Regulatory Analysis Form

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REVIEW COMMISSION

(1) Agency

Department of State, Bureau of Professional and Occupational Affairs, State Board of Pharmacy

(2) I.D. Number (Governor's Office Use)
16A-549

IRRC Number: # 2197

(3) Short Title
Reference Library and Facsimile Machines

(4) PA Code Cite

49 Pa. Code §§27.14, 27.20

(5) Agency Contacts & Telephone Numbers

Primary Contact: Eva Cheney, Counsel, State Board of Pharmacy 783-7200
Secondary Contact: Joyce McKeever, Deputy Chief Counsel, Department of State 783-7200

(6) Type of Rulemaking (check one)

X Proposed Rulemaking
___ Final Order Adopting Regulation
___ Final Order, Proposed Rulemaking Omitted

(7) Is a 120-Day Emergency Certification Attached?

X No
___ Yes: By the Attorney General
___ Yes: By the Governor

(8) Briefly explain the regulation in clear and nontechnical language.

This rulemaking package amends Pharmacy Board regulation at 49 Pa. Code 27.14(c)(14) which currently requires a pharmacy to have an adequate reference library including two of the latest editions of references specifically listed in the regulation. The proposed regulation would amend this section by eliminating the specific list of references and replacing it with language that would allow a pharmacy to maintain references more appropriate to that pharmacy's area of practice.

This rulemaking package would also amend Pharmacy Board regulation at 49 Pa. Code §27.20 to allow a pharmacist to fill prescriptions for all Schedule II controlled substances for hospice patients which are received on a facsimile machine without reviewing the original of the prescription before dispensing the Schedule II controlled substance. Currently this Section only allows a facsimile prescription for Ainjectable@ Schedule II controlled substances for hospice patients. The rulemaking package would amend the current Board regulation §27.20 to make it consistent with Federal law.

(9) State the statutory authority for the regulation and any relevant state or federal court decisions.

The regulation is authorized under Sections 4(j) and 6(k)(1) and (9) of the Pharmacy Act (Act), Act of September 27, 1961, P.L. 1700, as amended, 63 P.S. §§390-6(k)(9).

Regulatory Analysis Form

(10) Is the regulation mandated by any federal or state law or court order, or federal regulation? If yes, cite the specific law, case or regulation, and any deadlines for action.

Yes. Section 6(k)(1) and (9) of Act of September 27, 1961, P.L. 1700, as amended, empowers the Board to promulgate regulations as may be necessary to carry into effect the provisions of the Act.

(11) Explain the compelling public interest that justifies the regulation. What is the problem it addresses?

Under current Section 47.14(c)(14), a pharmacy must maintain two references specifically listed in that section. However, there are many references available which are not listed in the regulation which are more pertinent to current pharmacy practice or more appropriate to a pharmacy's particular area of practice. It is not uncommon that pharmacies maintain the two specified references which then sit on the shelf unused because the pharmacy actually uses other references that are more applicable to current pharmacy practice as well as more consistent with that pharmacy's scope of practice. The proposed regulation would eliminate the unnecessary cost of maintaining required, yet unused, references while allowing and encouraging pharmacies to maintain references more pertinent to their area of practice.

Section 47.20 is consistent with Federal law regarding the "injectable only" facsimile prescriptions for Schedule II controlled substances administered in a patient's home, and prescriptions for Schedule II controlled substances for residents of long term care facilities. It is inconsistent with Federal law regarding patients residing in a hospice. Federal law allows facsimile prescriptions as the original prescription for all Schedule II controlled substances for patients in hospice facilities; the Board regulation only allows facsimile prescriptions for "injectable" Schedule II controlled substances for hospice patients. This rulemaking package would amend Section 47.20 to allow facsimile prescriptions as original prescriptions for all Schedule II controlled substances for all hospice patients, making it consistent with Federal law.

Hospice patients are often homebound and it may be difficult for them or their caregivers to obtain a written prescription. If the faxed copy of hospice patient's oral and topical Schedule II controlled substance prescriptions could serve as the original pharmacy record, the burden on hospice patients and their care-givers would be reduced by eliminating the need to first obtain a written prescription from the medical practitioner for the oral and topical Schedule II controlled substances. Increased access for hospice patients to oral and topical Schedule II medications, especially during emergencies, allows for faster pain relief and an increase in the quality of life.

