointly adopt rules specifying the
duties and activities of the advisory council committee and related matters.

1. The council committee shall consist of eight a minimum of four members appointed by the governor board. The members shall include, but are not limited to, at least one member from each of the following categories: three licensed pharmacists pharmacist, four physicians physician licensed under chapter 148, and one licensed prescribing practitioner who is not a physician, and a representative of the public who is not a health care professional. The governor shall board may solicit recommendations for council committee members from Iowa health professional licensing boards, associations, and societies, and other interested groups. The license of each health care professional member appointed to and serving on the advisory council committee shall be current and in good standing with the professional's licensing board.

2. The council board and the committee shall advance the goals of the program, which include identification of misuse and diversion of controlled substances identified pursuant to section 124.554, subsection 1, paragraph “g”, the reduction of overdoses and deaths as a result of prescription controlled substance use and abuse, and enhancement of the quality of health care delivery in this state.

3. Duties of the council advisory committee shall include but not be limited to the following:

   a. Ensuring the confidentiality of the patient, prescribing practitioner, and dispensing pharmacist and pharmacy.

   b. Respecting and preserving the integrity of the patient’s treatment relationship with the patient’s health care providers.

   c. Encouraging and facilitating cooperative efforts among health care
practitioners and other interested and knowledgeable persons in developing best practices for prescribing and dispensing controlled substances and in educating health care practitioners and patients regarding controlled substance use and abuse.

d. Making recommendations regarding the continued benefits of maintaining the program in relationship to cost and other burdens to the patient, prescribing practitioner, pharmacist, and the board. The council’s committee’s recommendations shall be included in reports required by section 124.554, subsection 2.

e. One physician and one pharmacist member of the council shall include in their duties the responsibility for monitoring and ensuring that patient confidentiality, best interests, and civil liberties are at all times protected and preserved during the existence of the program.

4. Members of the advisory council committee shall be eligible to request and receive actual expenses for their duties as members of the advisory council committee, subject to reimbursement limits imposed by the department of administrative services, and shall also be eligible to receive a per diem compensation as provided in section 7E.6, subsection 1.

Sec. 10. Section 124.557, Iowa Code 2017, is amended to read as follows:

124.557 Drug information program fund.

The drug information program fund is established to be used by the board to fund or assist in funding the program. The board may make deposits into the fund from any source, public or private, including grants or contributions of money or other items of value, which it determines necessary to carry out the purposes of this division. The board may add a surcharge of not more than twenty-five percent of the applicable fee
for a registration issued pursuant to section 124.302 and the surcharge shall be deposited into the fund. Moneys received by the board to establish and maintain the program must be used for the expenses of administering this division. Notwithstanding section 8.33, amounts contained in the fund that remain unencumbered or unobligated at the close of the fiscal year shall not revert but shall remain available for expenditure for the purposes designated in future years.

Sec. 11. Section 124.558, subsection 1, Iowa Code 2017, is amended to read as follows:

1. Failure to comply with requirements. A pharmacist, pharmacy, prescribing practitioner, or agent of a pharmacist or prescribing practitioner who knowingly fails to comply with the confidentiality requirements of this division or who delegates program information access to another individual except as provided in section 124.553, is subject to disciplinary action by the appropriate professional licensing board. A prescribing practitioner, pharmacist, or pharmacy that knowingly fails to comply with other requirements of this division is subject to disciplinary action by the board. Each licensing board may adopt rules in accordance with chapter 17A to implement the provisions of this section.

EXPLANATION

The bill adds dispensing prescribers, unless otherwise prohibited by federal or state law, to those required to submit to the Iowa Prescription Monitoring Program (PMP) any reportable controlled substances dispensed or distributed to patients in Iowa. Dispensing prescribers are added to respective sections and paragraphs regarding
extensions of time to submit required records, form of record submission, and penalties for failing to submit required records to the Iowa PMP.

