

Louisiana Board of Pharmacy

3388 Brentwood Drive Baton Rouge, Louisiana 70809-1700 Telephone 225.925.6496 ~ E-mail: <u>info@pharmacy.la.gov</u>



Summary of Testimony & Public Comments

Regulatory Project 2025-04 ~ Emergency Drug Kit (EDK) Permit

at

March 31, 2025 Public Hearing

No Letters or Comments Received.



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NOTICE IS HEREBY GIVEN that a Public Hearing has been ordered and called for **9:00 a.m. on Monday, March 31, 2025** at the Board office, for the purpose to wit:

AGENDA Revised 02-10-2025

- 1. Call to Order
- 2. Appearances
- 3. Solicitation of Comments & Testimony on Proposed Rule Changes
 - A. Regulatory Project 2025-04 ~ Emergency Drug Kit (EDK) Permit
- 4. Opportunity for Public Comment
- 5. Adjourn

Public Comments

Interested persons may submit written comments, via United States Postal Service or other carrier, or in the alternative by personal delivery to M. Joseph Fontenot Jr., Executive Director, at the Board office. He is responsible for responding to inquiries regarding the proposed Rule amendments. The deadline for the receipt of all written comments is 12 p.m. on Monday, March 31, 2025.

Public Hearing

During the hearing, all interested persons will be afforded an opportunity to submit comments and testimony, either verbally or in writing. The deadline for the receipt of all comments and testimony is 12 p.m. that same day. To request a disability accommodation, please contact Joe Fontenot, Executive Director, at 225.925.6496 or email at <u>ifontenot@pharmacy.la.gov</u>.

NOTICE: In compliance with Act 256 of the 2019 Louisiana Legislature, the Board gives public notice that any information submitted to the Board may become public record unless specifically exempted by the Public Records Law, R.S. 44:1 *et seq.* **NOTICE:** To request a disability accommodation, please contact Joe Fontenot, Executive Director, at 225.925.6496 or email at <u>ifontenot@pharmacy.la.gov</u>

Louisiana Board of Pharmacy

Public Hearing Attendance Record

March 31, 2025

Regulatory Project 2025-04 ~ Emergency Drug Kit (EDK) Permit

| Name | Address | E-mail | Group or Agency Represented |
|-----------------------------|---------|--------|-----------------------------|
| ^{1.} No Attendance | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |