



FULLY EXECUTED
Contract Number: 4400028023
Original Contract Effective Date: 08/02/2023
Valid From: 09/01/2023 To: 08/31/2026

All using Agencies of the Commonwealth, Participating Political
Subdivision, Authorities, Private Colleges and Universities

Purchasing Agent

Name: Yohe Joan
Phone: 717-783-9196
Fax: 717-783-2724

Your SAP Vendor Number with us: 502611

Supplier Name/Address:
FOUNDATION OF THE PA MEDICAL
SOCIETY
400 WINDING CREEK BLVD
MECHANICSBURG PA 17050-1885 US

Please Deliver To:

To be determined at
the time of the Purchase Order
unless specified below.

Supplier Phone Number: 717-558-7810
Supplier Fax Number: 717-558-7818

Contract Name:
9313 PHARMACY PEER ASSIST MONITOR PROG

Payment Terms
NET 30

Solicitation No.: _____ Issuance Date: _____
Supplier Bid or Proposal No. (if applicable): _____ Solicitation Submission Date: _____

This contract is comprised of: The above referenced Solicitation, the Supplier's Bid or Proposal, and any documents attached to this Contract or incorporated by reference.

Item	Material/Service Desc	Qty	UOM	Price	Per Unit	Total
1	Pharm Peer Assistance	0.000	Each	120.00	1	0.00

Item Text
Price is per case, per month. Monitoring agreement must be fully effective between all parties in order to invoice the case.

General Requirements for all Items:

Information:

Total Amount:
SEE LAST PAGE FOR TOTAL OF
ALL ITEMS

Currency: USD

Supplier's Signature _____
Printed Name _____

Title _____
Date _____



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Supplier Name:
FOUNDATION OF THE PA MEDICAL
SOCIETY

Header Text

Foundation of the PA Medical Society will work in conjunction with the Bureau of Professional Health Monitoring Programs to provide peer assistance/intervention, monitoring, support and educational services for Pennsylvania licensed pharmacists, interns and any additional individuals to be licensed or registered with the Board.

The Department of State issued RFP 6100057114.

The contract is a Three (3) year Term with two (2) one-year renewal options.

Start date for referrals: 09/01/2023

Start date for all cases: 10/01/2023

1. The Contractor shall, in accordance with the terms and conditions of this contract, provide peer assistance services to impaired pharmacists and pharmacy interns as more fully defined in the RFP, to the Commonwealth.
2. The Contractor shall provide the peer assistance services listed in its Cost Submittal, which is attached hereto as Exhibit C and made a part of this contract, at the prices listed for those items in Exhibit C.
3. This contract is comprised of the following documents, which are listed in order of precedence in the event of a conflict between them:
 - a. this contract document.
 - b. the Contract Terms and Conditions, which are attached as Exhibit A and made part of this contract.
 - c. the Contractor's clarification letter dated May 9, 2023 addressing its case initiation fee, which is attached as Exhibit B and made part of this contract.
 - d. the Contractor's Cost Submittal, which is attached as Exhibit C and made a part of this contract.
 - e. the RFP, including, all of the referenced Appendices and as revised by all Addenda to the RFP, which is attached as Exhibit D and made a part of this contract; and
 - f. the Contractor's Technical Submittal, which is attached as Exhibit E and made a part of this contract.

Contract is to be invoiced monthly. Invoice is to include an itemized list of open PHMP participant case numbers. Due to HIPPA privacy laws, participant names are to be omitted from the itemized list.

No further information for this Contract

Information:

Total Amount:

500,000.00

Currency: USD

**CONTRACT
FOR
PHARMACY PEER ASSISTANCE MONITORING SERVICES**

This Contract for the Provision of peer assistance services to impaired pharmacists and pharmacy interns ("Contract") is entered into by and between the Commonwealth of Pennsylvania ("Commonwealth"), acting through the Pennsylvania Department of State, ("Agency") and the Foundation of the Pennsylvania Medical Society ("Contractor").

The Agency issued a Request for Proposals for the provision of peer assistance services to impaired pharmacists and pharmacy interns, RFP No. 6100057114, ("RFP") and the Contractor submitted a proposal in response to the RFP.

The Agency determined that the Contractor's proposal was the most advantageous to the Commonwealth after taking into consideration all of the evaluation factors set forth in the RFP and selected Contractor for contract negotiations; and

The parties have negotiated this Contract as their final and entire agreement in regard to providing peer assistance services for impaired pharmacists and pharmacy interns to the Commonwealth.

The parties, intending to be legally bound hereby, agree as follows:

1. The Contractor shall, in accordance with the terms and conditions of this contract, provide peer assistance services to impaired pharmacists and pharmacy interns as more fully defined in the RFP, to the Commonwealth.
2. The Contractor shall provide the peer assistance services listed in its Cost Submittal, which is attached hereto as Exhibit C and made a part of this contract, at the prices listed for those items in Exhibit C.
3. This contract is comprised of the following documents, which are listed in order of precedence in the event of a conflict between them:
 - a. this contract document.
 - b. the Contract Terms and Conditions, which are attached as Exhibit A and made part of this contract.
 - c. the Contractor's clarification letter dated May 9, 2023 addressing its case initiation fee, which is attached as Exhibit B and made part of this contract.
 - d. the Contractor's Cost Submittal, which is attached as Exhibit C and made a part of this contract.

e. the RFP, including, all of the referenced Appendices and as revised by all Addenda to the RFP, which is attached as Exhibit D and made a part of this contract; and

f. the Contractor's Technical Submittal, which is attached as Exhibit E and made a part of this contract.

[THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK.]

The parties have signed this contract below. The date of execution is described in the Contract Terms and Conditions.

**THE FOUNDATION OF THE
PENNSYLVANIA MEDICAL
SOCIETY**

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE**



June 1, 2023

Executive Director May 22, 2023
[Title] Date

Acting Secretary Date
Al Schmidt

APPROVED AS TO FORM AND LEGALITY:

To be obtained electronically.

Office of Chief Counsel Date
Department of State

To be obtained electronically.

Office of General Counsel Date

To be obtained electronically.

Office of Attorney General Date

To be obtained electronically.

Comptroller Date

TERMS AND CONDITIONS
RFP 6100057114
Pharmacy Peer Assistance Monitoring Program

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PART V - CONTRACT TERMS and CONDITIONS

V.1 CONTRACT-001.1a Contract Terms and Conditions (Nov 30 2006)

The Contract with the selected offeror (who shall become the "Contractor") shall include the following terms and conditions:

V.2 CONTRACT-002.1d Term of Contract – Contract (May 2012)

The initial term of the Contract shall be 03 year(s) and 00 month(s).

The term of the Contract shall commence on the Effective Date (as defined below) and shall end on the Expiration Date identified in the Contract, subject to the other provisions of the Contract.

The Effective Date shall be: a) the Effective Date printed on the Contract after the Contract has been fully executed by the Contractor and the Commonwealth (signed and approved as required by Commonwealth contracting procedures) or b) the "Valid from" date printed on the Contract, whichever is later.

V.3 CONTRACT-002.2a Renewal of Contract Term (Nov 30 2006)

The Contract may be renewed for a maximum of 2 additional 1 year term(s), so long as Commonwealth provides written notice to Contractor of its intention to extend the Contract by letter prior to the expiration of the term of the agreement, or any extension thereof. The Commonwealth may exercise the renewal as individual year or multiple year term(s). Any renewal will be under the same terms, covenants and conditions. No further document is required to be executed to renew the term of the contract.

V.4 CONTRACT-002.3 Extension of Contract Term (Nov 30 2006)

The Commonwealth reserves the right, upon notice to the Contractor, to extend any single term of the Contract for up to three (3) months upon the same terms and conditions.

V.5 CONTRACT-003.1b Signatures – Contract (July 2015)

The Contract shall not be a legally binding contract until the fully-executed Contract has been sent to the Contractor. No Commonwealth employee has the authority to verbally direct the commencement of any work or delivery of any supply under this Contract prior to the Effective Date. The Contractor hereby waives any claim or cause of action for any service or work performed prior to the Effective Date.

The Contract may be signed in counterparts. The Contractor shall sign the Contract and return it to the Commonwealth. After the Contract is signed by the Contractor and returned to the Commonwealth, it will be processed for Commonwealth signatures and approvals. When the Contract has been signed and approved by the Commonwealth as required by Commonwealth contracting procedures, the Commonwealth shall create a Contract output form which shall: 1) clearly indicate "Fully executed" at the top of the form; 2) include a printed Effective Date and 3) include the printed name of the Purchasing Agent indicating that the document has been electronically signed and approved by the Commonwealth. Until the Contractor receives the Contract output form with this information on the Contract output form, there is no legally binding contract between the parties.

The fully-executed Contract may be sent to the Contractor electronically or through facsimile equipment. The

electronic transmission of the Contract shall require acknowledgement of receipt of the transmission by the Contractor. Receipt of the electronic or facsimile transmission of the Contract shall constitute receipt of the fully-executed Contract.

The Commonwealth and the Contractor specifically agree as follows:

- a. No handwritten signature shall be required in order for the Contract to be legally enforceable.
- b. The parties agree that no writing shall be required in order to make the Contract legally binding, notwithstanding contrary requirements in any law. The parties hereby agree not to contest the validity or enforceability of a genuine Contract or acknowledgement issued electronically under the provisions of a statute of frauds or any other applicable law relating to whether certain agreements be in writing and signed by the party bound thereby. Any genuine Contract or acknowledgement issued electronically, if introduced as evidence on paper in any judicial, arbitration, mediation, or administrative proceedings, will be admissible as between the parties to the same extent and under the same conditions as other business records originated and maintained in documentary form. Neither party shall contest the admissibility of copies of a genuine Contract or acknowledgements under either the business records exception to the hearsay rule or the best evidence rule on the basis that the Contract or acknowledgement were not in writing or signed by the parties. A Contract or acknowledgement shall be deemed to be genuine for all purposes if it is transmitted to the location designated for such documents.
- c. Each party will immediately take steps to verify any document that appears to be obviously garbled in transmission or improperly formatted to include re-transmission of any such document if necessary.

V.6 CONTRACT-004.1a Definitions (Oct 2013)

As used in this Contract, these words shall have the following meanings:

- a. Agency: The department, board, commission or other agency of the Commonwealth of Pennsylvania listed as the Purchasing Agency. If a COSTARS entity or external procurement activity has issued an order against this contract, that entity shall also be identified as "Agency".
- b. Contracting Officer: The person authorized to administer this Contract for the Commonwealth and to make written determinations with respect to the Contract.
- c. Days: Unless specifically indicated otherwise, days mean calendar days.
- d. Developed Works or Developed Materials: All documents, sketches, drawings, designs, works, papers, files, reports, computer programs, computer documentation, data, records, software, samples or any other tangible material without limitation authored or prepared by Contractor as the work product covered in the scope of work for the Project.
- e. Documentation: All materials required to support and convey information about the services required by this Contract. It includes, but is not necessarily restricted to, written reports and analyses, diagrams, maps, logical and physical designs, system designs, computer programs, flow charts, disks, and/or other machine-readable storage media.
- f. Services: All Contractor activity necessary to satisfy the Contract.

V.7 CONTRACT-005.1b Agency Purchase Orders (July 2015)

The Agency may issue Purchase Orders against the Contract. These orders constitute the Contractor's authority to make delivery. All Purchase Orders received by the Contractor up to and including the expiration date of the Contract are acceptable and must be performed in accordance with the Contract. Each Purchase Order will be deemed to incorporate the terms and conditions set forth in the Contract.

Purchase Orders may be electronically signed by the Agency. The electronically-printed name of the purchaser represents the signature of that individual who has the authority, on behalf of the Commonwealth, to authorize the Contractor to proceed.

Purchase Orders may be issued electronically or through facsimile equipment. The electronic transmission of a purchase order shall require acknowledgement of receipt of the transmission by the Contractor. Receipt of the electronic or facsimile transmission of the Purchase Order shall constitute receipt of an order. Orders received by the Contractor after 4:00 p.m. will be considered received the following business day.

The Commonwealth and the Contractor specifically agree as follows:

- a. No handwritten signature shall be required in order for the Contract or Purchase Order to be legally enforceable.
- b. The parties agree that no writing shall be required in order to make the Purchase Order legally binding. The parties hereby agree not to contest the validity or enforceability of a Purchase Order or acknowledgement issued electronically under the provisions of a statute of frauds or any other applicable law relating to whether certain agreements be in writing and signed by the party bound thereby. Any Purchase Order or acknowledgement issued electronically, if introduced as evidence on paper in any judicial, arbitration, mediation, or administrative proceedings, will be admissible as between the parties to the same extent and under the same conditions as other business records originated and maintained in documentary form. Neither party shall contest the admissibility of copies of Purchase Orders or acknowledgements under either the business records exception to the hearsay rule or the best evidence rule on the basis that the Purchase Order or acknowledgement were not in writing or signed by the parties. A Purchase Order or acknowledgment shall be deemed to be genuine for all purposes if it is transmitted to the location designated for such documents.
- c. Each party will immediately take steps to verify any document that appears to be obviously garbled in transmission or improperly formatted to include re-transmission of any such document if necessary.

Purchase Orders under ten thousand dollars (\$10,000) in total amount may also be made in person or by telephone using a Commonwealth Purchasing Card. When an order is placed by telephone, the Commonwealth agency shall provide the agency name, employee name, credit card number, and expiration date of the card. Contractors agree to accept payment through the use of the Commonwealth Purchasing Card.

V.8 CONTRACT-006.1 Independent Prime Contractor (Oct 2006)

In performing its obligations under the Contract, the Contractor will act as an independent contractor and not as an employee or agent of the Commonwealth. The Contractor will be responsible for all services in this Contract whether or not Contractor provides them directly. Further, the Contractor is the sole point of contact with regard to all contractual matters, including payment of any and all charges resulting from the Contract.

V.9 CONTRACT-007.01b Delivery of Services (Nov 30 2006)

The Contractor shall proceed with all due diligence in the performance of the services with qualified personnel, in accordance with the completion criteria set forth in the Contract.

V.10 CONTRACT-007.02 Estimated Quantities (Nov 30 2006)

It shall be understood and agreed that any quantities listed in the Contract are estimated only and may be increased or decreased in accordance with the actual requirements of the Commonwealth and that the Commonwealth in accepting any bid or portion thereof, contracts only and agrees to purchase only the materials and services in such quantities as represent the actual requirements of the Commonwealth. The Commonwealth reserves the right to purchase materials and services covered under the Contract through a separate competitive procurement procedure, whenever Commonwealth deems it to be in its best interest.

V.11 CONTRACT-008.1a Warranty (Oct 2006)

The Contractor warrants that all items furnished and all services performed by the Contractor, its agents and subcontractors shall be free and clear of any defects in workmanship or materials. Unless otherwise stated in the Contract, all items are warranted for a period of one year following delivery by the Contractor and acceptance by the Commonwealth. The Contractor shall repair, replace or otherwise correct any problem with the delivered item. When an item is replaced, it shall be replaced with an item of equivalent or superior quality without any additional cost to the Commonwealth.

V.12 CONTRACT-009.1c Patent, Copyright, and Trademark Indemnity (Oct 2013)

The Contractor warrants that it is the sole owner or author of, or has entered into a suitable legal agreement concerning either: a) the design of any product or process provided or used in the performance of the Contract which is covered by a patent, copyright, or trademark registration or other right duly authorized by state or federal law or b) any copyrighted matter in any report, document or other material provided to the Commonwealth under the contract.

The Contractor shall defend any suit or proceeding brought against the Commonwealth on account of any alleged patent, copyright or trademark infringement in the United States of any of the products provided or used in the performance of the Contract.

This is upon condition that the Commonwealth shall provide prompt notification in writing of such suit or proceeding; full right, authorization and opportunity to conduct the defense thereof; and full information and all reasonable cooperation for the defense of same.

As principles of governmental or public law are involved, the Commonwealth may participate in or choose to conduct, in its sole discretion, the defense of any such action.

If information and assistance are furnished by the Commonwealth at the Contractor's written request, it shall be at the Contractor's expense, but the responsibility for such expense shall be only that within the Contractor's written authorization.

The Contractor shall indemnify and hold the Commonwealth harmless from all damages, costs, and expenses, including attorney's fees that the Contractor or the Commonwealth may pay or incur by reason of any infringement or violation of the rights occurring to any holder of copyright, trademark, or patent interests and rights in any products provided or used in the performance of the Contract.

If any of the products provided by the Contractor in such suit or proceeding are held to constitute infringement and the use is enjoined, the Contractor shall, at its own expense and at its option, either procure the right to continue use of such infringement products, replace them with non-infringement equal performance products or modify them so that they are no longer infringing.

If the Contractor is unable to do any of the preceding, the Contractor agrees to remove all the equipment or software which are obtained contemporaneously with the infringing product, or, at the option of the Commonwealth, only those items of equipment or software which are held to be infringing, and to pay the Commonwealth: 1) any amounts paid by the Commonwealth towards the purchase of the product, less straight line depreciation; 2) any license fee paid by the Commonwealth for the use of any software, less an amount for the period of usage; and 3) the pro rata portion of any maintenance fee representing the time remaining in any period of maintenance paid for. The obligations of the Contractor under this paragraph continue without time limit. No costs or expenses shall be incurred for the account of the Contractor without its written consent.

V.13 CONTRACT-009.1d Ownership Rights (Oct 2006)

The Commonwealth shall have unrestricted authority to reproduce, distribute, and use any submitted report, data, or material, and any software or modifications and any associated documentation that is designed or developed and delivered to the Commonwealth as part of the performance of the Contract.

V.14 CONTRACT-010.1a Acceptance (Oct 2006)

No item(s) received by the Commonwealth shall be deemed accepted until the Commonwealth has had a reasonable opportunity to inspect the item(s). Any item(s) which is discovered to be defective or fails to conform to the specifications may be rejected upon initial inspection or at any later time if the defects contained in the item(s) or the noncompliance with the specifications were not reasonably ascertainable upon the initial inspection. It shall thereupon become the duty of the Contractor to remove rejected item(s) from the premises without expense to the

Commonwealth within fifteen (15) days after notification. Rejected item(s) left longer than fifteen (15) days will be regarded as abandoned, and the Commonwealth shall have the right to dispose of them as its own property and shall retain that portion of the proceeds of any sale which represents the Commonwealth's costs and expenses in regard to the storage and sale of the item(s). Upon notice of rejection, the Contractor shall immediately replace all such rejected item(s) with others conforming to the specifications and which are not defective. If the Contractor fails, neglects or refuses to do so, the Commonwealth shall then have the right to procure a corresponding quantity of such item(s), and deduct from any monies due or that may thereafter become due to the Contractor, the difference between the price stated in the Contract and the cost thereof to the Commonwealth.

V.15 CONTRACT-011.1a Compliance With Law (Oct 2006)

The Contractor shall comply with all applicable federal and state laws and regulations and local ordinances in the performance of the Contract.

V.16 CONTRACT-013.1 Environmental Provisions (Oct 2006)

In the performance of the Contract, the Contractor shall minimize pollution and shall strictly comply with all applicable environmental laws and regulations, including, but not limited to: the Clean Streams Law Act of June 22, 1937 (P.L. 1987, No. 394), as amended 35 P.S. Section 691.601 et seq.; the Pennsylvania Solid Waste Management Act, Act of July 7, 1980 (P.L. 380, No. 97), as amended, 35 P.S. Section 6018.101 et seq.; and the Dam Safety and Encroachment Act, Act of November 26, 1978 (P.L. 1375, No. 325), as amended, 32 P.S. Section 693.1.

V.17 CONTRACT-014.1 Post-Consumer Recycled Content (June 2016)

Except as specifically waived by the Department of General Services in writing, any products which are provided to the Commonwealth as a part of the performance of the Contract must meet the minimum percentage levels for total recycled content as specified by the Environmental Protection Agency in its Comprehensive Procurement Guidelines, which can be found at <https://www.epa.gov/smm/comprehensive-procurement-guideline-cpg-program>.

V.18 CONTRACT-014.3 Recycled Content Enforcement (Feb 2009)

The Contractor may be required, after delivery of the Contract item(s), to provide the Commonwealth with documentary evidence that the item(s) was in fact produced with the required minimum percentage of post-consumer and recovered material content.

V.19 CONTRACT-015.1A Compensation/Expenses (May 2008)

The Contractor shall be required to perform the specified services at the price(s) quoted in the Contract. All services shall be performed within the time period(s) specified in the Contract. The Contractor shall be compensated only for work performed to the satisfaction of the Commonwealth. The Contractor shall not be allowed or paid travel or per diem expenses except as specifically set forth in the Contract.

V.20 CONTRACT-015.2 Billing Requirements (July 2021)

Unless the Contractor has been authorized by the Commonwealth for Evaluated Receipt Settlement or Vendor Self-Invoicing, the Contractor shall include in all of its invoices the following minimum information:

- Vendor name and "Remit to" address, including SAP Vendor number;
- SAP Purchase Order number;
- Delivery Address, including name of Commonwealth agency;
- Description of the supplies/services delivered in accordance with SAP Purchase Order (include purchase order line number if possible);
- Quantity provided;
- Unit price;
- Price extension;

- Total price; and
- Delivery date of supplies or services.

If an invoice does not contain the minimum information set forth in this paragraph, the Commonwealth may return the invoice as improper. If the Commonwealth returns an invoice as improper, the time for processing a payment will be suspended until the Commonwealth receives a correct invoice. The Contractor may not receive payment until the Commonwealth has received a correct invoice.

Contractors are required to establish separate billing accounts with each using agency and invoice them directly. Each invoice shall be itemized with adequate detail and match the line item on the Purchase Order. In no instance shall any payment be made for services to the Contractor that are not in accordance with the prices on the Purchase Order, the Contract, updated price lists or any discounts negotiated by the purchasing agency.

V.21 CONTRACT-016.1 Payment (Oct 2006)

- The Commonwealth shall put forth reasonable efforts to make payment by the required payment date. The required payment date is: (a) the date on which payment is due under the terms of the Contract; (b) thirty (30) days after a proper invoice actually is received at the "Bill To" address if a date on which payment is due is not specified in the Contract (a "proper" invoice is not received until the Commonwealth accepts the service as satisfactorily performed); or (c) the payment date specified on the invoice if later than the dates established by (a) and (b) above. Payment may be delayed if the payment amount on an invoice is not based upon the price(s) as stated in the Contract. If any payment is not made within fifteen (15) days after the required payment date, the Commonwealth may pay interest as determined by the Secretary of Budget in accordance with Act No. 266 of 1982 and regulations promulgated pursuant thereto. Payment should not be construed by the Contractor as acceptance of the service performed by the Contractor. The Commonwealth reserves the right to conduct further testing and inspection after payment, but within a reasonable time after performance, and to reject the service if such post payment testing or inspection discloses a defect or a failure to meet specifications. The Contractor agrees that the Commonwealth may set off the amount of any state tax liability or other obligation of the Contractor or its subsidiaries to the Commonwealth against any payments due the Contractor under any contract with the Commonwealth.
- The Commonwealth shall have the option of using the Commonwealth purchasing card to make purchases under the Contract or Purchase Order. The Commonwealth's purchasing card is similar to a credit card in that there will be a small fee which the Contractor will be required to pay and the Contractor will receive payment directly from the card issuer rather than the Commonwealth. Any and all fees related to this type of payment are the responsibility of the Contractor. In no case will the Commonwealth allow increases in prices to offset credit card fees paid by the Contractor or any other charges incurred by the Contractor, unless specifically stated in the terms of the Contract or Purchase Order.

V.22 CONTRACT-016.2 Payment – Electronic Funds Transfer (July 2022)

- The Commonwealth will make contract payments through Automated Clearing House (ACH). Within 10 days of award of the contract or purchase order, the contractor must submit or must have already submitted their ACH information within their user profile in the Commonwealth's procurement system (SRM).
- The contractor must submit a unique invoice number with each invoice submitted. The unique invoice number will be listed on the Commonwealth of Pennsylvania's ACH remittance advice to enable the contractor to properly apply the state agency's payment to the invoice submitted.
- It is the responsibility of the contractor to ensure that the ACH information contained in SRM is accurate and complete. Failure to maintain accurate and complete information may result in delays in payments.

V.23 CONTRACT-017.1 Taxes (Dec 5 2006)

The Commonwealth is exempt from all excise taxes imposed by the Internal Revenue Service and has accordingly

registered with the Internal Revenue Service to make tax free purchases under Registration No. 23-23740001-K. With the exception of purchases of the following items, no exemption certificates are required and none will be issued: undyed diesel fuel, tires, trucks, gas guzzler emergency vehicles, and sports fishing equipment. The Commonwealth is also exempt from Pennsylvania state sales tax, local sales tax, public transportation assistance taxes and fees and vehicle rental tax. The Department of Revenue regulations provide that exemption certificates are not required for sales made to governmental entities and none will be issued. Nothing in this paragraph is meant to exempt a construction contractor from the payment of any of these taxes or fees which are required to be paid with respect to the purchase, use, rental, or lease of tangible personal property or taxable services used or transferred in connection with the performance of a construction contract.

V.24 CONTRACT-018.1 Assignment of Antitrust Claims (Oct 2006)

The Contractor and the Commonwealth recognize that in actual economic practice, overcharges by the Contractor's suppliers resulting from violations of state or federal antitrust laws are in fact borne by the Commonwealth. As part of the consideration for the award of the Contract, and intending to be legally bound, the Contractor assigns to the Commonwealth all right, title and interest in and to any claims the Contractor now has, or may acquire, under state or federal antitrust laws relating to the products and services which are the subject of this Contract.

V.25 CONTRACT-019.1 Hold Harmless Provision (Nov 30 2006)

- a. The Contractor shall hold the Commonwealth harmless from and indemnify the Commonwealth against any and all third party claims, demands and actions based upon or arising out of any activities performed by the Contractor and its employees and agents under this Contract, provided the Commonwealth gives Contractor prompt notice of any such claim of which it learns. Pursuant to the Commonwealth Attorneys Act (71 P.S. Section 732-101, et seq.), the Office of Attorney General (OAG) has the sole authority to represent the Commonwealth in actions brought against the Commonwealth. The OAG may, however, in its sole discretion and under such terms as it deems appropriate, delegate its right of defense. If OAG delegates the defense to the Contractor, the Commonwealth will cooperate with all reasonable requests of Contractor made in the defense of such suits.
- b. Notwithstanding the above, neither party shall enter into any settlement without the other party's written consent, which shall not be unreasonably withheld. The Commonwealth may, in its sole discretion, allow the Contractor to control the defense and any related settlement negotiations.

V.26 CONTRACT-020.1 Audit Provisions (Oct 2006)

The Commonwealth shall have the right, at reasonable times and at a site designated by the Commonwealth, to audit the books, documents and records of the Contractor to the extent that the books, documents and records relate to costs or pricing data for the Contract. The Contractor agrees to maintain records which will support the prices charged and costs incurred for the Contract. The Contractor shall preserve books, documents and records that relate to costs or pricing data for the Contract for a period of three (3) years from the date of final payment. The Contractor shall give full and free access to all records to the Commonwealth and/or their authorized representatives.

V.27 CONTRACT-021.1 Default (Oct 2013)

- a. The Commonwealth may, subject to the Force Majeure provisions of this Contract, and in addition to its other rights under the Contract, declare the Contractor in default by written notice thereof to the Contractor, and terminate (as provided in the Termination Provisions of this Contract) the whole or any part of this Contract or any Purchase Order for any of the following reasons:
 - 1) Failure to begin work within the time specified in the Contract or Purchase Order or as otherwise specified;
 - 2) Failure to perform the work with sufficient labor, equipment, or material to ensure the completion of the specified work in accordance with the Contract or Purchase Order terms;
 - 3) Unsatisfactory performance of the work;

- 4) Failure to deliver the awarded item(s) within the time specified in the Contract or Purchase Order or as otherwise specified;
 - 5) Improper delivery;
 - 6) Failure to provide an item(s) which is in conformance with the specifications referenced in the Contract or Purchase Order;
 - 7) Delivery of a defective item;
 - 8) Failure or refusal to remove material, or remove and replace any work rejected as defective or unsatisfactory;
 - 9) Discontinuance of work without approval;
 - 10) Failure to resume work, which has been discontinued, within a reasonable time after notice to do so;
 - 11) Insolvency or bankruptcy;
 - 12) Assignment made for the benefit of creditors;
 - 13) Failure or refusal within 10 days after written notice by the Contracting Officer, to make payment or show cause why payment should not be made, of any amounts due for materials furnished, labor supplied or performed, for equipment rentals, or for utility services rendered;
 - 14) Failure to protect, to repair, or to make good any damage or injury to property;
 - 15) Breach of any provision of the Contract;
 - 16) Failure to comply with representations made in the Contractor's bid/proposal; or
 - 17) Failure to comply with applicable industry standards, customs, and practice.
- b. In the event that the Commonwealth terminates this Contract or any Purchase Order in whole or in part as provided in Subparagraph a. above, the Commonwealth may procure, upon such terms and in such manner as it determines, items similar or identical to those so terminated, and the Contractor shall be liable to the Commonwealth for any reasonable excess costs for such similar or identical items included within the terminated part of the Contract or Purchase Order.
- c. If the Contract or a Purchase Order is terminated as provided in Subparagraph a. above, the Commonwealth, in addition to any other rights provided in this paragraph, may require the Contractor to transfer title and deliver immediately to the Commonwealth in the manner and to the extent directed by the Contracting Officer, such partially completed items, including, where applicable, reports, working papers and other documentation, as the Contractor has specifically produced or specifically acquired for the performance of such part of the Contract or Purchase Order as has been terminated. Except as provided below, payment for completed work accepted by the Commonwealth shall be at the Contract price. Except as provided below, payment for partially completed items including, where applicable, reports and working papers, delivered to and accepted by the Commonwealth shall be in an amount agreed upon by the Contractor and Contracting Officer. The Commonwealth may withhold from amounts otherwise due the Contractor for such completed or partially completed works, such sum as the Contracting Officer determines to be necessary to protect the Commonwealth against loss.
- d. The rights and remedies of the Commonwealth provided in this paragraph shall not be exclusive and are in addition to any other rights and remedies provided by law or under this Contract.
- e. The Commonwealth's failure to exercise any rights or remedies provided in this paragraph shall not be construed to be a waiver by the Commonwealth of its rights and remedies in regard to the event of default or any succeeding event of default.

f. Following exhaustion of the Contractor's administrative remedies as set forth in the Contract Controversies Provision of the Contract, the Contractor's exclusive remedy shall be to seek damages in the Board of Claims.

V.28 CONTRACT-022.1 Force Majeure (Oct 2006)

Neither party will incur any liability to the other if its performance of any obligation under this Contract is prevented or delayed by causes beyond its control and without the fault or negligence of either party. Causes beyond a party's control may include, but aren't limited to, acts of God or war, changes in controlling law, regulations, orders or the requirements of any governmental entity, severe weather conditions, civil disorders, natural disasters, fire, epidemics and quarantines, general strikes throughout the trade, and freight embargoes.

The Contractor shall notify the Commonwealth orally within five (5) days and in writing within ten (10) days of the date on which the Contractor becomes aware, or should have reasonably become aware, that such cause would prevent or delay its performance. Such notification shall (i) describe fully such cause(s) and its effect on performance, (ii) state whether performance under the contract is prevented or delayed and (iii) if performance is delayed, state a reasonable estimate of the duration of the delay. The Contractor shall have the burden of proving that such cause(s) delayed or prevented its performance despite its diligent efforts to perform and shall produce such supporting documentation as the Commonwealth may reasonably request. After receipt of such notification, the Commonwealth may elect to cancel the Contract, cancel the Purchase Order, or to extend the time for performance as reasonably necessary to compensate for the Contractor's delay.

In the event of a declared emergency by competent governmental authorities, the Commonwealth by notice to the Contractor, may suspend all or a portion of the Contract or Purchase Order.

V.29 CONTRACT-023.1a Termination Provisions (Oct 2013)

The Commonwealth has the right to terminate this Contract or any Purchase Order for any of the following reasons. Termination shall be effective upon written notice to the Contractor.

a. **TERMINATION FOR CONVENIENCE:** The Commonwealth shall have the right to terminate the Contract or a Purchase Order for its convenience if the Commonwealth determines termination to be in its best interest. The Contractor shall be paid for work satisfactorily completed prior to the effective date of the termination, but in no event shall the Contractor be entitled to recover loss of profits.

b. **NON-APPROPRIATION:** The Commonwealth's obligation to make payments during any Commonwealth fiscal year succeeding the current fiscal year shall be subject to availability and appropriation of funds. When funds (state and/or federal) are not appropriated or otherwise made available to support continuation of performance in a subsequent fiscal year period, the Commonwealth shall have the right to terminate the Contract or a Purchase Order. The Contractor shall be reimbursed for the reasonable value of any nonrecurring costs incurred but not amortized in the price of the supplies or services delivered under the Contract. Such reimbursement shall not include loss of profit, loss of use of money, or administrative or overhead costs. The reimbursement amount may be paid from any appropriations available for that purpose.

c. **TERMINATION FOR CAUSE:** The Commonwealth shall have the right to terminate the Contract or a Purchase Order for Contractor default under the Default Clause upon written notice to the Contractor. The Commonwealth shall also have the right, upon written notice to the Contractor, to terminate the Contract or a Purchase Order for other cause as specified in the Contract or by law. If it is later determined that the Commonwealth erred in terminating the Contract or a Purchase Order for cause, then, at the Commonwealth's discretion, the Contract or Purchase Order shall be deemed to have been terminated for convenience under the Subparagraph a.

V.30 CONTRACT-024.1 Contract Controversies (Oct 2011)

a. In the event of a controversy or claim arising from the Contract, the Contractor must, within six months after the cause of action accrues, file a written claim with the contracting officer for a determination. The claim shall state all grounds upon which the Contractor asserts a controversy exists. If the Contractor fails to file a claim or files an untimely claim, the Contractor is deemed to have waived its right to assert a claim in any forum. At the time the claim is filed, or within sixty (60) days thereafter, either party may request mediation through the Commonwealth Office of General Counsel Dispute Resolution Program.

b. If the Contractor or the contracting officer requests mediation and the other party agrees, the contracting officer shall promptly make arrangements for mediation. Mediation shall be scheduled so as to not delay the issuance of the final determination beyond the required 120 days after receipt of the claim if mediation is unsuccessful. If mediation is not agreed to or if resolution is not reached through mediation, the contracting officer shall review timely-filed claims and issue a final determination, in writing, regarding the claim. The final determination shall be issued within 120 days of the receipt of the claim, unless extended by consent of the contracting officer and the Contractor. The contracting officer shall send his/her written determination to the Contractor. If the contracting officer fails to issue a final determination within the 120 days (unless extended by consent of the parties), the claim shall be deemed denied. The contracting officer's determination shall be the final order of the purchasing agency.

c. Within fifteen (15) days of the mailing date of the determination denying a claim or within 135 days of filing a claim if, no extension is agreed to by the parties, whichever occurs first, the Contractor may file a statement of claim with the Commonwealth Board of Claims. Pending a final judicial resolution of a controversy or claim, the Contractor shall proceed diligently with the performance of the Contract in a manner consistent with the determination of the contracting officer and the Commonwealth shall compensate the Contractor pursuant to the terms of the Contract.

V.31 CONTRACT-025.1 Assignability and Subcontracting (Oct 2013)

a. Subject to the terms and conditions of this paragraph, this Contract shall be binding upon the parties and their respective successors and assigns.

b. The Contractor shall not subcontract with any person or entity to perform all or any part of the work to be performed under this Contract without the prior written consent of the Contracting Officer, which consent may be withheld at the sole and absolute discretion of the Contracting Officer.

c. The Contractor may not assign, in whole or in part, this Contract or its rights, duties, obligations, or responsibilities hereunder without the prior written consent of the Contracting Officer, which consent may be withheld at the sole and absolute discretion of the Contracting Officer.

d. Notwithstanding the foregoing, the Contractor may, without the consent of the Contracting Officer, assign its rights to payment to be received under the Contract, provided that the Contractor provides written notice of such assignment to the Contracting Officer together with a written acknowledgement from the assignee that any such payments are subject to all of the terms and conditions of this Contract.

e. For the purposes of this Contract, the term "assign" shall include, but shall not be limited to, the sale, gift, assignment, pledge, or other transfer of any ownership interest in the Contractor provided, however, that the term shall not apply to the sale or other transfer of stock of a publicly traded company.

f. Any assignment consented to by the Contracting Officer shall be evidenced by a written assignment agreement executed by the Contractor and its assignee in which the assignee agrees to be legally bound by all of the terms and conditions of the Contract and to assume the duties, obligations, and responsibilities being assigned.

g. A change of name by the Contractor, following which the Contractor's federal identification number remains unchanged, shall not be considered to be an assignment hereunder. The Contractor shall give the Contracting Officer written notice of any such change of name.

V.32 CONTRACT-026.1 Other Contractors (Oct 2006)

The Commonwealth may undertake or award other contracts for additional or related work, and the Contractor shall fully cooperate with other contractors and Commonwealth employees, and coordinate its work with such additional work as may be required. The Contractor shall not commit or permit any act that will interfere with the performance of work by any other contractor or by Commonwealth employees. This paragraph shall be included in the Contracts of all contractors with which this Contractor will be required to cooperate. The Commonwealth shall equitably enforce this paragraph as to all contractors to prevent the imposition of unreasonable burdens on any contractor.

V.33 CONTRACT-027.1 Nondiscrimination/Sexual Harassment Clause (August 2018)

The Contractor agrees:

- 1.** In the hiring of any employee(s) for the manufacture of supplies, performance of work, or any other activity required under the contract or any subcontract, the Contractor, each subcontractor, or any person acting on behalf of the Contractor or subcontractor shall not discriminate by reason of race, gender, creed, color, sexual orientation, gender identity or expression, or in violation of the *Pennsylvania Human Relations Act* (PHRA) and applicable federal laws, against any citizen of this Commonwealth who is qualified and available to perform the work to which the employment relates.
- 2.** Neither the Contractor nor any subcontractor nor any person on their behalf shall in any manner discriminate by reason of race, gender, creed, color, sexual orientation, gender identity or expression, or in violation of the PHRA and applicable federal laws, against or intimidate any employee involved in the manufacture of supplies, the performance of work, or any other activity required under the contract.
- 3.** Neither the Contractor nor any subcontractor nor any person on their behalf shall in any manner discriminate by reason of race, gender, creed, color, sexual orientation, gender identity or expression, or in violation of the PHRA and applicable federal laws, in the provision of services under the contract.
- 4.** Neither the Contractor nor any subcontractor nor any person on their behalf shall in any manner discriminate against employees by reason of participation in or decision to refrain from participating in labor activities protected under the *Public Employee Relations Act*, *Pennsylvania Labor Relations Act* or *National Labor Relations Act*, as applicable and to the extent determined by entities charged with such Acts' enforcement, and shall comply with any provision of law establishing organizations as employees' exclusive representatives.
- 5.** The Contractor and each subcontractor shall establish and maintain a written nondiscrimination and sexual harassment policy and shall inform their employees in writing of the policy. The policy must contain a provision that sexual harassment will not be tolerated and employees who practice it will be disciplined. Posting this Nondiscrimination/Sexual Harassment Clause conspicuously in easily-accessible and well-lighted places customarily frequented by employees and at or near where the contracted services are performed shall satisfy this requirement for employees with an established work site.
- 6.** The Contractor and each subcontractor shall not discriminate by reason of race, gender, creed, color, sexual orientation, gender identity or expression, or in violation of PHRA and applicable federal laws, against any subcontractor or supplier who is qualified to perform the work to which the contract relates.
- 7.** The Contractor and each subcontractor represents that it is presently in compliance with and will maintain compliance with all applicable federal, state, and local laws, regulations and policies relating to nondiscrimination and sexual harassment. The Contractor and each subcontractor further represents that it has filed a Standard Form 100 Employer Information Report ("EEO-1") with the U.S. Equal Employment Opportunity Commission ("EEOC") and shall file an annual EEO-1 report with the EEOC as required for employers' subject to *Title VII of the Civil Rights Act of 1964*, as amended, that have 100 or more employees and employers that have federal government contracts or first-tier subcontracts and have 50 or more employees. The Contractor and each subcontractor shall, upon request and within the time periods requested by the Commonwealth, furnish all necessary employment documents and records, including EEO-1 reports, and permit access to their books, records, and accounts by the contracting agency and the

Bureau of Diversity, Inclusion and Small Business Opportunities for purpose of ascertaining compliance with provisions of this Nondiscrimination/Sexual Harassment Clause.

8. The Contractor shall include the provisions of this Nondiscrimination/Sexual Harassment Clause in every subcontract so that those provisions applicable to subcontractors will be binding upon each subcontractor.

9. The Contractor's and each subcontractor's obligations pursuant to these provisions are ongoing from and after the effective date of the contract through the termination date thereof. Accordingly, the Contractor and each subcontractor shall have an obligation to inform the Commonwealth if, at any time during the term of the contract, it becomes aware of any actions or occurrences that would result in violation of these provisions.

10. The Commonwealth may cancel or terminate the contract and all money due or to become due under the contract may be forfeited for a violation of the terms and conditions of this Nondiscrimination/Sexual Harassment Clause. In addition, the agency may proceed with debarment or suspension and may place the Contractor in the Contractor Responsibility File.

V.34 CONTRACT-028.1 Contractor Integrity Provisions (Jan 2015)

It is essential that those who seek to contract with the Commonwealth of Pennsylvania ("Commonwealth") observe high standards of honesty and integrity. They must conduct themselves in a manner that fosters public confidence in the integrity of the Commonwealth contracting and procurement process.

1. DEFINITIONS. For purposes of these Contractor Integrity Provisions, the following terms shall have the meanings found in this Section:

a. "Affiliate" means two or more entities where (a) a parent entity owns more than fifty percent of the voting stock of each of the entities; or (b) a common shareholder or group of shareholders owns more than fifty percent of the voting stock of each of the entities; or (c) the entities have a common proprietor or general partner.

b. "Consent" means written permission signed by a duly authorized officer or employee of the Commonwealth, provided that where the material facts have been disclosed, in writing, by prequalification, bid, proposal, or contractual terms, the Commonwealth shall be deemed to have consented by virtue of the execution of this contract.

c. "Contractor" means the individual or entity, that has entered into this contract with the Commonwealth.

d. "Contractor Related Parties" means any affiliates of the Contractor and the Contractor's executive officers, Pennsylvania officers and directors, or owners of 5 percent or more interest in the Contractor.

e. "Financial Interest" means either:

(1) Ownership of more than a five percent interest in any business; or

(2) Holding a position as an officer, director, trustee, partner, employee, or holding any position of management.

f. "Gratuity" means tendering, giving, or providing anything of more than nominal monetary value including, but not limited to, cash, travel, entertainment, gifts, meals, lodging, loans, subscriptions, advances, deposits of money, services, employment, or contracts of any kind. The exceptions set forth in the *Governor's Code of Conduct, Executive Order 1980-18, the 4 Pa. Code §7.153(b)*, shall apply.

g. "Non-bid Basis" means a contract awarded or executed by the Commonwealth with Contractor without seeking bids or proposals from any other potential bidder or offeror.

2. In furtherance of this policy, Contractor agrees to the following:

a. Contractor shall maintain the highest standards of honesty and integrity during the performance of this contract and shall take no action in violation of state or federal laws or regulations or any other applicable laws or

regulations, or other requirements applicable to Contractor or that govern contracting or procurement with the Commonwealth.

b. Contractor shall establish and implement a written business integrity policy, which includes, at a minimum, the requirements of these provisions as they relate to the Contractor activity with the Commonwealth and Commonwealth employees and which is made known to all Contractor employees. Posting these Contractor Integrity Provisions conspicuously in easily-accessible and well-lighted places customarily frequented by employees and at or near where the contract services are performed shall satisfy this requirement.

c. Contractor, its affiliates, agents, employees and anyone in privity with Contractor shall not accept, agree to give, offer, confer or agree to confer or promise to confer, directly or indirectly, any gratuity or pecuniary benefit to any person, or to influence or attempt to influence any person in violation of any federal or state law, regulation, executive order of the Governor of Pennsylvania, statement of policy, management directive or any other published standard of the Commonwealth in connection with performance of work under this contract, except as provided in this contract.

d. Contractor shall not have a financial interest in any other contractor, subcontractor, or supplier providing services, labor or material under this contract, unless the financial interest is disclosed to the Commonwealth in writing and the Commonwealth consents to Contractor's financial interest prior to Commonwealth execution of the contract. Contractor shall disclose the financial interest to the Commonwealth at the time of bid or proposal submission, or if no bids or proposals are solicited, no later than the Contractor's submission of the contract signed by Contractor.

e. Contractor certifies to the best of its knowledge and belief that within the last five (5) years Contractor or Contractor Related Parties have not:

(1) been indicted or convicted of a crime involving moral turpitude or business honesty or integrity in any jurisdiction;

(2) been suspended, debarred or otherwise disqualified from entering into any contract with any governmental agency;

(3) had any business license or professional license suspended or revoked;

(4) had any sanction or finding of fact imposed as a result of a judicial or administrative proceeding related to fraud, extortion, bribery, bid rigging, embezzlement, misrepresentation or anti-trust; and

(5) been, and is not currently, the subject of a criminal investigation by any federal, state or local prosecuting or investigative agency and/or civil anti-trust investigation by any federal, state or local prosecuting or investigative agency.

If Contractor cannot so certify to the above, then it must submit along with its bid, proposal or contract a written explanation of why such certification cannot be made and the Commonwealth will determine whether a contract may be entered into with the Contractor. The Contractor's obligation pursuant to this certification is ongoing from and after the effective date of the contract through the termination date thereof. Accordingly, the Contractor shall have an obligation to immediately notify the Commonwealth in writing if at any time during the term of the contract it becomes aware of any event which would cause the Contractor's certification or explanation to change. Contractor acknowledges that the Commonwealth may, in its sole discretion, terminate the contract for cause if it learns that any of the certifications made herein are currently false due to intervening factual circumstances or were false or should have been known to be false when entering into the contract.

f. Contractor shall comply with the requirements of the *Lobbying Disclosure Act (65 Pa.C.S. §13A01 et seq.)* regardless of the method of award. If this contract was awarded on a Non-bid Basis, Contractor must also comply with the requirements of the *Section 1641 of the Pennsylvania Election Code (25 P.S. §3260a)*.

g. When contractor has reason to believe that any breach of ethical standards as set forth in law, the Governor's Code of Conduct, or these Contractor Integrity Provisions has occurred or may occur, including but not limited to contact by a Commonwealth officer or employee which, if acted upon, would violate such ethical standards, Contractor shall immediately notify the Commonwealth contracting officer or the Office of the State Inspector General in writing.

h. Contractor, by submission of its bid or proposal and/or execution of this contract and by the submission of any bills, invoices or requests for payment pursuant to the contract, certifies and represents that it has not violated any of these Contractor Integrity Provisions in connection with the submission of the bid or proposal, during any contract negotiations or during the term of the contract, to include any extensions thereof. Contractor shall immediately notify the Commonwealth in writing of any actions for occurrences that would result in a violation of these Contractor Integrity Provisions. Contractor agrees to reimburse the Commonwealth for the reasonable costs of investigation incurred by the Office of the State Inspector General for investigations of the Contractor's compliance with the terms of this or any other agreement between the Contractor and the Commonwealth that results in the suspension or debarment of the Contractor. Contractor shall not be responsible for investigative costs for investigations that do not result in the Contractor's suspension or debarment.

i. Contractor shall cooperate with the Office of the State Inspector General in its investigation of any alleged Commonwealth agency or employee breach of ethical standards and any alleged Contractor non-compliance with these Contractor Integrity Provisions. Contractor agrees to make identified Contractor employees available for interviews at reasonable times and places. Contractor, upon the inquiry or request of an Inspector General, shall provide, or if appropriate, make promptly available for inspection or copying, any information of any type or form deemed relevant by the Office of the State Inspector General to Contractor's integrity and compliance with these provisions. Such information may include, but shall not be limited to, Contractor's business or financial records, documents or files of any type or form that refer to or concern this contract. Contractor shall incorporate this paragraph in any agreement, contract or subcontract it enters into in the course of the performance of this contract/agreement solely for the purpose of obtaining subcontractor compliance with this provision. The incorporation of this provision in a subcontract shall not create privity of contract between the Commonwealth and any such subcontractor, and no third party beneficiaries shall be created thereby.

j. For violation of any of these Contractor Integrity Provisions, the Commonwealth may terminate this and any other contract with Contractor, claim liquidated damages in an amount equal to the value of anything received in breach of these Provisions, claim damages for all additional costs and expenses incurred in obtaining another contractor to complete performance under this contract, and debar and suspend Contractor from doing business with the Commonwealth. These rights and remedies are cumulative, and the use or non-use of any one shall not preclude the use of all or any other. These rights and remedies are in addition to those the Commonwealth may have under law, statute, regulation or otherwise.

V.35 CONTRACT-029.1 Contractor Responsibility Provisions (July 2021)

For the purpose of these provisions, the term Contractor is defined as any person, including, but not limited to, a bidder, offeror, loan recipient, grantee or lessor, who has furnished or performed or seeks to furnish or perform, goods, supplies, services, leased space, construction or other activity, under a contract, grant, lease, purchase order or reimbursement agreement with the Commonwealth of Pennsylvania (Commonwealth). The term Contractor includes a permittee, licensee, or any agency, political subdivision, instrumentality, public authority, or other public entity in the Commonwealth.

1. The Contractor certifies, in writing, for itself and its subcontractors required to be disclosed or approved by the Commonwealth, that as of the date of its execution of this Bid/Contract, that neither the Contractor, nor any such subcontractors, are under suspension or debarment by the Commonwealth or any governmental entity, instrumentality, or authority and, if the Contractor cannot so certify, then it agrees to submit, along with its Bid/Contract, a written explanation of why such certification cannot be made.

2. The Contractor also certifies, in writing, that as of the date of its execution of this Bid/Contract it has no tax liabilities or other Commonwealth obligations, or has filed a timely administrative or judicial appeal if such liabilities or obligations exist, or is subject to a duly approved deferred payment plan if such liabilities exist.

3. The Contractor's obligations pursuant to these provisions are ongoing from and after the effective date of the Contract through the termination date thereof. Accordingly, the Contractor shall have an obligation to inform the Commonwealth if, at any time during the term of the Contract, it becomes delinquent in the payment of taxes, or other Commonwealth obligations, or if it or, to the best knowledge of the Contractor, any of its subcontractors are suspended or debarred by the Commonwealth, the federal government, or any other state or governmental entity.

Such notification shall be made within 15 days of the date of suspension or debarment.

4. The failure of the Contractor to notify the Commonwealth of its suspension or debarment by the Commonwealth, any other state, or the federal government shall constitute an event of default of the Contract with the Commonwealth.

5. The Contractor agrees to reimburse the Commonwealth for the reasonable costs of investigation incurred by the Office of State Inspector General for investigations of the Contractor's compliance with the terms of this or any other agreement between the Contractor and the Commonwealth that results in the suspension or debarment of the contractor. Such costs shall include, but shall not be limited to, salaries of investigators, including overtime; travel and lodging expenses; and expert witness and documentary fees. The Contractor shall not be responsible for investigative costs for investigations that do not result in the Contractor's suspension or debarment.

6. The Contractor may search the current list of suspended and debarred Commonwealth contractors by visiting the eMarketplace website at <http://www.emarketplace.state.pa.us> and clicking the Debarment List tab.

V.36 CONTRACT-030.1 Americans with Disabilities Act (July 2021)

For the purpose of these provisions, the term contractor is defined as any person, including, but not limited to, a bidder, offeror, supplier, or grantee, who will furnish or perform or seeks to furnish or perform, goods, supplies, services, construction or other activity, under a purchase order, contract, or grant with the Commonwealth of Pennsylvania (Commonwealth).

During the term of this agreement, the contractor agrees as follows:

- 1 Pursuant to federal regulations promulgated under the authority of the Americans with Disabilities Act, 28 C. F. R. § 35.101 et seq., the contractor understands and agrees that no individual with a disability shall, on the basis of the disability, be excluded from participation in this agreement or from activities provided for under this agreement. As a condition of accepting and executing this agreement, the contractor agrees to comply with the "General Prohibitions Against Discrimination," 28 C. F. R. § 35.130, and all other regulations promulgated under Title II of the Americans with Disabilities Act which are applicable to the benefits, services, programs, and activities provided by the Commonwealth through contracts with outside contractors.
- 2 The contractor shall be responsible for and agrees to indemnify and hold harmless the Commonwealth from all losses, damages, expenses, claims, demands, suits, and actions brought by any party against the Commonwealth as a result of the contractor's failure to comply with the provisions of paragraph 1.

V.37 CONTRACT-032.1 Covenant Against Contingent Fees (Oct 2006)

The Contractor warrants that no person or selling agency has been employed or retained to solicit or secure the Contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, except bona fide employees or bona fide established commercial or selling agencies maintained by the Contractor for the purpose of securing business. For breach or violation of this warranty, the Commonwealth shall have the right to terminate the Contract without liability or in its discretion to deduct from the Contract price or consideration, or otherwise recover the full amount of such commission, percentage, brokerage, or contingent fee.

V.38 CONTRACT-033.1 Applicable Law (Oct 2006)

This Contract shall be governed by and interpreted and enforced in accordance with the laws of the Commonwealth of Pennsylvania (without regard to any conflict of laws provisions) and the decisions of the Pennsylvania courts. The Contractor consents to the jurisdiction of any court of the Commonwealth of Pennsylvania and any federal courts in Pennsylvania, waiving any claim or defense that such forum is not convenient or proper. The Contractor

agrees that any such court shall have in personam jurisdiction over it, and consents to service of process in any manner authorized by Pennsylvania law.

V.39 CONTRACT-034.1a Integration – RFP (Dec 12 2006)

This Contract, including the Request for Proposals, Contractor's Proposal, Contractor's Best and Final Offer, if any, all referenced documents, and any Purchase Order constitutes the entire agreement between the parties. No agent, representative, employee or officer of either the Commonwealth or the Contractor has authority to make, or has made, any statement, agreement or representation, oral or written, in connection with the Contract, which in any way can be deemed to modify, add to or detract from, or otherwise change or alter its terms and conditions. No negotiations between the parties, nor any custom or usage, shall be permitted to modify or contradict any of the terms and conditions of the Contract. No modifications, alterations, changes, or waiver to the Contract or any of its terms shall be valid or binding unless accomplished by a written amendment signed by both parties.

V.40 CONTRACT-034.2a Order of Precedence - RFP (Dec 12 2006)

In the event there is a conflict among the documents comprising this Contract, the Commonwealth and the Contractor agree on the following order of precedence: the Contract; the RFP, the Best and Final Offer, if any; the Contractor's Proposal in Response to the RFP.

V.41 CONTRACT-034.3 Controlling Terms and Conditions (Aug 2011)

The terms and conditions of this Contract shall be the exclusive terms of agreement between the Contractor and the Commonwealth. All quotations requested and received from the Contractor are for obtaining firm pricing only. Other terms and conditions or additional terms and conditions included or referenced in the Contractor's quotations, invoices, business forms, or other documentation shall not become part of the parties' agreement and shall be disregarded by the parties, unenforceable by the Contractor and not binding on the Commonwealth.

V.42 CONTRACT-035.1a Changes (Oct 2006)

The Commonwealth reserves the right to make changes at any time during the term of the Contract or any renewals or extensions thereof: 1) to increase or decrease the quantities resulting from variations between any estimated quantities in the Contract and actual quantities; 2) to make changes to the services within the scope of the Contract; 3) to notify the Contractor that the Commonwealth is exercising any Contract renewal or extension option; or 4) to modify the time of performance that does not alter the scope of the Contract to extend the completion date beyond the Expiration Date of the Contract or any renewals or extensions thereof. Any such change shall be made by the Contracting Officer by notifying the Contractor in writing. The change shall be effective as of the date of the change, unless the notification of change specifies a later effective date. Such increases, decreases, changes, or modifications will not invalidate the Contract, nor, if performance security is being furnished in conjunction with the Contract, release the security obligation. The Contractor agrees to provide the service in accordance with the change order. Any dispute by the Contractor in regard to the performance required by any notification of change shall be handled through Contract Controversies Provision.

V.43 CONTRACT-036.1 Background Checks (February 2016)

a. The Contractor must, at its expense, arrange for a background check for each of its employees, as well as the employees of any of its subcontractors, who will have access to Commonwealth facilities, either through on-site access or through remote access. Background checks are to be conducted via the Request for Criminal Record Check form and procedure found at <http://www.psp.state.pa.us/psplib/psp/sp4-164.pdf>. The background check must be conducted prior to initial access and on an annual basis thereafter.

b. Before the Commonwealth will permit access to the Contractor, the Contractor must provide written confirmation that the background checks have been conducted. If, at any time, it is discovered that a Contractor employee has a criminal record that includes a felony or misdemeanor involving terroristic behavior, violence, use of a lethal weapon, or breach of trust/fiduciary responsibility or which raises concerns about building, system or personal security or is otherwise job-related, the Contractor shall not assign that employee to any Commonwealth facilities, shall remove any access privileges already given to the employee and shall not permit that employee remote access unless the Commonwealth consents to the access, in writing, prior to the access. The Commonwealth may withhold its consent in its sole discretion. Failure of the Contractor to comply with the terms of this Section on more than one occasion or Contractor's failure to appropriately address any single failure to the satisfaction of the Commonwealth may result in the Contractor being deemed in default of its Contract.

c. The Commonwealth specifically reserves the right of the Commonwealth to conduct background checks over and above that described herein.

d. Access to certain Capitol Complex buildings and other state office buildings is controlled by means of card readers and secured visitors' entrances. Commonwealth contracted personnel who have regular and routine business in Commonwealth worksites may be issued a photo identification or access badge subject to the requirements of the contracting agency and DGS set forth in [Enclosure 3 of Commonwealth Management Directive 625.10 \(Amended\) Card Reader and Emergency Response Access to Certain Capitol Complex Buildings and Other State Office Buildings](#). The requirements, policy and procedures include a processing fee payable by the Contractor for contracted personnel photo identification or access badges.

V.44 CONTRACT-037.1a Confidentiality (Oct 2013)

a) The Contractor agrees to protect the confidentiality of the Commonwealth's confidential information. The Commonwealth agrees to protect the confidentiality of Contractor's confidential information. In order for information to be deemed confidential, the party claiming confidentiality must designate the information as "confidential" in such a way as to give notice to the other party (notice may be communicated by describing the information, and the specifications around its use or disclosure, in the SOW). Neither party may assert that information owned by the other party is such party's confidential information. The parties agree that such confidential information shall not be copied, in whole or in part, or used or disclosed except when essential for authorized activities under this Contract and, in the case of disclosure, where the recipient of the confidential information has agreed to be bound by confidentiality requirements no less restrictive than those set forth herein. Each copy of such confidential information shall be marked by the party making the copy with any notices appearing in the original. Upon termination or cancellation of this Contract or any license granted hereunder, the receiving party will return to the disclosing party all copies of the confidential information in the receiving party's possession, other than one copy, which may be maintained for archival purposes only, and which will remain subject to this Contract's security, privacy, data retention/destruction and confidentiality provisions (all of which shall survive the expiration of this Contract). Both parties agree that a material breach of these requirements may, after failure to cure within the time frame specified in this Contract, and at the discretion of the non-breaching party, result in termination for default pursuant to the DEFAULT provision of this Contract, in addition to other remedies available to the non-breaching party.

(b) Insofar as information is not otherwise protected by law or regulation, the obligations stated in this Section do not apply to information:

- (1) already known to the recipient at the time of disclosure other than through the contractual relationship;
- (2) independently generated by the recipient and not derived by the information supplied by the disclosing party.
- (3) known or available to the public, except where such knowledge or availability is the result of unauthorized disclosure by the recipient of the proprietary information;
- (4) disclosed to the recipient without a similar restriction by a third party who has the right to make such disclosure; or
- (5) required to be disclosed by law, regulation, court order, or other legal process.

There shall be no restriction with respect to the use or disclosure of any ideas, concepts, know-how, or data processing techniques developed alone or jointly with the Commonwealth in connection with services provided to the Commonwealth under this Contract.

(c) The Contractor shall use the following process when submitting information to the Commonwealth it believes to be confidential and/or proprietary information or trade secrets:

- (1) Prepare an un-redacted version of the appropriate document, and
- (2) Prepare a redacted version of the document that redacts the information that is asserted to be confidential or proprietary information or a trade secret, and
- (3) Prepare a signed written statement that states:
 - (i) the attached document contains confidential or proprietary information or trade secrets;
 - (ii) the Contractor is submitting the document in both redacted and un-redacted format in accordance with 65 P.S. § 67.707(b); and
 - (iii) the Contractor is requesting that the document be considered exempt under 65 P.S. § 67.708(b)(11) from public records requests.
- (4) Submit the two documents along with the signed written statement to the Commonwealth.

V.45 CONTRACT-037.2a Sensitive Information (Sept 2009)

The Contractor shall not publish or otherwise disclose, except to the Commonwealth and except matters of public record, any information or data obtained hereunder from private individuals, organizations, or public agencies, in a publication whereby the information or data furnished by or about any particular person or establishment can be identified, except with the consent of such person or establishment. The parties shall not use or disclose any information about a recipient receiving services from, or otherwise enrolled in, a Commonwealth program affected by or benefiting from services under this Contract for any purpose not connected with the parties' Contract responsibilities except with the written consent of such recipient, recipient's attorney, or recipient's parent or guardian pursuant to applicable state and federal law and regulations.

Contractor will be responsible to remediate any improper disclosure of information. Such remediation may include, but not be limited to, credit monitoring for individuals for whom information has been released and reimbursement of any costs incurred by individuals for whom information has been released. Costs for which Contractor is responsible under this paragraph are not subject to any limitation of liability set out in this Contract or Purchase Order.

V.46 CONTRACT-037.2b Health Insurance Portability and Accountability Act (HIPAA) Compliance (Sept 2009)

The Health Insurance Portability and Accountability Act (HIPAA) Compliance requirements are set forth in the attachments to this solicitation.

V.47 CONTRACT-041.1 Contract Requirements-Small Diverse Business and Small Business Participation (July 2016)

The provisions contained in the RFP concerning Contract Requirements - Small Diverse Business and Small Business Participation are incorporated by reference herein.

V.48 CONTRACT-051.1 Notice (Dec 2006)

Any written notice to any party under this Contract shall be deemed sufficient if delivered personally, or by facsimile, teletype, electronic or digital transmission (provided such delivery is confirmed), or by a recognized

overnight courier service (e.g., DHL, Federal Express, etc.) with confirmed receipt, or by certified or registered United States mail, postage prepaid, return receipt requested, and sent to following:

- a. If to the Contractor: the Contractor's address as recorded in the Commonwealth's Supplier Registration system.
- b. If to the Commonwealth: the address of the Issuing Office as set forth on the Contract.

