



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): 365 days

Name of entity/provider seeking exemption: Elevate Aesthetics & Wellness; Carrie Brown Benn ARNP

Entity business type: Medical Aesthetic Clinic Provider CSA#, if applicable: _____

Address of entity/provider: 1810 W 8th St Ste C

City: Cedar Falls State: Iowa Zip Code: 50613

Contact Name: Carrie Brown Benn Contact Phone #: [REDACTED]

Contact E-mail address: [REDACTED]

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 you write in 2019? 10-for this

Describe the types of controlled substances you generally prescribe:
Weight loss medication

Which schedules of controlled substances are you authorized to prescribe (2, 2N, 3, 3N, 4, 5):
2, 2n, 3, 3n, 4

Do you prescribe non-controlled substances? Yes No

If yes, approximately how many prescriptions for non-controlled substances did you write in 2019? 10

Describe the types of non-controlled substances you generally prescribe:
weight loss medication

Do you currently have the capability to electronically prescribe controlled substances? 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, 2020? Yes No

If yes, when in 2020 do you expect to have electronic prescribing implemented? _____

If yes, will your electronic prescribing platform have the capability to transmit prescriptions for controlled substances?

Yes No

If yes, will your electronic prescribing platform have the capability to transmit prescriptions for non-controlled substances?

Yes No

Explain what schedules you are seeking the exemption for (all prescribing, controlled substances only, a specific type of prescribing, etc.):

Solo provider practice, writing prescriptions is infrequent

Explain why you believe you should be exempt from the electronic prescribing mandate:

It would be too much of a financial burden to implement an electronic prescribing system for my practice and writing of prescriptions is infrequent for the type of business.

What is your plan if your petition is denied?

Will have to find a way to afford electronic system as weight loss treatment is part of my medical aesthetic practice.

Do you have an anticipated date of compliance with the electronic transmission requirement? If yes, provide the anticipated date of compliance: _____

Please select 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 petitioning for renewal of previously approved exemption, provide the following:

The number of exemptions previously granted: 0

Description of the progress made by petitioner towards compliance with mandate for electronic transmission of prescriptions:

Printed Name: Carrie Brown Benn DNP

Signature: _____

signed via SeallessDocuSign
Carrie Christine Brown Benn
Key: 4c8b2d7e546540332b56bb798e6c7

Date: 06/17/2020

Fwd: [State of Iowa] IBPE - e-Rx Exemption Petition Elevate Aesthetics & Wellness; Carrie Brown Benn A

1 message

Woltz, Amanda <amanda.woltz@iowa.gov>
To: elevateaestheticswellness@gmail.com

Fri, Jun 26, 2020 at 12:20 PM

Good afternoon,

The Board has received the below request for exemption from the mandate for electronic transmission of prescriptions. It has been determined that you are seeking a request for economic hardship. For economic hardship petitions, a copy of the petitioner's most recent tax return showing annual income and at least two quotes documenting the cost of implementing electronic prescribing.

In order for the Board to consider your request at the August 25-26 meeting, please submit the requested documents to me no later than Tuesday, August 11.

Let me know if you have any questions.



Amanda Woltz, Administrative Assistant
Iowa Board of Pharmacy
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----- Forwarded message -----

From: **Iowa Board of Pharmacy** <noreply@seamlessdocs.com>


Date: Wed, Jun 17, 2020 at 12:11 PM

Subject: [State of Iowa] IBPE - e-Rx Exemption Petition Elevate Aesthetics & Wellness; Carrie Brown Benn A

To: <amanda.woltz@iowa.gov>



A new submission for **Petition for Exemption from Mandate for Electronic Transmission of Prescriptions** has been received. Link to submission (login required): <https://seam.ly/yTnDQ07p>

 **Petition_for_Exemption_from_Mandate_for_Electronic_Transmission_of_Prescriptions_1M5hcqBK3vGJFp.pdf**
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