(12) State the public health, safety, environmental or general welfare risks associated with nonregulation.

Nonregulation will continue the unnecessary burden on pharmacies to maintain expensive references that are not relevant to their area of practice while incurring expenses for additional references that are more appropriate to their practice. It will also discourage pharmacies from obtaining more current, up do date references that are more attuned to modern pharmacy practice.

Nonregulation will also continue the present burden on hospice patients and their care-givers by requiring a hospice patient to first obtain a written prescription from a medical practitioner for oral and topical Schedule II medications and present it to the pharmacist prior to dispensing, even though the pharmacist has a facsimile prescription for the medication. This burden, especially during emergencies, prevents the hospice patient from obtaining faster pain relief and decreases his/her quality of life.

(13) Describe who will benefit from the regulation. (Quantify the benefits as completely as possible and approximate the number of people who will benefit.)

Pharmacies as well as consumers will benefit if pharmacies are allowed to maintain references more adequately addressing current pharmacy practice and areas specific to a pharmacy's area of practice. Hospice patients benefit from this regulation. The regulation amends the current Board regulation and allows a pharmacist to fill a facsimile prescription for an oral or topical Schedule II controlled substance for hospice patients without first obtaining a written prescription. Increased access for hospice patients to oral and topical Schedule II medications, especially during emergencies, allows for faster pain relief and an increase in the quality of life.

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(14) Describe who will be adversely affected by the regulation. (Quantify the adverse effects as completely as possible and approximate the number of people who will be adversely affected.)

There are no perceived people or groups of people who will be adversely affected by the proposed regulation.

(15) List the persons, groups or entities that will be required to comply with the regulation. (Approximate the number of people who will be required to comply.)

Pharmacies, Pharmacists who are filling facsimile prescription; doctors who are sending facsimile prescriptions to pharmacies for their hospice patients; and hospice patients. It is unknown at this time how many individuals will fall into this category.

(16) Describe the communications with and input from the public in the development and drafting of the regulation. List the persons and/or groups who were involved, if applicable.

In compliance with Executive Order 1996-1, the Board reviewed and considered correspondence and presentations from the following individuals and groups:

Lonna H. Donaghue, Executive Director, Pennsylvania Hospice Network; Joan Harrold, MD, Medical Director, Hospice of Lancaster County; Coleen Kayden, R.Ph., Lancaster, P.A.; Denise Harris, Director, Pinnacle Health Hospice; Richard B. Greene, R.Ph., Hospice Pharmacia; Michael P. Cinque, R.Ph.; Terri Bostick,iScribe; Pennsylvania Pharmacists Association; Pennsylvania Society of Health-Systems Pharmacists.

(17) Provide a specific estimate of the costs and/or savings to the regulated community associated with compliance, including any legal, accounting or consulting procedures, which may be required.

It is not uncommon that pharmacies maintain the two required references which then sit on the shelf unused because the pharmacy actually purchases and uses other references that are more applicable to current pharmacy practice as well as more consistent with that pharmacy's scope of practice. The proposed regulation would eliminate the unnecessary cost of maintaining required, yet unused references while allowing and encouraging pharmacies to purchase those references more pertinent to their area of practice.

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(18) Provide a specific estimate of the costs and/or savings to local governments associated with compliance, including any legal, accounting or consulting procedures that may be required.

This regulation does not affect local governments.

(19) Provide a specific estimate of the costs and/or savings to state government associated with the implementation of the regulation, including any legal, accounting, or consulting procedures which may be required.

There is no cost/saving to the Board associated with implementation of this regulation.

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(20) In the table below, provide an estimate of the fiscal savings and costs associated with implementation and compliance for the regulated community, local government, and state government for the current year and five subsequent years.

	Current FY	FY +1	FY +2	FY +3	FY +4	FY +5
SAVINGS:	$	$	$	$	$	$
Regulated	NA	NA	NA	NA	NA	NA
Local Government						
State Government						
Total Savings						
COSTS:						
Regulated	NA	NA	NA	NA	NA	NA
Local Government						
State Government						
Total Costs						
REVENUE LOSSES:						
Regulated	NA	NA	NA	NA	NA	NA
Local Government						
State Government						
Total Revenue Losses						

(20a) Explain how the cost estimates listed above were derived.

