



STATE OF TENNESSEE
DEPARTMENT OF HEALTH

**REQUEST FOR INFORMATION
FOR
DEVELOPING A PROFESSIONAL ASSISTANCE PROGRAM FOR LICENSED
PHARMACISTS, PHARMACY TECHNICIANS, PHARMACIST INTERNS FOR THE
BOARD OF PHARMACY**

RFI # 34310-24516
[DECEMBER 4, 2015]

1. STATEMENT OF PURPOSE:

The State of Tennessee, Department of Health, issues this Request for Information (“RFI”) to obtain information regarding professional assistance programs for pharmacists, pharmacy technicians, and pharmacist interns licensed by the Board of Pharmacy. The State seeks to explore contracting with a professional association who is able to identify and assist impaired Pharmacy Professionals licensed by the Board. This RFI is intended to determine the availability of willing professional associations and to solicit information from those professional associations on any suggested approaches. This RFI will assist the Board in implementing a Program that is consistent with industry standards and best practices.

2. BACKGROUND:

The Board is responsible for assisting in the rehabilitation of Pharmacy Professionals and may enter into agreements, provide grants and make other arrangements with statewide nonprofit professional associations or their affiliated foundations to identify and assist impaired Pharmacy Professionals. As a result, the Board is looking to establish a Program to help Pharmacy Professionals with substance abuse, mental health, or other issues that prevent them from practicing pharmacy in a manner that meets the Board’s standards of professional responsibility.

The Board values the health of its licensees and recognizes the impact that they have on the health of their fellow Tennesseans. The Board wishes to provide Pharmacy Professionals with the means to improve their own situation and rehabilitate themselves to reenter practice. To this end, the Board is seeking to partner with a program to monitor Pharmacy Professionals and ensure they are taking steps to receive the care they need. The Program would need to be available to licensees located across the state, whether in rural or metropolitan areas.

Definitions:

- a) Board: the Tennessee Board of Pharmacy.

- b) Pharmacy Professional: Professionals who are licensed, registered, or certified by the Board of Pharmacy.
- c) Professional Assistance Program (“Program”): statewide nonprofit professional association or its affiliated foundation.

Professional Services Scope:

The Program may be asked to offer the following services:

- Ensure Pharmacy Professionals comply with the terms of consent orders they enter into with the Board.
- Recommend and assist Pharmacy Professionals with locating suitable treatment facilities or programs for healthcare professionals, and
- Assist with setting up an aftercare monitoring contract between impaired Pharmacy Professionals and the Board. Such a contract would include random drug testing, peer review and assistance, attendance of regular meetings, and measures to assist the professional in maintaining compliance with the terms of any Board order or disciplinary action.
- Meet on at least a quarterly basis with participants (in addition to the regular meetings attended by participants)
- Report on the status of Program participants before the Board, appearing at hearings to answer any questions if an impaired practitioner wishes to reinstate their license, modify terms of a Board order, or reenter the field of pharmacy.
- Conduct regional meetings in major cities or other areas with sufficient need (such as a particular county).

3. COMMUNICATIONS:

3.1. Please submit your response to this RFI to:

Melissa Painter, Competitive Procurement Coordinator
 Service Procurement Office
 Division of Administrative Services
 Andrew Johnson Tower, 5th Floor
 710 James Robertson Parkway
 Nashville, TN 37243
 (615) 741-0285
 Melissa.painter@tn.gov

3.2. Please feel free to contact the Department of Health with any questions regarding this RFI. The main point of contact will be:

Melissa Painter, Competitive Procurement Coordinator
 Service Procurement Office
 Division of Administrative Services
 Andrew Johnson Tower, 5th Floor
 710 James Robertson Parkway
 Nashville, TN 37243
 (615) 741-0285
 Melissa.painter@tn.gov

3.3. Please reference RFI # 34310-24516 with all communications to this RFI.

4. RFI SCHEDULE OF EVENTS:

EVENT		TIME (Central Time Zone)	DATE (all dates are State business days)
1.	RFI Issued		December 4, 2015
2.	Written "Questions & Comments" Deadline	2:00 p.m.	December 8, 2015
3.	State Response to Written "Questions & Comments"		December 11, 2015
4.	RFI Response Deadline		December 18, 2015

5. GENERAL INFORMATION:

- 5.1. Please note that responding to this RFI is not a prerequisite for responding to any future solicitations related to this project and a response to this RFI will not create any contract rights. Responses to this RFI will become property of the State.
- 5.2. The information gathered during this RFI is part of an ongoing procurement. In order to prevent an unfair advantage among potential respondents, the RFI responses will not be available until after the completion of evaluation of any responses, proposals, or bids resulting from a Request for Qualifications, Request for Proposals, Invitation to Bid or other procurement method. In the event that the state chooses not to go further in the procurement process and responses are never evaluated, the responses to the procurement including the responses to the RFI, will be considered confidential by the State.
- 5.3. The State will not pay for any costs associated with responding to this RFI.

6. INFORMATIONAL FORMS:

The State is requesting the following information from all interested parties. Please fill out the following forms:

RFI #34310-24516

TECHNICAL INFORMATIONAL FORM

1. RESPONDENT LEGAL ENTITY NAME:

2. RESPONDENT CONTACT PERSON:

Name, Title:

Address:

Phone Number:

Email:

3. BRIEF DESCRIPTION OF EXPERIENCE PROVIDING PROFESSIONAL ASSISTANCE PROGRAMS OR SIMILAR SERVICES.

4. WHAT SPECIFIC SERVICES OR FUNCTIONS CAN YOU PROVIDE UNDER A PROFESSIONAL ASSISTANCE PROGRAM SIMILAR TO THE ONE DESCRIBED IN SECTION 1 OF THIS DOCUMENT?

5. PLEASE DESCRIBE YOUR NETWORK OF RESOURCES THAT MAY PROVE HELPFUL IN THE EXECUTION OF THIS PROGRAM.

COST INFORMATIONAL FORM

1. Describe what pricing units you typically utilize for similar services or goods (e.g., per hour, each, etc.):

2. Describe the typical price range for similar services or goods:

ADDITIONAL CONSIDERATIONS

1. Please provide input on alternative approaches or additional things to consider that might benefit the State: