RESPONSE TO HOUSE CONCURRENT RESOLUTION 81
OF THE 2020 REGULAR SESSION
OF THE LOUISIANA LEGISLATURE

LOUISIANA BOARD OF REGENTS

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STATE OF LOUISIANA

March 2021

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Executive Summary

House Concurrent Resolution 81 (HCR 81) of the 2020 Regular Session of the Legislature directed the Louisiana Board of Regents and the Cannabis Workforce Task Force to "study and make recommendations relative to projected workforce demands in the cannabis industry in Louisiana and to report its findings to the Legislature of Louisiana."

The Cannabis Workforce Task Force, compromised of higher education, workforce, and medical board representatives, held its first meeting on December 1, 2020. To ensure a timely response to the legislation, the workforce study was conducted by Impact Econ Research Inc. The report serves as a comprehensive analysis of the current and potential future workforce demands and skills necessary to supply the cannabis industry with a capable and complete workforce. The report focuses on Louisiana's medical cannabis industry and its potential workforce growth.

Some of the key findings in this report include:

- The medical cannabis industry in Louisiana is limited to two producers/cultivators, Louisiana State University and Southern University Agricultural Centers. These two producers/cultivators currently employ 51 individuals, a total which is projected to increase by 150 jobs over ten years. Technical occupations (scientists, technicians, and operators) account for approximately two-thirds (66 percent) of these positions and administrative (management and administration) and security occupations represent 20 percent and 14 percent of the remaining workforce, respectively.
- The medical cannabis industry in the state is limited to nine distributors/pharmacies that currently employ 49 individuals; this area is projected to increase by 46 jobs over ten years. The distribution/pharmacy businesses employ 63 percent of workers in technical occupations (pharmacists, technicians, aides, and couriers) and 37 percent in security occupations.
- Currently, there are 6,392 licensed physicians in the state, 202 of whom have recommended medical cannabis at least once since 2019. In ten years, the medical cannabis industry is projected to employ the equivalent of 255 additional full-time licensed physicians.
- The total number of qualified patients is predicted to increase from approximately 9,000 patients in year 1 to 34,582 patients in ten years, reaching 0.75 percent of the state's total population.
- In year ten of the medical cannabis industry, patients are projected to consume 31,988 pounds of medical cannabis. As a reference point, Colorado's mature and stable medical cannabis market harvested 410,130 pounds in 2017.
- Projections assume employment growth requires lessening of restrictions related to the types of medical cannabis products produced, the modes of distribution, and the accessibility to consumers purchasing medical cannabis.

The report is a comprehensive analysis of Impact Econ Research Inc.'s findings and was approved by the Cannabis Workforce Task Force on March 9, 2021.

Introduction

House Concurrent Resolution 81 of the 2020 Regular Legislative Session directed the Board of Regents and the Cannabis Workforce Task Force to study and make recommendations relative to the projected workforce demands of the cannabis industry in Louisiana (see Appendix A). This report will serve as a comprehensive analysis of the current and potential future workforce demands and skills necessary to supply the cannabis industry with a capable and complete workforce. The study focuses on Louisiana's Medical Marijuana Program (MMP) and the growing medical cannabis industry in the state. Special attention is given to the market structure of Louisiana's cannabis industry and its impact on potential workforce growth.

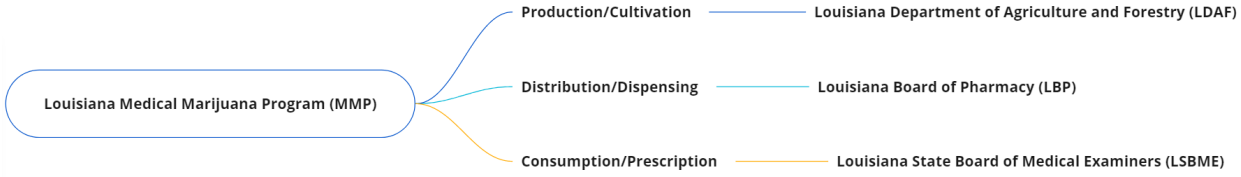
The following three sections explain 1) the cannabis industry structure and the current workforce composition; 2) the factors shaping the workforce demands of the cannabis industry; and 3) the projected growth of the cannabis industry and its workforce.

