

Tennessee Pharmacists Association

RESOLUTION 19.1

TPA House of Delegates

A Resolution Advocating for Pharmacy Working Environments that Promote Optimal Patient Care

WHEREAS, one of the primary responsibilities of a pharmacist is to hold the health and safety of patients to be the first consideration and to render to each patient the full measure of the pharmacist's ability as an essential health practitioner; and,

WHEREAS, the Tennessee Board of Pharmacy states that a pharmacist is not to agree to practice under terms or conditions which tend to interfere with or impair the proper exercise of professional judgment and skill, which tend to cause a deterioration of the quality of professional service and patient care, or which require the pharmacist to consent to unethical conduct; and,

WHEREAS, the pharmacy work environment is increasingly complex due to a variety of different internal and external factors, including the use of quotas, metrics, as well as other quality indicators; and,

WHEREAS, financial constraints may result in inadequate or inappropriate pharmacy staffing models which could interfere with pharmacists' responsibilities regarding the provision of patient care and services; and,

WHEREAS, individuals managing pharmacy operations are not required to be licensed pharmacists, and may lack adequate knowledge regarding the practice of pharmacy and the legal and professional responsibilities of pharmacists and pharmacy professionals; and,

WHEREAS, the mental health and wellness of pharmacists and pharmacy professionals are essential to ensuring patient safety; and,

WHEREAS, professional burnout is common among pharmacists and other healthcare professionals; and,

WHEREAS, the ability of pharmacists to provide clinical services to patients, including but not limited to counseling, medication therapy management, immunizations, and other essential patient care services, is essential to patients in Tennessee; and,

WHEREAS, state and national pharmacy organizations, as well as state boards of pharmacy, are working to evaluate pharmacy workplace environments and patient safety;

NOW, THEREFORE, BE IT RESOLVED, that the Tennessee Pharmacists Association supports pharmacy practice models which promote pharmacists' ability to provide patient care services and ensure optimal outcomes related to medication therapies; and



Tennessee Pharmacists Association

BE IT FURTHER RESOLVED, that the Tennessee Pharmacists Association supports the adoption of patient-centered quality and performance measures that promote optimal patient outcomes; and

BE IT FURTHER RESOLVED, that the Tennessee Pharmacists Association opposes the application of operational quotas, prescription limits, or time-oriented metrics which may impair pharmacists' ability to provide optimal patient care; and

BE IT FURTHER RESOLVED, that the Tennessee Pharmacists Association urges employers to establish collaborative mechanisms to engage the pharmacist-in-charge of each practice, as well as pharmacists, pharmacy technicians, and pharmacy staff, in addressing workplace issues that may impact patient safety; and

BE IT FURTHER RESOLVED, that the Tennessee Pharmacists Association denounces any policies or practices of third-party administrators, processors, and payers that contribute to a workplace environment that negatively impact patient safety; and,

BE IT FURTHER RESOLVED, that the Tennessee Pharmacists Association calls upon public and private policy makers to establish provider payment policies that support the safe provision of medications and delivery of effective patient care; and

BE IT FURTHER RESOLVED, that the Tennessee Pharmacists Association urges employers to collaborate with the pharmacists, pharmacy technicians, and pharmacy staff to regularly and systematically examine and resolve workplace issues that may negatively impact patient safety; and

BE IT FURTHER RESOLVED, that the Tennessee Pharmacists Association works with the Tennessee Board of Pharmacy to evaluate the current working environment in the profession of pharmacy to ensure the health, safety, and welfare of patients; and,

BE IT FURTHER RESOLVED, that the Tennessee Pharmacists Association opposes retaliation against pharmacists, pharmacy technicians, and pharmacy staff for reporting workplace issues that may negatively impact patient safety.

Brought forward by the TPA Resolutions Committee as amended
January 31, 2019

A Adopted as amended on a proper motion by the Tennessee Pharmacists Association House of Delegates
February 26, 2019



Tennessee Pharmacists Association

RESOLUTION 18.4

TPA House of Delegates

Patient Freedom of Choice Regarding Access to Pharmacists and Pharmacies

Whereas, the Tennessee Pharmacists Association (TPA) strongly advocates for the importance of the professional relationship between patients and their personal pharmacists; and,

Whereas, pharmacy benefits managers (PBMs) and third-party payers often deploy incentive- based strategies and implement preferred pharmacy networks for maintenance medications and prescriptions to treat chronic conditions; and,

Whereas, such incentive-based strategies may involve differential co-payments based solely on cost which induce or incentivize patients to use mail order pharmacy services rather than the pharmacy of the patient's own choosing; and,

Whereas, patients deserve the right to build professional relationships with their own personal pharmacists at the pharmacy of their choice without respect to prescription co-payments; and,

Whereas, the TPA worked with members of the Tennessee General Assembly to enact the "any willing pharmacy" provisions in Tennessee Code Annotated 56-7-2359 (Pharmacy and pharmacy access) in an effort to promote and ensure open pharmacy access for the citizens of Tennessee;

Now, Therefore Be It Resolved, that the TPA strongly advocates for the right of every patient in Tennessee to utilize the pharmacist and pharmacy of their own choice; and,

Be It Further Resolved, that the TPA urges Medicare and other federally-funded insurance programs to implement "any willing pharmacy" provisions to protect patients' right to choose their own pharmacist and pharmacy; and,

Be It Further Resolved, that the Tennessee Pharmacists Association opposes the use of incentive-based strategies based solely on co-payment differentials to induce or incentivize patients to utilize mail order pharmacy services rather than the pharmacy of their choice.

Submitted for consideration by the Tennessee Society of Student Pharmacists
January 31, 2018

A

Adopted as amended on a proper motion by the Tennessee Pharmacists Association House of Delegates

February 27, 2018



Tennessee Pharmacists Association

RESOLUTION 18.3

TPA House of Delegates

Medical Cannabis

WHEREAS, “medical cannabis” implies the use of cannabis and its components as medication therapies to improve patient health outcomes and optimize care; and,

WHEREAS, pharmacists are widely considered as the “medication experts” on the health care team and work daily to management and ensure patients achieve optimal health benefits from their medication therapies; and,

WHEREAS, patient use of medical cannabis and its components is currently legal at the state level in 29 states and the District of Columbia; and,

WHEREAS, cannabis and its components are currently classified by the Drug Enforcement Agency (DEA) as Schedule I controlled substances with no acceptable medicinal purposes; and,

WHEREAS, approval of medical cannabis and its components for medical use by the Food and Drug Administration (FDA) is the optimal method through which medical cannabis should be approved; and,

WHEREAS, the Tennessee Pharmacists Association (TPA) acknowledges the reality that medical cannabis and its components has been legalized for patient use in the majority of states across the United States regardless of discrepancies between state and federal law; and,

WHEREAS, in 2015 the legislature of the state of Tennessee decriminalized patient use of limited amounts of cannabis oils for select medical conditions; and,

WHEREAS, the legalization of medical cannabis and its components for use by patients in the state of Tennessee is being considered by the Tennessee General Assembly; and,

WHEREAS, classifying cannabis and its components as Schedule I controlled substances at the state and federal level severely restricts health care providers from conducting and evaluating human research on the uses, effects, side effects, dosing, and standardization of these products;

NOW, THEREFORE BE IT RESOLVED, TPA urges the FDA, DEA, and the State of Tennessee to work together to resolve federal and state legal and regulatory conflicts surrounding cannabis and its components; and,

BE IT FURTHER RESOLVED, TPA supports and advocates for regulatory changes to facilitate more clinical research to determine the efficacy and safety associated with the use of cannabis and its components; and,

BE IT FURTHER RESOLVED, TPA supports greater education for all health care providers regarding the clinical efficacy, safety, standardization, dosing, and management of patients using cannabis and its components; and,

BE IT FURTHER RESOLVED, if patient use of these products is legalized at the state and/or federal level, TPA advocates for the involvement of licensed pharmacists in the management of patients using medical cannabis and its components to ensure that patients receive the safest, most effective, and highest quality of medication-related care possible.

