

FY 2025 Budget Performance Review
560 Oklahoma State Board of Pharmacy

Version Original

Lead Administrator: Dr. Marty Hendrick, Pharm.D., Executive Director

Date submitted

XX/XX/XXXX

Lead Financial Officer: Mary Ann Terral, Principal Assistant

Agency Mission

The Oklahoma State Board of Pharmacy's mission is to protect the health, safety and welfare of Oklahoma citizens by the professional and thorough performance of licensing, regulating and enforcing laws regarding the practice of pharmacy; and the manufacturing, sales, distribution and storage of drugs, medicines, chemicals and poisons to assure quality pharmaceuticals products and services. (principally prescription drugs)

Division and Program Descriptions**Note: Please define any acronyms used in program descriptions.****Division or Program Number and Name**

10. General Operations. Pharmacy Board operations.

88. Data Processing (IT). All IT costs for Pharmacy Board.

90. Pharmacy Building. Construction or renovation costs for Pharmacy Board building.

FY'24 Budgeted Department Funding By Source

| Dept. # | Department Name | Appropriations | Federal | Revolving | Local ¹ | Other ² | Total |
|--------------|--------------------|----------------|------------|--------------------|--------------------|--------------------|--------------------|
| 10 | General Operations | \$0 | \$0 | \$2,717,279 | \$0 | \$0 | \$2,717,279 |
| 88 | Data Processing | \$0 | \$0 | \$340,950 | \$0 | \$0 | \$340,950 |
| 90 | Pharmacy Building | \$0 | \$0 | \$1,530,000 | \$0 | \$0 | \$1,530,000 |
| | | | | | | | \$0 |
| | | | | | | | \$0 |
| Total | | \$0 | \$0 | \$4,588,229 | \$0 | \$0 | \$4,588,229 |

1. Please describe source of Local funding not included in other categories:

2. Please describe source(s) and % of total of "Other" funding if applicable for each department:

FY'23 Carryover by Funding Source

| Class Fund # | Carryover Class Fund Name | Appropriations | Federal | Revolving | Local ¹ | Other ² | Total |
|--------------|---|----------------|---------|-----------|--------------------|--------------------|-------|
| | No appropriations have ever been received | \$0 | \$0 | | \$0 | \$0 | \$0 |
| | | | | | | | \$0 |
| | | | | | | | \$0 |

1. Please describe source of Local funding not included in other categories:

2. Please describe source(s) and % of total of "Other" funding if applicable:

What changes did the agency make between FY'23 and FY'24?

1.) Are there any services no longer provided because of budget cuts? No

2.) What services are provided at a higher cost to the user? When Thentia licensing launches, customers will begin paying the online processing costs.

3.) What services are still provided but with a slower response rate? n/a

4.) Did the agency provide any pay raises that were not legislatively/statutorily required? Unclassified Salary / Career Progression adjustments

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FY'25 Requested Funding By Department and Source

| Dept. # | Department Name | Appropriations | Federal | Revolving | Other ¹ | Total | % Change |
|--------------|--------------------|----------------|------------|--------------------|--------------------|--------------------|--------------|
| 10 | General Operations | \$0 | \$0 | \$2,717,279 | \$0 | \$2,717,279 | 0.00% |
| 88 | Data Processing | \$0 | \$0 | \$340,950 | \$0 | \$340,950 | 0.00% |
| 90 | Pharmacy Building | \$0 | \$0 | \$1,530,000 | \$0 | \$1,530,000 | 0.00% |
| Total | | \$0 | \$0 | \$4,588,229 | \$0 | \$4,588,229 | 0.00% |

1. Please describe source(s) and % of total of "Other" funding for each department:
none**FY'25 Top Five Operational Appropriation Funding Requests**

| Request by Priority | Request Description | Appropriation Request Amount (\$) |
|--|---------------------|-----------------------------------|
| Request 1: None Request 2: | | |
| Top Five Request Subtotal: | | \$0 |
| Total Increase above FY-24 Budget (including all requests) | | \$ - |
| Difference between Top Five requests and total requests: | | \$0 |

Does the agency have any costs associated with the Pathfinder retirement system and federal employees?

n/a, no federal employees

How would the agency be affected by receiving the same appropriation for FY '25 as was received in FY '24? (Flat/ 0% change)

n/a, no appropriations have ever been received by the Pharmacy Board

How would the agency handle a 2% appropriation reduction in FY '25?

n/a, no appropriations have ever been received by the Pharmacy Board

Is the agency seeking any fee increases for FY '25?

| | Fee Increase Request (\$) | Statutory change required? (Yes/No) |
|--|---------------------------|-------------------------------------|
| Increase 1: None Increase 2 Increase 3 | | |