Part 1: Louisiana's Cannabis Industry Workforce in Context

In 2015, the Louisiana State Legislature enacted Act 261, R.S.40:1046 (also known as "The Alison Neustrom Act") establishing the Medical Marijuana Program (MMP) and, in effect, the Louisiana cannabis industry. Act 261 enabled the Louisiana State University Agricultural Center and the Southern University Agricultural Center to serve as the only licensed producers of medical cannabis in the state. Additionally, Act 261 set a maximum of ten special licenses for the dispensing of medical cannabis, of which nine were issued. Lastly, Act 261 listed the specified medical conditions approved by the Louisiana state legislature for which medical cannabis may be recommended.

Oversight of the Louisiana cannabis industry was segmented into three state agencies based on the supply chain stages: production/cultivation, distribution/dispensing, and consumption/recommendation (see Figure 1). First, the Louisiana Department of Agriculture and Forestry (LDAF) was authorized to develop rules and regulations regarding the extraction, processing, and production of medical cannabis. LDAF actively inspects the state's two cannabis cultivation and production facilities and employs laboratory testing to ensure product safety.

Figure 1: Louisiana Medical Cannabis Supply Chain and Regulator as of February 2021



Second, the Louisiana Board of Pharmacy (LBP) was granted the responsibility to establish the rules and regulations relating to the dispensing of recommended medical cannabis. Lastly, the Louisiana State Board of Medical Examiners (LSBME) was tasked with promulgating the rules

and regulations that authorize licensed physicians in the state to recommend medical cannabis to patients. Additionally, the LSBME was granted the ability to recommend additional diseases or medical conditions that should be added to the list of eligible diseases and conditions for medical cannabis prescription. However, in 2020, Act 286 stripped regulatory authority from LCBME over the LMMP. Instead, the LSBME continues to determine whether physicians are in good standing to practice medicine in Louisiana and recommend medical cannabis treatments or any other legal medical treatment.

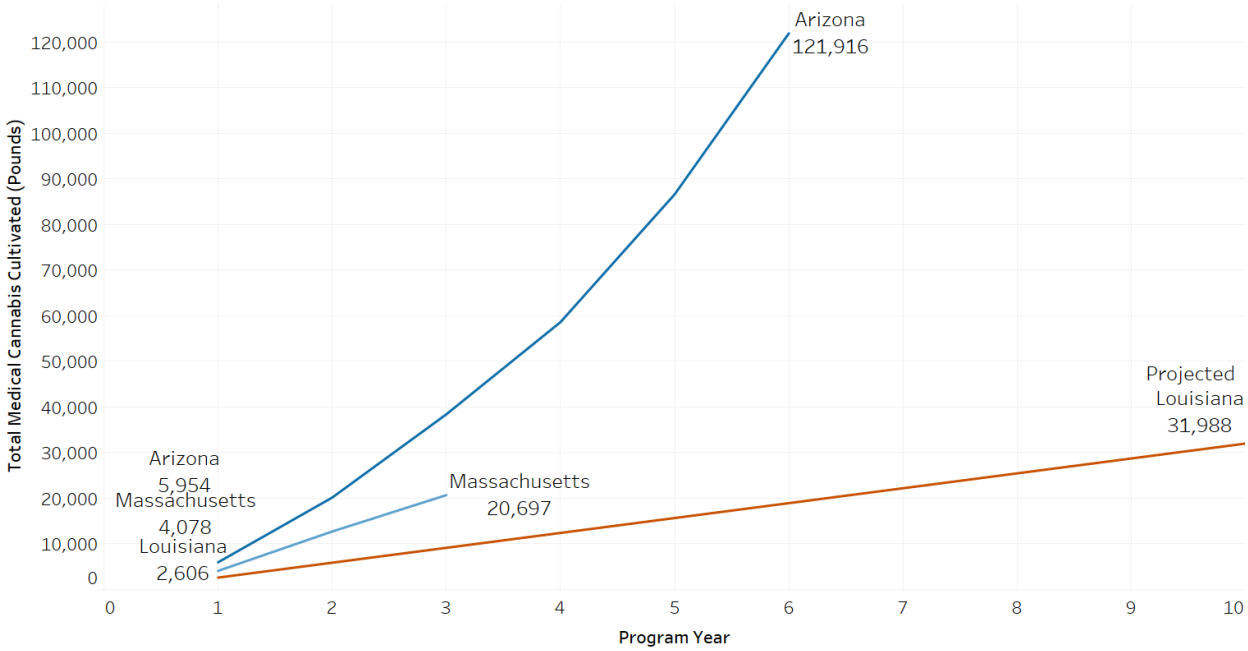
Louisiana's State Legislature amended the statutes controlling the state's medical cannabis industry in 2016 (Act 96), 2018 (Acts 496 and 708), 2019 (Acts 207, 284 and 331), and 2020 (Act 286). Table 1 provides a detailed summary of the legislated actions relative to Louisiana's medical cannabis industry.