V.49 CONTRACT-052.1 Right to Know Law (Feb 2010)

a. The Pennsylvania Right-to-Know Law, 65 P.S. §§ 67.101-3104, (“RTKL”) applies to this Contract. For the purpose of these provisions, the term “the Commonwealth” shall refer to the contracting Commonwealth agency.

b. If the Commonwealth needs the Contractor’s assistance in any matter arising out of the RTKL related to this Contract, it shall notify the Contractor using the legal contact information provided in this Contract. The Contractor, at any time, may designate a different contact for such purpose upon reasonable prior written notice to the Commonwealth.

c. Upon written notification from the Commonwealth that it requires the Contractor’s assistance in responding to a request under the RTKL for information related to this Contract that may be in the Contractor’s possession, constituting, or alleged to constitute, a public record in accordance with the RTKL (“Requested Information”), the Contractor shall:

1. Provide the Commonwealth, within ten (10) calendar days after receipt of written notification, access to, and copies of, any document or information in the Contractor’s possession arising out of this Contract that the Commonwealth reasonably believes is Requested Information and may be a public record under the RTKL; and
2. Provide such other assistance as the Commonwealth may reasonably request, in order to comply with the RTKL with respect to this Contract.

d. If the Contractor considers the Requested Information to include a request for a Trade Secret or Confidential Proprietary Information, as those terms are defined by the RTKL, or other information that the Contractor considers exempt from production under the RTKL, the Contractor must notify the Commonwealth and provide, within seven (7) calendar days of receiving the written notification, a written statement signed by a representative of the Contractor explaining why the requested material is exempt from public disclosure under the RTKL.

e. The Commonwealth will rely upon the written statement from the Contractor in denying a RTKL request for the Requested Information unless the Commonwealth determines that the Requested Information is clearly not protected from disclosure under the RTKL. Should the Commonwealth determine that the Requested Information is clearly not exempt from disclosure, the Contractor shall provide the Requested Information within five (5) business days of receipt of written notification of the Commonwealth’s determination.

f. If the Contractor fails to provide the Requested Information within the time period required by these provisions, the Contractor shall indemnify and hold the Commonwealth harmless for any damages, penalties, costs, detriment or harm that the Commonwealth may incur as a result of the Contractor’s failure, including any statutory damages assessed against the Commonwealth.

g. The Commonwealth will reimburse the Contractor for any costs associated with complying with these provisions only to the extent allowed under the fee schedule established by the Office of Open Records or as otherwise provided by the RTKL if the fee schedule is inapplicable.

h. The Contractor may file a legal challenge to any Commonwealth decision to release a record to the public with the Office of Open Records, or in the Pennsylvania Courts, however, the Contractor shall indemnify the Commonwealth for any legal expenses incurred by the Commonwealth as a result of such a challenge and shall hold the Commonwealth harmless for any damages, penalties, costs, detriment or harm that the Commonwealth may incur as a result of the Contractor’s failure, including any statutory damages assessed against the Commonwealth, regardless of the outcome of such legal challenge. As between the parties, the Contractor agrees to waive all rights or remedies that may be available to it as a result of the Commonwealth’s disclosure of Requested Information pursuant to the RTKL.

i. The Contractor's duties relating to the RTKL are continuing duties that survive the expiration of this Contract and shall continue as long as the Contractor has Requested Information in its possession.

V.50 CONTRACT-053.1 Enhanced Minimum Wage Provisions (July 2022)

1. Enhanced Minimum Wage. Contractor/Lessor agrees to pay no less than \$15.00 per hour to its employees for all hours worked directly performing the services called for in this Contract/Lease, and for an employee's hours performing ancillary services necessary for the performance of the contracted services or lease when such employee spends at least twenty per cent (20%) of their time performing ancillary services in a given work week.

2. Adjustment. Beginning July 1, 2023, and annually thereafter, the minimum wage rate shall be increased by an annual cost-of-living adjustment using the percentage change in the Consumer Price Index for All Urban Consumers (CPI-U) for Pennsylvania, New Jersey, Delaware, and Maryland. The applicable adjusted amount shall be published in the Pennsylvania Bulletin by March 1 of each year to be effective the following July 1.

3. Exceptions. These Enhanced Minimum Wage Provisions shall not apply to employees:

- a. exempt from the minimum wage under the Minimum Wage Act of 1968;
- b. covered by a collective bargaining agreement;
- c. required to be paid a higher wage under another state or federal law governing the services, including the Prevailing Wage Act and Davis-Bacon Act; or
- d. required to be paid a higher wage under any state or local policy or ordinance.

4. Notice. Contractor/Lessor shall post these Enhanced Minimum Wage Provisions for the entire period of the contract conspicuously in easily-accessible and well-lighted places customarily frequented by employees at or near where the contracted services are performed.

5. Records. Contractor/Lessor must maintain and, upon request and within the time periods requested by the Commonwealth, furnish all employment and wage records necessary to document compliance with these Enhanced Minimum Wage Provisions.

6. Sanctions. Failure to comply with these Enhanced Minimum Wage Provisions may result in the imposition of sanctions, which may include, but shall not be limited to, termination of the contract or lease, nonpayment, debarment or referral to the Office of General Counsel for appropriate civil or criminal referral.

7. Subcontractors. Contractor/Lessor shall include the provisions of these Enhanced Minimum Wage Provisions in every subcontract so that these provisions will be binding upon each subcontractor.

Event Summary - Pharmacy Peer Assistance Monitoring Program

Supplier:	Foundation of the PA Medical Society	Type	Request for Proposal
Number	6100057114	Stage Title	-
Organization	CommonwealthPA	Currency	US Dollar
Exported on	3/27/2023	Exported by	Joan Yohe
Payment Terms	-	Sealed Bid	Yes
Intend to Bid	Yes	Bid Total	0.00 USD

Event Dates

Time Zone	EDT/EST - Eastern Standard Time (US/Eastern)
Released	-
Open	2/28/2023 8:00 AM EST
Close	3/27/2023 3:00 PM EDT
Submission Date	3/26/2023 1:13 PM EDT
Sealed Bid	3/27/2023 3:00 PM
Question Submission Close	3/10/2023 3:00 PM EST

Description

1. Purpose. This request for proposals (RFP) provides information to enable potential Offerors to prepare and submit proposals for the Commonwealth of Pennsylvania's consideration.

2. Determination to use Competitive Sealed Proposal Method. As set forth in [Bureau of Procurement Policy Directive 2018-1](#), the Secretary of General Services has determined that the competitive sealed proposals process generally is the most practical and advantageous method for awarding contracts to obtain the best value for the Commonwealth. There are no features of this particular Project that are inconsistent with the rationale set forth in BOP Policy Directive 2018-1 and the justification for the use of competitive sealed proposals set forth in BOP Policy Directive 2018-1 is hereby adopted for this Project.

3. Issuing Office. The Department of State (“Issuing Office”) has issued this RFP on behalf of the Commonwealth. The sole point of contact in the Commonwealth for this RFP shall be the Contact listed above, who is the Issuing Officer for this RFP. Please refer all inquiries to the Issuing Officer. Any violation of this condition may be cause for the Issuing Office to reject the offending Offeror's proposal. Offerors must agree not to distribute any part of their proposals beyond the Issuing Office. An Offeror who shares information contained in its proposal with other Commonwealth personnel and/or competing Offeror may be disqualified.

4. Project Description. The Department of State, Bureau of Professional and Occupational Affairs (BPOA), requires the services of a contractor who is qualified, experienced, credible, unbiased and able to administer all aspects of a peer monitoring program to Pennsylvania licenses pharmacists and pharmacy interns. This program will assist in the fulfillment of the BPOA's mandate to protect the health and safety of the citizens of the Commonwealth from pharmacists who are unable to practice their licenses profession with reasonable skill and safety to patients by reason of illness, addiction to drugs or alcohol, or mental impairment.

5. Type of Contract. If the Issuing Office enters into a contract as a result of this RFP, it will be a firm fixed-price contract. It will be a three-year contract with two (1) year renewals and the contract and will contain the **Contract Terms and Conditions** attached to this RFP in the **Buyer Attachments** section.

6. Small Diverse Business (SDB) and Veteran Business Enterprise (VBE) Participation. The Issuing Office and the Department of General Services’ Bureau of Diversity, Inclusion and Small Business Opportunities (BDISBO) has not set Small Diverse Business (SDB) and/or Veteran Business Enterprise (VBE) participation goals for this procurement. This procurement is either under the \$250,000 threshold for setting SDB and VBE Participation goals, or the Issuing Office and BDISBO have determined that the SDB and/or VBE participation opportunities for the scope of work for this procurement are de minimis. In addition, there will be no points allocated toward SDB/SB participation for this procurement.

7. Rejection of Proposals. The Issuing Office reserves the right, in its sole and complete discretion, to reject any proposal received as a result of this RFP.

8. Incurring Costs. The Issuing Office is not liable for any costs the Offeror incurs in preparation and submission of its proposal, in participating in the RFP process or in anticipation of award of the contract.

9. Questions & Answers. Questions must be submitted using the Q&A Board within this event. Questions must be submitted as individual questions. Only one question is to be submitted at a time and no attachments are to be uploaded. Questions must be submitted by the posted deadline. All questions and responses are considered an addendum to and part of this RFP. The Issuing Office shall not be bound by any verbal information, nor shall it be bound by any written information that is not either contained within the RFP or formally issued by the Issuing Office. The Issuing Office does not consider questions to be a protest of the specifications or the solicitation.

10. Addenda to the RFP. Any revisions to this RFP will be made electronically within this site.

11. Response Date. To be considered for selection, electronic proposals must be submitted on or before the time and date specified. The Issuing Office will reject any late proposals.

12. Proposal Submission: To be considered, Offerors must submit a complete response to this RFP by the due date and time from an official authorized to bind the Offeror to its provisions. Clicking the submit button within this site constitutes an electronic signature. A proposal being timely submitted and electronically signed by the Offeror are the two (2) mandatory responsiveness requirements and are non-waivable. The Issuing Office reserves the right, in its sole discretion, to (1) waive any other technical or immaterial nonconformities in an Offeror's proposal, (2) allow the Offeror to cure the nonconformity, or (3) consider the nonconformity in the scoring of the Offeror's proposal. The proposal must remain valid for **120 days** or until a contract is fully executed, whichever is later. If the Issuing Office selects the Offeror's proposal for award, the contents of the selected Offeror's proposal will become, except to the extent the contents are changed through Best and Final Offers or negotiations, contractual obligations.

13. Proposal Format: To be considered, the Offeror must respond to all proposal requirements. Each proposal consists of two submittal components: Technical and Cost. Offerors should provide any other information thought to be relevant, but not applicable to the enumerated categories, as attachments. The Issuing Office reserves the right to request additional information which, in the Issuing Office's opinion, is necessary to assure that the Offeror's competence, number of qualified employees, business organization, and financial resources are adequate to perform according to the RFP. The Issuing Office may make investigations as deemed necessary to determine the ability of the Offeror to perform the Project, and the Offeror shall furnish to the Issuing Office all requested information and data.

14. Mandatory Responsiveness Requirements. To be eligible for selection, the proposal must be:

A. Timely received from and timely submitted by an Offeror (see Proposal Submission section); and

B. Electronically signed by the Offeror (see Proposal Submission section).

15. Alternate Proposals. The Issuing Office has identified the basic approach to meeting its requirements, allowing Offerors to be creative and propose their best solution to meeting these requirements. The Issuing Office will not accept alternate proposals.

16. Discussions for Clarification. Offerors may be required to make an oral or written clarification of their proposals to the Issuing Office to ensure thorough mutual understanding and responsiveness to the solicitation requirements. The Issuing Office will initiate requests for

clarification. Clarifications may occur at any stage of the evaluation and selection process prior to contract execution.

17. Prime Contractor Responsibilities. The selected Offeror must perform at least 50% of the total contract value. Nevertheless, the contract will require the selected Offeror to assume responsibility for all services offered in its proposal whether it produces them itself or by subcontract. Further, the Issuing Office will consider the selected Offeror to be the sole point of contact with regard to all contractual matters.

18. Proposal Contents.

A. Confidential Information. The Commonwealth is not requesting confidential proprietary information or trade secrets to be included as part of Offerors' submissions. Accordingly, except as provided herein, Offerors should not label proposal submissions as confidential or proprietary or trade secret protected. Any Offeror who determines that it must divulge such information as part of its proposal must submit the signed written statement described in subsection c. below. After contract award, the selected Offeror must additionally provide a redacted version of its proposal, which removes only the confidential proprietary information and trade secrets, for required public disclosure purposes.

B. Commonwealth Use. All material submitted with the proposal shall be considered the property of the Commonwealth of Pennsylvania. The Commonwealth has the right to use any or all ideas not protected by intellectual property rights that are presented in any proposal regardless of whether the proposal becomes part of a contract. Notwithstanding any Offeror copyright designations contained in proposals, the Commonwealth shall have the right to make copies and distribute proposals internally and to comply with public record or other disclosure **requirements** under the provisions of any Commonwealth or United States statute or regulation, or rule or order of any court of competent jurisdiction.

C. Public Disclosure. After the award of a contract pursuant to this RFP, all proposal submissions are subject to disclosure in response to a request for public records made under the Pennsylvania Right-to-Know-Law, 65 P.S. § 67.101, et seq. If a proposal submission contains confidential proprietary information or trade secrets, a signed written statement to this effect must be provided with the submission in accordance with 65 P.S. § 67.707(b) for the information to be considered exempt under 65 P.S. § 67.708(b)(11) from public records requests. Refer to the **Additional Required Documentation** section for a **Trade Secret Confidential Proprietary Information Notice Form** that may be utilized as the signed written statement, if applicable. If financial capability information is submitted, such financial capability information is exempt from public records disclosure under 65 P.S. § 67.708(b)(26).

19. Best and Final Offers (BAFO). The Issuing Office reserves the right to conduct discussions with Offerors for the purpose of obtaining "best and final offers" in one or more of the following ways, in any combination and order: schedule oral presentations, request revised proposals, conduct an online auction, and enter into pre-selection negotiations.

The following Offerors will **not** be invited by the Issuing Office to submit a Best and Final Offer: those Offerors which the Issuing Office has determined to be not responsible or whose proposals the Issuing Office has determined to be not responsive; those Offerors which the Issuing Office has

determined in accordance with the **Offeror Responsibility** subsection from the submitted and gathered financial and other information, do not possess the financial capability, experience or qualifications to assure good faith performance of the contract; and those Offerors whose score for their technical submittal of the proposal is less than 75 % of the total amount of technical points allotted to the technical criterion.

The Issuing Office may further limit participation in the best and final offers process to those remaining responsible Offerors which the Issuing Office has determined to be within the top competitive range of responsive proposals. The Evaluation Criteria shall also be used to evaluate the Best and Final offers. Price reductions offered through any online auction shall have no effect upon the Offeror's Technical Submittal.

20. News Releases. Offerors shall not issue news releases, Internet postings, advertisements or any other public communications pertaining to this Project without prior written approval of the Issuing Office, and then only in coordination with the Issuing Office.

21. Term of Contract. The term of the contract will commence on the Effective Date and will end after three years with an option of two (1) year renewals. The Issuing Office will fix the Effective Date after the contract has been fully executed by the selected Offeror and by the Commonwealth and all approvals required by Commonwealth contracting procedures have been obtained. The selected Offeror shall not start the performance of any work prior to the Effective Date of the contract, and the Commonwealth shall not be liable to pay the selected Offeror for any service or work performed or expenses incurred before the Effective Date of the contract.

22. Notification of Selection for Contract Negotiations. The Issuing Office will notify all Offerors in writing of the Offeror selected for contract negotiations after the Issuing Office has determined, taking into consideration all of the evaluation factors, the proposal that is the most advantageous to the Issuing Office. Prior to execution of the contract resulting from the RFP, the selected Offeror must be registered in the Commonwealth of Pennsylvania's Vendor Master file. In order to register, Offerors must visit the Pa Supplier Portal at <https://www.pasupplierportal.state.pa.us/> or call the Customer Support Center at 877-435-7363.

23. Notification of Award. Offerors whose proposals are not selected will be notified when contract negotiations have been successfully completed, and the Issuing Office has received the final negotiated contract signed by the selected Offeror.

24. Debriefing Conferences. Upon notification of award, Offerors whose proposals were not selected will be given the opportunity to be debriefed. The Issuing Office will schedule the debriefing at a mutually agreeable time. The debriefing will not compare the Offeror with other Offerors, other than the position of the Offeror's proposal in relation to all other Offeror proposals. An Offeror's exercise of the opportunity to be debriefed does not constitute nor toll the time for filing a protest.

25. RFP Protest Procedure. The RFP Protest Procedure is on the DGS website at [click here](#). A protest by a party that has not or has not yet submitted a proposal must be filed no later than the proposal submission deadline. Offerors may file a protest within seven days after the protesting Offeror knew or should have known of the facts giving rise to the protest, but in no event may an Offeror file a protest later than seven days after the date the notice of award of the contract is posted

on the DGS website. The date of filing is the date of receipt of the protest. A protest must be filed in writing with the Issuing Office. To be timely, the protest must be received by 4:00 p.m. on the seventh day.

26. Attachments to the RFP. All attachments to the RFP, including those contained in the **Buyer Attachments, RFP Questions** and **Additional Required Documentation** sections, are incorporated into and made part of the RFP.

27. Evaluation Criteria. The Issuing Office has selected a committee of qualified personnel to review and evaluate timely submitted proposals. The following criteria will be used in evaluating each proposal:

A. Technical: The Issuing Office has established the weight for the Technical criterion for this RFP as 65% of the total points. Evaluation will be based upon the following: offeror qualifications, specialized knowledge and experience, staff qualifications, etc. The final Technical scores are determined by giving the maximum number of technical points available to the proposal(s) with the highest raw technical score. The remaining proposals are rated by applying the Technical Scoring Formula set forth at the following webpage:
https://www.dgs.pa.gov/Materials-Services-Procurement/Procurement-Resources/Pages/RFP_SCORING_FORMULA.aspx

B. Cost: The Issuing Office has established the weight for the Cost criterion for this RFP as 35% of the total points. The cost criterion is rated by giving the proposal with the lowest total cost the maximum number of Cost points available. The remaining proposals are rated by applying the Cost Formula set forth at the following webpage: https://www.dgs.pa.gov/Materials-Services-Procurement/Procurement-Resources/Pages/RFP_SCORING_FORMULA.aspx

C. Domestic Workforce Utilization: Any points received for the Domestic Workforce Utilization criterion are bonus points in addition to the total points for this RFP. The maximum amount of bonus points available is 3% of the total points for this RFP. To the extent permitted by the laws and treaties of the United States, each proposal will be scored for its commitment to use domestic workforce in the fulfillment of the contract. Maximum consideration will be given to those Offerors who will perform the contracted direct labor exclusively within the geographical boundaries of the United States or within the geographical boundaries of a country that is a party to the World Trade Organization Government Procurement Agreement. Those who propose to perform a portion of the direct labor outside of the United States and not within the geographical boundaries of a party to the World Trade Organization Government Procurement Agreement will receive a correspondingly smaller score for this criterion. The Domestic Workforce Utilization Formula is at the following webpage:
https://www.dgs.pa.gov/Materials-Services-Procurement/Procurement-Resources/Pages/RFP_SCORING_FORMULA.aspx

28. Offeror Responsibility. To be responsible, an Offeror must submit a responsive proposal and possess the capability to fully perform the contract requirements in all respects and the integrity and reliability to assure good faith performance of the contract. In order for an Offeror to be considered responsible for this RFP and therefore eligible for selection for best and final offers or selection for contract negotiations:

The total score for the technical submittal of the Offeror's proposal must be greater than or equal to **75%** of the available technical points and the Offeror must demonstrate the financial capability to assure good faith performance of the contract.

An Offeror who fails to demonstrate sufficient financial capability to assure good faith performance of the contract as specified herein may be considered by the Issuing Office, in its sole discretion, for Best and Final Offers or contract negotiation contingent upon such Offeror providing contract performance security for the first contract year cost proposed by the Offeror in a form acceptable to the Issuing Office. Based on the financial condition of the Offeror, the Issuing Office may require a certified or bank (cashier's) check, letter of credit, or performance bond conditioned upon the faithful performance of the contract by the Offeror. The required performance security must be issued or executed by a bank or surety company authorized to do business in the Commonwealth. The cost of the required performance security will be the sole responsibility of the Offeror and cannot increase the Offeror's cost proposal or the contract cost to the Commonwealth.

Further, the Issuing Office will award a contract only to an Offeror determined to be responsible in accordance with the most current version of [Commonwealth Management Directive 215.9, Contractor Responsibility Program](#).

29. Final Ranking and Award. After any best and final offer process is conducted, the Issuing Office will combine the evaluation committee's final technical scores, the final cost scores, and the domestic workforce utilization scores. The Issuing Office will rank responsible Offerors according to the total overall score assigned to each in descending order. The Issuing Office must select for contract negotiations the Offeror with the highest overall score. The Issuing Office has the discretion to reject all proposals or cancel the request for proposals at any time prior to the time a contract is fully executed when it is in the best interests of the Commonwealth. The reasons for the rejection or cancellation shall be made part of the contract file.

Stage Description

No description available.

Prerequisites

★ Required to Enter Bid

1 ★ Instructions To Supplier :

Responsibility to Review.

Certification

I certify that I have read and agree to the terms above.



Supplier Must Also Upload a File:

No

Prerequisite Content:

The Offeror acknowledges and accepts full responsibility to ensure that it has reviewed the most current content of the RFP including any amendments to the RFP.

Buyer Attachments

Technical Submittal Pharmacy Peer Assistance Monitoring Program.pdf	Technical Submittal Pharmacy Peer Assistance Monitoring Program.pdf	../Attachments/Technical Submittal Pharmacy Peer Assistance Monitoring Program.pdf
Terms and Conditions.pdf	Terms and Conditions.pdf	../Attachments/Terms and Conditions.pdf
Appendix A - Cost Submittal.pdf	Appendix A - Cost Submittal.pdf	../Attachments/Appendix A - Cost Submittal.pdf
Appendix B - Services Available.pdf	Appendix B - Services Available.pdf	../Attachments/Appendix B - Services Available.pdf
Appendix C - HIPAA Compliance.pdf	Appendix C - HIPAA Compliance.pdf	../Attachments/Appendix C - HIPAA Compliance.pdf
Exhibit A - Sample Consent Agreement and Order - Pharmacy.pdf	Exhibit A - Sample Consent Agreement and Order - Pharmacy.pdf	../Attachments/Exhibit A - Sample Consent Agreement and Order - Pharmacy.pdf
Exhibit B - VRP Terms and Conditions Rev 1.23.pdf	Exhibit B - VRP Terms and Conditions Rev 1.23.pdf	../Attachments/Exhibit B - VRP Terms and Conditions Rev 1.23.pdf
Exhibit C - Sample Statistical Report.pdf	Exhibit C - Sample Statistical Report.pdf	../Attachments/Exhibit C - Sample Statistical Report.pdf
Exhibit D - Sample Quarterly Progress Report.pdf	Exhibit D - Sample Quarterly Progress Report.pdf	../Attachments/Exhibit D - Sample Quarterly Progress Report.pdf

Questions

RFP Questions

Group 1.1: Technical Questions

- 1.1.1 Please download, complete, and upload the attached Technical Submittal from Buyer Attachments. ★
File Upload
Technical Submittal RFP No. 6100057114 Pharmacy Peer Assistance Monitoring Program_PA-PHP.pdf - ./SupplierAttachments/QuestionAttachments/Technical Submittal RFP No. 6100057114 Pharmacy Peer Assistance Monitoring Program_PA-PHP.pdf
- 1.1.2 Any additional attachments in support of the technical submittal can be uploaded here. If multiple files are needed combine into a single document or create a .zip file combining the files into a single .zip file.
File Upload
Appendix B_D1-11_E_F_RFP No. 6100057114_PA-PHP.pdf - ./SupplierAttachments/QuestionAttachments/Appendix B_D1-11_E_F_RFP No. 6100057114_PA-PHP.pdf
- 1.1.3 I have read and fully understand the attached Performance Standards. ★
Yes/No
Yes

Group 1.2: Cost

- 1.2.1 Please use the attached Appendix A - Cost Submittal template to submit your cost proposal for this procurement. Do not include any assumptions in your submittal. If you do, your proposal may be rejected. ★🔒
File Upload
Appendix A - PA-PHP Cost Submittal.pdf - ./SupplierAttachments/QuestionAttachments/Appendix A - PA-PHP Cost Submittal.pdf

Additional Required Documentation

Group 2.1: Standard Forms

- 2.1.1 Please download, sign, and attach the Iran Free Procurement Certification and Disclosure Form. ★
File Upload
Iran Free Procurement Certification Form - PA-PHP.pdf - ./SupplierAttachments/QuestionAttachments/Iran Free Procurement Certification Form - PA-PHP.pdf
Iran Free Procurement Certification Form - ../Attachments/QuestionAttachments/Iran Free Procurement Certification Form.pdf
- 2.1.2 Please download, sign and attach the Domestic Workforce Utilization Certification Form. ★
File Upload
Domestic Workforce Utilization Certification - PA-PHP.pdf - ./SupplierAttachments/QuestionAttachments/Domestic Workforce Utilization Certification - PA-PHP.pdf
Domestic Workforce Utilization Certification Form - ../Attachments/QuestionAttachments/Domestic Workforce Utilization Certification Form.doc
- 2.1.3 Please download, complete, and attach the Trade Secret/Confidential Proprietary Information Notice. ★
File Upload
TradeSecret_ConfidentialPropertyInfoNotice - PA-PHP.pdf - ./SupplierAttachments/QuestionAttachments/TradeSecret_ConfidentialPropertyInfoNotice - PA-PHP.pdf
 Trade Secret/Confidential Proprietary Information Notice - ../Attachments/QuestionAttachments/TradeSecret_ConfidentialPropertyInfoNotice (002).pdf

2.1.4 Any Offeror who determines that it must divulge trade secrets or confidential proprietary information as part of its proposal must submit a redacted version of its proposal, which removes only the confidential proprietary information and trade secrets, for required public disclosure purposes.

File Upload

No response.

2.1.5 Complete and sign the attached Lobbying Certification and Disclosure form (only applicable when federal funds are being used in the amount of \$100,000 or more). ★

File Upload

BOP-1307+LOBBYING+CERTIFICATION+FORM - PA-PHP.pdf -
../SupplierAttachments/QuestionAttachments/BOP-1307+LOBBYING+CERTIFICATION+FORM - PA-PHP.pdf

Lobbying Certification and Disclosure Form - ../Attachments/QuestionAttachments/BOP-1307 LOBBYING CERTIFICATION FORM.docx

2.1.6 Please download, sign, and attach the Worker Protection and Investment Certification Form (BOP-2201). ★

File Upload

Workforce Protection and Investment Certification - PA-PHP.pdf -
../SupplierAttachments/QuestionAttachments/Workforce Protection and Investment Certification - PA-PHP.pdf

Worker Protection and Investment Certification Form (BOP-2201) -
../Attachments/QuestionAttachments/BOP-2201 EO 2021-06 Worker Protection Form BOP 02042022

Group 2.2: Terms and Conditions

2.2.1 By submitting a proposal, the Offeror does so on the basis of the attached contract terms and conditions contained in Buyer Attachments. ★

Yes/No

Yes

Group 2.3: Offeror's Representation

2.3.1 By submitting a proposal, each Offeror understands, represents, and acknowledges the attached representations and authorizations. ★

Yes/No

Yes

Offerors Representations and Authorizations - ../Attachments/QuestionAttachments/Offerors Representations and Authorizations.docx

2.3.2 By submitting a proposal, you represent that: (1) you are making a formal submittal in response to a procurement issued by the Commonwealth pursuant to the Procurement Code (62 Pa.C.S. Section 101 et seq.); (2) you are authorized to submit the information on behalf of the person or entity identified; (3) this electronic submittal is deemed signed by you and you are authorized to bind the person or entity identified to the terms of the solicitation and this submittal; and (4) all of the information submitted is true and correct to the best of your knowledge, information, and belief. Any false statements made by you in this submittal are subject to the penalties of 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities). ★

Yes/No

Yes



REQUEST FOR PROPOSAL NO. 6100057114

**BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
PROFESSIONAL HEALTH MONITORING PROGRAM
PHARMACY PEER ASSISTANCE MONITORING PROGRAM**

**TECHNICAL SUBMITTAL
for the
Foundation of the Pennsylvania Medical Society, Physicians' Health
Program**

I-1. STATEMENT OF THE PROJECT

- A. OBJECTIVE AND DEFINITIONS.** The Commonwealth of Pennsylvania (Commonwealth), Department of State (Department), Bureau of Professional and Occupational Affairs (BPOA), requires the services of a contractor who is qualified, experienced, credible, unbiased and able to administer all aspects of a peer monitoring program ("Program") to Pennsylvania licensed pharmacists and pharmacy interns. This program will assist in the fulfillment of the BPOA's mandate to protect the health and safety of the citizens of the Commonwealth from pharmacists who are unable to practice their licensed profession with reasonable skill and safety to patients by reason of illness, addiction to drugs or alcohol, or mental impairment.

The Pennsylvania State Board of Pharmacy (Board) has the statutory authority to discipline any Pennsylvania licensed pharmacist or pharmacy intern when the practitioner is unable to practice pharmacy with reasonable skill and safety to patients by reason of mental or physical impairment. BPOA, through the Professional Health Monitoring Programs' (PHMP) Voluntary Recovery Program (VRP) and Disciplinary Monitoring Unit (DMU), operates a monitoring program for licensed health care professionals suffering from a physical or mental impairment.

The primary responsibility of the PHMP is to protect the citizens of the Commonwealth from unsafe practice by impaired Commonwealth licensed practitioners. This responsibility is fulfilled through the identification and referral to appropriate treatment of such licensed professionals, and the case management and monitoring of their progress in recovery. While in the PHMP, participants must submit to random drug testing; abstain from the use of prohibited substances; comply with the recommendations made by their PHMP approved treatment provider(s); submit to monitoring of their practice by a workplace monitor; actively

attend support group meetings recommended by the PHMP approved evaluator/treatment provider; and abide by all other terms and conditions of the program and the consent agreement and order.

The Contractor will coordinate with PHMP to facilitate its goals and will assist participants in adhering to the requirements of PHMP in addition to the contractor's peer assistance program requirements.

Foundation of the Pennsylvania Medical Society, Physicians' Health Program Response: I-1-A: Statement of the Project: The incidence of substance use disorder and impairment in the general population is between 10-15%. This rate is no different for licensees. The Professional Health Monitoring Program (PHMP) is a regulatory-based program within the Bureau of Professional and Occupational Affairs (BPOA) and it is there to protect the health and safety of all citizens from impaired practitioners, including licensed pharmacists and pharmacy interns. It provides an excellent platform for regulatory-based recovery activities, such as the Voluntary Recovery Program (VRP) and the Disciplinary Monitoring Unit (DMU).

To augment these regulatory based services, credible peer assistance services are also needed, which can provide intensive monitoring and verify compliance with the PHMP and peer assistance program requirements. The PA-PHP, with its forty-eight (48) plus years of experience in providing peer assistance and monitoring is well poised to expand its partnership with the PHMP to bring pharmacists and pharmacy interns into recovery and protect the citizens of the Commonwealth of Pennsylvania.

Currently, as a program of the Foundation of the Pennsylvania Medical Society (Foundation), the Physicians' Health Program (PA-PHP) provides a peer assistance program to physicians, medical students, physician assistants, licensed dental professionals, veterinarians, and podiatrists. We are committed to protecting the citizens of the Commonwealth from licensees who are unable to practice their licensed profession with reasonable skill and attention to safety of patients by reason of illness, substance use disorder, or mental impairment. If the PA-PHP is awarded the contract, the following services will be provided to pharmacists and pharmacy interns by the PA-PHP for all cases referred by the PHMP: 1) Assist in maintaining the monitoring agreement in concert with PHMP; 2) Arrange for workplace monitoring; 3) Hold clinical case conference 1-2 times per week; 4) Provide comprehensive case reviews for each client and report to PHMP on compliance with all aspects for monitoring including: evaluation/therapy reports, workplace monitor reports, meeting attendance reports, and medical reports; 5) Confront participants who are in non-compliance with their agreements; 6) Meet with participants, as needed, to resolve compliance or recovery issues; 7) Meet with PHMP representatives to review case files; 8) Provide quarterly reports to PHMP on compliance of all referred participants; and, 9) Immediately inform PHMP of any violations of the consent agreement or board order.

The PA-PHP agrees that the PHMP and DOS Legal Office will determine all eligibility requirements for enrollment and length and terms for PHMP monitoring. No persons shall be enrolled in the VRP until they have been provisionally enrolled and executed a VRP consent agreement. The PHMP will determine action on cases where a violation of the consent agreement or board order has occurred.

B. DEFINITIONS. Throughout this RFP, the below terms are defined as follows:

1. Bureau of Professional and Occupational Affairs (BPOA) – the bureau within the Department of State that provides administrative, logistical, and legal support services to professional and occupational licensing boards and commissions.
2. Department of State (DOS) – the department within the Commonwealth of Pennsylvania issuing this RFP.
3. Licensee – an individual who has been issued a pharmacist license or pharmacy intern registration by the Pennsylvania State Board of Pharmacy.
4. Participant – an individual who has been enrolled in PHMP. This may be a pharmacist or pharmacy intern.
5. Licensure candidate – an individual who has submitted an application to the Board.
6. Peer assistance program – a program whereby members of a particular profession suffering from a physical or mental impairment, such as a substance use disorder, which may interfere with their job performance can obtain assistance, support, monitoring, prevention, and intervention services from members of their own profession.
7. Professional Health Monitoring Program (PHMP) – a division of BPOA that provides a method by which professionals suffering from a physical or mental impairment may be directed to appropriate treatment and receive monitoring to ensure that they can safely practice their licensed profession. PHMP is comprised of the Voluntary Recovery Program and the Disciplinary Monitoring Unit.
8. Program – the pharmacy peer assistance program that the Department expects to procure through this Request for Proposal.
9. Voluntary Recovery Program (VRP) – a voluntary, alternative to discipline program offered to eligible Pennsylvania licensed health care professionals suspected of suffering from mental or physical impairment.

Disciplinary Monitoring Unit (DMU) – a program responsible for monitoring Pennsylvania licensed professionals suffering from mental or physical impairments whose licenses have been formally disciplined by the Pennsylvania licensing boards.

10. Self-referral – an individual who voluntarily contacts a program for the purpose of obtaining available services.
11. State Board of Pharmacy (Board) - the statutorily-created board charged with the duty to establish and enforce rules and regulations for the licensure and practice of pharmacy in the Commonwealth and provide for the examination of all licensure candidates. The Board registers pharmacy interns and issues licenses to practice as a pharmacist to persons meeting the established qualifications for licensure. The Board protects the health, safety and welfare of the public from fraudulent, incompetent, unsafe and unethical practitioners by imposing appropriate discipline.

C. NATURE AND SCOPE OF PROJECT. The Department, through this RFP, is seeking proposals from contractors who are qualified to provide peer assistance services to impaired pharmacists and pharmacy interns. The contractor shall recognize its joint interests with BPOA in protecting the citizens of the Commonwealth from licensees who are unable to practice the profession of pharmacy with reasonable skill and safety to patients by reason of illness, addiction to drugs or alcohol, or mental impairment. The vendor must provide and operate a program that effectively ensures the protection of the public from unsafe pharmacy practice, offers impaired pharmacists and pharmacy interns the best opportunity for sustained recovery, manages a comprehensive recovery monitoring service, and provides applicants and licensees with peer support and advocacy services.

1. The contractor will administer a voluntary program whereby it will monitor or intervene with pharmacists and pharmacy interns in Pennsylvania who, by reason of mental or physical illness, use of alcohol, drugs, narcotics, chemicals or other type of material, are allegedly unable to practice their profession with reasonable skill and attention to the safety of patients, with the goal of getting the licensee into treatment and monitoring his/her recovery.
2. The contractor shall work in conjunction with PHMP and the Board to provide a peer assistance program for participants who are suffering from physical or mental impairment which may interfere with their job performance. The contractor will also act as a liaison with community resources, maintain confidentiality and appropriately use constructive confrontation by colleagues.
3. The contractor is required to perform direct case management or review of all pharmacy cases, both VRP and DMU in concert with PHMP.

The contractor will monitor all cases referred by PHMP according to the requirements of the consent agreement and order. The following services shall be provided by the contractor in cases jointly monitored by the contractor and PHMP:

- a. Assist in maintaining the monitoring agreement, in concert with PHMP.
 - b. Arrange for workplace monitoring.
 - c. Clinical case conferences.
 - d. Case review which includes reviewing the following reports:
 - i. Evaluation and therapy/treatment reports;
 - ii. Workplace monitor reports;
 - iii. Meeting attendance reports; and
 - iv. Medical reports obtained from licensed health care practitioners who are prescribing controlled substances, mood-altering drugs, or caution legend (prescription) drugs to participants for an illness or medical condition.
 - e. Confront participants with regard to compliance issues.
 - f. Meet with participants as needed to resolve compliance or recovery issues.
 - g. Meet with PHMP representatives to review case files.
 - h. Provide quarterly progress reports to PHMP on participant's status based on recovery documentation.
 - i. Provide immediate notification to PHMP when the contractor has obtained information indicating a participant may have violated his/her consent agreement and order.
4. No individual will be enrolled in PHMP's VRP unless or until he/she has been provisionally enrolled by PHMP and has executed a consent agreement and order with the Pennsylvania State Board of Pharmacy.
5. The contractor shall agree that PHMP is responsible for determining the actions to be taken in cases whereby evidence exists that a licensee has violated his/her consent agreement and order.

Foundation of the Pennsylvania Medical Society, Physicians' Health Program Response:

I-1-C: Nature and Scope of Project: The PA-PHP is a voluntary program with extensive experience monitoring safety-sensitive health professionals including physicians, physician assistants, medical students, dentists, dental hygienists, dental assistants, dental students, veterinarians and podiatrists. The depth and breadth of its experience with the practitioners and health professionals listed above positions the PA-PHP to effectively and efficiently provide peer assistance monitoring for pharmacists and pharmacy interns in Pennsylvania who, by reason of mental or physical illness, use of alcohol, drugs, narcotics, chemicals or other type of material, are allegedly unable to practice their profession with reasonable skill and attention to the safety of patients, with the goal of getting the licensee into evaluation, treatment and monitoring for his/her recovery.

Currently the PA-PHP works with the PHMP and the State Boards of Medicine, Osteopathic Medicine, Dentistry and Podiatry to provide a peer assistance program

for participants who are suffering from physical or mental impairment which may interfere with their job performance. With its current licensees, the PA-PHP acts as a liaison with referral sources, evaluators and treatment providers, community resources, and employers. The needs of the Pharmacy Peer Assistance Monitoring Program are translatable to the current work the PA-PHP provides and our leadership and case work staff will have the ability to quickly ramp up their coordination with the PHMP and Board of Pharmacy to serve pharmacists and pharmacy interns. As part of its foundational core, the PA-PHP maintains strict confidentiality at all times and appropriately leverages constructive confrontation by colleagues for participants entering the monitoring process and recovery.

The Professional Health Monitoring program (PHMP) is a regulatory based program within the Bureau of Professional and Occupational Affairs (BPOA) and its goal is to protect the health and safety of all citizens within the Commonwealth from impaired practitioners. The PA-PHP will augment these services with credible peer assistance services, intensive monitoring and verify compliance with the PHMP and peer assistance program's requirements. In concert with the PHMP, the PA-PHP will perform direct case management or review of all pharmacy cases, both VRP and DMU.

For its current participants, the PA-PHP monitors all cases referred by PHMP according to the requirements of the consent agreement and order. The addition of pharmacists and pharmacy-interns is an extension of current services with mindfulness of the requirements set forth in the Pharmacy Act, 63 P.S. §§ 390-1 – 390-13. The PA-PHP is committed to protecting the citizens of the Commonwealth from impaired licensees. The following services will be provided by the PA-PHP for all cases referred by the PHMP for joint monitoring: 1) Assist in maintaining the monitoring agreement, in concert with PHMP; 2) Arrange for workplace monitoring; 3) Hold clinical case conferences 1-2 times per week; 4) Provide comprehensive case reviews for each client and report to the PHMP on compliance with all aspects of the program including: evaluation and therapy/treatment reports; meeting attendance reports, workplace monitor reports; and medical reports obtained from licensed health care practitioners who are prescribing controlled substances, mood-altering drugs, or caution legend (prescription) drugs to participants for an illness or medical condition; 5) Confront participants who are in non-compliance with their agreements; 6) Meet with participants as needed to resolve compliance or recovery issues; 7) Meet with PHMP representatives to review case files; 8) Provide quarterly progress reports to PHMP on participant's status based on recovery documentation; 9) Provide immediate notification to PHMP when the contractor has obtained information indicating a participant may have violated his/her consent agreement and board order.

The PA-PHP agrees that no individual (pharmacist or pharmacy intern) will be enrolled in PHMP's VRP unless or until he/she has been provisionally enrolled by PHMP and has executed a consent agreement and order with the Pennsylvania

State Board of Pharmacy. The PHMP will determine the actions to be taken in cases whereby evidence exists that a licensee has violated his/her consent agreement and board order.

I-2. QUALIFICATIONS

- A. **CONTRACTOR QUALIFICATIONS.** The contractor must have specialized knowledge and experience in providing peer assistance and monitoring services to health care professionals, including pharmacists. The contractor must also have a working knowledge of the Pharmacy Act, 63 P.S. §§ 390-1 – 390-13.

Foundation of the Pennsylvania Medical Society, Physicians' Health Program Response:

I-2-A: Contractor Qualifications: As a program of the Foundation of the Pennsylvania Medical Society (Foundation), the Physicians' Health Program (PA-PHP) currently provides a peer assistance program to physicians, medical students, physician assistants, licensed dental professionals and podiatrists. We are committed to protecting the citizens of the Commonwealth from licensees who are unable to practice their licensed profession with reasonable skill and attention to safety of patients by reason of illness, addiction to drugs or alcohol, or mental impairment.

If the PA-PHP is awarded the contract, the following services will extend to pharmacists and pharmacy interns and the PA-PHP will abide by all the terms set forth within this contract as it currently does for the participants it serves under the authority of the BPOA and respective Medical, Osteopathic, Dental and Podiatric state licensing boards.

To ensure the PA-PHP incorporates nuances germane to the State Board of Pharmacy and Pharmacy Act, 63 P.S. §§ 390-1 – 390-13, the PA-PHP will develop a comprehensive approach to understanding and meeting the essential needs of pharmacists and pharmacy interns. First, the PA-PHP will contract with up to two (2) licensed pharmacists who will serve as advisors. The PA-PHP has identified prospectively identified two pharmacists who have provisionally agreed to serve in this serve in an advisor role. One of the identified advisors, Dr. Chetan Patel, is a licensed pharmacist for the Commonwealth. The pharmacist advisors will train and advise our existing medical directors and case work staff on issues germane to serving pharmacist and pharmacy intern participants and central to adhering to meeting the requirements of Pharmacy Act, 63 P.S. §§ 390-1 – 390-13. In addition, the PA-PHP will add a pharmacist representative to its PA-PHP Advisory Committee. The pharmacist serving on the PA-PHP Advisory Committee will champion assistance, support, monitoring, prevention, and intervention services for members of the pharmacy profession. The PA-PHP will provide outreach and education to pharmacy schools throughout the Commonwealth to build awareness of the PA-PHP Program. The PA-PHP will make outreach to the deans of each pharmacy school to educate them regarding PA-PHP resources and services for pharmacists and pharmacy interns. Lastly, the PA-PHP will work collaboratively with pharmacy participants and the current pharmacy peer assistance monitoring

provider to ensure a smooth transition; and whenever possible, complete continuity of service with minimal disruption.

- B. CONTRACTOR STAFF QUALIFICATIONS.** Describe in narrative form the number of executive and professional personnel who will be engaged in the work and indicate where these personnel will be physically located during the time they are engaged in the Project. For key personnel, Program Director, Case Managers include the employee's name, and through a resume or similar document, the Project personnel's education and experience in peer monitoring program to licensed pharmacists and pharmacy interns. For the professionally licensed staff, the contractor shall indicate the license number and state of issuance. Indicate the responsibilities each individual will have in this Project and how long each has been with your company. At a minimum, contractor's proposed staff shall include at least one individual with a bachelor's degree (Master's degree preferred) in chemical dependency, sociology, social welfare, psychology, pharmacy, nursing or a related field; and who shall be credentialed in addiction counseling.

Foundation of the Pennsylvania Medical Society, Physicians' Health Program Response:

I-2-B: Contractor Staff Qualifications: PROGRAM LEADERSHIP: Leading our Physicians' Health Program (PHP) is Tiffany Booher, MA, LPC, CAADC, CIP, CCSM a seasoned program director who has served in this role for the past three years. Ms. Booher's leadership and skill has afforded the PA-PHP an incredibly smooth transition to a remote work environment during the COVID-19 pandemic. Her attention to detail and commitment to process improvement continues to not only guide the PA-PHP, but also serves as an experienced voice at the national level as part of a work group creating a credentialing process for PHPs nationwide.

In addition, two highly skilled licensed physicians, Edwin Kim, MD, DABPN, MRO and Raymond Truex Jr., MD, FACS, FAANS serve as medical directors for the PA-PHP. The entire leadership team has a combined total of 77 years of healthcare experience. Dr. Truex, a person in recovery, serves as an authentic voice of hope to participants in the program. Our medical directors are responsible for overseeing the medical activities of the program including the review of participant drug tests and medications. The medical directors serve as a participant's advocate before licensure boards, credentialing groups, and other government agencies. The medical directors also give presentations on addiction/impairment, physician burnout/stress, mental health and other topics as requested. Both medical directors work on a part-time basis.

Program Director, Tiffany Booher, MA, LPC, CAADC, CIP, CCSM (1 FTE) – PA Licensed Professional Counselor - 010939

Ms. Booher has been with the PA-PHP for the past 9.5 years, initially serving as a case manager before moving to case management supervisor in 2016 and ultimately Program Director in 2019. She has a BS in Elementary and Kindergarten Education with a concentration in Social and Behavioral Sciences and a MA in Applied Clinical Psychology. In addition, she is a Licensed Professional Counselor and holds

certifications as a Certified Advanced Alcohol and Drug Counselor (CAADC #8316), Certified Intervention Professional (CIP #10248) and Certified Case Manager (CCSM #8316) all obtained through the Pennsylvania Certification Board. She previously worked as a counselor for Roxbury Treatment Center and Gaudenzia, Inc. Ms. Booher is also a member of the Member of American Counseling Association and a member of the Federation of State Physician Health Programs. (see APPENDIX D-1)

Medical Director, Edwin Kim, MD, DABPN, MRO (.5 FTE) – PA MD-463998

Dr. Kim is double board-certified in adult and addiction psychiatry and is a diplomate of the American Board of Psychiatry and Neurology. He holds additional certification as a medical review officer by the American Association of Medical Review Officers. Dr. Kim is a member of the American Psychiatric Association, American Academy of Addiction Psychiatry, Asian-American Caucus - American Psychiatric Association, American Society of Addiction Medicine and the Federation of State Physician Health Programs. (see APPENDIX D-2)

Medical Director, Raymond C. Truex Jr., MD, FAANS, FACS (.5FTE) – PA MD 010475E

Dr. Truex is backed by 56 years of clinical experience. He practiced neurosurgery in Reading, PA until his retirement in 2017. Dr. Truex is Board Certified in Neurological Surgery. He has worked with the PA-PHP for five years as a Medical Director. Prior to joining the PA-PHP, Dr. Truex served on the Foundation of the Pennsylvania Medical Society Board of Trustees as vice-chair for two years and chair for ten (10) years. Dr. Truex is a member of the American Society of Addiction Medicine and the Federation of State Physician Health Programs. (see APPENDIX D-3)

CASE MANAGEMENT & ADMINISTRATIVE SUPPORT: Our case management staff works directly with those being referred to gather the appropriate background information and current problems/concerns to make the appropriate evaluation/treatment recommendations. They work with all evaluators/treatment centers and deal directly with the participant to follow through with recommendations. They ensure compliance with monitoring and serve as the main contact point for all our participants. Our Case Management Staff includes the following individuals:

Case Manager, Melissa Devonshire, MBA, CADC, CCDP, (1 FTE)

Ms. Devonshire has been with the PA-PHP for seven years. She holds a BS in Administration of Justice from Penn State University and an MBA from Alvernia College. Ms. Devonshire holds two certifications from the PCB as a Certified Alcohol and Drug Counselor (CADC #4354) and a Certified Co-Occurring Disorders Professional (CCDP #5919). She previously worked for TASK in Reading, PA doing evaluations for placement as well as court reporting network (CRN) evaluations for the PA Dept. of Transportation for DUI offenses. Ms. Devonshire has 20 years of experience working in the field of addiction. (see APPENDIX D-4)

Case Manager, Katie Gruber, MSW, CADC, (1 FTE)

Ms. Gruber has been with the PA-PHP for 7 years. She holds a BS in Addiction Counseling from Drexel University and a MSW from Temple University. Ms. Gruber also obtained a certification from the PCB as a Certified Alcohol and Drug Counselor (CADC #8672). She previously worked for Gaudenzia, Inc. for seven and a half years prior to her work with the PA-PHP. (see APPENDIX D-5)

Case Manager, Kathleen Thiemann, LSW, ACM (1 FTE)

Ms. Thiemann has served as a case manager with the PA-PHP for 3 years. She holds a BA in Communications/Public Relations from Pennsylvania State University and a MSW from Temple University. Ms. Thiemann is a licensed social worker for the Commonwealth (PA-LSW 135899) and is certified as an Accredited Case Manager (ACM) via American Case Management Association. In her case manager role, Ms. Thiemann provides case management services, facilitating the evaluation/treatment process for new and current participants. (see APPENDIX D-6)

Assistant Case Manager, Alice Dunkin, BS, NAPt4, (1 FTE)

Ms. A. Dunkin serves as an assistant case manager and has been with the PA-PHP for three (3) years. Ms. A. Dunkin provides administrative and professional support and assists in managing the dynamics of a varying caseload. Her responsibilities include, but are not limited to, taking check-in calls from physicians, reviewing charts for compliance, processing releases, and entering reports. She holds a BS in Psychology from Allentown College Saint Francis De Sales. She also holds certification as an American Psychiatric Technician Association Certification Level 4 (NAPT4 #2019-080). Prior to her work with the PA-PHP, Ms. A. Dunkin worked in the social service and mental health arena for 30 years. (see APPENDIX D-7)

Compliance Assistant, Wendie Dunkin (1FTE)

Ms. W. Dunkin has responsibility for all billing activities at the PA-PHP. She worked for the PA-PHP office from 1989 through 1995 and then returned in 2004 to the present. In total, she has been with the PA-PHP for over 25 years. She opens all new case files for the PA-PHP, helps maintain participant files, policies and procedures and assists with meeting planning for the PHP Advisory Committee and PHP community outreach and education. (see APPENDIX D-8)

Executive Director, Heather Wilson, MSW, CFRE, CAE

Ms. Wilson serves as the Executive Director of the Foundation for the Pennsylvania Medical Society (.3FTE) and is also the Deputy Executive Vice President for the Pennsylvania Medical Society (.7 FTE). She has been with the Foundation for eleven years. Ms. Wilson has a BS in Elementary and Early Childhood Education and a MSW from Temple University. Prior to employment at the Foundation, Ms. Wilson worked for Lancaster General Health for twelve years and The Salvation Army for eight years. Ms. Wilson is accountable to the Foundation Board of Trustees for all Foundation programs including the PA-PHP. Ms. Wilson meets quarterly with the program director and medical directors to review program processes and discuss opportunities for quality improvement. Ms. Wilson also provides education and outreach to various PA-PHP constituencies including donors, hospitals and county medical societies. At the national level, Ms. Wilson

serves as secretary for the Federation of State Physician Health Programs board. (see APPENDIX D-9)

The PA-PHP Advisory Committee is comprised of representatives from each of the professional groups served by the PA-PHP (physicians, physician assistants and dental professionals). The Committee serves as an advisory council to the PA-PHP program reviewing policy, program implementation, best practices, and outreach. The committee meets three times a year. If awarded the contract to provide peer monitoring for pharmacists and pharmacy interns, the PHP will work with its advisory committee to add at least one (1) pharmacist to the Advisory Committee. Current members of the Advisory Committee include: John Lepley, DO, Chair; Edward Jew, MD, Vice-Chair; Christopher Ware, MD, Secretary; Rebecca Borders, MD; Laura Delliquadri, PA; Suzanne Glossner, PA; Steven Heird, MD, Jagdeep Kaur, MD; John Mellett, DMD; Clifford D. Swift, III; Louis Verna, MAC, LPC, CIP; Jacob Widroff, MD.

Pharmacy Advisors: If awarded the Pharmacy Peer Assistance Monitoring Program contract, the PA-PHP will contract with at least two (2) pharmacists to serve in an advisory capacity.

1. Dr. Chetan Patel, a Pennsylvania licensed pharmacist (#RP444384), has agreed to serve as a contracted Pharmacist Advisor providing guidance to the PA-PHP leadership and case management staff. A respected member of the pharmacy community in Lancaster County, Dr. Patel is an astute experienced pharmacist who excels at implementing, coordinating, and evaluating clinical programs, operational, regulatory, and financial pharmacy services in relation to retail, 340B HIV specialty, and LTC pharmacy. (see APPENDIX D-10)
2. Dr. Bree C. Watzak, a Texas licensed pharmacist (#46480) and Board Certified Pharmacotherapy Specialist, has worked with the Foundation of the Pennsylvania's LifeGuard Program for the past five years. LifeGuard, a vanguard clinical competency assessment program for physicians with a national reach is one of five leading programs across the country. The Foundation's LifeGuard Program serves physicians in over 30 states. Dr. Watzak has agreed to serve as a Pharmacist Advisor providing guidance to the PA-PHP leadership and case management staff. Dr. Watzak is well versed in the regulations and laws for each licensing board served by LifeGuard, she will focus her guidance to our PA-PHP Medical Directors and staff according to Pharmacy Act, 63 P.S. §§ 390-1 – 390-13. (see APPENDIX D-11)

- C. **PRIOR EXPERIENCE.** Include experience in peer monitoring program to licensed pharmacists and pharmacy interns. Experience shown should be work done by individuals who will be assigned to this project as well as that of your company. Studies or projects referred to must be identified and the name of the customer shown, including the name, address, and telephone number of the responsible official of the customer, company, or agency who may be contacted.

Foundation of the Pennsylvania Medical Society, Physicians' Health Program

Response:

I-2-C: Prior Experience: The Pennsylvania Medical Society established the Physicians' Health Program (PA-PHP), a peer-assistance monitoring program, in 1975. The PA-PHP began as a volunteer-based impaired physician program. In 1988, the Pennsylvania Medical Society responded to the growing need for services by hiring a medical director and case managers. The Foundation of the Pennsylvania Medical Society assumed administration of the program in 1989. Our collective 48-year history makes us one of the most established and nationally respected PHPs in the United States providing services to over 4,500 participants since inception.

The Foundation of the Pennsylvania Medical Society, Physicians' Health Program will support this contract for Pharmacy Peer Assistance Monitoring from its office at 400 Winding Creek Road in Mechanicsburg, PA 17050. The PA-PHP ensures staffing levels are appropriate to manage all check-in calls during peak volumes including early mornings and the end of the month by utilizing a staggered staffing schedule. Staff are cross-trained to provide complete service to a participant at the time of check-in. Resumes and/or curricula vitae are provided for each staff member. **(see APPENDIX D: 1-9)**

Currently the PA-PHP provides active case management and monitoring services for approximately 310 individuals. We are a trusted partner to the State Boards of Medicine, Osteopathic Medicine, Dentistry, and Podiatry and a member and contributor to the collective work of the Federation of State Physician Health Programs (FSPHP). Our Program provides monitoring services to physicians, physician assistants, medical students, dentists, dental hygienists, expanded function dental assistants, and podiatrists across the Commonwealth. For board licensees with diagnoses of substance use disorder or severe mental health illness, PA-PHP provides a voluntary, non-disciplinary option to receive treatment, establish a recovery program and subsequent eligibility to practice.

The PA-PHP sanctions a full continuum of care by independent substance use disorder evaluation and treatment providers, which utilize the American Board of Addiction Medicine patient placement criteria. Treatment plans range from detoxification services and outpatient care, to short- and long-term residential treatment. Prevention, early intervention and recovery support services are cornerstones of the PA-PHP program. Over the years, PA-PHP medical directors and staff have spent many hours in meetings with representatives of the BPOA and the legal office, providing case material and testimony and reporting case status to the Bureau. The PA-PHP has successfully monitored physicians and other health professionals suffering with substance use disorders and mental health disorders. The PA-PHP believes that a well-coordinated plan which outlines participant responsibilities and holds them accountable is essential. The PA-PHP provides a seamless monitoring process that minimizes the risks associated with relapse. The PA-PHP also works with other PHP programs across the United States to ensure smooth transitions of monitoring when participants are transferring their practice from one state to another.

The PA-PHP is an active member of the Federation of State Physician Health Programs (FSPHP) and participates in the development of common objectives and goals, the development of standards, and creation of education to provide advocacy for physician and other safety-sensitive health practitioners and their health issues at local, state, and national levels.

The contact information for the PA-PHP Program Director is as follows:

Ms. Tiffany Booher, MA, LPC, CAADC, CIP, CCSM

Email: tbooher@pamedsoc.org or PHP-foundation@pamedsoc.org

Phone: 717-558-7819

- D. SERVICES AVAILABLE.** List all available services that are offered to the participants enrolled in your organization’s programs and the cost to the participants for those services. Use **Appendix B** to list all available services that are offered to the participant. If there is a range of costs for a service, please provide the breakdown of the costs.

Foundation of the Pennsylvania Medical Society, Physicians’ Health Program Response:

I-2-D: Services Available: A listing of costs for pharmacists and pharmacy assistants to receive services from the PA-PHP in coordination with the PHMP is listed below with the cost differential for pharmacists and pharmacy interns as it applies to the fees for case initiation and monthly monitoring. Recognizing that some individuals coming into the PA-PHP program may have significant financial resource limitations, the PA-PHP established an assistance fund within the Foundation of the Pennsylvania Medical Society for participants who may need financial assistance to pay for drug testing or monitoring services. The PA-PHP Participant Assistance Fund will be made available for pharmacy participants and is subject to verification of participant need by the PA-PHP case worker and the availability of resources within the assistance fund. (See APPENDIX B)

Type of Service Available to Participants	Cost to Participants
Case Initiation Fee	\$200.00 pharmacist \$100.00 pharmacy intern
Monthly Monitoring Fee	\$75.00 pharmacist \$30.00 pharmacy intern
Advocacy Testimony for each participant	\$350.00 per hour- medical director or case worker testimony (15 min prorate) \$25.00 per hour administrative rate (15 min prorate) Travel will be reimbursed according to the Commonwealth’s Travel Policy

Quarterly reports to PHMP are included in the monitoring fee, if required	\$0
Detailed letters for participant's case – summary of treatment, agreement requirements and compliance	\$50.00
Compliance letters without drug testing results	\$10.00
Compliance Letters with drug testing results	\$25.00
Rush fee for any letter	\$10.00
Fax fee for any letter	\$10.00
Progress Reports to the PHMP (annual cost)	\$0
*Drug Testing (annual average) Urine \$29/test, Peth \$65/test – *testing exclusively with PHMP	\$1,317.50
Evaluation –independent provider not associated with the PA-PHP	Cost is varied based on type of assessment Ranges from \$250.00 to \$5,000.00
Treatment – independent provider not associated with the PA-PHP	Cost is varied based on type of treatment and length of treatment Ranges from \$0 - \$40,000.00
Therapy – independent provider not associated with the PA-PHP	Cost is varied Ranges from \$25.00 - \$150.00/session

E. SUBCONTRACTORS. Provide a subcontracting plan for all subcontractors, including small diverse business and small business subcontractors, who will be assigned to the Project. The selected Offeror is prohibited from subcontracting or outsourcing any part of this Project without the express written approval from the Commonwealth. Upon award of the contract resulting from this RFP, subcontractors included in the proposal submission are deemed approved. For each position included in your subcontracting plan provide:

1. Name of subcontractor;
2. Primary contact name and email;
3. Address of subcontractor;
4. Description of services to be performed;
5. Number of employees by job category assigned to this project; and
6. Resumes (if appropriate and available).

Foundation of the Pennsylvania Medical Society, Physicians' Health Program Response:

I-2-E: Subcontractors: The subcontractors listed below currently provide drug testing for current PHP participants and legal services to guide the PA-PHP.

Affinity eHealth Inc. serves as the third-party administrator for drug testing for PA-PHP participants. In addition, Affinity provides the case management software utilized by the PA-PHP which includes IT support.

1. Name: Affinity eHealth Inc.
2. Primary contact: Jonathan Lau, jlau@affinitysolutions.com
3. Address: 5400 Shawnee Ave. Suite 306. Alexandria, VA. 22312
4. Services: drug testing, case management software and support
5. Number of employees assigned to the project: three (3)

Soberlink, Inc. provides remote alcohol monitoring technology and testing

1. Name: Soberlink, Inc.
2. Primary contact: Laura Crossett, Brian Wegener, Andrew Bunker
3. Address: 16787 Beach Blvd #211, Huntington Beach, CA 92647
4. Services: remote alcohol monitoring and support
5. Number of Employees assigned to the project: three (3)

Clifford D. Swift, III, Esquire serves as outside counsel to the PA-PHP as necessary. Mr. Swift has worked with the PA-PHP for five years.

1. Name: Clifford Swift, III
2. Primary contact: Clifford Swift, III, cswift@cdswiftlaw.com
3. Address: PO Box, 9030, Lancaster, PA 17604-9030
4. Services: Legal counsel
5. Number of employees assigned to the project: one (1)

F. COST SUBMITTAL. Contractors shall complete and submit **Appendix A**, Cost Submittal. No assumptions or modifications are acceptable.

Foundation of the Pennsylvania Medical Society, Physicians' Health Program Response:

I-2-F: Cost Submittal: The PA-PHP has completed **APPENDIX A** and the cost per case per month is \$120. The PA-PHP understands and agrees that no assumptions or modifications to the cost submittal are acceptable.

I-3. TRAINING

If appropriate, indicate recommended training of agency personnel. Include agency personnel to be trained, the number to be trained, duration of the program, place of training, curricula, training materials to be used, number and frequency of sessions, and number and level of instructors.

Foundation of the Pennsylvania Medical Society, Physicians' Health Program Response:

I-3: Training: It is critical for our program director, medical directors and case management staff to maintain current knowledge in addiction medicine treatment and

monitoring. Annual attendance at either the Federation of State Physician Health Programs Conference and/or the Annual American Board of Addiction Medicine (ABAM) conference is required for Medical Director, Edwin Kim, MD to maintain his DABAM credentials. He annually completes 26 CME credits in addiction medicine. In addition, the case management staff and program director routinely secure the appropriate number of credits to maintain their various certifications or license. Yearly, each staff member participates in at least 20-25 hours of continuing education to maintain their respective certifications/license. The PA-PHP searches for cost-efficient, local or on-line courses to meet continuing education requirements, but occasionally travel is required to attend courses in other regions of the Commonwealth or close-by surrounding states.

