TPA Policies and Resolutions – Historic List

Included in this document are all the policies and resolutions passed by the TPA House of Delegates that give TPA a stance on certain topics. There is another document housed on the TPA website that contains all resolutions passed that honor or recognize individuals and organizations for their contributions to the profession.

The standard format for policy/resolution labeling is ##.#. The first two digits represent the year in which the policy/resolution was adopted, and the digit following the decimal place represents the order in which it was adopted. For example, Resolution 22.1 was adopted in the beginning of 2022 at the TPA Winter Meeting, while 22.3 was adopted at the 2022 TPA Summer Meeting.

Please note that following the 2022 Summer Meeting, TPA's policy process evolved. TPA moved away from the "resolutions" format and implemented a "policy statement" format. This new format removes background information from the body of the policy and instead presents it to delegates in a background packet. The Policy Committee is charged with selecting policy topics and writing the policy statements. This contrasts with the previous process of members submitting resolutions and the Resolutions Committee fine-tuning them and either recommending them for adoption or not.

Policy 25.2: Artificial intelligence in pharmacy practice

1. TPA supports meaningful dialogue, thoughtful collaboration, and open communication between pharmacy staff, pharmacy administration, the Board of Pharmacy, and TPA to ensure safe pharmacy workplace conditions.

2. TPA opposes the replacement of a pharmacist's professional judgment or patient's access to their pharmacist with artificial intelligence.

3. TPA calls on regulatory bodies, employers, and other relevant parties to develop laws, regulations, and policies applicable for artificial intelligence in collaboration with pharmacy professionals to ensure patient safety, privacy, public awareness, and public protection.

4. TPA encourages interdisciplinary collaboration among pharmacy professionals, data scientists, artificial intelligence developers, and healthcare professionals to ensure the development and implementation of artificial intelligence systems that are ethically sound, clinically effective, and aligned with patient care goals.

5. TPA recognizes the rapidly evolving nature of artificial intelligence technologies and advocates for continuous professional development and education opportunities for pharmacy professionals to remain proficient in the lawful, ethical, and clinical use of artificial intelligence tools and applications.

Adopted on a proper motion by the Tennessee Pharmacists Association House of Delegates
January 2025

Policy 25.1: Emergency preparedness and disaster response

1. TPA encourages pharmacy professionals' involvement in surveillance, mitigation, preparedness, planning, response, and recovery related to natural, technological, or human-caused incidents.

2. TPA supports the Board of Pharmacy's authority to waive rules and laws during times of declared local, state, and federal public health or other disasters and emergencies, and advocates for the timely suspension of legal, regulatory and policy restrictions, and practice limitations during such times to meet immediate patient care needs.

3. TPA supports implementation of a statewide collaborative pharmacy practice agreement for pharmacist-led care management during times of declared local, state, and federal public health or other disasters and emergencies.

4. TPA supports individual pharmacy professionals' authority to provide patient care services across state lines whether in person or remotely during times of declared local, state, and federal public health or other disasters and emergencies.

5. TPA supports pharmacy professionals' immunity from personal liability and restrictions on the services they provide for the duration of declared local, state, and federal public health or other disasters and emergencies.

6. TPA supports implementation of flexible formularies and removal of prior authorization requirements during times of declared local, state, and federal public health or other disasters and emergencies that allow patients to obtain appropriate medications and medical devices based on the pharmacist's professional judgment.

7. TPA supports implementation of payment policies that compensate pharmacies and pharmacists providing patient care services during times of declared local, state, and federal public health or other disasters and emergencies in a timely manner, within their recognized authority under approved waivers. TPA encourages regulations that allow the Board of Pharmacy to enforce provisions regarding pharmacy workplace safety.

8. TPA supports external funding to supply inventory to pharmacies affected by local, state, and federal public health or other disasters and emergencies when timely remittance or insurance payment is not possible.

9. TPA strongly opposes audits occurring during times of declared local, state, and federal public health or other disasters and emergencies, and future audits of prescriptions and services delivered during such a time.

Adopted on a proper motion by the Tennessee Pharmacists Association House of Delegates
January 2025

Policy 24.4: Workplace solutions

1. TPA supports meaningful dialogue, thoughtful collaboration, and open communication between pharmacy staff, pharmacy administration, the Board of Pharmacy, and TPA to ensure safe pharmacy workplace conditions.

2. TPA supports creation and implementation of recommended training approved by the Board of Pharmacy for pharmacy staff to recognize and report unsafe workplace conditions that could compromise pharmacy professionals' ability to safely provide patient care.

3. TPA supports the ability of patients and all pharmacy staff to recognize and confidentially report concerns to the Board of Pharmacy for pharmacy workplace conditions that could compromise pharmacy professionals' ability to safely provide patient care.

4. TPA supports increased communication and education efforts to increase awareness of actions that can be taken to address unsafe working conditions that could compromise pharmacy professionals' ability to safely provide patient care.

5. TPA supports whistleblower protections for patients and pharmacy staff who report concerns for pharmacy workplace conditions that could compromise pharmacy professionals' ability to safely provide patient care.

6. TPA recommends adoption of continuous quality improvement programs within pharmacy settings in an effort to reduce patient harm and improve patient medication safety.

7. TPA supports determination of recommended best practices for safe pharmacy workplace conditions and recommending guidelines in collaboration with the Board of Pharmacy and other pharmacy stakeholders that demonstrate what define safe pharmacy workplace practices.

8. TPA encourages regulations that allow the Board of Pharmacy to enforce provisions regarding pharmacy workplace safety.

Adopted on a proper motion by the Tennessee Pharmacists Association House of Delegates
July 2024

Policy 24.3: 340B Drug Pricing Program protections

1. TPA supports HRSA retaining authority for administering the 340B Drug Pricing Program.

2. TPA recognizes the definition of "340B covered entity" as defined by HRSA.

3. TPA opposes the definition of patient eligibility being narrowed or limited from its current scope to ensure patients derive maximum benefit from the 340B Drug Pricing Program.

4. TPA supports continued access to the 340B Drug Pricing Program by eligible patients, 340B covered entities, and contract pharmacies in accordance with the intent of the program.

5. TPA supports 340B Drug Pricing Program stability through maintenance of reimbursement and savings to 340B covered entities and any of their contract pharmacies.

6. TPA opposes a manufacturer, agent, or affiliate of such manufacturer prohibiting a pharmacy from contracting or participating with a 340B entity or denying the pharmacy access to a drug based on their relationship with a 340B entity.

7. TPA opposes a manufacturer, agent, or affiliate of such manufacturer denying, prohibiting, discriminating against, refusing or withholding 340B pricing from, or limiting the dispensing, purchasing, ordering, delivery, or receipt of a drug purchased by a 340B covered entity and any of its contracted pharmacies.

8. TPA supports requirements, in accordance with existing laws, regulations, and TPA policies, for 340B administrators to inform the patient that they are not required to use a mail order pharmacy.

Adopted on a proper motion by the Tennessee Pharmacists Association House of Delegates
July 2024

Policy 24.2: Disciplinary action information regarding substance use disorder

1. TPA recognizes that healthcare professionals in recovery face barriers in securing and maintaining employment when information regarding substance use disorders is publicly available.

2. TPA advocates for an amendment to the Tennessee Code 63-32-105 Health Care Consumer Right to Know Act to include a mechanism that would allow for individuals who have completed peer recovery network contracts to petition their respective regulatory health licensure board to remove substance use disorder disciplinary action information for public dissemination after 10 years from the date of contract initiation.

Adopted on a proper motion by the Tennessee Pharmacists Association House of Delegates
February 2024

Policy 24.1: Telehealth

1. TPA recognizes that pharmacists are healthcare providers, and that telehealth is defined as a process that involves two-way, interactive technology that permits communication between healthcare providers and patients or their representative(s).

2. TPA advocates that federal and state governments adopt laws and regulations that modernize and standardize telehealth practices nationwide and facilitate the use of U.S.-based telehealth services to enhance interprofessional practices.

3. TPA advocates for changes in federal, state, and third-party payment programs to define pharmacists as healthcare providers and provide an infrastructure supporting sustainability of pharmacist-provided patient care services, both in-person and remotely.

4. TPA supports the provision of and reimbursement for telehealth services to patients by Tennessee-licensed healthcare providers.

Adopted on a proper motion by the Tennessee Pharmacists Association House of Delegates
February 2024

Policy 23.4: Modes of collaborative practice to increase patient access to healthcare

1. TPA acknowledges the importance of the relationship between patients and their primary care provider.

2. TPA recognizes that establishing a patient-provider relationship is not always feasible and should not impede execution of a collaborative pharmacy practice agreement.

3. TPA supports implementation of statewide standing orders, protocols, and collaborative practice agreements to increase patient access to healthcare services.

4. TPA supports the individual pharmacist's decision to engage in collaborative practice agreements, protocols, and other forms of collaborative patient care.

Adopted on a proper motion by the Tennessee Pharmacists Association House of Delegates
June 2023

Policy 23.3: Management of medications for substance use disorders

1. TPA advocates for pharmacists' prescriptive authority of medications indicated for substance use disorders (MSUDs) to expand patient access to treatment.

2. TPA strongly advocates for patient-provider relationships and appropriate provider monitoring of patients on MSUDs in accordance with state and federal laws and regulations.

3. TPA opposes inappropriate prescribing practices for MSUDs that would require pharmacist intervention and delay patient care or treatment during the dispensing process.

4. TPA opposes regulatory barriers that limit patient access to buprenorphine or other MSUDs, including but not limited to policies that force pharmacies to limit ordering and dispensing buprenorphine products or accepting new buprenorphine patients.

Adopted on a proper motion by the Tennessee Pharmacists Association House of Delegates
June 2023

Policy 23.2: Standardization of licensure processes for pharmacy professionals

1.TPA supports readily accessible education on pharmacy law and regulations for all pharmacy professionals in the state of Tennessee including pharmacy law education in pharmacy curriculum.

2.TPA supports the development of a national standardized pharmacy jurisprudence examination on behalf of the state boards of pharmacy to assess competence for licensure.

3.TPA advocates for the continued development of uniform laws and regulations that facilitate pharmacy professionals' timely ability to practice in multiple states.

4.TPA supports stakeholder development of a streamlined national standard mechanism that promotes licensure reciprocity.

Adopted on a proper motion by the Tennessee Pharmacists Association House of Delegates
February 2023

Policy 23.1: Pharmacist use of professional judgment

1.TPA advocates for pharmacist use of professional judgment and conscience in coordination with other healthcare providers through appropriate documentation, communication, and referral.

2.TPA opposes any restriction that limits pharmacist use of professional judgment and conscience.

3.TPA calls for civil, criminal, and professional liability protections for pharmacists and pharmacies if the pharmacist's responsibility to use professional judgment is limited by state or federal laws.

4.TPA encourages collaboration between professional healthcare organizations to facilitate coordination of patient care.

Adopted on a proper motion by the Tennessee Pharmacists Association House of Delegates
February 2023

RESOLUTION 22.4
TPA House of Delegates

Rest Periods for Pharmacists

WHEREAS, pharmacists frequently work eight to twelve hour shifts with no mandatory rest breaks; and,

WHEREAS, pharmacists could have impaired judgment from lack of mental rest, lack of adequate hydration and nutrition and therefore could cause patient harm from performing pharmacist duties under duress;

NOW, THEREFORE, BE IT RESOLVED, that the Tennessee Pharmacists Association strongly supports all employers to grant pharmacists working six hours or more a 30-minute uninterrupted break; and,

BE IT FURTHER RESOLVED, that the Tennessee Pharmacists Association collaborate with the Tennessee Board of Pharmacy to explore implementing mandatory rest breaks to protect patient health and safety as well as decrease pharmacist burnout.