Table 1: Louisiana Medical Cannabis Legislation as of February 2021

Year	Act(s)	Description
2015	Act 261	• Establishes the Louisiana Medical Marijuana Program
2016	Act 96	• Adds HIV, acquired immune deficiency syndrome, cachexia, seizure disorders, epilepsy, spasticity, Crohn's disease, and muscular dystrophy to the qualifying conditions list. • Allows physicians to "recommend" in lieu of "prescribe" cannabis. • Places additional health and safety standards on production of cannabis derivative products
2018	Act 496, Act 708	• Add certain conditions relating autism to qualifying conditions list. • Add glaucoma, severe muscle spasms, intractable pain, post-traumatic stress disorder, and Parkinson's disease to qualifying conditions list.
2019	Act 207, Act 284, Act 331	• Authorizes a data system for collection of information on health effects and outcomes associated with medical marijuana • Authorizes medical cannabis administration in the form of a metered-dose inhaler • Exempts sale of therapeutic cannabis from regular state and local sales and use tax, and levies a 7 percent tax on such sales.
2020	Act 286	• Removes the requirement that physicians get special authorization from the Board of Medical Examiners to recommend cannabis • Allows physicians to recommend therapeutic cannabis for any condition a physician considers debilitating to that individual patient.

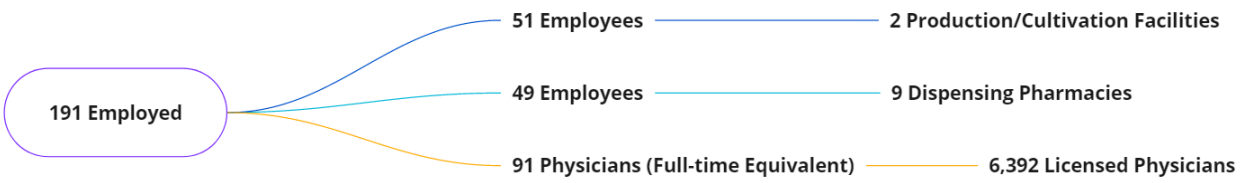
Louisiana's medical cannabis legislation has led to a modest-sized industry, relative to other states. The relative sizes of other states' industries are best determined by the total pounds of medical cannabis cultivated across states (see Figure 2). This is the best measure because it controls for differences in the types of medical cannabis products available for patients in each state while also being sensitive to the quantity demanded by patients.

Figure 2: Total Annual Medical Cannabis Cultivated by State as of 2020 or Most Recent Data Available



The total poundage of medical cannabis cultivated in Louisiana also informs us about the current and potential size and composition of the state's medical cannabis industry. Using the levels of medical cannabis cultivated along with the existing market structure of the medical cannabis industry in the state – which is limited to two producers/cultivators, nine distributors/pharmacies, and a total of 6,392 licensed physicians – we are able to estimate the industry's workforce at each level of the supply chain. In aggregate, the existing medical cannabis industry in Louisiana employs 302 individuals (see Figure 3).