I-4. FINANCIAL CAPABILITY

Describe your company's financial stability and economic capability to perform the contract requirements. The Commonwealth reserves the right to request additional information to evaluate an Offeror's financial capability.

Foundation of the Pennsylvania Medical Society Physicians' Health Program Response:

I-4: FINANCIAL CAPABILITY: The Foundation of the Pennsylvania Medical Society (Foundation) which houses the Physicians' Health Program (PA-PHP) is a 501-c-3 not for profit organization incorporated in the state of Pennsylvania. The Foundation is financially stable and compliant with all financial requirements including maintaining 35 plus years of clean audits. The Foundation has 15 months of cash on hand in general reserves and endowments as well as a \$5.5 million dollar permanently restricted endowment solely dedicated to the PA-PHP with an annual spending rule to support program operations. The Foundation maintains the financial stability and economic capability to perform the contract requirements.

I-5. TASKS

- A. Describe in narrative form your technical plan for accomplishing the work using the task descriptions set forth below as your reference point. Modifications of the task descriptions are permitted; however, reasons for changes should be fully explained. Indicate the number of person hours allocated to each task. Include a Program Evaluation and Review Technique (PERT) or similar type display, time related, showing each event. If more than one approach is apparent, comment on why you chose this approach. **The contractor shall describe, in detailed form, how it will accomplish the tasks and administrative services required by this RFP and listed in 1 and 2 below.** All references to the term "days" within this section shall mean business days.

The Foundation of the Pennsylvania Medical Society, Physicians' Health Program Response:

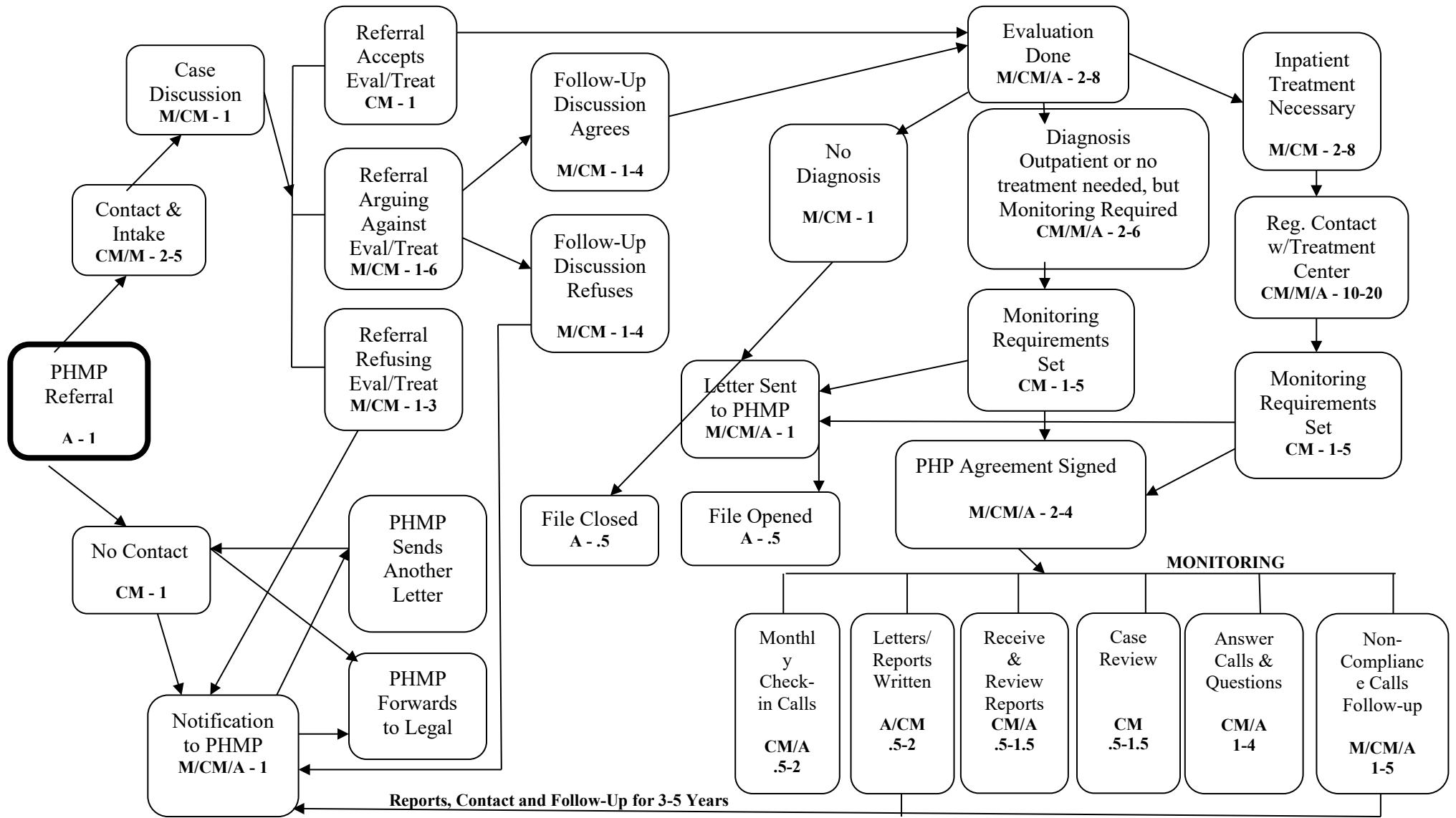
I-5-A: TASKS: The PA-PHP works with health professionals to have them evaluated by a clinician who is competent and skilled in dealing with safety sensitive health care

professionals. Once evaluated, the PA-PHP recommends treatment facilities that have a professionals track if needed or connects them with the appropriate level of care for treatment.

The PA-PHP offers 5-year monitoring agreements because the empirical data indicates that is the best time frame for long-term recovery. Because the PA-PHP is a voluntary program, pharmacists and pharmacy interns can leave the PA-PHP program when they complete their program with the PHMP after three years. The monitoring agreement includes drug testing (both urine and phosphatidylethanol [PEth]), individual and group therapy as recommended, 12-step meeting attendance, psychiatric medication management as recommended, quarterly reports from a workplace monitor and a peer monitor as well as monthly check-in calls to the PA-PHP office. The PA-PHP also assists those involved with the PHMP to maintain compliance with their BPOA agreement.

PERT Chart is attached below.

Foundation of the Pennsylvania Medical Society Physicians' Health Programs – PERT CHART



KEY: A=Administrative; CM=Case Managers; M=Medical Director Minimum Hrs./Maximum Hrs.

1. TASKS

- a. PHMP will notify the contractor of each participant who must be evaluated and enrolled in the program for monitoring. The contractor shall perform all tasks and services necessary for enrolling participants in the monitoring program, including, but not necessarily limited to:
 - i. Interview individuals to discuss their understanding of the referral;
 - ii. Obtain detailed history from individuals of their substance use/abuse and drug and alcohol and/or mental health treatment and medical history;
 - iii. Assess willingness to cooperate with evaluation and treatment recommendations;
 - iv. Educate individuals on the benefits of cooperating with the contractor's program and PHMP, and, if eligible, enrolling in the program;
 - v. Arrange evaluations by providers approved by the contractor's program and/or PHMP;
 - vi. Review assessment results;
 - vii. Discuss assessment results and make recommendations to licensees and PHMP;
 - viii. Notify PHMP of the individual's willingness to comply with recommendations;
 - ix. Assure participants comply with all practice restrictions while seeking enrollment in the program;
 - x. Execute monitoring agreements for pharmacists or pharmacy interns willing to enroll; and
 - xi. Conduct face-to-face interviews with participants.

Foundation of the Pennsylvania Medical Society, Physicians' Health Program Response:

I-5A-1-TASKS - a: The PA-PHP works with health professionals to have them evaluated by a clinician who is competent and skilled in dealing with health care safety sensitive professionals. Once evaluated, the PA-PHP recommends treatment facilities that have a professionals track if needed or connects them with the appropriate level of care for treatment. The PA-PHP program is voluntary and the monitoring agreement is for five years; however, the PHMP monitoring period for pharmacists and pharmacy interns is a three-year monitoring period. Therefore, pharmacists and pharmacy interns, enrolled in a Pharmacy Peer Assistance Monitoring agreement will have the ability to leave the program after three years. The PA-PHP monitoring agreement includes drug testing (both urine and phosphatidylethanol [PEth]), individual and group therapy as recommended, 12-step meeting attendance, quarterly reports from a workplace monitor and a peer monitor as well as monthly check-in calls to the PA-PHP office. The PA-PHP also assists those involved with the PHMP to maintain compliance with their BPOA agreement.

a-i. Interview individuals to discuss their understanding of the referral

The PA-PHP will receive the referral name and a brief background from the PHMP. The PA-PHP will interview the individual and discuss their level of understanding of the referral.

a-ii. Obtain detailed history from individuals of their substance use/abuse and drug and alcohol and/or mental health treatment and medical history

A case manager will obtain detailed history from the individual of their substance use and drug and alcohol/or mental health treatment and medical history. Several calls may be required to gather a full history, and a medical director will speak to participants, if necessary, to complete the intake. Releases will be requested to receive any previous treatment or monitoring details and to talk with the referral source.

a-iii. Assess willingness to cooperate with evaluation and treatment recommendations

During interviews the case manager assesses the individual's willingness to cooperate with an evaluation and treatment recommendations.

a-iv. Educate individuals on the benefits of cooperating with the PA-PHP's program and PHMP, and, if eligible, enrolling in the program

The case manager will educate the individual on the benefits of cooperating with the PA-PHP and PHMP. The medical director also becomes involved in these conversations if they are reluctant to follow through with recommendations.

a-v. Arrange evaluations by providers approved by the contractor's program and/or PHMP

Once the required information is gathered, the medical director and case management team will determine the best referral for an evaluation. The criteria for the decision-making process includes the need for a one-day or a residential evaluation, prior placement for evaluations, truthfulness of the individual, and the complexity and acuity of the impairment. The case manager will provide the individual with the contact information for at least three evaluation providers. Case managers will follow up with the individual to ensure that an evaluation has been secured. If the individual refuses to go for an evaluation, this information will be reported to the PHMP and the individual will be advised of the consequences for non-compliance.

PA-PHP staff will follow-up with the evaluators to assure that appointments are scheduled, the individual attended the evaluation, and make sure that appropriate releases have been signed to ensure the PA-PHP receives the evaluation results.

a-vi. Review assessment results AND

a-vii. Discuss assessment results and make recommendations to licensees and PHMP

The evaluations are discussed with the medical director and the case management team to determine next steps including: the case can be closed due to no diagnosis given by the evaluator; further comprehensive evaluation is needed (neuropsych, inpatient, etc.); treatment is recommended, and referral is needed; monitoring

appropriateness. The case management team will discuss the evaluation results and communicate recommendations to licensees and the PHMP. This process may require several telephone calls with the evaluator, treatment provider, licensee or the PHMP office.

a-viii. Notify PHMP of the individual's willingness to comply with recommendations

If treatment is recommended, the PA-PHP will notify the PHMP by email of the individual's willingness to comply with treatment recommendations. If there is no diagnosis given by the evaluator, the PHMP will be notified by letter and the case will be closed. If there is a diagnosis given and inpatient treatment is not needed, the PHP will review the case and work with the evaluator to determine the appropriate level of care for treatment. If treatment is not required but monitoring is recommended, PA-PHP will notify the PHMP in writing of any diagnoses and the monitoring plan.

If inpatient treatment is recommended, the case manager will notify the licensee and provide him or her with at least three treatment facilities to contact. The PHMP will be notified of the individual's willingness to comply with the recommended treatment facility options. Appropriate releases will be obtained to communicate with the workplace and the chosen treatment facility. The PHMP will be notified by the PA-PHP in writing of the diagnosis/diagnoses and the inpatient treatment placement. Inpatient treatment can last for a few days or three months depending on the diagnosis/diagnoses and progress made by the individual. During this time, the PA-PHP will maintain weekly contact with the treatment center to receive updates on progress in treatment and to assist in arranging the appropriate follow-up care. In certain circumstances, a referral to another treatment facility may be recommended.

The licensee has the opportunity for a second opinion evaluation if they are arguing against evaluation or treatment, the second opinion evaluation is discussed with the case managers and medical directors. The PA-PHP maintains a vast network of professionals in various parts of the state who perform evaluations. In some cases, an evaluation must be done at a residential facility.

a-ix. Assure participants comply with all practice restrictions while seeking enrollment in the program

The PA-PHP will also ensure that individuals comply with all practice restrictions while seeking treatment and pursuing enrollment in the PHP monitoring program. The PHP will clarify with the evaluator/treatment provider if the referral should continue to work until inpatient treatment is started. If the recommendation is made that they should not return to work, the PHMP will be notified.

a-x. Execute monitoring agreements for pharmacists or pharmacy interns willing to enroll

The PA-PHP will execute monitoring agreements for licensees willing to enroll. The PHP works closely with evaluators and treatment facilities to ensure that treatment recommendations are followed. The agreement is adjusted to provide the appropriate therapy and drug testing as necessary.

a-xi. Conduct face-to-face interviews with participants

The participant may report to the PA-PHP office located in Mechanicsburg, Pa. in order for the PHP to conduct face-to-face interviews with participants to complete the enrollment process. However, for the safety of the PA-PHP staff and participants during and post the COVID-19 pandemic, the PA-PHP is able to complete interviews and agreement signings virtually using zoom.

When an individual signs a monitoring agreement with the PA-PHP and also has a PHMP agreement (either VRP or DMU), written quarterly reports to the PHMP will be scheduled and provided through the end of their VRP or DMU agreement. All requirements of the PA-PHP monitoring agreement are reviewed during the face-to-face meeting in person or virtually.

Case reviews are completed quarterly and participants are notified to bring their file up to date. When participants fail to comply with the requirements of their monitoring agreement, it will be reflected in the quarterly reports sent to the PHMP. Any positive drug testing will be discussed with the participant and reported to the PHMP within 12 hours of receiving the positive test report or within 48 hours (allowing for weekend results) of receiving the positive report. The PA-PHP will communicate any follow-up evaluations/treatment recommendations to the participant and to the PHMP.

- b. The contractor shall establish a toll-free telephone number through which each participant will be able to contact the contractor. The toll-free number shall be operational upon the effective date of the contract and be accessible to the public 24 hours a day, seven days a week. The contractor shall have staff available to answer the toll-free telephone number weekdays from 8:00 AM to 4:30 PM Eastern Standard Time, excluding holidays recognized by the Commonwealth of Pennsylvania. During all other hours, the contractor shall have a confidential answering machine available for callers. In the event that a participant must leave a message, the contractor shall return the call within 24 hours or on the next business day. Where a message raises the possibility of harm or risk to the public, the telephone call shall be returned immediately and PHMP shall be notified as soon as possible. If a call of this nature is received after business hours, it shall be returned within one hour on the next business day. The contractor shall keep a log of all calls that includes the nature of the call, the response time and the resolution.

Foundation of the Pennsylvania Medical Society, Physicians' Health Program Response: I-5-A-1-TASKS-b: The PA-PHP maintains a toll-free telephone number (866)747-2255 or 866- PHP-CALL through which each participant is able to contact PA-PHP case managers and administrative staff. The toll-free number is accessible 24 hours a day, seven days a week and includes a confidential voicemail. PA-PHP staff are scheduled to answer phones from 8:00 AM to 5:00 PM Monday through Friday. PA-PHP will utilize staggered scheduling to provide appropriate staffing levels to ensure that check-in calls are received during peak volumes including early mornings and the end of the month. Staff taking

check-in calls are cross-trained to provide complete service to the participant at the time of check-in.

Calls received after operating hours are checked by PA-PHP staff immediately the next business day and return calls are made within three (3) hours. If an emergency call is received after hours, the caller is directed to contact the nearest emergency room. If the phone message raises the possibility of harm or risk to the public, the telephone call is returned immediately and the PHMP will be notified as soon as possible. A record of all calls, including the nature of the call, response time and the resolution are maintained within the electronic client management system. This system can be remotely accessed by all PA-PHP staff providing emergency assistance and logging information in real-time after normal business hours.

- c. The contractor shall establish a list of providers to refer licensees for assessment and treatment. This list shall be available for use upon the effective date of the contract. All evaluators and treatment providers should be verified as professionally capable of diagnosing both substance use and mental health disorders, or of recognizing the need for and arranging additional assessment to rule out either of these impairments if necessary. All providers should incorporate a support group attendance requirement as a primary element of treatment, and require ongoing active and consistent involvement in those programs in the continuing care plan.
 - i. The contractor shall use individuals and/or facilities to assess and/or provide treatment services to individuals referred by PHMP with the following qualifications:
 1. Licensed physician with verified training and experience in the diagnosis and treatment of addiction; or
 2. Licensed psychologist with training and experience in the diagnosis and treatment of addiction; or
 3. An individual, or a staff member of a facility, licensed by the Division of Drug and Alcohol Program Licensure, Bureau of Community Program Licensure and Certification, Department of Drug and Alcohol Programs; or in the case of co-occurring diagnoses, the Office of Mental Health and Substance Abuse Services, Department of Public Welfare.
 4. Under no circumstance shall the assessment be performed by the following:
 - a. An employee or board member of the Contractor;
 - b. A provider with a contractual relationship with the Contractor;
 - c. A provider with a business relationship with an employee of the Contractor; or
 - d. A provider whose family member is an employee of the Contractor.

Foundation of the Pennsylvania Medical Society, Physicians' Health Program Response:

I-5-A-1-TASKS-c: The PA-PHP maintains an active list of in-state and out-of-state providers to refer individuals to for evaluation and treatment. All evaluators and treatment centers are verified as experienced in working with professionals and capable of diagnosing both substance use

disorders and mental health impairments. The individuals and/or facilities utilized to assess and/or provide treatment services to individuals referred by PHMP meet one or more of the following qualifications including they are: 1) A licensed physician with verified training and experience in the diagnosis and treatment of addiction; or 2) A Licensed psychologist with training and experience in the diagnosis and treatment of addiction; or, 3) An individual, or a staff member of a facility, licensed by the Division of Drug and Alcohol Program Licensure, Bureau of Community Program Licensure and Certification, Department of Drug and Alcohol Programs; or in the case of co-occurring diagnoses, the Office of Mental Health and Substance Abuse Services, Department of Public Welfare.

All evaluators and treatment centers and providers have the capacity to arrange for additional assessment as needed. All evaluators and treatment centers utilized by the PA-PHP incorporate a 12-step self-help fellowship as a primary element of treatment and require ongoing and active involvement in these programs in the continuing care plan and monitoring agreement. The PA-PHP will utilize individuals and/or facilities approved by the PHMP. The PA-PHP does not have a contractual relationship with any provider that violates the stipulations/requirements in the Pharmacy Peer Assistance Monitoring Program RFP. To avoid any perception of a potential conflict of interest, the PA-PHP does not accept philanthropic donations from evaluation, treatment or therapy providers. Current providers include, but are not limited to:

Facilities in Pennsylvania for Evaluation/Treatment

- Geisinger Marworth Treatment Center
- Gateway Rehab
- Providence Treatment center
- The Moore Resilient Group, LLC

Facilities out of PA for Evaluation/Treatment

- Bradford Health Services
- UF Health
- Talbott Recovery Campus
- Professional Renewal Center
- Pine Grove Treatment Center
- Las Vegas Recovery Center
- Vanderbilt University
- Sante Center for Healing
- Menninger Clinic
- Acumen Assessments
- Pavillon
- Lakeview Health Palmetto
- MARR
- The Ridge
- Positive Sobriety Institute
- Palmetto

Individual Outpatient Evaluators/Treatment

- William Poray, LCSW, CAC

- Marina Goldman, MD
- Mary VanOsdol, LPC, NCC, BCPC, MAC, SAP, MSCP
- Jedidiah Baker, LCSW, CADC
- Fred Baurer, MD
- Paul Herman, PhD
- Christopher Royer, PsyD
- Reed Goldstein, MD
- John Massella, Ed.D.
- Bala Independent Medical Consultants
- Michelle Davis, MA, LPC, CADC
- Kathy Moore, MA, LPC, CAADC, CCS, CPT
- Amy E. Brown, LPC
- Danielle Heist, MS, LPC, CAADC, SAP
- Craig Liden, MD
- Lynn Appleby, RN, LCSW, CAADC
- Patricia O'Donnell, MS, LPC, CAADC
- The Moore Resilient Group, LLC

- d. The Contractor shall develop a statewide network of peer monitors in an effort to assign each participant enrolled in the program to a peer assistance monitor who is a licensed Pennsylvania pharmacist. This network shall be available for use upon the effective date of the contract. The contractor shall require participants to be in contact with their peer assistance monitor no less than twice per month, with at least one face-to-face meeting monthly. Peer assistance monitors shall possess thorough and personal knowledge of addiction and be familiar with the contractor's program and PHMP.

Foundation of the Pennsylvania Medical Society, Physicians' Health Program Response:

I-5-A-1-TASKS-d: The PA-PHP currently has a vast network of several hundred peer monitors across the Commonwealth. A case manager will assign each participant enrolled in the program to a peer assistance monitor that is within reasonable distance to their home/workplace. If any problems arise, they are assisted by the PA-PHP case management team.

For its current participants, the PA-PHP requires one (1) peer assistance monitoring meeting per month. The frequency of peer assistance monitoring for pharmacists and pharmacy interns is two (2) times per month with at least one face-to-face meeting monthly. If awarded the contract, the PA-PHP will adjust its peer assistance monitoring requirements for pharmacists and pharmacy interns to align with the Pharmacy Peer Assistance Monitoring requirements set forth by the BPOA.

- e. The contractor shall execute monitoring agreements with participants who are under consent agreement and order to be monitored by PHMP. The vendor's monitoring agreements shall include comparable terms and conditions to the consent agreement and orders. A sample Consent Agreement and Order is attached hereto as **Exhibit A**. BPOA's VRP Terms and Conditions are attached hereto as **Exhibit B**. Should the Board's requirements for monitoring impaired pharmacists change, the contractor

shall adjust the monitoring agreement accordingly. As part of its proposal, the contractor shall include a sample monitoring agreement included in its proposal.

Foundation of the Pennsylvania Medical Society, Physicians' Health Program Response: I-5-A-1-TASKS-e: The PA-PHP will execute monitoring agreements with participants who are under a consent agreement or board order for monitoring by the PHMP. The PA-PHP's monitoring agreement includes comparable terms and conditions to BPOA's consent agreements or board orders that are provided in Exhibit B. If the board's requirements for monitoring change, the PA-PHP will adjust its monitoring agreement accordingly. A PA-PHP sample agreement, and the BPOA's VRP Terms and Conditions (Exhibit B) are attached as **APPENDIX E**.

- f. The contractor shall monitor the participant's compliance with the terms and conditions of his/her consent agreement and order, in concert with PHMP, including but not limited to:
 - i. Compliance with all recommendations made by their approved evaluator/treatment provider;
 - ii. Attendance at the recommended number of support group meetings;
 - iii. Adherence with all abstention guidelines;
 - iv. Compliance with workplace monitoring requirements; and
 - v. Compliance with drug testing requirements as directed by PHMP.

Foundation of the Pennsylvania Medical Society, Physicians' Health Program Response: I-5-A-1-TASKS-f: In concert with the PHMP, the PA-PHP will monitor the pharmacist or pharmacy intern participant's compliance with the terms and conditions of his/her monitoring agreement and board order, including but not limited to: a) compliance with recommendations made by the approved evaluator/treatment provider; b) attendance at the recommended number of support group meetings; c) adherence to all abstention guidelines; d) compliance with therapy; e) compliance with workplace monitoring and peer monitoring requirements; f) compliance with drug testing requirements directed by the PHMP and/or drug testing requirements additionally set forth by the PA-PHP. The case management team conducts periodic case reviews of all charts to ensure compliance.

- g. The contractor will assist PHMP in coordinating return to pharmacy practice of participants enrolled in the program, including ensuring appropriate workplace monitoring of the pharmacist's practice and compliance with the Board stipulated practice restrictions. The contractor shall agree a participant is not to return to the practice of pharmacy until PHMP provides written permission to the participant.

Foundation of the Pennsylvania Medical Society, Physicians' Health Program Response: I-5-A-1-TASKS-g: While dually enrolled in the PA-PHP and PHMP, a pharmacy participant can opt to solely test with the PHMP. The PA-PHP will not perform testing. However, the PA-PHP will require the PHMP to allow continuous access to the PHMP's drug testing results, currently managed through RecoveryTrek. The PA-PHP will coordinate with the PHMP to investigate any positive drug tests and consult regarding next steps for follow up regarding medical documentation, evaluation, treatment or employment. The PA-PHP will assist PHMP in coordinating return to pharmacy practice of participants enrolled in the program including the ensuring appropriate workplace monitoring of the pharmacist's practice and compliance with the Board stipulated practice restrictions. The

PA-PHP will abide by the PHMP requirement that a participant is not to return to the practice of pharmacy until the PHMP provides written permission to the participant.

- h. Upon reasonable notice from DOS, the contractor shall meet face-to-face with PHMP and/or other DOS staff to resolve any issues which may arise. Telephone or virtual conference calls, however, may be used at DOS's discretion.

Foundation of the Pennsylvania Medical Society, Physicians' Health Program Response:
I-5-A-1-TASKS-h: PA-PHP staff will meet face-to-face with PHMP and other DOS staff to resolve any issues which may arise. PA-PHP staff will be available to participate in telephone or virtual conference calls at the discretion of the DOS.

- i. The contractor shall direct all individuals participating in the program to attend a professional support group if such a group exists in their geographical area (within 50 miles of the participant's residence). The contractor shall attempt to establish professional support groups in or near Pennsylvania cities in which no current support group is available.

Foundation of the Pennsylvania Medical Society, Physicians' Health Program Response:
I-5-A-1-TASKS-i: The PA-PHP will direct all individuals participating in the program to attend a professional support group if such a group exists in their geographical area (within 50 miles) of the participant's residence. When needed, the PA-PHP will make outreach to Caduceus groups on behalf of the pharmacist or pharmacy intern participant to receive approval for inclusion in Caduceus meetings. In addition, the PA-PHP has a list of virtual and hybrid professional support groups if distance is a barrier to in-person participation.

- j. The contractor shall monitor, in conjunction with the PHMP, each participant's compliance with every provision of the VRP terms and conditions (see **Exhibit B**) for participation and the Consent Agreement and Order (see **Exhibit A**).

Foundation of the Pennsylvania Medical Society, Physicians' Health Program Response:
I-5-A-1-TASKS-j: In conjunction with the PHMP, the PA-PHP will monitor each participant's compliance with every provision of the VRP terms and conditions in (Exhibit B) for participation and the Consent Agreement and Order (Exhibit A).

- k. The contractor shall immediately notify PHMP, by email within one business day, of all individuals refusing to enroll in the program or licensees suspected of violating their Consent Agreement and Order.

Foundation of the Pennsylvania Medical Society, Physicians' Health Program Response:
I-5-A-1-TASKS-k: The PA-PHP will immediately notify PHMP, by email within one (1) business day, of all individuals refusing to enroll in the program or licensees suspected of violating their Consent Agreement and Order.

- l. The contractor shall provide to PHMP, by email within one business day, any documented evidence indicating a possible violation of the Consent Agreement and Order.

Foundation of the Pennsylvania Medical Society, Physicians' Health Program Response:

I-5-A-1-TASKS-I: The PA-PHP will provide to the PHMP by email within one (1) business day, any documented evidence indicating a possible violation of the Consent Agreement and Order.

- m. During the term of the contract, the contractor shall make required staff available to discuss cases with investigators or prosecutors to assist in the preparation and prosecution of cases and to give testimony in person in administrative or court proceedings regarding alleged violations of the Consent Agreement and Order. When requested by the Commonwealth to provide testimony in person, travel will be reimbursed in accordance with current Commonwealth Travel Policy, most recent version of Management Directive No. 230.10 which can be accessed at the following website:

<https://www.oa.pa.gov/Policies/md/Documents/230-10.pdf>

Foundation of the Pennsylvania Medical Society, Physicians' Health Program Response:

I-5-A-1-TASKS-m: During the terms of the contract, the PA-PHP will make available required staff to discuss cases with investigators or prosecutors to assist in the preparation and prosecution of cases and to give in-person testimony in administrative or court proceedings regarding the alleged violations of the PHMP Consent Agreement or Board Order in compliance with applicable state and federal confidentiality laws. When providing testimony, the PA-PHP agrees to travel reimbursement in accordance with the current Commonwealth Travel Policy, Management Directive No. 230.10.

- n. Within one business day of contact, the contractor shall provide individuals and facilities who suspect a pharmacist or pharmacy intern is impaired with guidance in confronting the licensee and information on the mandatory reporting requirements.

Foundation of the Pennsylvania Medical Society, Physicians' Health Program Response:

I-5-A-1-TASKS-n: Within one (1) business day of contact, the PA-PHP will provide individuals and facilities who suspect a pharmacist or pharmacy intern is impaired with guidance in confronting the licensee and information on the mandatory reporting requirements according to Pharmacy Act, 63 P.S. §§ 390-1 – 390-13.

- o. The contractor shall contact individuals who are suspected of having an impairment by telephone within one business day and in writing within (five) business days and provide them with information regarding the program and a referral to an approved treatment provider.

Foundation of the Pennsylvania Medical Society, Physicians' Health Program Response:

I-5-A-1-TASKS-o: The PA-PHP will offer the services of a PA-PHP case manager if the individual/facility is seeking intervention services. The PA-PHP will contact the individual suspected of having impairment by telephone within one (1) business day and in writing within five (5) days to provide the individual suspected of having an impairment with information regarding the program and a referral resource to an approved evaluator and treatment provider. When possible, the PA-PHP will provide the pharmacist or pharmacy intern with three choices for an evaluator; and, when treatment is indicated, three choices

for a treatment provider.

- p. Pursuant to Section 7 (d. 8) of The Pharmacy Act, the contractor shall direct hospitals or health care facilities, peers or colleagues to make a report to BPOA in all cases whereby the facility has a mandatory reporting obligation. In cases where the contractor has evidence that a hospital or health care facility, peers or colleagues has failed to fulfill their mandatory reporting obligation to BPOA, the contractor shall submit to PHMP a written report identifying the name of the licensee suspected of being impaired and the name and address of the facility, peer, or colleagues failing to report the licensee to BPOA within 5 (five) business days of becoming aware of this occurrence.

Foundation of the Pennsylvania Medical Society, Physicians' Health Program Response:

I-5-A-1-TASKS-p: The PA-PHP will direct hospitals or health care facilities, peers or colleagues to make a report to a report to BPOA in all cases whereby the facility has a mandatory reporting obligation pursuant to Section 7 (d. 8) of The Pharmacy Act. In cases where the PA-PHP has evidence that a hospital or health care facility, peers or colleagues has failed to fulfill their mandatory reporting obligation to BPOA, the PA-PHP will submit to PHMP a written report identifying the name of the licensee suspected of being impaired and the name and address of the facility, peer, or colleagues failing to report the licensee to BPOA within 5 (five) business days of becoming aware of this occurrence.

- q. The contractor shall submit a written report to the PHMP within one business day of intervening in the case of, or receiving a report based on evidence that a licensee may be suffering from a physical or mental impairment for which the licensee is not receiving treatment; provided that the licensee has given consent for such a report to be released to the PHMP. The report shall include the name and license/registration of the pharmacy or pharmacy intern suspected of being impaired and a summary of the events precipitating the report.

Foundation of the Pennsylvania Medical Society, Physicians' Health Program Response:

I-5-A-1-TASKS-q: Provided that the licensee has given consent for a report to the PHMP, the PA-PHP will submit a written report to the PHMP within one (1) business day of intervening in the case of, or receiving a report based upon evidence that a licensee may be suffering from a physical or mental impairment for which the licensee is not receiving treatment. The written report shall include the name and license/registration of the pharmacist or pharmacy intern suspected of being impaired and a summary of the events precipitating the report.

- r. Individuals not known to PHMP and or DOS may request peer assistance from the contractor. The contractor may provide services to these individuals but is not required to notify PHMP except as set forth below. Please note that the contractor will not be compensated by the Commonwealth for providing services to individuals not known to PHMP. In the following instances, the contractor shall inform the individual that disclosure to PHMP is a condition of participation in the contractor's program and shall thereafter refer the pharmacists to PHMP. Such circumstances would include, but not limited to:

- i. Individual has been charged with misdemeanor or felony level criminal charges;
- ii. Individual is diagnosed as having a severe personality disorder;
- iii. Individual is diagnosed with severe mental illness and appears to be impaired;
- iv. Individual refuses to participate in recovery plan/monitoring agreement;
- v. Individual elects to withdraw from participation before the agreement ends;
- vi. Individual leaves the Commonwealth without sufficient notification to the contractor --- known or probable relapse;
- vii. Individual relapses and is unable/unwilling to participate in recovery plan/monitoring agreement recommendations;
- viii. Individual's license has been disciplined in another jurisdiction; and
- ix. Individuals who indicate to the Program that they may have violated the Pharmacy Act.

Foundation of the Pennsylvania Medical Society, Physicians' Health Program Response: I-5-A-1-TASKS-r: Pharmacists and pharmacy interns not known to PHMP and or DOS may request and receive peer assistance from the PA-PHP. Per this contract, the PA-PHP may provide services to these individuals and is not required to notify the PHMP with the following exceptions that will require a disclosure to PHMP as a mandatory condition of participation in the PA-PHP:

- i. Individual has been charged with misdemeanor or felony level criminal charges;
- ii. Individual is diagnosed as having a severe personality disorder;
- iii. Individual is diagnosed with severe mental illness and appears to be impaired;
- iv. Individual refuses to participate in recovery plan/monitoring agreement;
- v. Individual elects to withdraw from participation before the agreement ends;
- vi. Individual leaves the Commonwealth without sufficient notification to the PA-PHP --- known or probable relapse;
- vii. Individual relapses and is unable/unwilling to participate in recovery plan/monitoring agreement recommendations;
- viii. Individual's license has been disciplined in another jurisdiction; and
- ix. Individuals who indicate to the Program that they may have violated the Pharmacy Act.

The PA-PHP will not expect compensation from the Commonwealth for providing services to pharmacists and pharmacy interns not known to PHMP.

- s. Upon request, the contractor shall provide PHMP with a statistical report of the number of individuals enrolled in the Program including those not known to PHMP. A sample statistical report format is attached hereto as **Exhibit C**.

Foundation of the Pennsylvania Medical Society, Physicians' Health Program Response: I-5-A-1-TASKS-s: Upon request the PA-PHP will provide the PHMP with a statistical report of the number of individuals (pharmacists and pharmacy interns) enrolled in the program including those not known to the PHMP. The report will include the following

within the specified reporting period:

- Total number of files opened and total number of files closed
- Referral source
- Reason for file closure
- Total number of active cases
- Total number of cases referred to the PHMP by the PA-PHP
- Total number of cases jointly monitored with the PHMP

2. ADMINISTRATIVE SERVICES

- a. The contractor shall initiate and maintain a complete file, in either paper or electronic format, on all individuals referred to the program and will retain copies of all correspondence received or sent to the individual and correspondence received relating to the case. For individuals referred to the contractor's program by PHMP, the contractor shall retain the file for no less than three years from notification by PHMP of the termination from PHMP, or longer when requested by PHMP.

Foundation of the Pennsylvania Medical Society, Physicians' Health Program Response:

I-5. 2-a Administrative Services: The PA-PHP will initiate and maintain a complete electronic file for all pharmacists and pharmacy interns referred to the program and will retain copies of all correspondence received or sent to the individual and correspondence received relating to the case.

For individuals referred to the PA-PHP's program by PHMP, the PA-PHP will retain the electronic file for no less than three (3) years from notification by PHMP of the termination from PHMP, or longer when requested by PHMP.

- b. The contractor shall develop a method to permanently retain summary information listed below, in either paper or electronic format, for a period of 20 years:
 - i. Name;
 - ii. License number(s);
 - iii. Date of initial contact;
 - iv. Reason for the referral, including the referral source(s);
 - v. Diagnosis;
 - vi. Evaluator(s) and treatment provider(s);
 - vii. Date individual's participation in the contractor's program was terminated;
 - viii. Reason file was closed by the contractor; and
 - ix. A brief summary of the individual's compliance with the recommendations of the contractor and/or the terms of their compliance with the contractor's monitoring agreement.

Foundation of the Pennsylvania Medical Society, Physicians' Health Program Response:

I-5. 2-b Administrative Services: The PA-PHP permanently and indefinitely retains summary information listed below, in electronic format. This meets the requirement to retain summary information for at least 20 years. The summary information will include: Name; License number(s); Date of initial contact; Reason for the referral, including the referral source(s); Diagnosis; Evaluator(s) and treatment provider(s); Date individual's participation in the PA-PHPs program was terminated; Reason file was closed by the PA-PHP; and a brief summary of the individual's compliance with the recommendations of the PA-PHP and/or the terms of their compliance with the PA-PHP's monitoring agreement.

- c. Disposal of records after the record retention period must be accomplished in a confidential manner and in accordance with Commonwealth policy.

Foundation of the Pennsylvania Medical Society, Physicians' Health Program Response:

I-5. 2-c Administrative Services: PA-PHP maintains a secure electronic summary copy of the participant's file indefinitely.

- d. The contractor shall not, without the written permission of PHMP, release or disclose any information provided to the contractor by PHMP. This includes, but is not limited to, complaint information (e.g. release complainant name and/or allegation), drug screening results, drugs PHMP screens for, or information pertaining to any investigation by BPOA. In its proposal, the contractor shall provide an explanation of its confidentiality policy and security measures.

Foundation of the Pennsylvania Medical Society, Physicians' Health Program Response:

I-5. 2-d Administrative Services: The PA-PHP will not, without the written permission of PHMP, release or disclose any information provided to the PA-PHP by PHMP. This includes, but is not limited to, complaint information (e.g., release complainant name and/or allegation), drug screening results, drugs PHMP screens for, or information pertaining to any investigation by BPOA.

Throughout its history, the PA-PHP has and will continue to maintain the confidentiality of its participants as detailed in 42 CFR Part 2 while working constructively with the DOS and respective licensing boards. The PA-PHP is located in a secure area of the 400 Winding Creek Boulevard location. Access to the PA-PHP office suite is limited to PA-PHP staff. An electronic fob system is utilized to protect the confidentiality of participant information and telephonic conversations. The building is protected by a 24-hour security system. All Foundation staff are required to sign a confidentiality agreement upon employment and on an annual basis.

The Foundation, including the PA-PHP, adheres to stringent quality management policies, meeting all requirements regarding confidentiality and security of

information, actively applying best practices and the most updated and technologically efficient tools and assessments. PA-PHP's confidentiality measures are also supported by our significant corporate infrastructure which is dedicated to confidentiality and continuous quality improvement. To maintain a high level of confidentiality and security essential for administering the PA-PHP, the Foundation's management establishes and administers confidentiality policies, reviewing them annually to ensure they remain current with technology and other changes. The Foundation and the PA-PHP use data only for the activities described in the Statement of Work and limits data access to employees directly engaged in PA-PHP work. Our extensive experience demonstrates that the PHP has standard operating procedures to define the requirements for conducting all types of medical data review and what information is collected as part of case management.

The Foundation utilizes industry standard technologies and processes for the safeguarding of protected information and securing our internet connections. The Foundation focuses on operational, management, and technical controls to ensure our compliance including: annual security and awareness training for all employees; annual physical site assessments; Cisco Adaptive Security appliances for firewall and securing our information system boundaries; enterprise application portals configured with 128bit SSL encryption using Active Directory integrated authentication; DoD enclave remote access setup requiring 256bit AES encryption; and Transport layer security setup for email encryption between sites.

- e. The Contractor shall maintain a database capable of tracking the items noted in the attached sample statistical report and shall provide PHMP with a statistical report containing the items identified on the sample statistical report attached as **Exhibit C**.

Foundation of the Pennsylvania Medical Society, Physicians' Health Program Response:

I-5. 2-e Administrative Services: The PA-PHP uses case management software provided by Affinity eHealth Inc. The database is secure and HIPPA compliant. Affinity provides this case management software to several PHP's across the United States. The data maintained within the Affinity Case Management Software is compliant with the data and statistical requirements in Exhibit C.

- f. The contractor shall require participants to provide periodic status updates to the contractor. If the contractor requires participants submit written status reports, the contractor shall provide PHMP with copies of a participant's reports, if requested by PHMP.

Foundation of the Pennsylvania Medical Society, Physicians' Health Program Response:

I-5. 2-f Administrative Services: The PA-PHP requires participants to provide monthly status updates to the PA-PHP through telephonic check-ins.

- g. The contractor shall provide quarterly progress reports containing the items identified in the attached sample quarterly progress report for all participants enrolled in the PHMP to PHMP. PHMP may specifically request reports on a more frequent basis as needed. The sample quarterly progress report is attached hereto as **Exhibit D**.

Foundation of the Pennsylvania Medical Society, Physicians' Health Program Response:

I-5. 2-g Administrative Services: The PA-PHP will provide quarterly progress reports for all participants enrolled in the PHMP to PHMP. The report will contain the following information consistent with the sample quarterly report offered in Exhibit D including: participant name, license number, employment status, name of employer, date when returned to pharmacy practice, date of last report and overall work performance rating. In addition, the PA-PHP will provide the name of the counselor, date of last report, level of care, date treatment completed and a rating of "compliant", "marginal", or "noncompliant" for the following: participant's treatment status, participant's urine screens, participant's contact with his/her monitor, participant's monthly reports to the PA-PHP, participant's payment of PA-PHP monitoring fees, and participant's overall status.

- h. The contractor shall, at the end of the contracting period or upon termination of the contract by either party, ensure that the records on file for each individual referred to the program be transferred to the new contractor/vendor in a timely fashion to ensure no interruption in services for and the monitoring of the individuals in the program.

Foundation of the Pennsylvania Medical Society, Physicians' Health Program Response:

I-5. 2-h Administrative Services: At the end of a contracting period or upon termination of the contract by either party, the PA-PHP will ensure that the records on file for each individual referred to the program be transferred to a new contractor/vendor in a timely and orderly fashion to ensure no interruption in services for the monitoring of individuals within the program. With proper releases and directive from the BPOA, the transfer of information will be completed within 30 days.

3. PHMP FUNCTIONS

- a. Whenever BPOA and the contractor determine that an individual may be eligible for the PHMP's VRP, is progressing satisfactorily in the program, and poses no danger, BPOA will recommend that the Board defer public disciplinary action at that time, provided that the individual signs the Consent Agreement and Order and the contractor meets the reporting requirements.
- b. If BPOA and PHMP determine that there is a problem other than, or in

addition to, impairment; that the individual is not progressing satisfactorily in the program; or that the individual poses a danger, it may decide that the individual is ineligible for PHMP or may recommend disciplinary action. Whenever BPOA makes a determination that such action is required, PHMP will so notify the vendor as soon as reasonably practicable. While the individual may choose to continue with the peer assistance in this instance, the individual will no longer be included in the PHMP and the Department will no longer compensate the contractor for ongoing monitoring of the licensee's case

- c. Whenever BPOA has reason to believe that a pharmacist or pharmacy intern under investigation by BPOA may be suffering from a physical or mental impairment, the PHMP will, as part of the investigation, promptly contact the contractor to ascertain whether the licensee is involved in the program.
- d. Whenever PHMP determines that the contractor is involved in a case under investigation by BPOA, PHMP will request a current status report from the contractor and will review the case. BPOA will continue to investigate activities with respect to licensees under investigation.

I-6. REPORTS AND PROJECT CONTROLS. In addition to the reports listed below, the selected Contractor shall provide the project management plans, reports, and other deliverables as described in Section I-5, Tasks. The selected Contractor shall create, maintain, and deliver the plans, reports, and supporting documentation in a format agreed to by the Commonwealth.

- A. Status Report.** An annual statistical report covering activities, problems and recommendations should be submitted to PHMP. This report should be keyed to the work plan the Offeror developed in its proposal, as amended or approved by the Issuing Office.

Foundation of the Pennsylvania Medical Society, Physicians' Health Program Response:
I-6-A: Status Report: The PA-PHP will provide an annual statistical report covering activities, problems and recommendations to the PHMP.

- B. Problem Identification Report.** An "as required" report, identifying problem areas. The report should describe the problem and its impact on the overall project and on each affected task. It should list possible courses of action with advantages and disadvantages of each, and include Offeror recommendations with supporting rationale; and

Foundation of the Pennsylvania Medical Society, Physicians' Health Program Response:
I-6-B: Problem Identification Report: The PA-PHP will provide an "as required" report identifying problem areas. The report will describe the problem and impact on the overall project and each affected task. The report will list possible courses of action with advantages and disadvantages of each and will include PA-PHP recommendations with supporting rationale.

- C. **Ad Hoc Reporting.** The selected Contractor shall work with DOS to provide ad hoc reports to DOS upon request.

Foundation of the Pennsylvania Medical Society, Physicians' Health Program Response: I-6-C: AD-Hoc Reporting: The PA-PHP will work with the DOS to provide ad-hoc reports to DOS upon request.

- D. **Final Participant Report.** The Contractor shall submit a program final participant statistical report to PHMP. The selected Contractor shall work with PHMP to develop the format of this reporting.

Foundation of the Pennsylvania Medical Society, Physicians' Health Program Response: I-6-D: Final Participant Report: The PA-PHP will submit a program final statistical report for each participant to the PHMP. The PA-PHP will work in collaboration with the PHMP to develop the format for this report. Currently the PA-PHP provides to the PHMP a program final statistical report.

I-7. REQUIREMENTS

- A. **ESTIMATED NUMBER OF PARTICIPANTS.** During the last five-year contract period, PHMP had approximately 55 - 75 open files on participants or potential participants whose evaluation and/or monitoring will likely be referred to the vendor awarded the contract. The contractor will be responsible for evaluating and monitoring additional participants as they are referred to PHMP throughout the contract term. The number of participants will fluctuate throughout the contract term as existing participants are released from monitoring and new participants become enrolled in the program.

1. Based on prior experience, BPOA estimates that PHMP will be referring approximately 5 – 10 individuals per month to the contractor for evaluation and/or monitoring. However, this is only an estimate. Participation in the program is optional on the part of the individual. BPOA cannot guarantee a fixed minimum or maximum number of referrals due to the fluctuation in referrals made to PHMP caused by factors beyond BPOA's control.
2. BPOA estimates that approximately 75 percent of the individuals referred to PHMP will agree to cooperate and will submit to a PHMP-approved evaluation to determine whether they are eligible for enrollment in the program. In PHMP's experience, an average of 70 percent of those who choose to cooperate with PHMP will be assessed with an impairment making them eligible for enrollment in the program.
3. During the term of this contract, the number of participants could also be increased if the Board enacts regulations that would require additional individuals to be licensed or registered with the Board.

- B. **CLOSING PARTICIPANTS FILES.**

1. The contractor shall not close an individual's file during the evaluation phase of a PHMP referred case until such time that PHMP determines whether the individual requires monitoring and PHMP has the information necessary to initiate the monitoring of the case.
2. Should the contractor choose to close a participant's file that is being jointly monitored by the contractor and PHMP prior to PHMP closing the participant's PHMP file, the contractor shall do the following prior to closing the participant's file:
 - a. Provide both PHMP and the participant with no less than three weeks' written notification of the contractor's plan to close the participant's file and the specific reason(s) for the file closure.
 - b. Provide PHMP with a complete electronic copy of the participant's contractor file upon notification of the decision to close the participant's file.

Foundation of the Pennsylvania Medical Society, Physicians' Health Program Response:

I-7-B: The PA-PHP will not close an individual's file during the evaluation phase of a PHMP referred case until the PHMP determines whether the individual requires monitoring and the PHMP has the information necessary to initiate the monitoring of the case.

Should the PA-PHP choose to close a participant's file that is jointly monitored by the PHMP and PA-PHP prior to the PHMP closing the participants PHMP file; the PA-PHP will provide the PHMP and the participant with a written notice at least three (3) weeks in advance and the notice will include the specific reason(s) for closing the file. In addition, the PA-PHP will provide the PHMP with a complete electronic copy of the participant's PA-PHP file at the time of notification of the decision to close the participant's file.

As a general rule, the PA-PHP does not close the files of participants served jointly by the PHMP and PA-PHP.

- C. The contractor shall specifically describe any pharmacy related cases/special populations the contractor will not monitor when referred by PHMP to be monitored by the contractor in conjunction with PHMP.

Foundation of the Pennsylvania Medical Society, Physicians' Health Program Response:

I-7-C: The PA-PHP's current MOUD policy states that the PA-PHP doesn't support the use of methadone due to the impairing nature and possibility of a significant negative drug reaction; our policy supports the monitoring of safety-sensitive workers on buprenorphine. However, the PA-PHP will accommodate pharmacists who are already on methadone by way of accepting collateral of the already-completed neurocognitive testing.

The PA-PHP recognizes the utility of all evidence-based medications for opioid use disorder (MOUD), and in accordance to the standard of monitoring safety-sensitive workers, will continue to request evaluators to consider all forms of MOUD, their

indication, any alternatives, and incorporate into monitoring after case-by-case consideration. Also, according to current standard of practice, the PHP will encourage practitioners to consider continued use of opioid agonists for pain for pharmacists with appropriate indications.

The PA-PHP will commit to a continual review of the MOUD policy with its PHP Advisory Committee and medical directors to be inclusive of the needs of all participants served by the PA-PHP.

- D. EMERGENCY PREPAREDNESS.** To support continuity of operations during an emergency, including a pandemic, the Commonwealth needs a strategy for maintaining operations for an extended period of time. One part of this strategy is to ensure that essential contracts that provide critical business services to the Commonwealth have planned for such an emergency and put contingencies in place to provide needed goods and services.
1. Describe how you anticipate such a crisis will impact your operations.
 2. Describe your emergency response continuity of operations plan. Please attach a copy of your plan, or at a minimum, summarize how your plan addresses the following aspects of pandemic preparedness:
 - a. Employee training (describe your organization’s training plan, and how frequently your plan will be shared with employees);
 - b. Identified essential business functions and key employees (within your organization) necessary to carry them out;
 - c. Contingency plans for:
 - i. How your organization will handle staffing issues when a portion of key employees are incapacitated due to illness; and
 - ii. How employees in your organization will carry out the essential functions if contagion control measures prevent them from coming to the primary workplace.
 3. How your organization will communicate with staff and suppliers when primary communications systems are overloaded or otherwise fail, including key contacts, chain of communications (including suppliers), etc. and;
 4. How and when your emergency plan will be tested, and if the plan will be tested by a third-party.

Foundation of the Pennsylvania Medical Society, Physicians’ Health Program Response: I-7-D: Emergency Preparedness: If a pandemic or other disaster should occur, the PA-PHP will ensure continuity of service by providing services for participants remotely from home offices. The essential staff and technology to provide service is outlined in the Foundation’s Continuity of Operations Plan. Operations will be impacted minimally as the PA-PHP has previously deployed and practiced its Continuity of Operations Plan during severe weather and the COVID-19 pandemic.

At a minimum, the plan is disseminated to all Foundation and PA-PHP employees and put into action at least two times per year. The Continuity of Operations Plan is attached (see APPENDIX F). This plan outlines the services provided, the staff who will provide the service, the chain of notification and command and the plan to control the spread of disease if a contagion prevents staff from coming to a central workplace for a sustained period of time. All services can be provided telephonically and electronically as necessary by using a secure electronic docuSign feature to obtain PA-PHP participant consent to enroll in the PA-PHP Program. In addition, when working remotely, PA-PHP staff are required to work in an office or home environment that maintains a secure confidential space to secure participant information and ensure confidentiality during telephonic case management.

As an affiliate of the Pennsylvania Medical Society, the Foundation of the Pennsylvania Medical Society has its IT systems tested annually for cyber security risks and threats by a third party. This testing is an annual requirement of our cyber insurance carrier. Annually, staff complete cyber security training and are tested throughout the year to ensure they are implementing required precautions.

- E. CONFIDENTIALITY, PRIVACY AND COMPLIANCE.** The Offeror will comply with all applicable laws or regulations to the use and disclosure of information, including information that constitutes Protected Health Information (PHI) as defined by the Health Insurance Portability and Accountability Act (HIPAA). It is understood that **Appendix C**, Commonwealth of Pennsylvania Business Associate Agreement (BAA), HIPAA Compliance, is only applicable if and to the extent indicated in the Contract.

Foundation of the Pennsylvania Medical Society, Physicians' Health Program Response:

I-7-E: Confidentiality Privacy and Compliance: The Foundation will abide by HIPAA requirements, as well as 42 CFR, Part 2.

I-8. OBJECTIONS AND ADDITIONS TO THE STANDARD CONTRACT TERMS AND CONDITIONS

The Offeror will identify which, if any, of the terms and conditions contained in the **Buyer Attachments** section that it would like to negotiate and what additional terms and conditions the Offeror would like to add to the standard contract terms and conditions. The Offeror's failure to make a submission under this paragraph will result in its waiving its right to do so later, but the Issuing Office may consider late objections and requests for additions if to do so, in the Issuing Office's sole discretion, would be in the best interest of the Commonwealth. The Issuing Office may, in its sole discretion, accept or reject any requested changes to the standard contract terms and conditions. The Offeror shall not request changes to the other provisions of the RFP, nor shall the Offeror request to completely substitute its own terms and conditions for this RFP. All terms and conditions must appear in one integrated contract. The Issuing Office will not accept references to the Offeror's, or any other, online guides or online terms and conditions contained in any

proposal.

Regardless of any objections set out in its proposal, the Offeror must submit its proposal, including the cost submittal (**Appendix A**), on the basis of the terms and conditions set out in the **Terms and Conditions** contained in the **Buyer Attachment** section. The Issuing Office will reject any proposal that is conditioned on the negotiation of the terms and conditions set out in the **Terms and Conditions** contained in the **Buyer Attachment** section or to other provisions of the RFP.

Foundation of the Pennsylvania Medical Society, Physicians' Health Program
Response:

I-8: Objections: The PA-PHP has no objections to the Standard Contract Terms and conditions.



REQUEST FOR PROPOSAL NO. 6100057114

**BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
PROFESSIONAL HEALTH MONITORING PROGRAM
PHARMACY PEER ASSISTANCE MONITORING PROGRAM**

APPENDIX A

COST SUBMITTAL

Supplier Name:	Foundation of the Pennsylvania Medical Society, Physicians' Health Program
Supplier Number:	0000502611
Mailing Address:	400 Winding Creek Boulevard Mechanicsburg, PA 17050
Supplier Contact Person:	Tiffany Booher
Telephone Number:	(717) 558-7819
E-Mail:	PHP-foundation@pamedsoc.org

Cost per case, per month listed below shall be in effect for the term of the contract, including any renewals. The term of the contract will be at a fixed cost per case, per month rate for three years, with two one-year renewals options.

Contract is to be invoiced monthly. Invoice is to include an itemized list of open PHMP participant case numbers. Due to HIPPA privacy laws, participant names are to be omitted from the itemized list.

	Cost
Cost Per Case, Per Month	\$ 120.00

Signature	
<i>Signature of an official authorized to bind the Supplier to the provisions contained in the bid submission:</i>	
Authorized Signature:	
Printed Name:	Heather A. Wilson
Title:	Executive Director
Date:	03/22/2023



REQUEST FOR PROPOSAL NO. 6100057114

**BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
PROFESSIONAL HEALTH MONITORING PROGRAM
PHARMACY PEER ASSISTANCE MONITORING PROGRAM**

APPENDIX B

SERVICES AVAILABLE

Supplier Name:	Foundation of the Pennsylvania Medical Society, Physicians' Health Program
Supplier Number:	0000502611
Mailing Address:	400 Winding Creek Boulevard Mechanicsburg, PA 17050
Supplier Contact Person:	Tiffany Booher, MA, LPC, CAADC, CIP, CCSM – Program Director
Telephone Number:	(717) 558-7819
E-Mail:	PHP-foundation@pamedsoc.org

Please provide the costs to be paid by participants enrolled in your organization for the following services. Please list any other relevant services that are available to participants if they are not listed below. If more than one rate applies to a service, please list out each cost. Do not provide a range of cost without an explanation:

Type of Services Available to Participants	Cost to Participants
Case initiation fee – pharmacists	\$200.00
Case initiation fee – pharmacy interns	\$100.00
Monthly monitoring fees - pharmacists	\$75.00
Monthly monitoring fees – pharmacy interns	\$30.00
Advocacy testimony for each participant – medical director or case worker testimony (15 min. prorated)	\$350.00/hour
Advocacy testimony for each participant – administrative rate (15 min. prorated)	\$25.00/hr.
Travel for advocacy testimony provided for participant	\$ Travel reimbursed according to the Commonwealth’s Travel Policy
Quarterly reports to PHMP are included in the monitoring fee, if required	\$0

Compliance letters with drug testing results	\$25.00
Compliance letter without drug testing results	\$10.00
Detailed letters summarizing participant's case – summary of treatment, agreement requirements and compliance	\$50.00
Rush fee for any letter	\$10.00
Fax fee for any letter	\$10.00
Progress reports to PHMP (annual cost)	\$0
*Drug testing (annual average) Urine \$29/test, Peth \$69/test – *testing exclusively with PHMP	\$1,317.50
Evaluation – independent provider not associated with the PA-PHP	Cost varies based on type of assessment. Ranges from \$250.00 - \$5,000.00
Treatment – independent provider not associated with the PA-PHP	Cost varies based on the type of treatment. Ranges from \$0 - \$40,000.00
Therapy – independent provider not associated with the PA-PHP	Cost varies. Ranges from \$25.00 - \$150.00/session

TIFFANY BOOHER, MA, LPC, CAADC, CIP, CCSM

400 Winding Creek Boulevard

Mechanicsburg, PA 17050

717-558-7819

tbooher@pamedsoc.org

EDUCATION

The Pennsylvania State University

Bachelor of Science, Elementary and Kindergarten Education, December 2005

Concentration: Social and Behavioral Sciences

The Pennsylvania State University

Master of Arts, Applied Clinical Psychology, May 2015

EXPERIENCE

Director

Physicians' Health Program

September 2019-Present

Mechanicsburg, PA

Case Management Supervisor

Physicians' Health Program

January 2016-September 2019

Harrisburg, PA

Case Manager

Physicians' Health Program

August 2013-December 2015

Harrisburg, PA

Counselor III

Gaudenzia Inc.

November 2011-August 2013

Mechanicsburg, PA

Inpatient Dual Diagnosis Counselor

Roxbury Treatment Center

July 2009-November 2011

Shippensburg, PA

Chemical Dependency Counselor Aide

Roxbury Treatment Center

January 2009-June 2009

Shippensburg, PA

Master's Level Intern

Roxbury Treatment Center

January 2009-June 2009

Shippensburg, PA

Master's Level Intern

Philhaven-Lebanon Day Hospital

September 2008-December 2008

Mt. Gretna, PA

Residential Counselor

Philhaven-Child Campus

June 2008-December 2008

Mt. Gretna, PA

CERTIFICATES AND LICENSES

Pennsylvania State Board Licensed Professional Counselor

#PC010939

Pennsylvania State Board Certified Advanced Alcohol and Drug Counselor

#8316

Pennsylvania State Board Certified Intervention Professional
Pennsylvania State Board Certified Case Manager

#I0248
#8316

PROFESSIONAL MEMBERSHIPS

American Counseling Association
Federation of State Physician Health Programs

#6590938

Curriculum Vitae Edwin Kim, MD

Professional Positions

2019-Present *Medical Director* Charles O'Brien Center for Addiction Treatment,
University of Pennsylvania
2020-Present *Medical Director* Pennsylvania Physicians Health Program, Pennsylvania
Medical Society

Education

2001-2005 *Bachelors of Science.* University of California, Los Angeles. Psychobiology
2010-2014 *Doctor of Medicine.* Saint George's University, School of Medicine

Residency and Fellowship Training

2014-2018 *Resident Physician in Psychiatry.* Maricopa Medical Center Phoenix, AZ
2017-2018 *Vice Chief Resident in Psychiatry.* Maricopa Medical Center Phoenix, AZ
2018-2019 *Fellow in Addiction Psychiatry.* University of Pennsylvania Philadelphia, PA

Licensure and Certification

2017 *Medical License.* 54735 Arizona Active; Exp. 4/4/24
2017 *Medical License.* A147793 California Active; Exp. 12/31/24
2017 *DEA X-Waiver.* FK7026138 Drug Enforcement Agency Active; Exp. 12/31/24
2018 *Medical License.* MD463998 Pennsylvania Active; Exp. 12/31/24

Academic Appointments

2019-2021 *Assistant Professor of Clinical Psychiatry.* University of Pennsylvania
2023-Present *Clinical Assistant Professor of Psychiatry (Affiliated).* Stanford University

Clinical Teaching Responsibilities

2016-2018 *Lecturer* MS-III/IV Substance Use Disorders Didactic.
Maricopa Medical Center
2018-2019 *Supervisor* MS-2/PGY-1 Chemical Dependency Rotation.
University of Pennsylvania
2019-2021 *Supervisor* Addiction Psychiatry Fellow Perinatal Opioid Addiction
Treatment Clinic (Center of Excellence).
University of Pennsylvania
2020-2021 *Supervisor* PGY-3 Co-occurring Disorders Clinic
University of Pennsylvania
2021-Present *Supervisor* PGY-3 and Addiction Fellows Pharmacotherapy of Addictions &
Recovery Clinic Rotation at the Veterans Affairs Palo Alto
Healthcare System.
Stanford University

Hospital and Health Care Organization Service Responsibilities

2015-2016 *Physician Lead.* Seclusion and Restraint Task Force
Maricopa Integrated Health System

2015-2016 *Psychiatry Representative.* Informatics Provider Advisory Committee
Maricopa Integrated Health System

Major Administrative Responsibilities or Committee Assignments

2013-Present *Membership Committee Member.*
American Academy of Addiction Psychiatry

2018 *Program Organizer.* Opioid Use Disorder Essentials Symposium.
Arizona Psychiatric Society/Arizona Society of Addiction Medicine.