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

June 2022

RESOLUTION 22.3
TPA House of Delegates

Just Culture

WHEREAS, medication errors are a major source of morbidity and mortality per the Institute of Medicine (IOM); and,

WHEREAS, a healthcare professional was criminally convicted as a result of a medication error; and,

WHEREAS, pharmacists are the leading medication safety experts within our healthcare system; and,

WHEREAS, a "Just Culture" approach to medication safety reflects a systemic, non-punitive approach that emphasizes shared accountability for negative outcomes as well as recognizing individual accountability; and

WHEREAS, a Just Culture approach to medication safety emphasizes nonpunitive reporting of medication errors and system vulnerabilities to improve the overall care of patients through system optimization; and

WHEREAS, a number of organizations have endorsed the concept of a Just Culture approach to medication safety;

NOW, THEREFORE BE IT RESOLVED, TPA strongly supports the Just Culture approach to medication safety and will work to encourage the implementation of Just Culture in health systems, pharmacies and other healthcare institutions and organizations throughout the state; and,

BE IT FURTHER RESOLVED, TPA supports the efforts of healthcare professionals in the implementation of Just Culture in their respective practices and institutions.

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

June 2022

RESOLUTION 22.2
TPA House of Delegates

Provision of Vaccines in Tennessee

WHEREAS, 42,000 adults and 300 children in the United States die each year from vaccine-preventable diseases; and,

WHEREAS, vaccines have been one of the most successful public health interventions in recorded history; and,

WHEREAS, childhood vaccination rates have plummeted in recent years; and, **WHEREAS**, pharmacists and pharmacies play an integral role in vaccine distribution and administration; and,

WHEREAS, pharmacists are among the most accessible healthcare providers and have the highest level of training and expertise in medication therapy; and,

WHEREAS, the Tennessee Pharmacists Association is committed to improving public health through pharmacist-provided patient care services;

NOW, THEREFORE BE IT RESOLVED, that the Tennessee Pharmacists Association will vigorously and publicly promote and advocate for the use of vaccines to prevent unnecessary morbidity and mortality of Tennessee residents, especially children; and,

BE IT FURTHER RESOLVED, the Tennessee Pharmacists Association will advocate for the expansion of pharmacist and pharmacy involvement in the provision of all vaccines.

Submitted by Justin Griner, PharmD, BCPS, and Hillary Blackburn, PharmD, MBA January 24, 2022

Adopted on a proper motion by the Tennessee Pharmacists Association House of Delegates March 1, 2022

RESOLUTION 22.1
TPA House of Delegates

Tennessee Prescribing/Dispensing Autonomy

WHEREAS, the goal of pharmacy practice is to help assure optimal outcomes of patient care when medications are considered for the treatment and prevention of disease; and,

WHEREAS, pharmacists are integrally involved in the provision of drug-related patient care as a partner with physicians and other prescribers who are routinely engaged in assessing and reassessing patient needs and creating care plans based on those needs; and,

WHEREAS, data guiding and defining the optimal use of medications is generated routinely by inquiry and observation over a period of time; and,

WHEREAS, legislatures have long defined that prescribers are authorized to prescribe medications for management of disease and disorders even though the use of the medication may not be officially approved by government or other regulatory agencies; and,

WHEREAS, physicians and other prescribers should be trusted to use best clinical judgment in defining the approach to care for an individual patient; and,

WHEREAS, pharmacists, in considering the fulfilling of orders for medication which are issued by prescribers, are both responsible for and capable of making good consideration of the risk/benefit of a given prescription for an individual patient; and,

WHEREAS, the pharmacist should not be compelled to fulfill a prescription where they consider the risk to outweigh benefits; and,

WHEREAS, the pharmacist should not be prevented from fulfilling a prescription for a patient where they consider the benefit to outweigh risks; and,

WHEREAS, the rapid emergence and propagation of the recent COVID-19 pandemic has resulted in the need for caregivers to consider use of medications when no official approval for the use of these medications in management of this syndrome has existed and evidence supporting such use has been sparse; and,

Continued

WHEREAS, certain individuals and organizations and even legislatures have sought to limit the authority of prescribers to use medications “off label”; and,

WHEREAS, these attempts to limit the ability of prescribers to use these medications results in the inability of prescribers to use best clinical judgment, including consideration of newly generated information, in the provision of patient care; and,

WHEREAS, both prescribers and dispensers should be legally responsible for decisions which are made related to prescribing and dispensing medications;

NOW, THEREFORE BE IT RESOLVED, that the Tennessee Pharmacists Association encourages the Tennessee Legislature to take no steps to limit the ability of a licensed/authorized Tennessee prescriber to use best clinical judgment in selecting medication therapy for addressing patient care needs; and,

BE IT FURTHER RESOLVED, that the Tennessee Pharmacists Association encourages the Tennessee Legislature to take no steps to force a pharmacist to fulfill a prescription which is considered by the pharmacist, after consideration of patient characteristics and clinical needs, to be ill-advised or otherwise inappropriate; and,

BE IT FURTHER RESOLVED, that the Tennessee Pharmacists Association encourages the Tennessee Legislature to make no law which absolves prescribers and dispensers of potential liability related to judgments made in the clinical care process, including prescribing and dispensing medications.

Submitted by William L. “Bill” Greene, BS Pharmacy, PharmD, BCPS, FASHP, FCCP February 1, 2022

Adopted on a proper motion by the Tennessee Pharmacists Association House of Delegates March 1, 2022

RESOLUTION 20.4
TPA House of Delegates

Access to NarxCare Through the
Tennessee Controlled Substance Monitoring Database

WHEREAS, Tennessee Board of Pharmacy Rule 1140-03-.01 RESPONSIBILITIES FOR PHARMACEUTICAL CARE states that "(2)(a) The patient's record system shall provide for the immediate retrieval of information necessary for the pharmacist to identify previously dispensed medical and prescription orders at the time a medical or prescription order is presented. (2)(b) In order to effectively counsel patients, the pharmacist...shall...make a reasonable effort to obtain, record, and maintain...; and,

WHEREAS, the future of the profession of pharmacy is dependent on the ability of pharmacists to comply with Tennessee Board of Pharmacy Rule 1140-03-.01; and,

WHEREAS, the Tennessee Pharmacists Association adopted Resolution 19.1 "A Resolution Advocating for Pharmacy Working Environments that Promote Optimal Patient Care"; and,

WHEREAS, the state of Tennessee has an active contract with Appriss, the vendor for the Tennessee Controlled Substance Monitoring Database, to administer the state's prescription drug monitoring program; and,

WHEREAS, the Tennessee Controlled Substance Database does not currently include NarxCare, a tool to assist pharmacists in ensuring compliance and efficiency when carrying out their professional responsibilities as providers of care;

NOW, THEREFORE BE IT RESOLVED, that the Tennessee Pharmacists Association encourages the Tennessee Board of Pharmacy and the Director of the Controlled Substance Monitoring Database to explore and provide a report to the association on the feasibility of adding NarxCare to the Controlled Substance Monitoring Database to promote optimal pharmacist-provided patient care in Tennessee.

Submitted by Roy Dale Cope, PharmD
June 7, 2020

Adopted as amended on a proper motion by the Tennessee Pharmacists Association House of Delegates
June 19, 2020

RESOLUTION 20.3
TPA House of Delegates

Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP)

WHEREAS, approximately 40,000 Americans are infected with Human Immuno-deficiency Virus (HIV) every year; and,

WHEREAS, the Centers for Disease Control and Prevention (CDC) recommends pre-exposure prophylaxis (PrEP) to prevent HIV in high risk individuals; and,

WHEREAS, the CDC recommends post-exposure prophylaxis (PEP) within 72 hours of possible exposure to HIV to prevent infection; and,

WHEREAS, barriers to obtaining PrEP or PEP may increase the risk of contracting HIV; and,

WHEREAS, pharmacists are among the most accessible healthcare providers and have the highest level of training and expertise in medication therapy; and,

WHEREAS, the Tennessee Board of Pharmacy has adopted a policy statement on preventive health that includes a variety of common conditions that pharmacists are authorized to manage through non-diagnostic collaborative pharmacy practice agreements with prescribers; and,

WHEREAS, access to pharmacist-initiated HIV PrEP and PEP may remove barriers to accessing PrEP and PEP and decrease rates of HIV infection; and,

WHEREAS, the Tennessee Pharmacists Association (TPA) is committed to improving public health through pharmacist-provided patient care services;

NOW, THEREFORE LET IT BE RESOLVED, this House of Delegates urges TPA to work collaboratively with the Tennessee Medical Association, the state of Tennessee, and other provider groups, to increase patient access to pharmacist-provided PrEP and PEP through legislation, regulation, and policy changes; and,

BE IT FURTHER RESOLVED, the TPA advocates that health insurance issuers and managed care organizations be required to compensate pharmacists for providing patient care services related to PrEP and PEP and include PrEP and PEP in their list of covered medications without prior authorization or step therapy; and,

BE IT FURTHER RESOLVED, the TPA advocates for the expansion of patient assistance

programs to further promote access to PrEP and PEP for any patient in need of these medication therapies.

Submitted by Justin Griner, PharmD, BCPS, and Drew Armstrong, PharmD, BCACP, AAHIVP
January 31, 2020

Adopted as amended on a proper motion by the Tennessee Pharmacists Association House of Delegates February 25, 2020

RESOLUTION 20.2

TPA House of Delegates

Expedited Partner Therapy (EPT)

WHEREAS, approximately 550,000 Americans are infected with gonorrhea every year; and,

WHEREAS, gonorrhea infection rates have risen by 75% in the past decade; and,

WHEREAS, Expedited Partner Therapy (EPT) is the practice of treating the sex partners of patients diagnosed with chlamydia or gonorrhea by providing prescriptions or medications to the patient to take to his/her partner without the health care provider first examining the partner; and,

WHEREAS, the Centers for Disease Control and Prevention (CDC) recommends EPT as a useful option to facilitate partner treatment of gonorrhea; and,

WHEREAS, increased access to EPT may remove barriers to the prevention and treatment of gonorrhea; and,

WHEREAS, the state of Tennessee currently authorizes EPT for chlamydia; and,

WHEREAS, seven states bordering Tennessee, including Arkansas, Georgia, Kentucky, Mississippi, Missouri, North Carolina, and Virginia, currently allow EPT for gonorrhea; and,

WHEREAS, the Tennessee Pharmacists Association (TPA) is committed to improving public health through pharmacist-provided patient care services;

NOW, THEREFORE LET IT BE RESOLVED, TPA urges the state of Tennessee to authorize EPT for gonorrhea via legislation or regulation.