The bill restructures the PMP advisory council from a council, appointed by the governor, whose membership is specifically defined and limited in number, to an advisory committee consisting of an unspecified number of health care professionals and non-health care professionals and whose members are appointed by the board.

The bill authorizes the board and the PMP advisory committee to establish criteria for the identification of patients whose use of controlled substances may raise concerns about the safety of the patients' drug regimens and use patterns for the purpose of communicating those concerns with the prescribers and pharmacists involved in the patients’ care. This process is referred to as targeted proactive notification because notification that the patient’s record should be reviewed prior to prescribing controlled substances is sent only to those practitioners currently providing health care services to the patient. The information is not available to law enforcement, regulatory boards and agencies, or other nonpractitioner users.

The bill authorizes the collection of dispensing records for all Schedule II, III, IV, and V controlled substances except when the Schedule V controlled substance is dispensed by a pharmacist without a prescription. The bill also authorizes the board to impose a surcharge on Controlled Substances Act registrations to be used for the expenses of administering the PMP.

The bill adds to the goals of the program the reduction of overdoses and deaths as a result of prescription controlled substance use and abuse. The bill also changes the due date for annual reports to the Governor and the Legislature from January 1 to
January 15 to provide sufficient time to compile prior calendar year data and statistics to be included in the annual report.
ADDENDUM B

PROPOSED AMENDMENTS TO IOWA CODE CHAPTER, REQUIRING e-PRESCRIBING OF CONTROLLED SUBSTANCES

NOVEMBER 17, 20017
An Act relating to the electronic prescribing of prescription drugs.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

Section 1. Section 124.308, Code 2017, is repealed and replaced to read as follows:

124.308 Prescriptions.

1. Except when dispensed directly by a prescriber to an ultimate user, no prescription drug that is a controlled substance may be dispensed without a prescription, authorized by a prescriber, that complies with this section, section 155A.27, applicable federal regulations, and rules of the board.

2. Effective July 1, 2019, every prescription issued for a controlled substance shall be electronically transmitted to a pharmacy as an electronic prescription unless exempt by this subsection. An electronic prescription shall be transmitted to a pharmacy in compliance with federal requirements for the electronic prescribing of controlled substances. Both the prescriber’s electronic prescribing system and the receiving pharmacy’s dispensing system shall comply with federal requirements for the electronic prescribing of controlled substances. The following shall be exempt from the electronic prescribing requirement:

   a. A prescription for a patient residing in a nursing home, long-term care facility, correctional facility, or jail;

   b. A prescription authorized by a licensed veterinarian;

   c. A prescription that will be dispensed by a Veterans Affairs pharmacy;
d. A prescription requiring information that makes electronic submission impractical, such as complicated or lengthy directions for use or attachments;

e. A prescription for a compounded preparation containing two or more components;

f. A prescription issued in response to a public health emergency in situations where a non-patient specific prescription would be permitted;

g. A prescription issued pursuant to an established and valid collaborative practice agreement, standing order, or drug research protocol;

h. A prescription issued during a temporary technical or electronic failure at the prescriber’s or pharmacy’s location; and

i. A prescription issued in an emergency situation pursuant to federal regulation and board rule.

3. For prescriptions issued prior to July 1, 2019, or for prescriptions exempt from the electronic prescription requirement in subsection 2, a prescriber or prescriber’s agent may transmit a prescription for a controlled substance to a pharmacy in any of the following ways:

   a. Electronically, if transmitted in accordance with subsection 2;

   b. Via facsimile for a schedule III, IV, or V controlled substance, or for a schedule II controlled substance only pursuant to federal regulation and board rule;

   c. Orally for a schedule III, IV, or V controlled substance, or for a schedule II controlled substance only in an emergency situation pursuant to federal regulation and board rule; or
d. By providing an original signed prescription to the patient or the patient’s authorized representative.