2020-Present *Public Policy Committee, Publications Committee, Ethics Committee Member.*
Federation of State Physician Health Programs

2021-Present *Physician Health Committee Member.*
American Academy of Addiction Psychiatry

2023-Present *Chair of the Membership Committee.*
Federation of State Physician Health Programs

Community Service Related to Professional Work

2020-Present *Opioid Advisory Task Force Member.* Pennsylvania Medical Society

Professional Societies

2013-Present *Member.* American Psychiatric Association

2013-Present *Member.* American Academy of Addiction Psychiatry

2015-Present *Member.* Asian-American Caucus - American Psychiatric Association

2014-Present *Member.* American Society of Addiction Medicine

Post-Degree Honors and Awards

2009 *Outstanding Performance Award.*
United States Department of Energy Joint Genome Institute at Lawrence Berkeley
National Laboratory

2013 *Summer Institute for Medical Student Fellowship.*
The Betty Ford Center

2016 *First Place Oral Presentation.*
20th Academic Excellence Day University of Arizona College of Medicine

2017 *Fellow Scholar Award.* Academy of Addiction Psychiatry

2017 *Institute on Psychiatric Services Scholar Award.* American Psychiatric Association

2017 *Travel Scholar.* Arizona Society of Addiction Medicine

2018 *President's Recognition for Leadership Award.* Arizona Psychiatric Society,

2020 *Early Career Leadership Academy Scholarship.* Pennsylvania Medical Society

2021 *Medical Education and Research Foundation Traditional Scholar.*
California Society of Addiction Medicine

Other Study and Research Opportunities

2021 *Sub-Investigator*. Veteran's Administration Comparative Effectiveness of Two Formulations of Buprenorphine for Treating Opioid Use Disorder in Veterans. United States Department of Veterans Affairs Office of Research and Development Cooperative Studies Program #2014, with Principal Investigator Michael Ostacher MD, MPH, MSC

Bibliography

Peer-Reviewed Journal Articles (original work)

Makarova KS, Omelchenko MV, Gaidamakova EK, Matrosova VY, Vasilenko A, Zhai M, Lapidus A, Copeland A, **Kim E**, Land M, Mavrommatis K, Pitluck S, Richardson PM, Detter C, Brettin T, Saunders E, Lai B, Ravel B, Kemner KM, Wolf YI, Sorokin A, Gerasimova AV, Gelfand, MS, Fredrickson, JK, Koonin, EV, Daly, MJ: *Deinococcus geothermalis*: The Pool of Extreme Radiation Resistance Genes Shrinks. PLoS ONE 2(9): e955, September 26, 2007.

Anderson I, Rodriguez J, Susanti D, Porat I, Reich C, Ulrich LE, Elkins JG, Mavromatis K, Lykidis A, **Kim E**, Thompson LS, Nolan M, Land M, Copeland A, Lapidus A, Lucas S, Detter C, Zhulin IB, Olsen GJ, Whitman W, Mukhopadhyay B, Bristow J, Kyrpides N.: Genome sequence of *Thermofilum pendens* reveals an exceptional loss of biosynthetic pathways without genome reduction. Journal of Bacteriology 190(8): 2957-2965, Epub February 08, 2008.

Ditty JL, Kvaal CA, Goodner B, Freyermuth SK, Bailey C, Britton RA, Gordon SG, Heinhorst S, Reed K, Xu Z, Sanders-Lorenz ER, Axen S, **Kim E**, Johns M, Scott K, Kerfeld CA: Incorporating Genomics and Bioinformatics across the Life Sciences Curriculum. PLoS Biology 8(8): e1000448, August 10, 2010.

Sieber JR, Sims DR, Han C, **Kim E**, Lykidis A, Lapidus AL, McDonnald E, Rohlin L, Culley DE, Gunsalus R, McInerney MJ: The genome of *Syntrophomonas wolfei*: new insights into syntrophic metabolism and biohydrogen production. Society for Applied Microbiology: Journal of Environmental Microbiology 12(8): 2289-2301, Aug 04, 2010.

Coleman NV, Wilson NL, Barry K, Brettin TS, Bruce DC, Copeland A, Dalin E, Detter JC, Del Rio TG, Goodwin LA, Hammon NM, Han S, Hauser LJ, Israni S, **Kim E**, Kyrpides N, Land ML, Lapidus A, Larimer FW, Lucas S, Pitluck S, Richardson P, Schmutz J, Tapia R, T.: Genome Sequence of the ethene- and vinyl chloride-oxidizing actinomycete *Nocardioides* sp. strain JS614. Journal of Bacteriology 193(13): 3399-3400, Epub May 06, 2011.

Papers and Posters Presented at Meetings

- 04/2016 Pynn J, Krog T, Kim E. "Psychiatric Rating Scale Use by Attending Psychiatrists and Residents." Arizona Psychiatric Society Annual Meeting, Phoenix, AZ
- 05/2016 "Early Psychosis in a 19-year-old Male with History of 'Dabbing' Concentrated Cannabis." University of Arizona College of Medicine 20th Academic Excellence Days, Phoenix, AZ
- 05/2016 "*Dabbing Cannabis and Early Psychosis*" Arizona Society of Child and Adolescent Psychiatry Meeting, Phoenix Children's Hospital

10/2017 Kim E, Thomas A, Vito J.: Smoking and Mental Illness: Stop Hitting the Snooze Button. American Psychiatric Assc IPS Annual Meeting, New Orleans, LA

05/2017 Hazeghazam M, Kim E, Ramos G.: New-onset Psychosis in an Elderly Woman with Addison's Disease. APA Annual Meeting, San Diego, CA

05/2017 Kim E, Levitt G: Escaping the FDA's Black Box Warning for Varenicline: A Case Report of a 40-year-old Veteran with Opioid and Tobacco Use Disorders. 21st Annual University of Arizona Academic Excellence Day, Phoenix, AZ

11/2018 "*Smoking and Mental Illness: Stop Hitting the Snooze Button.*" International Society of Addiction Meeting, Busan, South Korea

1/2021 "What is the Next Opioid Crisis?" Virtual PsychSummit. Colorado/New York/Arizona Psychiatric Society, Lakewood, CO

Raymond C. Truex, Jr. MD, FACS, FAANS

CURRICULUM VITAE

CURRENT POSITIONS:

Medical Director, Physicians' Health Program (2017-Present)

The Foundation of the Pennsylvania Medical Society

Associate Medical Director Lifeguard Program (2017- Present)

EDUCATION

COLLEGE

Gettysburg College
B.A. 1963

GRADUATE EDUCATION

Temple University School of Medicine
M.D. - 1967

RESIDENCY

Pennsylvania Hospital
Internal Medicine – 1968

Pennsylvania Hospital
General Surgery- 1969

Temple University Hospital
Neurological Surgery- 1975

LICENSURE AND CERTIFICATION

Pennsylvania Medical License, MD-010475

Unrestricted DEA License

Board Certified – Neurological Surgery

Diplomat, National Board of Medical Examiners

PREVIOUS POSITIONS

St. Joseph's Medical Center, Reading, PA 1996-2017

The Reading Hospital and Medical Center, West Reading 1990-2017

Geisinger Clinic, Marworth, Waverly PA 1988-1990

Associate Medical Director

Temple University Health Sciences Center, Philadelphia, PA 1975-1988

Deputy Director- Department of Neurosurgery (1980-1988)

St. Christopher's Hospital for Children, Philadelphia, PA 1975-1988

Department of Surgery, Section Chief, Neurosurgery

Shriners Hospital for Crippled Children, Philadelphia, PA 1975-1988

Albert Einstein Medical Center, Northern Division, Philadelphia, PA 1975-1988

Rolling Hills Hospital, Elkins Park, PA
Doylestown Hospital, Doylestown, PA
Consulting Staff

1975-1988
1975-1986

PROFESSIONAL MEMBERSHIPS:

American Association of Neurological Surgeons
American College of Surgeons
Congress of Neurological Surgeons
Pennsylvania Neurosurgical Society
American Medical Association
Pennsylvania Medical Society
Berks County Medical Society
American Society of Addiction Medicine

ACTIVITIES:

Berks County Medical Society
Chairman, Executive Council (2005-2007)
Chairman of Physician's Advocacy Committee (2003-2004)
Immediate Past President (2002)
President (2001)
President Elect (2000)
Treasurer (1998-1999)
Executive Committee (1996-Present)
Delegate, House of Representative PA Medical Society (1998-Present)

Caron Foundation
Board of Directors, Inpatient Programs (1997-2000)

Reading Hospital and Medical Center
Executive Committee of Medical Staff (2004-2007)
Cancer Committee (1998- 2017)
Physician's Health and Wellness Committee (1994-2017)
Continuing Medical Education Committee (1994-2017)

Temple University School of Medicine
Dean's Advocacy Board (1987)
President (1987), Medical Faculty Senate
President Elect (1986), Medical Faculty Senate
Member at Large (1985-1987; 1978-1980), Faculty Practice Plan Board
Secretary (1985), Medical Faculty Senate
Secretary Elect (1984), Medical Faculty Senate
Admissions Committee (1975-1981)
Temple University Faculty Senate (1976-1979)

St. Christopher's Hospital for Children
Executive Committee of the Medical Staff- Member at Large (1977-1979)
Joint Conference Committee (1977-1979)
Nominating Committee (1977-1984)

Congress of Neurosurgical Surgeons
Host Committee (1982)

Pennsylvania Neurosurgical Society

President (2006-2007)

President Elect (2004-2005)

Neurosurgical Representative to the PA Medical Society, Interspecialty Section (2001-)

Board of Counselors (1984-1987; 1998-2017)

America Association of Neurological Surgeons

Marshall Committee (1985)

Pennsylvania Medical Society

Physician's New Digest, Editorial Board (2001-2004)

Delegate, House of Delegates (1999-Present)

Foundation of the Pennsylvania Medical Society

Advisory Committee, PHP (1998-1999)

Trustee (1999-2017)

Vice Chairman, Board of Trustees (2004-2006)

Chairman (2007-2016)

MELISSA DEVONSHIRE, MBA, CADC, CCDP

400 Winding Creek Boulevard

Mechanicsburg, PA 17050

717-558-7819

mdevonshire@pamedsoc.org

EDUCATION

The Pennsylvania State University

Bachelor of Science, Administration of Justice, December 1998

Minor in Sociology, December 1998

Alvernia University

Master of Business Administration, December 2004

EXPERIENCE

Case Manager I

Physicians' Health Program

September 2015-Present

Mechanicsburg, PA

Intake and CRN Evaluator

Treatment Access and Services Center
of Berks County (TASC)

March 2008-August 2015

Reading, PA

Certified Addiction and Drug Counselor

New Directions

March 2006 – March 2008

West Reading, PA

Certified Addiction and Drug Counselor

Caron Treatment Centers

November 1999 – December 2005

Wernersville, PA

CERTIFICATES AND LICENSES

Pennsylvania State Board Certified Alcohol and Drug Counselor

#4354

Pennsylvania State Board Certified Co-Occurring Disorders Professional

#5919

PROFESSIONAL MEMBERSHIPS

Federation of State Physician Health Programs

Katie Gruber, MSW, CADC

1131 Second Street
Enola, PA 17025
(717)503-3261
kgruber@pamedsoc.org

EDUCATION

Drexel University
College of Nursing and Health Professions
Bachelor of Science, Behavioral and Addictions Counseling Sciences
Concentration: Addictions Counseling

Temple University
Master of Social Work
Concentration: Program Management

EXPERIENCE

Case Manager
Physicians' Health Program

January 2016-Current
Harrisburg, PA

Counselor
Gaudenzia Inc.

August 2008-December 2015
Harrisburg, PA

CERTIFICATES AND LICENSES

Pennsylvania State Board Certified Alcohol and Drug Counselor #8672

PROFESSIONAL MEMBERSHIPS

Federation of State Physicians Health Programs

Kathleen L. Thiemann, LSW
400 Winding Creek Boulevard
Mechanicsburg, PA 17050
717-558-7819
kthiemann@pamedsoc.org

EDUCATION

Pennsylvania State University – University Park
Bachelor of Arts, May 2005
Major: Public Relations

Temple University
Master of Social Work, May 2018

EXPERIENCE

Case Manager II
Physicians' Health Program

November 2019-Current
Mechanicsburg, PA

Social Worker
Youth Advocate Programs, Inc.

December 2018 -November 2019
Harrisburg, PA

Director, Political Action Committee
Pennsylvania Medical Society

September 2016 -December 2018
Harrisburg, PA

Associate
Trinity Group

May 2015 – July 2016
Harrisburg, PA

Development Manager
Team Pennsylvania Foundation

January 2012 – May 2015
Harrisburg, PA

Political Campaign Consultant
Keystone Strategies, LLC

March 2007 - January 2012
Harrisburg, PA

Associate
Greenlee Partners, LLC

February 2006 – March 2007
Harrisburg, PA

CERTIFICATES AND LICENSES

Pennsylvania State Board Licensed Social Worker #135899

PROFESSIONAL MEMBERSHIPS

Federation of State Physicians Health Programs

National Association of Social Workers

ALICE C. M. DUNKIN, BA, NCPT4

400 Winding Creek Boulevard
Mechanicsburg, PA 17050
717-558-7819
adunkin@pamedsoc.org

Education

Psychology Bachelor's Degree
Allentown College Saint Francis De Sales, Center Valley, PA
1997

Experience

Assistant Case Manager
Physicians' Health Program

February 2020 – Present
Mechanicsburg, PA

**Resource Coordinator/Behavioral Health Specialist/
Intake Coordinator**
Pennsylvania Psychiatric Institute

July 2003 – February 2020
Harrisburg, PA

Crisis Worker
Holy Spirit Hospital

January 2012 – December 2012
Camp Hill, PA

Therapeutic Staff Support
Cornell Abraxas

November 2000 – July 2003
Harrisburg, PA

Therapeutic Staff Support
Human Services Consultants Management, Inc.

April 1998 – November 2000
Harrisburg, PA

Therapeutic Staff Support
Youth Advocate Programs

June 1997-April 1998
Mechanicsburg, PA

**Childcare Counselor/Crisis Prevention Specialist/
Mental Health Worker**
Kidspace National Treatment Center

October 1987-December 1996
Orefield, PA and Easton, PA

Certificates

American Psychiatric Technician Association Certification Level 4 #2019-080

Volunteer Experience:

Auxiliary President
Auxiliary Chaplain
American Legion Auxiliary

October 2021-July 2022; August 2014- July 2017
August 2013-July 2014
Palmyra, PA

Secretary
Stand for the Silent Palmyra Chapter

February 2015 - Present
Palmyra, PA

Volunteer
The Fogleman's Wounded Warriors Music Festival

September 2014 - Present
Annville PA

Wendie Dunkin

EDUCATION

Harrisburg Area Community College, Harrisburg, PA
Associate in Arts, Executive Secretarial, 1989

WORK EXPERIENCE

Compliance Assistant

The Foundation of the Pennsylvania Medical Society May 2004 to Present
Physicians' Health Program, Mechanicsburg, PA

Finance/Administrative Assistant

The Foundation of the Pennsylvania Medical Society September 2003 to May 2004
Finance and Operations, Harrisburg, PA

Student Loan/Scholarship Assistant

The Foundation of the Pennsylvania Medical Society September 2001 to September 2003
Student Financial Services, Harrisburg, PA

Administrative Secretary

Central Dauphin High School August 2000 to September 2001
JFC Staffing Companies, Harrisburg, PA

Administrative Secretary

Pennsylvania Medical Society June 1995 to June 2000
PMSCO, Harrisburg, PA

Administrative Assistant

The Foundation of the Pennsylvania Medical Society June 1989 to June 1995
Physicians' Health Programs, Harrisburg, PA

CURRICULUM VITAE

Full Name Heather A. Wilson, MSW, CFRE, CAE
Address 734 South Plum Street, Lancaster PA 17602
Cell Phone: 717.575.6687
Office Phone: 717.558.7851
Email: hwilson@pamedsoc.org



EDUCATION

Temple University **January 1990**
Bachelor of Science in Elementary and Early Childhood Education,
Magna Cum Laude

Temple University **May 1999**
Master's in Social Work

Leadership Lancaster, Class of 2004

Certified Fundraising Executive Certification, October 2008, recertified 2018, recertified 2021

Certified Association Executive, June 2019, recertified 2022

EXPERIENCE

PENNSYLVANIA MEDICAL SOCIETY (PAMED) **07/14 -**
Present
HARRISBURG, PA
Deputy Executive Vice President (.7 FTE)

- Responsible for all aspects of PAMED operations including administration, management, development, and financial control.
- Assists with strategic planning and coordination of the organization's programs, projects, and policy positions.
- Communicates organization goals and operational plans to all levels of the organization and to members.
- Directs activities of assigned departments to ensure conformance with goals and objectives and works to remove or address impediments to peak performance.
- Cultivates an external presence in the health care and medical community including official and informal liaisons with elected officials, public agencies, national, state and

county medical societies and associations, the business community, civic organizations and other stakeholders.

**FOUNDATION of the PENNSYLVANIA MEDICAL SOCIETY
HARRISBURG, PA**

03/12 - Present

Executive Director (.3 FTE)

- Provides executive leadership and oversight for the Foundation of the Pennsylvania Medical Society, a 501-c-3 nonprofit organization. Responsibilities include:
 - The Physician's Health Program which provides monitoring and advocacy for physicians, physician assistants, dentists and dental hygienists who are diagnosed with substance use disorder.
 - LifeGuard® which utilizes an assessment and preceptorship model to provide a clear path for physicians who are re-entering the workforce or have their clinical skills called into question.
 - Student Financial Services which offer scholarship and loan assistance for medical students
 - Philanthropy which identifies, cultivates and stewards major donors to undergird the programs of the Foundation with philanthropic gifts
 - Technical assistance for programmatic design and grant writing support

**PENNSYLVANIA MEDICAL SOCIETY (PAMED)
HARRISBURG, PA**

07/16 – 12/16

Interim Executive Vice President

- Served as the board appointed interim Executive Vice President during a period of executive leadership transition.
- Guided the organization through a board and House of Delegates process to approve a landmark \$15 million investment to establish a patient-centered and physician-led clinically integrated network and management services organization.
- Managed a national Executive Vice President search for the appointment of the next Pennsylvania Medical Society EVP.
- Provided interim management and leadership during a reorganization of a PAMED for profit subsidiary, Pennsylvania Medical Society Consulting Organization.

**LANCASTER GENERAL HEALTH, LANCASTER, PA
LANCASTER GENERAL HEALTH FOUNDATION**

06/08 – 03/12

Director, Major Gifts & Planned Giving

- Appointed by the Lancaster General Health Foundation President to supervise staff and fundraising operations at Lancaster General College of Nursing and Health Sciences, Lancaster General Health Women and Babies Hospital, Lancaster Cleft Palate Clinic and VNA Community Care Services.

- Managed fund and friend raising teams which include trustee and executive leadership to organize proposals for corporate, government, individual and foundation consideration to fund top priorities for the Lancaster General Health system.
- Supervised Senior Development Team.
- Planned and executed a \$22 million dollar Capital Campaign to establish the Ann B. Barshinger Cancer Institute which had confirmed gifts totaling \$17 million at the time of departure.
- Provided oversight of a comprehensive grant writing program to secure and manage funds from foundation and governmental funders.
- Stewarded a major donor portfolio of 100+ individuals.
- Assumed responsibilities during extended medical leaves taken by the Foundation President.

LANCASTER GENERAL HEALTH, LANCASTER, PA

12/05 - 06/08

LANCASTER GENERAL HEALTH FOUNDATION

Senior Development Officer

- Appointed by the Vice President of Development to create, implement, and manage a newly created Development Office at Lancaster General Health Women and Babies Hospital.
- Completed detailed planning, budgeting, project management and problem solving for both technical and organizational issues related to fundraising for women's health.
- Maintained a high visibility role and provided communication of financial needs to meet multi-million dollar operational budgets on an annual basis.
- Provided leadership and management for special events, grant writing projects, annual appeals, donor relations, and government advocacy.
- Worked as part of the Women and Babies leadership team to identify financial needs and opportunities for donor engagement.
- Outlined strategic goals and implemented a quarterly reporting system to measure outcomes.
- Established, cultivated and secured major gifts for a planned giving program.
- Guided work teams of support staff, physicians, nurses and community members to combine development activities with healthcare services to ensure healthcare access for all members of the community.
- Created communications and delivered presentations across all levels including internal departments and community systems.

LANCASTER GENERAL HEALTH, LANCASTER, PA

06/00 – 12/05

Development Director

- Coordinated all fundraising initiatives for two Lancaster General Health entities: VNA Community Care Services and the Lancaster Cleft Palate Clinic.
- Participated as part of senior management team at both VNA and LCPC.

- Provided leadership and management of special events, grant writing, annual appeals and donor relations.
- Facilitated interaction between LCPC Parent Support Group and the Clinic.

THE SALVATION ARMY, LANCASTER, PA

06/92 – 06/00

Social Services Coordinator

- Directed all Social Service Programs including Latch-Key and Day Camp, Emergency Assistance, HIV/AIDS Outreach, Men’s Rehabilitation Residence, and Holiday Assistance Programs.
- Trained, supervised and provided annual review for social service staff.
- Provided case management and service delivery at the family and community level.
- Built community links to agencies and groups to meet community and individual needs.

MEMBERSHIPS & COMMUNITY LEADERSHIP

Linden Hall School for Girls – Trustee/Chair	2015-Present
Federation of State Physician Health Programs - Trustee/Secretary	2019-Present
Federation of Physician Health Programs – Committee Member	2016-Present
American Association of Medical Society Executives – Member	2014-Present
Pennsylvania Society for Association Excellence – Member	2012-Present
Pennsylvania Association of Non-Profit Organizations – Member	2012-Present
Association of Fundraising Professionals – Member	2000-Present
Excentia – Trustee	2010 - 2016
Junior League of Lancaster, PA - Member	2008 - 2012
Lancaster General Health Cancer Campaign – Committee Member	2009 - 2013
Association for Healthcare Philanthropy – Member	2007 - 2015
Linden Hall Alumnae Association – Committee Member	1990 - 2009
Millersville Non-Profit Resource Network – Advisory Member	2008 - 2010
Lancaster Foundation for Educational Enrichment – Trustee	2004 - 2010

PROFESSIONAL PROFILE

Astute experienced pharmacist who excels at implementing, coordinating, and evaluating clinical programs, operational, regulatory, and financial pharmacy services in relation to retail, 340B HIV specialty, and LTC pharmacy. Skilled at directing medication usage evaluations, building relationships and collaborating with KOL's to establish criteria for safe, effective, and appropriate use of medication. Dedicated to optimizing financials and operations for retail, LTC and 340B services, and experienced at PBM evaluation and optimization

Managed Care | Operations Management | Presentation and Relationship building | Financial Analysis/Reporting | Staff Development | Pharmacy Contract Negotiation | 340B | Clinical Outcomes | Microsoft Office Suite | | Lab Analysis

CAREER HIGHLIGHTS

Lititz Apothecary | Lititz, PA

2019 – Present

CEO

Obtain accreditation with BOC to dispense specialty medications. Manage prescriptions for 340B, LTC, and retail patients. Instrumental in developing unique solutions with the Medication Assisted Treatment (MAT) in substance abuse for in/and out-patient settings. Partner with KOLs and medical providers to identify ways to optimize medications based on managed care formularies and desired outcomes. Review and negotiated direct PBM contracts and is well versed in AWP, NADAC, MAC, and WAC for contracting, purchasing and billings. Decrease readmissions and relapse through completion of MTM and transitions of care for the patients' transitioning from rehab to home.

- Spearheaded an on-site 340B HIV contract pharmacy and responsible for TPA duties, managing pharmacy operations, financially analyze and reporting, maintaining virtual inventory and partnering with key individuals within the 340B practice for a Non-Profit Covered Entity.
- Negotiate contracts ESI, Caremark, Performcare, and other PBMs for retail and LTC accounts.
- Achieved and maintained a 97% adherence rate for HIV specialty medications through creative problem solving.
- Secured a 94% adherence rate for maintenance medications in retail by implementing a multidose program.
- Responded to medication information requests based on managed care plans and patients desired outcomes.

Medicine Shoppe Pharmacy | Rome, NY

2017 – Present

Partner/ COO

Working to serve the local community to provide value added services in packaging and education. Orchestrated direct contract with PBM in LTC and retail market. Developed dispensing procedures and protocols, LTC contracts, marketing, and staff training activities. Reviewed AWP, NADAC, MAC, and WAC for contracting and adapting purchases reflecting direct contract. Mentored and trained pharmacy managers on value-added incentives.

- Mitigated DIR and GER fees via therapeutic optimization and program development to monitor compliance and adherence and adapting dispensing based on contracts to reduce DIR/GER by 73%.
- Increased monthly gross profit by 95%, and prescription count by 17%.
- Partnered with group homes in delivering multidose packaging
- Therapeutic optimization based on PBM and disease state- strategize the most effective medication based on value.

Walmart Pharmacy | Lancaster, PA

2010 – 2019

PHARMACY STORE MANAGER (2011 – 2019)

Delivered comprehensive patient care by processing and dispensing prescription orders, administering immunizations, and managing activities pertaining to ordering, preparing, and dispensing prescriptions. Educated prescribers on how to decrease opioid prescribing with providers while managing the current disease state. Hired and onboarded pharmacy technicians and trained new pharmacists and pharmacy managers in the market. Detailed and created marketing strategies for specialty medications. Implemented and participated in community outreach programs. Supervised and developed opportunities for associates in assigned areas by training, mentoring, assigning duties, and providing feedback and recognition.

- Ranked in the top 3 stores for immunizations provided, customer service scores, prescription count growth, and gross profit while managing health and wellness operations.
- Oversaw a 2,300 script store with \$160K in pharmacy sales weekly.

- Chosen as an S3G Market Champion and consultant for market 184 in Eastern Pennsylvania.
- Achieved business goals and metrics by aligning team members with new processes and projects.
- Minimized unused inventory and incorporated just-in-time inventory while lowering the percentage of out of stock medications by developing more efficient inventory procedures.

Dr. Chetan B. Patel

Lancaster, PA | 732.986.5517 | chetanbpatel@gmail.com

PROFESSIONAL PROFILE

TRAVELING PHARMACIST (2010 – 2011)

Operated volume stores ranging from 150 to 900 prescriptions daily. Completed managerial duties, including scheduling, monthly CII verifications, inventory prep, and technician training programs.

Horizon Healthcare | Lancaster, PA

2009 – 2010

CLINICAL PHARMACIST

Compounded IV antibodies, chemotherapy, and infant TPN orders. Reviewed clinical findings, prescriptions, evaluated orders, and took action to resolve problems without delaying the patients' treatment. Labeled and dispensed medications based on the physician's orders and documented findings and interventions. Implemented care plans prior to therapy starting and communicated with patients, nursing staff, and physicians, monitored the effectiveness of medications. Analyzed products made by the pharmacy technician for accuracy and correctness and resolved problems prior to dispensing.

- Identified the most appropriate method of medication administration by accessing factors including IVs, patient and caregiver ability, and fiscal limitations.
- Ensured the sterility of medications by adhering to established policies for gowning, gloving, and aseptic technique procedures while working in and maintaining a clean room environment.
- Proficient in USP 797 Aseptic technique

EDUCATION AND TRAINING

Pharm.D., University of Sciences in Philadelphia, Philadelphia, PA, 2009

Licensed Registered Pharmacist and Immunizer

Pharmaceutical Non-Sterile Compounding Training and Certification

Advance Leadership Training

Pharmacy Cashflow Training

Pharmacist Billed Clinical Services in Providers Office Training

Audit, Billings, and Compliance of PBM Training

ORGANIZATIONS AND AFFILIATIONS

Treasurer, South Asian Association of Lancaster (2017 – Present)- Non-Profit Group

Head Cricket Coach for Under 12 Kids (2013 – Present)- Non-Profit Group

President, Youth Kuch Kadva Patidair Samj (2010 – 2013)- Non-Profit Group

Member, American Pharmacist Association (APhA)

Member, National Community Pharmacist Association (NCPA)

Member, Lancaster County Pharmacy Association

Bree Watzak PharmD, BCPS

28011 Walnut Creek Ct. Magnolia, TX 77355 281.451.7412 bwatzak@charter.net

Education

- Pharmacy Practice (PGY1) Residency, The Methodist Hospital, Houston, Texas 2008-2009
- Pharm.D., Summa Cum Laude, University of Houston College of Pharmacy 2008
- Bachelor of Science in Marine Biology, Summa Cum Laude, Texas A&M University 1995

Licenses/Certifications

- Texas Pharmacy License and Preceptor Certificate
 - License 46480 Expires August 31, 2024
- Board Certified Pharmacotherapy Specialist
 - Credential # 3091451 Expires December 31, 2023
- Just Culture Certified Champion, March 8, 2021
- Institute for Healthcare Improvement (IHI) Open School: Basic Certificate in Quality and Safety, October 3, 2018
- TeamSTEPPS MasterTrainer, August 5, 2016

Employment History

- Clinical Pharmacist, Baylor Scott & White Health Brenham, November 2021 – Present
 - Clinical resource for hospital
- Co-Primary Investigator Center for Optimizing Rural Health, September 2018 – November 2021
 - A&M Rural and Community Health Institute, Texas A&M Health Science Center
 - Director of Rural Access Programs
 - Director of Technical Assistance for HRSA funded center to assist vulnerable rural hospitals
 - Director and Facilitator for Hospital Network ECHO program
- Relief Pharmacist, Baylor Scott & White Health College Station, May 2021 - Present
 - Also employed April 2018 – May 2020 then furloughed for COVID-19 budget crisis
 - Central based clinical pharmacist
- Relief Pharmacist, CHI St. Joseph Health College Station, April 2018 – August 2019
 - Central based order entry
- Relief Pharmacist, CHI St. Luke's The Woodlands, June 2016 – March 2017
 - Unit based clinical pharmacist
 - Central based order entry
- Director of Interprofessional Healthcare Initiatives, August 2016 – November 2021
 - A&M Rural and Community Health Institute, Texas A&M College of Medicine
 - Texas A&M ECHO Director
 - ◆ Director of Texas A&M University ECHO Superhub
 - Director of Opioids Assessment-Training-Monitoring Program
 - Patient Safety Organization (PSO) pharmacist for Federally listed PSO #79 administered through the Agency for Healthcare Research and Quality (AHRQ) and created in partnership with the National Quality Forum

- Co-Director of Texas A&M KSTAR Pharmacology and Prescribing course
 - Member of KSTAR Communications Teaching Team
 - ◆ 2019-2021 working with Texas State Hospitals
 - ◆ 2020 – 2021 working with California Department of State Hospitals
 - Member of Health Science Center Opioid Task Force
 - Pharmacist for Texas Health and Human Services Mortality chart reviews
 - Pharmacist for Physician Peer Review process and chart review
 - Patient Safety Pharmacist for Texas A&M Patient and Family Advisory Council (PFAC)
 - Key Personnel on multiple rural healthcare grants and contracts
 - ◆ Rural Bright Spots funded by Robert Wood Johnson Foundation (RWJF), Episcopal Health Foundation (EHF), and T.L.L. Temple Foundation. 2019 – 2021. Primary Investigator.
 - ◆ Moonshot –right sizing care in Rural Texas funded by BCBS, 2019 – 2020
 - ◆ Optimizing Rural Health Getting the Word Out funded by RWJF. 2018 – 2022. Primary Investigator.
 - ◆ Optimizing Rural Health funded by RWJF, EHF, and T.L.L. Temple. September 2017 – December 2018.
 - ◆ What’s next, practical suggestions for rural communities facing a hospital closure funded by EHF. July 2016 – May 2017.
- Clinical Associate Professor, Texas A&M College of Pharmacy, September 2018- January 2019
- Assistant Professor, Texas A&M College of Pharmacy, January 2011 - August 2018
 - Member of HSC Interprofessional Education Committee 2013 – January 2019
 - Chair of COP Interprofessional Education Committee 2014 – January 2019
 - Member of Curricular Affairs Committee 2014 – 2016
 - Member of Outcomes Assessment Committee 2016-2017
 - Classroom lectures for Geriatrics, Infectious Diseases, Oncology/Transplant, Addiction and Substance Abuse, and General Patient Care
 - Associate Member of the Graduate Faculty of the HSC Graduate Programs
 - Clinical resource for St. Joseph Regional Health Center (Trauma team and ICU) 2011-2016
 - Advanced Pharmacy Practice Preceptor (Critical Care, Cardiology, Emergency Medicine) 2011-2016
 - Pharmacist for Texas A&M HSC medical mission to Bolivia, June 2012.
 - Pharmacist for Texas A&M HSC medical mission to Ecuador, May 2015
 - Pharmacist for Texas A&M HSC medical mission to Ecuador, May 2016
 - Pharmacist for Texas A&M HSC medical mission to Bolivia, May 2017
 - Member of Credentialing Committee 2012-2014
 - Member of Pharmacy Practice Search Committee 2014 – 2015
 - Faculty Delegate for AACP House of Delegates 2014 and 2015
- Clinical Manager, St. Joseph Regional Health Center, January 2010 – December 2010
 - Clinical resource for hospital: development and implementation of pharmacy clinical programs, nursing in-services, staff development, recruiting, and quality initiatives
 - Committee member: Critical Care, SCIP, Stroke, AMI, Code Team, BMV/eMAR, Morbidity & Mortality, Infection Control, Medication Management, and Sepsis team
 - Pharmacy Grand Rounds presenter and facilitator
 - Coordinator & lead presenter for Pharmacy & Therapeutics committee
- Clinical Pharmacist, St. Joseph Regional Health Center, July 2009 – December 2009
 - ICU pharmacist and clinical resource for hospital
 - Responder for Code Blue, Code Green, and Stroke Alerts
 - Committee member: Critical Care, SCIP, Stroke, AMI, Code Team, BMV/eMAR, Morbidity & Mortality, Infection Control, and Sepsis team
 - Central based order entry staff when needed

Publications

- Bright Spots: Case studies in Innovative Rural Healthcare. Watzak B, Fletcher D, Dickey N, Alaniz A, Cassens K. 2021. <https://www.architexas.org/rural-health/docs/bright-spots.pdf>
- Multidimensional evaluation of interprofessional collaboration in a disaster simulation. West C, Zhou Y, Landry K, Watzak B, Graham L. September 2018. *Journal of Interprofessional Education and Practice* 12(1), 40-47.
- Optimizing Rural Health: A community healthcare blueprint. Dickey N, Watzak B, Alaniz A. 2018. <https://architexas.org/rural-health/images/optimizing-rural-health-a-community-healthcare-blueprint.pdf>
- The Effects of Interprofessional pediatric end-of-life simulation on communication and role understanding in health professions students. Stout J, Pittman A, Livingston J, Bentley R, Watzak B. *Nursing Education Perspectives*, April 2018. 39 (6) 360-362.
- Lunch and Learn: an interprofessional discussion on the opioid epidemic. Watzak B and Pho V. March 2018 Edition of the Center for IPE Newsletter at the University of Toronto.
- What's next? Practical Suggestions for rural communities facing a hospital closure. Dickey N, Carter M, Watzak B, Allen M. 2017. https://www.episcopalhealth.org/files/2414/9788/5907/Whats_Next_Final_6.12.pdf
- Twelve Tips for Curriculum Sharing and Implementation: Don't Reinvent the Wheel. Gill A, West C, Watzak B, Quiram B, Pillow T, Graham L. MedEd Publish. December 2016. DOI: <http://dx.doi.org/10.15694/mep.2016.000149>
- Simulated Disaster Day: Benefit from Lessons Learned Through Years of Transformation from Silos to Interprofessional Education. Livingston L, West C, Livingston J, Landry K, Watzak B, Graham L. *Simulation in Healthcare*. 2016 Aug; 11(4):293-8.
- Na Pali Coast. Cover picture for JAPhA Jan/Feb 2016. Vol 56, No. 1.
- Tools to investigate how interprofessional education activities link to competencies. West C, Veronin M, Landry K, Kurz T, Watzak B, Quiram B, Graham L. *Medical Education Online*, 20 July 2015.
- Learning from error, learning from each other: a peer review process in Texas. Watzak B; Steele R; Killam-Worrall L. *Annals of Behavioral Science and Medical Education*. 21 (1), 7-8. Spring 2015.
- Assessment of Ethics and Values during an Interprofessional, International Service Learning Experience. Watzak, B; Engelhardt, J; Bentley, R; Self, D. *Currents in Pharmacy Teaching and Learning*. 2015; 7 (4): 526-535.
- Collaborating to Implement Interprofessional Educational Competencies through an International Immersion Experience. Bentley R, Engelhart J, and Watzak B. *Nurse Educator*. 2014; 39(2): 77-84.
- Emerald Lake, Yoho National Park. Cover picture for JAPhA May/June 2014. Vol 54, No.3.
- Anticoagulant Use in Real Time. Divyamani Srinivasan and Bree Watzak. *Journal of Pharmacy Practice*. 2013;26 270-279.
- Using Rural Hospital Staff Peer Review teleconferences for case based learning for physicians and pharmacy students. Watzak B, Stanberry R, Killam-Worrall L. Abstract in *American Journal of Pharmaceutical Education* 2012; 76 (5) Article 99: 131.
- Mammoth, Hot Springs. Cover picture for JAPhA Jul/Aug 2012. Vol 52, No. 4.
- Medical Mission: a pharmacy resident's perspective. *TSHP Journal* 2009 Spring. 10(1): 27-8.
- The University of Utah's school on alcoholism and other drug dependencies: Review of the experience. Watzak B and DePrang E. *UHCOP The Script*. January 2007.
- Utah School about communities, family, and friends. Bree Watzak. *Student Pharmacist Magazine*. September/October 2005. 30.

Presentations

- Watzak B, Scoggins C. Building a Better Board: Experiences in Education. Podium presentation at the National Rural Hospital Association Rural Hospital Innovation Summit held virtually May 5, 2021.
- Watzak B, Martin E. Project ECHO Just Culture Implementation of the National Action Plan to Advance Patient Safety. Podium presentation at the 13th annual meeting of the Patient Safety Organizations (PSO) hosted by AHRQ held virtually on April 28th, 2021.

- Watzak B, Dickey N. Are you a Goose? Should you be a Goose? Podium presentation at the National Organization of State Offices of Rural Health (NOSORH) annual meeting held virtually on September 29, 2020.
- Watzak B, Dickey N. Are you a Goose? Should you be a Goose? Podium presentation at the National Organization of State Offices of Rural Health (NOSORH) Region D meeting held virtually on August 26, 2020.
- Brooks L, Watzak B. Rural Hospital Closures – What has been and what will be the role of the Flex Program? Podium presentation at the Flex Program Reverse Site Visit Event held virtually on August 6, 2020.
- Watzak B, Dickey N, Scoggin T. Lessons Learned from the Rural Hospitals Assistance Program. Panel Presentation at the National Rural Hospital Association Rural Hospital Innovation Summit held virtually on June 17, 2020.
- Watzak B. Leveraging Project ECHO to Help Rural Hospitals Thrive. Round Table Session at the American Hospital Association Rural Healthcare Leadership Conference in Phoenix, Arizona on February 3, 2020.
- Watzak B, Eddleman J. High Performing Teams in Primary Care at the Texas Primary Care and Health Home summit in Austin TX on June 20, 2019.
- Watzak B. Lessons learned from vulnerable rural hospitals. Podium presentation at the Region D National Organization of State offices of Rural Health (NOSORH) meeting in Kona, Hawaii on June 6, 2019.
- Watzak B. Physician performance on a standardized test of communications and ethics knowledge. Podium presentation at the Coalition for Physician Enhancement conference in Washington D. C. on October 30, 2018.
- Watzak B, Kaunas C, Martinez J, Landman W, Carrino G, Clendenin A, Hubbard J, Mufich M. Disaster Day: Creating an optimal interprofessional clinical learning environment through simulation. Poster Presentation at the National Center for Interprofessional Practice and Education Nexus Summit. Minneapolis, Minnesota, July 31, 2018.
- Kaunas C, Landman W, Martinez J, Watzak B. A Phoenix Reborn: Faculty and Student Leadership and International IPE integration into an established Mass-casualty simulation. Nexus Fair Resource Exchange. National Center for Interprofessional Practice and Education Nexus Summit. Minneapolis, Minnesota, July 31, 2018.
- Watzak B, McCord C, Dickey E. TeamSTEPPS from the basics to a model of interprofessional team collaboration: the Health For All Huddle. Podium presentation at the 6th Annual Texas Primary Care and Health Home Summit in Austin TX on April 5, 2018.
- Watzak B, Steele R. Teamwork and communication working within the behavioral health system. Podium presentation at Texas Council ED Consortium in Austin, TX on January 18, 2018.
- Watzak B. KSTAR Physician Grand Rounds: Naloxone for home use. What role does naloxone have in the opioid epidemic? Webinar given on December 4, 2017.
- Watzak B, Steele R. Teamwork and communication in an intensive forensic mental health setting. Podium presentation at Texas Forensic Mental Health Conference, Vernon TX on October 18, 2017.
- Watzak B, Bremick M, Ivy D. Double Dipping: Work Smarter not harder when building your IPE curriculum. Discussion Group at Collaborating Across Borders (CAB) VI, Banff, Canada, October 4, 2017.
- Graham L, West C, Watzak B, Gill A. Sharing IPE curriculum across Institutions. Discussion group for CAB VI, Banff, Canada, October 3, 2017.
- West C, Zhou Y, Watzak B, Graham L. Assessment tools for short-term simulation-based interprofessional activity: a multidimensional measurement approach. Podium presentation at CAB VI, Banff, Canada, October 2, 2017.
- Stout J, Pittman A, Bentley R, Livingston J, Watzak B. Pediatric End-of life simulations and their impact on communication and role understanding in medical, nursing, pharmacy, and public health students. Poster presentation at CAB VI, October 4, 2017.
- Watzak B, Wise Matthews D, Dickey N. 2017 IPE Medical Mission to Bolivia. Poster presentation at 3rd Annual HSC Interprofessional Education and Research Symposium (IPER3) on September 28, 2017 in Bryan, Texas. WINNER of Best Faculty All-Around IPER poster.

- Pena D, Ramon M, Watzak B. Interprofessional Medical Mission to Costa Rica. Poster presentation at 3rd Annual HSC Interprofessional Education and Research Symposium (IPER3) on September 28, 2017 in Bryan, Texas. WINNER of BEST Student IPER Poster Presentation.
- Collado O, Dodd T, Ramirez A, Wei W, Watzak B. Bolivia Interprofessional Medical Mission. Poster presentation at 3rd Annual HSC Interprofessional Education and Research Symposium (IPER3) on September 28, 2017 in Bryan, Texas. WINNER Best Student Interprofessional Activity.
- Dickey E, Dickey N, McCord C, Poston D, Tarlow K, Watzak B. A Model of efficient interprofessional collaboration in a free healthcare clinic: the Health For All "Health Huddle". Poster presentation at 3rd Annual HSC Interprofessional Education and Research Symposium (IPER3) on September 28, 2017 in Bryan, Texas. WINNER Faculty Best Interprofessional Activity.
- Page R, White-Corey S, Bray A, Yeager L, Mendoza M, Beathard K, Geismar K, McCord C, Kapusniak L, Watzak B. The Prenatal clinic in Bryan, TX: An innovative interprofessional collaboration to deliver holistic care alongside prenatal care to the medically underserved. Poster presentation at 3rd Annual HSC Interprofessional Education and Research Symposium (IPER3) on September 28, 2017 in Bryan, Texas.
- Yazdchi M, Ward M, Rector J, Watzak B. Expanding Roles in Interprofessional simulation across the pharmacy curriculum - TAMHSC Disaster Day. Poster presentation at 3rd Annual HSC Interprofessional Education and Research Symposium (IPER3) on September 28, 2017 in Bryan, Texas.
- Stout J, Pittman A, Bentley R, Livingston J, Watzak B. The Effects of interprofessional pediatric end-of-life simulation. Poster presentation at LNL Education Summit, San Diego CA on September 17, 2017.
- Yazdchi M, Watzak B. Integrating pharmacy students into the healthcare teams of tomorrow by developing interprofessional relationships today – TAMHSC Disaster Day. Poster Presentation at Texas Society of Health-System Pharmacists Annual Seminar in Galveston, TX on 4/28/2017.
- Gill A, West C, Watzak B, Graham L. Curriculum Sharing and Implementation: Don't reinvent the wheel. Small Group Discussion accepted for 2017 Joint SGEA/SGSA/SOSR Annual meeting in Charlottesville, VA on 4/22/17.
- Watzak B, Zemanek K. TeamSTEPPS fundamentals. Faculty Development Session for the College of Dentistry, Dallas, TX. April 12 and 13th, 2017.
- Watzak B. TeamSTEPPS fundamentals. 5 hour Staff Development at the Rural and Community Health Institute, College Station, TX. February 7, 2017.
- Watzak B. Grand Rounds: A long winter's nap: A benzodiazepine overdose story. 1 hour CME webinar to physicians. Broadcast from College Station, TX. December 4, 2016.
- Stout J, Pittman A, Bentley R, Livingston J, Watzak B. The Effects of Interprofessional Pediatric End-of-life Simulation on communication and role understanding in Health Professions Students. Podium presentation at AACN 2016 Baccalaureate Education Conference in Anaheim, CA on 11/18/16.
- Stout J, Pittman A, Bentley R, Livingston J, Watzak B. The Effects of Interprofessional Pediatric End-of-life Simulation on communication and role understanding in Health Professions Students. Podium presentation at Interprofessional Care for the 21st Century: Redefining Education and Practice in Philadelphia, PA on 10/29/16.
- Stout J, Pittman A, Bentley R, Livingston J, Watzak B. The Effects of Interprofessional Pediatric End-of-Life Simulation on communication and role understanding in Health Professions Students. Podium presentation at Council for the Advancement of Nursing Science 2016 State of the Science Congress on Nursing Research: Determinants of Health in Washington D.C on 9/16/16.
- Stout J, Pittman A, Bentley R, Livingston J, Watzak B. Effects of Interprofessional Pediatric End-of-Life Simulation. Podium presentation at 2016 Conference for Community Engagement and Healthcare Improvement: Social Justice, Health Equity, and Value-based care in San Antonio, TX on 9/3/16.
- Yazdchi M, Watzak B. Preparing the Healthcare Teams of Tomorrow by Developing Interprofessional Relationships Today – TAMHSC Disaster Day. Poster presented at Pharmacy Research Colloquium, College Station TX on 6/3/16.

- Stout J, Pittman A, Bentley R, Livingston J, Watzak B. The Effects of Interprofessional Pediatric End-of-Life Simulation on communication and role understanding in Health Professions Students. Poster presented at Pharmacy Research Colloquium, College Station TX on 6/03/16.
- Steele R, Watzak B. The design and implementation of a Pharmacotherapeutics course for physicians returning to practice and other physicians with educational needs. Podium presentation at The Coalition for Physician Enhancement conference, San Diego CA on 4/26/16.
- Azali L, Patel H, Watzak B. Integrating Student Pharmacists into a residential recovery center. Poster presented at TSHP, Frisco TX on 4/22/16.
- Stout J, Pittman A, Bentley R, Livingston J, Watzak B. The Effects of Interprofessional Pediatric End-of-Life Simulation on communication and role understanding in Health Professions Students. Poster presented at Interprofessional Education and Research Symposium, College Station TX on 4/20/16.
- Watzak B. Geriatric Simulation Experience: Using a “day in the life” experience to increase empathy and improve communication. Poster presented at Southern Group on Educational Affairs Annual Meeting, Austin TX on 4/14/16.
- Watzak B, Holland B, Livingston L, West C, Graham L, Gill A, Pillow T. Sharing, Adopting, and implementing best IPE Practices. Poster presented at Southern Group on Educational Affairs Annual Meeting, Austin TX on 4/14/16.
- Watzak B. IPE in APPEs Round Table. Experiential Education Section. Presented at AACP Annual Meeting in National Harbor, Maryland on 7/12/15.
- Watzak B. Adult TPN. 1 hour CE to clinical pharmacy staff at St. Joseph Regional Health Center. May 19 and May 22, 2015. College Station, Texas.
- West, Veronin, Landry, Kurz, Watzak, Quiram, and Graham. Examining how activities align with Interprofessional Education (IPE) competencies and Standards. Podium presentation. Southern Group on Educational Affairs (SGEA) meeting. Charlotte, NC on 4/24/15.
- Watzak B and Steele R. Learning from Error, Learning from Each Other. Podium presentation. ABSAME 44th Annual Meeting. Newport Beach, CA. on 10/18/14.
- Watzak B and Steele R. Interprofessional Education Beyond Graduation. Podium presentation. ABSAME 44th Annual Meeting. Newport Beach, CA. on 10/17/14.
- Watzak B. Evolution of Disaster Day: an Interprofessional large-scale mass casualty simulation. Podium presentation. ABSAME 44th Annual Meeting. Newport Beach, CA. on 10/17/2014.
- Courtney West, Michael Veronin, Karen Landry, Terri Kurz, Bree Watzak, Barbara Quiram, Lori Graham. Assessing the Occurrence of Team and Interprofessional Communication in Two IPE Activities. Presented at AACH (American Academy on Communication in Healthcare) Research and Teaching Forum 2014. Orlando, Florida on October 18, 2014.
- Regina Bentley, Bree Watzak. Incorporation of Interprofessional Education competencies into an established international interprofessional medical service learning experience. Poster Presentation at Fall 2014 IPEC Institute October 1, 2014.
- The Development of Humanistic Culturally Competent Practice: What does an International Service Learning, Interprofessional Medical Missions Program have to do with it?” Humanizing Health Care: Reducing Disparities through Interprofessional Teams: 43rd Anniversary Meeting of the Association for the Behavioral Sciences and Medical Education (ABSAME). Newport, Rhode Island. October 17-19, 2013.
- Bree Watzak, Joan Engelhardt, Regina Bentley. Development of a Pharmacy Elective Incorporated into an established International Interprofessional Medical Mission. Presented at ABSAME, Newport, Rhode Island on 10/18/2013.
- CNE (1 hour credit): Medication Reconciliation. Presented via webcast to nurses in the A&M Rural & Community Health Institute group. June 12, 2013.
- ICU Drips. Presented to Texas A&M Family Medicine Residency at St. Joseph Regional Health Center, Bryan, May 22, 2013.
- New Drugs of 2012. Presented to Texas A&M Family Medicine Residency at St. Joseph Regional Health Center, Bryan, January 23, 2013.
- Madeline King, Martin Strait, and Bree Watzak. Inter-professional Mission of Service Trip to Remote Bolivian Villages. Presented at ASHP Midyear Conference, Las Vegas Nevada on 12/3/12.
- Addiction. Presented to Texas A&M Family Medicine Residency at St. Joseph Regional Health Center, Bryan, November 7, 2012.

- Roundtable topic: Learning from Error: Incorporating rural health peer review teleconferences into APPE rotations. Presented at AACP Annual Meeting in Kissimmee, FL on 7/15/12.
- Lisa Killam-Worrall, Robert Stanberry, and Bree Watzak. Rural Hospital Physician Peer Review Teleconferences for interprofessional case-based learning. Presented at AACP Annual Meeting in Kissimmee, FL on 7/14/12.

Committee Service

- National Rural Health Association, 2020 – 2022
 - Research and Education Constituency Group Representative, elected
- Thrive Rural, 2020 – 2021
 - National Advisory Council member
 - <https://www.aspeninstitute.org/programs/community-strategies-group/thrive-rural/>
- Texas Area Health Education Center (AHEC) East, 2017 – November 2021
 - Board Member
- Disaster Day, 2012 - 2018
 - Pharmacy Liaison with the College of Nursing for annual Disaster Day drill/exercise
- St. Joseph Regional Health Center IRB, 2009 - 2015
 - Member
 - Appointed IRB Chair 11/15/12 – 9/23/15
- University of APhA/Utah School on Alcoholism and other drug dependencies
 - Mentor for Region 6, 2012
 - Appointed to Advisory Council for Pharmacy Section 2013 - 2014
- Reviewer for Currents in Pharmacy Teaching and Learning, Journal of Healthcare Management, and Annals of Behavioral Science and Medical Education

Honors

- 2019 Rural Health Fellow with National Rural Health Association
- Best Faculty All-around Poster, 9/28/2017 at Interprofessional Education and Research (IPER) Symposium
- Best Faculty Interprofessional Activity Poster, 9/28/17 at (IPER) Symposium
- Award of Appreciation for outstanding performance within the trauma program. St. Joseph Regional Health Center, July 28, 2016.
- Most Innovative Poster Project/Research Award, 4/20/16 at IPER Symposium
- AACP Walmart Scholar Mentor, Summer 2015
- Preceptor of the Year Award, Spring 2015
- Team Teaching Award for Infectious Diseases
 - Spring 2013, Spring 2014, Spring 2015, Spring 2016
- Excellence PIE Award for team effort as part of ICU Rounding team from St. Joseph Regional Health Center, Fall 2012

- Team Teaching Award for Endocrinology and Addiction
 - Spring 2012

- Team Teaching Award for Endocrinology and Infectious Diseases
 - Spring 2011

«Number»



**Physicians'
HEALTH
Program**

The Foundation of the Pennsylvania Medical Society

MONITORING AGREEMENT

TERM

I, «First» «Last»«Suffix», «Doctor», agree to the terms of this agreement between me and the Physicians' Health Program (PHP), a program of The Foundation of the Pennsylvania Medical Society. The initial monitoring agreement will be for a period of «Years» year(s) beginning the «Day1» day of «Month1», «Year1». Prior to the «Day2» day of «Month2», «Year2», the terms of the agreement will be reviewed and revised as appropriate to my needs.

I agree that the PHP may extend my term of monitoring at the end of this contact period if there is reason to support the need for additional monitoring or extended treatment.

INTRODUCTION

This agreement has been designed to allow the PHP to assist me in meeting my personal and professional needs and is entered into for the purpose of documenting my recovery. I understand that the PHP will provide support/advocacy for me by compiling documentation that accurately reflects my compliance with this agreement. I also understand that it is my responsibility to assure that my documentation is submitted as required.

This file is not considered a medical record. The PHP does not provide drug and alcohol treatment or medical treatment to participants. Information is collected in order to document your recovery and to advocate on behalf of the participant. Copies of files will not be released.

ADVOCACY

I understand that non-compliance with this agreement will be reflected in PHP letters, summaries and/or status reports and that non-compliance with this agreement may result in termination of the agreement. **I am aware that file closure for non-compliance may prevent me from re-entering a PHP agreement for 6-12 months.** I also understand that I may terminate this agreement by submitting a written request to the PHP. Future advocacy will be based on my term of active involvement with the PHP.

LETTER FEES:

For those currently in an active agreement:

- Compliance letters inform the recipient of participation and compliance \$10.00
- Compliance letters inform the recipient of participation, compliance and includes drug testing results \$25.00
- Quarterly reports to the PHMP are included in the quarterly monitoring fee, if required.
- Detailed letters provide a summary of treatment, agreement requirements, and compliance \$50.00
- Rush fee for any letters (additional \$10.00)
- Fax fee for any letters (additional \$10.00)

For those not currently in an active agreement with the PHP:

- Compliance letters inform the recipient of dates of agreement \$50.00
- Detailed letters \$250.00
- Rush fee for any letters (additional \$10.00)
- Fax fee for any letters (additional \$10.00)

TESTIFYING FEES:

I understand that I will be required to pay a fee to the PHP if my attorney or I request the staff to testify at a court hearing on my behalf. I understand the PHP will charge me the following rates:

- Medical Director, Program Director, or Case Manager \$350.00 per hour (15-minute prorate)
- Administrative \$25.00 per hour (15-minute prorate)
- Travel and Mileage (Standard IRS Mileage Rate)

A \$250.00 deposit must be made at the time the PHP is made aware of the need for testifying. This deposit will be deducted from the final invoice. I agree to make the remainder of my payment in full within 15 days upon receipt of the PHP invoice.

AMENDMENTS

This document may be subject to revision from time to time with the written consent of all parties involved. An amendment will be prepared to reflect any such revision(s). Any changes will be in amendment form. You will receive two copies, one to sign and return within two weeks, the other for your file.

SUMMARY

Check-in with Affinity - DAILY (Monday - Friday) - 877-267-4304

Check-in calls with PHP - Weekly for four weeks, then monthly (Monday - Thursday, 7:30 a.m. – 5:00 p.m.)

12-Step attendance submitted online monthly.

Therapy Reports submitted online quarterly.

PHP Monitor Reports submitted online quarterly.

Workplace Monitor Reports submitted online quarterly.

TREATMENT

THERAPY

1) I agree to enter into therapy until such time as the attending therapist(s) discharge me from such treatment in collaboration with PHP.

Individual: X Group: _____ Family/Couples: _____

It is my responsibility to remind the therapist when a report is due. These can be completed online or on paper (it is your responsibility to provide them with a form). If the therapist is agreeable to submitting reports on line, please have them call the PHP.

OTHER TREATMENTS/REQUIREMENTS

Examples: Other therapies, courses (prescribing, boundaries, ethics), rechecks at treatment centers, etc.

INITIAL HERE TO INDICATE THERAPY REQUIRMENTS HAVE BEEN EXPLAINED _____

DRUG TESTING

1) I choose to do all drug testing through the Professionals Health Monitoring Program (PHMP), Bureau of Professional and Occupational Affairs, Commonwealth of Pennsylvania. *I understand that numbers 1-8 below do not apply and I agree to follow all PHMP policies and procedures for drug testing.* **INITIAL HERE TO INDICATE SELECTION _____**

I choose to do drug testing with both PHP and PHMP. *I understand that numbers 1-8 below apply to my participation.* **INITIAL HERE TO INDICATE SELECTION _____**

1) I agree to participate in random specified urine and blood analysis program approved by the PHP. I agree to login into my Affinity eHealth account Monday - Friday to check my testing status. Testing status can be checked between the hours of 12:30 a.m. and 4:00 p.m.

2) I am aware that the frequency of testing is determined by the PHP staff, individualized per participant based on evaluation and or treatment recommendations. Time period in monitoring and compliance with my monitoring agreement will affect my frequency of drug testing. I am aware that my file will be reviewed on a yearly basis by the PHP to determine appropriate frequency.

3) I agree to other testing for drugs or alcohol as deemed appropriate by the PHP Medical Director. These tests can include but not be limited to, hair, nail, saliva, etc.

4) I agree to familiarize myself with food and substances that are known to produce positive tests. I further agree to review ingredients of products for substances that are known to produce positive tests when available. I am aware that my Affinity eHealth account has a listing of drugs to avoid. I am aware I must avoid poppy seeds, cannabinoid (including THC & CBD) and hemp products, kratom (mitragyna), alcohol-based medications, foods or products (including kombucha or similarly fermented products). If I have questions, I agree to call the PHP before taking anything. In the event of ingestion of a prohibited substance, results will be considered in the context of all the monitoring procedures described in this agreement.

5) I have been given a Medication Guide and agree to review it in its entirety. This guide is also available through my Affinity account. I am aware that if there is a need to take a Class B or C drug (as listed in the guide), I will obtain approval from my treating physician/provider, submit documentation, and contact a PHP Medical Director to discuss the use of the medication. I agree to notify the PHP when I start and finish any medication listed in Class B or C.

INITIAL HERE TO CONFIRM RECEIPT OF THE MEDICATION GUIDE _____

6) I am aware that any positive drug test will result in a referral for an evaluation. The PHP will provide a list of approved evaluators.

7) I am aware that I must notify the PHP of any travel plans at least five (5) days prior to leaving. I will add a monitoring interruption through my Affinity login or call the PHP. In the event of an emergency requiring immediate travel, I will call the PHP to notify them of my inability to check-in and test. I am aware the limit for monitoring interruptions is 15 testing days per calendar year. Staff will deny any requests greater than the 15 testing days per calendar year and participants will need to check in and provide a specimen while they

are out of town. Prior to going out of town, participants need to work with Affinity staff to help locate a testing site and verify supplies.

8) I am aware that I am fully responsible for payment of all drug testing.

INITIAL HERE TO INDICATE DRUG TESTING REQUIRMENTS HAVE BEEN EXPLAINED _____

**12-STEP MEETINGS OR
OTHER APPROVED SELF HELP GROUPS**

1) 12-STEP (AA, NA, CA, etc.) - I agree to attend three (3) 12-Step Program meetings each week. I agree to obtain a sponsor and home group and participate in stepwork with my sponsor.

Meetings should be recorded electronically through your Affinity eHealth account and submitted monthly. **Please do not include therapy sessions on your meeting logs.**

2) CADUCEUS - I further agree to attend Caduceus meetings unless they are not geographically feasible. Caduceus attendance counts towards 12-Step meetings attendance and can be recorded in the same fashion. I have been provided with a list of Caduceus meetings in Pennsylvania.

3) IDAA - The PHP strongly recommends attendance to at least one national meeting of the IDAA within the five years of your contract. This is an important component of your recovery. Information about IDAA can be found at idaa.org.

INITIAL HERE TO INDICATE 12-STEP MEETING REQUIRMENTS HAVE BEEN EXPLAINED _____

MEDICAL CARE

1) I agree to have a personal care physician, and to avoid self-treatment, because these are important parts of my recovery. I will allow my personal physician(s) to inform the PHP of conditions for which I am under treatment as well as all medications. I will inform my PCP of my recovery and request that controlled substances and other potentially addictive drugs not be prescribed unless there is no alternative treatment available. I will engage in a complete history and physical examination if recommended by the PHP.

I am aware that no family members or co-workers can act as my treating physician.

2) I agree not to prescribe scheduled drugs for family members or others who are not legitimate patients within the scope of my practice.

3) I agree to maintain abstinence from the use of any mood altering chemicals (drugs and/or alcohol) unless prescribed by my physician in an appropriate manner for an illness with full knowledge of my diagnoses and monitoring.

4) A copy of any prescription for controlled substances/drugs of addiction must be faxed to (855) 933-2605 or confidentially emailed to the PHP office for PHP Medical Director approval.

INITIAL HERE TO INDICATE MEDICAL CARE REQUIRMENTS HAVE BEEN EXPLAINED _____

PHP CHECK-IN

1) I agree to contact the PHP by telephone to discuss my recovery and compliance with my monitoring agreement.

FREQUENCY OF CONTACT: Weekly for one month, then monthly

It is your responsibility to call the PHP office, Monday - Thursday to "CHECK-IN." A CHECK-IN call can be completed by any PHP staff member. When calling, please state that the purpose of the call is to "CHECK-IN." **Voice-mails are not acceptable as check-in calls.** Voice-mails are acceptable to ask for forms, remind us of a vacation, etc.

Toll Free:	Regular Line:	Emergency Line:
866-747-2255	717-558-7819	717-558-7817

PHP telephone hours are 7:30 a.m. to 5:00 p.m. Monday - Thursday. The PHP takes lunch from 12:30 p.m. to 1:30 p.m. Case conference is held every Tuesday and Thursday from 9:30 a.m. to 11:00 a.m. We are here on Friday from 7:30 a.m. to 5:00 p.m. and will answer the emergency line. As a reminder, check-in calls are not to be made on the emergency line and cannot be done on a Friday.

INITIAL HERE TO INDICATE PHP CHECK-IN REQUIREMENTS HAVE BEEN EXPLAINED _____

DISCLOSURE AND MONITORING

WORK DISCLOSURE AND CONTACT

- 1) ENTER ANY WORK RESTRICTIONS (Return to work dates, conditions, etc.)
- 2) I agree that I will fully disclose my recovery status, and my participation in the PHP to all places where I practice medicine. I agree to name a workplace liaison.

A liaison should be someone at your place of employment or hospital(s) where you hold privileges. This person needs to be someone who represents that entity—i.e., CEO, president, owner, director. The liaison is different from the workplace monitor and is used as another line of communication between your place of employment and/or hospital. The liaison is not required to send reports to the PHP.