Submitted by Justin Griner, PharmD, BCPS, and Drew Armstrong, PharmD, BCACP, AAHIVP
January 31, 2020

[A]Adopted as amended on a proper motion by the Tennessee Pharmacists Association House of Delegates February 25, 2020

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

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

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

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 patients' 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

TENNESSEE PHARMACISTS ASSOCIATION

January 31, 2018

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

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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 healthcare team and work daily to management and ensure patients achieve optimal health benefits from their medication therapy; 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 healthcare 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 healthcare 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

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

Resources

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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 rates[3]; 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 situations[8]; 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 evidence[9]; 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 certifications[10];

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

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

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

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

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

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

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

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

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

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

RESOLUTION TPA 16.02
TPA House of Delegates

Continuing Education Credit for Actively Precepting Students

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

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 antagonists to reverse 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 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; 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 healthcare 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

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

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 distributers 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

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

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

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

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

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

Resolution TPA 13.03

To Pursue More Severe Punishment for Criminal Actions Against Pharmacies, Pharmacists, or Other Dispensing Healthcare 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 healthcare 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 the connection with the sentence;

NOW, THEREFORE BE IT RESOLVED, the Tennessee Pharmacists Association recognize and extended 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 providers; and,

BE IT FURTHER RESOLVED, the Tennessee Pharmacists Association maintain its advocacy efforts with kay stake-holders, including but not limited to patient care groups, healthcare 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

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

Resolution TPA 13.01

Encouraging Local Pharmacy District Relationships with Student Pharmacists

WHEREAS, the future of the professional 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, failure to reach out on a local level through local pharmacy organizations, to which Tennessee Pharmacists Association, 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:
Recommended as Amended
February 21, 2013

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

TENNESSEE PHARMACISTS ASSOCIATION

(615) 256-3023 1732 Lebanon Pike Circle, Nashville, TN 37210 tpa@tnpharm.org

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

TPA Resolution 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 a1ter 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

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

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, education, 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 revenues 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 caused 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 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 Beauman Dick, Pharm.D.

Resolutions Committee:
Recommended
July 8, 2010

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

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 healthcare 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 healthcare providers about the benefits of using the database and 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

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

RESOLUTION TPA 09.01
To Further Efforts by the Tennessee Pharmacists Association
to Be Environmentally Conservative in Providing Member Services

WHEREAS, the Tennessee Pharmacists Association strives to be environmentally conservative and is fully aware of efforts across the United States to reduce the consumption of paper and other disposable products by utilizing alternative resources, electronic or otherwise; and,

WHEREAS, the monies and resources entrusted to the Tennessee Pharmacists Association by its members have been and will continue to be used to further its Mission; and,

WHEREAS, technological resources allow information to be disseminated to the Tennessee Pharmacists Association membership through members-only information sharing systems, including, but not limited to electronic, disc, or internet methods; and,

WHEREAS, the Tennessee Pharmacists Association recognizes the significant time and resources expended annually to provide paper documents to its members as a service throughout the year; and,

WHEREAS, given the small number of Tennessee Pharmacists Association employees, utilizing alternative methods to disseminate information may allow for a more efficient allocation of staff time and resources in support of its membership; and,

WHEREAS, the Tennessee Pharmacists Association recognizes that some members prefer paper materials be provided to them, and that these materials may be provided to those members at their request for a reasonable fee; and,

NOW, THEREFORE BE IT RESOLVED, the Tennessee Pharmacists Association will strive to be more conservative in its use of natural resources when supporting its membership, where possible and appropriate; and,

BE IT FURTHER RESOLVED, the Tennessee Pharmacists Association form an ad hoc committee to assess member needs and explore environmentally friendly approaches to supporting the membership in the most expeditious and cost-effective ways possible; and,

BE IT FURTHER RESOLVED, this committee be charged with developing specific goals and with continuing to meet and develop ideas until the intent of this resolution has been accomplished.

Submitted by Beauman Dick
July 14, 2009

As amended by Resolutions Committee
July 19, 2009

Adopted on proper motion by the Tennessee Pharmacists Association House of Delegates
July 21, 2009, Hilton Head, South Carolina

RESOLUTION TPA 08.01
Postgraduate Residency Training

WHEREAS, Pharmacists engaged in clinical practice must assume responsibility and accountability for managing drug therapy in direct patient care settings; and,

WHEREAS, Pharmacy leaders have embraced the vision that, by the year 2020, virtually all pharmacists in the United States will be providing direct patient care; and,

WHEREAS, Effective direct patient care requires development of knowledge, skills, attitudes and competencies that are best refined in the completion of a postgraduate pharmacy residency that builds on the knowledge, skills, attitudes and competencies obtained in completion of an entry-level pharmacy degree; and,

WHEREAS, Pharmacists are increasingly recognized by payors and compensated as providers of direct patient care; and,

WHEREAS, Regulatory and other agencies will demand indicators of "credentials" that demonstrate pharmacist qualifications and support pharmacist privileging relating to provision of direct patient care; and,

WHEREAS, Both the American Society of Health-System Pharmacists (ASHP) and the American College of Clinical Pharmacy (ACCP) have adopted resolutions that affirm that, by the year 2020, residency training should become a prerequisite for (new practitioner) pharmacists to enter into direct patient care positions;

NOW, THEREFORE BE IT RESOLVED, the Tennessee Pharmacists' Association supports professional activities to encourage student pharmacists to pursue residency training and to encourage pharmacists to develop or expand quality residency training programs in Tennessee.

Submitted by Tennessee Society of Health System Pharmacists
Executive Committee
February 26, 2008
Proposed Amended Language

Adopted as amended on proper motion by the Tennessee Pharmacist Association House of Delegates
February 26, 2008, Nashville, Tennessee

RESOLUTION TPA 07.03
Implementation of new Medicaid Rule for AMP-based FULs

WHEREAS, the Deficit Reduction Act of 2005 (DRA) requires every state Medicaid pharmacy program to follow a new Medicaid drug payment rule; and,

WHEREAS, the DRA established a new Federal Upper Limit (FUL) calculation, which is the maximum the federal government will pay to states in federal matching funds or federal financial participation (FFP) for multi-source drugs (generics) dispensed through state Medicaid programs; and,

WHEREAS, this new payment rule requires the Medicaid FULs to be calculated based on 250% of the lowest average manufacturer price (AMP) in a generic drug class rather than on 150% of the lowest price published in the national compendia; and,

WHEREAS, the Congressional Budget Office estimates that this change will reduce Medicaid expenditures for FUL drugs by $3.6 billion over 5 years; and,

WHEREAS, the Department of Health and Human Services Office of Inspector General Study results, released in June 2007, concluded that nineteen of the twenty-five selected high expenditure drugs studied had estimated average pharmacy acquisition costs that would be below the new FUL amounts; and twelve of these nineteen drugs had average pharmacy acquisition costs that would be more than double the new limits; and,

WHEREAS, utilization of multi-source drugs (generics) results in delivery of high quality, cost-effective prescription services and savings for Medicaid pharmacy programs and both state and federal governments; and,

WHEREAS, the average generic prescription utilization rate in Medicaid programs in this country is 55%, and in TennCare, the generic prescription utilization rate far exceeds this percentage and has resulted in significant savings for the TennCare Prescription Program; and,

WHEREAS, cutting reimbursement to below cost for multi-source drugs results in a disincentive for dispensing these drugs in Tennessee; and,

WHEREAS, cutting reimbursement to below cost will force pharmacies to make independent business decisions that may force them from state Medicaid networks, resulting in a loss of access to prescription services and care; and,

WHEREAS, access to prescription care enables patient compliance with their prescription

regimen, which helps ensure positive health outcomes for patients and overall savings for Medicaid; and,

WHEREAS, lack of access to prescription care will drive up Medicaid costs due to increased doctor visits, emergency room treatment and long-term care costs; and,

WHEREAS, the new Medicaid FUL drug payment rule declares that states may pay above or below the FUL for individual drug classes and still receive the full FFP, as long as overall payments for multi-source drugs subject to the FUL meet the annual aggregate cap; and,

WHEREAS, while CMS is required by law to establish an FUL for multi-source drug payments, states retain the authority to set their own reimbursement levels and dispensing fees paid to pharmacies; and

WHEREAS, recognizing that the new FULs could result in some reduction in drug ingredient payment to pharmacies, CMS is actively encouraging states to evaluate whether the fees they pay pharmacies are adequate to compensate them for their costs in dispensing these multi-source drug prescriptions; and,

WHEREAS, the final rule provides for a new definition of "dispensing fees" to allow for fees which cover the pharmacy's costs of dispensing the drug, including overhead and profit; and,

WHEREAS, in order to adjust dispensing fees, state Medicaid programs must submit a state plan amendment for federal approval; and,

WHEREAS, dispensing fees receive a full federal match and are not limited by the new FULs; and,

WHEREAS, the 2005 NCPA-Pfizer Digest found that the cost of dispensing was $9.24; and,

WHEREAS, the TennCare pharmacy dispensing fee of $3.00 per multi-source drug prescription is among the lowest in the nation; and,

WHEREAS, the TennCare pharmacy dispensing fee for prescriptions does not include an amount for profit.

NOW, THEREFORE BE IT RESOLVED, the Tennessee Pharmacists Association (TPA) urges the Governor, the Commissioner of Finance, and the Bureau of TennCare working with members of the Tennessee General Assembly to develop and implement a plan for a fair and reasonable formula for reimbursement to pharmacies for multi-source drug prescriptions dispensed to TennCare patients to ensure continued maximum use of cost-effective

therapies; and,

BE IT FURTHER RESOLVED, the TPA requests that the Bureau of TennCare plan for setting state Maximum Allowable Costs for individual multi-source drug products take into account the provision that states may pay above or below the FUL for individual drug classes, as long as the overall payments for drugs subject to an FUL are under the annual aggregate cap; and,

BE IT FURTHER RESOLVED, the TPA requests that the Bureau of TennCare plan for setting the dispensing fee for multi-source drug prescriptions and ensure that the fees paid to pharmacies for dispensing these drugs include dispensing fees which include the pharmacy's costs of dispensing the drug, as well as overhead and profit; and,

BE IT FURTHER RESOLVED, the TPA urges the state of Tennessee to submit the required state plan amendment for adjustment of dispensing fees for federal approval, such that the new reimbursement formula can be implemented by the time the new AMP-based FULs are implemented.