There are no costs associated with this regulation. There may, however, be some savings. Currently a pharmacy maintains the required references and references not included on the current list of required references which are more comprehensive and/or specific to its pharmacy practice. The regulated community may actually save money because a pharmacy will not be required to purchase and maintain unused required references. However, that savings, if any, is not known at this time.

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(20b) Provide the past three year expenditure history for programs affected by the regulation.

Program	FY -3	FY -2	FY -1	Current FY
Pharmacy Board	$1,174,069.18	$1,171,442.25	$1,173,738.10	$1,168,000.00

(21) Using the cost-benefit information provided above, explain how the benefits of the regulation outweigh the adverse effects and costs.

There are no adverse effects and costs associated with this regulation. Pharmacies benefit because they will no longer be required to maintain reference books which they do not use in addition to the reference books the maintain that they do use, thus resulting in a possible savings. Hospice patients benefit because pharmacists can dispense the patient's Schedule II Controlled narcotic medications upon receipt of a facsimile prescription, without waiting until the original prescription is submitted to the pharmacist.

(22) Describe the nonregulatory alternatives considered and the costs associated with those alternatives. Provide the reasons for their dismissal.

Nonregulatory alternatives were not considered because this regulation is necessary to carry into effect the provisions of the Act. Sections 4(j) and 6(k)(1) and (9) of the Pharmacy Act (Act), Act of September 27, 1961, P.L. 1700, as amended, empowers the Board to promulgate regulations as may be necessary to carry into effect the provisions of the Act.

(23) Describe alternative regulatory schemes considered and the costs associated with those schemes. Provide the reasons for their dismissal.

No other regulatory schemes were considered. See 22 above.

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(24) Are there any provisions that are more stringent than federal standards? If yes, identify the specific provisions and the compelling Pennsylvania interest that demands stronger regulation.

The current Board regulation §27.20 is more stringent than the Federal law. The rulemaking package would make the current Board regulation consistent with Federal law.

(25) How does this regulation compare with those of other states? Will the regulation put Pennsylvania at a competitive disadvantage with other states?

The reference library section of the regulation is consistent with other states. The language for the regulation was adopted in part from Maryland's regulations.

A comparison with those states bordering Pennsylvania was not done regarding the facsimile section of the regulation. The comparison was made, instead, to Federal law because this is where the inconsistency and subsequent disadvantage originate. This regulation will make Pennsylvania consistent with Federal law.

(26) Will the regulation affect existing or proposed regulations of the promulgating agency or other state agencies? If yes, explain and provide specific citations.

The regulation amends current Sections 27.14 and 27.20.

(27) Will any public hearings or informational meetings be scheduled? Please provide the dates, times, and locations, if available.

The Board reviews its regulatory proposals at regularly scheduled public meetings. The Board meets each month.

Regulatory Analysis Form

(28) Will the regulation change existing reporting, record keeping, or other paperwork requirements? Describe the changes and attach copies of forms or reports which will be required as a result of implementation, if available.

No.

(29) Please list any special provisions which have been developed to meet the particular needs of affected groups or persons including, but not limited to, minorities, elderly, small businesses, and farmers.

The regulation addresses the particular needs of hospice patients. The regulation amends the current Board regulation and allows a pharmacist to fill a facsimile prescription for an oral or topical Schedule II controlled substance for hospice patients without first obtaining a written prescription. Increased access for hospice patients to oral and topical Schedule II medications, especially during emergencies, allows for faster pain relief and an increase in the quality of life.

(30) What is the anticipated effective date of the regulation; the date by which compliance with the regulation will be required; and the date by which any required permits, licenses or other approvals must be obtained?

The regulation will be effective upon publication in the Pennsylvania Bulletin as final rulemaking.

(31) Provide the schedule for continual review of the regulation.

The Board reviews the effectiveness of its regulations on a regular basis.

CDL-1

FACE SHEET
FOR FILING DOCUMENTS
WITH THE LEGISLATIVE REFERENCE BUREAU

(Pursuant to Commonwealth Documents Law)

DO NOT WRITE IN THIS SPACE

Copy below is hereby approved as to form and legality. Attorney General

BY: _____
(DEPUTY ATTORNEY GENERAL)

APR 17 2001
DATE OF APPROVAL

Copy below is hereby certified to be a true and correct copy of a document issued, prescribed or promulgated by:

State Board of Pharmacy
(AGENCY)

DOCUMENT/FISCAL NOTE NO. 16A-549

DATE OF ADOPTION: _____

BY: _____
Michael A. Podgurski

TITLE: Chairperson
(EXECUTIVE OFFICER, CHAIRMAN OR SECRETARY)

Copy below is approved as to form and legality. Executive or Independent Agencies.