Submitted for consideration by the TPA Legislative and Regulatory Policy Committee
January 31, 2018

A

Adopted as amended on a proper motion by the Tennessee Pharmacists Association House of Delegates
February 27, 2018



Tennessee Pharmacists Association

Resources

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10. American Society of Health-System Pharmacists. ASHP Policy Positions 1982–2017 [serial online]. Online web site American Society of Health-System Pharmacists. Available at: <https://www.ashp.org/Pharmacy-Practice/Policy-Positions-and-Guidelines/Browse-byDocument-Type/Policy-Positions>. Accessed January 29, 2018.



Tennessee Pharmacists Association

RESOLUTION 18.2 TPA House of Delegates

Inclusion of Pharmacists as Part of Optimal Team-Based Care in Training Videos

WHEREAS, the safe, effective, and appropriate medication selection, preparation and administration is important in emergency situations; and

WHEREAS, incorporating pharmacists on cardiac arrest teams can help facilitate optimal drug delivery and ensure proper medication use to improve patient outcomes ^{1,2}; and,

WHEREAS, pharmacist involvement on the cardiopulmonary resuscitation team is associated with lower mortality rates³; and,

WHEREAS, pharmacist presence during in-hospital cardiopulmonary arrest shows greater compliance to advanced cardiac life support (ACLS) guidelines ^{4,5}; and,

WHEREAS, other health care providers find value in a pharmacist's contributions during cardiopulmonary resuscitation efforts ^{6,7}; and,

WHEREAS, the American Heart Association recognizes the importance of a good team dynamic during code situations⁸; and,

WHEREAS, the American Heart Association Advanced Cardiovascular Life Support course training video showcases multiple members of the health care team delivering care without the assistance of a pharmacist despite the aforementioned evidence⁹; and,

WHEREAS, the American Society of Health-System Pharmacists (ASHP) House of Delegates has approved policy 1527 outlining the Pharmacist's Role in Urgent and Emergent Situations (1) affirming pharmacists should participate in planning and providing emergency treatment team services, (2) advocating pharmacists participate in decision-making about the medications and supplies used in medical emergencies, (3) advocating pharmacists serve in all emergency responses and those pharmacists receive appropriate training and maintain appropriate certifications¹⁰;

NOW, THEREFORE BE IT RESOLVED, the Tennessee Pharmacists Association will seek to collaborate with the American Society of Health-System Pharmacists to join efforts in petitioning the American Heart Association to include pharmacists as a part of the health care team in training videos in recognition of demonstrated patient outcome benefits and to emphasize the importance of inclusion of a pharmacist as a component of optimal team-based care.

Submitted for consideration by the Union University College of Pharmacy
January 29, 2018

A

Adopted as amended on a proper motion by the Tennessee Pharmacists Association House of Delegates
February 27, 2018



Tennessee Pharmacists Association

RESOLUTION 18.1 TPA House of Delegates

Pharmacist-Led Community Health Coalitions to Improve Patient Medication Adherence

WHEREAS, approximately 133 million Americans have been diagnosed with at least one long-term health condition, including asthma and diabetes; and,

WHEREAS, it is estimated that 33 percent of patients never fill their prescriptions and up to 75 percent of patients do not use their medications as intended; and,

WHEREAS, barriers to medication adherence result in 33 percent of medication-related hospital admissions and contribute to approximately 125,000 deaths each year; and,

WHEREAS, the United States spends approximately \$300 billion each year on medical complications and hospitalizations resulting from barriers to medication adherence; and,

WHEREAS, the barriers to medication adherence are multifactorial, and may include socioeconomic-, pharmacotherapeutic-, disease-, and patient-specific factors; and

WHEREAS, the World Health Organization advocates for coordinated action involving individual patients and their families, communities, health care professionals, researchers, and policy-makers to address and improve medication adherence; and

WHEREAS, the American Society of Health-System Pharmacists (ASHP) affirms pharmacists as medication use experts and recognizes that “pharmacists, as health care providers, improve access to patient care and bridge existing gaps in healthcare;” and,

WHEREAS, the mission of the Tennessee Pharmacists Association is to “advance, protect, and promote high-quality pharmacist-provided care in Tennessee;” and,

WHEREAS, pharmacist-led community health coalitions consisting of patients and their families, communities, health care professionals, researchers, and policy makers create new opportunities for collaboration amongst stakeholders to improve medication-related patient health outcomes, including medication adherence and proper medication utilization;

NOW, THEREFORE BE IT RESOLVED, that the Tennessee Pharmacists Association support pharmacist-led community health coalitions to improve patient medication adherence.

Submitted for consideration by the South College School of Pharmacy
January 31, 2018

A

Adopted as amended on a proper motion by the Tennessee Pharmacists Association House of Delegates
February 27, 2018



Tennessee Pharmacists Association

RESOLUTION 17.3 TPA House of Delegates

A Resolution Urging Dispensers to Submit Names Contained on Government IDs or Insurance Cards to the Controlled Substance Monitoring Database (CSMD)

WHEREAS, the abuse and misuse of controlled substances has reached epidemic proportions in Tennessee and across the nation; and,

WHEREAS, the Tennessee Department of Health indicates that 1,451 people in Tennessee died from drug overdoses in 2015; and,

WHEREAS, pharmacists, as the medication experts, play an integral role in the prevention of the misuse and abuse of prescription drugs, including controlled substances; and,

WHEREAS, pharmacists and pharmacy professionals, as well as other healthcare professionals, routinely utilize information obtained from the Controlled Substances Monitoring Database (CSMD) to conduct medication reviews and make clinical decisions regarding the prescribing and dispensing of controlled substances; and,

WHEREAS, accurate and complete information in the CSMD will facilitate more timely identification of patients by health care providers and assist in the appropriate prescribing and dispensing of controlled substances; and,

WHEREAS, errors in information submitted to the CSMD, such as incorrect patient names and incomplete patient information, through dispensing software systems may prevent or delay healthcare providers from accessing accurate patient information;

NOW, THEREFORE BE IT RESOLVED, that the Tennessee Pharmacists Association (TPA) encourages all dispensers in Tennessee to submit accurate government-issued identification and insurance card information to the CSMD, including the first and last names of patients as well as any nicknames used by the patient, to ensure accuracy of information and prevent potential errors; and,

BE IT FURTHER RESOLVED, that the Tennessee Pharmacists Association (TPA) urges the staff and administration of the Tennessee Department of Health and the Tennessee CSMD to establish clear guidance and define a process to allow dispensers to submit corrections to reporting errors which have been identified in the CSMD.

Submitted by TPA Member Nancy Hart to the TPA House of Delegates
June 12, 2017

A Adopted as amended on a proper motion by the Tennessee Pharmacists Association House of Delegates
July 7, 2017



Tennessee Pharmacists Association

RESOLUTION 17.2 TPA House of Delegates

A Resolution Advocating for Pharmacy Technician Representation on the Tennessee State Board of Pharmacy

WHEREAS the Tennessee Board of Pharmacy enacts rules addressing professional conduct and standards of practice, ensures that the pharmacists and pharmacy technicians of Tennessee provide competent pharmaceutical care consistent with state and federal laws, determines the competency of those applying for licensure, takes disciplinary action and conducts hearings when appropriate; and,

WHEREAS pharmacy technicians are expected to assume greater responsibility for operations-related functions as pharmacists provide patient-oriented health services; and,

WHEREAS the Tennessee Board of Pharmacy requires pharmacy technician registration; and,

WHEREAS the American Society of Health-System Pharmacists advocates that all licensed pharmacists and technicians be held mutually accountable for the quality of pharmacy services provided;

NOW, THEREFORE BE IT RESOLVED that the Tennessee Pharmacists Association advocates for pharmacy technician representation on the Tennessee Board of Pharmacy.