Submitted by TPA Resolution Committee
July 27, 2007

Adopted on proper motion by the Tennessee Pharmacist Association House of Delegates
July 30, 2007, Point Clear, Alabama

Resolution TPA 07.02
Development of New Pharmacy Schools in Tennessee

WHEREAS, four universities are currently in various stages of developing new colleges pharmacy in Tennessee; and,

WHEREAS, the University of Tennessee College of Pharmacy has increased class size from 125 to 200 students, expected to graduate in 2010, and the East Tennessee State University College of Pharmacy has opened and admitted its first class of 72 students, expected to graduate in 2010; and,

WHEREAS, the number of graduates from the University of Tennessee and the East Tennessee State University Colleges of Pharmacy (from the current 125 to 275 in 2010) will represent a 120% increase in pharmacy graduates in Tennessee by 2010; and,

WHEREAS, the total number of graduates of all colleges of pharmacy in the United states in 2006 was slightly over 8,200, and the projected number of graduates from those existing colleges of pharmacy in 2010 will be over 12,000 which represents a 50% increase of graduates by 2010; and,

WHEREAS, four new colleges of pharmacy in Tennessee could potentially increase the number of graduates in Tennessee and additional 250 to 300 per year, making a total of 525 to 575 graduates, which is more than a 400% increase of pharmacy graduates in Tennessee; and,

WHEREAS, the Tennessee Board of Pharmacy has only licensed an average of 251 pharmacists by NAPLEX examination over the past five years, and 160 by reciprocity, for a total of 411 licenses per year, demonstrating this projected increase in graduates would be larger than the current demand for pharmacists in Tennessee; and,

WHEREAS, the average number of Tennessee resident applicants to the University of Tennessee College of Pharmacy over the past 4 years has remained static and has averaged 299 per year, representing a 5% of the applicant pool this past year; and,

WHEREAS, the University of Tennessee and East Tennessee State University can adequately meet the current needs for the average number of Tennessee residents applying to colleges of pharmacy; and the majority of Tennessee applicants to colleges of pharmacy with strong GPA's and strong PCAT scores are able to gain acceptance into the University of Tennessee and East Tennessee State University; and,

WHEREAS, the expansion of the University of Tennessee College of Pharmacy and opening of the East Tennessee State University College of Pharmacy will utilize more than twice the current number of professional practice clinical rotation sites within 2 years, and many of these institutional-based rotations place increased demands on institutions whose pharmacies have had to limit the numbers of students with the additional and expanded Joint Commission standards for accreditation of hospitals; and,

WHEREAS, many new and some existing colleges of pharmacy nationwide are already having great difficulty in identifying quality clinical rotation sites, the proposed new colleges of pharmacy in Tennessee will have to compete for the limited number of existing clinical rotations sites in Tennessee, which could have the potential of negatively affecting the quality of both existing and new colleges of pharmacy; and,

WHEREAS, the new accreditation standards of the Accreditation Council for Pharmacy Education (ACPE) mandate an advanced institutional rotation for all students, and the American Society of Health-System Pharmacists (ASHP) has expressed concern about the ability of member institutions nationally to accommodate both the increasing numbers of students and this new ACPE requirement for advanced institutional rotations; and,

WHEREAS, the American Association of Colleges of Pharmacy (AACP) has documented a national shortage of pharmacy faculty; and many new and existing colleges of pharmacy are having difficulty in attracting and retaining faculty members; and,

WHEREAS, both the shortage of pharmacy faculty and the need for a significant increase in the number of rotation experiences that will be required for the increasing number of students in colleges of pharmacy in the United states have the potential to negatively affect the quality of all pharmacy educational programs;

NOW, THEREFORE BE IT RESOLVED, the Tennessee Pharmacists Association continue to support high quality pharmacy education for all colleges of pharmacy in Tennessee, based on the colleges having adequate resources, including faculty and clinical rotation sites, to offer curricula which will graduate strong practitioners with the skills and abilities to provide advanced patient care; and,

BE IT FURTHER RESOLVED, the Tennessee Pharmacists Association communicate its position to ACPE and encourage ACPE to continue to assure that all colleges of pharmacy, including those in Tennessee, meet all the accreditation standards in order to ensure the offering of high quality pharmacy education to all students enrolled in those colleges; and,

BE IT FURTHER RESOLVED, the Tennessee Pharmacists Association recommend that all applicable accrediting bodies, including accrediting entities for higher education, take a more active role in monitoring the accreditation status of schools and colleges of pharmacy, and that the Tennessee Pharmacists Association further recommend that these entities examine the communications of schools and colleges of pharmacy, including all printed recruitment materials and all information on their websites, to ensure the accurate disclosure of their accreditation status and its implication to current and prospective students; and,

BE IT FURTHER RESOLVED, the Tennessee Pharmacists Association work with the leadership of all colleges of pharmacy in Tennessee to express its support of high quality pharmacy education, which will support the TPA mission of "ensuring delivery of quality pharmaceutical care as a means of protecting and enhancing the public health" and making pharmacy "an integral component of the healthcare delivery system"; and,

BE IT FURTHER RESOLVED, the Tennessee Pharmacists Association work with the colleges of pharmacy and other professional entities to explore pharmacy manpower needs in Tennessee, including the possible need for a pharmacy manpower analysis and study specific to Tennessee, and to seek funding for such a study if needed.

Submitted by Jim Eoff
June 15, 2007

Adopted on proper motion by the Tennessee Pharmacist Association House of Delegates
July 30, 2007, Point Clear, Alabama

Resolution TPA 07.01
Promotion of the Tennessee Universal Medication List

WHEREAS, the Tennessee Pharmacists Association appointed an ad hoc Continuum of Care Committee in 2006 to develop a Universal Medication List, as one of several objectives toward achieving the goal of improving medication safety in Tennessee by providing a universally consistent process for communicating vital patient information regarding medications and allergies across the continuum of care; and,

WHEREAS, the Continuum of Care Committee has performed due diligence in the development of the Tennessee Universal Medication List, obtaining collaboration with other health care providers in Tennessee; and,

WHEREAS, the Tennessee Universal Medication List is now available on the Tennessee Pharmacists Association web site for download access at no cost by the public in both English and Spanish; and,

WHEREAS, Tennessee pharmacists should take the lead in promoting the use of the Universal Medication List as a tool to communicate patient medication information across the continuum of care;

NOW, THEREFORE BE IT RESOLVED, that Tennessee pharmacists are encouraged to make the Universal Medication List available in their pharmacies and promote use of the list with their patients; and,

BE IT FURTHER RESOLVED, pharmacists are encouraged, where possible, to maintain an electronic medication list for their patients, incorporate the components of the Universal Medication List into their electronic system, and provide their patients with a printed, up-to-date list, so that patients may carry it at all times; and,

BE IT FURTHER RESOLVED, pharmacists are encouraged to incorporate use of the Universal Medication List in their Medication Therapy Management (MTM) services; and,

BE IT FURTHER RESOLVED, pharmacists are encouraged to communicate with physicians in their local area to promote the use of the Universal Medication List; and,

BE IT FURTHER RESOLVED, pharmacists are encouraged to send facsimiles of the Universal Medication List to their patients' other healthcare providers to communicate across the continuum of care; and,

BE IT FURTHER RESOLVED, pharmacists are encouraged to share the Universal Medication List with local newspapers to help make the public aware of this medication safety initiative in Tennessee; and,

BE IT FURTHER RESOLVED, that colleges of pharmacy are encouraged to incorporate use of the Universal Medication List in the experiential curriculum and in pharmacy student community service activities, such as health fairs.

Submitted by Jeanne R. Ezell for the TPA ad hoc Continuum of Care Committee
January 10, 2007

Adopted on proper motion by the Tennessee Pharmacist Association House of Delegates
February 28, 2007, Nashville, Tennessee

RESOLUTION TPA 06.4

To Support the Election of a Tennessee Board of Pharmacy Director with Appropriate Qualifications and Salary as Determined by the Board

WHEREAS, TCA 63-10-301 creates a Board of Pharmacy in the state of Tennessee charged with enforcing in Tennessee all laws that pertain to the practice of pharmacy in Tennessee; and,

WHEREAS, TCA 63-10-303 requires that the Board of Pharmacy have a director who is a pharmacist; and,

WHEREAS, TCA 63-10-303 also requires that the director be elected by the members of the Board of Pharmacy and that the director receive a salary which shall be fixed by the Board of Pharmacy; and,

WHEREAS, state law requires all regulatory boards in Tennessee to be totally self-funded; and,

WHEREAS, the Tennessee Board of Pharmacy has operated over the past several years in such a manner that the Board has reserves in excess of one million dollars; and,
WHEREAS, the Board of Pharmacy has the authority to set the fees for all licensees and registrants in order to provide adequate funding for Board of Pharmacy operations; and,

WHEREAS, the previous Director of the Board of Pharmacy, Kendall Lynch, left the Board of Pharmacy on December 31, 2005 requiring the Board of Pharmacy to elect a new Director and set a salary for the new Director; and,

WHEREAS, it is the duty of the Board of Pharmacy, through its officers and employees, to enforce all the laws of the state pertaining to the practice of pharmacy, the manufacture, distribution or sale of drugs, and the medication use process including: compounding, selection, preparation/production, dispensing/distribution, patient administration, education and monitoring of drugs, devices, chemicals or poisons; and,

WHEREAS, the Board of Pharmacy regulates over 7,000 licenses; and,

WHEREAS, the Director of the board must have extensive knowledge and expertise regarding pharmacy practice in order to lead the Board of Pharmacy and its employees in carrying out the responsibilities designated to the Board of Pharmacy; and,
WHEREAS, the Director of the Board must have the experience and skills necessary to develop and present educational programs to licensees, to assist the Board in the development of rules to regulate the ever changing practice of pharmacy and, to represent the Board on state and national committees and organizations, including the National Association of

Boards of Pharmacy; and,

WHEREAS, there is currently a nationwide shortage of pharmacists; and,

WHEREAS, the average starting salary for members of the 2006 University of Tennessee College of Pharmacy graduates is $98,970; and,

WHEREAS, every pharmacist hired by any Tennessee state agency in the past several years has been hired at a starting salary in accordance with current pharmacist marketplace salary ranges; and,

WHEREAS, the Tennessee Board of Pharmacy has conducted a sur- vey to determine the salary of the chief executive officer of the pharmacy regulatory body in the other southeastern states; and,

WHEREAS, the Tennessee Board of Pharmacy has taken all these factors into consideration when electing its director and setting the salary for its director; and,

NOW, THEREFORE BE IT RESOLVED, the Tennessee
Pharmacists Association urges the Department of Commerce and Insurance to support and implement the decisions made by the members of the Tennessee Board of Pharmacy, those decisions having been made in accordance with the Tennessee Pharmacy Practice Act; and,

BE IT FURTHER RESOLVED, the Tennessee Pharmacists Association respectfully requests the Governor of the State of Tennessee to support those decisions and to implement those decisions as soon as possible to assure the pharmacists in Tennessee the most qualified applicant, as determined by the members of the Board of Pharmacy, is hired as the Director of the Tennessee Board of Pharmacy.

Submitted by Tennessee
Pharmacists Association Board of Directors
July 22, 2006
Recommended by Resolutions Committee, July 23, 20006

Adopted on proper motion by the Tennessee Pharmacist Association House of Delegates
July 23, 2006, Knoxville, Tennessee

RESOLUTION TPA 05.5
To Call for A New State Contract for "Safety Net" Pharmacy Services

WHEREAS, the State of Tennessee, Department of Finance and Administration, has executed a $57 million contract with Express Scripts, Inc., for the provision of "safety net" medications and related pharmaceutical assistance programs for patients disenrolled from TennCare; and,

WHEREAS, these contracted services were not procured through a competitive bid process; and,

WHEREAS, Tennessee pharmacists were not given the opportunity to offer input or advice to the Administration regarding alterative options available to provide "safety net" pharmacy services in the most cost- effective manner; and,

WHEREAS, the contract between the State of Tennessee, Department of Finance and Administration, and Express Scripts, Inc., results in more than $23.6 million dollars being needlessly sent outside of the State of Tennessee, negatively impacting the Tennessee economy; and,

WHEREAS, the contract between the State of Tennessee, Department of Finance and Administration, and Express Scripts, Inc., does not require the return of one hundred percent(100%) of all pharmaceutical rebates associated with the purchase of prescription drugs for disenrolled TennCare members to the State or require transparency from the Contractor; and,

WHEREAS, the provision of the "safety net" pharmacy services for Medicare-eligible disenrollees potentially provides an unfair marketing advantage to Express Scripts, Inc., for future Medicare Part D pharmacy services.

