

Iowa Board of Pharmacy

400 S.W. 8th Street, Suite E, Des Moines, IA 50309 (p) 515-281-5944 (f) 515-281-4609 https://pharmacy.iowa.gov

Petition for Exemption from Mandate for Electronic Transmission of Prescriptions

Beginning January 1, 2020, all prescriptions (including controlled and non-controlled substances) transmitted to a pharmacy must be transmitted via electronic transmission, unless exempted by Iowa Code or granted an exemption by the Board of Pharmacy. If the entirety of your prescribing or dispensing is exempted by Iowa Code, no exemption from the Board of Pharmacy is required. Before submitting a petition, please review Iowa Code section 155A.27, Board rules 657--21.8 and 21.9, and the frequently asked questions available on the Board's website.

To request an exemption, submit a completed petition form and any additional documentation that you wish for the Board to consider. Petitions received 3 or more weeks in advance of a scheduled Board meeting will be placed on the agenda for consideration at the next meeting. Petitions received less than 3 weeks in advance of a scheduled Board meeting will not be placed on the agenda for consideration until the following meeting. To request a renewal to a previously approved exemption, an application shall be submitted at least 60 days prior to the expiration of the existing exemption period.

After January 1, 2020, the transmission of a prescription which is not subject to an exemption by other than electronic means shall constitute a violation of Iowa Code and may subject the prescriber or pharmacy to an administrative penalty of \$250 per violation, up to a maximum of \$5,000 per calendar year. Enforcement of the e-prescribing mandate will be handled by the prescriber's professional licensing board.

Duration of exemption requested (no more than	1 year): 12/31/2020		
Name of entity/provider seeking exemption: low	va Digestive Disease Center		
Entity business type: medical office			
Address of entity/provider: 1378 NW 124th S			
City: Clive	State: IA Zip Code: 5	0325	
Contact Name: Meridith Westbrook	Contact Phone #: 515-226-8181		
mwestbrook@iddc.n Contact E-mail address:	8 8		

For businesses, you are responsible for maintaining a list of prescribers who would be covered by this exemption. Note that an exemption only covers those prescribers while they are working in the capacity described in the petition.

Attach additional pages if necessary

Do you prescribe controlled substances?	✓ Yes	□ No
If yes, approximately how many prescriptions for controlled substances did	l you write in 2019	?270
Describe the types of controlled substances you generally prescribe: Post-surgery and GI-related (anti-diarrhea)		
Which schedules of controlled substances are you authorized to prescribe (2, 2N, 3, 3N, 4, 5):	
Do you prescribe non-controlled substances?	∠ Yes	□ No
If yes, approximately how many prescriptions for non-controlled substance	es did you write in 2	2019?unknown
Describe the types of non-controlled substances you generally prescribe: Gl-related Do you currently have the capability to electronically prescribe controlled substances.	stances?	□ Yes 🙀 No
Do you currently have the capability to electronically prescribe non-controlled	substances?	✓ Yes ☐ No
Do you have plans to implement electronic prescribing prior to December 31, 2	020?	☑ Yes ☐ No
If yes, when in 2020 do you expect to have electronic prescribing impleme	nted? before 12/	21/2020
If yes, will your electronic prescribing platform have the capability to	transmit prescrip	otions for controlled
substances?	Yes	No
If yes, will your electronic prescribing platform have the capability to transmit prescriptions for non-c substances?	ns for non-controlled	
	Yes	No
Explain what schedules you are seeking the exemption for (all prescribing, conformal of prescribing, etc.): controlled substances only	rolled substances	only, a specific type

Explain why you believe you should be exempt from the electronic prescribing mandate: EMR software upgrade project was put on hold due to COVID-19 to avoid further disruptions for staff working from home. This project involves both upgrading the EMR and implementing controlled substance prescriptions.

What is your plan if your petition is denied? Continue patient care by using paper prescriptions until IDDC can use electronic prescriptions

Do you anticipa	have an anticipated date of compliance with the electronic transmission requirement? If yes, provide the sted date of compliance: December 31, 2020
Please s	elect the category that best describes the reason for your petition:
	Free or low-income clinic (health care provided at no or low cost to patient, not receiving reimbursement from insurance)
	Bankruptcy within the previous 1 year
	Intend to discontinue active practice in Iowa prior to December 31, 2020
	Disability that limits the ability to use electronic prescribing platform
✓	In the process of implementing electronic prescribing, which will be completed prior to December $31,2020$
	Prescribe a maximum of 50 prescriptions per calendar year for non-controlled substances only (includes retired and active practitioners)
	$Only\ a\ small\ number\ of\ prescriptions\ are\ not\ already\ exempt\ pursuant\ to\ Iowa\ Code\ section\ 155A.27(2)(b)$
	Only a small number of prescriptions cannot be electronically prescribed
	Other exceptional circumstance, which is fully described in this petition
	Economic hardship (cost of compliance with the mandate would exceed 5% of the petitioner's annual income as reported on the most recent tax return; requires submission of portion of most recent tax return showing income and quotes from two electronic prescribing platforms)
	Technological limitation (available internet service providers do not have the technological capabilities required to support an electronic prescribing platform; requires submission of documentation showing available internet services providers, including the speed, bandwidth, and any data caps, and documentation showing the technological requirements from at least two electronic prescribing platforms)
If petiti	oning for renewal of previously approved exemption, provide the following:
The nu	mber of exemptions previously granted: 2
Descrip prescrip	tion of the progress made by petitioner towards compliance with mandate for electronic transmission of otions:
The ve	ndor has released the upgrade and IDDC has started the upgrade process
Printed	Name: Jonathan Schultz
Signatu	### Conathan Schultz Rey: 4:89.2d7/e/548540332bb86bb798e657