Figure 3: Louisiana Medical Cannabis Industry Workforce by Supply Chain Stage as of February 2021



First, the cultivation and production stage of the medical cannabis industry currently employs about 51 individuals. On average, the annual salary for a worker in the cultivation and

production stage is $63,260. Workers can be separated into three broad categories of occupations: technical, security, and administrative. Technical occupations account for about two-thirds, 66 percent, and administrative and security occupations represent 20 percent and 14 percent of the workforce, respectively. Table 2 lists the details of occupations present in the cultivation and production stage.

Table 2: Characteristics of Occupations in the Cultivation and Production Stage as of 2020

Occupation	Occupation Code	Total State Employment	Avg. Annual Salary	Education Required	Skills Required
Soil and Plant Scientist	19-1013	90	$75,200	Bachelor's Degree	Science – Complex Problem Solving – Critical Thinking – Data Analysis
Agricultural and Food Science Technicians	19-4010	250	$32,890	Vocational or Associate's Degree	Complex Problem Solving – Critical Thinking – Data Analysis
Chemical Technicians	19-4031	2,540	$65,590	Vocational or Associate's Degree	Science – Critical Thinking – Data Analysis
Agricultural Equipment Operators	45-2091	210	$29,130	High School Diploma	Operation and Control – Equipment Maintenance
Security Guards	33-9032	18,460	$29,750	High School Diploma	Critical Thinking – Monitoring – Coordination
General and Operations Managers	11-1021	29,260	$117,220	Bachelor's Degree	Social Perceptiveness – Monitoring – Coordination
Administrative Services and Facilities Managers	11-3010	2,650	$86,480	Associate's Degree	Time Management –Coordination

Second, the distribution and pharmacy stage currently employs about 49 individuals. The average annual salary is $46,726. The distribution and pharmacy stage employs 63 percent of workers in technical occupations – and more recently as couriers delivering prescriptions during the pandemic – and 37 percent in security occupations. Table 3 lists the details of occupations present in the distribution and pharmacy stage.

Table 3: Characteristics of Occupations in the Distribution and Dispensing Stage as of 2020

Occupation	Occupation Code	Total State Employment	Avg. Annual Salary	Education Required	Skills Required
Pharmacists	29-1051	5,060	$123,140	Doctoral Degree	Critical Thinking – Monitoring – Instructing
Pharmacy Technicians	29-2052	6,150	$34,070	Vocational or Associate's Degree	Critical Thinking – Monitoring
Pharmacy Aides	31-9095	1,160	$24,640	Vocational or Associate's Degree	Social Perceptiveness – Service Orientation
Couriers and Messengers	43-5021	1,880	$26,890	High School Diploma	Operating Vehicles – Time Management – Critical Thinking
Security Guards	33-9032	18,460	$29,750	High School Diploma	Critical Thinking – Monitoring – Coordination

Lastly, the consumer-facing stage currently employs about 202 licensed physicians. This figure is based on the total number of unique licensed physicians who recommended medical cannabis to at least one patient between August 2019 and December 2020. It is important to note that these physicians represent 0.3 percent of all licensed physicians in the state and that prescribing physicians do not conduct office visits exclusively with medical cannabis patients. Based on an estimated total of 23,626 office visits related to medical cannabis patients held by the 202 prescribing licensed physicians, we estimate an average annual salary of $93,058 for licensed physicians derived from medical cannabis. Table 4 explains the characteristics of licensed physicians in Louisiana. Additonally, we include nurse practitioners – who cannot currently

prescribe medical cannabis – in order to show the potential need to expand prescriber capacity to nurse practitioners because they are more readily available throughout the state.

Table 4: Characteristics of Occupations in the Consumer Stage as of 2020					
Occupation	**Occupation Code**	**Total State Employment**	**Avg. Annual Salary**	**Education Required**	**Skills Required**
Family Medicine Physicians	29-1215	590	$207,000	Doctoral Degree	Medicine –Critical Thinking – Active Listening
General Internal Medicine Physicians	29-1216	140	$188,650	Doctoral Degree	Medicine –Critical Thinking – Active Listening
Pediatricians, General	29-1221	230	$146,300	Doctoral Degree	Medicine –Critical Thinking – Active Listening
Nurse Practitioners	29-1171	3,170	$106,240	Doctoral Degree	Medicine –Critical Thinking – Active Listening

Part 2: Factors Shaping the Louisiana Cannabis Industry's Workforce Demands

The current and potential size and composition of the state's medical cannabis industry workforce is a product of several factors along the supply chain. However, it should be noted that the segmented regulatory framework of Louisiana's medical cannabis industry requires that prospective changes to the industry's production, distribution, and consumption stages be directed by the appropriate authority. A selected sample of regulatory frameworks across the U.S. shows that seven out of 11 states concentrate regulatory authority over the state's medical cannabis industry in just one government agency (see Table 5).

Table 5: Medical Cannabis Industry Regulators by State as of February 2021			
State	**Production**	**Distribution**	**Consumption**
Louisiana	Dept. of Agriculture	Board of Pharmacy	Board of Medical Examiners
Alaska	Dept. of Health	Dept. of Health	Dept. of Health
Arizona	Dept. of Health	Dept. of Health	Dept. of Health
Arkansas	Dept. of Finance and Administration	Alcohol and Beverage Control	Dept. of Health
Florida	Dept. of Health	Dept. of Health	Dept. of Health
Illinois	Dept. of Agriculture	Dept. of Finance and Professional Regulation	Dept. of Health
Michigan	Dept. of Licensing and Regulatory Affairs	Dept. of Licensing and Regulatory Affairs	Dept. of Licensing and Regulatory Affairs
Minnesota	Dept. of Health	Dept. of Health	Dept. of Health
Mississippi	Dept. of Health	Dept. of Health	Dept. of Health
Missouri	Dept. of Health	Dept. of Health	Dept. of Health
Oklahoma	Dept. of Health	Dept. of Health	Dept. of Health

First, the cultivation and production stage of the medical cannabis industry is directly impacted by the number of licensed producers and the types of products available to be produced. Louisiana law provides for a maximum of two licensed cultivation and processing centers. Currently, the licenses are held by the Louisiana State University and Southern University Agricultural Centers. At the current time, the two producers are able to meet market demand for medical cannabis; however, the cap on production facilities requires that these producers scale up production in order to meet the future demand growth of medical cannabis. Consideration must be given to potential challenges associated with economies of scale, as the typical medical cannabis producer cultivates 535 pounds of cannabis a year in contrast to the 1,870 pounds cultivated by the LSU AgCenter in 2020.

Additionally, restrictions on the types of products produced by medical cannabis producers also introduce challenges to the potential growth of the Louisiana cannabis industry. According to Orens et al. (2015), one ounce of flower delivers the same amount of THC as 83 units of edible products and 7.72 grams of concentrate. In 2017, the market price for medical cannabis flower was $3.36 per gram compared to $15 per gram for concentrates and $10 per 100 mg edibles

package. As of 2019, the market price for medical cannabis flower had declined further, to $1.75 per gram. Currently, Louisiana is one of only three states with medical cannabis programs that prohibit the sale of medical cannabis flower; Minnesota and Virginia also have this limit.

The data show that differences in the cost of production of each type of medical cannabis product leads to variations in product pricing. Changes in the restrictions on the types of medical cannabis products produced may also lead to productivity gains and overall market price reductions as producers are more likely to achieve efficiency gains that would otherwise be constrained. The greater availability of medical cannabis products and subsequent productivity gains should also create a downward pressure on market prices, making medical cannabis treatments more accessible.

Second, the distribution and pharmacy stage of the medical cannabis industry is constrained by limiting pharmacy licenses to 10. Currently, there is only one approved pharmacy in each of the nine Louisiana Department of Health designated regions, meaning each pharmacy serves an average of seven parishes. While this number of dispensing pharmacies may be sufficient to serve the population in terms of capacity, the geographic spread represents a misunderstanding of the needs of patients.

Users of therapeutic marijuana have debilitating medical conditions, meaning they might be unable to drive long distances to obtain medicine. For instance, the closest dispensing pharmacy to Bogalusa is nearly an hour away, in Madisonville. Difficulty accessing the dispensing pharmacy tends to push patients towards substitute treatment options available by mail delivery - usually from pharmacies owned and operated out of state.