NOW, THEREFORE BE IT RESOLVED, the Tennessee Pharmacists Association demand the contract between the State of Tennessee, Department of Finance and Administration, and Express Scripts, Inc., (contract FA-06-16458-00) be terminated in ninety(90)days, without cause, to allow sufficient time for an RFP (request for proposal) to be developed, released, evaluated and awarded by the State of Tennessee in order to competitively procure a new contract for the provision of "Safety Net" pharmacy services. The development process for the RFP should include input from Tennessee pharmacists and the contract should be designed to maximize the collection and return of drug rebates to the State and assure complete transparency by the successful bidder.

Adopted as amended on proper motion by the Tennessee Pharmacist Association House of Delegates
July 18, 2005, Orange Beach, Alabama

RESOLUTION TPA 05.4
To Expand Designated Seats in the TPA House of Delegates

WHEREAS, the Dean of the University of Tennessee College of Pharmacy holds a designated seat in the Tennessee Pharmacists Association House of Delegates; and,

WHEREAS, there are currently twelve (12) designated seats in the Tennessee Pharmacists Association House of Delegates; and,

WHEREAS, a new school of pharmacy has been approved at East Tennessee State University and is projected to open in the Fall of 2006; and,

WHEREAS, South College in Knoxville, Tennessee, has announced its intention to open a school of pharmacy in the Summer/Fall of 2007; and,

WHEREAS, it is appropriate that each college of pharmacy in the state of Tennessee be actively engaged with the Tennessee Pharmacists Association and have an active member in the Tennessee Pharmacists Association House of Delegates.

NOW, THEREFORE BE IT RESOLVED, that the designated seats in the Tennessee Pharmacists Association House of Delegates be expanded to include the Dean of any new college of pharmacy in Tennessee; and

BE IT FURTHER RESOLVED, that such Dean(s) will assume his/her seat(s) in the Tennessee Pharmacists Association House of Delegates when the respective college has received pre-candidate status from the Accreditation Council for Pharmacy Education (ACPE).

Submitted by Dick R. Gourley, Pharm.D., Dean
University of Tennessee College of Pharmacy
July 18, 2005

Adopted as amended on proper motion by the Tennessee Pharmacist Association House of Delegates
July 18, 2005, Orange Beach, Alabama

RESOLUTION TPA 05.2
Patient Medication List

WHEREAS, optimal medication use and medication safety throughout the continuum of care are goals to be pursued by all pharmacists; and,

WHEREAS, optimal medication use and medication safety are dependent upon availability of complete and accurate patient information; and,

WHEREAS, the quality of care provided to patients in the current healthcare system suffers from lack of a system that allows patient health information to be readily available to all providers of healthcare; and,

WHEREAS, many patients do not carry an up-to-date list of all medications they are taking and history of allergies and adverse events and reactions they have experienced in the past; and,

WHEREAS, electronic information systems, with appropriate security controls, would enable the integration of patient specific data in all components of a healthcare system; and,

WHEREAS, a new Joint Commission on Accreditation of Healthcare Organizations (JCAHO) Patient Safety Goal requires health systems to reconcile patient medications at admission and discharge; and,

WHEREAS, with the new Medicare Part D benefit, it is imperative that pharmacists have access to and continually update the medication records of our patients.

NOW, THEREFORE BE IT RESOLVED, that the Tennessee Pharmacists Association support the development and use of standardized web-based technology and electronic information systems with appropriate security controls that enable the integration of patient-specific data and that provides access to patient information needed for appropriate medication management across the continuum of care, including access by pharmacists in all patient care settings; and,

BE IT FURTHER RESOLVED, until such electronic information systems are readily available to support this access to patient-specific medication information, all pharmacists in Tennessee are urged to provide their patients with a printed medication profile; and,

BE IT FURTHER RESOLVED, all pharmacists in Tennessee encourage their patients to carry an

up-to-date medication and allergy list with them at all times to be available at entry and exit from all healthcare encounters; and,

BE IT FURTHER RESOLVED, the Tennessee Pharmacists Association encourages local area pharmacists across Tennessee to work together to develop and implement a system to share patient medication information across the continuum of care.

Submitted by Jeanne R. Ezell, D.Ph., M.S.
June 15, 2005
Adopted as amended on proper motion by the Tennessee Pharmacist Association House of Delegates
July 18, 2005, Orange Beach, Alabama

TPA RESOLUTION 04.6
Support for the Governor's Task Force on Methamphetamine Abuse

WHEREAS, the availability of and demand for illicit methamphetamine is dramatically increasing through- out the State of Tennessee, according to the United States Drug Enforcement Administration; and,

WHEREAS, clandestine methamphetamine labs can be found throughout Tennessee; and,

WHEREAS, the U.S. Drug Enforcement Administration estimates 75 percent of all methamphetamine lab seizures in the southeastern United States are found in Tennessee; and,

WHEREAS, approximately 60 percent of all methamphetamine lab seizures in the Appalachian area affect children, averaging more than 600 children annually, endangering their well-being and safety; and,

WHEREAS, the children affected in these cases must be placed in the protective custody of the Tennessee Department of Children's Services which costs the state approximately $4 million in childcare expenses; and,

WHEREAS, the toxicity of substances involved in manufacturing methamphetamine is causing property dam- age costs to escalate annually; and,

WHEREAS, many city and county government officials have sought help in controlling the illicit manufacture, sale, and use of methamphetamine, and in regulating the retail purchase of pseudoephedrine, ephedrine, or phenylpropanolamine; and,

WHEREAS, the Honorable Phil Bredesen has named twenty Tennesseans from across the state, including two practicing Tennessee pharmacists, to serve on the Governor's Task Force on Methamphetamine Abuse, and has named twelve additional individuals as ex- officio members to act as advisors; and,

WHEREAS, this Task Force is charged with developing a comprehensive strategy for addressing the manufacture, trafficking and abuse of methamphetamine in Tennessee; and,

WHEREAS, the Task Force plans to meet throughout the summer to fulfill its charge and prepare its report due to the Governor by September 1, 2004; and,

WHEREAS, the health, safety and security of the citizens of Tennessee must be protected from the harm that results from the illicit manufacture, sale and use of methamphetamine.

NOW, THEREFORE BE IT RESOLVED, that the Tennessee Pharmacists Association pledge to work cooperatively with the Governor's Task Force on Methamphetamine Abuse in its efforts to address and resolve the ongoing public health and safety concerns associated with the illicit manufacture, sale and use of methamphetamine in Tennessee.

Submitted by Ed Hansberry, D.Ph. and Doug Wilson, D.Ph.
on behalf of the Members of the Tennessee Pharmacists Association
June ll, 2004

RESOLUTIONS COMMITTEE:
Recommended as Amended
June 23, 2004

Adopted as amended on proper motion by the Tennessee Pharmacist Association House of Delegates
July 21, 2004, Memphis, Tennessee

TPA RESOLUTION 04.2

To Support the "Asthmatic School Children's Treatment and Health Maintenance Act of 2003" H.R. 2023

WHEREAS, asthma affects over 6 million children in the U.S. under the age of 18 and two-thirds of these children have experienced an acute attack in the past year; and

WHEREAS, children are more familiar with the signs and symptoms of an attack than teachers or administrators; and

WHEREAS, only 23 states currently have laws that allow students to carry and self-administer prescribed medications for asthma and/or anaphylactic emergencies; and

WHEREAS, H.R.2023 would provide incentives to states that allow students to carry and self-administer such medications.

NOW, THEREFORE BE IT RESOLVED, that the Tennessee Pharmacists Association supports legislation to have the Secretary of Health and Human Services give a preference regarding States that require schools to allow students to self-administer medication to treat that student's asthma or anaphylaxis emergencies.

Submitted by Tennessee Society of Student Pharmacists

January 8, 2004

RESOLUTIONS COMMITTEE:

Recommended as Amended
February 3, 2004
Adopted as amended on proper motion by the Tennessee Pharmacist Association
House of Delegates
February 10, 2004, Nashville, Tennessee

TPA RESOLUTION 04.01

To Oppose Changes in the Pharmacy Benefit of the State of Tennessee Group Insurance Program

WHEREAS, the State of Tennessee has implemented recent changes in the pharmacy benefit it provides as a part of the State of Tennessee Group Insurance Program, and

WHEREAS, these changes affect state employees, the employees of 124 school districts in the state, employees of numerous other government entities, and participants in the state retirees' Medicare supplement policy, and

WHEREAS, these changes implement an "optional" 90- day supply mail-order pharmacy program for the insured patients that awards a taxpayer funded prescription benefit program to out of state mail-order pharmacies, and

WHEREAS, several provisions in the 90-day supply contract offered to local community pharmacies in effect bar them from participation in the contract (such as a requirement for the pharmacy to be open 24 hours per day 7 days per week), and

WHEREAS, these employees and retirees of Tennessee and other school and governmental entities served under this Program deserve the best possible pharmacy care available to them, and

WHEREAS, an out of state, mail-order pharmacy cannot provide that level of pharmacy care like a local com- munity pharmacy can, and

WHEREAS, many employees and retirees affected by the Program changes have expressed to their local com- munity pharmacists their anger, fear and trepidation about the changes in their pharmacy care, and

WHEREAS, the Tennessee Legislature has recognized that patients should be free to choose the pharmacy of their choice, and has enacted law that prevents employers and insurance companies from financially penalizing patients for using local community pharmacies instead of mail-order pharmacies, and

WHEREAS, the new Group Insurance Program does in fact financially penalize patients for using local community pharmacies instead of mail-order pharmacies, and

WHEREAS, local community pharmacies support their communities and state in many ways, including paying taxes that directly support the State of Tennessee Insurance Program, and

WHEREAS, the out of state mail-order pharmacies con- tribute no taxes or support to Tennessee or its local communities.

NOW, THEREFORE BE TT RESOLVED that the

Tennessee Pharmacists Association continue to oppose the recent changes in the pharmacy benefit of the State of Tennessee Group Insurance Program, and

BE TT FURTHER RESOLVED that the Tennessee Pharmacists Association utilize every available means to both convey and explain its opposition to these changes in the Insurance Program's pharmacy benefit to the State of Tennessee Insurance Committee, the Tennessee State Employees Association, members of the Tennessee Legislature, the Governor and administration officials, Blue Cross Blue Shield of Tennessee, and other interested parties.

Submitted by Alan Corley, D.Ph., on behalf of TSTP

January 8, 2004

RESOLUTIONS COMMITTEE:

Recommended February 3, 2004

Adopted on proper motion by the Tennessee Pharmacist Association House of Delegates

February 10, 2004, Nashville, Tennessee

TPA Resolution 03.04

Medical Service Supplier

WHEREAS, the profession of Pharmacy has been a link to the health care body since the beginning of time. The care and service that pharmacy provides ranges from medication of many sorts to colostomy aids as well as assisted health care items that extend the quality of life for many patients. These services extend a great deal of care and aid to healing many patients; and,

WHEREAS, now, a new sophisticated Medical Service Supplier Contract (MSS), that requires services such as: oxygen, PT, OT, 24/7 service and 24-hour call back, has been offered to serve the needs of many patients in Tennessee; but,

THEREFORE, to be included in this contract, a provider would be required to perform all the stipulated services; and,

WHEREAS, only a few providers would be able to perform all such services; the overall care and aid of many patients would therefore suffer; and,

WHEREAS, if the MSS contract could have a provision of a two-tier contract: a Comprehensive and a Limited provider, this would help patients as well as providers.