Submitted by the Tennessee Society of Pharmacy Technicians
January 16, 2017

A Adopted as amended on a proper motion by the Tennessee Pharmacists Association House of Delegates
February 28, 2017



Tennessee Pharmacists Association

RESOLUTION 17.1 TPA House of Delegates

A Resolution Advocating for Increased Healthcare Access through Pharmacist-Provided Care with the Support of Pharmacy Technicians

WHEREAS Congress is considering a bill titled, “Pharmacy and Medically Underserved Areas Enhancement Act,” that would amend title XVIII of the Social Security Act to provide for coverage of pharmacist services under the Medicare program; and,

WHEREAS the Tennessee Pharmacy Collaborative Practice Act, signed into law on April 29, 2014, allows pharmacists to provide coordinated care through innovative team-based models; and,

WHEREAS the successful implementation of pharmacist-provided patient-care services depends on the supportive role of a well-trained technician workforce; and,

WHEREAS pharmacy technicians are expected to assume greater responsibility for operations- related functions as pharmacists provide patient-oriented health services; and,

NOW, THEREFORE BE IT RESOLVED that the Tennessee Pharmacists Association continues to advance healthcare access through pharmacist-provided care; and,

BE IT FURTHER RESOLVED that the Tennessee Pharmacists Association advances measures to optimize the supportive role of certified pharmacy technicians in providing patient-oriented health services.

Submitted by the Tennessee Society of Pharmacy Technicians
January 16, 2017

A Adopted as amended on a proper motion by the Tennessee Pharmacists Association House of Delegates
February 28, 2017



Tennessee Pharmacists Association

RESOLUTION TPA 16.02 TPA House of Delegates

WHEREAS, the Accreditation Council for Pharmacy Education (ACPE) requires a minimum of 1,740 (one thousand seven hundred forty) hours in structured pharmacy practice experiences; and,

WHEREAS, all pharmacy practice experiences offered through a college of pharmacy are provided by trained preceptors under the guidance of a Director or Dean of Experiential Education in accordance with ACPE guidelines, and,

WHEREAS, the preceptors must be oriented to precepting students and participate in continuing preceptor development and education training as required by ACPE accreditation standards; and,

WHEREAS, the Experiential Education Director or Dean monitors the preceptors in order to record completed required orientation and development training; and,

WHEREAS, the Experiential Education Director or Dean examines the preceptors' evaluation feedback in order to provide development opportunities and feedback for improvement of mentoring and precepting as required by ACPE accreditation standards; and,

WHEREAS, neighboring states, such as North Carolina, allow pharmacists to receive continuing education credit annually for serving as a preceptor through one of the ACPE accredited Doctor of Pharmacy programs within that state, so long as these licensed pharmacists serve as a preceptor for a minimum number of hours; and,

WHEREAS, other professions, in the state of Tennessee and nationally, allow precepting of students as acceptable proof of continuing competency under the board's continuing education requirements;

NOW, THEREFORE BE IT RESOLVED, that the Tennessee Pharmacists Association encourages the Tennessee State Board of Pharmacy to allow pharmacists serving as preceptors to claim 5 hours of non-ACPE approved live continuing education credit per renewal cycle for actively precepting students for a minimum of 320 hours per calendar year under the guidance of a Tennessee ACPE-accredited pharmacy school program with verification in writing from the college of pharmacy in which the pharmacist is affiliated and registered as an active preceptor; and,

BE IT FURTHER RESOLVED, that a pharmacist may claim no more than 5 hours of non-ACPE continuing education credit for precepting students per renewal cycle, regardless of the number of Doctor of Pharmacy programs or number of students he or she may precept for in any given license renewal cycle.

Submitted for consideration by the East Tennessee State University Gatton College of Pharmacy at the TPA House of Delegates Meeting
January 29, 2016

Resolutions Committee:
Recommended for adoption
February 29, 2016

Adopted as amended on proper motion by the Tennessee Pharmacists Association House of Delegates
March 1, 2016

A



Tennessee Pharmacists Association

RESOLUTION TPA 16.01

TPA House of Delegates

WHEREAS, the members of this Tennessee Pharmacists Association House of Delegates are honored to recognize TPA member and long-time supporter, Dr. Larry D. Calhoun, Dean and Professor, Bill Gatton College of Pharmacy, East Tennessee State University, for his years of service, to the people of the Tri-Cities region, East Tennessee State University's faculty and staff, Gatton College of Pharmacy's student pharmacists, and to the profession of pharmacy; and,

WHEREAS, born in Carter County, Tennessee, Dr. Calhoun became interested in the profession of pharmacy while working at the soda counter at Burgie's Drugstore in Elizabethton, Tennessee. He graduated from Hampton High School in 1967, completed his pre-pharmacy training at East Tennessee State University in 1969 and graduated with a Bachelor of Science in Pharmacy in 1972 and Doctor of Pharmacy from the University of Tennessee College of Pharmacy in Memphis, Tennessee, in 1973; and,

WHEREAS, Dr. Calhoun has lived and worked in all three grand divisions of the State of Tennessee as well as Dhahran, Saudi Arabia. He began his career working as a student pharmacist in Memphis, assumed the position of Assistant Director and Acting Director of Pharmacy Services at West Side Hospital, Nashville, Tennessee, before moving back to his home of East Tennessee in 1974. Dr. Calhoun served the Tri-Cities community in various pharmacy and hospital administration roles at Mountain Home Veterans Administration Hospital, Johnson City Medical Center, Mountain States Health Alliance, Unicoi County Memorial Hospital, and Wilson Pharmacy and Home Health, before assuming the Founding Dean and Professor position with Bill Gatton College of Pharmacy, East Tennessee State University; and,

WHEREAS, since becoming the founding Dean of the Gatton College of Pharmacy in 2005, Dr. Calhoun has been committed to creating a culture of distinction in preparing student pharmacists for a profession he holds in high esteem. He led the Gatton College of Pharmacy to full accreditation status in 2010, successfully graduated 442 students, developed dual-degree programs to expand student professional opportunities; advanced the level of practice in the region through establishment of post-graduate residency program; oversaw the growth of the College's reputation as evidenced by an enrollment that has attracted students from 33 states across the nation, and has expanded the College's influence globally through creation of an international exchange program in which 43 students have participated; and,

WHEREAS, he is the husband to Kathryn Kendall Calhoun, father to McKenzie Calhoun, PharmD, and Whitney and John Goetz, and grandfather to soon-to-be-born George Calhoun Goetz;

NOW, THEREFORE BE RESOLVED, that the members of this TPA House of Delegates are honored to recognize Dr. Larry D. Calhoun for his countless contributions to the people of the Tri-Cities Region through his numerous community service roles, his well-deserved honor as 2016 Outstanding Dean by the American Pharmacists Association Academy of Student Pharmacists, his tremendous contributions to the advancement of the pharmacy profession, and his tireless efforts to support his family, fellow pharmacists, friends and colleagues, countless student pharmacists, and numerous patients; and,

BE IT FURTHER RESOLVED, that the TPA House of Delegates extends our most sincere wishes for future happiness and success to our colleague and friend, Dr. Larry D. Calhoun.

Submitted for consideration by the East Tennessee State University Gatton College of Pharmacy at the TPA House of Delegates Meeting on March 1, 2016.