To deal with the problem of accessibility, most other states with therapeutic cannabis programs have adopted caregiver provisions. Caregiver provisions allow for designated persons to register and/or become licensed by the regulatory agency to obtain and transport therapeutic cannabis on behalf of patients. Another way to remedy this problem is allowing delivery of products to patients where they are located. Due to COVID-19, the Board of Pharmacy is temporarily allowing pharmacies to deliver therapeutic cannabis. Lastly, Louisiana may increase the number of pharmacy licenses so that dispensing pharmacies may be located throughout the state, thereby reducing patient travel times as well as medical cannabis retail prices. Table 6 puts Louisiana's production and pharmacy limits in context with other states.

Table 6: Medical Cannabis Industry Limits by State as of February 2021

State	Maximum Producers	Maximum Dispensing Locations
Louisiana	2	9
Minnesota	2	8
Arizona	5	32

Florida	10	250
Michigan	18	43
Illinois	22	60
Missouri	60	192
Mississippi	No Limit	No Limit
Oklahoma	No Limit	No Limit
Alaska	No Limit	No Limit

Lastly, consumption is limited by a number of factors. Due to a lack of outreach and guidance, physicians are generally uninformed about Louisiana's medical cannabis program. In particular, greater education is needed regarding the rules for recommendations, how to become authorized to make a recommendation, or what the proper form of a recommendation is. Also, at the time of this writing, the guidance offered by the Louisiana State Board of Medical Examiners is out of date and does not reflect Act 286 of 2020, which went into effect on August 1, 2020.

Additionally, there are no protections in state law for medical cannabis patients in their roles as employees or tenants. Of the 35 other states with medical cannabis programs, 19 specifically prohibit employment discrimination based on use of medical cannabis and seven specify that a positive test result does not indicate impairment. Additionally, many states have enacted laws which similarly protect tenants from discrimination based on medical cannabis use. Patients who feel their employment or housing may be negatively impacted by using therapeutic cannabis are more likely to forgo medical cannabis and use traditional medications as substitutes.

Part 3: Projections for the Louisiana Cannabis industry Workforce

The projected size and composition of the state's medical cannabis industry workforce is largely a product of the total pounds of medical cannabis cultivated in order to meet Louisiana's medical cannabis demand. For the purpose of this analysis, we use the existing market structure of the medical cannabis industry in the state – which is limited to two producers/cultivators and nine distributors/pharmacies – and assume that these regulatory trends continue into the future. In particular, we assume the gradual lessening of restrictions around the types of medical cannabis products produced, the modes of distribution, and its accessibility of consumers. Without these assumptions, Louisiana's medical cannabis industry is likely limited to the current workforce of about 300 individuals.

Our analysis is based on the landmark research of Haslag and Crader (2019) – an analysis of 20 states with medical cannabis programs across the U.S. Haslag and Crader propose a forecast model to project the total number of qualified medical cannabis patients over time. Their model

assumes that 0.3 percent of a state's population qualifies for medical cannabis in the first year and this number grows at a rate of 0.05 percent each year. Furthermore, they provide a standard error of 0.047, which allows for a one standard-deviation confidence band estimating a 66 percent confidence level (probability) that qualified patients are accounted by their projected range.

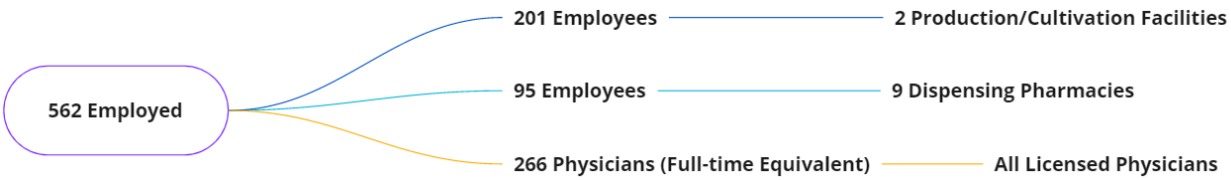
This analysis reflects the common experience of states implementing medical cannabis programs where consumption quantities start low and then ramp up as people become familiar with the established rules and regulations that structure the legal status of medical cannabis. As mentioned earlier, the growth of the medical cannabis industry is largely a product of the regulatory framework of the state's program. The latter is particularly evident in the observed range in the share of a state's population that qualify as patients for medical cannabis. For example, 0.35 percent of a state's population typically qualifies for medical cannabis but extensive regulations in Minnesota limited their industry to 0.01 percent of the population. Conversely, relatively loose regulations led to 2.1 percent of the population covered by medical cannabis in Colorado.