THEREFORE, BE IT RESOLVED that the Tennessee Pharmacist Association strive to work with the Tennessee Home Care Association, our Legislators, and other concerned parties to bring about a fair resolution to this issue for the better healthcare of patients.

Submitted by Charles M. Warren, Jr.

Recommended as amended by Resolutions Committee, February 5, 2003

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

February 25, 2003, Nashville, Tennessee

TPA RESOLUTION 03.03

Support for Pharmacy Benefit Manager Company Regulation

WHEREAS, the demands for efficiencies and savings in the health care marketplace have expanded the roles and services of the pharmacy benefit management company; and,

WHEREAS, health plans, health insurers and managed care organizations providing services to Tennessee citizens contract with pharmacy benefit management companies for particular benefit management services including formulary development and management, drug use review, prior authorization programs and dis- ease state management; and,

WHEREAS, programs developed, and decisions made by pharmacy benefit management companies determine which drugs can be dispensed in what quantities and when, and influence the decisions regarding prescription drugs made by medical providers; and therefore, directly affect the health and welfare of prescription drug consumers in Tennessee; and,

WHEREAS, pharmacy benefit management companies are largely unregulated by states, including Tennessee.

NOW, THEREFORE BE ITRESOLVED, that the Tennessee Pharmacists Association work to enact legislation in Tennessee to provide for effective regulation of pharmacy benefit management companies providing services that affect any Tennessee citizen; and

BE IT FURTHER RESOLVED, that the Tennessee Pharmacists Association encourage Tennessee pharmacists to undertake all available activities to facilitate passage of this legislation by the Tennessee General Assembly.

Submitted by Dianna Drake

Recommended as amended by Resolutions Committee, February 5, 2003

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

February 25, 2003, Nashville, Tennessee

TPA RESOLUTION 03.02

Requiring the Pharmaceutical Manufacturing Industry to Package Prescription Medication in Unit-of-Use Packaging

WHEREAS, the current prescription dispensing system in the United States requires, with limited exception, repackaging of medication from bulk commercial containers into prescription vials at the pharmacy that dispenses the prescription to the patient; and,

WHEREAS, the repackaging of medication necessary to dispense a prescription requires a significant amount of pharmacy staff time; and,

WHEREAS, the demand on pharmacy staff time has dramatically increased in recent years and will continue to increase due to such factors as a projected prescription volume of more than five million prescriptions annually by 2004; and,

WHEREAS, the repackaging of medication necessary to dispense a prescription presents the opportunity for error to be introduced into the medication use system in the United States; and,

WHEREAS, the pharmacy staff time that would become available through unit-of-use packaging would allow the pharmacy staff to engage in clinical services that improve the medication use system and promote medication safety; and

WHEREAS, the capitalization cost to install, into individual pharmacies, the technologies and systems to repackage medication necessary to prescription dispensing cannot be met in light of the declining revenue and increasing expense realized in most pharmacies today; and

WHEREAS, the pharmaceutical manufacturing industry currently has the technologies and systems to economically, com- pared to the individual pharmacy, package medication in unit-of-use packaging;

NOW, THEREFORE, BE IT RESOLVED, that the Tennessee Pharmacists Association submit a Resolution to the Ameri- can Pharmaceutical Association encouraging its House of Delegates to evaluate any existing policy statements on this matter and adopt a policy statement that the pharmaceutical manufacturing industry be required to package medication in unit-of-use packaging; and,

BE IT FURTHER RESOLVED, that the Tennessee Pharmacists Association encourage the American Pharmaceutical Association to seek the enactment of federal legislation that would

require the pharmaceutical manufacturing industry to package medication in unit-of-use packaging; and,

BE IT FURTHER RESOLVED, that the Tennessee Pharmacists Association communicate this Resolution to the Tennessee Senators and Representatives to the United States Congress.

Submitted by Ray Marcrom and The Tennessee Society of Student Pharmacists
Recommended by Resolutions Committee, February 5, 2003

Adopted on proper motion by the Tennessee Pharmacist Association House of Delegates

February 25, 2003, Nashville, Tennessee

TPA RESOLUTION 03.01

TennCare Pharmacy Co-Pays

WHEREAS, the TennCare Bureau has proposed a rule to implement certain provisions of the TennCare waiver to become effective January 1, 2003 including requiring payment of a pharmacy co-pay by certain TennCare Medicaid eligible recipients for a prescription while federal rules forbid a service being denied if a co-pay is not paid; and,

WHEREAS, TennCare representatives have publicly stated that TennCare Medicaid eligibles will be "advised but not required" to pay a co-pay; and,

WHEREAS, the co-pay will be automatically deducted from the pharmacy payment by the Pharmacy Benefit Manager (PBM) that disperses funds on behalf of managed care organizations (MCOs) and the Bureau of TennCare for prescription services pro- vided by pharmacies; and,

WHEREAS, all TennCare prescription drug plans provide dispensing fees which are among the lowest dispensing fees in the nation when compared to state sponsored prescription plans in other states and this fee is non-negotiable and is proposed to pharmacies across the state by pharmacy benefit managers (PBMs) in a "take it or leave it" fashion; and,

WHEREAS, no other state pharmacy assistance program in the United States of America has a co-pay plan where the pharmacy co-pay actually exceeds the pharmacy dispensing fee; and,

WHEREAS, most, if not every, contract with a PBM for pharmacy services expressly forbids the forgiveness of co-pays by provider pharmacies; and,

WHEREAS, neither the state nor the PBMs have an electronic online system in place that recognizes if a patient is or is not re- quired to pay the co-pay or if the patient does or does not pay the co-pay, nor is there an on-line system in place for the pharma- cist to discern in which plan a patient is enrolled, be it TennCare Medicaid, Standard or Assist; and,

WHEREAS, TennCare is mandating that in some cases the pharmacies of the state of Tennessee will have to further subsidize the program out of the pharmacy's capital resources; and

WHEREAS, the position of the Tennessee Pharmacists Association (TPA) is to support the use of co-pays so long as the patient is required to pay the co-pay before services are provided.

Therefore, BE TT RESOLVED, that the Tennessee Pharmacists Association opposes all proposals from any source which would implement a non-collectable co-pay in any prescription drug program; and,

BE IT FURTHER RESOLVED, that the Tennessee Pharmacists Association support the position that a co-pay is defined as a co- pay only if it is a payment that is required to be paid before services are provided; otherwise it is a gift, subsidy or a mechanism to achieve a net underpayment for a contracted service that has been provided; and,

BE IT FURTHER RESOLVED, that the Tennessee Pharmacists Association work with the Governor's office, the Tennessee General Assembly, the Tennessee Congressional delegation, the Bureau of TennCare, and the Center for Medicaid and Medicare Services to seek a waiver to the TennCare program which prevents the institution of non-collectable co-pays.

Submitted by Barry Walton, Alan Corley and Eddie Rowe On behalf of the First District Pharmacy Association Recommended by Resolutions Committee, February 5, 2003

Adopted on proper motion by the Tennessee Pharmacist Association House of Delegates

February 25, 2003, Nashville, Tennessee

TPA RESOLUTION 02.05

Support of Personnel Training Regarding Prescription Transcriptions

WHEREAS, an increasing number of prescribers are allowing non-trained personnel to call in or electronically transmit prescriptions; and,

WHEREAS, an increasing number of prescribing errors are occurring due to the lack of knowledge of both medications and directions; and,

WHEREAS, the current practices place the patient's safety at increased risk and increase the liability of both pharmacists and prescribers.

NOW, THEREFORE BE IT RESOLVED, the Tennessee Pharmacists Association encourages our Inter- professional Relations Committee to discuss these issues with members of all Tennessee prescriber associations and/or organizations and present a report at the Midyear Meeting.

Submitted by Sherry Hill on behalf of the Resolutions Committee

Recommended by Resolutions Committee, June 25, 2002

Adopted on proper motion by the Tennessee Pharmacist Association House of Delegates

July 22, 2002, Orange Beach, Alabama

TPA RESOLUTION 02.04

Support for the Tennessee Arthritis Action Plan

WHEREAS, one in three adult Tennesseans (35.6%) have some form of arthritis; and, WHEREAS, arthritis affects 1.5 million Tennesseans annually; and,

WHEREAS, arthritis is the leading cause of disability in Tennessee; and, WHEREAS, there are more than 100 different forms of arthritis; and,

WHEREAS, over 43% of adult Tennesseans cannot describe their form of arthritis; and,

WHEREAS, arthritis affects children as well as adults; and,

WHEREAS, there is no known cause or cure for arthritis; and,

WHEREAS, the Tennessee Department of Health and the Arthritis Foundation—Tennessee Chapter and other partners, including the Tennessee Pharmacists Association, have developed the Tennessee Arthritis Action Plan; and,

WHEREAS, pharmacists are an integral member of the healthcare team caring for patients with arthritis; and,

WHEREAS, pharmacists see these patients more often than any other healthcare professional; and,

WHEREAS, pharmacists have the training, knowledge and expertise to provide disease state and treatment in- formation to those affected by arthritis.

NOW, THEREFORE BE IT RESOLVED, the Tennessee Pharmacists Association endorses the Tennessee Arthritis Action Plan; and,

BE IT FURTHER RESOLVED, the Tennessee Pharmacists Association will be an active participant in the public health education efforts related to arthritis in the state of Tennessee.

Submitted by Kam Nola on behalf of the ad hoc Committee for Public Health Policy & Advocacy Recommended by Resolutions Committee, June 25, 2002

Adopted on proper motion by the Tennessee Pharmacist Association House of Delegates

July 22, 2002, Orange Beach, Alabama

TPA RESOLUTION 02.01

Recommendation for the Allowance of an Emergency Drug Kit Containing Controlled Substances in Long Term Care Facilities

WHEREAS, patients suffer from significant pain and other acute and chronic conditions; and,

WHEREAS, patients in long term care facilities need access to controlled substances, in a timely manner; and,

WHEREAS, long term care pharmacy providers located off-site may not be able to provide the needed medications as quickly as necessary to control acute symptoms; and,

WHEREAS, non-controlled substances are allowed to be kept for emergencies in the long-term care facility; and,

WHEREAS, the Drug Enforcement Agency does allow for a limited supply of controlled substances to be kept in a long-term care facility under the supervision of the long-term care provider pharmacy and with regulations stipulated by the state board of pharmacy,

NOW, THEREFORE BE IT RESOLVED that the Tennessee Pharmacists Association sup- port the use of emergency kits containing controlled substances in long term care facilities.

BE TI FURTHER RESOLVED, that the Tennessee Pharmacists Association requests the Tennessee Board of Pharmacy to take whatever action is necessary and appropriate to allow emergency kits with controlled substances in long term care facilities in Tennessee.