What are the agency's top 2-3 capital or technology (one-time) requests, if applicable?

| Description of request in order of priority | Appropriated Amount (\$) | Submitted to LRCPC? (Yes/No) |
|---|--------------------------|------------------------------|
| Priority 1: n/a no appropriations have ever been received by the Pharmacy Board Priority 2 Priority 3 | | |

Federal Funds

| CFDA | Federal Program Name | Agency Dept. # | FY 24 budgeted | FY 23 | FY 22 | FY 21 | FY 20 |
|------|----------------------|----------------|----------------|-------|-------|-------|-------|
| | none | | | | | | |

Federal Government Impact

| |
|--|
| 1.) How much federal money received by the agency is tied to a mandate by the Federal Government? |
| n/a, No Federal Funds are received by the Pharmacy Board |
| 2.) Are any of those funds inadequate to pay for the federal mandate? |
| n/a, No Federal Funds are received by the Pharmacy Board |
| 3.) What would the consequences be of ending all of the federal funded programs for your agency? |
| n/a, No Federal Funds are received by the Pharmacy Board |
| 4.) How will your agency be affected by federal budget cuts in the coming fiscal year? |
| n/a, No Federal Funds are received by the Pharmacy Board |
| 5.) Has the agency requested any additional federal earmarks or increases? |
| n/a, No Federal Funds are received by the Pharmacy Board |

FY 2024 Budgeted FTE

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| Division # | Division Name | Supervisors | Non-Supervisors | \$0 - \$35 K | \$35 K - \$70 K | \$70 K - \$100K | \$100K+ |
|------------|--------------------|-------------|-----------------|--------------|-----------------|-----------------|---------|
| 10 | General Operations | 3 | 11 | 1 | 3 | 6 | 4 |
| Total | | 3 | 11 | 1 | 3 | 6 | 4 |

FTE History by Fiscal Year

| Division # | Division Name | FY 2024 Budgeted | FY 2024 YTD | FY 2023 | FY 2022 | FY 2021 | FY 2016 |
|------------|--------------------|------------------|-------------|---------|---------|---------|---------|
| 10 | General Operations | 14.0 | | 14.0 | 13.0 | 12.0 | 12.0 |
| Total | | 14.0 | 0.0 | 14.0 | 13.0 | 12.0 | 12.0 |

Performance Measure Review

| Program Name | FY 2023 | FY 2022 | FY 2021 | FY 2020 | FY 2019 |
|--|---------|---------|---------|---------|---------|
| KPM #1 Online Store paid electronically online | 96 | 95 | 80 | 18 | 17 |
| KPM #2 Online Renewal paid electronically online | 93 | 92 | 90 | 87 | 87 |
| | | | | | |
| | | | | | |

Revolving Funds (200 Series Funds)

| Please provide fund number, fund name, description, and revenue source | FY'21-23 Avg. Revenues | FY'21-23 Avg. Expenditures** | June '23 Balance |
|--|------------------------|------------------------------|------------------|
| Fund number: Fund name | | | |
| Revolving 200, see explanation below* | \$2,187,365 | \$2,574,611 | \$2,601,572 |
| | | | |
| *Income is deposited into Clearing #1560, Fines, Expense Recovery, e.g., P-Card discounts / expense recovery are transferred with 90% of fees to Revolving. 10% of fees are transferred to General Fund to pay for central services agency services. **FY23 expenditures include building repairs (capital budget) | | | |

FY 2024 Current Employee Telework Summary

| List each agency location, then report the number of employees associated with that location in the teleworking categories indicated. Use "No specified location" to account for remote employees not associated with a site. Use actual current employees (headcount), not budgeted or actual FTE. | | | Full-time and Part-time Employees (#) | | | |
|---|--------------|--------|---|---------------------------------------|--|-----------------|
| Agency Location / Address | City | County | Onsite (5 days onsite, rarely remote) | Hybrid (2-4 days onsite weekly) | Remote (1 day or less weekly onsite) | Total Employees |
| Marjan Fardadfad * | Yukon | OK | | | 1 | 1 |
| Kim Hibbard * | Broken Arrow | OK | | | 1 | 1 |
| Melissa Jones * | Colbert | OK | | | 1 | 1 |
| Jennifer Musgrove * | Weatherford | OK | | | 1 | 1 |
| Keevie Ridener * | Bixby | OK | | | 1 | 1 |
| L. Darrell Switzer * | Leedey | OK | | | 1 | 1 |
| | | | | | 1 | 1 |
| | | | Total Agency Employees | | | 7 |