Furthermore, using the average medical cannabis consumption levels for qualified patients provided by Haslag and Crade we are able to model both the projected number of medical cannabis patients over time and the projected production level of medical cannabis needed to meet demand. This approach assumes the eventual legalization of medical cannabis flower, which has the notable features of being the lowest priced product with the highest level of demand and the fastest treatment time. The goal of our analysis is to employ demand for medical cannabis as the main driver of the industry's projected growth and then estimate the workforce necessary to successfully meet demand without a shortage or surplus of production at any given time.

Figure 4 shows Louisiana's total projected workforce by supply chain stage. The total number of qualified patients is predicted to increase to 34,582 patients [confidence band of 32,429 to 36,735 patients] in year ten of the program, at which point it will reach 0.75 of the state's population. Relatedly, 0.75 percent is the average share of the population qualified for medical cannabis across the 20 states analyzed by Haslag and Crader. Additionally, in year ten of the program patients are projected to consume 31,988 pounds of medical cannabis [confidence band of 29,996 to 33,980 pounds]. As a reference point, Colorado's mature and stable medical cannabis market harvested 341,775 pounds of cannabis flower and 68,355 pounds of trim in 2017.

With medical cannabis production growing by a factor of about 7 in year ten, we can then estimate the size and composition of the Louisiana medical cannabis industry workforce. We estimate a total workforce of 562 across the entire supply chain in year ten of Louisiana's cannabis industry (see Figure 4). Our projections call for an increase of 371 jobs in the Louisiana medical cannabis industry: 150 jobs in the production stage, 46 jobs in the distribution stage, and the equivalent of 175 jobs in the consumer stage.

Figure 4: Projected Louisiana Medical Cannabis Industry Workforce in Year Ten of the Program by Supply Chain Stage as of February 2021



Based on the existing workforce characteristics of the medical cannabis industry in Louisiana we are able to project the expected growth of occupations specific to the industry. Administrative, security, and physician occupations are excluded because they are not unique to the medical cannabis industry and therefore can transition relatively easily across industries. Table 7 shows the projected employment growth driven directly by the forecasted growth in the Louisiana medical cannabis industry. The corresponding educational and skill requirements for the growth occupations can therefore serve as the foundation to the development of programs in high school, vocational, and higher education institutions that are targeted to industry employment.

Table 7: Characteristics of Occupations in the Medical Cannabis Industry that are Projected to Grow within 10 Years (Rounded to Nearest 10)

Occupation	Occupation Code	Projected Employment Growth	Avg. Annual Salary	Education Required	Skills Required
Soil and Plant Scientist	19-1013	10	$75,200	Bachelor's Degree	Science – Complex Problem Solving – Critical Thinking – Data Analysis
Agricultural and Food Science Technicians	19-4010	50	$32,890	Vocational or Associate's Degree	Complex Problem Solving – Critical Thinking – Data Analysis
Chemical Technicians	19-4031	30	$65,590	Vocational or Associate's Degree	Science – Critical Thinking – Data Analysis
Agricultural Equipment Operators	45-2091	50	$29,130	High School Diploma	Operation and Control – Equipment Maintenance

Pharmacists	29-1051	10	$123,140	Doctoral Degree	Critical Thinking – Monitoring – Instructing
Pharmacy Technicians	29-2052	10	$34,070	Vocational or Associate's Degree	Critical Thinking – Monitoring
Pharmacy Aides	31-9095	10	$24,640	Vocational or Associate's Degree	Social Perceptiveness – Service Orientation
Couriers and Messengers	43-5021	10	$26,890	High School Diploma	Operating Vehicles – Time Management – Critical Thinking

Appendix A:

ENROLLED

2020 Regular Session

HOUSE CONCURRENT RESOLUTION NO. 81

BY REPRESENTATIVE MARCELLE

A CONCURRENT RESOLUTION

To establish a task force to study and make recommendations relative to projected workforce demands in the cannabis industry in Louisiana and to report its findings and recommendations to the Legislature of Louisiana no later than February 1, 2021.