A

Adopted as amended on proper motion by the Tennessee Pharmacists Association House of Delegates

March 1, 2016



Tennessee Pharmacists Association

500 Church Street, Suite 650 Nashville, TN

RESOLUTION TPA 15.03

Pharmacist Involvement in Opioid Antagonist Management

WHEREAS, Tennessee has the eighth highest drug overdose mortality rate in the United States; and,

WHEREAS, One-third of the population of Tennessee fills an opioid prescription each year; and,

WHEREAS, Tennesseans are more than 3 times as likely to identify prescription opioids as their primary substance of abuse as compared to the national average; and

WHEREAS, the rate of opioid-related overdose deaths in Tennessee is twice the national average; and,

WHEREAS, The Food and Drug Administration (FDA) has approved several opioid antagonist store-verse an opioid overdose; and,

WHEREAS, "Project Lazarus", an opioid antagonist pilot program in Wilkes County, North Carolina, showed a sixty-nine percent (69%) reduction in opioid overdose death rates; and,

WHEREAS, the state of North Carolina implemented "Project Lazarus" statewide, allowing pharmacists to provide opioid antagonists to patients under a collaborative practice agreement with chronic pain physicians; and,

WHEREAS, thirty-three states, including Tennessee, have enacted laws increasing patient access to opioid antagonists; and,

WHEREAS, twenty-seven states, including Tennessee, protect individuals, including health care providers, family members, and friends, who administer opioid antagonists to patients experiencing an opioid overdose under Good Samaritan laws; and,

WHEREAS, the Center for Disease Control and Prevention (CDC) supports the expansion of community-based opioid overdose prevention programs; and,

WHEREAS, the State of Tennessee's "Prescription for Success" campaign, released in 2014, seeks to decrease the number of Tennesseans who overdose on controlled substances as one of its primary goals; and,

WHEREAS, The Tennessee General Assembly passed Public Chapter 623 in 2014, which permits a licensed healthcare practitioner otherwise authorized to prescribe an opioid antagonist acting in good faith and exercising

reasonable care to, directly or by standing order, prescribe an opioid-related over-dose or to a family member, friend, or other person in a position to assist a person at risk of experiencing an opioid-related overdose; and

WHEREAS, Tennessee pharmacists and student pharmacists routinely provide education, training, and resources to patients in Tennessee regarding appropriate medication therapy, prescription drug abuse, and opioid overdose; and,

WHEREAS, Tennessee pharmacists are uniquely positioned to play an active role in screening and referral of patients at risk for opioid overdose; and,

WHEREAS, The Collaborative Pharmacy Practice Act, being law in Tennessee, authorizes one or more pharmacists to enter into collaborative pharmacy practice agreements with one or more prescribers;

NOW THEREFORE, BE IT RESOLVED, The Tennessee Pharmacists Association encourages pharmacists, student pharmacists, pharmacy professionals, and patients to participate in training and education programs focused on the appropriate use of opioid antagonists to improve patient outcomes related to opioid overdose; and,

BE IT FURTHER RESOLVED, The Tennessee Pharmacists Association supports pharmacist participation and collaboration with other health care providers regarding the management of patients on opioid therapies, including screening and referral of patients who may be at risk for opioid overdose; and,

BE IT FURTHER RESOLVED, The Tennessee Pharmacists Association affirms that pharmacists may prescribe an opioid antagonist to a person at risk of experiencing an opioid-related overdose, or to a family member, friend, or other person in a position to assist a person at risk of experiencing an opioid-related overdose, if duly authorized by a collaborating physician pursuant to a collaborative pharmacy practice agreement.

Submitted by:

The Students of East Tennessee State University
Bill Gatton College of Pharmacy

Submitted June 23, 2015

**Resolutions Committee: Recommended as amended
July 15, 2015**

A

**Adopted as amended on proper motion by the Tennessee Pharmacists Association House of Delegates
July 13, 2015, Murfreesboro, Tennessee**



Tennessee Pharmacists Association

500 Church Street, Suite 650 Nashville, TN

RESOLUTION TPA 15.02

To Honor Dr. Baeteena M. Black

WHEREAS, the members of this TPA House of Delegate are honored to recognize Dr. Baeteena Black, Executive Director of the Tennessee Pharmacists Association (TPA) for years of her service, countless contributions, and unrelenting dedication to patients, to pharmacists, to the profession of pharmacy, and to the State of Tennessee; and

WHEREAS, since becoming the associations executive director in 1994, Dr. Black has led the organization with vision and commitment, and she has provided guidance and leadership to the association and its members for more than 20 years; and

WHEREAS, Dr. Black provided optimal patient care and services, and implemented innovative patient-focused programs to achieve the highest quality of care for her patients, to improve patients' lives, and to transform pharmacist-provided care as a community pharmacists at Bartlett Prescription Shop, as the Director of Pharmacy for the Shelby County Health Care Center; and

WHEREAS, Dr. Black has served as a member in good standing of the TPA since 1971, including servings as the organization's President, and since assuming the role of the Executive Director of the Tennessee Pharmacists Association (TPA) in 1994, she has become widely regarded as one of the most influential pharmacy association executives in the country; and,

WHEREAS, as Executive Director, Dr. Baeteena Black has ushered in a number of notable and innovative changes within the organization, including the design and implementation of its first electronic member database, the creation of the TPA's first web site, and the cultivation of a sound fiscal profile within the association; and

WHEREAS, Dr. Black has worked with TPA leadership and members of the legislature to introduce countless important pharmacy-related legislative initiatives during her tenure as executive director, including the Tennessee Pharmacy Practice Act of 1996, the Controlled Substance Monitoring Act of 2002, the Tennessee Affordable Drug Act of 2005, and the Collaborative Pharmacy Practice Act of 2014, and legislation concerning compounding pharmacies; and

WHEREAS, as the TPA's executive director, Dr. Black has managed the Tennessee Pharmacists Research and Education Foundation, the Tennessee Pharmaceutical PAC, the Tennessee Pharmacists Recovery Network, the Tennessee Society of Health-System Pharmacists, and other subsidiary organizations maintained by the TPA, with integrity, efficiency, and effectiveness; and

WHEREAS, she was able to achieve such great success through the love and support provided by her husband of more than forty years, Robert "Bob" Black, and their daughter, Stacey; and

WHEREAS, throughout her many years of service as a pharmacist and executive, Dr. Black has served as a leader in pharmacy, a valued source of knowledge for pharmacists and pharmacy staff members, a professional and personal mentor to student pharmacists, and an advocate for the pharmacist's role in meeting the needs of patients and fellow pharmacists;

WHEREAS, the TPA Board of Directors has bestowed on Dr. Baeteena Black the title of Executive Director Emerita;

NOW THEREFORE, BE IT RESOLVED, that the Tennessee Pharmacists Association House of Delegates formally recognizes and expresses their sincere appreciation for Dr. Baeteena Black, for her many years of service to patients, to pharmacists, to the profession of pharmacy, and to the State of Tennessee, as Executive Director of TPA; now, therefore

BE IT FURTHER RESOLVED, that the TPA House of Delegates bestows the title of "Honorary Member" upon Dr. Baeteena Black, including all rights and privileges therein; now, therefore,

BE IT FURTHER RESOLVED, that the TPA House of Delegates extends our most sincere wishes for future happiness and success to our colleague and friend, Dr. Baeteena Black.

BE IT FURTHER RESOLVED, that this resolution be framed and presented to Dr. Baeteena Black.

Submitted by: The Tennessee Pharmacists Association
Board of Directors for consideration
February 5, 2015

**Resolutions Committee: Recommended as amended
February 23, 2015**

A

**Adopted as amended on proper motion by the Tennessee Pharmacists Association House of Delegates
February 24, 2015, Nashville, Tennessee**





Tennessee Pharmacists Association Resolutions

500 Church Street, Suite 650, Nashville, Tennessee 37219

RESOLUTION TPA 14.03

Encouraging the Use of FDA Registered Outsourcing Facilities for Bulk Sterile Compounded Parenteral Products

WHEREAS, in 2012 an outbreak of fungal meningitis and other fungal infections, due to contaminated sterile compounds, caused significant physical, mental and economic hardships for patients and pharmacists in Tennessee; and,

WHEREAS, the Tennessee Society of Health-System Pharmacists (TSHP) is dedicated to assuring a high quality of professional practice through the establishment and maintenance of standards of professional ethics, and fostering quality patient care through rational drug therapy; and,

WHEREAS, through the Drug Quality and Security Act, the Food and Drug Administration has been charged with oversight of facilities that elect to register with the FDA as an Outsourcing Facility under section 503B of the Food, Drug, and Cosmetic Act; and,

WHEREAS, such oversight shall ensure that Outsourcing Facilities comply with all Current Good Manufacturing Processes, are inspected by the FDA according to a risk-based schedule, will report adverse events related to the medications they compound and provide information about sterile compounds to the FDA.; and,

WHEREAS, TSHP believes that such oversight as is provided by the FDA for Outsourcing Facilities is a positive change and advances public health; and,

WHEREAS, if future catastrophes, such as what was experienced in 2012, are to be prevented, market-forces will need to drive more distributors of sterile compounds to voluntarily register with the FDA as Outsourcing Facilities; and,

NOW, THEREFORE BE IT RESOLVED, that TPA encourages purchasers of bulk or high-volume sterile medications to obtain such medications from Outsourcing Facilities registered with the FDA; and,

BE IT FURTHER RESOLVED, that TPA recognizes that registration with the FDA as an outsourcing pharmacy is not necessary for compounding pharmacies which provide medications in lower quantities in response to orders for more immediate use.

Submitted by:
Tennessee Society of Health-System Pharmacists
January 31, 2014

Resolutions Committee:
No recommendation
February 18, 2014

A

Adopted on proper motion by the Tennessee Pharmacists Association House of Delegates
February 25, 2014, Nashville, Tennessee



Tennessee Pharmacists Association Resolutions

500 Church Street, Suite 650, Nashville, Tennessee 37219

RESOLUTION TPA 14.02

To pursue legislation to address the problems associated with the use of MAC pricing

WHEREAS, patients in Tennessee require access to life-saving, pharmacist-provided medication therapies in order to achieve optimal health outcomes, improve their well-being, and maximize the overall quality of their lives; and,

WHEREAS, the use of maximum allowable cost (MAC) pricing is a common methodology of payment by pharmacy benefits managers to pharmacies for many multi-source generic medications; and,

WHEREAS, there is a lack of transparency in the process by which the pharmacy benefits manager determines which products to include on a MAC list and at what point or how often those product lists are reviewed; and,

WHEREAS, each pharmacy benefits manager uses different sources and a proprietary formula to calculate MAC prices for pharmacy reimbursement that is unique to each third party payer and not disclosed to the contracted pharmacy; and,

WHEREAS, pharmacies are not privy to which drugs are subject to MAC pricing at any given time, and there is no predictability in when a pharmacy benefits manager will update pricing for products on the MAC price list used for pharmacy reimbursement; and,

WHEREAS, over the past few years, the pharmaceutical industry has been unable to meet a growing demand for many drug products which has created barriers to patient access to medication therapies and rampant drug shortages affecting all areas of pharmacy practice; and,

WHEREAS, drug shortages have resulted in many generic drug products that have long been available from multiple sources to be manufactured by only one or two companies or available to pharmacies with quantity restrictions; and,

WHEREAS, many drug shortages involve widely used drugs that are vital to the evidence-based treatment of patients in all patient care settings; and,

WHEREAS, there have been drastic price increases of 1000% or more in some generic medications; and,

WHEREAS, most pharmacy benefits managers are slow to respond to price increases and do not adjust pharmacy reimbursements retroactively to the date of the price increase, and drug price increases often persist after drug shortages subside; and,

WHEREAS, most contracts between a pharmacy and a pharmacy benefits manager require pharmacies to fill prescriptions for patients regardless of the risk of financial loss or hardship to the pharmacy, and professional patient care standards render pharmacists unlikely to deny a necessary medication for a patient regardless of reimbursement;

NOW, THEREFORE BE IT RESOLVED, the Tennessee Pharmacists Association strongly affirms its support for legislative action to ensure patient access to medication therapies by establishing appropriate regulation of the use of MAC pricing as payment methodology by pharmacy benefits managers and third party payers; and,

BE IT FURTHER RESOLVED, TPA supports efforts led by the National Community Pharmacists Association (NCPA) to have Congress hold oversight hearings to examine what factors may have led to spikes in certain generic drug prices and what steps can be taken at the federal level to address this issue.

Submitted by:
Tennessee Society of Independent Pharmacists,
Tennessee Pharmacists Association
February 1, 2014

Resolutions Committee:
Recommended as amended
February 18, 2014

A

Adopted on proper motion by the Tennessee Pharmacists Association House of Delegates
February 25, 2014, Nashville, Tennessee



Tennessee Pharmacists Association Resolutions

500 Church Street, Suite 650, Nashville, Tennessee 37219

RESOLUTION TPA 14.01

Pharmacist Support of Defining and Engaging in Collaborative Pharmacy Practice in Tennessee

WHEREAS, extensive published literature demonstrates that pharmacists acting in collaboration with other healthcare providers significantly improves the quality of patient care, reduces the risks of adverse drug effects, and improves the efficiency of care provided; and,

WHEREAS, in 2004, the Joint Commission of Pharmacy Practitioners embraced a vision for pharmacy education and practice where pharmacists are given both authority and autonomy to manage medication therapy; and,

WHEREAS, physician groups, including the American College of Physicians and the American Academy of Family Physicians, have recognized the importance of collaborating in clinical care teams, and included "clinical pharmacists" among the members who should be incorporated into those care teams in order to provide optimal health care in the United States; and,

WHEREAS, the Centers for Medicare and Medicaid Services (CMS), in its "Conditions of Participation" issued in April 2012, broadened the concept of "medical staff" in healthcare organizations to include pharmacists practicing within the scope of defined state statute; and,

WHEREAS, the US Surgeon General has recognized, in communication dated December 11, 2011, the importance of incorporating collaborative pharmacist practice into health care delivery organizations; and,

WHEREAS, the Centers for Disease Control and Prevention have recently posted on their website tools intended to facilitate the development of Collaborative Practice Agreements between pharmacists and other licensed healthcare providers; and,

WHEREAS, the National Association of Boards of Pharmacy, in its Model Pharmacy Practice Act, has

defined "Collaborative Pharmacy Practice" as "that Practice of Pharmacy whereby one or more Pharmacists have jointly agreed, on a voluntary basis, to work in conjunction with one or more Practitioners under protocol and in collaboration with Practitioner(s) to provide patient care services to achieve optimal medication use and desired patient outcomes;" and,

WHEREAS, pharmacists in Tennessee are already recognized in Tennessee statute as "necessary health providers;" and,

WHEREAS, as of 2012, 44 different states, plus the District of Columbia, authorize pharmacists to define collaborative agreements in order to provide drug therapy management, and 35 of these are not limited by setting;

NOW, THEREFORE BE IT RESOLVED, that the membership of the Tennessee Pharmacists Association support the efforts of the Tennessee General Assembly to codify in statute a clear authorization for collaborative pharmacist practice, including the ability to order, modify, and discontinue medications and related laboratory tests; and,

BE IT FURTHER RESOLVED, that pharmacists who are able to effectively work within the definition of this collaborative practice definition take steps to engage in this model with other health care colleagues throughout the state.

