



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): 1 year

Name of entity/provider seeking exemption: Thomas Pattee, DO

Entity business type: Primary care medical clinic Provider CSA#, if applicable: _____

Address of entity/provider: 510 S. division, Ste. 100

City: Cedar falls State: Iowa Zip Code: 50613

Contact Name: Thomas Pattee 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?

Describe the types of controlled substances you generally prescribe:

Suboxone occasional narcotic and occasional benzodiazepine or sleep medication

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

All of the above

Do you prescribe non-controlled substances? Yes No

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

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

Comprehensive pharmacotherapy for all primary care diagnoses

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.):

Suboxone only

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

Despite many years of my request to go to electronic medical record for my opioid use disorder patients, my employer will not allow that and I have separate paper charts for these encounters and have always utilized written prescriptions.

What is your plan if your petition is denied?

Would take the information of denial back to my employer and see if they would create a firewall and allow use of electronic medical record for my patients with opioid use disorder. This would be my preference personally but again multiple requests have been denied stating they do not feel there is an adequate firewall for privacy protection.

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: _____

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

I have been in full and early compliance with all other E prescribing

Printed Name: Thomas Pattee, DO

Signature: 
Key: 4c8b3d7e546540332b86bb798e6c7

Date: 07/29/2020