4. If permitted by federal law and in compliance with federal requirements, an electronic or facsimile prescription shall serve as the original signed prescription and the prescriber shall not provide the patient, the patient’s authorized representative, or the dispensing pharmacy with a signed written prescription. An original signed prescription shall be retained for a minimum of two years from the date of last activity on the prescription.

5. A prescription for a schedule II controlled substance may be filled no later than six months following the date of issue. No prescription for a schedule II controlled substance may be refilled.

6. A prescription for a schedule III, IV, or V controlled substance may not be filled or refilled more than six months after the date of issue or be refilled more than five times.

7. No controlled substance shall be distributed or dispensed other than for a medical purpose.

8. A prescriber, medical group practice, institution, or pharmacy that is unable to timely comply with the electronic prescribing requirement of subsection 2 may petition the board for an exemption to the requirement based on economic hardship, technical limitations that the prescriber or pharmacy cannot control, or other exceptional circumstances. The board may adopt rules establishing the form and specific information to be included in a request for exemption and the specific criteria to be considered by the board in determining whether or not to approve a request for exemption. An exemption may be approved for a period of time determined by the board, not to exceed one year.
from the date of approval, and may be annually renewed subject to board approval of a
request for renewal.

Sec 2. Section 155A.27, Code 2017, is repealed and replaced to read as follows:

155A.27 Requirements for prescription.

1. Except when dispensed directly by a prescriber to an ultimate user, no prescription drug
may be dispensed without a prescription, authorized by a prescriber, that complies with
this section and is based on a valid patient-prescriber relationship.

2. Effective July 1, 2019, every prescription issued for a prescription drug shall be
electronically transmitted to a pharmacy as an electronic prescription unless exempt by
this subsection. The following shall be exempt from the electronic prescribing
requirement:
   a. A prescription for a patient residing in a nursing home, long-term care facility,
correctional facility, or jail;
   b. A prescription authorized by a licensed veterinarian;
   c. A prescription for a device;
   d. A prescription that will be dispensed by a Veterans Affairs pharmacy;
   e. A prescription requiring information that makes electronic transmission
impractical, such as complicated or lengthy directions for use or attachments;
   f. A prescription for a compounded preparation containing two or more
components;
   g. A prescription issued in response to a public health emergency in situations where
a non-patient specific prescription would be permitted;
h. A prescription issued for an opioid antagonist pursuant to 2016 Iowa Acts, senate file 2218 as amended by house file 2460 or a prescription issued for epinephrine pursuant to 2015 Iowa Acts, senate file 462;

d. A prescription issued during a temporary technical or electronic failure at the prescriber’s or pharmacy’s location;

g. A prescription issued pursuant to an established and valid collaborative practice agreement, standing order, or drug research protocol; and

k. A prescription issued in an emergency situation pursuant to federal regulation and board rule.

3. For prescriptions issued prior to July 1, 2019, or for prescriptions exempt from the electronic prescription requirement in subsection 2, a prescriber or prescriber’s agent may transmit a prescription for a prescription drug to a pharmacy in any of the following ways:

   a. Electronically, if transmitted in accordance with subsection 2;
   
   b. Via facsimile;
   
   c. Orally; or
   
   d. By providing an original signed prescription to the patient or the patient’s authorized representative.

4. Each prescription shall be issued in compliance with this subsection. Regardless of the means of transmission, a prescriber shall provide verbal verification of a prescription upon the request of the pharmacy.

   a. If written, electronic, or facsimile, each prescription shall contain:

      (1) The date of issue.
(2) The name and address of the patient for whom, or the owner of the animal for which, the drug is dispensed.

(3) The name, strength, and quantity of the drug prescribed.

(4) The directions for use of the drug prescribed.

(5) The name, address, and written or electronic signature of the prescriber issuing the prescription.

(6) The federal drug enforcement administration number, if required under chapter 124.

b. If electronic:

(1) The prescriber shall ensure that the electronic system used to transmit the electronic prescription has adequate security and safeguards designed to prevent and detect unauthorized access, modification, or manipulation of the prescription.