- 3) I give permission for the PHP to communicate with my employers, institutions, organizations, companies, and/or hospitals. Such communication may include, but is not limited to, assessment and treatment recommendations, notification of positive toxicology screens as well as other pertinent relapse information.
- 4) I authorize the PHP to provide any or all of my employers, institutions, organizations, companies, and/or hospitals with quarterly recovery status reports. I agree to sign a specific release of information for each entity that is to receive quarterly status reports. I further understand that such reports will reflect my compliance or non-compliance with all aspects of my PHP monitoring agreement.

WORKPLACE MONITOR

- 1) I agree to name a workplace monitor who has regular contact with me and will observe and report every three months on my attitude and behavior in the workplace. The choice of workplace monitor is subject to approval by the PHP.

It is my responsibility to let my workplace monitor know when a quarterly report is due.

PHP MONITOR

- 1) I agree to maintain contact with my PHP monitor, who will be assigned to me by the PHP.

It is my responsibility to meet in person with my PHP monitor on a monthly basis and verify my report is sent on a quarterly basis.

For pharmacists and pharmacy interns - It is my responsibility to meet with my PHP Peer Monitor twice per month with one meeting being a face-to-face, in person meeting. I will verify my report is sent on a quarterly basis.

INITIAL HERE TO INDICATE DISCLOSURE AND MONITORING REQUIREMENTS HAVE BEEN EXPLAINED _____

PHMP

- 1) I have signed/will sign an agreement with the Professional Health Monitoring Programs (PHMP), Bureau of Professional and Occupational Affairs.
- 2) I agree to open communication between the PHP and the PHMP and will execute any consents appropriate to allow communication with the Bureau.

INITIAL HERE TO INDICATE PHMP REQUIREMENTS HAVE BEEN EXPLAINED _____

REPORTING AND COMMUNICATION

REPORTING

- 1) I further understand the PHP will take action as is necessary and/or legally mandated to report my failure to comply with the provisions of this agreement to person(s), group(s), and organization(s) that need to be informed for patient protection and my own well-being.

The persons or entities to whom PHP will disclose this information will vary with the circumstances but may include some or all of the following:

- physicians (pharmacists or pharmacy interns) or others associated with my medical (pharmacy) practice;
- physicians (pharmacists) or others associated with a hospital(s) (pharmacy) with which I have privileges;

- the Professional Health Monitoring Programs (PHMP) of the Bureau of Professional and Occupational Affairs; and
- person(s) associated with the State Professional Licensing Boards, including any person whom a Consent Order and Adjudication or an Adjudication requires to be so informed.

I understand that the disclosures and reporting discussed above are separate and distinct from the regular communications that are integral to my treatment and monitoring.

COMMUNICATION

- 1) I agree to inform other appropriate persons and/or institutions of my participation in the PHP. This includes naming an emergency contact. Other persons and institutions may include, but is not limited to, family members, other state PHPs, attorneys, etc.
- 2) I agree to open communication between the PHP and those delineated in this agreement and agree to execute any consents for release of information necessary to facilitate or allow that communication.
- 3) I agree to advise all parties to this agreement immediately if I should suffer a relapse or exacerbation of symptoms, and to comply with the recommended treatment. This includes all legal entities with whom I am engaged.
- 4) I agree to notify the PHP of any change of address, employment, telephone numbers, legal status, and marital/family conditions that might have relevance to recovery.
- 5) I agree to notify the PHP of any arrests, investigations, or complaints, including regulatory agency complaints.
- 6) I agree to notify the PHP of any disciplinary notices by regulatory agencies, hospitals or employers.
- 7) I agree to notify the PHP of any malpractice claims or notice of adverse events.
- 8) I agree to participate in any follow-up interviews and data collection concerning my recovery.

INITIAL HERE TO INDICATE REPORTING AND COMMUNICATION REQUIRMENTS HAVE BEEN EXPLAINED _____

CONDUCT

1) I am aware that any abusive conduct towards PHP staff, including but not limited to, yelling, cursing, threats of harm, unprofessional behavior, etc. will not be tolerated. I am aware that if I engage in any abusive conduct my PHP file will be closed.

INITIAL HERE TO INDICATE CONDUCT REQUIRMENTS HAVE BEEN EXPLAINED _____

FINANCIAL RESPONSIBILITY

1) I understand that I will be required to pay a case initiation fee to enroll in the PHP. I agree to make this payment in full at the time my agreement with the PHP is signed. I agree to take responsibility for all my expenses incurred as a result of my treatment and recovery. I further agree to pay for all costs incurred in necessary monitoring and documenting my recovery. Failure to meet my financial obligations can result in termination of my agreement and will result in PHP status reports being delayed or not completed. **All fees are subject to change.**

Case Initiation Fees are as follows:

- PAMED/POMA/PDA Members \$325.00 (current member or join within 30 days)
- Non-members/Dentists \$425.00
- Fellows, Residents, Physician Assistants and Dental Hygienists \$200.00
- Students \$100.00
- **Pharmacists \$200.00**
- **Pharmacy Interns \$100.00**

Monthly Monitoring Fees are as follows:

- Physician, Retired Physician and Non-Physician Participants \$125.00
- **Pharmacists \$75.00**
- Fellows, Residents, Physician Assistants and Dental Hygienists \$75.00

- Students, Unemployed \$30.00
- Pharmacy Interns \$30.00

Payments will be made electronically through your Affinity eHealth account. You will see a program fee on your account page outlining the amount owed.

If monthly payments are in arrears, no advocacy letters will be sent.

The PHP has a scholarship application available for limited scholarship assistance on monitoring fees. A copy can be downloaded from our website and submitted. Incomplete applications will not be considered.

INITIAL HERE TO INDICATE FINANCIAL RESPONSIBILITY REQUIRMENTS HAVE BEEN EXPLAINED _____

DATE

«First» «Last»«Suffix», «Doctor»

DATE

Medical Director, Physicians' Health Program



**Physicians'
HEALTH
Program**

The Foundation of the Pennsylvania Medical Society

RELEASE OF INFORMATION FORM

**400 Winding Creek Boulevard
Mechanicsburg, PA 17050**

**Telephone: (717) 558-7819 ☎ Fax: (855) 933-2605
☎ Toll Free: (866) 747-2255 ☎**

Send information to: (name & address necessary)	*Name/Title:	Kevin Knipe
	*Company:	PHMP
	*Address:	PO Box 10569
	*Address:	
	*City, State, Zip:	Harrisburg, PA 17105
	Telephone Number:	717-783-4857
	FAX NUMBER:	

From: Physicians' Health Program

RE: PARTICIPANT CONSENT FOR DISCLOSURE OF INFORMATION

*Participant Name: «First» «Last»«Suffix», «Doctor»

***PURPOSE OR NEED FOR DISCLOSURE:**

- | | |
|--|--|
| <input type="checkbox"/> Credentialing | <input type="checkbox"/> Statement Regarding Compliance |
| <input type="checkbox"/> Licensure (requires summary letter) | <input checked="" type="checkbox"/> Other: <u>Participation in Program</u> |

***INFORMATION TO BE DISCLOSED:**

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compliance Statement | <input checked="" type="checkbox"/> Quarterly Compliance Statements |
| <input checked="" type="checkbox"/> Summary of Participation | <input checked="" type="checkbox"/> Verbal Communication |

***MANDATORY* DATE CONSENT EXPIRES MUST BE A MONTH/DAY/YEAR: «Expires»**

THIS CONSENT IS SUBJECT TO REVOCATION AT ANY TIME EXCEPT TO THE EXTENT THAT ACTION HAS BEEN TAKEN IN RELIANCE THEREON.

*	*
_____	_____
Participant Signature	Date



**Physicians'
HEALTH
Program**

The Foundation of the Pennsylvania Medical Society

RELEASE OF INFORMATION FORM

400 Winding Creek Boulevard
Mechanicsburg, PA 17050

Telephone: (717) 558-7819 ☎ Fax: (855) 933-2605

☎ Toll Free: (866) 747-2255 ☎

Send information to:
(name & address necessary)

*Name/Title:
*Company:
*Address:
*Address:
*City, State, Zip:
Telephone Number:
FAX NUMBER:

Julie Droddy

PHMP

PO Box 10569

Harrisburg, PA 17105

717-783-4857

From: Physicians' Health Program

RE: PARTICIPANT CONSENT FOR DISCLOSURE OF INFORMATION

*Participant Name: «First» «Last»«Suffix», «Doctor»

***PURPOSE OR NEED FOR DISCLOSURE:**

- Credentialing
- Licensure (requires summary letter)
- Statement Regarding Compliance
- Other: participation in program _____

***INFORMATION TO BE DISCLOSED:**

- Compliance Statement
- Summary of Participation
- Quarterly Compliance Statements
- Verbal Communication

***MANDATORY* DATE CONSENT EXPIRES MUST BE A MONTH/DAY/YEAR: «Expires»**

THIS CONSENT IS SUBJECT TO REVOCATION AT ANY TIME EXCEPT TO THE EXTENT THAT ACTION HAS BEEN TAKEN IN RELIANCE THEREON.

* _____
Participant Signature

* _____
Date



**Physicians'
HEALTH
Program**

The Foundation of the Pennsylvania Medical Society

RELEASE OF INFORMATION FORM

400 Winding Creek Boulevard
Mechanicsburg, PA 17050

Telephone: (717) 558-7819 ☎ Fax: (855) 933-2605

☎ Toll Free: (866) 747-2255 ☎

Send information to:
(name & address necessary)

*Name/Title:

Erik Omlor

*Company:

PHMP

*Address:

PO Box 10569

*Address:

*City, State, Zip:

Harrisburg, PA 17105

Telephone Number:

717-783-4857

FAX NUMBER:

From: Physicians' Health Program

RE: PARTICIPANT CONSENT FOR DISCLOSURE OF INFORMATION

*Participant Name: «First» «Last»«Suffix», «Doctor»

***PURPOSE OR NEED FOR DISCLOSURE:**

Credentialing

Statement Regarding Compliance

Licensure (requires summary letter)

Other: participation in program _____

***INFORMATION TO BE DISCLOSED:**

Compliance Statement

Quarterly Compliance Statements

Summary of Participation

Verbal Communication

***MANDATORY* DATE CONSENT EXPIRES MUST BE A MONTH/DAY/YEAR: «Expires»**

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*

Participant Signature

*

Date



**Physicians'
HEALTH
Program**

The Foundation of the Pennsylvania Medical Society

MONITORING AGREEMENT- RELEASE OF INFORMATION

Send information to: (name & address necessary) *Name/Title: _____
 *Company: _____
 *Address: _____
 *Address: _____
 *City, State, Zip: _____
 Telephone Number: _____
 FAX NUMBER: _____

This individual named on this release is serving as:

- Therapist
- Workplace Liaison
- Workplace Monitor
- PHP Monitor
- Treating Physician (PCP)
- Emergency Contact:
Relationship _____
- Other _____

From: Physicians' Health Program

RE: PARTICIPANT CONSENT FOR DISCLOSURE OF INFORMATION

*Participant Name: «First» «Last»«Suffix», «Doctor»

***PURPOSE OR NEED FOR DISCLOSURE:**

- Involvement in my PHP Monitoring Agreement Other: _____

***INFORMATION TO BE DISCLOSED**

- Summary of Participation Verbal Communication

***MANDATORY* DATE CONSENT EXPIRES MUST BE A MONTH/DAY/YEAR:** «Expires»

THIS CONSENT IS SUBJECT TO REVOCATION AT ANY TIME EXCEPT TO THE EXTENT THAT ACTION HAS BEEN TAKEN IN RELIANCE THEREON.

* _____ *
Participant Signature **Date**

**Physicians' Health Program
400 Winding Creek Boulevard
Mechanicsburg, PA 17050**

**Telephone: (717) 558-7819
Toll Free: (866) 747-2255
Fax: (855) 933-2605
Email: PHP-foundation@pamedsoc.org**



**Physicians'
HEALTH
Program**

The Foundation of the Pennsylvania Medical Society

MONITORING AGREEMENT- RELEASE OF INFORMATION

Send information to:
(name & address necessary)

*Name/Title: _____

*Company: _____

*Address: _____

*Address: _____

*City, State, Zip: _____

Telephone Number: _____

FAX NUMBER: _____

This individual named on this release is serving as:

Therapist

Treating Physician (PCP)

Workplace Liaison

Emergency Contact

Workplace Monitor

Other _____

PHP Monitor

From: Physicians' Health Program

RE: PARTICIPANT CONSENT FOR DISCLOSURE OF INFORMATION

*Participant Name: «First» «Last»«Suffix», «Doctor»

***PURPOSE OR NEED FOR DISCLOSURE:**

Involvement in my PHP Monitoring Agreement Other: _____

***INFORMATION TO BE DISCLOSED:**

Summary of Participation Verbal Communication

***MANDATORY* DATE CONSENT EXPIRES MUST BE A MONTH/DAY/YEAR: «Expires»**

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*

Participant Signature

*

Date

**Physicians' Health Program
400 Winding Creek Boulevard
Mechanicsburg, PA 17050**

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Fax: (855) 933-2605
Email: PHP-foundation@pamedsoc.org**



Physicians' HEALTH Program

The Foundation of the Pennsylvania Medical Society

MONITORING AGREEMENT- RELEASE OF INFORMATION

Send information to: (name & address necessary) *Name/Title: Laura Crossett *Company: Soberlink *Address: *Address: *City, State, Zip: Telephone Number: 714-975-7213 FAX NUMBER: Soberlink.com

This individual named on this release is serving as:

- Therapist, Workplace Liaison, Workplace Monitor, PHP Monitor, Treating Physician (PCP), Emergency Contact, Other

From: Physicians' Health Program

RE: PARTICIPANT CONSENT FOR DISCLOSURE OF INFORMATION

*Participant Name: «First» «Last»«Suffix», «Doctor»

*PURPOSE OR NEED FOR DISCLOSURE:

- Involvement in my PHP Monitoring Agreement, Other

*INFORMATION TO BE DISCLOSED:

- Summary of Participation, Verbal Communication

MANDATORY DATE CONSENT EXPIRES MUST BE A MONTH/DAY/YEAR: «Expires»

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* Participant Signature Date

Physicians' Health Program 400 Winding Creek Boulevard Mechanicsburg, PA 17050

Telephone: (717) 558-7819 Toll Free: (866) 747-2255 Fax: (855) 933-2605 Email: PHP-foundation@pamedsoc.org



**Physicians'
HEALTH
Program**

The Foundation of the Pennsylvania Medical Society

MONITORING AGREEMENT- RELEASE OF INFORMATION

Send information to: (name & address necessary)

*Name/Title: Brian Wegener

*Company: Soberlink

*Address: _____

*Address: _____

*City, State, Zip: _____

Telephone Number: 714-975-7213

FAX NUMBER: Soberlink.com

This individual named on this release is serving as:

- Therapist
- Workplace Liaison
- Workplace Monitor
- PHP Monitor
- Treating Physician (PCP)
- Emergency Contact
- Other _____

From: Physicians' Health Program

RE: PARTICIPANT CONSENT FOR DISCLOSURE OF INFORMATION

*Participant Name: «First» «Last»«Suffix», «Doctor»

***PURPOSE OR NEED FOR DISCLOSURE:**

- Involvement in my PHP Monitoring Agreement Other: _____

***INFORMATION TO BE DISCLOSED:**

- Summary of Participation Verbal Communication

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*

Participant Signature

**Physicians' Health Program
400 Winding Creek Boulevard
Mechanicsburg, PA 17050**

*

Date

**Telephone: (717) 558-7819
Toll Free: (866) 747-2255
Fax: (855) 933-2605
Email: PHP-foundation@pamedsoc.org**



Physicians' HEALTH Program

The Foundation of the Pennsylvania Medical Society

MONITORING AGREEMENT- RELEASE OF INFORMATION

Send information to: (name & address necessary) *Name/Title: Andrew Bunker *Company: Soberlink *Address: *Address: *City, State, Zip: Telephone Number: 714-975-7213 FAX NUMBER: Soberlink.com

This individual named on this release is serving as:

- Therapist, Workplace Liaison, Workplace Monitor, PHP Monitor, Treating Physician (PCP), Emergency Contact, Other

From: Physicians' Health Program

RE: PARTICIPANT CONSENT FOR DISCLOSURE OF INFORMATION

*Participant Name: «First» «Last»«Suffix», «Doctor»

*PURPOSE OR NEED FOR DISCLOSURE:

Involvement in my PHP Monitoring Agreement Other:

*INFORMATION TO BE DISCLOSED:

Summary of Participation Verbal Communication

MANDATORY DATE CONSENT EXPIRES MUST BE A MONTH/DAY/YEAR: «Expires»

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*

Participant Signature

Physicians' Health Program 400 Winding Creek Boulevard Mechanicsburg, PA 17050

*

Date

Telephone: (717) 558-7819 Toll Free: (866) 747-2255 Fax: (855) 933-2605 Email: PHP-foundation@pamedsoc.org



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

Professional Health Monitoring Programs
P.O. Box 10569
Harrisburg, PA 17105-0569

Telephone: 717-783-4857
Fax: 717-772-1950
Email: ra-stphmp@pa.gov

Voluntary Recovery Program

Objective: The Voluntary Recovery Program (VRP) provides a method by which licensed health care professionals suffering from a mental or physical disorder can be directed to appropriate treatment and receive monitoring to ensure that they remain capable of practicing safely. The program offers the eligible professional an alternative to board disciplinary action from becoming a permanent part of his or her professional licensing record. However, the VRP's non-public format is a privilege and not a right; therefore, a licensee declining to cooperate with the VRP will exclude the licensee from further VRP consideration.

Eligibility Requirements: To be eligible for VRP participation, a licensee must:

1. Complete an evaluation by a provider approved by the VRP and have the assessor determine that a diagnosed mental or physical disorder exists.
2. Fully comply with the treatment plan recommended by the VRP-approved provider(s) and approved by the VRP.
3. Enter into a VRP Consent Agreement, which is approved by the licensing board, providing that disciplinary action, including suspension or revocation, will be deferred so long as the licensed professional adheres to the VRP Consent Agreement.
4. Successfully complete at least three years of monitoring under the VRP Consent Agreement that includes VRP supervision of the licensee's treatment and recovery process, work performance, professional support group attendance, abstinence from prohibited substances, and random drug testing.

Terms and Conditions for VRP Participation: To enroll and maintain good standing in the VRP, the licensee must:

1. Sign the Participation Cooperation Form; complete the Personal Data Sheet.
2. Complete a VRP-approved assessment and/or treatment.
3. Comply with the treatment plan developed by the VRP-approved assessor/treatment provider.

4. If specifically requested by the VRP to not practice as a licensed professional, the licensee must agree not to accept or continue employment in any position requiring licensure until cleared to do so by the VRP case manager and a VRP-approved provider.
5. When approved to return to licensed practice by the VRP, the licensee:
 - A. Shall not work in any practice setting without workplace monitoring as required by the VRP.
 - B. Shall adhere to all practice limitations established by the VRP case manager.
6. Completely abstain from the use of all controlled substances, caution legend (prescription) drugs, mood altering substances or substances of abuse including alcohol in any form, except under the following:
 - A. The licensee is a bona fide patient of a licensed health care practitioner who is aware of the licensee's impairment and participation in the VRP;
 - B. Such medications are lawfully prescribed by the licensee's treating practitioner and approved by the VRP case manager;
 - C. The licensee provides the VRP, within 48 hours of receiving the prescription, written notification of the prescription including name of prescribing practitioner, illness or condition diagnosed, the type, strength, amount and dosage.
7. Avoid all substances of abuse including but not limited to Dextromethorphan, Kratom, Kava, Khat, Ayahuasca, Peyote, Salvia.
8. Completely abstain from the use of marijuana, medical marijuana, medical marijuana extract, synthetic marijuana, cannabinoids, cannabichromene (CBC), cannabidiol (CBD), cannabidiolic acid (CBDA), cannabidivarin (CBDV), cannabigerol (CBG), cannabitol (CBN), Delta-8 Tetrahydrocannabinol (Delta-8 THC), Delta-9 Tetrahydrocannabinol (THC), tetrahydrocannabinolic acid (THCA), tetrahydrocannabivarin (THCV), and terpenes unless licensee is a bona fide patient of a licensed health care practitioner who is aware of the licensee's impairment and participation in the VRP.
9. Avoid all products containing alcohol including but not limited to over-the-counter medications (e.g. cough syrup), mouthwash, hygiene products, topical gels or medications, foods or liquids containing alcohol (e.g. vanilla extract, kombucha).
10. Avoid all foods containing poppy seeds.
11. Undergo random drug testing as directed by the VRP.
12. Arrange for submission to the VRP of regularly scheduled progress reports by treatment provider(s) and/or the workplace supervisor or monitor.
13. Sign a VRP Consent Agreement with the licensing board deferring formal disciplinary action for a period of no less than three years.

14. Enroll in a peer assistance program when available and requested by the VRP.
15. Submit monthly verification of attendance at required support group meetings (number of meetings as recommended by the VRP-approved treatment provider).
16. If requested by the VRP, the licensee will agree to inactivate the licensee's professional license and maintain an inactive license until the VRP provides the licensee with written permission to pursue reactivation.
17. Pay all costs incurred in complying with VRP participation, including but not limited to undergoing requested evaluation(s), treatment, the reproduction of treatment or other records, drug testing and any subsequent reanalysis of specimens and/or medical review officer consultation(s) of non-negative drug test results.

Ineligible for VRP participation include:

1. Licensees convicted of, pleading guilty, or nolo contendere to either a felony or a misdemeanor under the Controlled Substance, Drug, Device and Cosmetic Act.
2. Licensees with a history of practice problems indicating significant patient harm.
3. Licensees who have been involved in the diversion of controlled substances for the primary purpose of sale or distribution.
4. Licensees who have committed sexual boundary violations.
5. Licensees who have failed to successfully complete a similar program in another jurisdiction.
6. Licensees who previously declined or failed to cooperate with the VRP.



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

Professional Health Monitoring Programs
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Voluntary Recovery Program

Objective: The Voluntary Recovery Program (VRP) provides a method by which licensed health care professionals suffering from a mental or physical disorder can be directed to appropriate treatment and receive monitoring to ensure that they remain capable of practicing safely. The program offers the eligible professional an alternative to board disciplinary action from becoming a permanent part of his or her professional licensing record. However, the VRP's non-public format is a privilege and not a right; therefore, a licensee declining to cooperate with the VRP will exclude the licensee from further VRP consideration.

Eligibility Requirements: To be eligible for VRP participation, a licensee must:

1. Complete an evaluation by a provider approved by the VRP and have the assessor determine that a diagnosed mental or physical disorder exists.
2. Fully comply with the treatment plan recommended by the VRP-approved provider(s) and approved by the VRP.
3. Enter into a VRP Consent Agreement, which is approved by the licensing board, providing that disciplinary action, including suspension or revocation, will be deferred so long as the licensed professional adheres to the VRP Consent Agreement.
4. Successfully complete at least three years of monitoring under the VRP Consent Agreement that includes VRP supervision of the licensee's treatment and recovery process, work performance, professional support group attendance, abstinence from prohibited substances, and random drug testing.

Terms and Conditions for VRP Participation: To enroll and maintain good standing in the VRP, the licensee must:

1. Sign the Participation Cooperation Form; complete the Personal Data Sheet.
2. Complete a VRP-approved assessment and/or treatment.
3. Comply with the treatment plan developed by the VRP-approved assessor/treatment provider.

4. If specifically requested by the VRP to not practice as a licensed professional, the licensee must agree not to accept or continue employment in any position requiring licensure until cleared to do so by the VRP case manager and a VRP-approved provider.
5. When approved to return to licensed practice by the VRP, the licensee:
 - A. Shall not work in any practice setting without workplace monitoring as required by the VRP.
 - B. Shall adhere to all practice limitations established by the VRP case manager.
6. Completely abstain from the use of all controlled substances, caution legend (prescription) drugs, mood altering substances or substances of abuse including alcohol in any form, except under the following:
 - A. The licensee is a bona fide patient of a licensed health care practitioner who is aware of the licensee's impairment and participation in the VRP;
 - B. Such medications are lawfully prescribed by the licensee's treating practitioner and approved by the VRP case manager;
 - C. The licensee provides the VRP, within 48 hours of receiving the prescription, written notification of the prescription including name of prescribing practitioner, illness or condition diagnosed, the type, strength, amount and dosage.
7. Avoid all substances of abuse including but not limited to Dextromethorphan, Kratom, Kava, Khat, Ayahuasca, Peyote, Salvia.
8. Completely abstain from the use of marijuana, medical marijuana, medical marijuana extract, synthetic marijuana, cannabinoids, cannabichromene (CBC), cannabidiol (CBD), cannabidiolic acid (CBDA), cannabidivarin (CBDV), cannabigerol (CBG), cannabinol (CBN), Delta-8 Tetrahydrocannabinol (Delta-8 THC), Delta-9 Tetrahydrocannabinol (THC), tetrahydrocannabinolic acid (THCA), tetrahydrocannabivarin (THCV), and terpenes unless licensee is a bona fide patient of a licensed health care practitioner who is aware of the licensee's impairment and participation in the VRP.
9. Avoid all products containing alcohol including but not limited to over-the-counter medications (e.g. cough syrup), mouthwash, hygiene products, topical gels or medications, foods or liquids containing alcohol (e.g. vanilla extract, kombucha).
10. Avoid all foods containing poppy seeds.
11. Undergo random drug testing as directed by the VRP.
12. Arrange for submission to the VRP of regularly scheduled progress reports by treatment provider(s) and/or the workplace supervisor or monitor.
13. Sign a VRP Consent Agreement with the licensing board deferring formal disciplinary action for a period of no less than three years.

14. Enroll in a peer assistance program when available and requested by the VRP.
15. Submit monthly verification of attendance at required support group meetings (number of meetings as recommended by the VRP-approved treatment provider).
16. If requested by the VRP, the licensee will agree to inactivate the licensee's professional license and maintain an inactive license until the VRP provides the licensee with written permission to pursue reactivation.
17. Pay all costs incurred in complying with VRP participation, including but not limited to undergoing requested evaluation(s), treatment, the reproduction of treatment or other records, drug testing and any subsequent reanalysis of specimens and/or medical review officer consultation(s) of non-negative drug test results.

Ineligible for VRP participation include:

1. Licensees convicted of, pleading guilty, or nolo contendere to either a felony or a misdemeanor under the Controlled Substance, Drug, Device and Cosmetic Act.
2. Licensees with a history of practice problems indicating significant patient harm.
3. Licensees who have been involved in the diversion of controlled substances for the primary purpose of sale or distribution.
4. Licensees who have committed sexual boundary violations.
5. Licensees who have failed to successfully complete a similar program in another jurisdiction.
6. Licensees who previously declined or failed to cooperate with the VRP.

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BEFORE THE STATE BOARD OF PHARMACY**

**In the Matter of the License
to Practice as a Pharmacist Held by
License No.**

**Case No.
PHMP No.**

CONSENT AGREEMENT AND ORDER

PARTIES

The Commonwealth of Pennsylvania, Department of State, Bureau of Professional and Occupational Affairs ("Commonwealth") and [Name here], RPh ("Licensee") stipulate as follows in settlement of the above-captioned case.

APPLICABLE LAW

1. This matter is before the State Board of Pharmacy ("Board") pursuant to the Pharmacy Act, act of September 27, 1961, P.L. 1700, No. 699 ("Act"), *as amended*, 63 P.S. §§ 390-1 to 390-13; and/or 63 Pa.C.S. Chapter 31 ("Chapter 31"), 63 Pa.C.S. §§ 3101-3118.

LICENSURE STATUS

2. At all relevant and material times, Licensee held the following license to practice as a pharmacist in the Commonwealth of Pennsylvania: license no. [number here], which was originally issued on [date here], and which is currently set to expire on [date here].

STIPULATED FACTS

3. Licensee admits the following:
- a. Licensee's license may be continually renewed or reactivated upon the filing of the required documentation and payment of the applicable fees.
 - b. Licensee's address is: [address here].
 - c. Licensee has suffered from chemical abuse or dependency, specifically [diagnosis here] since [date here].

- d. Licensee has been receiving treatment at [facility or provider here].
- e. Licensee has not been convicted of a crime under the Controlled Substance, Drug, Device and Cosmetic Act or the Pharmacy Act.
- f. Licensee has not sold controlled substances except in the lawful practice of pharmacy.

POTENTIAL VIOLATION OF ACT

4. Based upon the factual allegations in paragraph 3 above, the Board is authorized to suspend, revoke, or otherwise restrict Licensee's license under section 5(a)(4) of the Act, 63 P.S. § 390-5(a)(4) because Licensee is unfit or unable to practice the profession by reason of a physical or mental disease or disability.

5. Licensee's license to practice as a pharmacist in the Commonwealth of Pennsylvania, along with any other licenses, registrations, certificates, approvals, authorizations, or permits (hereinafter referred to collectively as "authorizations to practice the profession") issued by the Board shall be suspended under the terms of this Consent Agreement and Order (Agreement), but the enforcement of that suspension shall be stayed for the length of time Licensee remains in an approved treatment and monitoring program and makes satisfactory progress, complies with the other terms of this Agreement and adheres to all conditions as set forth in this Agreement.

6. The Board may defer and ultimately dismiss the within suspension so long as the Licensee progresses satisfactorily in an approved treatment and monitoring program; and provided Licensee is not convicted, as defined in the Act, of a crime under the Controlled Substance, Drug, Device and Cosmetic Act, the Pharmacy Act, or any other crime relating to a controlled substance in the courts of this Commonwealth, the United States, or any other state, territory or country, or other violation under the Act; in which event Licensee will be subject to the provisions in 7(f) below, as well as additional disciplinary action for that misconduct.

BOARD ORDER

7. The parties, intending to be legally bound, consent to the issuance of the following Order in settlement of this matter:

a. The Board finds that it is authorized to suspend, revoke or otherwise restrict Licensee's license under section 5(a)(4) of the Act, 63 P.S. § 390-5(a)(4) in that Licensee is unfit or unable to practice the profession by reason of a physical or mental disease or disability (hereinafter, the "*impairment*").

b. For purposes of this Agreement and Order, the terms "*practice*," "*practice of the profession*," and "*practice the profession*" shall include any and all activities requiring a license, registration, certificate, approval, authorization, or permit from the Board (collectively, "*authorizations to practice*") to perform. It also includes attendance at any educational program/course that includes a clinical practice component with patients and/or requires a current license to practice the profession.

c. This disciplinary action is deferred, and this matter may ultimately be dismissed pursuant to the *Impaired Professional Program* provision, section 7(d.4) of the Act, 63 P.S. § 390-7(d.4), provided Licensee progresses satisfactorily in an approved treatment and monitoring program and complies with the terms and conditions of this Agreement.

d. This Agreement shall not be considered a public document, nor public discipline, and it is not reportable to the National Practitioner Data Bank. Nevertheless, this Agreement may be shared with individuals and institutions for purposes of monitoring. The Licensee's failure to fully comply with the terms and

conditions of this Agreement may result in the Agreement becoming public along with public discipline being imposed.

e. Licensee's license number [license number here], along with any other authorizations to practice the profession held by Licensee at the time this Agreement is adopted by the Board, shall be indefinitely **SUSPENDED** for no less than three (3) years, unless that period of suspension is extended for cause by mutual agreement of Licensee and the Professional Health Monitoring Program (“PHMP”), Voluntary Recovery Program (“VRP”) case manager, such suspension to be immediately **STAYED** subject to the following terms and conditions:

GENERAL

(1) Licensee shall fully and completely comply and cooperate with the PHMP and its agents and employees in their monitoring of Licensee's impairment under this Agreement.

(2) Licensee shall abide by and obey all federal and state laws, including, but not limited to, statutes, rules and regulations. The filing of criminal charges, other than summary traffic violations, shall constitute a violation of this order. Summary traffic violations shall not constitute a violation of this Order; however, a violation of any conditions of a criminal probation and/or parole is a violation of this Order.

(3) Licensee shall at all times cooperate and comply with the PHMP and its agents and employees in the monitoring, supervision and investigation of Licensee's compliance with the terms and conditions of this Agreement. Licensee shall cooperate and comply

with any requests for written reports, records or verifications of actions that may be required by the PHMP; the requested shall be obtained and submitted at Licensee's expense.

(4) Licensee's failure to fully cooperate and comply with the PHMP shall be deemed a violation of this Agreement.

(5) Upon request of the PHMP case manager, Licensee shall enroll in an approved peer assistance program, when available, and shall fully and completely comply with all of the terms and conditions of Licensee's agreement with the peer assistance program. Licensee's failure to fully and completely comply with Licensee's agreement with the peer assistance program shall constitute a violation of this Agreement.

(6) Licensee shall not falsify, misrepresent or make material omission of any information submitted pursuant to this Agreement.

(7) Licensee may not be absent from the Commonwealth of Pennsylvania for any period exceeding twenty (20) days unless Licensee seeks and receives prior written permission from the PHMP subject to any additional terms and conditions required by the PHMP. Licensee shall notify the drug testing vendor of any travel outside of the Licensee's home area regardless of how long Licensee is traveling.

(8) Licensee may not engage in the practice of the profession in any other state or jurisdiction without first obtaining written permission from the PHMP. Once written permission is granted by

the PHMP, Licensee shall notify the licensing board of the other state or jurisdiction that Licensee suffers from an impairment and is enrolled in the VRP prior to engaging in the practice of the profession in the other state or jurisdiction.

(9) In the event Licensee relocates to another jurisdiction, within five (5) days of relocating, Licensee shall either enroll in the other jurisdiction's impaired professional program and have the reports required under this Agreement sent to the Pennsylvania PHMP, or if the other jurisdiction has no impaired professional program notify the licensing board of the other jurisdiction that Licensee is impaired and enrolled in this Program. In the event Licensee fails to do so, in addition to being in violation of this Agreement, the periods of suspension herein shall be tolled. It is a violation of this Agreement if Licensee violates and/or fails to fully and completely comply with the impaired professional program in another jurisdiction.

(10) Licensee shall notify the PHMP by telephone within forty-eight (48) hours and in writing within five (5) days of the filing of any criminal charges against Licensee; the final disposition of any criminal charges against Licensee; the violation of any terms and conditions of a criminal probation or parole; the initiation of any legal action pertaining to Licensee's practice of the profession; the initiation of charges, action, restriction or limitation related to Licensee's practice of the profession by a professional licensing

authority of any state or jurisdiction or the Drug Enforcement Agency of the United States Department of Justice; or any investigation, action, restriction or limitation related to Licensee's privileges to practice the profession at any health care facility.

(11) Licensee shall notify the PHMP by telephone within forty-eight (48) hours and in writing, including e-mail, within five (5) days of any change of Licensee's home address, phone number, employment status, employer and/or change in practice at a health care facility. Failure to timely advise the PHMP under this subsection due to the PHMP office being closed is not an excuse for not leaving a voice mail message with this information.

(12) If the PHMP case manager determines that Licensee is no longer fit to practice, Licensee shall cease or limit Licensee's practice of the profession if the PHMP case manager directs that Licensee do so.

EVALUATION - TREATMENT

(13) As requested by the PHMP, Licensee shall have forwarded to the PHMP, a written mental and/or physical evaluation by a provider approved by the PHMP (hereinafter "treatment provider") assessing Licensee's fitness to actively practice the profession. The evaluation shall be forwarded to:

PHMP –VRP
P.O. Box 10569
Harrisburg, PA 17105-0569
Tele: 717-783-4857
In PA: 800-554-3428

If the treatment provider determines that Licensee is not fit to practice, Licensee shall immediately cease practicing the profession and not practice until the treatment provider and the PHMP case manager determine that Licensee is fit to resume practice with reasonable skill and safety to patients.

(14) The evaluation described in the previous paragraph is in addition to any other evaluation already provided.

(15) Licensee shall provide copies of any prior evaluations and counseling records and a copy of this agreement to the treatment provider.

(16) Licensee shall authorize, in writing, the PHMP to receive and maintain copies of the written evaluation reports of the treatment provider(s).

(17) If a treatment provider recommends that Licensee obtain treatment, Licensee must fully comply with those recommendations as part of the requirements of this Agreement.

(18) Licensee shall arrange and ensure that written treatment reports from all treatment providers approved by the PHMP are submitted to the PHMP upon request or at least every ninety (90) days after the effective date of this Agreement. The reports shall contain at least the following information:

(i) Verification that the treatment provider has received a copy of this Agreement and understands the conditions of this Agreement;

(ii) A treatment plan, if developed;

(iii) Progress reports, including information regarding compliance with the treatment plan;

(iv) Physical evaluations, if applicable;

(v) The results of any testing including any testing for therapeutic levels of prescribed medications when deemed appropriate by the treatment provider;

(vi) Modifications in treatment plan, if applicable;

(vii) Administration or prescription of any drugs to Licensee;

(viii) Discharge summary and continuing care plan at discharge; and

(ix) Any change in the treatment provider's assessment of the Licensee's fitness to actively practice the profession.

(19) Licensee shall identify a primary care physician who shall send written notification to the Licensee's PHMP case manager certifying Licensee's health status as requested.

SUPPORT GROUP ATTENDANCE

(20) Licensee shall attend and actively participate in any support group programs recommended by the treatment provider at the frequency recommended by the treatment provider; however, Licensees with a chemical dependency or abuse diagnosis shall attend no less than twice a week.

(21) Licensee shall provide written verification of any and all support group attendance to the PHMP on at least a monthly basis or as otherwise directed by the PHMP.

ABSTENTION

(22) Licensee shall completely abstain from the use of controlled substances, caution legend (prescription) drugs, mood altering substances or substances of abuse **including alcohol in any form**, [situational cannabis language may be inserted here], except under the following conditions:

(i) Licensee is a bona fide patient of a licensed health care practitioner who is aware of Licensee's impairment and participation in the PHMP;

(ii) Such medications are lawfully prescribed by Licensee's treating practitioner and approved by the PHMP case manager;

(iii) Upon **receiving** the medication, Licensee must provide to the PHMP, **within forty-eight (48) hours by telephone and within five (5) days in writing**, the name

of the practitioner prescribing the drug, the illness or medical condition diagnosed, the type, strength, amount and dosage of the medication and a signed statement consenting to the release of medical information from the prescribing practitioner to the PHMP or its designated representative for the purpose of verification; and

(iv) Upon **refilling** a medication, Licensee must provide to the PHMP, **within forty-eight (48) hours by telephone and within five (5) days in writing**, the name of the practitioner prescribing the drug, the illness or medical condition diagnosed, the type, strength, amount and dosage of the medication and a signed statement consenting to the release of medical information from the prescribing practitioner to the PHMP or its designated representative for the purpose of verification.

DRUG TESTING

(23) Licensee shall submit to random unannounced and observed drug and alcohol tests (drug testing), inclusive of bodily fluid, breath analysis, hair analysis, or another procedure as selected by the PHMP, for the detection of substances prohibited under this Agreement. A positive, adulterated or substituted result on a drug test shall constitute an irrefutable violation of this Agreement unless Licensee has complied with the provisions of this Agreement pertaining to the use of drugs. Failure to provide a specimen or a

specimen of sufficient quantity for testing when requested will be considered a violation of this Agreement.

(24) Licensee shall avoid all foods that contain poppy seeds. Ingestion of poppy seeds will not be accepted as a valid explanation for a positive screen.

(25) Licensee shall avoid all substances containing alcohol, including alcohol in food or beverages, medications, chemical solutions, cleaning solutions, gasoline, hand sanitizers, or other skin preparations. Incidental use of alcohol will not be accepted as a valid explanation for a positive drug test unless Licensee has complied with the provisions of this Agreement pertaining to the use of drugs as set forth in the Abstention Section above.

MONITORED PRACTICE

(26) Licensee shall not function as a preceptor or a pharmacy manager/pharmacist in charge.

(27) A newly enrolled licensee shall not practice the profession unless a provider approved by the PHMP approves the practice in writing and the PHMP Case Manager gives written permission to practice.

(28) Licensee shall not work in any practice setting without workplace monitoring as required by the PHMP.

(29) If Licensee is practicing or attending any educational program/course that includes a clinical practice component with

patients and/or requires a current license to practice the profession, Licensee shall notify any employer, supervisor, preceptor, or instructor (hereinafter referred to collectively as "supervisor") of Licensee's participation in this program in writing. The supervisor must acknowledge that they have been notified at the licensee is in the program.

(30) Licensee shall notify any prospective employer and supervisor of Licensee's participation in this program in writing when offered employment in the practice of the profession and to any prospective school/program when applying for any educational program/course that includes a clinical practice component with patients and/or requires a current license to practice the profession. Licensee shall obtain a signed acknowledgement from Licensee's supervisor and return said acknowledgement to the PHMP case manager.

(31) Within five (5) days of the effective date of this Agreement, and by telephone within forty-eight (48) hours and in writing within five (5) days upon obtaining employment, or entering an educational program/course that includes a clinical practice component with patients and/or requires a current license to practice, Licensee shall provide the following to PHMP:

- (i) Name and address of the supervisor responsible for Licensee's practice;

(ii) The name(s) and address(es) of the place(s) at which Licensee will practice the profession and a description of Licensee's duties and responsibilities at such places of practice; and

(iii) Any restrictions on Licensee's practice.

(32) Licensee shall ensure that Licensee's supervisor submits to the PHMP the following information in writing:

(i) Verification that the supervisor has received notification of this Agreement and understands the conditions under which Licensee is allowed to work; and

(ii) An evaluation of Licensee's work performance on a ninety(90) day or more frequent basis as requested by the PHMP.

REPORTING/RELEASES

(33) Licensee, Licensee's treatment providers, supervisors, employers or other persons required to submit reports under this Agreement shall cause such reports, data or other information to be filed with the PHMP, unless otherwise directed, at:

PHMP-VRP Box 10569 Harrisburg, PA 17105-0569
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(34) Licensee consents to the release by the PHMP of any information or data produced as a result of this Agreement, including written treatment provider evaluations, to any treatment

provider, supervisor, Commonwealth's attorney, hearing examiner and Board members in the administration and enforcement of this Agreement.

(35) Licensee shall sign any required waivers or release forms requested by the PHMP for any and all records, including medical or other health related and psychological records, pertaining to treatment and monitoring rendered to Licensee during the course of this Agreement and any corresponding criminal probation, and any employment, personnel, peer review or review records pertaining to Licensee's practice of the profession during the course of this Agreement to be released to the PHMP, the Commonwealth's attorney, hearing examiner and Board members in the administration and enforcement of this Agreement.

COSTS

(36) Licensee shall be responsible for all costs incurred in complying with the terms of this Agreement, including but not limited to psychiatric or psychotherapy treatments, and reproduction of treatment or other records. Licensee shall pay the costs for any drug testing and any subsequent reanalysis of specimens and/or medical review officer consultation(s) of non-negative drug test results required by the PHMP. Failure of Licensee to pay any of these costs in a timely manner shall constitute a violation of this Agreement.

BUREAU/PHMP EVALUATIONS

(37) Upon request of the PHMP, Licensee shall submit to mental or physical evaluations, examinations or interviews by a treatment provider approved by the PHMP or the PHMP. Licensee's failure to submit to such an examination, evaluation or interview when directed shall constitute a violation of this Agreement.

VIOLATION OF THIS ORDER

f. Notification of a violation of the terms or conditions of this Agreement shall result in the **IMMEDIATE VACATING** of the stay order, and **ACTIVATION** of the suspension in paragraph 7(d) above of Licensee's authorizations to practice the profession in the Commonwealth of Pennsylvania as follows:

(1) The prosecuting attorney for the Commonwealth shall present to the Board's Probable Cause Screening Committee ("Committee") a Petition that indicates Licensee has violated any terms or conditions of this Agreement; and the filing of the Petition shall nullify the non-public nature of this Agreement under paragraph 7(e).

(2) Upon a probable cause determination by the Committee that Licensee has violated any of the terms or conditions of this Agreement, the Committee shall, without holding a formal hearing, issue a preliminary order vacating the stay of the within suspension and activating the suspension of Licensee's authorization(s) to practice the profession.

(3) Licensee shall be notified of the Committee's preliminary order within three (3) business days of its issuance by certified mail and first-class mail, postage prepaid, sent to the Licensee's last registered address on file with the Board, or by personal service if necessary.

(4) Within twenty (20) days of mailing of the preliminary order, Licensee may submit a written answer to the Commonwealth's Petition and request that a formal hearing be held concerning Licensee's violation of this Agreement, in which Licensee may seek relief from the preliminary order activating the suspension. **The answer shall be set forth in numbered paragraphs corresponding to the numbered paragraphs of the Petition. Licensee shall admit or deny each of the allegations set forth in the paragraphs in the Petition.** Any answer submitted in this matter must be filed with the Prothonotary for the Department of State via one of the following methods:

By Mail:
Prothonotary
Department of State
2601 N Third St
PO Box 2649
Harrisburg, PA 17105-2649

By Facsimile:
(717)772-1892

By E-mail:
ra-prothonotary@pa.gov

Licensee shall also mail a copy of all filings to the prosecuting attorney for the Commonwealth who files the Petition.

(5) If the Licensee submits a timely answer and request for a formal hearing, the Board or a designated hearing examiner shall

convene a formal hearing within forty-five (45) days from the date of the Prothonotary's receipt of Licensee's request for a formal hearing.

(6) Licensee's submission of a timely answer and request for a hearing shall not stay the suspension of Licensee's license under the preliminary order. The suspension shall remain in effect unless the Board or the hearing examiner issues an order after the formal hearing staying the suspension again.

(7) The facts and averments in this Agreement shall be deemed admitted and uncontested at this hearing.

(8) If the Board or hearing examiner after the formal hearing makes a determination against Licensee, a final order will be issued sustaining the suspension of Licensee's license and imposing any additional disciplinary measures deemed appropriate.

(9) If Licensee fails to timely file an answer and request for a hearing, the Board, upon motion of the prosecuting attorney, shall issue a final order affirming the suspension of Licensee's license.

(10) If Licensee does not make a timely answer and request for a formal hearing and a final order affirming the suspension is issued, or the Board or the hearing examiner makes a determination against Licensee sustaining the suspension of Licensee's license, after at least **three (3)** years of active suspension and any additional imposed discipline, Licensee may petition the Board for reinstatement based upon an affirmative showing that

Licensee has at least **thirty-six (36)** months of sustained documented recovery, an evaluation by a treatment provider approved by the PHMP that Licensee is fit to safely practice the profession, and verification that Licensee has abided by and obeyed all laws of the United States, the Commonwealth of Pennsylvania and its political subdivisions, and all rules and regulations pertaining to the practice of the profession in this Commonwealth.

(11) If the Board issues a Preliminary Order terminating the stay of the suspension and actively suspending Licensee's license to practice the profession in accordance with the procedure set forth above, Licensee shall immediately cease the practice of the profession. Licensee shall continue to comply with all of the terms and conditions of this Consent Agreement and Order during the active suspension until the Board issues a Final Order. Continued failure by Licensee to comply with the unaffected terms and conditions of this Agreement while awaiting the issuance of a Final Order by the Board may result in further disciplinary action against Licensee.

g. Licensee's failure to fully comply with any terms of this Agreement may also constitute grounds for additional disciplinary action.

h. Nothing in this Agreement shall preclude the prosecuting attorney for the Commonwealth from filing charges or the Board from imposing disciplinary or corrective measures for violations or facts not contained in this Agreement.

COMPLETION OF MINIMUM PERIOD OF STAYED SUSPENSION

i. After successful completion of the minimum period of stayed suspension, Licensee may petition the Board, either upon a form provided by the PHMP or by a petition filed with Board Counsel, to dismiss this matter and to terminate the period of stayed suspension upon an affirmative showing that Licensee has complied with all terms and conditions of this Agreement and that Licensee's resumption of unsupervised practice does not present a threat to the public health and safety. **Licensee is required to remain in compliance with all terms and conditions of this Agreement until the Board issues the order terminating the stayed suspension.** If licensee is petitioning for dismissal of this matter without the support of PHMP, Licensee's petition shall include, at a minimum:

- (1) An evaluation by a PHMP approved provider or Board consulting physician;
- (2) Evidence of sustained remission; and
- (3) A verification that Licensee has complied with the terms of this Agreement.

ADMISSIBILITY OF CONSENT AGREEMENT IN FUTURE PROCEEDINGS

8. Licensee agrees that this Consent Agreement and Order shall be admitted into evidence, without objection, in any proceeding before the Department of State.

ACKNOWLEDGMENT OF NOTICE AND WAIVER OF HEARING

9. By agreeing to the terms of the is agreement, Licensee waives the filing and receipt of an Order to Show Cause in this matter. Licensee knowingly and voluntarily waives the right to an administrative hearing in this matter, and knowingly and voluntarily waives the following rights

related to that hearing: to be represented by counsel at the hearing; to present witnesses and testimony in defense or in mitigation of any sanction that may be imposed for a violation; to cross-examine witnesses and to challenge evidence presented by the Commonwealth; to present legal arguments by means of a brief; and to take an appeal from any final adverse decision.

WAIVER OF CLAIMS

10. Should the Board vote not to adopt the Order proposed in this Consent Agreement, the presentation and consideration of this Consent Agreement shall not prejudice the Board or any of its members from further participation in the adjudication of this matter. Licensee expressly waives the right to raise any claims or issues, including any and all constitutional claims or issues, which may arise or have arisen during the review, presentation and deliberation of this Consent Agreement. These claims or issues include, but are not limited to, bias, the commingling of prosecutorial and adjudicative functions by the Board or its counsel, and the Board, in its discretion, recommending a different sanction based upon the facts set forth in the Consent Agreement. If a hearing is subsequently held, neither this Consent Agreement nor the proposed terms of settlement may be admitted into evidence and any facts, averments, and allegations contained in the Consent Agreement must be proven at a hearing unless otherwise separately stipulated.

AGREEMENT NOT BINDING UNTIL APPROVED

11. This Consent Agreement is between the Commonwealth and Licensee. The Office of General Counsel has approved this Consent Agreement as to form and legality. The disciplinary provisions of this Consent Agreement do not take effect unless and until the Board issues an order adopting this Consent Agreement.

ENTIRE AGREEMENT

12. This Consent Agreement contains the entire agreement between the parties. There are no other terms, obligations, covenants, representations, statements, or conditions, oral or otherwise, of any kind whatsoever concerning this agreement.

ACKNOWLEDGMENT OF RIGHT TO ATTORNEY

13. Licensee acknowledges the right to consult with and be represented by private legal counsel of Licensee’s choosing and at Licensee’s expense when reviewing, considering and accepting the terms of this Consent Agreement. To the extent that Licensee is not represented by legal counsel, Licensee has knowingly elected to proceed without the assistance of legal counsel.

AGREEMENT DOES NOT PREVENT FUTURE DISCIPLINE

14. Nothing in this Order shall preclude the prosecution division of the Department of State from filing charges, or the Board from imposing disciplinary or corrective measures, for violations or facts not contained in this Consent Agreement.

EFFECTIVE UPON BOARD APPROVAL

15. This Agreement shall take effect immediately upon its approval and adoption by the Board.

VERIFICATION OF FACTS AND STATEMENTS

16. Licensee verifies that the facts and statements set forth in this Agreement are true and correct to the best of Licensee's knowledge, information, and belief. Licensee understands that statements in this Consent Agreement are made subject to the criminal penalties of 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities.

[Name here]
Prosecuting Attorney

[name here]
Licensee

DATED:

DATED:

[file number here]

SAMPLE

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BEFORE THE STATE BOARD OF PHARMACY**

**In the Matter of the License
to Practice as a Pharmacist Held by [name],
RPh
License No.**

Case No.

PHMP No.

ORDER

AND NOW, this ____ day of _____ 2022, the State Board of Pharmacy approves and adopts the foregoing Consent Agreement and incorporates the terms of paragraph 7, which shall constitute the Board's Order and is now issued in resolution of this matter.

This Order shall take effect immediately.

BY ORDER:

**BUREAU OF PROFESSIONAL AND
OCCUPATIONAL AFFAIRS**

STATE BOARD OF PHARMACY

Arion R. Claggett
Acting Commissioner

[Board chair name here], R.Ph.
Chairperson

For the Board:

[attorney name here], Esquire

For the Commonwealth:

[attorney name here], Esquire
Senior Prosecutor in Charge
Department of State
P.O. Box 69521
Harrisburg, PA 17106-9521

Licensee:

[name & address here]

Date of Mailing:

EMERGENCY ACTION GUIDE

& CONTINUITY OF OPERATIONS PLAN



The Foundation
of the Pennsylvania Medical Society
Education. Wellness. Excellence. Always.

An affiliate of the



Pennsylvania
MEDICAL SOCIETY®

ADVOCATE. EDUCATE. NAVIGATE.

WHAT YOU SHOULD DO!

FIRE EMERGENCY:

- If smoke or fire is noticed immediately pull the fire alarm box. (Fire alarm boxes are located next to each stairway.)
- If the fire is in the beginning stage, locate the nearest extinguisher, aim it at the base of the fire, and try to extinguish the fire. **DO NOT ATTEMPT TO EXTINGUISH THE FIRE IF YOU DO NOT FEEL IT CAN BE DONE SAFELY.**
- If the fire is not readily visible or is beyond the beginning stage, **DO NOT** attempt to extinguish it; activate the fire alarm by pulling the manual fire alarm box.
- If the fire is in an enclosed room, before evacuating, close the door to the room to help contain the fire, if possible.
- Proceed to the closest exit for the area you are in; if blocked, use the next closest exit. **DO NOT USE THE ELEVATOR.**
- Assist staff who may be disabled or have a medical issue.
- Once outside, report to your designated assembly area marked in the parking lot.
- Wait in your area for further instructions.

Medical Emergency:

- Call 911
- Ask someone to call the Emergency Call Tree.
- Stay with victim, do not move the victim unless necessary.
- Assist victim as 911 instructs.
- Ask someone to retrieve an AED that is located on the 1st or 3rd floor.

Building Evacuation:

- If you hear the fire alarm or an order to evacuate, please evacuate the building immediately by using the nearest emergency exit. **DO NOT USE THE ELEVATORS** and proceed to the designated assembly area in the parking lot.

TORNADO EMERGENCY:

- This plan will be initiated by management personnel whenever the exposure is imminent. It is of extreme importance that everyone responds immediately because there is usually very little time to react to this type of disaster.
- In the event of an external exposure such as a tornado, the occupants of this building could be subjected to significant dangers because of the amount of glass.
- Once the plan is initiated, everyone should report to the first floor receiving area. **DO NOT USE THE ELEVATOR** and **DO NOT EVACUATE** the building. Stay away from all exterior walls and doors.
- Wait for instructions. No one will be permitted to return to their work area until it safe to do so.

Bomb Threat or Suspicious Package:

- The majority of bomb threats are received by phone, **DO NOT** hang up. Try to obtain as much information about the bomb. Where is it? What kind of device is it? How much time do we have to evacuate? As soon as possible call 911 and the Emergency Call Tree.
- If a bomb or suspicious package is found or suspected, **DO NOT** touch it. All explosives are unstable regardless of their characteristics. Immediately call the Emergency Call Tree.

Active Shooter:

- If you become aware of an active shooting:
- **RUN:** If safe to do so for you and your coworkers, run out of the building to hide in another building or wooded area. Remain calm, stay quiet and call 911.
- **HIDE:** If you are unable to escape, lockdown and block the room you are in. Call 911.
- **FIGHT:** If confronted by the shooter, trying to disrupt or incapacitate the perpetrator is a last resort. Use decisive and aggressive force using nearby items, such as a chair or fire extinguisher, as weapons.

What You Should Do!

(continued)

Interacting with Law Enforcement:

- Do not expect officers to assist you with a medical issue. Medical help will follow. Follow orders and do not make any sudden movements. Raise arms and hands slowly.
- Do not have anything in your hands; officers are trained that “hands kill”.

Intruder on Property:

- If you see a stranger, ask if they need assistance.
- If they refuse, are aggressive, or you feel threatened; disengage, and call the CallTree.

Weapons on Property:

- If a weapon is discovered, treat it as loaded, DO NOT touch the weapon.
- Call 911, then the Emergency Call Tree.

Indoor Assembly Area:

- If instructed to do so, proceed to, ground floor lunchroom area.

What You Should Know Before an Emergency Occurs:

- Locate the nearest fire alarm box.
- Locate the nearest fire extinguisher.
- Locate the nearest emergency exits.
- Locate the designated assembly area— (Parking lot light pole A-B)
- Know location of indoor assembly area— (Ground floor lunch room area)
- Know locations of the AED.
- Know building name: Pennsylvania Medical Society
- Know the street address: 400 Winding Creek Boulevard, Mechanicsburg, PA 17050
- Know Township building is located: Silver Spring Township (calling from cell phone will not show address)
- Text alerts will be sent to all staff when it is safe/appropriate to do so.

Location: **400 Winding Creek Blvd., Mechanicsburg, PA 17050**

Building Name: **Pennsylvania Medical Society**

TownshipLocation: **Silver Spring Township**

Report all life-threatening emergencies by calling 911, then implement the Emergency Call Tree.