WHEREAS, the Legislature of Louisiana passed medical marijuana legislation in 2016 and gave authorization for two state higher educational institutions to grow, process, and provide medical cannabis; and

WHEREAS, recent studies show the therapeutic value of cannabis in treating a wide array of debilitating medical conditions, including relief of the neuropathic pain that often fails to respond to conventional treatments and reduced symptoms and even complete remission from Crohn's disease; and

WHEREAS, the Congress of the United States has passed the 2018 Farm Bill, which defines hemp as a cannabis plant that contains not more than three-tenths percent of tetrahydrocannabinol (THC) and authorizes the cultivation of hemp and commercial distribution of hemp-derived products; and

WHEREAS, the cannabis industry is thriving across the country as Louisiana and other states establish laws to authorize and regulate the industry; and

WHEREAS, since this is a growing, new industry there is a need to study the workforce demands and the skills necessary to supply the cannabis industry with a capableand compete workforce, including physicians, nurse practitioners, nurses, and other healthcare practitioners.

THEREFORE, BE IT RESOLVED that the Legislature of Louisiana does hereby establish a task force to study and make recommendations relative to projected workforcedemands in the cannabis industry in Louisiana.

BE IT FURTHER RESOLVED that the task force shall be comprised of the following members:

(1) Two representatives of Louisiana State University appointed by the president of the university.

(2) Two representatives of Southern University appointed by the president of the university.

(3) Two representatives of Baton Rouge Community College appointed by the chancellor of the college.

(4) One representative of the Louisiana Board of Pharmacy appointed by the board.

(5) One physician appointed by the Louisiana State Board of Medical Examiners.

(6) One representative of the Louisiana Workforce Commission appointed by the secretary of the commission.

(7) One member of the Louisiana House of Representatives appointed by the speaker of the House of Representatives.

(8) One member of the Louisiana Senate appointed by the president of the Senate.

BE IT FURTHER RESOLVED that the task force shall hold its organizational meeting at the call of the commissioner of higher education, and at its organizational

meeting, the task force shall elect a chair and such other officers as it deems necessary.

BE IT FURTHER RESOLVED that the task force may conduct such meetings at such times as it may deem necessary or convenient to enable it to exercise fully and effectively its powers, perform its duties, and accomplish the objectives and purposes of this resolution.

BE IT FURTHER RESOLVED that the Board of Regents shall provide staff andadministrative support for the task force.

BE IT FURTHER RESOLVED that the task force shall report its findings and recommendations, including any suggestions for proposed legislation, to the legislature no later than February 1, 2021, at which time the task force shall cease to exist.

BE IT FURTHER RESOLVED that a copy of this Resolution be transmitted to the Louisiana commissioner of higher education, the presidents of Louisiana State University and Southern University, the chancellor of Baton Rouge Community College, the secretaryof the Louisiana Workforce Commission, the executive directors of the Louisiana State Board of Medical Examiners and the Louisiana Board of Pharmacy, the speaker of the Louisiana House of Representatives, and the president of the Louisiana Senate.

SPEAKER OF THE HOUSE OF REPRESENTATIVES

PRESIDENT OF THE SENATE

About Impact Econ Research Inc.

Impact Econ Research provides enterprise analytics, economic modelling and policy design and evaluation to government agencies, non-profit organizations, and civic campaigns. We pride ourselves on being able to solve complex problems with a holistic approach that creates innovative and complete solutions, with a focus on people, markets, and processes.

We assist clients in understanding and leveraging their internal data collection as well as changes in economic, social, and political conditions - and in public policy - to support effective evidence-driven decision making. Our technical knowledge and big data offerings enable institutional clients to effectively evaluate their existing operations, future initiatives, and prospective opportunities.

Impact Econ Research will answer complex questions irrespective of scope and magnitude. We produce custom reports, presentations, testimony, infographics, and interactive data visualizations and maps to target communications and media to key audiences.

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