Submitted by:

Dr. Bill Greene, Dr. Jeff Lewis, & Dr. Casey White,
Tennessee Pharmacists Association
January 29, 2014

Resolutions Committee:

Recommended as amended
February 18, 2014

A

Adopted on proper motion by the Tennessee Pharmacists Association House of Delegates
February 25, 2014, Nashville, Tennessee



Tennessee Pharmacists Association Resolutions

500 Church Street, Suite 650, Nashville, Tennessee 37219

RESOLUTION TPA 13.03

To Pursue More Severe Punishment for Criminal Actions Against Pharmacies, Pharmacists, or Other Dispensing Health Care Providers

WHEREAS, pharmacists assert that the health, safety, and well-being of their patients, patrons, employees, and fellow pharmacists are their primary concern; end,

WHEREAS, pharmacists possess unique skills and training to provide patient care services and are essential health care providers and vital contributors to the health care system; and,

WHEREAS, the National Association of Drug Diversion Investigators (NADDI) records show that, from 2007 to 2011, pharmacy robberies increased 199% nationwide (from 194 to 586) and increased 417% in Tennessee (from 6 to 25); and,

WHEREAS, the dangers for pharmacists and their patients, patrons, and employees continue to increase due to the worsening prescription drug abuse crisis and limited access to effective treatment options for Tennesseans and the nation; and,

WHEREAS, the small Tennessee town of Bean Station, the families and friends of the victims, the entire pharmacy community, and the citizens of the state of Tennessee were shocked and saddened by the senseless tragedy that occurred May 23, 2013, when an armed man known in the community allegedly walked into Down Home Pharmacy, demanded—and obtained—controlled substances, and murdered pharmacist Steve Lovell and his patient, Richard Alexander, and wounded pharmacy employees Alexia Gail Wilson and Janet Cliff; and,

WHEREAS, in Tennessee, Robbery is classified as a Class C Felony with a sentencing range of 3-15 years and up to a \$10,000 fine, Aggravated Robbery is a Class B Felony with a sentencing range of 8-30 years and up to a \$25,000 fine, and Especially Aggravated Robbery is a Class A Felony with a sentencing range of 15-60 years and up to a \$50,000 fine; and, in imposing actual criminal sentences, Tennessee courts are required to take into consideration certain statutory mitigating and “enhancing” factors, such as possession of a weapon during commission of an offense, commission of an offense on the grounds of a public school, or a property crime directed at a place of worship; and,

WHEREAS, for murder in connection with robbery, a person is eligible to be charged with first Degree Murder, and upon sentencing following a conviction of First Degree Murder, the jury may consider specific statutory “aggravating” factors in connection with the sentence;

NOW, THEREFORE BE IT RESOLVED, the Tennessee Pharmacists Association recognize and extend its sympathies to the families of Dr. Steve Lovell, Mr. Richard Anderson, Ms. Alexia Gail Wilson, and Ms. Janet Cliff, for their devastating loss and suffering; and,

BE IT FURTHER RESOLVED, the Tennessee Pharmacists Association strongly affirm its support for initiatives to strengthen public policy and legislation, possibly including establishment of “enhancing” and “aggravating” factors, which increase the penalties, sentences, and *fines* for criminal actions involving any robbery of controlled substances and prescription drugs from a licensed pharmacy, licensed pharmacist, or other dispensing health care provider; and,

BE IT FURTHER RESOLVED, the Tennessee Pharmacists Association maintain its advocacy efforts with key stakeholders, including but not limited to patient care groups, health care provider groups, public and private health care organizations, governmental agencies and departments, employers, insurers, business coalitions, and legislators, in order to assist in achieving these goals and objectives, as well as decrease the misuse and abuse of drugs and increase access to effective treatment options in Tennessee.

Submitted by:
Board of Directors,
Tennessee Pharmacists Association
July 3, 2013

Resolutions Committee:
Recommended
July 8, 2013

A

Adopted on proper motion by the Tennessee Pharmacists Association House of Delegates
July 15, 2013, Chattanooga, Tennessee



Tennessee Pharmacists Association Resolutions

500 Church Street, Suite 650, Nashville, Tennessee 37219

RESOLUTION TPA 13.01

Encouraging Local Pharmacy District Relationships with Student Pharmacists

WHEREAS, the future of the profession of pharmacy depends on the active involvement of all its practitioners; and,

WHEREAS, the continued involvement of all practitioners is dependent on communicating our charge to new practitioners entering our profession in order to engage them as lifelong advocates for the profession of pharmacy; and,

WHEREAS, a failure to reach out on a local level through local pharmacy organizations, to which Tennessee Pharmacists Association members belong, results in diminished opportunity and capacity to actively involve future generations in advocacy on behalf of the pharmacy profession; and,

WHEREAS, through participation at a local level, student pharmacists will realize the importance of advocacy for the pharmacy profession to ensure that changes in our practice create opportunities to further establish the value of pharmacist provided patient care; and,

WHEREAS, uniting all generations of practitioners offers an opportunity to network for professional development through sharing the invaluable knowledge, advice, and expertise of current pharmacists; and,

WHEREAS, developing this rich relationship with future practitioners early and locally will not only help students become better pharmacists but also make them aware of the importance of active memberships in national, state, and local professional organizations upon graduation;

NOW, THEREFORE, BE IT RESOLVED, the Tennessee Pharmacists Association strongly encourages local professional pharmacy organizations to reach out to student pharmacists within the state through inclusion, involvement, communication, congregation, and membership;

BE IT FURTHER RESOLVED, the Tennessee Pharmacists Association strongly encourages student pharmacists, including its student pharmacist members, to reach out to local professional pharmacy organization leadership to explore ways to increase student pharmacist inclusion, involvement, communication, congregation, and membership.

Submitted by:
TPA-TSSP Political Committee
December 29, 2012

Resolutions Committee:
Recommend as Amended
February 21, 2013

A

Adopted on proper motion by the Tennessee Pharmacists Association House of Delegates
February 26, 2013, Nashville, Tennessee



Tennessee Pharmacists Association Resolutions

500 Church Street, Suite 650, Nashville, Tennessee 37219

RESOLUTION TPA 12.02

To Recognize Pharmacist-Provided Patient Care Services

WHEREAS, Tennessee pharmacists, working in collaboration with physicians and other health care providers, provide services to patients to improve the quality and safety of their medication use and to improve patient and health system outcomes; and,

WHEREAS, the ability of pharmacists to provide these services is limited due to lack of recognition of the value of the services and compensation for providing these services; and,

WHEREAS, the United States Surgeon General has publicly acknowledged pharmacists can provide valuable patient care services through collaborative practice agreements by:

- Performing patient assessments and developing therapeutic plans;
- Utilizing authorities to initiate, adjust, or discontinue medications;
- Ordering, interpreting and monitoring appropriate laboratory tests;
- Providing care coordination and other healthcare services for wellness and prevention; and
- Developing partnerships with patients for ongoing and follow-up care; and,

WHEREAS, the American Pharmacists Association and the American Society of Health- System Pharmacists have adopted positions in support of and advocacy for recognition of pharmacists as providers of patient care services working in collaboration with physicians and other health care providers;

NOW, THEREFORE, BE IT RESOLVED, the Tennessee Pharmacists Association encourage its members to expand their collaboration efforts, including formal collaborative practice agreements with physicians and other primary care clinicians, in order to maximize the expertise of pharmacists to improve the quality and safety of medication use by patients and improve patient and health system outcomes; and,

BE IT FURTHER RESOLVED, the Association recognize and applaud the efforts of the United States Public Health Service, and specifically U.S. Surgeon General Regina Benjamin and Assistant Surgeon General RADM Scott Giberson for their vision and leadership in calling for recognition and compensation of pharmacists as providers of patient care services; and,

BE IT FURTHER RESOLVED, the Association, through its activities, continue to collaborate with other state and national pharmacist associations to support efforts to gain recognition and support for pharmacists' roles as essential members of multidisciplinary health care provider teams and to support opportunities for pharmacists to serve as providers of patient care services in Tennessee.