■

Emergency Call Tree:

Ed Brown—717-580-2279/ Heather Wilson—717-575-6687

The Foundation of the Pennsylvania Medical Society – Continuity of Operations Plan/Emergency Plan

PRIMARY NONPROFIT LOCATION	
NONPROFIT NAME Foundation of the Pennsylvania Medical Society	
STREET ADDRESS 400 Winding Creek Blvd	
CITY, STATE, ZIP CODE Mechanicsburg, PA 17050-1885	
TELEPHONE NUMBER 717-558-7816	
PRIMARY POINT OF CONTACT	ALTERNATE POINT OF CONTACT
PRIMARY EMERGENCY CONTACT Heather Wilson	ALTERNATE EMERGENCY CONTACT Annette Weaver
TELEPHONE NUMBER 717-575-6687	TELEPHONE NUMBER 717-558-7810
ALTERNATE TELEPHONE NUMBER 717-575-7816	ALTERNATE TELEPHONE NUMBER 717-813-8906
E-MAIL ADDRESS hwilson@pamedsoc.org	E-MAIL ADDRESS aweaver@pamedsoc.org
EMERGENCY CONTACT INFORMATION - DIAL 911 IN AN EMERGENCY	
NON-EMERGENCY POLICE 717-657-5656	PROPERTY SECURITY Ed Brown – 717-909-2607/717-580-2279
NON-EMERGENCY FIRE 717-652-8378	IT SUPPORT Steven Forrester – 717-909-2611/513-503-7069
INSURANCE PROVIDER Glatfelter Insurance – 717-852-8000	

Potential Hazards

EXTERNAL (earthquake, fire, power outage, flood, disease, vandalism, etc.)
Fire; Flood; Natural Gas Explosion; Snow; Contagion
INTERNAL (fire, flood, theft, data management, power outage, disease, etc.)
Fire; Flood; Power Outage, Cyber Security Breach; Data System Breakdown

Critical Assets

PEOPLE (employees, consumers, donors, board members, clients/constituents, key volunteers, etc.)	
Foundation Board of Trustees	PAMED Board of Trustees
Foundation Staff	Affinity Staff
PHP Participants	PAMED Staff
PHMP Program Staff	PHP Assessment/Treatment providers
Caduceus Contacts	PHP Therapy Providers
Loan Borrowers	LifeGuard Faculty
Scholarship Committees	LifeGuard Clients
Donors	TEAMS Clients
BUILDING (physical structure, storage unit, satellite office, main office, store front, capital lease, etc.)	
Foundation Offices	400 Winding Creek Blvd, Mechanicsburg Office
COMPUTER EQUIPMENT (computers, software, servers/network, specialty tools, copiers, etc.)	
Laptops (IT hardware/software inventory kept on file in Finance and IT)	Hard files for Student Financial Services, PHP, Philanthropy and LifeGuard programs
Office equipment (copier/fax/scanner)	
DATA (documents, payroll, files, records, server back-up tapes, etc.)	
PHP hard files	Affinity Case Management System files
Finance Files (Foundation and TEAMS)	HR/Payroll Files
LifeGuard Files	Student Financial Services Files
INVENTORY/PRODUCT (stock, supplies, new materials, etc.)	
Foundation Promotional Materials	Foundation Office Supplies
OPERATIONS (any disruption to ops, accounts receivable/payable, payroll, mail room, etc.)	
Accounts receivable/payable	Payroll
Affinity Case Management System	LifeGuard Database/Portal
Student Financial Services Database	Accounting Systems

Critical Operations

OPERATION:		ALL FOUNDATION PROGRAMS – REMOTE OPERATIONS	
STAFF IN CHARGE (POSITION) Executive Director		STAFF IN CHARGE (NAME) Heather Wilson	
KEY SUPPLIES/EQUIPMENT Laptop Computers		KEY SUPPLIERS/CONTRACTORS Affinity eHealth PHP Assessment/Treatment Providers LifeGuard Assessment Team Scholarship/Loan Providers TEAMS Clients Donor Database	
<p>PROCEDURES TO RESTART OPERATION AFTER MINIMAL DISASTER IMPACT</p> <p>For disruption that is minimal: All staff will be notified by the Foundation Executive Director that they will work from a home or remote office. Daily operations including case management, client management and donor services will be telephonic. Staff will contact participants and instant message one another utilizing Microsoft Teams. The Foundation website and all program landing pages will be updated with critical information for clients/participants/donors on a regular basis. Office space that is rentable (Workplace Hub; StartUp) for meetings will be utilized for participant/client intakes.</p> <p>Case conferences for the PHP will be held at least twice a week utilizing Zoom and for the LifeGuard program once weekly conferences are held. PAMED IT staff are responsible to maintain the computer system the integrity of the data files and will check in daily with the Foundation Program Directors to address any emerging concerns.</p> <p>The PHP emergency line will be checked 3 times/day: 8 am, 12 Noon, 5 pm. The PHP Program Director will notify all critical assessment/treatment and therapy partners of the disruption and will provide a weekly update regarding a plan to return to service at the 400 Winding Creek Blvd location. If it is unsafe for staff to come into contact with participants, the staff will use DocuSign to electronically obtain consent and sign agreements to participate in the PHP Program.</p> <p>Accounts payable/receivable services, human resources, and payroll will be provided remotely by the Senior Director of Finance and Operations.</p>			
<p>PROCEDURES TO COMPLETELY RESTORE OPERATION AFTER SIGNIFICANT DISASTER IMPACT</p> <p>Once the permanent working space is remediated and safe, the Foundation Executive Director will direct staff to return to the office to resume daily operations including: case management, case conference and intake services for participants/clients. Data systems will be checked daily to ensure continuity of service and protect from data breaches.</p>			

Key Organizations and Businesses

ORGANIZATION NAME: AFFINITY E-HEALTH (PHP)		
STREET ADDRESS 5400 Shawnee Road, Suite 306		CONTACT NAME Kevin Truong, IT Manager
CITY, STATE, ZIP CODE Alexandria, VA 22312		CONTACT TELEPHONE NUMBER 1-866-512-9992 ext. 25623
TELEPHONE NUMBER 877-267-4305	FAX NUMBER 1-877-426-9616	CONTACT EMAIL jlau@affinityesolutions.com
EMERGENCY TELEPHONE 703-559-3500 EXT 25623	WEBSITE Affinityesolutions.com	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN? yes
MATERIAL/SERVICE PROVIDED CASE MANAGEMENT SOFTWARE, DRUG TESTING		

ORGANIZATION NAME: COMMONWEALTH OF PENNSYLVANIA – PHMP (PHP)		
MAILING ADDRESS PO Box 10569		CONTACT NAME Kevin Knipe
CITY, STATE, ZIP CODE HARRISBURG, PA		CONTACT TELEPHONE NUMBER (717) 783-4857
TELEPHONE NUMBER (717) 783-4857	FAX NUMBER Fax: (717) 772-1950	CONTACT EMAIL kknipe@pa.gov
	WEBSITE www.dos.pa.gov	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN? yes
MATERIAL/SERVICE PROVIDED PHMP PROGRAM		

ORGANIZATION NAME: GEISINGER MARWORTH (PHP)		
STREET ADDRESS Lily Lake Road		CONTACT NAME Dave Reynolds
CITY, STATE, ZIP CODE Waverly, PA 18471		CONTACT TELEPHONE NUMBER 570-991-0590
TELEPHONE NUMBER 1-800-442-7722	FAX NUMBER 570-563-2711	CONTACT EMAIL dwreynolds@marworth.org
EMERGENCY TELEPHONE 570-991-0590	WEBSITE https://www.marworth.org	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN? Yes
MATERIAL/SERVICE PROVIDED EVALUATION AND TREATMENT		

ORGANIZATION NAME:		UF HEALTH (PHP)	
STREET ADDRESS 4001 SW 13th Street		CONTACT NAME Scott Teitlbaum, MD	
CITY, STATE, ZIP CODE Gainesville, FL 32608		CONTACT TELEPHONE NUMBER 352-265-5549	
TELEPHONE NUMBER 352-265-5549	FAX NUMBER 352-265-5506	CONTACT EMAIL ADM@psychiatry.ufl.edu	
EMERGENCY TELEPHONE 352-318-1578	WEBSITE https://ufhealth.org	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN? yes	
MATERIAL/SERVICE PROVIDED EVALUATION AND TREATMENT			

ORGANIZATION NAME:		TALBOTT RECOVERY (PHP)	
STREET ADDRESS 5355 Hunter Road		CONTACT NAME Stephanie Carden	
CITY, STATE, ZIP CODE Atlanta, GA 30349		CONTACT TELEPHONE NUMBER 678-588-7516	
TELEPHONE NUMBER 800.445.4232	FAX NUMBER	CONTACT EMAIL Stephanie.Carden@frnmail.com	
EMERGENCY TELEPHONE 404.406.8645	WEBSITE https://talbottcampus.com	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN? yes	
MATERIAL/SERVICE PROVIDED EVALUATION AND TREATMENT			

ORGANIZATION NAME:		BRADFORD TREATMENT CENTER (PHP)	
STREET ADDRESS 1189 Albritton Road		CONTACT NAME Shay Allen	
CITY, STATE, ZIP CODE Warrior, AL 35180		CONTACT TELEPHONE NUMBER 800-333-1865	
TELEPHONE NUMBER 800-333-1865	FAX NUMBER	CONTACT EMAIL msallen@bradfordhealth.net	
EMERGENCY TELEPHONE 205-807-3527	WEBSITE www.bradfordhealth.com	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN? yes	
MATERIAL/SERVICE PROVIDED EVALUATION AND TREATMENT			

ORGANIZATION NAME:		MARWORTH OUTPATIENT (PHP)	
STREET ADDRESS Lily Lake Road		CONTACT NAME David Reynolds	
CITY, STATE, ZIP CODE		CONTACT TELEPHONE NUMBER	

Waverly, PA 18471		570-991-0590
TELEPHONE NUMBER 1-800-442-7722	FAX NUMBER 570-563-2711	CONTACT EMAIL dwreynolds@marworth.org
EMERGENCY TELEPHONE 1-800-442-7722	WEBSITE https://www.marworth.org	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN? Yes
MATERIAL/SERVICE PROVIDED EVALUATION		

ORGANIZATION NAME:		MARINA GOLDMAN, MD (PHP)
STREET ADDRESS 1250 Greenwood Ave, Suite 4		CONTACT NAME Marina Goldman, MD
CITY, STATE, ZIP CODE Jenkintown, PA 19046		CONTACT TELEPHONE NUMBER 215-740-3690
TELEPHONE NUMBER 215-740-3690	FAX NUMBER	CONTACT EMAIL Gmarina1@gmail.com
EMERGENCY TELEPHONE 215-740-3690	WEBSITE n/a	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN? unknown
MATERIAL/SERVICE PROVIDED EVALUATION		

ORGANIZATION NAME:		FRED BAURER, MD (PHP)
STREET ADDRESS 111 North 49th Street		CONTACT NAME Fred Baurer, MD
CITY, STATE, ZIP CODE Philadelphia, PA 19139		CONTACT TELEPHONE NUMBER 215-471-2807
TELEPHONE NUMBER 215-471-2807	FAX NUMBER 215-471-2897	CONTACT EMAIL fredbaurer@gmail.com
EMERGENCY TELEPHONE 215-471-2807	WEBSITE n/a	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED EVALUATION		

ORGANIZATION NAME:		MARY VAN OSDOL, LPC, MAC (PHP)
STREET ADDRESS 12330 Perry Highway, Suite 200		CONTACT NAME Mary Van Osdol
CITY, STATE, ZIP CODE Wexford, PA 15090		CONTACT TELEPHONE NUMBER (724) 934-4222
TELEPHONE NUMBER (724) 934-4222	FAX NUMBER (412) 291-3499	CONTACT EMAIL maryvo@consolidated.net
EMERGENCY TELEPHONE (724) 934-4222	WEBSITE n/a	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED		

EVALUATION

ORGANIZATION NAME:		BALA INDEPENDENT MEDICAL CONSULTANTS (PHP)
STREET ADDRESS 191 Presidential Boulevard, Suite 111-B		CONTACT NAME David Steinman
CITY, STATE, ZIP CODE Bala Cynwyd, PA 19004		CONTACT TELEPHONE NUMBER 610-664-7204
TELEPHONE NUMBER 610-664-7204	FAX NUMBER 610-664-4988	CONTACT EMAIL david@davidsteinmanmd.com
EMERGENCY TELEPHONE 610-664-7204	WEBSITE www.balamedicalconsultants.com	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN? Yes
MATERIAL/SERVICE PROVIDED EVALUATION		

ORGANIZATION NAME:		LAKEVIEW HEALTH (PHP)
STREET ADDRESS 1900 Corporate Square Blvd		CONTACT NAME Eric Rhodes
CITY, STATE, ZIP CODE Jacksonville, FL 32216		CONTACT TELEPHONE NUMBER 317-432-3533
TELEPHONE NUMBER 866-374-0561	FAX NUMBER 904-513-5869	CONTACT EMAIL ERhodes@lakeviewhealth.com
EMERGENCY TELEPHONE 317-432-3533	WEBSITE www.lakeviewhealth.com	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN? Yes
MATERIAL/SERVICE PROVIDED EVALUATION AND TREATMENT		

ORGANIZATION NAME:		MARR (PHP)
STREET ADDRESS 2815 Clearview Place		CONTACT NAME Kristen Render
CITY, STATE, ZIP CODE Atlanta, Georgia 30340		CONTACT TELEPHONE NUMBER 904-513-5869
TELEPHONE NUMBER 800-732-5430	FAX NUMBER 770-216-9398	CONTACT EMAIL kristen.render@marrinc.org
EMERGENCY TELEPHONE 904-513-5869	WEBSITE www.marrinc.org	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN? Yes
MATERIAL/SERVICE PROVIDED EVALUATION AND TREATMENT		

ORGANIZATION NAME:		PROFESSIONAL RENEWAL CENTER (PHP)
STREET ADDRESS 1421 Research Park Dr. #3B		CONTACT NAME Nathan Williams
CITY, STATE, ZIP CODE Lawrence, KS 66049		CONTACT TELEPHONE NUMBER 877-978-4772
TELEPHONE NUMBER 877-978-4772	FAX NUMBER 785-842-5231	CONTACT EMAIL nwilliams@prckansas.org
EMERGENCY TELEPHONE 785-842-9772	WEBSITE www.prckansas.org	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN? Yes
MATERIAL/SERVICE PROVIDED EVALUATION AND TREATMENT		

ORGANIZATION NAME:		PAVILLON (PHP)
STREET ADDRESS 241 Pavillon Place		CONTACT NAME Tom Edwards
CITY, STATE, ZIP CODE Mill Spring, NC 28756		CONTACT TELEPHONE NUMBER 336-314-8486
TELEPHONE NUMBER 828-268-3945	FAX NUMBER 610-664-4988	CONTACT EMAIL TomE@pavillon.org
EMERGENCY TELEPHONE 336-314-8486	WEBSITE www.pavillon.com	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN? Yes
MATERIAL/SERVICE PROVIDED EVALUATION AND TREATMENT		

ORGANIZATION NAME:		A&M RURAL & COMMUNITY HEALTH INSTITUTE (LIFEGUARD)
STREET ADDRESS 2700 Earl Rudder Freeway, South, Suite 3000		CONTACT NAME Robert Steele, MD
CITY, STATE, ZIP CODE College Station, TX 77845		CONTACT TELEPHONE NUMBER 979-436-0390
TELEPHONE NUMBER 979-436-0390	FAX NUMBER 979-436-0079	CONTACT EMAIL steele@tamu.edu
EMERGENCY TELEPHONE 979-436-0390	WEBSITE n/a	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED FACULTY AND AUDIT SERVICES		

ORGANIZATION NAME:		SELECT MEDICAL (LIFEGUARD)
STREET ADDRESS		CONTACT NAME

2015 Technology Parkway		David Raptosh, MA, OTR/L
CITY, STATE, ZIP CODE Mechanicsburg, PA 17050		CONTACT TELEPHONE NUMBER 717-580-8749
TELEPHONE NUMBER 717-791-2485	FAX NUMBER 717-791-2495	CONTACT EMAIL draptosh@selectmedical.com
EMERGENCY TELEPHONE 724-743-5682	WEBSITE n/a	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED EVALUATION		

ORGANIZATION NAME:		CHRISTOPHER ROYER, PSY.D (LIFEGUARD)
STREET ADDRESS 1150 Lancaster Blvd, Suite 101		CONTACT NAME Christopher Royer, Psy. D
CITY, STATE, ZIP CODE Mechanicsburg, PA 17050		CONTACT TELEPHONE NUMBER 717-697-7260
TELEPHONE NUMBER 717-697-7260	FAX NUMBER 717-697-7262	CONTACT EMAIL drroyer.neuropsych@gmail.com
EMERGENCY TELEPHONE 717-443-6712	WEBSITE n/a	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED EVALUATION		

ORGANIZATION NAME:		EVERETT C. HILLS, MD, MS, FAAPMR, FAADEP (LIFEGUARD)
STREET ADDRESS 343 N. 26th Street		CONTACT NAME Everett C. Hills, MD
CITY, STATE, ZIP CODE Camp Hill, PA 17011		CONTACT TELEPHONE NUMBER 717-712-6510
TELEPHONE NUMBER 717-712-6510	FAX NUMBER n/a	CONTACT EMAIL EHills343@gmail.com
EMERGENCY TELEPHONE 717-712-6510	WEBSITE n/a	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED EVALUATION		

ORGANIZATION NAME:		PENNSSTATE HEALTH (LIFEGUARD)
STREET ADDRESS 500 University Drive		CONTACT NAME Stacey Carmo, RN, BSN
CITY, STATE, ZIP CODE Hershey, PA 17033		CONTACT TELEPHONE NUMBER 717-531-6304
TELEPHONE NUMBER 717-531-6304	FAX NUMBER n/a	CONTACT EMAIL scarmo@pennstatehealth.psu.edu

EMERGENCY TELEPHONE 717-531-6304	WEBSITE n/a	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED STANDARD PATIENTS AND SIMULATION		

ORGANIZATION NAME: THOMAS JEFFERSON UNIVERSITY (LIFEGUARD)		
STREET ADDRESS 1001 Locust Street, Suite 309B		CONTACT NAME Robert Hargraves
CITY, STATE, ZIP CODE Philadelphia, PA 19107		CONTACT TELEPHONE NUMBER 215-503-8688
TELEPHONE NUMBER 215-503-8688	FAX NUMBER 215-530-4224	CONTACT EMAIL Robert.hargraves@jefferson.edu
EMERGENCY TELEPHONE 215-503-8688	WEBSITE n/a	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED STANDARD PATIENTS AND SIMULATION		

ORGANIZATION NAME: CATHERINE DIGREGORIO, MD (LIFEGUARD)		
STREET ADDRESS 300 Evergreen Drive, Suite 120		CONTACT NAME Catherine DiGregorio, MD
CITY, STATE, ZIP CODE Glen Mills, PA 19342		CONTACT TELEPHONE NUMBER 610-636-0892
TELEPHONE NUMBER 610-636-0892	FAX NUMBER n/a	CONTACT EMAIL cathydigregorio@gmail.com
EMERGENCY TELEPHONE 610-636-0892	WEBSITE n/a	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED FACULTY/COURSE DIRECTOR FOR CME		

ORGANIZATION NAME: NATIONAL BOARD OF MEDICAL EXAMINERS (LIFEGUARD)		
STREET ADDRESS 3750 Market Street		CONTACT NAME Christine Erazmus
CITY, STATE, ZIP CODE Philadelphia, PA 19104		CONTACT TELEPHONE NUMBER 215-590-9500
TELEPHONE NUMBER 215-590-9500	FAX NUMBER n/a	CONTACT EMAIL cerazmus@nbme.org
EMERGENCY TELEPHONE n/a	WEBSITE n/a	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED TESTING MATERIALS		

ORGANIZATION NAME:		THE HAZZOURI GROUP AT MORGAN STANLEY (FINANCE)	
STREET ADDRESS 1065 Highway 316, Suite 401		CONTACT NAME Rich Hazzouri, CFA	
CITY, STATE, ZIP CODE Wilkes Barre, PA 18702		CONTACT TELEPHONE NUMBER 570-821-1800	
TELEPHONE NUMBER 1-800-342-2393	FAX NUMBER 570-822-2303	CONTACT EMAIL Richart.J.Hazzouri@morganstanley.com	
EMERGENCY TELEPHONE 570-821-1800	WEBSITE www.morganstanleyfa.com/thehazzourigroup	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?	

MATERIAL/SERVICE PROVIDED
INVESTMENT ADVISOR – PAMED CHARITABLE TRUST - ENDOWMENT

ORGANIZATION NAME:		FULTON FINANCIAL ADVISORS (FINANCE)	
STREET ADDRESS 1 PENN SQUARE		CONTACT NAME Sheri Leo	
CITY, STATE, ZIP CODE Lancaster, PA 17602		CONTACT TELEPHONE NUMBER 610-332-7140	
TELEPHONE NUMBER 610-332-7140	FAX NUMBER 717-392-1324	CONTACT EMAIL sleo@fult.com	
EMERGENCY TELEPHONE 802-681-8908	WEBSITE www.fultonfinancialadvisors.com	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?	

MATERIAL/SERVICE PROVIDED
INVESTMENT ADVISOR – FOUNDATION RESERVES & POOLED INVESTMENT MGR TEAMS

ORGANIZATION NAME:		FULTON BANK – UNION SQUARE BRANCH (FINANCE)	
STREET ADDRESS 3821 Union Deposit Road		CONTACT NAME Nicole Perrotta	
CITY, STATE, ZIP CODE Harrisburg, PA 17109		CONTACT TELEPHONE NUMBER 717-255-7670	
TELEPHONE NUMBER 717-255-7670	FAX NUMBER 717-558-0281	CONTACT EMAIL nperrotta@fultonbank.com	
EMERGENCY TELEPHONE 717-255-7670	WEBSITE fultonbank.com	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?	

MATERIAL/SERVICE PROVIDED
CHECKING/CASH MANAGEMENT BANK FOUNDTION/TRUST/MED LEG/TEAMS & POOLED ACCT

ORGANIZATION NAME:		FULTON BANK – CASH MANAGEMENT RELATIONSHIP ADVISOR	
STREET ADDRESS 212 Locust Street, 6th Floor		CONTACT NAME Victoria Zellers-Primary	

		Scott McManamon - Secondary
CITY, STATE, ZIP CODE Harrisburg, PA 17101		CONTACT TELEPHONE NUMBER 484-577-7694 ZELLERS 717-255-7575 MCMANAMON
TELEPHONE NUMBER 717-255-7575	FAX NUMBER	CONTACT EMAIL vzellers@fultonbank.com smcmanamon@fultonbank.com
EMERGENCY TELEPHONE	WEBSITE fultonbank.com	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED CASH MANAGEMENT – FOUNDATION & TEAMS CLIENTS		

ORGANIZATION NAME:		HAMILTON & MUSSER PC CPAS (FINANCE)
STREET ADDRESS 176 Cumberland Parkway		CONTACT NAME James Krimmel (Sharon Miller - 2nd contact)
CITY, STATE, ZIP CODE Mechanicsburg, PA 17055		CONTACT TELEPHONE NUMBER 717-458-1558
TELEPHONE NUMBER 717-697-3888	FAX NUMBER 717-697-6943	CONTACT EMAIL jkrimmel@hnmcpas.com smiller@hnmcpas.com
EMERGENCY TELEPHONE 717-458-1558	WEBSITE www.hnmcpas.com	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED OUTSIDE ACCOUNTANT –TEAMS CLIENTS (REVIEWS/AUDITS/TAXES)		

ORGANIZATION NAME:		KREISCHER MILLER (FINANCE)
STREET ADDRESS 100 Witmer Road, Ste 350		CONTACT NAME Elizabeth Pilacik (Ed Westenberger – 2nd contact)
CITY, STATE, ZIP CODE Horsham, PA 19044-2369		CONTACT TELEPHONE NUMBER 215-441-4600 x259
TELEPHONE NUMBER 215-441-4600	FAX NUMBER 215-420-1232	CONTACT EMAIL EPilacik@kmco.com EWestenberger@kmco.com
EMERGENCY TELEPHONE 215-441-4600	WEBSITE www.kmco.com	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED OUTSIDE ACCOUNTANT – FOUNDATION/TRUST/MED LEGACY (AUDIT & TAX)		

ORGANIZATION NAME:		PAYLOCITY
STREET ADDRESS 1400 American Lane (corporate office)		CONTACT NAME Lisa DeJoy
CITY, STATE, ZIP CODE		CONTACT TELEPHONE NUMBER

Schaumburg, IL 60173		717-303-7663
TELEPHONE NUMBER 1-888-873-8205	FAX NUMBER 1-847-463-3210	CONTACT EMAIL ldejoy@palocity.com
EMERGENCY TELEPHONE 1-888-873-8205	WEBSITE www.paylocity.com	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED FOUNDATION PAYROLL PROVIDER		

ORGANIZATION NAME:		CAPITAL COMPUTER SYSTEMS, INC. (FINANCE)
STREET ADDRESS 406 Second Street		CONTACT NAME Diana Laughner
CITY, STATE, ZIP CODE New Cumberland, PA 17070		CONTACT TELEPHONE NUMBER 717-774-7406
TELEPHONE NUMBER 717-774-7406	FAX NUMBER	CONTACT EMAIL dianal@capitolcom.com
EMERGENCY TELEPHONE 717-774-7406	WEBSITE www.capitolcom.com	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED SAGE - FINANCIAL SOFTWARE - OUTSIDE CONSULTANT		

ORGANIZATION NAME:		THE GLATFELTER AGENCY (FINANCE)
STREET ADDRESS 221 W. Philadelphia Street		CONTACT NAME Sara Clark
CITY, STATE, ZIP CODE York, PA 17402		CONTACT TELEPHONE NUMBER 717-852-8000
TELEPHONE NUMBER 717-849-5120	FAX NUMBER	CONTACT EMAIL sclark@tga-ins.com
EMERGENCY TELEPHONE 717-852-8000	WEBSITE www.tga-ins.com	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED INSURANCE PROVIDER - FOUNDATION PROFESSIONAL LIABILITY & MED MAL POLICIES		

ORGANIZATION NAME:		MCNEES, WALLACE & NURICK LLC (FINANCE)
STREET ADDRESS 100 Pine Street		CONTACT NAME Shaun Eisenhauer
CITY, STATE, ZIP CODE Harrisburg, PA 17101		CONTACT TELEPHONE NUMBER 717-237-5257
TELEPHONE NUMBER 717-232-8000	FAX NUMBER	CONTACT EMAIL seisenhauer@mcneeslaw.com
EMERGENCY TELEPHONE 717-237-5257	WEBSITE www.mcneeslaw.com	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?

MATERIAL/SERVICE PROVIDED FOUNDATION ATTORNEY

ORGANIZATION NAME:		BUCHANAN INGERSOLL & ROONEY (FINANCE)
STREET ADDRESS Union Trust Bldg, 501 Grant St. Suite 200		CONTACT NAME Stephanie W. Schreiber
CITY, STATE, ZIP CODE Pittsburgh, PA 15219		CONTACT TELEPHONE NUMBER 412-392-2148
TELEPHONE NUMBER 412-316-7365	FAX NUMBER	CONTACT EMAIL Stephanie.schreiber@bipc.com
EMERGENCY TELEPHONE 412-562-8800	WEBSITE www.bipc.com	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED ATTORNEY – LIFEGUARD/PHP		

ORGANIZATION NAME:		CENTRIC BANK (FOUNDATION MONEY MARKET)
STREET ADDRESS 6480 Carlisle Pike		CONTACT NAME Mary Anne Bayer, VP Financial Center Manager
CITY, STATE, ZIP CODE Mechanicburg, PA 17050		CONTACT TELEPHONE NUMBER 717-591-1360
TELEPHONE NUMBER 717-591-1360	FAX NUMBER	CONTACT EMAIL mbayer@centricbank.com
EMERGENCY TELEPHONE 717-315-2271	WEBSITE www.centricbank.com	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED BANK – MONEY MARKET ACCOUNT		

ORGANIZATION NAME:		DREXEL UNIVERSITY COLLEGE OF MEDICINE (SFS)
STREET ADDRESS 2900 Queen Lane		CONTACT NAME Cindy DeLone
CITY, STATE, ZIP CODE Philadelphia, PA 19129		CONTACT TELEPHONE NUMBER 215-571-4545
TELEPHONE NUMBER 215-571-4545	FAX NUMBER	CONTACT EMAIL Cd32@drexel.edu
EMERGENCY TELEPHONE	WEBSITE	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED FINANCIAL AID		

ORGANIZATION NAME:		GEISINGER COMMONWEALTH SCHOOL OF MEDICINE (SFS)
STREET ADDRESS 525 Pine Street		CONTACT NAME Suzanne McNamara
CITY, STATE, ZIP CODE Scranton, PA 18509-3240		CONTACT TELEPHONE NUMBER 570-504-9682
TELEPHONE NUMBER 570-504-9682	FAX NUMBER	CONTACT EMAIL SMcNamara@som.geisinger.edu
EMERGENCY TELEPHONE	WEBSITE	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED FINANCIAL AID		

ORGANIZATION NAME:		LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE (SFS)
STREET ADDRESS 1858 West Grandview Blvd.		CONTACT NAME Shari L. Gould, MA
CITY, STATE, ZIP CODE Erie, PA 16509		CONTACT TELEPHONE NUMBER 814-860-5151
TELEPHONE NUMBER 814-860-5151	FAX NUMBER	CONTACT EMAIL sgould@lecom.edu
EMERGENCY TELEPHONE	WEBSITE	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED FINANCIAL AID		

ORGANIZATION NAME:		LEWIS KATZ SCHOOL OF MEDICINE AT TEMPLE UNIVERSITY (SFS)
STREET ADDRESS 3500 N. Broad Street, MERB, Suite 329,		CONTACT NAME Lisa Duncan
CITY, STATE, ZIP CODE Philadelphia, PA 19140		CONTACT TELEPHONE NUMBER 215-707-0749
TELEPHONE NUMBER 215-707-0749	FAX NUMBER	CONTACT EMAIL Lisa.duncan@temple.edu
EMERGENCY TELEPHONE	WEBSITE	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED FINANCIAL AID		

ORGANIZATION NAME:		PENN STATE UNIVERSITY COLLEGE OF MEDICINE (SFS)
STREET ADDRESS 500 University Drive, Office of Student Aid, MC H060		CONTACT NAME Lydia Cowher
CITY, STATE, ZIP CODE		CONTACT TELEPHONE NUMBER

Hershey, PA 17033		814-235-4757
TELEPHONE NUMBER 814-235-4757	FAX NUMBER	CONTACT EMAIL lcowher@pennstatehealth.psu.edu
EMERGENCY TELEPHONE	WEBSITE	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED FINANCIAL AID		

ORGANIZATION NAME:		PERELMAN SCHOOL OF MEDICINE, UNIVERSITY OF PENNSYLVANIA (SFS)
STREET ADDRESS 3400 Civic Center Blvd., BLDG 421		CONTACT NAME Michael M. Sabar, M.Ed.
CITY, STATE, ZIP CODE Philadelphia, PA 19104		CONTACT TELEPHONE NUMBER 215-898-3423
TELEPHONE NUMBER 215-898-3423	FAX NUMBER	CONTACT EMAIL msabara@penmedicine.upenn.edu
EMERGENCY TELEPHONE	WEBSITE	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED FINANCIAL AID		

ORGANIZATION NAME:		PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE (SFS)
STREET ADDRESS 4190 City Avenue		CONTACT NAME Brian Emery
CITY, STATE, ZIP CODE Philadelphia, PA 19131		CONTACT TELEPHONE NUMBER 215-871-6174
TELEPHONE NUMBER 215-871-6174	FAX NUMBER	CONTACT EMAIL brianem@pcom.edu
EMERGENCY TELEPHONE	WEBSITE	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED FINANCIAL AID		

ORGANIZATION NAME:		SIDNEY KIMMEL MEDICAL COLLEGE, THOMAS JEFFERSON UNIVERSITY (SFS)
STREET ADDRESS 1015 Walnut Street, Curtis Building, Suite 115		CONTACT NAME Susan McFadden
CITY, STATE, ZIP CODE Philadelphia, PA 19107		CONTACT TELEPHONE NUMBER 215-955-2867
TELEPHONE NUMBER 215-955-2867	FAX NUMBER	CONTACT EMAIL Susan.mcfadden@jefferson.edu
EMERGENCY TELEPHONE	WEBSITE	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?

MATERIAL/SERVICE PROVIDED FINANCIAL AID

ORGANIZATION NAME:		UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE (SFS)
STREET ADDRESS 3550 Terrace Street, 518 Scaife Hall		CONTACT NAME Darren Neely
CITY, STATE, ZIP CODE Pittsburgh, PA 15261		CONTACT TELEPHONE NUMBER 412-648-3732
TELEPHONE NUMBER 412-648-3732	FAX NUMBER	CONTACT EMAIL dneely@medschool.pitt.edu
EMERGENCY TELEPHONE	WEBSITE	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED FINANCIAL AID		

ORGANIZATION NAME:		CARYL SCHMITZ (SFS)
STREET ADDRESS 90 Longview Drive		CONTACT NAME Caryl Schmitz
CITY, STATE, ZIP CODE Gettysburg, PA 17325-8036		CONTACT TELEPHONE NUMBER 717-357-1860
TELEPHONE NUMBER 717-357-1860	FAX NUMBER	CONTACT EMAIL schmitztc@comcast.net
EMERGENCY TELEPHONE	WEBSITE	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED AMES SCHOLARSHIP		

ORGANIZATION NAME:		ALLEGHENY COUNTY MEDICAL SOCIETY (SFS)
STREET ADDRESS 850 Ridge Avenue		CONTACT NAME Lisa Olszak Zumstein
CITY, STATE, ZIP CODE Pittsburgh, PA 15212		CONTACT TELEPHONE NUMBER 412-321-5030
TELEPHONE NUMBER 412-321-5030	FAX NUMBER	CONTACT EMAIL lisa@acms.org
EMERGENCY TELEPHONE	WEBSITE	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED ACMS SCHOLARSHIP		

ORGANIZATION NAME:		NEIL KANESHIKI, MD (SFS)
STREET ADDRESS	CONTACT NAME	

Blair Surgical Associates, PC 2525 9th Avenue, Ste 16		Neil Kaneshiki, MD
CITY, STATE, ZIP CODE Altoona, PA 16602-2014		CONTACT TELEPHONE NUMBER 814-942-6038
TELEPHONE NUMBER 814-942-6038	FAX NUMBER	CONTACT EMAIL sheik@atlanticbb.net
EMERGENCY TELEPHONE	WEBSITE	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED BCMS SCHOLARSHIP		

ORGANIZATION NAME:		JITENDRA M. DESAI, MD (SFS)
STREET ADDRESS 14035 Tivoli Terrace		CONTACT NAME Jitendra M. Desai, MD
CITY, STATE, ZIP CODE Bonita Springs, FL 34135		CONTACT TELEPHONE NUMBER 412-551-8214
TELEPHONE NUMBER 412-551-8214	FAX NUMBER	CONTACT EMAIL jitudes@gmail.com
EMERGENCY TELEPHONE	WEBSITE	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED ESASID SCHOLARSHIP		

ORGANIZATION NAME:		ARIEL JONES (SFS)
STREET ADDRESS Pennsylvania Medical Society 400 Winding Creek Blvd		CONTACT NAME Ariel Jones
CITY, STATE, ZIP CODE Mechanicsburg, PA 17050-1885		CONTACT TELEPHONE NUMBER 717-909-2688
TELEPHONE NUMBER	FAX NUMBER	CONTACT EMAIL AJONES@PAMEDSOC.ORG
EMERGENCY TELEPHONE	WEBSITE	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED GUNDER/DCMS SCHOLARSHIP		

ORGANIZATION NAME:		MARTHA MAFFEO (SFS)
STREET ADDRESS 4767 Belmont Drive		CONTACT NAME Martha Maffeo
CITY, STATE, ZIP CODE		CONTACT TELEPHONE NUMBER

Emmaus, PA 18049		484-515-7432
TELEPHONE NUMBER 610-967-5782	FAX NUMBER	CONTACT EMAIL mnmaffeo@aol.com
EMERGENCY TELEPHONE	WEBSITE	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED LECOMASE SCHOLARSHIP		

ORGANIZATION NAME:		LYCOMING COUNTY MEDICAL SOCIETY (SFS)
STREET ADDRESS 700 High Street		CONTACT NAME Rachel Kirk
CITY, STATE, ZIP CODE Williamsport, PA 17701		CONTACT TELEPHONE NUMBER 570-321-2171
TELEPHONE NUMBER 570-419-8755	FAX NUMBER	CONTACT EMAIL LCMSexec20@gmail.com
EMERGENCY TELEPHONE	WEBSITE	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED LCMS SCHOLARSHIP		

ORGANIZATION NAME:		SUSAN A. BRANTON, MD FACS (SFS)
STREET ADDRESS Kathryn Candor Lundy Breast Health Center 100 Grampian Blvd., FL 1		CONTACT NAME Susan A. Branton, MD
CITY, STATE, ZIP CODE Williamsport, PA 17701-1909		CONTACT TELEPHONE NUMBER 570-320-0433
TELEPHONE NUMBER 570-326-8200	FAX NUMBER	CONTACT EMAIL brantonsa@upmc.edu
EMERGENCY TELEPHONE	WEBSITE	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED LCMS SCHOLARSHIP		

ORGANIZATION NAME:		MONTGOMERY COUNTY MEDICAL SOCIETY (SFS)
STREET ADDRESS Lutine Management Services, The Lutine House 224 West State Street		CONTACT NAME Theresa Barrett
CITY, STATE, ZIP CODE Trenton, NJ 08608		CONTACT TELEPHONE NUMBER 609-498-7468
TELEPHONE NUMBER 609-362-6500	FAX NUMBER	CONTACT EMAIL theresa@lutinemanagement.com
EMERGENCY TELEPHONE	WEBSITE	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?

MATERIAL/SERVICE PROVIDED MCMS/LANDER SCHOLARSHIP		
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ORGANIZATION NAME: JITENDRA N. SHAH, MD (SFS)		
STREET ADDRESS 1500 Barnswallow Drive		CONTACT NAME Jitendra N. Shah, MD
CITY, STATE, ZIP CODE Bensalem, PA 19020		CONTACT TELEPHONE NUMBER 215-620-0132
TELEPHONE NUMBER 215-620-0132	FAX NUMBER	CONTACT EMAIL Linashah2@gmail.com
EMERGENCY TELEPHONE	WEBSITE	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED SHAH FAMILY SCHOLARSHIP		

ORGANIZATION NAME: ELENA PASCAL (SFS)		
STREET ADDRESS 1119 Bell Avenue		CONTACT NAME Elena Pascal
CITY, STATE, ZIP CODE Allentown, PA 18103-3721		CONTACT TELEPHONE NUMBER 610-730-0213
TELEPHONE NUMBER 610-437-5775	FAX NUMBER	CONTACT EMAIL Boutique2go@yahoo.com
EMERGENCY TELEPHONE	WEBSITE	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED SIEGFRIED/VIGILANTE SCHOLARSHIP		

ORGANIZATION NAME: RAYMOND C. TRUEX, JR., MD, FAANS (SFS)		
STREET ADDRESS 400 Winding Creek Blvd		CONTACT NAME Raymond C. Truex, Jr., MD, FAANS
CITY, STATE, ZIP CODE Mechanicsburg, PA 17050-1885		CONTACT TELEPHONE NUMBER 717-558-7805
TELEPHONE NUMBER 717-558-7837	FAX NUMBER	CONTACT EMAIL rtruex@pamedsoc.org
EMERGENCY TELEPHONE	WEBSITE	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED TRUEX SCHOLARSHIP		

ORGANIZATION NAME: MARJORIE POFF GILLESPIE, MD (SFS)		
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STREET ADDRESS 12515 7th Avenue NW		CONTACT NAME Marjorie Poff Gillespy, MD
CITY, STATE, ZIP CODE Seattle, WA 98177-4424		CONTACT TELEPHONE NUMBER 206-334-0787
TELEPHONE NUMBER 206-334-0787	FAX NUMBER	CONTACT EMAIL Marj_gillespy@comcast.net
EMERGENCY TELEPHONE	WEBSITE	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED SUN SCHOLARSHIP		

ORGANIZATION NAME:		SATISH SHAH, MD (SFS)
STREET ADDRESS 115 Palace Drive		CONTACT NAME DR. & MRS. SATISH A. SHAH
CITY, STATE, ZIP CODE Gettysburg, PA 17325		CONTACT TELEPHONE NUMBER 717-334-4033
TELEPHONE NUMBER 717-337-372	FAX NUMBER	CONTACT EMAIL satishshahmd@yahoo.com
EMERGENCY TELEPHONE	WEBSITE	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED S SATISH MD SCHOLARSHIP		

ORGANIZATION NAME:		MAD TECHNOLOGY SOLUTIONS (SFS & LIFEGUARD)
STREET ADDRESS 1420 Meadow Lane, Suite 100		CONTACT NAME Mike Drawbaugh
CITY, STATE, ZIP CODE Dauphin, PA 17018		CONTACT TELEPHONE NUMBER 717-474-3386
TELEPHONE NUMBER 717-474-3386	FAX NUMBER	CONTACT EMAIL mdrawbaugh@justgetmad.com
EMERGENCY TELEPHONE	WEBSITE	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED SFS PROGRAMMING SUPPORT		

ORGANIZATION NAME:		TRANSWORLD SYSTEMS, INC. (SFS)
STREET ADDRESS		CONTACT NAME Linda Kuehn
CITY, STATE, ZIP CODE		CONTACT TELEPHONE NUMBER 215-441-3323
TELEPHONE NUMBER	FAX NUMBER	CONTACT EMAIL

		Linda.kuehn@tsico.com
EMERGENCY TELEPHONE	WEBSITE	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED LOAN COLLECTIONS		

ORGANIZATION NAME:		MIRUS FINANCIAL PARTNERS (DEVELOPMENT)
STREET ADDRESS 110 East King Street		CONTACT NAME Mark A. Vergenes, President
CITY, STATE, ZIP CODE Lancaster, PA 17602		CONTACT TELEPHONE NUMBER 717-509-4521
TELEPHONE NUMBER	FAX NUMBER 717-509-4523	CONTACT EMAIL mark@mirusfinancialpartners.com
EMERGENCY TELEPHONE	WEBSITE www.mirusfinancialpartners.com	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED FINANCIAL PLANNING		

Information Technology Security

DATA SECURITY AND BACK-UP	
LEAD STAFF OR CONTRACTOR STEVEN FORRESTER	EMERGENCY CONTACT TELEPHONE 513-503-7069
EMAIL SFORRESTER@PAMEDSOC.ORG	ALTERNATE CONTACT TELEPHONE 717-909-2611
BACK-UP RECORDS ARE STORED ONSITE HERE SERVER ROOM	BACK-UP RECORDS ARE STORED OFFSITE HERE DATTO Backup service/Morefield Network Service
VIRTUAL RECORDS ARE STORED HERE DATTO BACKUP	VIRTUAL BACK-UP CONTACT STEVEN FORRESTER
IF OUR VIRTUAL RECORDS ARE DESTROYED, WE WILL PROVIDE FOR CONTINUITY IN THE FOLLOWING WAYS: DATTO Backup and Recovery Service. DNS will be rerouted and all VPN access will be provided to Recovery Site	

IT ASSET SECURITY	
LEAD STAFF OR CONTRACTOR STEVEN FORRESTER	EMERGENCY CONTACT TELEPHONE 513-503-7069
EMAIL SFORRESTER@PAMEDSOC.ORG	ALTERNATE CONTACT TELEPHONE 717-909-2611
KEY COMPUTER HARDWARE EMC VNX SAN VMWare ESXi Cisco Network gear Dell Computer Hardware	TO PROTECT OUR COMPUTER HARDWARE, WE WILL: Physical access to server room and demark is limited to select personnel by security badge. Continually Patch equipment with firmware and security updates
KEY COMPUTER SOFTWARE Microsoft Office 365 Windows 10/Windows Server 2016 netFORUM Enterprise (SaaS)	TO PROTECT OUR COMPUTER SOFTWARE, WE WILL: CONTINUALLY PATCH SOFTWARE WITH SECURITY UPDATES MONITOR SECURITY LOGS AND ALERTS PERFORM ROUTINE ANTIVIRUS AND MALWARE SCANS ENABLE HARD DRIVE ENCRYPTION
IF OUR COMPUTERS ARE DESTROYED, WE WILL USE BACK-UP COMPUTERS AT THE FOLLOWING LOCATIONS: We will utilize remote access to DATTO backup site from employee homes sites.	

Alternate/Temporary Location

ALTERNATE LOCATION	
STREET ADDRESS All staff will work remotely from a home office	
CITY, STATE, ZIP CODE N/A	
TELEPHONE NUMBER Staff office numbers will work through Ring Central on their work computer	
IS THERE A PRE-AGREEMENT IN PLACE? Yes, each staff member signs a remote work agreement and a technology use agreement	
POINT OF CONTACT	
CONTACT NAME Heather Wilson	
TELEPHONE NUMBER 717-558-7816	ALTERNATE NUMBER 717-575-6687

E-MAIL ADDRESS hwilson@pamedsoc.org
SITE ASSESSMENT
STAFF TO WORK HERE All Foundation Staff
SUPPLIES ALREADY IN PLACE Laptop computers
TIME TO SET UP OPERATIONS No time needed, VPN and cloud-based system already in place
LENGTH OF TIME TO STAY IN THIS SITE Until the crisis is averted/remediated
POSSIBLE HAZARDS IN THE AREA None
NOTES: Staff will maintain records electronically. Staff will conduct work in a space within their home that allows for telephonic privacy and laptop security.

Staff Notification

NOTIFICATION			
STAFF WILL BE NOTIFIED BY: <input type="checkbox"/> PHONE TREE <input checked="" type="checkbox"/> AUTOMATIC NOTIFICATION SYSTEM <input checked="" type="checkbox"/> EMAIL BLAST <input type="checkbox"/> OTHER: STAFF WILL RESPOND BY: <input checked="" type="checkbox"/> CALLING IN TO LIVE PERSON <input type="checkbox"/> CALLING AUTOMATIC RESPONSE SYSTEM <input checked="" type="checkbox"/> EMAIL IN <input type="checkbox"/> OTHER:	STAFF MEMBER RESPONSIBLE FOR NOTIFICATION Heather Wilson – Executive Director		
	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;"> TELEPHONE NUMBER 717-558-7816 OR 717-575-6687 </td> <td style="width: 50%;"> EMAIL HWILSON@PAMEDSOC.ORG </td> </tr> </table>	TELEPHONE NUMBER 717-558-7816 OR 717-575-6687	EMAIL HWILSON@PAMEDSOC.ORG
	TELEPHONE NUMBER 717-558-7816 OR 717-575-6687	EMAIL HWILSON@PAMEDSOC.ORG	
PLAN TRIGGER Foundation Executive Director will notify all Program Directors that the Continuity of Operations plan is in effect and that remote working will commence immediately.			

Staff Listing:

Name	Phone	Email
Heather Wilson	717-575-6687	hwilson@pamedsoc.org
Ed Kim, MD	602-842-3162	ekim@pamedsoc.org
Ray Truex, MD	484-663-4023	rtruex@pamedsoc.org
Tiffany Booher	717-574-4114	tbooher@pamedsoc.org
Melissa Devonshire	484-529-1558	mdevonshire@pamedsoc.org
Katie Gruber	717-503-3261	kgruber@pamedsoc.org
Katie Thiemann	717-599-2179	kthiemann@pamedsoc.org
Alice Dunkin	717-503-1239	adunkin@pamedsoc.org
Wendie Dunkin	717-679-2193	wdunkin@pamedsoc.org
Deborah Monko	717-756-9099	dmonko@pamedsoc.org
Annette Weaver	717-813-8906	aweaver@pamedsoc.org
Susan Caputo	717-433-1083	scaputo@pamedsoc.org
Lori Storm	717-579-6067	lstorm@pamedsoc.org
Charlotte Wilson-Manley (McKenney)	717-903-8707	cwilsonmanley@pamedsoc.org
Marcia Lammando	717-379-5563	mlammando@lifeguardprogram.com
Dana Youtz	717-813-3173	dyoutz@lifeguardprogram.com
Tracey Ziegler	717-926-8105	tziegler@lifeguardprogram.com



REQUEST FOR PROPOSAL NO. 6100057114

**BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
PROFESSIONAL HEALTH MONITORING PROGRAM
PHARMACY PEER ASSISTANCE MONITORING PROGRAM**

APPENDIX A

COST SUBMITTAL

Supplier Name:	Foundation of the Pennsylvania Medical Society, Physicians' Health Program
Supplier Number:	0000502611
Mailing Address:	400 Winding Creek Boulevard Mechanicsburg, PA 17050
Supplier Contact Person:	Tiffany Booher
Telephone Number:	(717) 558-7819
E-Mail:	PHP-foundation@pamedsoc.org

Cost per case, per month listed below shall be in effect for the term of the contract, including any renewals. The term of the contract will be at a fixed cost per case, per month rate for three years, with two one-year renewals options.

Contract is to be invoiced monthly. Invoice is to include an itemized list of open PHMP participant case numbers. Due to HIPPA privacy laws, participant names are to be omitted from the itemized list.

	Cost
Cost Per Case, Per Month	\$ 120.00

Signature	
<i>Signature of an official authorized to bind the Supplier to the provisions contained in the bid submission:</i>	
Authorized Signature:	
Printed Name:	Heather A. Wilson
Title:	Executive Director
Date:	03/22/2023



REQUEST FOR PROPOSAL NO. 6100057114

**BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
PROFESSIONAL HEALTH MONITORING PROGRAM
PHARMACY PEER ASSISTANCE MONITORING PROGRAM**

APPENDIX B

SERVICES AVAILABLE

Supplier Name:	Foundation of the Pennsylvania Medical Society, Physicians' Health Program
Supplier Number:	0000502611
Mailing Address:	400 Winding Creek Boulevard Mechanicsburg, PA 17050
Supplier Contact Person:	Tiffany Booher, MA, LPC, CAADC, CIP, CCSM – Program Director
Telephone Number:	(717) 558-7819
E-Mail:	PHP-foundation@pamedsoc.org

Please provide the costs to be paid by participants enrolled in your organization for the following services. Please list any other relevant services that are available to participants if they are not listed below. If more than one rate applies to a service, please list out each cost. Do not provide a range of cost without an explanation:

Type of Services Available to Participants	Cost to Participants
Case initiation fee – pharmacists	\$200.00
Case initiation fee – pharmacy interns	\$100.00
Monthly monitoring fees - pharmacists	\$75.00
Monthly monitoring fees – pharmacy interns	\$30.00
Advocacy testimony for each participant – medical director or case worker testimony (15 min. prorate)	\$350.00/hour
Advocacy testimony for each participant – administrative rate (15 min. prorate)	\$25.00/hr.
Travel for advocacy testimony provided for participant	\$ Travel reimbursed according to the Commonwealth's Travel Policy
Quarterly reports to PHMP are included in the monitoring fee, if required	\$0

Compliance letters with drug testing results	\$25.00
Compliance letter without drug testing results	\$10.00
Detailed letters summarizing participant's case – summary of treatment, agreement requirements and compliance	\$50.00
Rush fee for any letter	\$10.00
Fax fee for any letter	\$10.00
Progress reports to PHMP (annual cost)	\$0
*Drug testing (annual average) Urine \$29/test, Peth \$69/test – *testing exclusively with PHMP	\$1,317.50
Evaluation – independent provider not associated with the PA-PHP	Cost varies based on type of assessment. Ranges from \$250.00 - \$5,000.00
Treatment – independent provider not associated with the PA-PHP	Cost varies based on the type of treatment. Ranges from \$0 - \$40,000.00
Therapy – independent provider not associated with the PA-PHP	Cost varies. Ranges from \$25.00 - \$150.00/session

TIFFANY BOOHER, MA, LPC, CAADC, CIP, CCSM

400 Winding Creek Boulevard

Mechanicsburg, PA 17050

717-558-7819

tboohier@pamedsoc.org

EDUCATION

The Pennsylvania State University

Bachelor of Science, Elementary and Kindergarten Education, December 2005

Concentration: Social and Behavioral Sciences

The Pennsylvania State University

Master of Arts, Applied Clinical Psychology, May 2015

EXPERIENCE**Director**

Physicians' Health Program

September 2019-Present

Mechanicsburg, PA

Case Management Supervisor

Physicians' Health Program

January 2016-September 2019

Harrisburg, PA

Case Manager

Physicians' Health Program

August 2013-December 2015

Harrisburg, PA

Counselor III

Gaudenzia Inc.

November 2011-August 2013

Mechanicsburg, PA

Inpatient Dual Diagnosis Counselor

Roxbury Treatment Center

July 2009-November 2011

Shippensburg, PA

Chemical Dependency Counselor Aide

Roxbury Treatment Center

January 2009-June 2009

Shippensburg, PA

Master's Level Intern

Roxbury Treatment Center

January 2009-June 2009

Shippensburg, PA

Master's Level Intern

Philhaven-Lebanon Day Hospital

September 2008-December 2008

Mt. Gretna, PA

Residential Counselor

Philhaven-Child Campus

June 2008-December 2008

Mt. Gretna, PA

CERTIFICATES AND LICENSES

Pennsylvania State Board Licensed Professional Counselor

#PC010939

Pennsylvania State Board Certified Advanced Alcohol and Drug Counselor

#8316

Pennsylvania State Board Certified Intervention Professional	#I0248
Pennsylvania State Board Certified Case Manager	#8316

PROFESSIONAL MEMBERSHIPS

American Counseling Association	#6590938
Federation of State Physician Health Programs	

Curriculum Vitae Edwin Kim, MD

Professional Positions

2019-Present *Medical Director* Charles O'Brien Center for Addiction Treatment,
University of Pennsylvania

2020-Present *Medical Director* Pennsylvania Physicians Health Program, Pennsylvania
Medical Society

Education

2001-2005 *Bachelors of Science.* University of California, Los Angeles. Psychobiology

2010-2014 *Doctor of Medicine.* Saint George's University, School of Medicine

Residency and Fellowship Training

2014-2018 *Resident Physician in Psychiatry.* Maricopa Medical Center Phoenix, AZ

2017-2018 *Vice Chief Resident in Psychiatry.* Maricopa Medical Center Phoenix, AZ

2018-2019 *Fellow in Addiction Psychiatry.* University of Pennsylvania Philadelphia, PA

Licensure and Certification

2017	<i>Medical License.</i>	54735	Arizona	Active; Exp. 4/4/24
2017	<i>Medical License.</i>	A147793	California	Active; Exp. 12/31/24
2017	<i>DEA X-Waiver.</i>	FK7026138	Drug Enforcement Agency	Active; Exp. 12/31/24
2018	<i>Medical License.</i>	MD463998	Pennsylvania	Active; Exp. 12/31/24

Academic Appointments

2019-2021 *Assistant Professor of Clinical Psychiatry.* University of Pennsylvania

2023-Present *Clinical Assistant Professor of Psychiatry (Affiliated).* Stanford University

Clinical Teaching Responsibilities

2016-2018 *Lecturer* MS-III/IV Substance Use Disorders Didactic.
Maricopa Medical Center

2018-2019 *Supervisor* MS-2/PGY-1 Chemical Dependency Rotation.
University of Pennsylvania

2019-2021 *Supervisor* Addiction Psychiatry Fellow Perinatal Opioid Addiction
Treatment Clinic (Center of Excellence).
University of Pennsylvania

2020-2021 *Supervisor* PGY-3 Co-occurring Disorders Clinic
University of Pennsylvania

2021-Present *Supervisor* PGY-3 and Addiction Fellows Pharmacotherapy of Addictions &
Recovery Clinic Rotation at the Veterans Affairs Palo Alto
Healthcare System.
Stanford University

Hospital and Health Care Organization Service Responsibilities

2015-2016	<i>Physician Lead.</i>	Seclusion and Restraint Task Force Maricopa Integrated Health System
2015-2016	<i>Psychiatry Representative.</i>	Informatics Provider Advisory Committee Maricopa Integrated Health System

Major Administrative Responsibilities or Committee Assignments

2013-Present	<i>Membership Committee Member.</i>	American Academy of Addiction Psychiatry
2018	<i>Program Organizer.</i>	Opioid Use Disorder Essentials Symposium. Arizona Psychiatric Society/Arizona Society of Addiction Medicine.
2020-Present	<i>Public Policy Committee, Publications Committee, Ethics Committee Member.</i>	Federation of State Physician Health Programs
2021-Present	<i>Physician Health Committee Member.</i>	American Academy of Addiction Psychiatry
2023-Present	<i>Chair of the Membership Committee.</i>	Federation of State Physician Health Programs

Community Service Related to Professional Work

2020-Present	<i>Opioid Advisory Task Force Member.</i>	Pennsylvania Medical Society
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Professional Societies

2013-Present	<i>Member.</i>	American Psychiatric Association
2013-Present	<i>Member.</i>	American Academy of Addiction Psychiatry
2015-Present	<i>Member.</i>	Asian-American Caucus - American Psychiatric Association
2014-Present	<i>Member.</i>	American Society of Addiction Medicine

Post-Degree Honors and Awards

2009	<i>Outstanding Performance Award.</i>	United States Department of Energy Joint Genome Institute at Lawrence Berkeley National Laboratory
2013	<i>Summer Institute for Medical Student Fellowship.</i>	The Betty Ford Center
2016	<i>First Place Oral Presentation.</i>	20th Academic Excellence Day University of Arizona College of Medicine
2017	<i>Fellow Scholar Award.</i>	Academy of Addiction Psychiatry
2017	<i>Institute on Psychiatric Services Scholar Award.</i>	American Psychiatric Association
2017	<i>Travel Scholar.</i>	Arizona Society of Addiction Medicine
2018	<i>President's Recognition for Leadership Award.</i>	Arizona Psychiatric Society,
2020	<i>Early Career Leadership Academy Scholarship.</i>	Pennsylvania Medical Society
2021	<i>Medical Education and Research Foundation Traditional Scholar.</i>	California Society of Addiction Medicine

Other Study and Research Opportunities

2021 *Sub-Investigator*. Veteran's Administration Comparative Effectiveness of Two Formulations of Buprenorphine for Treating Opioid Use Disorder in Veterans. United States Department of Veterans Affairs Office of Research and Development Cooperative Studies Program #2014, with Principal Investigator Michael Ostacher MD, MPH, MSC

Bibliography

Peer-Reviewed Journal Articles (original work)

Makarova KS, Omelchenko MV, Gaidamakova EK, Matrosova VY, Vasilenko A, Zhai M, Lapidus A, Copeland A, **Kim E**, Land M, Mavrommatis K, Pitluck S, Richardson PM, Detter C, Brettin T, Saunders E, Lai B, Ravel B, Kemner KM, Wolf YI, Sorokin A, Gerasimova AV, Gelfand, MS, Fredrickson, JK, Koonin, EV, Daly, MJ: *Deinococcus geothermalis*: The Pool of Extreme Radiation Resistance Genes Shrinks. PLoS ONE 2(9): e955, September 26, 2007.

Anderson I, Rodriguez J, Susanti D, Porat I, Reich C, Ulrich LE, Elkins JG, Mavromatis K, Lykidis A, **Kim E**, Thompson LS, Nolan M, Land M, Copeland A, Lapidus A, Lucas S, Detter C, Zhulin IB, Olsen GJ, Whitman W, Mukhopadhyay B, Bristow J, Kyrpides N.: Genome sequence of *Thermofilum pendens* reveals an exceptional loss of biosynthetic pathways without genome reduction. Journal of Bacteriology 190(8): 2957-2965, Epub February 08, 2008.

Ditty JL, Kvaal CA, Goodner B, Freyermuth SK, Bailey C, Britton RA, Gordon SG, Heinhorst S, Reed K, Xu Z, Sanders-Lorenz ER, Axen S, **Kim E**, Johns M, Scott K, Kerfeld CA: Incorporating Genomics and Bioinformatics across the Life Sciences Curriculum. PLoS Biology 8(8): e1000448, August 10, 2010.

Sieber JR, Sims DR, Han C, **Kim E**, Lykidis A, Lapidus AL, McDonnald E, Rohlin L, Culley DE, Gunsalus R, McInerney MJ: The genome of *Syntrophomonas wolfei*: new insights into syntrophic metabolism and biohydrogen production. Society for Applied Microbiology: Journal of Environmental Microbiology 12(8): 2289-2301, Aug 04, 2010.

Coleman NV, Wilson NL, Barry K, Brettin TS, Bruce DC, Copeland A, Dalin E, Detter JC, Del Rio TG, Goodwin LA, Hammon NM, Han S, Hauser LJ, Israni S, **Kim E**, Kyrpides N, Land ML, Lapidus A, Larimer FW, Lucas S, Pitluck S, Richardson P, Schmutz J, Tapia R, T.: Genome Sequence of the ethene- and vinyl chloride-oxidizing actinomycete *Nocardioides* sp. strain JS614. Journal of Bacteriology 193(13): 3399-3400, Epub May 06, 2011.

Papers and Posters Presented at Meetings

04/2016 Pynn J, Krog T, Kim E. "Psychiatric Rating Scale Use by Attending Psychiatrists and Residents." Arizona Psychiatric Society Annual Meeting, Phoenix, AZ

05/2016 "Early Psychosis in a 19-year-old Male with History of 'Dabbing' Concentrated Cannabis." University of Arizona College of Medicine 20th Academic Excellence Days, Phoenix, AZ

05/2016 "*Dabbing Cannabis and Early Psychosis*" Arizona Society of Child and Adolescent Psychiatry Meeting, Phoenix Children's Hospital

- 10/2017 Kim E, Thomas A, Vito J.: Smoking and Mental Illness: Stop Hitting the Snooze Button. American Psychiatric Assc IPS Annual Meeting, New Orleans, LA
- 05/2017 Hazeghazam M, Kim E, Ramos G.: New-onset Psychosis in an Elderly Woman with Addison's Disease. APA Annual Meeting, San Diego, CA
- 05/2017 Kim E, Levitt G: Escaping the FDA's Black Box Warning for Varenicline: A Case Report of a 40-year-old Veteran with Opioid and Tobacco Use Disorders. 21st Annual University of Arizona Academic Excellence Day, Phoenix, AZ
- 11/2018 "*Smoking and Mental Illness: Stop Hitting the Snooze Button.*" International Society of Addiction Meeting, Busan, South Korea
- 1/2021 "What is the Next Opioid Crisis?" Virtual PsychSummit. Colorado/New York/Arizona Psychiatric Society, Lakewood, CO

Raymond C. Truex, Jr. MD, FACS, FAANS
CURRICULUM VITAE

CURRENT POSITIONS:

Medical Director, Physicians' Health Program (2017-Present)
The Foundation of the Pennsylvania Medical Society

Associate Medical Director Lifeguard Program (2017- Present)

EDUCATION

COLLEGE	Gettysburg College <i>B.A. 1963</i>
GRADUATE EDUCATION	Temple University School of Medicine <i>M.D. - 1967</i>
RESIDENCY	Pennsylvania Hospital <i>Internal Medicine – 1968</i>
	Pennsylvania Hospital <i>General Surgery- 1969</i>
	Temple University Hospital <i>Neurological Surgery- 1975</i>

LICENSURE AND CERTIFICATION

Pennsylvania Medical License, MD-010475
Unrestricted DEA License
Board Certified – Neurological Surgery
Diplomat, National Board of Medical Examiners

PREVIOUS POSITIONS

St. Joseph's Medical Center, Reading, PA	1996-2017
The Reading Hospital and Medical Center, West Reading	1990-2017
Geisinger Clinic, Marworth, Waverly PA	1988-1990
Associate Medical Director	
Temple University Health Sciences Center, Philadelphia, PA	1975-1988
Deputy Director- Department of Neurosurgery (1980-1988)	
St. Christopher's Hospital for Children, Philadelphia, PA	1975-1988
Department of Surgery, Section Chief, Neurosurgery	
Shriners Hospital for Crippled Children, Philadelphia, PA	1975-1988
Albert Einstein Medical Center, Northern Division, Philadelphia, PA	1975-1988

Raymond C. Truex, Jr, MD, FACS, FAANS

Page 2

Rolling Hills Hospital, Elkins Park, PA
Doylestown Hospital, Doylestown, PA
Consulting Staff

1975-1988

1975-1986

PROFESSIONAL MEMBERSHIPS:

American Association of Neurological Surgeons
American College of Surgeons
Congress of Neurological Surgeons
Pennsylvania Neurosurgical Society
American Medical Association
Pennsylvania Medical Society
Berks County Medical Society
American Society of Addiction Medicine

ACTIVITIES:

Berks County Medical Society
Chairman, Executive Council (2005-2007)
Chairman of Physician's Advocacy Committee (2003-2004)
Immediate Past President (2002)
President (2001)
President Elect (2000)
Treasurer (1998-1999)
Executive Committee (1996-Present)
Delegate, House of Representative PA Medical Society (1998-Present)

Caron Foundation
Board of Directors, Inpatient Programs (1997-2000)

Reading Hospital and Medical Center
Executive Committee of Medical Staff (2004-2007)
Cancer Committee (1998- 2017)
Physician's Health and Wellness Committee (1994-2017)
Continuing Medical Education Committee (1994-2017)

Temple University School of Medicine
Dean's Advocacy Board (1987)
President (1987), Medical Faculty Senate
President Elect (1986), Medical Faculty Senate
Member at Large (1985-1987; 1978-1980), Faculty Practice Plan Board
Secretary (1985), Medical Faculty Senate
Secretary Elect (1984), Medical Faculty Senate
Admissions Committee (1975-1981)
Temple University Faculty Senate (1976-1979)

St. Christopher's Hospital for Children
Executive Committee of the Medical Staff- Member at Large (1977-1979)
Joint Conference Committee (1977-1979)
Nominating Committee (1977-1984)

Congress of Neurosurgical Surgeons
Host Committee (1982)

Raymond C. Truex, Jr, MD, FACS, FAANS

Page 3

Pennsylvania Neurosurgical Society

President (2006-2007)

President Elect (2004-2005)

Neurosurgical Representative to the PA Medical Society, Interspecialty Section (2001-)

Board of Counselors (1984-1987; 1998-2017)

America Association of Neurological Surgeons

Marshall Committee (1985)

Pennsylvania Medical Society

Physician's New Digest, Editorial Board (2001-2004)

Delegate, House of Delegates (1999-Present)

Foundation of the Pennsylvania Medical Society

Advisory Committee, PHP (1998-1999)

Trustee (1999-2017)

Vice Chairman, Board of Trustees (2004-2006)

Chairman (2007-2016)

MELISSA DEVONSHIRE, MBA, CADC, CCDP

400 Winding Creek Boulevard
 Mechanicsburg, PA 17050
 717-558-7819
 mdevonshire@pamedsoc.org

EDUCATION

The Pennsylvania State University
 Bachelor of Science, Administration of Justice, December 1998
 Minor in Sociology, December 1998

Alvernia University
 Master of Business Administration, December 2004

EXPERIENCE

Case Manager I Physicians' Health Program	September 2015-Present Mechanicsburg, PA
Intake and CRN Evaluator Treatment Access and Services Center of Berks County (TASC)	March 2008-August 2015 Reading, PA
Certified Addiction and Drug Counselor New Directions	March 2006 – March 2008 West Reading, PA
Certified Addiction and Drug Counselor Caron Treatment Centers	November 1999 – December 2005 Wernersville, PA

CERTIFICATES AND LICENSES

Pennsylvania State Board Certified Alcohol and Drug Counselor	#4354
Pennsylvania State Board Certified Co-Occurring Disorders Professional	#5919

PROFESSIONAL MEMBERSHIPS

Federation of State Physician Health Programs

Katie Gruber, MSW, CADC

1131 Second Street
Enola, PA 17025
(717)503-3261
kgruber@pamedsoc.org

EDUCATION

Drexel University
College of Nursing and Health Professions
Bachelor of Science, Behavioral and Addictions Counseling Sciences
Concentration: Addictions Counseling

Temple University
Master of Social Work
Concentration: Program Management

EXPERIENCE

Case Manager
Physicians' Health Program

January 2016-Current
Harrisburg, PA

Counselor
Gaudenzia Inc.

August 2008-December 2015
Harrisburg, PA

CERTIFICATES AND LICENSES

Pennsylvania State Board Certified Alcohol and Drug Counselor #8672

PROFESSIONAL MEMBERSHIPS

Federation of State Physicians Health Programs

Kathleen L. Thiemann, LSW
 400 Winding Creek Boulevard
 Mechanicsburg, PA 17050
 717-558-7819
 kthiemann@pamedsoc.org

EDUCATION

Pennsylvania State University – University Park
 Bachelor of Arts, May 2005
 Major: Public Relations

Temple University
 Master of Social Work, May 2018

EXPERIENCE

Case Manager II
 Physicians' Health Program

November 2019-Current
 Mechanicsburg, PA

Social Worker
 Youth Advocate Programs, Inc.