(2) Notwithstanding paragraph “a”, subparagraph (5), for prescriptions that are not controlled substances, if transmitted by an authorized agent, the electronic prescription shall not require the written or electronic signature of the prescriber issuing the prescription.

c. If facsimile, in addition to the requirements of paragraph “a”, each prescription shall contain all of the following:

(1) The identification number of the facsimile machine which is used to transmit the prescription.
(2) The date and time of transmission of the prescription.

(3) The name, address, telephone number, and facsimile number of the pharmacy to which the prescription is being transmitted.

d. If oral, the prescriber issuing the prescription shall furnish the same information required for a written prescription, except for the written signature and address of the prescriber. Upon receipt of an oral prescription, the recipient shall promptly reduce the oral prescription to a written format by recording the information required in a written prescription.

e. A prescription transmitted via electronic, facsimile, or oral methods by a prescriber’s agent shall also include the name and title of the prescriber’s agent.

5. An electronic, facsimile, or oral prescription shall serve as the original signed prescription and the prescriber shall not provide the patient, the patient’s authorized representative, or the dispensing pharmacist with a signed written prescription. Prescription records shall be retained pursuant to rules of the board.

6. A prescriber, medical group practice, institution, or pharmacy that is unable to timely comply with the electronic prescribing requirement of subsection 2 may petition the board for an exemption to the requirement based on economic hardship, technical limitations that the prescriber or pharmacy cannot control, or other exceptional circumstances. The board may adopt rules establishing the form and specific information to be included in a request for exemption and the specific criteria to be considered by the board in determining whether or not to approve a request for exemption. An exemption may be approved for a period of time determined by the board, not to exceed one year.
from the date of approval, and may be annually renewed subject to board approval of a request for renewal.

7. This section shall not be interpreted to prohibit a pharmacist, in exercising the pharmacist’s professional judgment, from dispensing, at one time, additional quantities of a prescription drug, with the exception of a prescription drug that is a controlled substance as defined in section 124.101, up to the total number of dosage units authorized by the prescriber on the original prescription and any refills of the prescription, not to exceed a ninety-day supply of the prescription drug as specified on the prescription.

Sec. 3. Section 155A.29, subsection 4, Code 2017, is amended to read as follows:

4. An authorization to refill a prescription drug order may be transmitted to a pharmacist by a prescriber or the prescriber’s agent through word of mouth, note, telephone, facsimile, or other means of communication initiated by or directed by the practitioner. The transmission shall include the information required in compliance with and pursuant to section 155A.27 and, if not transmitted directly by the prescriber, shall identify by name and title the prescriber’s agent completing the transmission.

EXPLANATION

This bill proposes to, as of July 1, 2019, require all prescription drugs be transmitted to a pharmacy electronically. The future effective date is intended to allow prescribers and pharmacies adequate time to implement electronic prescribing capabilities. Controlled substance abuse and diversion is a significant issue which this bill aims to combat, providing enhanced security of the prescribing process by eliminating patient access to the prescription to prevent
forgeries and alterations of written prescriptions. The bill also reduces the need for and potential theft or loss of prescription pads. Electronic prescribing also helps reduce errors and misinterpretation of handwritten prescriptions. The proposed language provides exemptions in certain circumstances to the electronic transmission requirement of prescriptions. Also, the proposed language provides an opportunity for waiver to the effective date for entities that might have a particular difficulty with the proposed effective date.
ADDEMDUM C

LICENSURE BY CONSENT AGREEMENT

PRECISION COMPOUNDING PHARMACY INC.
NONRESIDENT PHARMACY LICENSE APPLICATION
OMAHA, NEBRASKA
BEFORE THE IOWA BOARD OF PHARMACY

RE:
Application for Nonresident Pharmacy License of

PRECISION COMPOUNDING PHARMACY, INC.,
Applicant.