3/30/01
DATE OF APPROVAL

(Deputy General Counsel ~~(Chief Counsel, Independent Agency~~
(Strike inapplicable title)

[ ] Check if applicable Copy not approved. Objections attached.

[ ] Check if applicable. No Attorney General approval or objection within 30 day after submission.

PROPOSED RULEMAKING

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF PHARMACY
49 Pa. Code, Chapter 27
Facsimile Machines
Supplies (Reference Library)

The State Board of Pharmacy proposes to amend 49 Pa. Code, Chapter 27, by amending Sections 27.14 and 27.20 as set forth in Annex A.

Effective Date

The amendment will be effective upon publication of the final form regulation in the Pennsylvania Bulletin.

Statutory Authority

The amendment is authorized under Sections 4(j) and 6(k)(1) and (9) of the Pharmacy Act (Act), Act of September 27, 1961, P.L. 1700, as amended, 63 P.S. §§390-6(k)(9).

Background and Purpose

Section Code 27.14(c)(14) currently requires a pharmacy to have an adequate reference library including two or more of the latest editions of references specifically listed in the section. The proposed rulemaking would amend this section by eliminating the specific list of references and replacing it with language that would allow a pharmacy to maintain references which are more appropriate and necessary to that pharmacy's area of practice.

Pharmacy Board regulation at 49 Pa. Code 27.20 allows a pharmacist to fill a prescription for a Schedule II controlled substance that is received on a facsimile machine under certain conditions. The Board regulation is consistent with federal law with one exception. Federal law allows a pharmacist to use the facsimile prescription as the original prescription for all Schedule II controlled substances for hospice patients, while the Board regulation only allows a facsimile prescription as the original prescription for "injectable" Schedule II controlled substances for hospice patients. This rulemaking package is the Board's attempt to make its regulation consistent with federal law.

Description of Proposed Amendments

Proposed Section 47.14(c)(14) would remove a list of 13 references from which the current regulation now requires the pharmacy to maintain the latest editions of at least two references. The proposal recognizes that many references are not listed in the regulation which are more comprehensive and/or pertinent to current pharmacy practice or more appropriate to a pharmacy's particular area of practice. It is not uncommon that pharmacies maintain the two required references which then sit on the shelf unused because the pharmacy actually uses other references that are more applicable to current pharmacy practice as well as more consistent with that pharmacy's scope of practice. The proposed regulation would eliminate the unnecessary cost of maintaining required, yet unused, references while allowing and encouraging pharmacies to maintain references more pertinent to their area of practice.

Current Section 27.20 allows a pharmacist to fill a prescription for a Schedule II controlled substance received on a facsimile machine if the original prescription signed by the medical practitioner is presented to the pharmacist for review prior to the actual dispensing of the controlled substance. There are two exceptions to the requirement that the original prescription be presented prior to dispensing; 1) prescriptions for "injectable" Schedule II controlled substances which will be administered in a patient's home or hospice, and 2) prescriptions for Schedule II controlled substances for residents of a long term care facility.

The Board regulation is consistent with federal law regarding the "injectable only" prescriptions for Schedule II controlled substances administered in a patient's home, and prescriptions for Schedule II controlled substances for residents of long term care facilities. It is inconsistent with federal law regarding hospice patients. Federal law allows facsimile prescriptions as the original prescription for all Schedule II controlled substances for patients in hospice facilities. On July 25, 2000, the Drug Enforcement Agency published an Interim Rule in the Federal Register that interprets the federal regulation's language regarding "patients residing in a hospice facility" to include all hospice patients regardless of the setting. The Board regulation only allows facsimile prescriptions for "injectable" Schedule II controlled substances for patients in a hospice.

The Board's rulemaking package would amend the Board regulation to allow facsimile prescriptions as original prescriptions for all Schedule II controlled substances for all hospice patients, making it consistent with federal law and the DEA Interim Rule.