December 2018 -November 2019
 Harrisburg, PA

Director, Political Action Committee
 Pennsylvania Medical Society

September 2016 -December 2018
 Harrisburg, PA

Associate
 Trinity Group

May 2015 – July 2016
 Harrisburg, PA

Development Manager
 Team Pennsylvania Foundation

January 2012 – May 2015
 Harrisburg, PA

Political Campaign Consultant
 Keystone Strategies, LLC

March 2007 - January 2012
 Harrisburg, PA

Associate
 Greenlee Partners, LLC

February 2006 – March 2007
 Harrisburg, PA

CERTIFICATES AND LICENSES

Pennsylvania State Board Licensed Social Worker #135899

PROFESSIONAL MEMBERSHIPS

Federation of State Physicians Health Programs

National Association of Social Workers

ALICE C. M. DUNKIN, BA, NCPT4

400 Winding Creek Boulevard
 Mechanicsburg, PA 17050
 717-558-7819
 adunkin@pamedsoc.org

Education

Psychology Bachelor's Degree
 Allentown College Saint Francis De Sales, Center Valley, PA
 1997

Experience

Assistant Case Manager Physicians' Health Program	February 2020 – Present Mechanicsburg, PA
Resource Coordinator/Behavioral Health Specialist/ Intake Coordinator Pennsylvania Psychiatric Institute	July 2003 – February 2020 Harrisburg, PA
Crisis Worker Holy Spirit Hospital	January 2012 – December 2012 Camp Hill, PA
Therapeutic Staff Support Cornell Abraxas	November 2000 – July 2003 Harrisburg, PA
Therapeutic Staff Support Human Services Consultants Management, Inc.	April 1998 – November 2000 Harrisburg, PA
Therapeutic Staff Support Youth Advocate Programs	June 1997-April 1998 Mechanicsburg, PA
Childcare Counselor/Crisis Prevention Specialist/ Mental Health Worker Kidspace National Treatment Center	October 1987-December 1996 Orefield, PA and Easton, PA

Certificates

American Psychiatric Technician Association Certification Level 4 #2019-080

Volunteer Experience:

Auxiliary President Auxiliary Chaplain American Legion Auxiliary	October 2021-July 2022; August 2014- July 2017 August 2013-July 2014 Palmyra, PA
Secretary Stand for the Silent Palmyra Chapter	February 2015 - Present Palmyra, PA
Volunteer The Fogleman's Wounded Warriors Music Festival	September 2014 - Present Annville PA

Wendie Dunkin

EDUCATION

Harrisburg Area Community College, Harrisburg, PA
Associate in Arts, Executive Secretarial, 1989

WORK EXPERIENCE

Compliance Assistant

The Foundation of the Pennsylvania Medical Society May 2004 to Present
Physicians' Health Program, Mechanicsburg, PA

Finance/Administrative Assistant

The Foundation of the Pennsylvania Medical Society September 2003 to May 2004
Finance and Operations, Harrisburg, PA

Student Loan/Scholarship Assistant

The Foundation of the Pennsylvania Medical Society September 2001 to September 2003
Student Financial Services, Harrisburg, PA

Administrative Secretary

Central Dauphin High School August 2000 to September 2001
JFC Staffing Companies, Harrisburg, PA

Administrative Secretary

Pennsylvania Medical Society June 1995 to June 2000
PMSCO, Harrisburg, PA

Administrative Assistant

The Foundation of the Pennsylvania Medical Society June 1989 to June 1995
Physicians' Health Programs, Harrisburg, PA

CURRICULUM VITAE

Full Name Heather A. Wilson, MSW, CFRE, CAE
Address 734 South Plum Street, Lancaster PA 17602
Cell Phone: 717.575.6687
Office Phone: 717.558.7851
Email: hwilson@pamedsoc.org



EDUCATION

Temple University **January 1990**
 Bachelor of Science in Elementary and Early Childhood Education,
 Magna Cum Laude

Temple University **May 1999**
 Master's in Social Work

Leadership Lancaster, Class of 2004

Certified Fundraising Executive Certification, October 2008, recertified 2018, recertified 2021

Certified Association Executive, June 2019, recertified 2022

EXPERIENCE

PENNSYLVANIA MEDICAL SOCIETY (PAMED) **07/14 -**
 Present
HARRISBURG, PA
Deputy Executive Vice President (.7 FTE)

- Responsible for all aspects of PAMED operations including administration, management, development, and financial control.
- Assists with strategic planning and coordination of the organization's programs, projects, and policy positions.
- Communicates organization goals and operational plans to all levels of the organization and to members.
- Directs activities of assigned departments to ensure conformance with goals and objectives and works to remove or address impediments to peak performance.
- Cultivates an external presence in the health care and medical community including official and informal liaisons with elected officials, public agencies, national, state and

county medical societies and associations, the business community, civic organizations and other stakeholders.

**FOUNDATION of the PENNSYLVANIA MEDICAL SOCIETY
HARRISBURG, PA**

03/12 - Present

Executive Director (.3 FTE)

- Provides executive leadership and oversight for the Foundation of the Pennsylvania Medical Society, a 501-c-3 nonprofit organization. Responsibilities include:
 - The Physician's Health Program which provides monitoring and advocacy for physicians, physician assistants, dentists and dental hygienists who are diagnosed with substance use disorder.
 - LifeGuard® which utilizes an assessment and preceptorship model to provide a clear path for physicians who are re-entering the workforce or have their clinical skills called into question.
 - Student Financial Services which offer scholarship and loan assistance for medical students
 - Philanthropy which identifies, cultivates and stewards major donors to undergird the programs of the Foundation with philanthropic gifts
 - Technical assistance for programmatic design and grant writing support

**PENNSYLVANIA MEDICAL SOCIETY (PAMED)
HARRISBURG, PA**

07/16 – 12/16

Interim Executive Vice President

- Served as the board appointed interim Executive Vice President during a period of executive leadership transition.
- Guided the organization through a board and House of Delegates process to approve a landmark \$15 million investment to establish a patient-centered and physician-led clinically integrated network and management services organization.
- Managed a national Executive Vice President search for the appointment of the next Pennsylvania Medical Society EVP.
- Provided interim management and leadership during a reorganization of a PAMED for profit subsidiary, Pennsylvania Medical Society Consulting Organization.

**LANCASTER GENERAL HEALTH, LANCASTER, PA
LANCASTER GENERAL HEALTH FOUNDATION**

06/08 – 03/12

Director, Major Gifts & Planned Giving

- Appointed by the Lancaster General Health Foundation President to supervise staff and fundraising operations at Lancaster General College of Nursing and Health Sciences, Lancaster General Health Women and Babies Hospital, Lancaster Cleft Palate Clinic and VNA Community Care Services.

- Managed fund and friend raising teams which include trustee and executive leadership to organize proposals for corporate, government, individual and foundation consideration to fund top priorities for the Lancaster General Health system.
- Supervised Senior Development Team.
- Planned and executed a \$22 million dollar Capital Campaign to establish the Ann B. Barshinger Cancer Institute which had confirmed gifts totaling \$17 million at the time of departure.
- Provided oversight of a comprehensive grant writing program to secure and manage funds from foundation and governmental funders.
- Stewarded a major donor portfolio of 100+ individuals.
- Assumed responsibilities during extended medical leaves taken by the Foundation President.

LANCASTER GENERAL HEALTH, LANCASTER, PA

12/05 - 06/08

LANCASTER GENERAL HEALTH FOUNDATION

Senior Development Officer

- Appointed by the Vice President of Development to create, implement, and manage a newly created Development Office at Lancaster General Health Women and Babies Hospital.
- Completed detailed planning, budgeting, project management and problem solving for both technical and organizational issues related to fundraising for women's health.
- Maintained a high visibility role and provided communication of financial needs to meet multi-million dollar operational budgets on an annual basis.
- Provided leadership and management for special events, grant writing projects, annual appeals, donor relations, and government advocacy.
- Worked as part of the Women and Babies leadership team to identify financial needs and opportunities for donor engagement.
- Outlined strategic goals and implemented a quarterly reporting system to measure outcomes.
- Established, cultivated and secured major gifts for a planned giving program.
- Guided work teams of support staff, physicians, nurses and community members to combine development activities with healthcare services to ensure healthcare access for all members of the community.
- Created communications and delivered presentations across all levels including internal departments and community systems.

LANCASTER GENERAL HEALTH, LANCASTER, PA

06/00 – 12/05

Development Director

- Coordinated all fundraising initiatives for two Lancaster General Health entities: VNA Community Care Services and the Lancaster Cleft Palate Clinic.
- Participated as part of senior management team at both VNA and LCPC.

- Provided leadership and management of special events, grant writing, annual appeals and donor relations.
- Facilitated interaction between LCPC Parent Support Group and the Clinic.

THE SALVATION ARMY, LANCASTER, PA

06/92 – 06/00

Social Services Coordinator

- Directed all Social Service Programs including Latch-Key and Day Camp, Emergency Assistance, HIV/AIDS Outreach, Men's Rehabilitation Residence, and Holiday Assistance Programs.
- Trained, supervised and provided annual review for social service staff.
- Provided case management and service delivery at the family and community level.
- Built community links to agencies and groups to meet community and individual needs.

MEMBERSHIPS & COMMUNITY LEADERSHIP

Linden Hall School for Girls – Trustee/Chair	2015-Present
Federation of State Physician Health Programs - Trustee/Secretary	2019-Present
Federation of Physician Health Programs – Committee Member	2016-Present
American Association of Medical Society Executives – Member	2014-Present
Pennsylvania Society for Association Excellence – Member	2012-Present
Pennsylvania Association of Non-Profit Organizations – Member	2012-Present
Association of Fundraising Professionals – Member	2000-Present
Excentia – Trustee	2010 - 2016
Junior League of Lancaster, PA - Member	2008 - 2012
Lancaster General Health Cancer Campaign – Committee Member	2009 - 2013
Association for Healthcare Philanthropy – Member	2007 - 2015
Linden Hall Alumnae Association – Committee Member	1990 - 2009
Millersville Non-Profit Resource Network – Advisory Member	2008 - 2010
Lancaster Foundation for Educational Enrichment – Trustee	2004 - 2010

PROFESSIONAL PROFILE

Astute experienced pharmacist who excels at implementing, coordinating, and evaluating clinical programs, operational, regulatory, and financial pharmacy services in relation to retail, 340B HIV specialty, and LTC pharmacy. Skilled at directing medication usage evaluations, building relationships and collaborating with KOL's to establish criteria for safe, effective, and appropriate use of medication. Dedicated to optimizing financials and operations for retail, LTC and 340B services, and experienced at PBM evaluation and optimization

Managed Care | Operations Management | Presentation and Relationship building | Financial Analysis/Reporting | Staff Development | Pharmacy Contract Negotiation | 340B | Clinical Outcomes | Microsoft Office Suite | | Lab Analysis

CAREER HIGHLIGHTS

Lititz Apothecary | Lititz, PA

2019 – Present

CEO

Obtain accreditation with BOC to dispense specialty medications. Manage prescriptions for 340B, LTC, and retail patients. Instrumental in developing unique solutions with the Medication Assisted Treatment (MAT) in substance abuse for in/and out-patient settings. Partner with KOLs and medical providers to identify ways to optimize medications based on managed care formularies and desired outcomes. Review and negotiated direct PBM contracts and is well versed in AWP, NADAC, MAC, and WAC for contracting, purchasing and billings. Decrease readmissions and relapse through completion of MTM and transitions of care for the patients' transitioning from rehab to home.

- Spearheaded an on-site 340B HIV contract pharmacy and responsible for TPA duties, managing pharmacy operations, financially analyze and reporting, maintaining virtual inventory and partnering with key individuals within the 340B practice for a Non-Profit Covered Entity.
- Negotiate contracts ESI, Caremark, Performcare, and other PBMs for retail and LTC accounts.
- Achieved and maintained a 97% adherence rate for HIV specialty medications through creative problem solving.
- Secured a 94% adherence rate for maintenance medications in retail by implementing a multidose program.
- Responded to medication information requests based on managed care plans and patients desired outcomes.

Medicine Shoppe Pharmacy | Rome, NY

2017 – Present

Partner/ COO

Working to serve the local community to provide value added services in packaging and education. Orchestrated direct contract with PBM in LTC and retail market. Developed dispensing procedures and protocols, LTC contracts, marketing, and staff training activities. Reviewed AWP, NADAC, MAC, and WAC for contracting and adapting purchases reflecting direct contract. Mentored and trained pharmacy managers on value-added incentives.

- Mitigated DIR and GER fees via therapeutic optimization and program development to monitor compliance and adherence and adapting dispensing based on contracts to reduce DIR/GER by 73%.
- Increased monthly gross profit by 95%, and prescription count by 17%.
- Partnered with group homes in delivering multidose packaging
- Therapeutic optimization based on PBM and disease state- strategize the most effective medication based on value.

Walmart Pharmacy | Lancaster, PA

2010 – 2019

PHARMACY STORE MANAGER (2011 – 2019)

Delivered comprehensive patient care by processing and dispensing prescription orders, administering immunizations, and managing activities pertaining to ordering, preparing, and dispensing prescriptions. Educated prescribers on how to decrease opioid prescribing with providers while managing the current disease state. Hired and onboarded pharmacy technicians and trained new pharmacists and pharmacy managers in the market. Detailed and created marketing strategies for specialty medications. Implemented and participated in community outreach programs. Supervised and developed opportunities for associates in assigned areas by training, mentoring, assigning duties, and providing feedback and recognition.

- Ranked in the top 3 stores for immunizations provided, customer service scores, prescription count growth, and gross profit while managing health and wellness operations.
- Oversaw a 2,300 script store with \$160K in pharmacy sales weekly.

- Chosen as an S3G Market Champion and consultant for market 184 in Eastern Pennsylvania.
- Achieved business goals and metrics by aligning team members with new processes and projects.
- Minimized unused inventory and incorporated just-in-time inventory while lowering the percentage of out of stock medications by developing more efficient inventory procedures.

Dr. Chetan B. Patel

Lancaster, PA | 732.986.5517 | chetanbpatel@gmail.com

PROFESSIONAL PROFILE

TRAVELING PHARMACIST (2010 – 2011)

Operated volume stores ranging from 150 to 900 prescriptions daily. Completed managerial duties, including scheduling, monthly CII verifications, inventory prep, and technician training programs.

Horizon Healthcare | Lancaster, PA

2009 – 2010

CLINICAL PHARMACIST

Compounded IV antibodies, chemotherapy, and infant TPN orders. Reviewed clinical findings, prescriptions, evaluated orders, and took action to resolve problems without delaying the patients' treatment. Labeled and dispensed medications based on the physician's orders and documented findings and interventions. Implemented care plans prior to therapy starting and communicated with patients, nursing staff, and physicians, monitored the effectiveness of medications. Analyzed products made by the pharmacy technician for accuracy and correctness and resolved problems prior to dispensing.

- Identified the most appropriate method of medication administration by accessing factors including IVs, patient and caregiver ability, and fiscal limitations.
- Ensured the sterility of medications by adhering to established policies for gowning, gloving, and aseptic technique procedures while working in and maintaining a clean room environment.
- Proficient in USP 797 Aseptic technique

EDUCATION AND TRAINING

Pharm.D., University of Sciences in Philadelphia, Philadelphia, PA, 2009

Licensed Registered Pharmacist and Immunizer

Pharmaceutical Non-Sterile Compounding Training and Certification

Advance Leadership Training

Pharmacy Cashflow Training

Pharmacist Billed Clinical Services in Providers Office Training

Audit, Billings, and Compliance of PBM Training

ORGANIZATIONS AND AFFILIATIONS

Treasurer, South Asian Association of Lancaster (2017 – Present)- Non-Profit Group

Head Cricket Coach for Under 12 Kids (2013 – Present)- Non-Profit Group

President, Youth Kuch Kadva Patidair Samj (2010 – 2013)- Non-Profit Group

Member, American Pharmacist Association (APhA)

Member, National Community Pharmacist Association (NCPA)

Member, Lancaster County Pharmacy Association

Bree Watzak PharmD, BCPS

28011 Walnut Creek Ct. Magnolia, TX 77355 281.451.7412 bwatzak@charter.net

Education

- Pharmacy Practice (PGY1) Residency, The Methodist Hospital, Houston, Texas 2008-2009
- Pharm.D., Summa Cum Laude, University of Houston College of Pharmacy 2008
- Bachelor of Science in Marine Biology, Summa Cum Laude, Texas A&M University 1995

Licenses/Certifications

- Texas Pharmacy License and Preceptor Certificate
 - License 46480 Expires August 31, 2024
- Board Certified Pharmacotherapy Specialist
 - Credential # 3091451 Expires December 31, 2023
- Just Culture Certified Champion, March 8, 2021
- Institute for Healthcare Improvement (IHI) Open School: Basic Certificate in Quality and Safety, October 3, 2018
- TeamSTEPPS MasterTrainer, August 5, 2016

Employment History

- Clinical Pharmacist, Baylor Scott & White Health Brenham, November 2021 – Present
 - Clinical resource for hospital
- Co-Primary Investigator Center for Optimizing Rural Health, September 2018 – November 2021
 - A&M Rural and Community Health Institute, Texas A&M Health Science Center
 - Director of Rural Access Programs
 - Director of Technical Assistance for HRSA funded center to assist vulnerable rural hospitals
 - Director and Facilitator for Hospital Network ECHO program
- Relief Pharmacist, Baylor Scott & White Health College Station, May 2021 - Present
 - Also employed April 2018 – May 2020 then furloughed for COVID-19 budget crisis
 - Central based clinical pharmacist
- Relief Pharmacist, CHI St. Joseph Health College Station, April 2018 – August 2019
 - Central based order entry
- Relief Pharmacist, CHI St. Luke's The Woodlands, June 2016 – March 2017
 - Unit based clinical pharmacist
 - Central based order entry
- Director of Interprofessional Healthcare Initiatives, August 2016 – November 2021
 - A&M Rural and Community Health Institute, Texas A&M College of Medicine
 - Texas A&M ECHO Director
 - ◆ Director of Texas A&M University ECHO Superhub
 - Director of Opioids Assessment-Training-Monitoring Program
 - Patient Safety Organization (PSO) pharmacist for Federally listed PSO #79 administered through the Agency for Healthcare Research and Quality (AHRQ) and created in partnership with the National Quality Forum

- Co-Director of Texas A&M KSTAR Pharmacology and Prescribing course
 - Member of KSTAR Communications Teaching Team
 - ◆ 2019-2021 working with Texas State Hospitals
 - ◆ 2020 – 2021 working with California Department of State Hospitals
 - Member of Health Science Center Opioid Task Force
 - Pharmacist for Texas Health and Human Services Mortality chart reviews
 - Pharmacist for Physician Peer Review process and chart review
 - Patient Safety Pharmacist for Texas A&M Patient and Family Advisory Council (PFAC)
 - Key Personnel on multiple rural healthcare grants and contracts
 - ◆ Rural Bright Spots funded by Robert Wood Johnson Foundation (RWJF), Episcopal Health Foundation (EHF), and T.L.L. Temple Foundation. 2019 – 2021. Primary Investigator.
 - ◆ Moonshot –right sizing care in Rural Texas funded by BCBS, 2019 – 2020
 - ◆ Optimizing Rural Health Getting the Word Out funded by RWJF. 2018 – 2022. Primary Investigator.
 - ◆ Optimizing Rural Health funded by RWJF, EHF, and T.L.L. Temple. September 2017 – December 2018.
 - ◆ What’s next, practical suggestions for rural communities facing a hospital closure funded by EHF. July 2016 – May 2017.
- Clinical Associate Professor, Texas A&M College of Pharmacy, September 2018- January 2019
- Assistant Professor, Texas A&M College of Pharmacy, January 2011 - August 2018
 - Member of HSC Interprofessional Education Committee 2013 – January 2019
 - Chair of COP Interprofessional Education Committee 2014 – January 2019
 - Member of Curricular Affairs Committee 2014 – 2016
 - Member of Outcomes Assessment Committee 2016-2017
 - Classroom lectures for Geriatrics, Infectious Diseases, Oncology/Transplant, Addiction and Substance Abuse, and General Patient Care
 - Associate Member of the Graduate Faculty of the HSC Graduate Programs
 - Clinical resource for St. Joseph Regional Health Center (Trauma team and ICU) 2011-2016
 - Advanced Pharmacy Practice Preceptor (Critical Care, Cardiology, Emergency Medicine) 2011-2016
 - Pharmacist for Texas A&M HSC medical mission to Bolivia, June 2012.
 - Pharmacist for Texas A&M HSC medical mission to Ecuador, May 2015
 - Pharmacist for Texas A&M HSC medical mission to Ecuador, May 2016
 - Pharmacist for Texas A&M HSC medical mission to Bolivia, May 2017
 - Member of Credentialing Committee 2012-2014
 - Member of Pharmacy Practice Search Committee 2014 – 2015
 - Faculty Delegate for AACP House of Delegates 2014 and 2015
- Clinical Manager, St. Joseph Regional Health Center, January 2010 – December 2010
 - Clinical resource for hospital: development and implementation of pharmacy clinical programs, nursing in-services, staff development, recruiting, and quality initiatives
 - Committee member: Critical Care, SCIP, Stroke, AMI, Code Team, BMV/eMAR, Morbidity & Mortality, Infection Control, Medication Management, and Sepsis team
 - Pharmacy Grand Rounds presenter and facilitator
 - Coordinator & lead presenter for Pharmacy & Therapeutics committee
- Clinical Pharmacist, St. Joseph Regional Health Center, July 2009 – December 2009
 - ICU pharmacist and clinical resource for hospital
 - Responder for Code Blue, Code Green, and Stroke Alerts
 - Committee member: Critical Care, SCIP, Stroke, AMI, Code Team, BMV/eMAR, Morbidity & Mortality, Infection Control, and Sepsis team
 - Central based order entry staff when needed

Publications

- Bright Spots: Case studies in Innovative Rural Healthcare. Watzak B, Fletcher D, Dickey N, Alaniz A, Cassens K. 2021. <https://www.architexas.org/rural-health/docs/bright-spots.pdf>
- Multidimensional evaluation of interprofessional collaboration in a disaster simulation. West C, Zhou Y, Landry K, Watzak B, Graham L. September 2018. *Journal of Interprofessional Education and Practice* 12(1), 40-47.
- Optimizing Rural Health: A community healthcare blueprint. Dickey N, Watzak B, Alaniz A. 2018. <https://architexas.org/rural-health/images/optimizing-rural-health-a-community-healthcare-blueprint.pdf>
- The Effects of Interprofessional pediatric end-of-life simulation on communication and role understanding in health professions students. Stout J, Pittman A, Livingston J, Bentley R, Watzak B. *Nursing Education Perspectives*, April 2018. 39 (6) 360-362.
- Lunch and Learn: an interprofessional discussion on the opioid epidemic. Watzak B and Pho V. March 2018 Edition of the Center for IPE Newsletter at the University of Toronto.
- What's next? Practical Suggestions for rural communities facing a hospital closure. Dickey N, Carter M, Watzak B, Allen M. 2017. https://www.episcopalhealth.org/files/2414/9788/5907/Whats_Next_Final_6.12.pdf
- Twelve Tips for Curriculum Sharing and Implementation: Don't Reinvent the Wheel. Gill A, West C, Watzak B, Quiram B, Pillow T, Graham L. MedEd Publish. December 2016. DOI: <http://dx.doi.org/10.15694/mep.2016.000149>
- Simulated Disaster Day: Benefit from Lessons Learned Through Years of Transformation from Silos to Interprofessional Education. Livingston L, West C, Livingston J, Landry K, Watzak B, Graham L. *Simulation in Healthcare*. 2016 Aug; 11(4):293-8.
- Na Pali Coast. Cover picture for JAPhA Jan/Feb 2016. Vol 56, No. 1.
- Tools to investigate how interprofessional education activities link to competencies. West C, Veronin M, Landry K, Kurz T, Watzak B, Quiram B, Graham L. *Medical Education Online*, 20 July 2015.
- Learning from error, learning from each other: a peer review process in Texas. Watzak B; Steele R; Killam-Worrall L. *Annals of Behavioral Science and Medical Education*. 21 (1), 7-8. Spring 2015.
- Assessment of Ethics and Values during an Interprofessional, International Service Learning Experience. Watzak, B; Engelhardt, J; Bentley, R; Self, D. *Currents in Pharmacy Teaching and Learning*. 2015; 7 (4): 526-535.
- Collaborating to Implement Interprofessional Educational Competencies through an International Immersion Experience. Bentley R, Engelhart J, and Watzak B. *Nurse Educator*. 2014; 39(2): 77-84.
- Emerald Lake, Yoho National Park. Cover picture for JAPhA May/June 2014. Vol 54, No.3.
- Anticoagulant Use in Real Time. Divyamani Srinivasan and Bree Watzak. *Journal of Pharmacy Practice*. 2013;26 270-279.
- Using Rural Hospital Staff Peer Review teleconferences for case based learning for physicians and pharmacy students. Watzak B, Stanberry R, Killam-Worrall L. Abstract in *American Journal of Pharmaceutical Education* 2012; 76 (5) Article 99: 131.
- Mammoth, Hot Springs. Cover picture for JAPhA Jul/Aug 2012. Vol 52, No. 4.
- Medical Mission: a pharmacy resident's perspective. *TSHP Journal* 2009 Spring. 10(1): 27-8.
- The University of Utah's school on alcoholism and other drug dependencies: Review of the experience. Watzak B and DePrang E. *UHCOP The Script*. January 2007.
- Utah School about communities, family, and friends. Bree Watzak. *Student Pharmacist Magazine*. September/October 2005. 30.

Presentations

- Watzak B, Scoggins C. Building a Better Board: Experiences in Education. Podium presentation at the National Rural Hospital Association Rural Hospital Innovation Summit held virtually May 5, 2021.
- Watzak B, Martin E. Project ECHO Just Culture Implementation of the National Action Plan to Advance Patient Safety. Podium presentation at the 13th annual meeting of the Patient Safety Organizations (PSO) hosted by AHRQ held virtually on April 28th, 2021.

- Watzak B, Dickey N. Are you a Goose? Should you be a Goose? Podium presentation at the National Organization of State Offices of Rural Health (NOSORH) annual meeting held virtually on September 29, 2020.
- Watzak B, Dickey N. Are you a Goose? Should you be a Goose? Podium presentation at the National Organization of State Offices of Rural Health (NOSORH) Region D meeting held virtually on August 26, 2020.
- Brooks L, Watzak B. Rural Hospital Closures – What has been and what will be the role of the Flex Program? Podium presentation at the Flex Program Reverse Site Visit Event held virtually on August 6, 2020.
- Watzak B, Dickey N, Scoggin T. Lessons Learned from the Rural Hospitals Assistance Program. Panel Presentation at the National Rural Hospital Association Rural Hospital Innovation Summit held virtually on June 17, 2020.
- Watzak B. Leveraging Project ECHO to Help Rural Hospitals Thrive. Round Table Session at the American Hospital Association Rural Healthcare Leadership Conference in Phoenix, Arizona on February 3, 2020.
- Watzak B, Eddleman J. High Performing Teams in Primary Care at the Texas Primary Care and Health Home summit in Austin TX on June 20, 2019.
- Watzak B. Lessons learned from vulnerable rural hospitals. Podium presentation at the Region D National Organization of State offices of Rural Health (NOSORH) meeting in Kona, Hawaii on June 6, 2019.
- Watzak B. Physician performance on a standardized test of communications and ethics knowledge. Podium presentation at the Coalition for Physician Enhancement conference in Washington D. C. on October 30, 2018.
- Watzak B, Kaunas C, Martinez J, Landman W, Carrino G, Clendenin A, Hubbard J, Mufich M. Disaster Day: Creating an optimal interprofessional clinical learning environment through simulation. Poster Presentation at the National Center for Interprofessional Practice and Education Nexus Summit. Minneapolis, Minnesota, July 31, 2018.
- Kaunas C, Landman W, Martinez J, Watzak B. A Phoenix Reborn: Faculty and Student Leadership and International IPE integration into an established Mass-casualty simulation. Nexus Fair Resource Exchange. National Center for Interprofessional Practice and Education Nexus Summit. Minneapolis, Minnesota, July 31, 2018.
- Watzak B, McCord C, Dickey E. TeamSTEPPS from the basics to a model of interprofessional team collaboration: the Health For All Huddle. Podium presentation at the 6th Annual Texas Primary Care and Health Home Summit in Austin TX on April 5, 2018.
- Watzak B, Steele R. Teamwork and communication working within the behavioral health system. Podium presentation at Texas Council ED Consortium in Austin, TX on January 18, 2018.
- Watzak B. KSTAR Physician Grand Rounds: Naloxone for home use. What role does naloxone have in the opioid epidemic? Webinar given on December 4, 2017.
- Watzak B, Steele R. Teamwork and communication in an intensive forensic mental health setting. Podium presentation at Texas Forensic Mental Health Conference, Vernon TX on October 18, 2017.
- Watzak B, Bremick M, Ivy D. Double Dipping: Work Smarter not harder when building your IPE curriculum. Discussion Group at Collaborating Across Borders (CAB) VI, Banff, Canada, October 4, 2017.
- Graham L, West C, Watzak B, Gill A. Sharing IPE curriculum across Institutions. Discussion group for CAB VI, Banff, Canada, October 3, 2017.
- West C, Zhou Y, Watzak B, Graham L. Assessment tools for short-term simulation-based interprofessional activity: a multidimensional measurement approach. Podium presentation at CAB VI, Banff, Canada, October 2, 2017.
- Stout J, Pittman A, Bentley R, Livingston J, Watzak B. Pediatric End-of life simulations and their impact on communication and role understanding in medical, nursing, pharmacy, and public health students. Poster presentation at CAB VI, October 4, 2017.
- Watzak B, Wise Matthews D, Dickey N. 2017 IPE Medical Mission to Bolivia. Poster presentation at 3rd Annual HSC Interprofessional Education and Research Symposium (IPER3) on September 28, 2017 in Bryan, Texas. WINNER of Best Faculty All-Around IPER poster.

- Pena D, Ramon M, Watzak B. Interprofessional Medical Mission to Costa Rica. Poster presentation at 3rd Annual HSC Interprofessional Education and Research Symposium (IPER3) on September 28, 2017 in Bryan, Texas. WINNER of BEST Student IPER Poster Presentation.
- Collado O, Dodd T, Ramirez A, Wei W, Watzak B. Bolivia Interprofessional Medical Mission. Poster presentation at 3rd Annual HSC Interprofessional Education and Research Symposium (IPER3) on September 28, 2017 in Bryan, Texas. WINNER Best Student Interprofessional Activity.
- Dickey E, Dickey N, McCord C, Poston D, Tarlow K, Watzak B. A Model of efficient interprofessional collaboration in a free healthcare clinic: the Health For All "Health Huddle". Poster presentation at 3rd Annual HSC Interprofessional Education and Research Symposium (IPER3) on September 28, 2017 in Bryan, Texas. WINNER Faculty Best Interprofessional Activity.
- Page R, White-Corey S, Bray A, Yeager L, Mendoza M, Beathard K, Geismar K, McCord C, Kapusniak L, Watzak B. The Prenatal clinic in Bryan, TX: An innovative interprofessional collaboration to deliver holistic care alongside prenatal care to the medically underserved. Poster presentation at 3rd Annual HSC Interprofessional Education and Research Symposium (IPER3) on September 28, 2017 in Bryan, Texas.
- Yazdchi M, Ward M, Rector J, Watzak B. Expanding Roles in Interprofessional simulation across the pharmacy curriculum - TAMHSC Disaster Day. Poster presentation at 3rd Annual HSC Interprofessional Education and Research Symposium (IPER3) on September 28, 2017 in Bryan, Texas.
- Stout J, Pittman A, Bentley R, Livingston J, Watzak B. The Effects of interprofessional pediatric end-of-life simulation. Poster presentation at LNL Education Summit, San Diego CA on September 17, 2017.
- Yazdchi M, Watzak B. Integrating pharmacy students into the healthcare teams of tomorrow by developing interprofessional relationships today – TAMHSC Disaster Day. Poster Presentation at Texas Society of Health-System Pharmacists Annual Seminar in Galveston, TX on 4/28/2017.
- Gill A, West C, Watzak B, Graham L. Curriculum Sharing and Implementation: Don't reinvent the wheel. Small Group Discussion accepted for 2017 Joint SGEA/SGSA/SOSR Annual meeting in Charlottesville, VA on 4/22/17.
- Watzak B, Zemanek K. TeamSTEPPS fundamentals. Faculty Development Session for the College of Dentistry, Dallas, TX. April 12 and 13th, 2017.
- Watzak B. TeamSTEPPS fundamentals. 5 hour Staff Development at the Rural and Community Health Institute, College Station, TX. February 7, 2017.
- Watzak B. Grand Rounds: A long winter's nap: A benzodiazepine overdose story. 1 hour CME webinar to physicians. Broadcast from College Station, TX. December 4, 2016.
- Stout J, Pittman A, Bentley R, Livingston J, Watzak B. The Effects of Interprofessional Pediatric End-of-life Simulation on communication and role understanding in Health Professions Students. Podium presentation at AACN 2016 Baccalaureate Education Conference in Anaheim, CA on 11/18/16.
- Stout J, Pittman A, Bentley R, Livingston J, Watzak B. The Effects of Interprofessional Pediatric End-of-life Simulation on communication and role understanding in Health Professions Students. Podium presentation at Interprofessional Care for the 21st Century: Redefining Education and Practice in Philadelphia, PA on 10/29/16.
- Stout J, Pittman A, Bentley R, Livingston J, Watzak B. The Effects of Interprofessional Pediatric End-of-Life Simulation on communication and role understanding in Health Professions Students. Podium presentation at Council for the Advancement of Nursing Science 2016 State of the Science Congress on Nursing Research: Determinants of Health in Washington D.C on 9/16/16.
- Stout J, Pittman A, Bentley R, Livingston J, Watzak B. Effects of Interprofessional Pediatric End-of-Life Simulation. Podium presentation at 2016 Conference for Community Engagement and Healthcare Improvement: Social Justice, Health Equity, and Value-based care in San Antonio, TX on 9/3/16.
- Yazdchi M, Watzak B. Preparing the Healthcare Teams of Tomorrow by Developing Interprofessional Relationships Today – TAMHSC Disaster Day. Poster presented at Pharmacy Research Colloquium, College Station TX on 6/3/16.

- Stout J, Pittman A, Bentley R, Livingston J, Watzak B. The Effects of Interprofessional Pediatric End-of-Life Simulation on communication and role understanding in Health Professions Students. Poster presented at Pharmacy Research Colloquium, College Station TX on 6/03/16.
- Steele R, Watzak B. The design and implementation of a Pharmacotherapeutics course for physicians returning to practice and other physicians with educational needs. Podium presentation at The Coalition for Physician Enhancement conference, San Diego CA on 4/26/16.
- Azali L, Patel H, Watzak B. Integrating Student Pharmacists into a residential recovery center. Poster presented at TSHP, Frisco TX on 4/22/16.
- Stout J, Pittman A, Bentley R, Livingston J, Watzak B. The Effects of Interprofessional Pediatric End-of-Life Simulation on communication and role understanding in Health Professions Students. Poster presented at Interprofessional Education and Research Symposium, College Station TX on 4/20/16.
- Watzak B. Geriatric Simulation Experience: Using a “day in the life” experience to increase empathy and improve communication. Poster presented at Southern Group on Educational Affairs Annual Meeting, Austin TX on 4/14/16.
- Watzak B, Holland B, Livingston L, West C, Graham L, Gill A, Pillow T. Sharing, Adopting, and implementing best IPE Practices. Poster presented at Southern Group on Educational Affairs Annual Meeting, Austin TX on 4/14/16.
- Watzak B. IPE in APPEs Round Table. Experiential Education Section. Presented at AACP Annual Meeting in National Harbor, Maryland on 7/12/15.
- Watzak B. Adult TPN. 1 hour CE to clinical pharmacy staff at St. Joseph Regional Health Center. May 19 and May 22, 2015. College Station, Texas.
- West, Veronin, Landry, Kurz, Watzak, Quiram, and Graham. Examining how activities align with Interprofessional Education (IPE) competencies and Standards. Podium presentation. Southern Group on Educational Affairs (SGEA) meeting. Charlotte, NC on 4/24/15.
- Watzak B and Steele R. Learning from Error, Learning from Each Other. Podium presentation. ABSAME 44th Annual Meeting. Newport Beach, CA. on 10/18/14.
- Watzak B and Steele R. Interprofessional Education Beyond Graduation. Podium presentation. ABSAME 44th Annual Meeting. Newport Beach, CA. on 10/17/14.
- Watzak B. Evolution of Disaster Day: an Interprofessional large-scale mass casualty simulation. Podium presentation. ABSAME 44th Annual Meeting. Newport Beach, CA. on 10/17/2014.
- Courtney West, Michael Veronin, Karen Landry, Terri Kurz, Bree Watzak, Barbara Quiram, Lori Graham. Assessing the Occurrence of Team and Interprofessional Communication in Two IPE Activities. Presented at AACH (American Academy on Communication in Healthcare) Research and Teaching Forum 2014. Orlando, Florida on October 18, 2014.
- Regina Bentley, Bree Watzak. Incorporation of Interprofessional Education competencies into an established international interprofessional medical service learning experience. Poster Presentation at Fall 2014 IPEC Institute October 1, 2014.
- The Development of Humanistic Culturally Competent Practice: What does an International Service Learning, Interprofessional Medical Missions Program have to do with it? Humanizing Health Care: Reducing Disparities through Interprofessional Teams: 43rd Anniversary Meeting of the Association for the Behavioral Sciences and Medical Education (ABSAME). Newport, Rhode Island. October 17-19, 2013.
- Bree Watzak, Joan Engelhardt, Regina Bentley. Development of a Pharmacy Elective Incorporated into an established International Interprofessional Medical Mission. Presented at ABSAME, Newport, Rhode Island on 10/18/2013.
- CNE (1 hour credit): Medication Reconciliation. Presented via webcast to nurses in the A&M Rural & Community Health Institute group. June 12, 2013.
- ICU Drips. Presented to Texas A&M Family Medicine Residency at St. Joseph Regional Health Center, Bryan, May 22, 2013.
- New Drugs of 2012. Presented to Texas A&M Family Medicine Residency at St. Joseph Regional Health Center, Bryan, January 23, 2013.
- Madeline King, Martin Strait, and Bree Watzak. Inter-professional Mission of Service Trip to Remote Bolivian Villages. Presented at ASHP Midyear Conference, Las Vegas Nevada on 12/3/12.
- Addiction. Presented to Texas A&M Family Medicine Residency at St. Joseph Regional Health Center, Bryan, November 7, 2012.

- Roundtable topic: Learning from Error: Incorporating rural health peer review teleconferences into APPE rotations. Presented at AACP Annual Meeting in Kissimmee, FL on 7/15/12.
- Lisa Killam-Worrall, Robert Stanberry, and Bree Watzak. Rural Hospital Physician Peer Review Teleconferences for interprofessional case-based learning. Presented at AACP Annual Meeting in Kissimmee, FL on 7/14/12.

Committee Service

- National Rural Health Association, 2020 – 2022
 - Research and Education Constituency Group Representative, elected
- Thrive Rural, 2020 – 2021
 - National Advisory Council member
 - <https://www.aspeninstitute.org/programs/community-strategies-group/thrive-rural/>
- Texas Area Health Education Center (AHEC) East, 2017 – November 2021
 - Board Member
- Disaster Day, 2012 - 2018
 - Pharmacy Liaison with the College of Nursing for annual Disaster Day drill/exercise
- St. Joseph Regional Health Center IRB, 2009 - 2015
 - Member
 - Appointed IRB Chair 11/15/12 – 9/23/15
- University of APhA/Utah School on Alcoholism and other drug dependencies
 - Mentor for Region 6, 2012
 - Appointed to Advisory Council for Pharmacy Section 2013 - 2014
- Reviewer for Currents in Pharmacy Teaching and Learning, Journal of Healthcare Management, and Annals of Behavioral Science and Medical Education

Honors

- 2019 Rural Health Fellow with National Rural Health Association
- Best Faculty All-around Poster, 9/28/2017 at Interprofessional Education and Research (IPER) Symposium
- Best Faculty Interprofessional Activity Poster, 9/28/17 at (IPER) Symposium
- Award of Appreciation for outstanding performance within the trauma program. St. Joseph Regional Health Center, July 28, 2016.
- Most Innovative Poster Project/Research Award, 4/20/16 at IPER Symposium
- AACP Walmart Scholar Mentor, Summer 2015
- Preceptor of the Year Award, Spring 2015
- Team Teaching Award for Infectious Diseases
 - Spring 2013, Spring 2014, Spring 2015, Spring 2016
- Excellence PIE Award for team effort as part of ICU Rounding team from St. Joseph Regional Health Center, Fall 2012

- Team Teaching Award for Endocrinology and Addiction
 - Spring 2012
- Team Teaching Award for Endocrinology and Infectious Diseases
 - Spring 2011

«Number»



MONITORING AGREEMENT

TERM

I, «First» «Last»«Suffix», «Doctor», agree to the terms of this agreement between me and the Physicians' Health Program (PHP), a program of The Foundation of the Pennsylvania Medical Society. The initial monitoring agreement will be for a period of «Years» year(s) beginning the «Day1» day of «Month1», «Year1». Prior to the «Day2» day of «Month2», «Year2», the terms of the agreement will be reviewed and revised as appropriate to my needs.

I agree that the PHP may extend my term of monitoring at the end of this contact period if there is reason to support the need for additional monitoring or extended treatment.

INTRODUCTION

This agreement has been designed to allow the PHP to assist me in meeting my personal and professional needs and is entered into for the purpose of documenting my recovery. I understand that the PHP will provide support/advocacy for me by compiling documentation that accurately reflects my compliance with this agreement. I also understand that it is my responsibility to assure that my documentation is submitted as required.

This file is not considered a medical record. The PHP does not provide drug and alcohol treatment or medical treatment to participants. Information is collected in order to document your recovery and to advocate on behalf of the participant. Copies of files will not be released.

ADVOCACY

I understand that non-compliance with this agreement will be reflected in PHP letters, summaries and/or status reports and that non-compliance with this agreement may result in termination of the agreement. **I am aware that file closure for non-compliance may prevent me from re-entering a PHP agreement for 6-12 months.** I also understand that I may terminate this agreement by submitting a written request to the PHP. Future advocacy will be based on my term of active involvement with the PHP.

LETTER FEES:

For those currently in an active agreement:

- Compliance letters inform the recipient of participation and compliance \$10.00
- Compliance letters inform the recipient of participation, compliance and includes drug testing results \$25.00
- Quarterly reports to the PHMP are included in the quarterly monitoring fee, if required.
- Detailed letters provide a summary of treatment, agreement requirements, and compliance \$50.00
- Rush fee for any letters (additional \$10.00)
- Fax fee for any letters (additional \$10.00)

For those not currently in an active agreement with the PHP:

- Compliance letters inform the recipient of dates of agreement \$50.00
- Detailed letters \$250.00
- Rush fee for any letters (additional \$10.00)
- Fax fee for any letters (additional \$10.00)

TESTIFYING FEES:

I understand that I will be required to pay a fee to the PHP if my attorney or I request the staff to testify at a court hearing on my behalf. I understand the PHP will charge me the following rates:

- Medical Director, Program Director, or Case Manager \$350.00 per hour (15-minute prorate)
- Administrative \$25.00 per hour (15-minute prorate)
- Travel and Mileage (Standard IRS Mileage Rate)

A \$250.00 deposit must be made at the time the PHP is made aware of the need for testifying. This deposit will be deducted from the final invoice. I agree to make the remainder of my payment in full within 15 days upon receipt of the PHP invoice.

AMENDMENTS

This document may be subject to revision from time to time with the written consent of all parties involved. An amendment will be prepared to reflect any such revision(s). Any changes will be in amendment form. You will receive two copies, one to sign and return within two weeks, the other for your file.

SUMMARY

Check-in with Affinity - DAILY (Monday - Friday) - 877-267-4304

Check-in calls with PHP - Weekly for four weeks, then monthly (Monday - Thursday, 7:30 a.m. – 5:00 p.m.)

12-Step attendance submitted online monthly.

Therapy Reports submitted online quarterly.

PHP Monitor Reports submitted online quarterly.

Workplace Monitor Reports submitted online quarterly.

TREATMENT**THERAPY**

1) I agree to enter into therapy until such time as the attending therapist(s) discharge me from such treatment in collaboration with PHP.

Individual: X Group: _____ Family/Couples: _____

It is my responsibility to remind the therapist when a report is due. These can be completed online or on paper (it is your responsibility to provide them with a form). If the therapist is agreeable to submitting reports on line, please have them call the PHP.

OTHER TREATMENTS/REQUIREMENTS

Examples: Other therapies, courses (prescribing, boundaries, ethics), rechecks at treatment centers, etc.

INITIAL HERE TO INDICATE THERAPY REQUIREMENTS HAVE BEEN EXPLAINED _____

DRUG TESTING

1) I choose to do all drug testing through the Professionals Health Monitoring Program (PHMP), Bureau of Professional and Occupational Affairs, Commonwealth of Pennsylvania. *I understand that numbers 1-8 below do not apply and I agree to follow all PHMP policies and procedures for drug testing.* **INITIAL HERE TO INDICATE SELECTION _____**

I choose to do drug testing with both PHP and PHMP. *I understand that numbers 1-8 below apply to my participation.* **INITIAL HERE TO INDICATE SELECTION _____**

1) I agree to participate in random specified urine and blood analysis program approved by the PHP. I agree to login into my Affinity eHealth account Monday - Friday to check my testing status. Testing status can be checked between the hours of 12:30 a.m. and 4:00 p.m.

2) I am aware that the frequency of testing is determined by the PHP staff, individualized per participant based on evaluation and or treatment recommendations. Time period in monitoring and compliance with my monitoring agreement will affect my frequency of drug testing. I am aware that my file will be reviewed on a yearly basis by the PHP to determine appropriate frequency.

3) I agree to other testing for drugs or alcohol as deemed appropriate by the PHP Medical Director. These tests can include but not be limited to, hair, nail, saliva, etc.

4) I agree to familiarize myself with food and substances that are known to produce positive tests. I further agree to review ingredients of products for substances that are known to produce positive tests when available. I am aware that my Affinity eHealth account has a listing of drugs to avoid. I am aware I must avoid poppy seeds, cannabinoid (including THC & CBD) and hemp products, kratom (mitragyna), alcohol-based medications, foods or products (including kombucha or similarly fermented products). If I have questions, I agree to call the PHP before taking anything. In the event of ingestion of a prohibited substance, results will be considered in the context of all the monitoring procedures described in this agreement.

5) I have been given a Medication Guide and agree to review it in its entirety. This guide is also available through my Affinity account. I am aware that if there is a need to take a Class B or C drug (as listed in the guide), I will obtain approval from my treating physician/provider, submit documentation, and contact a PHP Medical Director to discuss the use of the medication. I agree to notify the PHP when I start and finish any medication listed in Class B or C.

INITIAL HERE TO CONFIRM RECEIPT OF THE MEDICATION GUIDE _____

6) I am aware that any positive drug test will result in a referral for an evaluation. The PHP will provide a list of approved evaluators.

7) I am aware that I must notify the PHP of any travel plans at least five (5) days prior to leaving. I will add a monitoring interruption through my Affinity login or call the PHP. In the event of an emergency requiring immediate travel, I will call the PHP to notify them of my inability to check-in and test. I am aware the limit for monitoring interruptions is 15 testing days per calendar year. Staff will deny any requests greater than the 15 testing days per calendar year and participants will need to check in and provide a specimen while they

are out of town. Prior to going out of town, participants need to work with Affinity staff to help locate a testing site and verify supplies.

8) I am aware that I am fully responsible for payment of all drug testing.

INITIAL HERE TO INDICATE DRUG TESTING REQUIRMENTS HAVE BEEN EXPLAINED _____

**12-STEP MEETINGS OR
OTHER APPROVED SELF HELP GROUPS**

1) 12-STEP (AA, NA, CA, etc.) - I agree to attend three (3) 12-Step Program meetings each week. I agree to obtain a sponsor and home group and participate in stepwork with my sponsor.

Meetings should be recorded electronically through your Affinity eHealth account and submitted monthly. **Please do not include therapy sessions on your meeting logs.**

2) CADUCEUS - I further agree to attend Caduceus meetings unless they are not geographically feasible. Caduceus attendance counts towards 12-Step meetings attendance and can be recorded in the same fashion. I have been provided with a list of Caduceus meetings in Pennsylvania.

3) IDAA - The PHP strongly recommends attendance to at least one national meeting of the IDAA within the five years of your contract. This is an important component of your recovery. Information about IDAA can be found at idaa.org.

INITIAL HERE TO INDICATE 12-STEP MEETING REQUIRMENTS HAVE BEEN EXPLAINED _____

MEDICAL CARE

1) I agree to have a personal care physician, and to avoid self-treatment, because these are important parts of my recovery. I will allow my personal physician(s) to inform the PHP of conditions for which I am under treatment as well as all medications. I will inform my PCP of my recovery and request that controlled substances and other potentially addictive drugs not be prescribed unless there is no alternative treatment available. I will engage in a complete history and physical examination if recommended by the PHP.

I am aware that no family members or co-workers can act as my treating physician.

2) I agree not to prescribe scheduled drugs for family members or others who are not legitimate patients within the scope of my practice.

3) I agree to maintain abstinence from the use of any mood altering chemicals (drugs and/or alcohol) unless prescribed by my physician in an appropriate manner for an illness with full knowledge of my diagnoses and monitoring.

4) A copy of any prescription for controlled substances/drugs of addiction must be faxed to (855) 933-2605 or confidentially emailed to the PHP office for PHP Medical Director approval.

INITIAL HERE TO INDICATE MEDICAL CARE REQUIRMENTS HAVE BEEN EXPLAINED _____

PHP CHECK-IN

1) I agree to contact the PHP by telephone to discuss my recovery and compliance with my monitoring agreement.

FREQUENCY OF CONTACT: Weekly for one month, then monthly

It is your responsibility to call the PHP office, Monday - Thursday to "CHECK-IN." A CHECK-IN call can be completed by any PHP staff member. When calling, please state that the purpose of the call is to "CHECK-IN." **Voicemails are not acceptable as check-in calls.** Voicemails are acceptable to ask for forms, remind us of a vacation, etc.

Toll Free:	Regular Line:	Emergency Line:
866-747-2255	717-558-7819	717-558-7817

PHP telephone hours are 7:30 a.m. to 5:00 p.m. Monday - Thursday. The PHP takes lunch from 12:30 p.m. to 1:30 p.m. Case conference is held every Tuesday and Thursday from 9:30 a.m. to 11:00 a.m. We are here on Friday from 7:30 a.m. to 5:00 p.m. and will answer the emergency line. As a reminder, check-in calls are not to be made on the emergency line and cannot be done on a Friday.

INITIAL HERE TO INDICATE PHP CHECK-IN REQUIRMENTS HAVE BEEN EXPLAINED _____

DISCLOSURE AND MONITORING

WORK DISCLOSURE AND CONTACT

- 1) ENTER ANY WORK RESTRICTIONS (Return to work dates, conditions, etc.)
- 2) I agree that I will fully disclose my recovery status, and my participation in the PHP to all places where I practice medicine. I agree to name a workplace liaison.

A liaison should be someone at your place of employment or hospital(s) where you hold privileges. This person needs to be someone who represents that entity—i.e., CEO, president, owner, director. The liaison is different from the workplace monitor and is used as another line of communication between your place of employment and/or hospital. The liaison is not required to send reports to the PHP.

- 3) I give permission for the PHP to communicate with my employers, institutions, organizations, companies, and/or hospitals. Such communication may include, but is not limited to, assessment and treatment recommendations, notification of positive toxicology screens as well as other pertinent relapse information.
- 4) I authorize the PHP to provide any or all of my employers, institutions, organizations, companies, and/or hospitals with quarterly recovery status reports. I agree to sign a specific release of information for each entity that is to receive quarterly status reports. I further understand that such reports will reflect my compliance or non-compliance with all aspects of my PHP monitoring agreement.

WORKPLACE MONITOR

- 1) I agree to name a workplace monitor who has regular contact with me and will observe and report every three months on my attitude and behavior in the workplace. The choice of workplace monitor is subject to approval by the PHP.

It is my responsibility to let my workplace monitor know when a quarterly report is due.

PHP MONITOR

- 1) I agree to maintain contact with my PHP monitor, who will be assigned to me by the PHP.

It is my responsibility to meet in person with my PHP monitor on a monthly basis and verify my report is sent on a quarterly basis.

For pharmacists and pharmacy interns - It is my responsibility to meet with my PHP Peer Monitor twice per month with one meeting being a face-to-face, in person meeting. I will verify my report is sent on a quarterly basis.

INITIAL HERE TO INDICATE DISCLOSURE AND MONITORING REQUIRMENTS HAVE BEEN EXPLAINED _____

PHMP

- 1) I have signed/will sign an agreement with the Professional Health Monitoring Programs (PHMP), Bureau of Professional and Occupational Affairs.
- 2) I agree to open communication between the PHP and the PHMP and will execute any consents appropriate to allow communication with the Bureau.

INITIAL HERE TO INDICATE PHMP REQUIRMENTS HAVE BEEN EXPLAINED _____

REPORTING AND COMMUNICATION

REPORTING

- 1) I further understand the PHP will take action as is necessary and/or legally mandated to report my failure to comply with the provisions of this agreement to person(s), group(s), and organization(s) that need to be informed for patient protection and my own well-being.

The persons or entities to whom PHP will disclose this information will vary with the circumstances but may include some or all of the following:

- physicians (pharmacists or pharmacy interns) or others associated with my medical (pharmacy) practice;
- physicians (pharmacists) or others associated with a hospital(s) (pharmacy) with which I have privileges;

- the Professional Health Monitoring Programs (PHMP) of the Bureau of Professional and Occupational Affairs; and
- person(s) associated with the State Professional Licensing Boards, including any person whom a Consent Order and Adjudication or an Adjudication requires to be so informed.

I understand that the disclosures and reporting discussed above are separate and distinct from the regular communications that are integral to my treatment and monitoring.

COMMUNICATION

- 1) I agree to inform other appropriate persons and/or institutions of my participation in the PHP. This includes naming an emergency contact. Other persons and institutions may include, but is not limited to, family members, other state PHPs, attorneys, etc.
- 2) I agree to open communication between the PHP and those delineated in this agreement and agree to execute any consents for release of information necessary to facilitate or allow that communication.
- 3) I agree to advise all parties to this agreement immediately if I should suffer a relapse or exacerbation of symptoms, and to comply with the recommended treatment. This includes all legal entities with whom I am engaged.
- 4) I agree to notify the PHP of any change of address, employment, telephone numbers, legal status, and marital/family conditions that might have relevance to recovery.
- 5) I agree to notify the PHP of any arrests, investigations, or complaints, including regulatory agency complaints.
- 6) I agree to notify the PHP of any disciplinary notices by regulatory agencies, hospitals or employers.
- 7) I agree to notify the PHP of any malpractice claims or notice of adverse events.
- 8) I agree to participate in any follow-up interviews and data collection concerning my recovery.

INITIAL HERE TO INDICATE REPORTING AND COMMUNICATION REQUIRMENTS HAVE BEEN EXPLAINED _____

CONDUCT

1) I am aware that any abusive conduct towards PHP staff, including but not limited to, yelling, cursing, threats of harm, unprofessional behavior, etc. will not be tolerated. I am aware that if I engage in any abusive conduct my PHP file will be closed.

INITIAL HERE TO INDICATE CONDUCT REQUIRMENTS HAVE BEEN EXPLAINED _____

FINANCIAL RESPONSIBILITY

1) I understand that I will be required to pay a case initiation fee to enroll in the PHP. I agree to make this payment in full at the time my agreement with the PHP is signed. I agree to take responsibility for all my expenses incurred as a result of my treatment and recovery. I further agree to pay for all costs incurred in necessary monitoring and documenting my recovery. Failure to meet my financial obligations can result in termination of my agreement and will result in PHP status reports being delayed or not completed. **All fees are subject to change.**

Case Initiation Fees are as follows:

- PAMED/POMA/PDA Members \$325.00 (current member or join within 30 days)
- Non-members/Dentists \$425.00
- Fellows, Residents, Physician Assistants and Dental Hygienists \$200.00
- Students \$100.00
- **Pharmacists \$200.00**
- **Pharmacy Interns \$100.00**

Monthly Monitoring Fees are as follows:

- Physician, Retired Physician and Non-Physician Participants \$125.00
- **Pharmacists \$75.00**
- Fellows, Residents, Physician Assistants and Dental Hygienists \$75.00

- Students, Unemployed \$30.00
- Pharmacy Interns \$30.00

Payments will be made electronically through your Affinity eHealth account. You will see a program fee on your account page outlining the amount owed.

If monthly payments are in arrears, no advocacy letters will be sent.

The PHP has a scholarship application available for limited scholarship assistance on monitoring fees. A copy can be downloaded from our website and submitted. Incomplete applications will not be considered.

INITIAL HERE TO INDICATE FINANCIAL RESPONSIBILITY REQUIRMENTS HAVE BEEN EXPLAINED _____

DATE

«First» «Last»«Suffix», «Doctor»

DATE

Medical Director, Physicians' Health Program



**Physicians'
HEALTH
Program**

The Foundation of the Pennsylvania Medical Society

RELEASE OF INFORMATION FORM

**400 Winding Creek Boulevard
Mechanicsburg, PA 17050**

**Telephone: (717) 558-7819 ☎ Fax: (855) 933-2605
☎ Toll Free: (866) 747-2255 ☎**

Send information to: (name & address necessary)	*Name/Title:	Kevin Knipe
	*Company:	PHMP
	*Address:	PO Box 10569
	*Address:	
	*City, State, Zip:	Harrisburg, PA 17105
	Telephone Number:	717-783-4857
	FAX NUMBER:	

From: Physicians' Health Program

RE: PARTICIPANT CONSENT FOR DISCLOSURE OF INFORMATION

*Participant Name: «First» «Last»«Suffix», «Doctor»

***PURPOSE OR NEED FOR DISCLOSURE:**

- | | |
|--|--|
| <input type="checkbox"/> Credentialing | <input type="checkbox"/> Statement Regarding Compliance |
| <input type="checkbox"/> Licensure (requires summary letter) | <input checked="" type="checkbox"/> Other: <u>Participation in Program</u> |

***INFORMATION TO BE DISCLOSED:**

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compliance Statement | <input checked="" type="checkbox"/> Quarterly Compliance Statements |
| <input checked="" type="checkbox"/> Summary of Participation | <input checked="" type="checkbox"/> Verbal Communication |

***MANDATORY* DATE CONSENT EXPIRES MUST BE A MONTH/DAY/YEAR: «Expires»**

THIS CONSENT IS SUBJECT TO REVOCATION AT ANY TIME EXCEPT TO THE EXTENT THAT ACTION HAS BEEN TAKEN IN RELIANCE THEREON.