LICENSURE BY CONSENT AGREEMENT

COME NOW the Iowa Board of Pharmacy ("Board") and Precision Compounding Pharmacy, Inc. ("Applicant") 15722 W Center Rd, Omaha Nebraska 68130, and enter into this Licensure by Consent Agreement ("Agreement") pursuant to Iowa Code sections 17A.10 and 17A.18. The Board has jurisdiction over Applicant and the subject matter of this case pursuant to Iowa Code chapters 17A, 155A, and 272C (2017), and 657 IAC chapters 19 and 35.

A. FACTUAL CIRCUMSTANCES

1. On August 31, 2017, the Board received an application for a nonresident pharmacy license from Precision Compounding Pharmacy, Inc.

2. Applicant indicated on the application that it had delivered approximately 25 prescriptions into Iowa last year.

B. LEGAL GROUNDS

3. The Board may refuse to issue a license for any grounds under which the Board may impose discipline. See Iowa Code section 155A.13A(4).

4. The Board may impose discipline for any violation of Iowa Code chapter 155A or rule of the Board. See Iowa Code section 155A.13A(5)(c).

5. Iowa Code section 155A.13A and 657 IAC 19.2 require that a nonresident pharmacy obtain a nonresident pharmacy license prior to delivering prescription drugs into Iowa.

C. LICENSURE BY CONSENT

6. Applicant admits the allegations in the Factual Circumstances and acknowledges that the allegations, if proven in a contested case hearing concerning license denial, would constitute grounds for the adverse action agreed to in this Agreement.

7. Execution of this Agreement constitutes the resolution of a contested case. Applicant has a right to hearing before the Board on the grounds for license denial, but Applicant waives the right to hearing and all attendant rights, including the right to appeal or seek judicial review.
of the Board’s action, by freely and voluntarily entering into this Agreement. Once entered, this Agreement shall have the force and effect of a Board Order entered following a contested case hearing concerning license denial.

8. Applicant acknowledges that it has the right to be represented by counsel on this matter.

9. This Agreement is subject to approval by a majority of the full Board. If the Board does not approve this Agreement, it shall be of no force or effect to either party, and shall not be admissible for any purpose in further proceedings in this matter. If the Board approves this Agreement, it shall be the full and final resolution of this matter.

10. This Agreement shall be part of Applicant’s permanent record and shall be considered by the Board in determining the nature and severity of any disciplinary action to be imposed in the event of any future violations.

11. Applicant understands that this Agreement constitutes adverse action and that the Board is required by federal law to report any adverse action to the National Association of Boards of Pharmacy’s Disciplinary Clearinghouse and the National Practitioner Data Bank.

12. This Agreement, when fully executed, is a public record and is available for inspection and copying in accordance with the requirements of Iowa Code chapters 22 and 272C.

13. The Board’s approval of this Agreement shall constitute a FINAL ORDER of the Board.

IT IS THEREFORE ORDERED:

14. Applicant shall be issued an Iowa nonresident pharmacy license.

15. Applicant agrees to pay a CIVIL PENALTY in the amount of one thousand dollars ($1000). The civil penalty shall be made payable to the Treasurer of Iowa and paid within thirty (30) days of license issuance. The civil penalty should be mailed to the Iowa Board of Pharmacy, Attn: Amanda Woltz, 400 SW 8th St, Ste E, Des Moines IA 50309. All civil penalty payments shall be deposited into the State of Iowa general fund.

16. Should Applicant violate the terms of this Order, the Board may initiate action to impose other licensee discipline as authorized by Iowa Code chapters 155A and 272C and 657 IAC chapter 36.

This Licensure by Consent Agreement is voluntarily submitted by Applicant to the Board for its consideration on the 5th day of November, 2017.
By this signature, **Jodi Peterson** acknowledges s/he is the **Vice President** for Applicant and is authorized to sign this Settlement Agreement and Final Order on behalf of Applicant.

This Licensure by Consent Agreement is approved by the Iowa Board of Pharmacy on the **17th** day of **November** 2017.

**Chairperson**

**Iowa Board of Pharmacy**