Submitted by Linda O'Bannon on behalf of the Society of Long-Term Care Pharmacists

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

February 12, 2002, Nashville, Tennessee

TPA RESOLUTION 01.06

Support of Proposed National Legislation Affecting Pharmacy

WHEREAS, S. 974, the Medicare Pharmacists Services Coverage Act of 2001, can improve public health and welfare of Medicare recipients through the provision of enhanced pharmaceutical services and recognizes a vital missing link of health delivery to Medicare recipients; and

WHEREAS, coverage recognizes the critical nature of pharmaceutical services to Medicare recipients; and

WHEREAS, H.R. 2173, the Pharmacy Education Aid Act of 2001, proposes to amend the Public Health Services Act with respect to health profession programs regarding the practice of pharmacy and the education of pharmacists,

NOW, THEREFORE BE IT RESOLVED, that the Tennessee Pharmacists Association strongly support the passage of this legislation and encourages communication by its members with each member of the Tennessee Congressional delegation; and,

BE IT FURTHER RESOLVED, that the Tennessee Pharmacists Association inform each member of the Tennessee Congressional delegation of its support for this legislation and ask each member to both support and vote for this legislation.

Submitted by Resolutions Committee

Sherry Hill, Chair Approved by House of Delegates July 23, 2001

Adopted on proper motion by the Tennessee Pharmacist Association House of Delegates

July 23, 2001, Chattanooga, Tennessee

TPA RESOLUTION 01.05

Opposition to Medicare Discount Card Proposal

WHEREAS, the proposed Medicare Prescription Discount Card Program appears to have been conceived without input from pharmacy providers and/or pharmacy organization leadership representatives; and,

WHEREAS, communitypharmacieswillbearthefinancialburdenforthesealleged discounts; and,

WHEREAS, the drug manufacturers, which account for nearly 80% of the cost of prescription drugs, will bear none of the financial burden; and,

WHEREAS, the final disposition of the drug manufacturer rebates has not been decided and would appear to accrue primarily to the Pharmacy Benefit Managers; and

WHEREAS, this proposed program is not an insurance plan for Medicare recipients; and

WHEREAS, this proposed program does not enhance the quality of care and poses a safety concern for Medicare recipients,

NOW, THEREFORE BE IT RESOLVED, that the Tennessee Pharmacists Association communicate with President George W. Bush, HHS Secretary Tommy Thompson, CMS Administrator Tom Scully, all members of the Tennessee Congressional Delegation, and other appropriate individuals to express the strong opposition by TPA members to the Medicare Prescription Discount Card Program.

Submitted by Resolutions Committee

Sherry Hill, Chair Approved by House of Delegates July 23, 2001

Adopted on proper motion by the Tennessee Pharmacist Association House of Delegates

July 23, 2001, Chattanooga, Tennessee

TPA RESOLUTION 00.11

Third Class of Drugs

WHEREAS, more and more prescription drugs have been moved to OTC status; and,

WHEREAS, it is imperative that the pharmacists be involved in the education of patients on use of these therapeutic agents being switched to OTC status; and,

WHEREAS, many more prescription drugs are being considered for OTC status; and,

WHEREAS, many of these agents have a large number of potential adverse effects, including drug interaction with other drugs; and,

WHEREAS, the pharmacist is the healthcare professional educated specifically in the area of therapeutics and preventing drug-related problems.

NOW THEREFORE BE IT RESOLVED that the TPA House of Delegates directs the TPA leadership to communicate with the major national pharmaceutical associations and other appropriate groups to encourage them to place a high priority on supporting a third class of drugs available only from a pharmacist.

Submitted by Tim Tucker, July 17, 2000

Adopted on proper motion by the Tennessee Pharmacist Association House of Delegates

July 17, 2000, Destin, Florida

TPA RESOLUTION 00.10

Opposition to Implementation of New Medicaid AWP Prices

WHEREAS, the U.S. Department of Justice has developed new Medicaid average wholesale prices (AWPs) for more than 400 complex drug therapies administered via inhalation, infusion, and injection, based on Department of Justice determinations of actual acquisition costs; and,

WHEREAS, the Medicaid AWP rates have been offered to all 50 state Medicaid programs by the National Association of Medicaid Fraud Control Units (NAMFCU) for immediate implementation by the state Medicaid programs without notification to providers; and,

WHEREAS, numerous questions have arisen regarding the legality of this initiative, the lack of due process in the implementation of this initiative in other states; the methodology used to develop the Medicaid AWPs and its accuracy; and the impact of this initiative on beneficiary access and overall Medicaid costs; and,

WHEREAS, it is the role and responsibility of TennCare and TennCare alone to ensure that TennCare beneficiaries have access to medically necessary, cost-effective health care services; and,

WHEREAS, the reimbursement reductions provided by the Department of Justice Medicaid AWP rates are unprecedented and extreme in their severity so as to raise significant concerns regarding future beneficiary access to identified therapies on an outpatient basis; and,

WHEREAS, it has been demonstrated that administration of these therapies on an outpatient basis provides significant cost savings to public and private payers compared to the costs incurred when these therapies are administered in inpatient health care settings; and,

WHEREAS. TennCare does not provide explicit recognition or reimbursement for the professional services required to provide these products safely and effectively.

NOW THEREFORE BE IT RESOLVED that the Tennessee Pharmacists Association opposes any action oy TennCare to implement U.S. Department of justice's newly developed Medicaid AWP. prices which are being disseminated by the National Association of Medicaid Fraud Control Units (NAMFCU) until these significant issues can be addressed in a legitimate public process.

Submitted by Douglas Anthony (Tony) Powers

on behalf of the TPA Home Infusion Committee

Adopted on proper motion by the Tennessee Pharmacist Association House of Delegates

July 17, 2000, Destin, Florida

TPA RESOLUTION 00.7

Right to Unlimited Access to Disease Management

WHEREAS, in June 1999, Parke-Davis launched Rezulin Express a program designed to provide troglitazone (Rezulin™) to patients with Type 2 Diabetes; and,

WHEREAS, patients enrolling in this program receive Rezulin™ through the mail via the internet pharmacy, PlanetRx; and,

WHEREAS, the program also offers disease management services, including free home HbA lC monitoring, provided the patient purchases Rezulin™ from PlanetRx; and,

WHEREAS, offering disease management services only to patients who acquire Rezulin™ from PlanetRx creates unfair competition for pharmacies that wish to provide disease management services.

THEREFORE, BE IT RESOLVED, that the Tennessee Pharmacists Association opposes restrictive drug distribution to select pharmacies accompanied with free or discounted disease management services, thereby interfering with pharmacy service providers' opportunities to provide medications and practice disease state management.

BE IT FURTHER RESOLVED that the Tennessee Pharmacists Association encourage pharmaceutical entities who offer these programs to include any willing provider in order to enhance individual patient care.

Submitted by Jill B. Thompson, Chair

Tennessee Society of Student Pharmacists On behalf of the members of the Tennessee Society of Student Pharmacists

Introduced as New Business

in Tennessee Pharmacists Association House of Delegates February 8, 2000

Adopted on proper motion by the Tennessee Pharmacist Association House of Delegates

February 8, 2000, Nashville, Tennessee

TPA RESOLUTION 00.6

Immediate Availability of Meter Dose Inhalers to Asthmatic Students

WHEREAS, many states, local school boards or individual schools prohibit K-12 students from carrying their “reliever” meter dose inhalers on their person while at school; and,

WHEREAS, although these therapies are available in the nurses’ or principals’ offices, students may not have time to access these devices during an acute attack.

THEREFORE, BE IT RESOLVED, that the Tennessee Pharmacists Association encourages educational institutions to allow students to carry their “reliever” meter dose inhalers on their own person at all times, provided the students have physician authorization to do so.

BE IT FURTHER RESOLVED that the Tennessee Society of Student Pharmacists pursue this resolution on a national level at the annual meeting of the American Pharmaceutical Association.

Submitted by Jill B. Thompson, Chair

Tennessee Society of Student Pharmacists On behalf of the members of the Tennessee Society of Student Pharmacists

Introduced as New Business

in Tennessee Pharmacists Association House of Delegates February 8, 2000

Adopted on proper motion by the Tennessee Pharmacist Association House of Delegates

February 8, 2000, Nashville, Tennessee

TPA Resolution 00.5

Color Coding Meter Dose Inhalers for Improved Asthma Management

WHEREAS, despite education by a variety of health care providers, many patients with asthma continue to believe that asthma should be treated only when symptoms are present; and,

WHEREAS, health care professionals know that "controller" meter dose inhalers are chronic therapies that prevent exacerbation of asthma; and,

WHEREAS, there continues to be confusion about "controller-" and "reliever-" type medications among patients; and,

WHEREAS, there have been published reports of patients found dead with their "controller" meter dose inhalers in their hands.

THEREFORE, BE IT RESOLVED, that the Tennessee Pharmacists Association support a uniform practice of color-coding meter dose inhalers to correlate with peak flow color readings; red for "reliever" meter dose inhalers and green for "controller" meter dose inhalers.

BE IT FURTHER RESOLVED that the Tennessee Society of Student Pharmacists pursue this resolution on a national level at the annual meeting of the American Pharmaceutical Association.

Submitted by Jill B. Thompson, Chair

Tennessee Society of Student Pharmacists On behalf of the members of the Tennessee Society of Student Pharmacists

Introduced as New Business

in Tennessee Pharmacists Association House of Delegates February 8, 2000

Adopted on proper motion by the Tennessee Pharmacist Association House of Delegates

February 8, 2000, Nashville, Tennessee

TPA RESOLUTION 00.4

OTC Anti-theft Labeling

WHEREAS, health care consumers are becoming more proactive in their care and are seeking information about their medications from a variety of sources; and,

WHEREAS, there is a need for consumers to obtain accurate and complete information regarding prescription and over the counter (OTC) medications; and,

WHEREAS, many retail stores are using anti-theft labeling devices on OTC products; and,

WHEREAS, while these devices curtail theft, they are being placed on the OTC package without regard for the patient's needs to obtain information about a product's ingredients, directions regarding drug administration, and contraindications

THEREFORE, BE IT RESOLVED, that the Tennessee Pharmacists Association discourage the practice of indiscriminately placing anti-theft labeling devices on OTC packages and support placement that would not prevent consumers from reading the entire product label.

Submitted by Jill B. Thompson, Chair

Tennessee Society of Student Pharmacists On behalf of the members of the Tennessee Society of Student Pharmacists

Introduced as New Business

in Tennessee Pharmacists Association House of Delegates February 8, 2000

Adopted on proper motion by the Tennessee Pharmacist Association House of Delegates

February 8, 2000, Nashville, Tennessee

TPA RESOLUTION 00.3

Support for a Standardized Pharmacy Benefit Identification Card

WHEREAS, more than 70% of prescriptions for Americans are paid for by one of many insurance programs; and, WHEREAS, each program uses its own unique benefit card; and,

WHEREAS, dealing with the administrative burdens created by inconsistent and confusing pharmacy benefit cards creates unnecessary barriers to pharmacists providing care to their patients; and,

WHEREAS, the National Council for Prescription Drug Programs (NCPDP), the standards setting organization for pharmacy claims transmission, has developed a standard format and implementation guide for a uniform pharmacy benefit identification card and technology; and,

WHEREAS, one of the pharmacist's goals is to serve the patient in a timely manner; and,

WHEREAS, use of a uniform pharmacy benefit identification card can lessen patient's waiting times, decrease administrative burdens for pharmacies, and improve care to patients by minimizing confusion, eliminating unnecessary paperwork, and streamlining dispensing of prescriptions paid for by third party payors; and,

WHEREAS, the National Association of Chain Drug Stores (NACDS), the American Pharmaceutical

Association (APhA), and the National Community Pharmacists Association (NCPA) have developed model legislation mandating the use of a uniform pharmacy benefit identification card for processing insurance claims.