*

Participant Signature

*

Date



**Physicians'
HEALTH
Program**

The Foundation of the Pennsylvania Medical Society

RELEASE OF INFORMATION FORM

400 Winding Creek Boulevard
Mechanicsburg, PA 17050

Telephone: (717) 558-7819 ☎ Fax: (855) 933-2605

☎ Toll Free: (866) 747-2255 ☎

Send information to:
(name & address necessary)

*Name/Title:

Julie Droddy

*Company:

PHMP

*Address:

PO Box 10569

*Address:

*City, State, Zip:

Harrisburg, PA 17105

Telephone Number:

717-783-4857

FAX NUMBER:

From: Physicians' Health Program

RE: PARTICIPANT CONSENT FOR DISCLOSURE OF INFORMATION

*Participant Name: «First» «Last»«Suffix», «Doctor»

***PURPOSE OR NEED FOR DISCLOSURE:**

- | | |
|--|---|
| <input type="checkbox"/> Credentialing | <input type="checkbox"/> Statement Regarding Compliance |
| <input type="checkbox"/> Licensure (requires summary letter) | <input checked="" type="checkbox"/> Other: participation in program _____ |

***INFORMATION TO BE DISCLOSED:**

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compliance Statement | <input checked="" type="checkbox"/> Quarterly Compliance Statements |
| <input checked="" type="checkbox"/> Summary of Participation | <input checked="" type="checkbox"/> Verbal Communication |

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*

Participant Signature

*

Date



**Physicians'
HEALTH
Program**

The Foundation of the Pennsylvania Medical Society

RELEASE OF INFORMATION FORM

400 Winding Creek Boulevard
Mechanicsburg, PA 17050

Telephone: (717) 558-7819 ☎ Fax: (855) 933-2605

☎ Toll Free: (866) 747-2255 ☎

Send information to:
(name & address necessary)

*Name/Title:

Erik Omlor

*Company:

PHMP

*Address:

PO Box 10569

*Address:

*City, State, Zip:

Harrisburg, PA 17105

Telephone Number:

717-783-4857

FAX NUMBER:

From: Physicians' Health Program

RE: PARTICIPANT CONSENT FOR DISCLOSURE OF INFORMATION

*Participant Name: «First» «Last»«Suffix», «Doctor»

***PURPOSE OR NEED FOR DISCLOSURE:**

Credentialing

Statement Regarding Compliance

Licensure (requires summary letter)

Other: participation in program _____

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Summary of Participation

Verbal Communication

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*

Participant Signature

*

Date



MONITORING AGREEMENT- RELEASE OF INFORMATION

Send information to: (name & address necessary)

*Name/Title: _____

*Company: _____

*Address: _____

*Address: _____

*City, State, Zip: _____

Telephone Number: _____

FAX NUMBER: _____

This individual named on this release is serving as:

- Therapist
- Workplace Liaison
- Workplace Monitor
- PHP Monitor
- Treating Physician (PCP)
- Emergency Contact
- Other _____

From: Physicians' Health Program

RE: PARTICIPANT CONSENT FOR DISCLOSURE OF INFORMATION

*Participant Name: _____ «First» «Last»«Suffix», «Doctor»

***PURPOSE OR NEED FOR DISCLOSURE:**

- Involvement in my PHP Monitoring Agreement Other: _____

***INFORMATION TO BE DISCLOSED:**

- Summary of Participation Verbal Communication

***MANDATORY* DATE CONSENT EXPIRES MUST BE A MONTH/DAY/YEAR:** _____ «Expires»

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*

Participant Signature

*

Date

Physicians' Health Program
400 Winding Creek Boulevard
Mechanicsburg, PA 17050

Telephone: (717) 558-7819
Toll Free: (866) 747-2255
Fax: (855) 933-2605
Email: PHP-foundation@pamedsoc.org



**Physicians'
HEALTH
Program**

The Foundation of the Pennsylvania Medical Society

MONITORING AGREEMENT- RELEASE OF INFORMATION

Send information to: (name & address necessary)

*Name/Title: Laura Crossett

*Company: Soberlink

*Address: _____

*Address: _____

*City, State, Zip: _____

Telephone Number: 714-975-7213

FAX NUMBER: Soberlink.com

This individual named on this release is serving as:

- Therapist Treating Physician (PCP)
- Workplace Liaison Emergency Contact
- Workplace Monitor Other _____
- PHP Monitor

From: Physicians' Health Program

RE: PARTICIPANT CONSENT FOR DISCLOSURE OF INFORMATION

*Participant Name: «First» «Last»«Suffix», «Doctor»

***PURPOSE OR NEED FOR DISCLOSURE:**

Involvement in my PHP Monitoring Agreement Other: _____

***INFORMATION TO BE DISCLOSED:**

Summary of Participation Verbal Communication

***MANDATORY* DATE CONSENT EXPIRES MUST BE A MONTH/DAY/YEAR:** «Expires»

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*

Participant Signature

**Physicians' Health Program
400 Winding Creek Boulevard
Mechanicsburg, PA 17050**

*

Date

**Telephone: (717) 558-7819
Toll Free: (866) 747-2255
Fax: (855) 933-2605
Email: PHP-foundation@pamedsoc.org**



MONITORING AGREEMENT- RELEASE OF INFORMATION

Send information to: (name & address necessary)

*Name/Title: Brian Wegener

*Company: Soberlink

*Address: _____

*Address: _____

*City, State, Zip: _____

Telephone Number: 714-975-7213

FAX NUMBER: Soberlink.com

This individual named on this release is serving as:

- Therapist
- Workplace Liaison
- Workplace Monitor
- PHP Monitor
- Treating Physician (PCP)
- Emergency Contact
- Other _____

From: Physicians' Health Program

RE: PARTICIPANT CONSENT FOR DISCLOSURE OF INFORMATION

*Participant Name: «First» «Last»«Suffix», «Doctor»

***PURPOSE OR NEED FOR DISCLOSURE:**

- Involvement in my PHP Monitoring Agreement Other: _____

***INFORMATION TO BE DISCLOSED:**

- Summary of Participation Verbal Communication

***MANDATORY* DATE CONSENT EXPIRES MUST BE A MONTH/DAY/YEAR:** «Expires»

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*

Participant Signature

Physicians' Health Program
400 Winding Creek Boulevard
Mechanicsburg, PA 17050

*

Date

Telephone: (717) 558-7819
Toll Free: (866) 747-2255
Fax: (855) 933-2605
Email: PHP-foundation@pamedsoc.org



MONITORING AGREEMENT- RELEASE OF INFORMATION

Send information to: (name & address necessary)

*Name/Title: Andrew Bunker

*Company: Soberlink

*Address: _____

*Address: _____

*City, State, Zip: _____

Telephone Number: 714-975-7213

FAX NUMBER: Soberlink.com

This individual named on this release is serving as:

- Therapist
- Workplace Liaison
- Workplace Monitor
- PHP Monitor
- Treating Physician (PCP)
- Emergency Contact
- Other _____

From: Physicians' Health Program

RE: PARTICIPANT CONSENT FOR DISCLOSURE OF INFORMATION

*Participant Name: «First» «Last»«Suffix», «Doctor»

***PURPOSE OR NEED FOR DISCLOSURE:**

- Involvement in my PHP Monitoring Agreement Other: _____

***INFORMATION TO BE DISCLOSED:**

- Summary of Participation Verbal Communication

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*

Participant Signature

Physicians' Health Program
400 Winding Creek Boulevard
Mechanicsburg, PA 17050

*

Date

Telephone: (717) 558-7819
Toll Free: (866) 747-2255
Fax: (855) 933-2605
Email: PHP-foundation@pamedsoc.org



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

Professional Health Monitoring Programs
P.O. Box 10569
Harrisburg, PA 17105-0569

Telephone: 717-783-4857
Fax: 717-772-1950
Email: ra-stphmp@pa.gov

Voluntary Recovery Program

Objective: The Voluntary Recovery Program (VRP) provides a method by which licensed health care professionals suffering from a mental or physical disorder can be directed to appropriate treatment and receive monitoring to ensure that they remain capable of practicing safely. The program offers the eligible professional an alternative to board disciplinary action from becoming a permanent part of his or her professional licensing record. However, the VRP's non-public format is a privilege and not a right; therefore, a licensee declining to cooperate with the VRP will exclude the licensee from further VRP consideration.

Eligibility Requirements: To be eligible for VRP participation, a licensee must:

1. Complete an evaluation by a provider approved by the VRP and have the assessor determine that a diagnosed mental or physical disorder exists.
2. Fully comply with the treatment plan recommended by the VRP-approved provider(s) and approved by the VRP.
3. Enter into a VRP Consent Agreement, which is approved by the licensing board, providing that disciplinary action, including suspension or revocation, will be deferred so long as the licensed professional adheres to the VRP Consent Agreement.
4. Successfully complete at least three years of monitoring under the VRP Consent Agreement that includes VRP supervision of the licensee's treatment and recovery process, work performance, professional support group attendance, abstention from prohibited substances, and random drug testing.

Terms and Conditions for VRP Participation: To enroll and maintain good standing in the VRP, the licensee must:

1. Sign the Participation Cooperation Form; complete the Personal Data Sheet.
2. Complete a VRP-approved assessment and/or treatment.
3. Comply with the treatment plan developed by the VRP-approved assessor/treatment provider.

4. If specifically requested by the VRP to not practice as a licensed professional, the licensee must agree not to accept or continue employment in any position requiring licensure until cleared to do so by the VRP case manager and a VRP-approved provider.
5. When approved to return to licensed practice by the VRP, the licensee:
 - A. Shall not work in any practice setting without workplace monitoring as required by the VRP.
 - B. Shall adhere to all practice limitations established by the VRP case manager.
6. Completely abstain from the use of all controlled substances, caution legend (prescription) drugs, mood altering substances or substances of abuse including alcohol in any form, except under the following:
 - A. The licensee is a bona fide patient of a licensed health care practitioner who is aware of the licensee's impairment and participation in the VRP;
 - B. Such medications are lawfully prescribed by the licensee's treating practitioner and approved by the VRP case manager;
 - C. The licensee provides the VRP, within 48 hours of receiving the prescription, written notification of the prescription including name of prescribing practitioner, illness or condition diagnosed, the type, strength, amount and dosage.
7. Avoid all substances of abuse including but not limited to Dextromethorphan, Kratom, Kava, Khat, Ayahuasca, Peyote, Salvia.
8. Completely abstain from the use of marijuana, medical marijuana, medical marijuana extract, synthetic marijuana, cannabinoids, cannabichromene (CBC), cannabidiol (CBD), cannabidiolic acid (CBDA), cannabidivarin (CBDV), cannabigerol (CBG), cannabitol (CBN), Delta-8 Tetrahydrocannabinol (Delta-8 THC), Delta-9 Tetrahydrocannabinol (THC), tetrahydrocannabinolic acid (THCA), tetrahydrocannabivarin (THCV), and terpenes unless licensee is a bona fide patient of a licensed health care practitioner who is aware of the licensee's impairment and participation in the VRP.
9. Avoid all products containing alcohol including but not limited to over-the-counter medications (e.g. cough syrup), mouthwash, hygiene products, topical gels or medications, foods or liquids containing alcohol (e.g. vanilla extract, kombucha).
10. Avoid all foods containing poppy seeds.
11. Undergo random drug testing as directed by the VRP.
12. Arrange for submission to the VRP of regularly scheduled progress reports by treatment provider(s) and/or the workplace supervisor or monitor.
13. Sign a VRP Consent Agreement with the licensing board deferring formal disciplinary action for a period of no less than three years.

14. Enroll in a peer assistance program when available and requested by the VRP.
15. Submit monthly verification of attendance at required support group meetings (number of meetings as recommended by the VRP-approved treatment provider).
16. If requested by the VRP, the licensee will agree to inactivate the licensee's professional license and maintain an inactive license until the VRP provides the licensee with written permission to pursue reactivation.
17. Pay all costs incurred in complying with VRP participation, including but not limited to undergoing requested evaluation(s), treatment, the reproduction of treatment or other records, drug testing and any subsequent reanalysis of specimens and/or medical review officer consultation(s) of non-negative drug test results.

Ineligible for VRP participation include:

1. Licensees convicted of, pleading guilty, or nolo contendere to either a felony or a misdemeanor under the Controlled Substance, Drug, Device and Cosmetic Act.
2. Licensees with a history of practice problems indicating significant patient harm.
3. Licensees who have been involved in the diversion of controlled substances for the primary purpose of sale or distribution.
4. Licensees who have committed sexual boundary violations.
5. Licensees who have failed to successfully complete a similar program in another jurisdiction.
6. Licensees who previously declined or failed to cooperate with the VRP.

EMERGENCY ACTION GUIDE

& CONTINUITY OF OPERATIONS PLAN



The Foundation
of the Pennsylvania Medical Society
Education. Wellness. Excellence. Always.

An affiliate of the



Pennsylvania
MEDICAL SOCIETY®

ADVOCATE. EDUCATE. NAVIGATE.

WHAT YOU SHOULD DO!

FIRE EMERGENCY:

- If smoke or fire is noticed immediately pull the fire alarm box. (Fire alarm boxes are located next to each stairway.)
- If the fire is in the beginning stage, locate the nearest extinguisher, aim it at the base of the fire, and try to extinguish the fire. **DO NOT ATTEMPT TO EXTINGUISH THE FIRE IF YOU DO NOT FEEL IT CAN BE DONE SAFELY.**
- If the fire is not readily visible or is beyond the beginning stage, **DO NOT** attempt to extinguish it; activate the fire alarm by pulling the manual fire alarm box.
- If the fire is in an enclosed room, before evacuating, close the door to the room to help contain the fire, if possible.
- Proceed to the closest exit for the area you are in; if blocked, use the next closest exit. **DO NOT USE THE ELEVATOR.**
- Assist staff who may be disabled or have a medical issue.
- Once outside, report to your designated assembly area marked in the parking lot.
- Wait in your area for further instructions.

Medical Emergency:

- Call 911
- Ask someone to call the Emergency Call Tree.
- Stay with victim, do not move the victim unless necessary.
- Assist victim as 911 instructs.
- Ask someone to retrieve an AED that is located on the 1st or 3rd floor.

Building Evacuation:

- If you hear the fire alarm or an order to evacuate, please evacuate the building immediately by using the nearest emergency exit. **DO NOT USE THE ELEVATORS** and proceed to the designated assembly area in the parking lot.

TORNADO EMERGENCY:

- This plan will be initiated by management personnel whenever the exposure is imminent. It is of extreme importance that everyone responds immediately because there is usually very little time to react to this type of disaster.
- In the event of an external exposure such as a tornado, the occupants of this building could be subjected to significant dangers because of the amount of glass.
- Once the plan is initiated, everyone should report to the first floor receiving area. **DO NOT USE THE ELEVATOR** and **DO NOT EVACUATE** the building. Stay away from all exterior walls and doors.
- Wait for instructions. No one will be permitted to return to their work area until it safe to do so.

Bomb Threat or Suspicious Package:

- The majority of bomb threats are received by phone, **DO NOT** hang up. Try to obtain as much information about the bomb. Where is it? What kind of device is it? How much time do we have to evacuate? As soon as possible call 911 and the Emergency Call Tree.
- If a bomb or suspicious package is found or suspected, **DO NOT** touch it. All explosives are unstable regardless of their characteristics. Immediately call the Emergency Call Tree.

Active Shooter:

- If you become aware of an active shooting:
- **RUN:** If safe to do so for you and your coworkers, run out of the building to hide in another building or wooded area. Remain calm, stay quiet and call 911.
- **HIDE:** If you are unable to escape, lockdown and block the room you are in. Call 911.
- **FIGHT:** If confronted by the shooter, trying to disrupt or incapacitate the perpetrator is a last resort. Use decisive and aggressive force using nearby items, such as a chair or fire extinguisher, as weapons.

What You Should Do!

(continued)

Interacting with Law Enforcement:

- Do not expect officers to assist you with a medical issue. Medical help will follow. Follow orders and do not make any sudden movements. Raise arms and hands slowly.
- Do not have anything in your hands; officers are trained that “hands kill”.

Intruder on Property:

- If you see a stranger, ask if they need assistance.
- If they refuse, are aggressive, or you feel threatened; disengage, and call the CallTree.

Weapons on Property:

- If a weapon is discovered, treat it as loaded, DO NOT touch the weapon.
- Call 911, then the Emergency Call Tree.

Indoor Assembly Area:

- If instructed to do so, proceed to, ground floor lunchroom area.

What You Should Know Before an Emergency Occurs:

- Locate the nearest fire alarm box.
- Locate the nearest fire extinguisher.
- Locate the nearest emergency exits.
- Locate the designated assembly area— (Parking lot light pole A-B)
- Know location of indoor assembly area— (Ground floor lunch room area)
- Know locations of the AED.
- Know building name: Pennsylvania Medical Society
- Know the street address: 400 Winding Creek Boulevard, Mechanicsburg, PA 17050
- Know Township building is located: Silver Spring Township (calling from cell phone will not show address)
- Text alerts will be sent to all staff when it is safe/appropriate to do so.

Location: **400 Winding Creek Blvd., Mechanicsburg, PA 17050**

Building Name: **Pennsylvania Medical Society**

TownshipLocation: **Silver Spring Township**

Report all life-threatening emergencies by calling 911, then implement the Emergency Call Tree.

■

Emergency Call Tree:

Ed Brown—717-580-2279/ Heather Wilson—717-575-6687

The Foundation of the Pennsylvania Medical Society – Continuity of Operations Plan/Emergency Plan

PRIMARY NONPROFIT LOCATION	
NONPROFIT NAME Foundation of the Pennsylvania Medical Society	
STREET ADDRESS 400 Winding Creek Blvd	
CITY, STATE, ZIP CODE Mechanicsburg, PA 17050-1885	
TELEPHONE NUMBER 717-558-7816	
PRIMARY POINT OF CONTACT	ALTERNATE POINT OF CONTACT
PRIMARY EMERGENCY CONTACT Heather Wilson	ALTERNATE EMERGENCY CONTACT Annette Weaver
TELEPHONE NUMBER 717-575-6687	TELEPHONE NUMBER 717-558-7810
ALTERNATE TELEPHONE NUMBER 717-575-7816	ALTERNATE TELEPHONE NUMBER 717-813-8906
E-MAIL ADDRESS hwilson@pamedsoc.org	E-MAIL ADDRESS aweaver@pamedsoc.org
EMERGENCY CONTACT INFORMATION - DIAL 911 IN AN EMERGENCY	
NON-EMERGENCY POLICE 717-657-5656	PROPERTY SECURITY Ed Brown – 717-909-2607/717-580-2279
NON-EMERGENCY FIRE 717-652-8378	IT SUPPORT Steven Forrester – 717-909-2611/513-503-7069
INSURANCE PROVIDER Glatfelter Insurance – 717-852-8000	

Potential Hazards

EXTERNAL (earthquake, fire, power outage, flood, disease, vandalism, etc.)
Fire; Flood; Natural Gas Explosion; Snow; Contagion
INTERNAL (fire, flood, theft, data management, power outage, disease, etc.)
Fire; Flood; Power Outage, Cyber Security Breach; Data System Breakdown

Critical Assets

PEOPLE (employees, consumers, donors, board members, clients/constituents, key volunteers, etc.)	
Foundation Board of Trustees	PAMED Board of Trustees
Foundation Staff	Affinity Staff
PHP Participants	PAMED Staff
PHMP Program Staff	PHP Assessment/Treatment providers
Caduceus Contacts	PHP Therapy Providers
Loan Borrowers	LifeGuard Faculty
Scholarship Committees	LifeGuard Clients
Donors	TEAMS Clients
BUILDING (physical structure, storage unit, satellite office, main office, store front, capital lease, etc.)	
Foundation Offices	400 Winding Creek Blvd, Mechanicsburg Office
COMPUTER EQUIPMENT (computers, software, servers/network, specialty tools, copiers, etc.)	
Laptops (IT hardware/software inventory kept on file in Finance and IT)	Hard files for Student Financial Services, PHP, Philanthropy and LifeGuard programs
Office equipment (copier/fax/scanner)	
DATA (documents, payroll, files, records, server back-up tapes, etc.)	
PHP hard files	Affinity Case Management System files
Finance Files (Foundation and TEAMS)	HR/Payroll Files
LifeGuard Files	Student Financial Services Files
INVENTORY/PRODUCT (stock, supplies, new materials, etc.)	
Foundation Promotional Materials	Foundation Office Supplies
OPERATIONS (any disruption to ops, accounts receivable/payable, payroll, mail room, etc.)	
Accounts receivable/payable	Payroll
Affinity Case Management System	LifeGuard Database/Portal
Student Financial Services Database	Accounting Systems

Critical Operations

OPERATION:		ALL FOUNDATION PROGRAMS – REMOTE OPERATIONS	
STAFF IN CHARGE (POSITION) Executive Director		STAFF IN CHARGE (NAME) Heather Wilson	
KEY SUPPLIES/EQUIPMENT Laptop Computers		KEY SUPPLIERS/CONTRACTORS Affinity eHealth PHP Assessment/Treatment Providers LifeGuard Assessment Team Scholarship/Loan Providers TEAMS Clients Donor Database	
<p>PROCEDURES TO RESTART OPERATION AFTER MINIMAL DISASTER IMPACT</p> <p>For disruption that is minimal: All staff will be notified by the Foundation Executive Director that they will work from a home or remote office. Daily operations including case management, client management and donor services will be telephonic. Staff will contact participants and instant message one another utilizing Microsoft Teams. The Foundation website and all program landing pages will be updated with critical information for clients/participants/donors on a regular basis. Office space that is rentable (Workplace Hub; StartUp) for meetings will be utilized for participant/client intakes.</p> <p>Case conferences for the PHP will be held at least twice a week utilizing Zoom and for the LifeGuard program once weekly conferences are held. PAMED IT staff are responsible to maintain the computer system the integrity of the data files and will check in daily with the Foundation Program Directors to address any emerging concerns.</p> <p>The PHP emergency line will be checked 3 times/day: 8 am, 12 Noon, 5 pm. The PHP Program Director will notify all critical assessment/treatment and therapy partners of the disruption and will provide a weekly update regarding a plan to return to service at the 400 Winding Creek Blvd location. If it is unsafe for staff to come into contact with participants, the staff will use DocuSign to electronically obtain consent and sign agreements to participate in the PHP Program.</p> <p>Accounts payable/receivable services, human resources, and payroll will be provided remotely by the Senior Director of Finance and Operations.</p>			
<p>PROCEDURES TO COMPLETELY RESTORE OPERATION AFTER SIGNIFICANT DISASTER IMPACT</p> <p>Once the permanent working space is remediated and safe, the Foundation Executive Director will direct staff to return to the office to resume daily operations including: case management, case conference and intake services for participants/clients. Data systems will be checked daily to ensure continuity of service and protect from data breaches.</p>			

Key Organizations and Businesses

ORGANIZATION NAME: AFFINITY E-HEALTH (PHP)		
STREET ADDRESS 5400 Shawnee Road, Suite 306		CONTACT NAME Kevin Truong, IT Manager
CITY, STATE, ZIP CODE Alexandria, VA 22312		CONTACT TELEPHONE NUMBER 1-866-512-9992 ext. 25623
TELEPHONE NUMBER 877-267-4305	FAX NUMBER 1-877-426-9616	CONTACT EMAIL jlau@affinityesolutions.com
EMERGENCY TELEPHONE 703-559-3500 EXT 25623	WEBSITE Affinityesolutions.com	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN? yes
MATERIAL/SERVICE PROVIDED CASE MANAGEMENT SOFTWARE, DRUG TESTING		

ORGANIZATION NAME: COMMONWEALTH OF PENNSYLVANIA – PHMP (PHP)		
MAILING ADDRESS PO Box 10569		CONTACT NAME Kevin Knipe
CITY, STATE, ZIP CODE HARRISBURG, PA		CONTACT TELEPHONE NUMBER (717) 783-4857
TELEPHONE NUMBER (717) 783-4857	FAX NUMBER Fax: (717) 772-1950	CONTACT EMAIL kknipe@pa.gov
	WEBSITE www.dos.pa.gov	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN? yes
MATERIAL/SERVICE PROVIDED PHMP PROGRAM		

ORGANIZATION NAME: GEISINGER MARWORTH (PHP)		
STREET ADDRESS Lily Lake Road		CONTACT NAME Dave Reynolds
CITY, STATE, ZIP CODE Waverly, PA 18471		CONTACT TELEPHONE NUMBER 570-991-0590
TELEPHONE NUMBER 1-800-442-7722	FAX NUMBER 570-563-2711	CONTACT EMAIL dwreynolds@marworth.org
EMERGENCY TELEPHONE 570-991-0590	WEBSITE https://www.marworth.org	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN? Yes
MATERIAL/SERVICE PROVIDED EVALUATION AND TREATMENT		

ORGANIZATION NAME:		UF HEALTH (PHP)	
STREET ADDRESS 4001 SW 13th Street		CONTACT NAME Scott Teitlbaum, MD	
CITY, STATE, ZIP CODE Gainesville, FL 32608		CONTACT TELEPHONE NUMBER 352-265-5549	
TELEPHONE NUMBER 352-265-5549	FAX NUMBER 352-265-5506	CONTACT EMAIL ADM@psychiatry.ufl.edu	
EMERGENCY TELEPHONE 352-318-1578	WEBSITE https://ufhealth.org	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN? yes	
MATERIAL/SERVICE PROVIDED EVALUATION AND TREATMENT			

ORGANIZATION NAME:		TALBOTT RECOVERY (PHP)	
STREET ADDRESS 5355 Hunter Road		CONTACT NAME Stephanie Carden	
CITY, STATE, ZIP CODE Atlanta, GA 30349		CONTACT TELEPHONE NUMBER 678-588-7516	
TELEPHONE NUMBER 800.445.4232	FAX NUMBER	CONTACT EMAIL Stephanie.Carden@frnmail.com	
EMERGENCY TELEPHONE 404.406.8645	WEBSITE https://talbottcampus.com	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN? yes	
MATERIAL/SERVICE PROVIDED EVALUATION AND TREATMENT			

ORGANIZATION NAME:		BRADFORD TREATMENT CENTER (PHP)	
STREET ADDRESS 1189 Albritton Road		CONTACT NAME Shay Allen	
CITY, STATE, ZIP CODE Warrior, AL 35180		CONTACT TELEPHONE NUMBER 800-333-1865	
TELEPHONE NUMBER 800-333-1865	FAX NUMBER	CONTACT EMAIL msallen@bradfordhealth.net	
EMERGENCY TELEPHONE 205-807-3527	WEBSITE www.bradfordhealth.com	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN? yes	
MATERIAL/SERVICE PROVIDED EVALUATION AND TREATMENT			

ORGANIZATION NAME:		MARWORTH OUTPATIENT (PHP)	
STREET ADDRESS Lily Lake Road		CONTACT NAME David Reynolds	
CITY, STATE, ZIP CODE		CONTACT TELEPHONE NUMBER	

Waverly, PA 18471		570-991-0590
TELEPHONE NUMBER 1-800-442-7722	FAX NUMBER 570-563-2711	CONTACT EMAIL dwreynolds@marworth.org
EMERGENCY TELEPHONE 1-800-442-7722	WEBSITE https://www.marworth.org	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN? Yes
MATERIAL/SERVICE PROVIDED EVALUATION		

ORGANIZATION NAME:		MARINA GOLDMAN, MD (PHP)
STREET ADDRESS 1250 Greenwood Ave, Suite 4		CONTACT NAME Marina Goldman, MD
CITY, STATE, ZIP CODE Jenkintown, PA 19046		CONTACT TELEPHONE NUMBER 215-740-3690
TELEPHONE NUMBER 215-740-3690	FAX NUMBER	CONTACT EMAIL Gmarina1@gmail.com
EMERGENCY TELEPHONE 215-740-3690	WEBSITE n/a	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN? unknown
MATERIAL/SERVICE PROVIDED EVALUATION		

ORGANIZATION NAME:		FRED BAURER, MD (PHP)
STREET ADDRESS 111 North 49th Street		CONTACT NAME Fred Baurer, MD
CITY, STATE, ZIP CODE Philadelphia, PA 19139		CONTACT TELEPHONE NUMBER 215-471-2807
TELEPHONE NUMBER 215-471-2807	FAX NUMBER 215-471-2897	CONTACT EMAIL fredbaurer@gmail.com
EMERGENCY TELEPHONE 215-471-2807	WEBSITE n/a	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED EVALUATION		

ORGANIZATION NAME:		MARY VAN OSDOL, LPC, MAC (PHP)
STREET ADDRESS 12330 Perry Highway, Suite 200		CONTACT NAME Mary Van Osdol
CITY, STATE, ZIP CODE Wexford, PA 15090		CONTACT TELEPHONE NUMBER (724) 934-4222
TELEPHONE NUMBER (724) 934-4222	FAX NUMBER (412) 291-3499	CONTACT EMAIL maryvo@consolidated.net
EMERGENCY TELEPHONE (724) 934-4222	WEBSITE n/a	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED		

EVALUATION

ORGANIZATION NAME:		BALA INDEPENDENT MEDICAL CONSULTANTS (PHP)
STREET ADDRESS 191 Presidential Boulevard, Suite 111-B		CONTACT NAME David Steinman
CITY, STATE, ZIP CODE Bala Cynwyd, PA 19004		CONTACT TELEPHONE NUMBER 610-664-7204
TELEPHONE NUMBER 610-664-7204	FAX NUMBER 610-664-4988	CONTACT EMAIL david@davidsteinmanmd.com
EMERGENCY TELEPHONE 610-664-7204	WEBSITE www.balamedicalconsultants.com	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN? Yes
MATERIAL/SERVICE PROVIDED EVALUATION		

ORGANIZATION NAME:		LAKEVIEW HEALTH (PHP)
STREET ADDRESS 1900 Corporate Square Blvd		CONTACT NAME Eric Rhodes
CITY, STATE, ZIP CODE Jacksonville, FL 32216		CONTACT TELEPHONE NUMBER 317-432-3533
TELEPHONE NUMBER 866-374-0561	FAX NUMBER 904-513-5869	CONTACT EMAIL ERhodes@lakeviewhealth.com
EMERGENCY TELEPHONE 317-432-3533	WEBSITE www.lakeviewhealth.com	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN? Yes
MATERIAL/SERVICE PROVIDED EVALUATION AND TREATMENT		

ORGANIZATION NAME:		MARR (PHP)
STREET ADDRESS 2815 Clearview Place		CONTACT NAME Kristen Render
CITY, STATE, ZIP CODE Atlanta, Georgia 30340		CONTACT TELEPHONE NUMBER 904-513-5869
TELEPHONE NUMBER 800-732-5430	FAX NUMBER 770-216-9398	CONTACT EMAIL kristen.render@marrinc.org
EMERGENCY TELEPHONE 904-513-5869	WEBSITE www.marrinc.org	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN? Yes
MATERIAL/SERVICE PROVIDED EVALUATION AND TREATMENT		

ORGANIZATION NAME:		PROFESSIONAL RENEWAL CENTER (PHP)
STREET ADDRESS 1421 Research Park Dr. #3B		CONTACT NAME Nathan Williams
CITY, STATE, ZIP CODE Lawrence, KS 66049		CONTACT TELEPHONE NUMBER 877-978-4772
TELEPHONE NUMBER 877-978-4772	FAX NUMBER 785-842-5231	CONTACT EMAIL nwilliams@prckansas.org
EMERGENCY TELEPHONE 785-842-9772	WEBSITE www.prckansas.org	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN? Yes
MATERIAL/SERVICE PROVIDED EVALUATION AND TREATMENT		

ORGANIZATION NAME:		PAVILLON (PHP)
STREET ADDRESS 241 Pavillon Place		CONTACT NAME Tom Edwards
CITY, STATE, ZIP CODE Mill Spring, NC 28756		CONTACT TELEPHONE NUMBER 336-314-8486
TELEPHONE NUMBER 828-268-3945	FAX NUMBER 610-664-4988	CONTACT EMAIL TomE@pavillon.org
EMERGENCY TELEPHONE 336-314-8486	WEBSITE www.pavillon.com	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN? Yes
MATERIAL/SERVICE PROVIDED EVALUATION AND TREATMENT		

ORGANIZATION NAME:		A&M RURAL & COMMUNITY HEALTH INSTITUTE (LIFEGUARD)
STREET ADDRESS 2700 Earl Rudder Freeway, South, Suite 3000		CONTACT NAME Robert Steele, MD
CITY, STATE, ZIP CODE College Station, TX 77845		CONTACT TELEPHONE NUMBER 979-436-0390
TELEPHONE NUMBER 979-436-0390	FAX NUMBER 979-436-0079	CONTACT EMAIL steele@tamu.edu
EMERGENCY TELEPHONE 979-436-0390	WEBSITE n/a	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED FACULTY AND AUDIT SERVICES		

ORGANIZATION NAME:		SELECT MEDICAL (LIFEGUARD)
STREET ADDRESS		CONTACT NAME

2015 Technology Parkway		David Raptosh, MA, OTR/L
CITY, STATE, ZIP CODE Mechanicsburg, PA 17050		CONTACT TELEPHONE NUMBER 717-580-8749
TELEPHONE NUMBER 717-791-2485	FAX NUMBER 717-791-2495	CONTACT EMAIL draptosh@selectmedical.com
EMERGENCY TELEPHONE 724-743-5682	WEBSITE n/a	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED EVALUATION		

ORGANIZATION NAME:		CHRISTOPHER ROYER, PSY.D (LIFEGUARD)
STREET ADDRESS 1150 Lancaster Blvd, Suite 101		CONTACT NAME Christopher Royer, Psy. D
CITY, STATE, ZIP CODE Mechanicsburg, PA 17050		CONTACT TELEPHONE NUMBER 717-697-7260
TELEPHONE NUMBER 717-697-7260	FAX NUMBER 717-697-7262	CONTACT EMAIL drroyer.neuropsych@gmail.com
EMERGENCY TELEPHONE 717-443-6712	WEBSITE n/a	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED EVALUATION		

ORGANIZATION NAME:		EVERETT C. HILLS, MD, MS, FAAPMR, FAADEP (LIFEGUARD)
STREET ADDRESS 343 N. 26th Street		CONTACT NAME Everett C. Hills, MD
CITY, STATE, ZIP CODE Camp Hill, PA 17011		CONTACT TELEPHONE NUMBER 717-712-6510
TELEPHONE NUMBER 717-712-6510	FAX NUMBER n/a	CONTACT EMAIL EHills343@gmail.com
EMERGENCY TELEPHONE 717-712-6510	WEBSITE n/a	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED EVALUATION		

ORGANIZATION NAME:		PENNSSTATE HEALTH (LIFEGUARD)
STREET ADDRESS 500 University Drive		CONTACT NAME Stacey Carmo, RN, BSN
CITY, STATE, ZIP CODE Hershey, PA 17033		CONTACT TELEPHONE NUMBER 717-531-6304
TELEPHONE NUMBER 717-531-6304	FAX NUMBER n/a	CONTACT EMAIL scarmo@pennstatehealth.psu.edu

EMERGENCY TELEPHONE 717-531-6304	WEBSITE n/a	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED STANDARD PATIENTS AND SIMULATION		

ORGANIZATION NAME: THOMAS JEFFERSON UNIVERSITY (LIFEGUARD)		
STREET ADDRESS 1001 Locust Street, Suite 309B		CONTACT NAME Robert Hargraves
CITY, STATE, ZIP CODE Philadelphia, PA 19107		CONTACT TELEPHONE NUMBER 215-503-8688
TELEPHONE NUMBER 215-503-8688	FAX NUMBER 215-530-4224	CONTACT EMAIL Robert.hargraves@jefferson.edu
EMERGENCY TELEPHONE 215-503-8688	WEBSITE n/a	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED STANDARD PATIENTS AND SIMULATION		

ORGANIZATION NAME: CATHERINE DIGREGORIO, MD (LIFEGUARD)		
STREET ADDRESS 300 Evergreen Drive, Suite 120		CONTACT NAME Catherine DiGregorio, MD
CITY, STATE, ZIP CODE Glen Mills, PA 19342		CONTACT TELEPHONE NUMBER 610-636-0892
TELEPHONE NUMBER 610-636-0892	FAX NUMBER n/a	CONTACT EMAIL cathydigregorio@gmail.com
EMERGENCY TELEPHONE 610-636-0892	WEBSITE n/a	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED FACULTY/COURSE DIRECTOR FOR CME		

ORGANIZATION NAME: NATIONAL BOARD OF MEDICAL EXAMINERS (LIFEGUARD)		
STREET ADDRESS 3750 Market Street		CONTACT NAME Christine Erazmus
CITY, STATE, ZIP CODE Philadelphia, PA 19104		CONTACT TELEPHONE NUMBER 215-590-9500
TELEPHONE NUMBER 215-590-9500	FAX NUMBER n/a	CONTACT EMAIL cerazmus@nbme.org
EMERGENCY TELEPHONE n/a	WEBSITE n/a	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED TESTING MATERIALS		

ORGANIZATION NAME:		THE HAZZOURI GROUP AT MORGAN STANLEY (FINANCE)	
STREET ADDRESS 1065 Highway 316, Suite 401		CONTACT NAME Rich Hazzouri, CFA	
CITY, STATE, ZIP CODE Wilkes Barre, PA 18702		CONTACT TELEPHONE NUMBER 570-821-1800	
TELEPHONE NUMBER 1-800-342-2393	FAX NUMBER 570-822-2303	CONTACT EMAIL Richart.J.Hazzouri@morganstanley.com	
EMERGENCY TELEPHONE 570-821-1800	WEBSITE www.morganstanleyfa.com/thehazzourigroup	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?	

MATERIAL/SERVICE PROVIDED

INVESTMENT ADVISOR – PAMED CHARITABLE TRUST - ENDOWMENT

ORGANIZATION NAME:		FULTON FINANCIAL ADVISORS (FINANCE)	
STREET ADDRESS 1 PENN SQUARE		CONTACT NAME Sheri Leo	
CITY, STATE, ZIP CODE Lancaster, PA 17602		CONTACT TELEPHONE NUMBER 610-332-7140	
TELEPHONE NUMBER 610-332-7140	FAX NUMBER 717-392-1324	CONTACT EMAIL sleo@fult.com	
EMERGENCY TELEPHONE 802-681-8908	WEBSITE www.fultonfinancialadvisors.com	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?	

MATERIAL/SERVICE PROVIDED

INVESTMENT ADVISOR – FOUNDATION RESERVES & POOLED INVESTMENT MGR TEAMS

ORGANIZATION NAME:		FULTON BANK – UNION SQUARE BRANCH (FINANCE)	
STREET ADDRESS 3821 Union Deposit Road		CONTACT NAME Nicole Perrotta	
CITY, STATE, ZIP CODE Harrisburg, PA 17109		CONTACT TELEPHONE NUMBER 717-255-7670	
TELEPHONE NUMBER 717-255-7670	FAX NUMBER 717-558-0281	CONTACT EMAIL nperrotta@fultonbank.com	
EMERGENCY TELEPHONE 717-255-7670	WEBSITE fultonbank.com	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?	

MATERIAL/SERVICE PROVIDED

CHECKING/CASH MANAGEMENT BANK FOUNDTION/TRUST/MED LEG/TEAMS & POOLED ACCT

ORGANIZATION NAME:		FULTON BANK – CASH MANAGEMENT RELATIONSHIP ADVISOR	
STREET ADDRESS 212 Locust Street, 6th Floor		CONTACT NAME Victoria Zellers-Primary	

		Scott McManamon - Secondary
CITY, STATE, ZIP CODE Harrisburg, PA 17101		CONTACT TELEPHONE NUMBER 484-577-7694 ZELLERS 717-255-7575 MCMANAMON
TELEPHONE NUMBER 717-255-7575	FAX NUMBER	CONTACT EMAIL vzellers@fultonbank.com smcmanamon@fultonbank.com
EMERGENCY TELEPHONE	WEBSITE fultonbank.com	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED CASH MANAGEMENT – FOUNDATION & TEAMS CLIENTS		

ORGANIZATION NAME:		HAMILTON & MUSSER PC CPAS (FINANCE)
STREET ADDRESS 176 Cumberland Parkway		CONTACT NAME James Krimmel (Sharon Miller - 2nd contact)
CITY, STATE, ZIP CODE Mechanicsburg, PA 17055		CONTACT TELEPHONE NUMBER 717-458-1558
TELEPHONE NUMBER 717-697-3888	FAX NUMBER 717-697-6943	CONTACT EMAIL jkrimmel@hnmcpas.com smiller@hnmcpas.com
EMERGENCY TELEPHONE 717-458-1558	WEBSITE www.hnmcpas.com	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED OUTSIDE ACCOUNTANT – TEAMS CLIENTS (REVIEWS/AUDITS/TAXES)		

ORGANIZATION NAME:		KREISCHER MILLER (FINANCE)
STREET ADDRESS 100 Witmer Road, Ste 350		CONTACT NAME Elizabeth Pilacik (Ed Westenberger – 2nd contact)
CITY, STATE, ZIP CODE Horsham, PA 19044-2369		CONTACT TELEPHONE NUMBER 215-441-4600 x259
TELEPHONE NUMBER 215-441-4600	FAX NUMBER 215-420-1232	CONTACT EMAIL EPilacik@kmco.com EWestenberger@kmco.com
EMERGENCY TELEPHONE 215-441-4600	WEBSITE www.kmco.com	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED OUTSIDE ACCOUNTANT – FOUNDATION/TRUST/MED LEGACY (AUDIT & TAX)		

ORGANIZATION NAME:		PAYLOCITY
STREET ADDRESS 1400 American Lane (corporate office)		CONTACT NAME Lisa DeJoy
CITY, STATE, ZIP CODE		CONTACT TELEPHONE NUMBER

Schaumburg, IL 60173		717-303-7663
TELEPHONE NUMBER 1-888-873-8205	FAX NUMBER 1-847-463-3210	CONTACT EMAIL ldejoy@palocity.com
EMERGENCY TELEPHONE 1-888-873-8205	WEBSITE www.paylocity.com	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED FOUNDATION PAYROLL PROVIDER		

ORGANIZATION NAME:		CAPITAL COMPUTER SYSTEMS, INC. (FINANCE)
STREET ADDRESS 406 Second Street		CONTACT NAME Diana Laughner
CITY, STATE, ZIP CODE New Cumberland, PA 17070		CONTACT TELEPHONE NUMBER 717-774-7406
TELEPHONE NUMBER 717-774-7406	FAX NUMBER	CONTACT EMAIL dianal@capitolcom.com
EMERGENCY TELEPHONE 717-774-7406	WEBSITE www.capitolcom.com	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED SAGE - FINANCIAL SOFTWARE - OUTSIDE CONSULTANT		

ORGANIZATION NAME:		THE GLATFELTER AGENCY (FINANCE)
STREET ADDRESS 221 W. Philadelphia Street		CONTACT NAME Sara Clark
CITY, STATE, ZIP CODE York, PA 17402		CONTACT TELEPHONE NUMBER 717-852-8000
TELEPHONE NUMBER 717-849-5120	FAX NUMBER	CONTACT EMAIL sclark@tga-ins.com
EMERGENCY TELEPHONE 717-852-8000	WEBSITE www.tga-ins.com	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED INSURANCE PROVIDER - FOUNDATION PROFESSIONAL LIABILITY & MED MAL POLICIES		

ORGANIZATION NAME:		MCNEES, WALLACE & NURICK LLC (FINANCE)
STREET ADDRESS 100 Pine Street		CONTACT NAME Shaun Eisenhauer
CITY, STATE, ZIP CODE Harrisburg, PA 17101		CONTACT TELEPHONE NUMBER 717-237-5257
TELEPHONE NUMBER 717-232-8000	FAX NUMBER	CONTACT EMAIL seisenhauer@mcneeslaw.com
EMERGENCY TELEPHONE 717-237-5257	WEBSITE www.mcneeslaw.com	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?

MATERIAL/SERVICE PROVIDED FOUNDATION ATTORNEY

ORGANIZATION NAME:		BUCHANAN INGERSOLL & ROONEY (FINANCE)
STREET ADDRESS Union Trust Bldg, 501 Grant St. Suite 200		CONTACT NAME Stephanie W. Schreiber
CITY, STATE, ZIP CODE Pittsburgh, PA 15219		CONTACT TELEPHONE NUMBER 412-392-2148
TELEPHONE NUMBER 412-316-7365	FAX NUMBER	CONTACT EMAIL Stephanie.schreiber@bipc.com
EMERGENCY TELEPHONE 412-562-8800	WEBSITE www.bipc.com	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED ATTORNEY – LIFE GUARD/PHP		

ORGANIZATION NAME:		CENTRIC BANK (FOUNDATION MONEY MARKET)
STREET ADDRESS 6480 Carlisle Pike		CONTACT NAME Mary Anne Bayer, VP Financial Center Manager
CITY, STATE, ZIP CODE Mechanicburg, PA 17050		CONTACT TELEPHONE NUMBER 717-591-1360
TELEPHONE NUMBER 717-591-1360	FAX NUMBER	CONTACT EMAIL mbayer@centricbank.com
EMERGENCY TELEPHONE 717-315-2271	WEBSITE www.centricbank.com	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED BANK – MONEY MARKET ACCOUNT		

ORGANIZATION NAME:		DREXEL UNIVERSITY COLLEGE OF MEDICINE (SFS)
STREET ADDRESS 2900 Queen Lane		CONTACT NAME Cindy DeLone
CITY, STATE, ZIP CODE Philadelphia, PA 19129		CONTACT TELEPHONE NUMBER 215-571-4545
TELEPHONE NUMBER 215-571-4545	FAX NUMBER	CONTACT EMAIL Cd32@drexel.edu
EMERGENCY TELEPHONE	WEBSITE	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED FINANCIAL AID		

ORGANIZATION NAME:		GEISINGER COMMONWEALTH SCHOOL OF MEDICINE (SFS)
STREET ADDRESS 525 Pine Street		CONTACT NAME Suzanne McNamara
CITY, STATE, ZIP CODE Scranton, PA 18509-3240		CONTACT TELEPHONE NUMBER 570-504-9682
TELEPHONE NUMBER 570-504-9682	FAX NUMBER	CONTACT EMAIL SMcNamara@som.geisinger.edu
EMERGENCY TELEPHONE	WEBSITE	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED FINANCIAL AID		

ORGANIZATION NAME:		LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE (SFS)
STREET ADDRESS 1858 West Grandview Blvd.		CONTACT NAME Shari L. Gould, MA
CITY, STATE, ZIP CODE Erie, PA 16509		CONTACT TELEPHONE NUMBER 814-860-5151
TELEPHONE NUMBER 814-860-5151	FAX NUMBER	CONTACT EMAIL sgould@lecom.edu
EMERGENCY TELEPHONE	WEBSITE	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED FINANCIAL AID		

ORGANIZATION NAME:		LEWIS KATZ SCHOOL OF MEDICINE AT TEMPLE UNIVERSITY (SFS)
STREET ADDRESS 3500 N. Broad Street, MERB, Suite 329,		CONTACT NAME Lisa Duncan
CITY, STATE, ZIP CODE Philadelphia, PA 19140		CONTACT TELEPHONE NUMBER 215-707-0749
TELEPHONE NUMBER 215-707-0749	FAX NUMBER	CONTACT EMAIL Lisa.duncan@temple.edu
EMERGENCY TELEPHONE	WEBSITE	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED FINANCIAL AID		

ORGANIZATION NAME:		PENN STATE UNIVERSITY COLLEGE OF MEDICINE (SFS)
STREET ADDRESS 500 University Drive, Office of Student Aid, MC H060		CONTACT NAME Lydia Cowher
CITY, STATE, ZIP CODE		CONTACT TELEPHONE NUMBER

Hershey, PA 17033		814-235-4757
TELEPHONE NUMBER 814-235-4757	FAX NUMBER	CONTACT EMAIL lcowher@pennstatehealth.psu.edu
EMERGENCY TELEPHONE	WEBSITE	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED FINANCIAL AID		

ORGANIZATION NAME:		PERELMAN SCHOOL OF MEDICINE, UNIVERSITY OF PENNSYLVANIA (SFS)
STREET ADDRESS 3400 Civic Center Blvd., BLDG 421		CONTACT NAME Michael M. Sabar, M.Ed.
CITY, STATE, ZIP CODE Philadelphia, PA 19104		CONTACT TELEPHONE NUMBER 215-898-3423
TELEPHONE NUMBER 215-898-3423	FAX NUMBER	CONTACT EMAIL msabara@penmedicine.upenn.edu
EMERGENCY TELEPHONE	WEBSITE	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED FINANCIAL AID		

ORGANIZATION NAME:		PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE (SFS)
STREET ADDRESS 4190 City Avenue		CONTACT NAME Brian Emery
CITY, STATE, ZIP CODE Philadelphia, PA 19131		CONTACT TELEPHONE NUMBER 215-871-6174
TELEPHONE NUMBER 215-871-6174	FAX NUMBER	CONTACT EMAIL brianem@pcom.edu
EMERGENCY TELEPHONE	WEBSITE	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED FINANCIAL AID		

ORGANIZATION NAME:		SIDNEY KIMMEL MEDICAL COLLEGE, THOMAS JEFFERSON UNIVERSITY (SFS)
STREET ADDRESS 1015 Walnut Street, Curtis Building, Suite 115		CONTACT NAME Susan McFadden
CITY, STATE, ZIP CODE Philadelphia, PA 19107		CONTACT TELEPHONE NUMBER 215-955-2867
TELEPHONE NUMBER 215-955-2867	FAX NUMBER	CONTACT EMAIL Susan.mcfadden@jefferson.edu
EMERGENCY TELEPHONE	WEBSITE	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?

MATERIAL/SERVICE PROVIDED FINANCIAL AID

ORGANIZATION NAME:		UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE (SFS)
STREET ADDRESS 3550 Terrace Street, 518 Scaife Hall		CONTACT NAME Darren Neely
CITY, STATE, ZIP CODE Pittsburgh, PA 15261		CONTACT TELEPHONE NUMBER 412-648-3732
TELEPHONE NUMBER 412-648-3732	FAX NUMBER	CONTACT EMAIL dneely@medschool.pitt.edu
EMERGENCY TELEPHONE	WEBSITE	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED FINANCIAL AID		

ORGANIZATION NAME:		CARYL SCHMITZ (SFS)
STREET ADDRESS 90 Longview Drive		CONTACT NAME Caryl Schmitz
CITY, STATE, ZIP CODE Gettysburg, PA 17325-8036		CONTACT TELEPHONE NUMBER 717-357-1860
TELEPHONE NUMBER 717-357-1860	FAX NUMBER	CONTACT EMAIL schmitztc@comcast.net
EMERGENCY TELEPHONE	WEBSITE	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED AMES SCHOLARSHIP		

ORGANIZATION NAME:		ALLEGHENY COUNTY MEDICAL SOCIETY (SFS)
STREET ADDRESS 850 Ridge Avenue		CONTACT NAME Lisa Olszak Zumstein
CITY, STATE, ZIP CODE Pittsburgh, PA 15212		CONTACT TELEPHONE NUMBER 412-321-5030
TELEPHONE NUMBER 412-321-5030	FAX NUMBER	CONTACT EMAIL lisa@acms.org
EMERGENCY TELEPHONE	WEBSITE	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED ACMS SCHOLARSHIP		

ORGANIZATION NAME:		NEIL KANESHIKI, MD (SFS)
STREET ADDRESS	CONTACT NAME	

Blair Surgical Associates, PC 2525 9th Avenue, Ste 16		Neil Kaneshiki, MD
CITY, STATE, ZIP CODE Altoona, PA 16602-2014		CONTACT TELEPHONE NUMBER 814-942-6038
TELEPHONE NUMBER 814-942-6038	FAX NUMBER	CONTACT EMAIL sheik@atlanticbb.net
EMERGENCY TELEPHONE	WEBSITE	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED BCMS SCHOLARSHIP		

ORGANIZATION NAME:		JITENDRA M. DESAI, MD (SFS)
STREET ADDRESS 14035 Tivoli Terrace		CONTACT NAME Jitendra M. Desai, MD
CITY, STATE, ZIP CODE Bonita Springs, FL 34135		CONTACT TELEPHONE NUMBER 412-551-8214
TELEPHONE NUMBER 412-551-8214	FAX NUMBER	CONTACT EMAIL jitudes@gmail.com
EMERGENCY TELEPHONE	WEBSITE	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED ESASID SCHOLARSHIP		

ORGANIZATION NAME:		ARIEL JONES (SFS)
STREET ADDRESS Pennsylvania Medical Society 400 Winding Creek Blvd		CONTACT NAME Ariel Jones
CITY, STATE, ZIP CODE Mechanicsburg, PA 17050-1885		CONTACT TELEPHONE NUMBER 717-909-2688
TELEPHONE NUMBER	FAX NUMBER	CONTACT EMAIL AJONES@PAMEDSOC.ORG
EMERGENCY TELEPHONE	WEBSITE	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED GUNDER/DCMS SCHOLARSHIP		

ORGANIZATION NAME:		MARTHA MAFFEO (SFS)
STREET ADDRESS 4767 Belmont Drive		CONTACT NAME Martha Maffeo
CITY, STATE, ZIP CODE		CONTACT TELEPHONE NUMBER

Emmaus, PA 18049		484-515-7432
TELEPHONE NUMBER 610-967-5782	FAX NUMBER	CONTACT EMAIL mnmaffeo@aol.com
EMERGENCY TELEPHONE	WEBSITE	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED LECOMASE SCHOLARSHIP		

ORGANIZATION NAME:		LYCOMING COUNTY MEDICAL SOCIETY (SFS)
STREET ADDRESS 700 High Street		CONTACT NAME Rachel Kirk
CITY, STATE, ZIP CODE Williamsport, PA 17701		CONTACT TELEPHONE NUMBER 570-321-2171
TELEPHONE NUMBER 570-419-8755	FAX NUMBER	CONTACT EMAIL LCMSexec20@gmail.com
EMERGENCY TELEPHONE	WEBSITE	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED LCMS SCHOLARSHIP		

ORGANIZATION NAME:		SUSAN A. BRANTON, MD FACS (SFS)
STREET ADDRESS Kathryn Candor Lundy Breast Health Center 100 Grampian Blvd., FL 1		CONTACT NAME Susan A. Branton, MD
CITY, STATE, ZIP CODE Williamsport, PA 17701-1909		CONTACT TELEPHONE NUMBER 570-320-0433
TELEPHONE NUMBER 570-326-8200	FAX NUMBER	CONTACT EMAIL brantonsa@upmc.edu
EMERGENCY TELEPHONE	WEBSITE	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED LCMS SCHOLARSHIP		

ORGANIZATION NAME:		MONTGOMERY COUNTY MEDICAL SOCIETY (SFS)
STREET ADDRESS Lutine Management Services, The Lutine House 224 West State Street		CONTACT NAME Theresa Barrett
CITY, STATE, ZIP CODE Trenton, NJ 08608		CONTACT TELEPHONE NUMBER 609-498-7468
TELEPHONE NUMBER 609-362-6500	FAX NUMBER	CONTACT EMAIL theresa@lutinemanagement.com
EMERGENCY TELEPHONE	WEBSITE	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?

MATERIAL/SERVICE PROVIDED MCMS/LANDER SCHOLARSHIP		

ORGANIZATION NAME: JITENDRA N. SHAH, MD (SFS)		
STREET ADDRESS 1500 Barnswallow Drive		CONTACT NAME Jitendra N. Shah, MD
CITY, STATE, ZIP CODE Bensalem, PA 19020		CONTACT TELEPHONE NUMBER 215-620-0132
TELEPHONE NUMBER 215-620-0132	FAX NUMBER	CONTACT EMAIL Linashah2@gmail.com
EMERGENCY TELEPHONE	WEBSITE	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED SHAH FAMILY SCHOLARSHIP		

ORGANIZATION NAME: ELENA PASCAL (SFS)		
STREET ADDRESS 1119 Bell Avenue		CONTACT NAME Elena Pascal
CITY, STATE, ZIP CODE Allentown, PA 18103-3721		CONTACT TELEPHONE NUMBER 610-730-0213
TELEPHONE NUMBER 610-437-5775	FAX NUMBER	CONTACT EMAIL Boutique2go@yahoo.com
EMERGENCY TELEPHONE	WEBSITE	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED SIEGFRIED/VIGILANTE SCHOLARSHIP		

ORGANIZATION NAME: RAYMOND C. TRUEX, JR., MD, FAANS (SFS)		
STREET ADDRESS 400 Winding Creek Blvd		CONTACT NAME Raymond C. Truex, Jr., MD, FAANS
CITY, STATE, ZIP CODE Mechanicsburg, PA 17050-1885		CONTACT TELEPHONE NUMBER 717-558-7805
TELEPHONE NUMBER 717-558-7837	FAX NUMBER	CONTACT EMAIL rtruex@pamedsoc.org
EMERGENCY TELEPHONE	WEBSITE	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED TRUEX SCHOLARSHIP		

ORGANIZATION NAME: MARJORIE POFF GILLESPIE, MD (SFS)		
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STREET ADDRESS 12515 7th Avenue NW		CONTACT NAME Marjorie Poff Gillespy, MD
CITY, STATE, ZIP CODE Seattle, WA 98177-4424		CONTACT TELEPHONE NUMBER 206-334-0787
TELEPHONE NUMBER 206-334-0787	FAX NUMBER	CONTACT EMAIL Marj_gillespy@comcast.net
EMERGENCY TELEPHONE	WEBSITE	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED SUN SCHOLARSHIP		

ORGANIZATION NAME:		SATISH SHAH, MD (SFS)
STREET ADDRESS 115 Palace Drive		CONTACT NAME DR. & MRS. SATISH A. SHAH
CITY, STATE, ZIP CODE Gettysburg, PA 17325		CONTACT TELEPHONE NUMBER 717-334-4033
TELEPHONE NUMBER 717-337-372	FAX NUMBER	CONTACT EMAIL satishshahmd@yahoo.com
EMERGENCY TELEPHONE	WEBSITE	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED S SATISH MD SCHOLARSHIP		

ORGANIZATION NAME:		MAD TECHNOLOGY SOLUTIONS (SFS & LIFE GUARD)
STREET ADDRESS 1420 Meadow Lane, Suite 100		CONTACT NAME Mike Drawbaugh
CITY, STATE, ZIP CODE Dauphin, PA 17018		CONTACT TELEPHONE NUMBER 717-474-3386
TELEPHONE NUMBER 717-474-3386	FAX NUMBER	CONTACT EMAIL mdrawbaugh@justgetmad.com
EMERGENCY TELEPHONE	WEBSITE	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED SFS PROGRAMMING SUPPORT		

ORGANIZATION NAME:		TRANSWORLD SYSTEMS, INC. (SFS)
STREET ADDRESS		CONTACT NAME Linda Kuehn
CITY, STATE, ZIP CODE		CONTACT TELEPHONE NUMBER 215-441-3323
TELEPHONE NUMBER	FAX NUMBER	CONTACT EMAIL

		Linda.kuehn@tsico.com
EMERGENCY TELEPHONE	WEBSITE	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?
MATERIAL/SERVICE PROVIDED LOAN COLLECTIONS		

ORGANIZATION NAME:		MIRUS FINANCIAL PARTNERS (DEVELOPMENT)	
STREET ADDRESS 110 East King Street		CONTACT NAME Mark A. Vergenes, President	
CITY, STATE, ZIP CODE Lancaster, PA 17602		CONTACT TELEPHONE NUMBER 717-509-4521	
TELEPHONE NUMBER	FAX NUMBER 717-509-4523	CONTACT EMAIL mark@mirusfinancialpartners.com	
EMERGENCY TELEPHONE	WEBSITE www.mirusfinancialpartners.com	DOES THIS ORGANIZATION HAVE A CONTINUITY PLAN?	
MATERIAL/SERVICE PROVIDED FINANCIAL PLANNING			

Information Technology Security

DATA SECURITY AND BACK-UP	
LEAD STAFF OR CONTRACTOR STEVEN FORRESTER	EMERGENCY CONTACT TELEPHONE 513-503-7069
EMAIL SFORRESTER@PAMEDSOC.ORG	ALTERNATE CONTACT TELEPHONE 717-909-2611
BACK-UP RECORDS ARE STORED ONSITE HERE SERVER ROOM	BACK-UP RECORDS ARE STORED OFFSITE HERE DATTO Backup service/Morefield Network Service
VIRTUAL RECORDS ARE STORED HERE DATTO BACKUP	VIRTUAL BACK-UP CONTACT STEVEN FORRESTER
IF OUR VIRTUAL RECORDS ARE DESTROYED, WE WILL PROVIDE FOR CONTINUITY IN THE FOLLOWING WAYS: DATTO Backup and Recovery Service. DNS will be rerouted and all VPN access will be provided to Recovery Site	

IT ASSET SECURITY	
LEAD STAFF OR CONTRACTOR STEVEN FORRESTER	EMERGENCY CONTACT TELEPHONE 513-503-7069
EMAIL SFORRESTER@PAMEDSOC.ORG	ALTERNATE CONTACT TELEPHONE 717-909-2611
KEY COMPUTER HARDWARE EMC VNX SAN VMWare ESXi Cisco Network gear Dell Computer Hardware	TO PROTECT OUR COMPUTER HARDWARE, WE WILL: Physical access to server room and demark is limited to select personnel by security badge. Continually Patch equipment with firmware and security updates
KEY COMPUTER SOFTWARE Microsoft Office 365 Windows 10/Windows Server 2016 netFORUM Enterprise (SaaS)	TO PROTECT OUR COMPUTER SOFTWARE, WE WILL: CONTINUALLY PATCH SOFTWARE WITH SECURITY UPDATES MONITOR SECURITY LOGS AND ALERTS PERFORM ROUTINE ANTIVIRUS AND MALWARE SCANS ENABLE HARD DRIVE ENCRYPTION
IF OUR COMPUTERS ARE DESTROYED, WE WILL USE BACK-UP COMPUTERS AT THE FOLLOWING LOCATIONS: We will utilize remote access to DATTO backup site from employee homes sites.	

Alternate/Temporary Location

ALTERNATE LOCATION	
STREET ADDRESS All staff will work remotely from a home office	
CITY, STATE, ZIP CODE N/A	
TELEPHONE NUMBER Staff office numbers will work through Ring Central on their work computer	
IS THERE A PRE-AGREEMENT IN PLACE? Yes, each staff member signs a remote work agreement and a technology use agreement	
POINT OF CONTACT	
CONTACT NAME Heather Wilson	
TELEPHONE NUMBER 717-558-7816	ALTERNATE NUMBER 717-575-6687

E-MAIL ADDRESS hwilson@pamedsoc.org
SITE ASSESSMENT
STAFF TO WORK HERE All Foundation Staff
SUPPLIES ALREADY IN PLACE Laptop computers
TIME TO SET UP OPERATIONS No time needed, VPN and cloud-based system already in place
LENGTH OF TIME TO STAY IN THIS SITE Until the crisis is averted/remediated
POSSIBLE HAZARDS IN THE AREA None
NOTES: Staff will maintain records electronically. Staff will conduct work in a space within their home that allows for telephonic privacy and laptop security.

Staff Notification

NOTIFICATION			
STAFF WILL BE NOTIFIED BY: <input type="checkbox"/> PHONE TREE <input checked="" type="checkbox"/> AUTOMATIC NOTIFICATION SYSTEM <input checked="" type="checkbox"/> EMAIL BLAST <input type="checkbox"/> OTHER: STAFF WILL RESPOND BY: <input checked="" type="checkbox"/> CALLING IN TO LIVE PERSON <input type="checkbox"/> CALLING AUTOMATIC RESPONSE SYSTEM <input checked="" type="checkbox"/> EMAIL IN <input type="checkbox"/> OTHER:	STAFF MEMBER RESPONSIBLE FOR NOTIFICATION Heather Wilson – Executive Director		
	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;"> TELEPHONE NUMBER 717-558-7816 OR 717-575-6687 </td> <td style="width: 50%;"> EMAIL HWILSON@PAMEDSOC.ORG </td> </tr> </table>	TELEPHONE NUMBER 717-558-7816 OR 717-575-6687	EMAIL HWILSON@PAMEDSOC.ORG
	TELEPHONE NUMBER 717-558-7816 OR 717-575-6687	EMAIL HWILSON@PAMEDSOC.ORG	
PLAN TRIGGER Foundation Executive Director will notify all Program Directors that the Continuity of Operations plan is in effect and that remote working will commence immediately.			

Staff Listing:

Name	Phone	Email
Heather Wilson	717-575-6687	hwilson@pamedsoc.org
Ed Kim, MD	602-842-3162	ekim@pamedsoc.org
Ray Truex, MD	484-663-4023	rtruex@pamedsoc.org
Tiffany Booher	717-574-4114	tbooher@pamedsoc.org
Melissa Devonshire	484-529-1558	mdevonshire@pamedsoc.org
Katie Gruber	717-503-3261	kgruber@pamedsoc.org
Katie Thiemann	717-599-2179	kthiemann@pamedsoc.org
Alice Dunkin	717-503-1239	adunkin@pamedsoc.org
Wendie Dunkin	717-679-2193	wdunkin@pamedsoc.org
Deborah Monko	717-756-9099	dmonko@pamedsoc.org
Annette Weaver	717-813-8906	aweaver@pamedsoc.org
Susan Caputo	717-433-1083	scaputo@pamedsoc.org
Lori Storm	717-579-6067	lstorm@pamedsoc.org
Charlotte Wilson-Manley (McKenney)	717-903-8707	cwilsonmanley@pamedsoc.org
Marcia Lammando	717-379-5563	mlammando@lifeguardprogram.com
Dana Youtz	717-813-3173	dyoutz@lifeguardprogram.com
Tracey Ziegler	717-926-8105	tziegler@lifeguardprogram.com



May 9, 2023

Ms. Joan Yohe
Issuing Officer
Pennsylvania Department of State
Bureau of Finance and Operations
401 North Street, 308 North Office Building
Harrisburg PA 17210

RE: RFP #6100057114, Pharmacy Peer Assistance Monitoring Program

Dear Ms. Yohe,

Thank you for informing us that the Foundation of the Pennsylvania Medical Society, Physicians' Health program is selected to for contract negotiations for RFP: #6100057114, Pharmacy Peer Assistance Monitoring Program. It is an honor to be selected for an opportunity to negotiate this contract and we are happy to provide clarification.

We would like to clarify the following under **Case initiation fee, Appendix B**: The case initiation fee is only for new enrollees once the contract is in place. Existing Pharmacy Peer Assistance Monitoring participants will not incur this fee.

We are happy to answer any additional questions that may arise as part of this contract negotiation.

Sincerely,

Heather A. Wilson, MSW, CFRE, CAE
Executive Director, Foundation

Tiffany Booher, MA, LPC, CAADC, CIP, CCSM
Director, Physicians' Health Program