Hospice patients are often homebound and it may be difficult for them or their caregivers to obtain a written prescription. At this time a faxed prescription for an injectable Schedule II controlled substance may serve as the original pharmacy record. However, a faxed prescription for an oral or topical Schedule II controlled substance for a hospice patient can be dispensed to the hospice patient only after the original prescription is presented to the pharmacist for review. If the faxed copy of hospice patients' oral and topical Schedule II controlled substance prescriptions could serve as the original pharmacy record, the burden on hospice patients and their care-givers would be reduced by eliminating the need to first obtain a written prescription from the medical practitioner for the oral and topical Schedule II controlled substances. Increased access for hospice patients to oral and topical Schedule II medications, especially during emergencies, allows for faster pain relief and an increase in the quality of life.

Compliance with Executive Order 1996-1

In compliance with Executive Order 1996-1, the Board extended the invitation to the following Boards, Associations, and interested licensees and educators to preliminarily review and comment on the Boards draft regulatory proposal:

Lonna H. Donaghue, Executive Director, Pennsylvania Hospice Network; Joan Harrold, MD, Medical Director, Hospice of Lancaster County; Coleen Kayden, R.Ph., Lancaster, P.A.; Denise Harris, Director, Pinnacle Health Hospice; Richard B. Greene,

R.Ph., Hospice Pharmacia; Michael P. Cinque, R.Ph.; Terri Bostick,iScribe; Pennsylvania Pharmacists Association; Pennsylvania Society of Health-Systems Pharmacists.

The Board reviewed and considered all comments and suggestions received by these and other interested parties during the regulatory development process.

Fiscal Impact and Paperwork Requirements

This regulation would have no fiscal impact or additional paperwork requirement on the Commonwealth. Additionally, the proposed amendment should not necessitate any legal, accounting or reporting requirements on the regulated community.

Sunset Date

The Board reviews the effectiveness of its regulations on an ongoing basis. Therefore, no sunset date has been assigned.

Regulatory Review

Pursuant to Section 5(a) of the Regulatory Review Act, the Act of June 30, 1989, P.L. 19, as amended, 71 P.S. Section 745.5(a), the agency submitted a copy of proposed regulation on May 2, 2001 to the Independent Regulatory Review Commission (IRRC) and the Chairpersons of the House of Professional Licensure Committee and the Senate Consumer Protection and Licensure Committee. In addition to submitting the regulation, the agency has provided IRRC and the Committees with a detailed regulatory analysis prepared by the agency in compliance with Executive Order 1996-1 "Regulatory Review and Promulgation." A copy of this material is available to the public upon request.

If IRRC has objections to any portion of the proposed regulation, it would notify the agency within 10 days after the expiration of the Committees' review. Such notification shall specify the regulatory review criteria which have not been met by the portion. The Act specifies detailed procedures for review prior to publication of the regulation by the Agency, the General Assembly and the Governor of objections raised.

Public Comment

Interested persons are invited to submit written comments, suggestions or objections regarding the proposed amendments Eva Cheney, State Board of Pharmacy, P. O. Box 2649, Harrisburg, PA 17105-2649, within 30 days of publication of this proposed rulemaking. Please reference No. 16A-549, when submitting comments.

ANNEX A

TITLE 49. PROFESSIONAL AND VOCATIONAL STANDARDS
PART I. DEPARTMENT OF STATE
SUBPART A. PROFESSIONAL AND OCCUPATIONAL AFFAIRS
CHAPTER 27. STATE BOARD PHARMACY

§ 27.14. Supplies

*****

(c) A pharmacy shall maintain at least the following equipment and supplies:

*****

(14) [An adequate reference library including two or more of the latest editions of the following, including current supplements:

(i) The United States Pharmacopeia, The National Formulary.
(ii) Physicians Desk Reference.
(iii) Drug Facts and Comparisons.
(iv) Remington's Pharmaceutical Sciences.
(v) The United States Dispensatory.
(vi) Physicians' Generix.
(vii) USPDI (United States Pharmacopeia Dispensing Information).
(viii) American Drug Index.
(ix) Goodman and Gilman's Pharmacological Basis of Therapeutics.
(x) AHFS Drug Information.
(xi) Radiological Health Handbook.
(xii) The Merk Index: An Encyclopedia of Chemicals, Drugs, and Biologicals.
(xiii) Martindale: The Extra Pharmacopeia.]

An adequate reference library which meets the following standards:

(i) A pharmacy shall maintain an adequate reference library to enable it to prepare and dispense prescriptions properly, consistent with its scope of practice.