Submitted by:

The *ad hoc* Public Health Policy and Advocacy Committee

Adopted on proper motion by the Tennessee Pharmacists Association House of Delegates
July 16, 2012, Panama Clay Beach, Florida

A



Tennessee Pharmacists Association Resolutions

500 Church Street, Suite 650, Nashville, Tennessee 37219

RESOLUTION TPA 12.01

To Urge the Tennessee Board of Pharmacy to Remove the Pharmacy Internship Rule Requiring 400 Hours of Practical Experience Outside the Confines of the College

WHEREAS, the state of Tennessee Board of Pharmacy requires a minimum of 1,500 (fifteen hundred) internship hours for licensure in the state; and,

WHEREAS, prior to licensing by the Tennessee Board of Pharmacy, the applicant must show proof that he/she has acquired at least 1,500 (fifteen hundred) hours after enrollment in an ACPE-accredited College of Pharmacy; and,

WHEREAS, of the 1,500 (fifteen hundred) hours, 1,100 (eleven hundred) hours may be acquired in the pharmacy programs or demonstration projects structured by the College of Pharmacy; and,

WHEREAS, the additional 400 (four hundred) hours of practical experience must be acquired outside the confines or structure of the College of Pharmacy; and,

WHEREAS, the National Association of Boards of Pharmacy (NABP) do not specify the amount of internship hours required prior to taking the NAPLEX examination; and,

WHEREAS, the Accreditation Council of Pharmacy Education (ACPE) requires a minimum of 300 (three hundred) hours in structured introductory pharmacy practice experiences and requires a minimum of 1,440 (one thousand four hundred forty) hours in structured advanced pharmacy practice experiences; and,

WHEREAS, all pharmacy practice experiences offered through a College of Pharmacy are provided by trained preceptors and under the guidance of a Director or Dean of Experiential Education in accordance with ACPE guidelines; and,

WHEREAS, the Experiential Education Director or Dean monitors the preceptors, sites, and students in order to provide development opportunities and feed-back for improvement of experiences as required by ACPE accreditation standards; and,

WHEREAS, there is no apparent structure in the terms of goals and learning objectives of experience gained outside the purview of a College of Pharmacy other than the affirmation that the intern worked in the pharmacy by the supervising pharmacist; and,

WHEREAS, the requirement of gaining internship hours outside of the College of Pharmacy is onerous to the student due to heavy course load and opportunities for gaining needed additional hours are problematic due to the shortage of intern employment positions available; and,

WHEREAS, the requirement of gaining internship hours outside the College of Pharmacy requires the generation of vast amounts additional paper- work and recording requirements by the Tennessee State Board of Pharmacy support staff; and,

WHEREAS, the Tennessee State Board of Pharmacy currently carry a massive workload due to the number of pharmacies, pharmacists, interns and technicians within the state; and,

WHEREAS, the Experiential Education Directors and Deans verify and certify all hours gained through the respective Colleges of Pharmacy; and,

WHEREAS, many boarder states, for example North Carolina and Virginia have revised their state rules and regulations to remove the requirement of additional hours earned outside ACPE accredited Colleges of Pharmacy;

NOW, THEREFORE BE IT RESOLVED, that the Tennessee Pharmacist Association support and encourage the Tennessee Board of Pharmacy to remove the requirement of an additional 400 (four hundred) practice hours and accept the minimum of 1,740 (one thousand seven hundred forty) hours gained through ACPE accredited Colleges of Pharmacy for the application for Tennessee licensure of new graduates.

Submitted by:

Belmont University College of Pharmacy

Bill Gatton College of Pharmacy,
East Tennessee State University

Lipscomb University College of Pharmacy

South College School of Pharmacy

University of Tennessee
College of Pharmacy

A

Adopted on proper motion by the Tennessee Pharmacists Association House of Delegates
July 16, 2012, Panama Clay Beach, Florida



Tennessee Pharmacists Association Resolutions

500 Church Street, Suite 650, Nashville, Tennessee 37219

RESOLUTION TPA 11.01

To Recognize Dick R. Gourley, Pharm.D. for Meritorious Service and Leadership as Dean of the University of Tennessee College of Pharmacy

WHEREAS, Dick R. Gourley Pharm.D., has served admirably and tirelessly as Dean of The University of Tennessee College of Pharmacy since 1989; and,

WHEREAS, Or. Gourley's visionary leadership and innovations have significantly elevated the national and international reputation of The University of Tennessee College of Pharmacy by Implement programs such as international rotations, community pharmacy residencies. under-represented minority recruitment, and graduate programs for the dual Pharm.D.—Ph.D., dual Pharm.D.—MBA, and Health Outcomes and Policy Research options; and,

WHEREAS, Dr. Gourley directed the implementation of an innovative curriculum. Increases in Pharm.D. and graduate student enrollment, the creation of a second campus and clinical education centers, and an expansion of rotation sites statewide and internationally; and,

WHEREAS, Dr. Gourley manifested a deep concern, compassion, and support for students whom he strove to inspire with the same dedication to the profession of pharmacy that he himself felt; and,

WHEREAS, Dr. Gourley's leadership resulted in the funding and Jun 2011 opening of a new 184,000 square foot, \$70 million, state-of-the-art, College of Pharmacy building in Memphis and the development of a College of Pharmacy campus in Knoxville for the final 3years of the curriculum; and,

WHEREAS, during Dr. Gourley's tenure, the state budget of The University of Tennessee College of Pharmacy tripled to approximately \$12 million, and research grants and contracts have grown to \$6 million annually; and,

WHEREAS, Dr. Gourley's development activities have increased The University of Tennessee College of Pharmacy's corporate and annual giving by 570% to more than \$ 1 million and have nearly quadrupled the endowment to over \$1 1 million; and,

WHEREAS, Dr. Gourley has received more than \$9.9million grants and contracts for research. program development, and professional services during his academic career, as well as making significant scholarly contributions to the literature through the authorship of 65 manuscripts and 11 proceedings and the editorship of 16 books; and,

WHEREAS, Or. Gourley has meritoriously served the profession of pharmacy a past member of the Board of Trustees of the American Pharmacists Association, past member of the Board of Directors of the American Society of Health-System Pharmacists, past member of

the Commission on Credentialing, Vice-Chair and Chair of the Board of Pharmaceutical Specialties, and co-founder and past President of the International Foundation for Pharma Education; and,

WHEREAS, Dr. Gourley has been recognized by his peers with the Lifetime Achievement Award born the Hungarian Community Pharmacists Association In 2005, awarded Fellow status in the American Pharmacists Association in 2006, received the Rufus A Lyman Award from the American Association of Colleges of Pharmacy in 2008, and received the Outstanding Alumnus Award from the UT College of Pharmacy Alumni Association in 2011; and,

MEREAS, Dr. Gourley contributed greatly to the advancement and Improvement of the profession of pharmacy In his capacity as Dean of The University of Tennessee College of Pharmacy and earned the respect and admiration of pharmacists around the globe, students and alumni of The University of Tennessee College of Pharmacy, and other pharmacists in the state of Tennessee; and,

WHEREAS, Dr. Gourley Is a devoted family man who cherishes his wife, Greta, and their daughter, Kristen;

NOW, THEREFORE BE IT RESOLVED, the members of the Tennessee Pharmacists Association honor and express their sincere congratulations to Dick R. Gourley Pharm.D., upon his retirement as Dean of The University of Tennessee College of Pharmacy and appreciation for his many years of outstanding service to the faculty, staff, students, and alumni of The Un1veisi{y of Tennessee College of Pharmacy; and,

BE IT FUTHER RESOLVED, the members of the Association express their sincere appreciation to Dr. Gourley for his leadership, fi1endship, and devotion to the Tennessee Pharmacists Association and Its members, to the profession of pharma and all pharmacists in Tennessee: and,

BE IT FURTHER RESOLVED, a copy of this resolution be proper prepared and presented to Dick R. Gourley, Pharm.D. as a lasting record of this recognition.

