

Oklahoma Senate Committee on Appropriations

2013-14 Performance Report

Oklahoma State Board of Pharmacy

AGENCY MISSION STATEMENT:

The Oklahoma State Board of Pharmacy's mission is to promote, preserve and protect the public health, safety and welfare by and through the effective control and regulation of the practice of pharmacy and the registration of drug outlets engaged in the manufacturer, production, sale and distribution of dangerous drugs, medication, devices and such other materials as may be used in the diagnosis and treatment of injury, illness and disease. Adopted Title 59 OS Section 353 (B).

LEAD ADMINISTRATOR:

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GOVERNANCE:

The Board consist of six (6) persons, five who shall be licensed as pharmacists in Oklahoma [actively engaged in the practice of pharmacy for not less than 5 years immediately prior to serving on the Board] and one public member [an Oklahoma resident for not less than 5 years and not be a pharmacist or be related by blood or consanguinity to a pharmacist]. Pharmacist members are appointed by Governor [from a list of 10 names from an annual list submitted from Oklahoma Pharmacist Association (OPHA) after an election by mail ballot] and confirmed by Senate.

<u>Dorothy Gourley, D.Ph., President</u>	<u>Ardmore</u>
<u>John Lassiter, D.Ph., Vice-President</u>	<u>Moore</u>
<u>Greg Adams, D.Ph., Member</u>	<u>Clinton</u>
<u>Gordon Richards, D.Ph., Member</u>	<u>Shawnee</u>
<u>James Spoon, D.Ph., Member</u>	<u>Sapulpa</u>
<u>Stephen Dudley, Public Member</u>	<u>Edmond</u>

The Pharmacy Board members hire the Executive Director who must be a pharmacist.

Does the Board have any committees or subgroups? If so, please provide a detailed listing of the subgroups and their areas of focus.

The Board has a Continuing Education Committee to review and approve pharmacist continuing education.

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The Board forms committees when rules need to be added or reviewed for change. We involve individuals from large, medium and small business from the various types of pharmacies or facilities in the subject area where rules or rule revisions are needed.

GOVERNANCE ACCOUNTABILITY:

Is there an attendance policy for board members/commissioners? If so, is it being followed?

Board members are rarely absent from the Board meetings.

Many years ago we had an appointee who did not attend. The governor at that time had a policy that if three (3) meetings were missed the Board could notify the Governor and he would cancel that appointment and appoint a new Board member. We did and he did - it has only been a problem once.

MODERNIZATION EFFORTS:

The Board had been working with ok.gov to get license and permit renewals online for customer convenience, when the state law requiring such action was passed by the legislature. The push this law gave ok.gov made it possible to get renewals online for our pharmacists. We have since added our technicians.

Upside: This change has saved initial printing, postage, and staff time for mailing. Because the applicant cannot submit the application until it is complete, and passes through checks it saves the postage and labor for returning incomplete applications. This allowed the Board to reallocate staff time which reduced the need for additional staff and improved customer service.

Downside: We have had constant issues with ok.gov online renewal that have added programming and staff costs to fix issues caused by ok.gov programs stopping required checks in the licensing program or charging late fees when they are not due, or telling registrants they are eligible to renew when they are not or conversely telling them they are not eligible when they are eligible. Ok.gov online renewal has at least doubled if not tripled the Board's contract programming costs. Additionally the Board delayed plans to add pharmacies and facilities to online renewals until we have reliable service on current online renewals.

The Board scanned its documents, eliminating over 20 cabinets and the paper filing and retrieval process. This eased office crowding and the annual need to add new cabinets. It has improved staff response time to calls since records can be retrieved electronically quickly.

What steps has the agency taken to cut costs and/or eliminate waste? Are there efforts that have been successful which you believe could serve as a model for other state agencies seeking to keep costs minimal?

The Pharmacy Board members are all successful business owners. They have always required the Board staff to be modern, effective, efficient, and frugal. The Board gives active oversight and direction.

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With fees as much as 50% less than surrounding states, the Board saved enough money from fees over 20 years to build the new Pharmacy Board building now under construction at 2920 N Lincoln in Oklahoma City. Working through DCS-Construction and Properties and OMES the building will finish in late spring 2013 debt free.

CORE MISSION:

What services are you required to provide that are outside of your core mission?

We have had multiple reports to the US House and Senate, as well as state and federal surveys to complete in the last 100 days which pulls staff away from core mission.

Are any services you provide duplicated or replicated by another agency? No

Are there services which are core to your mission which you are unable to perform because of requirements to perform non-core services elsewhere?

Constant change at OMES, without time to work out the kinks, has been a drain on agency staff time. Many of the changes will be good in the long run but communication and cohesion could be better. No time is allotted to integrate a change before further changes occur. With so many changes happening at once it is impossible to measure the effectiveness of particular changes.

PRIVATE ALTERNATIVES:

Are any of the services which are performed by the agency also performed in the private sector in Oklahoma? No

In other states?

A few states do not inspect pharmacies. In those cases you have situations like those that occurred in Florida years ago and in New England recently where deaths occur due to lack of proper sanitation and handling of prescription drugs.

Has the agency been approached by any foundation, for-profit or not-for-profit corporation with efforts to privatize some of the functions of the agency? No