(ii) A pharmacy shall maintain a library of reference sources appropriate to the type of pharmacy practice at that particular location. A pharmacy shall include in the pharmacy's library current material regarding the technical, clinical, and professional aspects of practice with emphasis in the area in which

the pharmacy specializes.

(iii) A pharmacy shall maintain a library containing reference sources that:

(a) Enable the pharmacist to compound medications in a safe and effective manner;

(b) List the possible drug interactions and possible adverse effects of medications dispensed by the pharmacy;

(c) List the therapeutic equivalents for medications;

(d) List the therapeutic usage and dosages of medications dispensed by the pharmacy; and

(e) Provide guidelines for the counseling of patients.

(iv) A pharmacy that specializes in nuclear or parenteral prescriptions may limit the library it maintains pursuant to (ii) of this section relating to the pharmacy's own specialization.

(v) A pharmacy shall maintain the latest editions including current supplements of each of its reference sources.

27.20 Facsimile machines

(a) Schedule II controlled substances.

(1) A pharmacist may fill a prescription for a Schedule II controlled substance which was received on a facsimile machine if the original prescription signed by the medical practitioner is presented to the pharmacist for review prior to the actual dispensing of the controlled substance. The original prescription shall be maintained as the original pharmacy record.

(2) There are [two] three exceptions to the requirement that the pharmacist review the original of the prescription received on a facsimile machine before dispensing a Schedule II controlled substance. A pharmacist may fill and dispense a prescription for a Schedule II controlled substance which was received on a facsimile machine and may use the facsimile as the original pharmacy record of the following:

(i) A prescription for a Schedule II controlled narcotic substance which will be administered to a patient by parenteral, intravenous, intramuscular, subcutaneous or intraspinal infusion in the patient's home [or hospice].

(ii) A prescription for a Schedule II controlled substance for a resident of a long term care facility.

(iii) A prescription for a Schedule II controlled narcotic substance which will be administered to a hospice patient.

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCUCPATIONAL AFFAIRS
STATE BOARD OF PSYCHOLOGY

(717) 783-7155

116 PINE STREET
P. O .BOX 2649
HARRISBURG, PA 17105-2649

May 2, 2001

The Honorable John R. McGinley, Chairman
Independent Regulatory Review Commission
14th Floor, Harristown 2
333 Market Street
Harrisburg, PA 17101

RE: Proposed Regulation
State Board of Pharmacy
Facsimile Machines – Supplies (Reference Library) (16A-549)

Dear Chairman McGinley:

Enclosed is a copy of a proposed rulemaking package of the State Board of Pharmacy pertaining to facsimile machines/supplies (Reference library).

The Board will be pleased to provide whatever information your Commission may require during the course of its review of the rulemaking.

Sincerely,

Michael A. Podgurski, R.Ph., Chairman
State Board of Pharmacy

MAP:ELC:apm
Enclosures
c: John T. Henderson, Jr., Chief Counsel
Department of State
Albert H. Masland, Commissioner
Bureau of Professional and Occupational Affairs
Joyce McKeever, Deputy Chief Counsel
Department of State
Christal Pike-Nase, Regulatory Counsel
Gerald S. Smith, Senior Counsel in Charge
Bureau of Professional and Occupational Affairs
Eva L. Cheney, Counsel
State Board of Pharmacy
State Board of Pharmacy

TRANSMITTAL SHEET FOR REGULATIONS SUBJECT TO THE REGULATORY REVIEW ACT

I.D. NUMBER:	16A-549
SUBJECT:	State Board of Pharmacy - Facsimile Machines - Supplies (Reference Library)
AGENCY:	DEPARTMENT OF STATE

TYPE OF REGULATION

X Proposed Regulation

Final Regulation

Final Regulation with Notice of Proposed Rulemaking Omitted

120-day Emergency Certification of the Attorney General

120-day Emergency Certification of the Governor

Delivery of Tolled Regulation
a. With Revisions b. Without Revisions

FILING OF REGULATION

DATE	SIGNATURE	DESIGNATION
5-2-01	Joni A Clark	HOUSE COMMITTEE ON PROFESSIONAL LICENSURE
MAY 02 2001		SENATE COMMITTEE ON CONSUMER PROTECTION & PROFESSIONAL LICSENSURE
5/2/01	Nina Eckert	INDEPENDENT REGULATORY REVIEW COMMISSION
		ATTORNEY GENERAL
5/2/01	Wayne Carver	LEGISLATIVE REFERENCE BUREAU

April 20, 2001