Submitted by James C. Eoff, III, Pharm.D. on behalf of the
Administrative Council of
The University of Tennessee College of Pharmacy
May 31, 2011

Resolutions Committee:
Recommended June 7, 2011

A

Adopted on proper motion by the Tennessee Pharmacists Association House of Delegates
July 18, 2011, Kingsport, Tennessee



Tennessee Pharmacists Association Resolutions

500 Church Street, Suite 650, Nashville, Tennessee 37219

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E-Mail: tpa@tnpharm.org www.tnpharm.org

RESOLUTION TPA 10.04

To Honor and Express Congratulations to Kevin Eidson, Pharm.D., on his Meritorious Service as Executive Director of the Tennessee Board of Pharmacy

WHEREAS, Kevin Eidson, Pharm.D., has been serving patients as a pharmacist since his graduation from Mercer University Southern School of Pharmacy in 1993; and,

WHEREAS, Dr. Eidson has admirably served the profession, fellow pharmacists, and the citizens of Tennessee as Executive Director of the Tennessee Board of Pharmacy from September 16, 2007 until July 31, 2010; and,

WHEREAS, Dr. Eidson, through his professionalism, has represented the Tennessee Board of Pharmacy, the pharmacists of Tennessee, and the profession of pharmacy to the Department of Health and the members of the Tennessee General Assembly, other professional organizations and the public at large; and,

WHEREAS, Dr. Eidson, through his leadership, has worked with the Tennessee Board of Pharmacy to protect the citizens of the State of Tennessee; and,

WHEREAS, Dr. Eidson worked with recovering pharmacists across Tennessee to help them become productive members of the pharmacy community; and,

WHEREAS, Dr. Eidson dedicated untold hours of service for the betterment of the profession of pharmacy; and,

WHEREAS, Dr. Eidson has earned the respect and admiration of members of the profession of pharmacy.

NOW, THEREFORE BE IT RESOLVED, the members of the Tennessee Pharmacists Association honor and express their sincere appreciation to Kevin Eidson, Pharm.D., for his service as Executive Director of the Tennessee Board of Pharmacy, for his service to the Tennessee Pharmacists Association and its members, to the profession of pharmacy, and all pharmacists in Tennessee; and

BE IT FURTHER RESOLVED, the members of the Association wish him much success as he instructs and prepares student pharmacists at Lipscomb University College of Pharmacy to execute their professional duties; and,

BE IT FURTHER RESOLVED, a copy of this resolution be properly prepared and presented to Dr. Kevin Eidson.

**Submitted by The Tennessee Pharmacists Association and
Members of the Tennessee Board of Pharmacy
July 6, 2010**

**Resolutions Committee:
Recommended
July 8, 2010**

A

**Adopted on proper motion by the Tennessee Pharmacists Association House of Delegates
July 19, 2010, Memphis, Tennessee**



Tennessee Pharmacists Association Resolutions

500 Church Street, Suite 650, Nashville, Tennessee 37219

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RESOLUTION TPA 10.03

Independence of the Board of Pharmacy

WHEREAS, the Tennessee Board of Pharmacy (BOP) is responsible for regulating the practice of pharmacy in Tennessee and licensing, educating, and disciplining all pharmacists in the state; and,

WHEREAS, the Board of Pharmacy is attached to the Health-Related Boards, which are administered and staffed by the Department of Health; and,

WHEREAS, the Board of Pharmacy, based on numbers of licensees and registrants, is the second largest Board attached to the Department of Health; and,

WHEREAS, the administrative operating costs of the Board of Pharmacy have increased by approximately 25% since moving from the Department of Commerce and Insurance to the Department of Health; and,

WHEREAS, despite repeated requests by members of the Board of Pharmacy for detailed and clear financial records regarding the Board operations from the Department of Health, the Department has been unable to provide the requested information to the Board of Pharmacy; and,

WHEREAS, the Tennessee General Assembly, at the urging of the Governor's Office, has absconded with significant Board reserves to help fund the state budget, these reserves being comprised entirely of Board of Pharmacy revenue, primarily licensure fees; and,

WHEREAS, according to the Department of Health, the Board of Pharmacy is unable to fill vacant positions, such as the Controlled Substance Monitoring Database (CSMD) Administrator, due to position freezes, even though the positions are fully funded by Board of Pharmacy revenue such as licensure fees rather than general fund revenues; and,

WHEREAS, the Department of Health administration has placed tremendous constraints on and barriers to the regulation and education of Board of Pharmacy licensees by not approving travel for Board personnel.

NOW, THEREFORE BE IT RESOLVED, the Tennessee Pharmacists Association (TPA) House of Delegates strongly believes that the regulation of pharmacy in Tennessee could be strengthened and improved by establishing the Board of Pharmacy as an independent entity with limited oversight by state government; and,

BE IT FURTHER RESOLVED, the Tennessee Pharmacists Association (TPA) explore a legislative remedy that would establish the Board of Pharmacy as an independent entity with limited oversight by state government.

**Submitted by Eddie Rowe, D.Ph.,
Terry Cost, D.Ph., and
Bauman Dick, Pharm.D.**

**Resolutions Committee:
Recommended
July 8, 2010**

A

**Adopted on proper motion by the Tennessee Pharmacists Association House of Delegates
July 19, 2010, Memphis, Tennessee**



Tennessee Pharmacists Association Resolutions

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RESOLUTION TPA 10.02

Controlled Substance Database

WHEREAS, the Controlled Substance Monitoring Act of 2002 (Tenn. Code Ann. §53-10-301, et seq.) established a program structure, computerized database, confidentiality measures, access requirements and an advisory committee in order "...to assist in research, statistical analysis and the education of health care practitioners concerning patients who, by virtue of their conduct in acquiring controlled substances, may require counseling or intervention for substance abuse..."; and,

WHEREAS, the Controlled Substance Database became operational on December 1, 2006; and,

WHEREAS, 2,253 dispensers (prescribers and pharmacists) during 2009 entered 15,265,702 prescriptions into the database; and,

WHEREAS, health care providers requested 99% of 903,553 patient-specific history reports in order to tailor patient treatment plans based on their cumulative usage of controlled substances; and,

WHEREAS, the Act permits direct access to the database by prescribers, pharmacists, and duly authorized individuals from TennCare Office of Inspector General, Tennessee Bureau of Investigations Medicaid Fraud Control Unit, Department of Health, Bureau of Health Licensure and Regulation, Division of Investigations, and Court orders; and,

WHEREAS, 126 court orders during 2009 allowed access to the database by district attorneys general or law enforcement officers in order to disclose information for a criminal investigation or pending prosecution; and,

WHEREAS, the Act provides clear and sufficient safeguards for the confidentiality of patient's usage of controlled substances while providing a familiar and ready legal process for access by district attorneys and law enforcement officers when probable cause exists as determined by a circuit or criminal court judge pursuant to a satisfactory affidavit; and,

NOW, THEREFORE BE IT RESOLVED, that the Tennessee Pharmacists Association reaffirms the intent, access requirements, and confidentiality safeguards of the database created by the Controlled Substance Monitoring Act of 2002 and as amended in 2008; and,

BE IT FURTHER RESOLVED, all prescribers and dispensers be encouraged to utilize the Controlled Substance Database as a resource in the development and implementation of optimal treatment plans regarding controlled substance use; and,

BE IT FURTHER RESOLVED, educational programs be continued for health care providers about the benefits of using the database in treating patients and identifying drug-seeking behavior; and,

BE IT FURTHER RESOLVED, education be provided for health care providers and law enforcement demonstrating how the two can work cooperatively to identify and prohibit controlled substance abuse and diversion; and,

BE IT FURTHER RESOLVED a copy of this resolution be sent to the Commissioner of the Tennessee Department of Health and the members of the advisory board of the Controlled Substance Database Program.

Submitted by Dr. Peter Chyka, Dr. Thomas Campbell, Dr. Mary Jo Collins

A

Adopted on proper motion by the Tennessee Pharmacists Association House of Delegates
February 23, 2010, Nashville, Tennessee