NOW, THEREFORE BE IT RESOLVED, that the Tennessee Pharmacists Association supports efforts to enact legislation in Tennessee to mandate use of a Standardized Pharmacy Benefit Identification Card in Tennessee.

BE IT FURTHER RESOLVED, that the Tennessee Pharmacists Association seek sponsors in the Tennessee General Assembly for such legislation.

BE IT FURTHER RESOLVED, the Tennessee Pharmacists Association inform each member of the Tennessee General Assembly of its support for such legislation by providing to each member a copy of this Resolution and asking each of them to both support and vote for this important patient care legislation.

Submitted by Sherry Hill, Chair, TPA Resolutions Committee

January 13, 2000

Recommended by Resolutions Committee, January 18, 2000

Adopted on proper motion by the Tennessee Pharmacist Association House of Delegates

February 8, 2000, Nashville, Tennessee

TPA Resolution 99.7

Support for the Quality Health-Care Coalition Act of 1999

WHEREAS a large number of Americans receive their health care coverage from managed health care plans (a 10-fold increase over the past 20 years); and.

WHEREAS serious questions have been and continue to be raised about the quality of care patients are receiving under these plans; and,

WHEREAS changes in the health care industry have led to an increased concentration of health care plans, including more than 162 mergers in the last 10 years; and,

WHEREAS the McCarran-Ferguson Act has created an enhanced opportunity for market power of insurance companies in health care and has given such companies significant leverage over health care providers, such as pharmacists, and patients; and,

WHEREAS permitting health care professionals, including pharmacists, to negotiate collectively with health care plans will create a more equal balance of negotiating power, will promote competition, and will enhance the quality of patient care; and,

WHEREAS allowing health care professionals to negotiate collectively with health care plans will not change the professionals' ethical duty to continue to provide medically necessary care to their patients.

NOW, THEREFORE BE IT RESOLVED that the Tennessee Pharmacists Association supports efforts to change federal law to allow pharmacists to collectively negotiate with insurance companies and health plans about contracts for providing pharmacy services to patients; and,

BE IT FURTHER RESOLVED that, in particular, the Tennessee Pharmacists Association endorses passage of HR1304, also known as the "Quality Health-Care Coalition Act of 1999", which has been introduced into the United States House of Representatives by Representatives Tom Campbell and John Confers; and,

BE IT FURTHER RESOLVED that the Tennessee Pharmacists Association inform each Member of the Tennessee Congressional delegation of its support for HR 1304, and ask each Member to both support and vote for this legislation.

Submitted by Alan Corley, D. Ph. and Barry Walton, D. Ph.,

June 14, 1999

Adopted on proper motion by the Tennessee Pharmacist Association House of Delegates

February 9, 1999, Nashville, Tennessee

TPA Resolution 99.6

Timely Notification of Providers by Third Parties

WHEREAS, the practice of the profession of pharmacy is ever-changing; and,

WHEREAS, pharmacists are involved in improving the quality and scope of pharmacy practice; and,

WHEREAS. failure to address issues which concern the pharmacy profession will certainly decrease the ability for the pharmacist to adequately achieve quality of life and well-being for the patients served; and,

WHEREAS, the Tennessee Pharmacists Association is thelargest and most respected state organization to achieve professional goals; and,

WHEREAS, most recipients of care that utilize pharmacy services also utilize a third party to pay for covered services.

NOW, THEREFORE, BE IT RESOLVED, in order to enhance the service and quality of care provided to patients that as formularies change rapidly, pharmacy providers should have adequate knowledge and timely notification of the changes, requiring at least 60 days written notice; and,

BE IT FURTHER RESOLVED THAT the Tennessee Pharmacists Association forward a copy of this resolution with a letter of explanation to the Bureau of TennCare and Department of Commerce and Insurance.

Submitted by Jan Jones, D. Ph. May 27, 1999

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

July 21, 1999, Memphis, Tennessee

TPA Resolution 99.5

Encouragement of Patients to Talk to Pharmacists

WHEREAS, the U.S. House of Representatives and Senate have adopted formal resolutions encouraging patients to talk to their pharmacists about over the counter medications; and,

WHEREAS, federal and state laws require pharmacists to counsel patients about prescription medications.

NOW, THEREFORE, BE IT RESOLVED that the Tennessee Pharmacist Association develop a formal resolution encouraging patients to talk to their pharmacists about ALL medication use for submission to the Tennessee legislature.

Submitted by the Tennessee Society of Student Pharmacists University of Tennessee College of Pharmacy, Memphis

January11, 1999

Adopted on proper motion by the Tennessee Pharmacist Association House of Delegates February 9, 1999, Nashville, Tennessee

TPA RESOLUTION 99.3

Recognition for Pharmacists as Health Care Providers

WHEREAS, there is an ever growing need for patients to receive an enhanced quality of care. For example, U.S. Healthcare looked at 1600 patient records and found that physicians performed routine glucose-monitoring tests in only 59% of diabetes patients in Ohio and 60% in North Carolina; and,

WHEREAS, evidence of the value of pharmacists as healthcare providers has been documented in such studies as diabetes project performed by the city of Asheville, NC. The city's employees received clinical services and experienced a dramatic improvement in their health within three months. This improvement translated into fewer physician and/or emergency room visits, fewer absences from work, and increased productivity on the job. The city's financial gain was so great that three months prior to the conclusion of the study, the insurance payor for Asheville began to pay the pharmacists for their services; and,

WHEREAS, select states have enacted law mandating compensation for expanded diabetes care, including clinical services performed by pharmacists; and,

WHEREAS, the U.S. Department of Health and Human Services, Health Care Financing Administration does not recognize pharmacists as providers entitled to compensation for diabetes self-management training, authorized by the Omnibus Budget Reconciliation Act of 1997.

NOW, THEREFORE, BE IT RESOLVED that the Tennessee Pharmacists Association, in conjunction with the national pharmacy organizations, encourage the Health Care Financing Administration (HCFA) to recognize pharmacists as health care providers.

Submitted by the Tennessee Society of Student Pharmacists University of Tennessee College of Pharmacy, Memphis January 11, 1999

Adopted on proper motion by the Tennessee Pharmacist Association House of Delegates February 9, 1999, Nashville, Tennessee

TPA RESOLUTION 98.3

Planning Money for a University of Tennessee College of Pharmacy Building

WHEREAS, the University of Tennessee College of Pharmacy has been ranked nationally in the top ten colleges of pharmacy since 1993; and,

WHEREAS, the University of Tennessee College of Pharmacy is the only college of Pharmacy in the state of Tennessee; and,

WHEREAS, the University of Tennessee College of Pharmacy has increased the size of its student body from 280 to 400 over the past three years; and,

WHEREAS, the administration, faculty, and students are currently housed in five different buildings; and,

WHEREAS, the lack of contiguous space for the University of Tennessee College of Pharmacy decreases the productivity and efficiency of the college's research, education, and services programs; and

WHEREAS, the University of Tennessee Board of Trustees, the Tennessee Higher Education Commission, and the State Building Commission have approved the College of Pharmacy's proposed building project, and the project is currently #1 priority of the Memphis campus and #7 in the University of Tennessee System Capital Improvement List;

NOW, THEREFORE BE IT RESOLVED, the State of Tennessee appropriate planning money for a new University of Tennessee College of Pharmacy Building in the Fiscal Year 1998-1999 Budget.

Submitted by James C. Eoff III, Pharm D., Memphis

Adopted on proper motion by the TPA House of Delegates, February 9, 1998, Nashville, Tennessee

RESOLUTION TPA 98.2

Reimbursement for Claims Processor Failures

WHEREAS, the safety and welfare of the public is of the utmost importance; and,

WHEREAS, third party administrators demand that prescriptions be submitted electronically; and,

WHEREAS, pharmacies have invested thousands of dollars in equipment in order to file electronically and must pay a switching fee for each transaction, whether or not the claim is processed; and,

WHEREAS, the failure of a claims processor to receive and process an electronic prescription claim submission due to problems with claims processor directions, equipment and/or personnel results in a rejected claim which denies a patient timely access to his or her medication and further results in unnecessary and unjustifiable additional switching fee costs for the pharmacy;

NOW, THEREFORE BE IT RESOLVED, the TPA Board of Directors appoint a task force to take action on this and other third party administration matters in order to seek relief for pharmacies and the patients they serve from problems beyond the control of the pharmacies due to third party administrators and claims processors which interfere with a patient's timely access to his or her medication; and

BE IT FURTHER RESOLVED, the Tennessee Pharmacists Association pursue a coordinated effort at a state and national level in order to resolve these problems in an effort to improve patient care.

Submitted by C. Edwin (Eddie) Rowe, D.Ph., Kingsport

Adopted on proper motion by the TPA House of Delegates, February 9, 1998, Nashville, Tennessee

RESOLUTION TPA 98.1

Funding of Tennessee Poison Centers

WHEREAS, the State of Tennessee has established laws and regulations to create the Tennessee Poison Control Network to serve all citizens of Tennessee through toll-free telephone access; and,

WHEREAS, unmet needs remain throughout the state in rural and urban areas for emergency poisoning assistance and poison prevention programs which have been limited by the extent of support; and,

WHEREAS, poison centers save money by using health care facilities only when indicated through cost- efficient triage of poisoning emergencies; and;

WHEREAS, state governments of surrounding Southeastern states support their poison control center programs with an annual average appropriation of $750,000 and Tennessee allocates less than one-half of this average per year;

THEREFORE, BE IT RESOLVED, poison control centers are essential statewide community health programs that require statewide support from the State of Tennessee; and,

BE IT FURTHER RESOLVED, the State of Tennessee should appropriate sufficient funds on a continuing basis to the Tennessee Poison Center Network; and,

BE IT FURTHER RESOLVED, a copy of this resolution be sent to the Commissioner of Health, the Chief Medical Officer, the Commissioner of Finance, the Governor, the Speaker of the House, and the Lieutenant Governor.

Submitted by Peter A.Chyka, Pharm.D., Memphis

J. Frank Bonfiglio, PhD., Nashville Steven R. Ross, M.S., Knoxville

Adopted on proper motion by the TPA House of Delegates, February 9, 1998, Nashville, Tennessee

RESOLUTION TPA 97.7

To Preserve the Practice of Compounding

WHEREAS, the compounding of medication pursuant to or in anticipation of a prescription is an integral part of the practice of pharmacy; and,

WHEREAS, the compounding of medication has been of considerable benefit to patients, physicians, and the health care system of Tennessee and has allowed physicians to prescribe the medication that they believe is appropriate for their patients; and,

WHEREAS, the compounding of medication in response to m in anticipation of a physician's prescription has been the prerogative of Tennessee pharmacists and must remain the prerogative of Tennessee pharmacists; and,

WHEREAS, the Tennessee Board of Pharmacy has responsibility for developing and enforcing rules and regulations related to the practice of pharmacy in the state of Tennessee, including those relating to compounding medications; and.

WHEREAS, the experience of past decades has demonstrated that state regulation of pharmacists, including the compounding of medications by pharmacists, has adequately assured the safety of patients while enhancing patient well-being by allowing access to compounded medications; and,

WHEREAS, Section 360 (g) (1) of the U.S. Food, Drug and Cosmetic Act exempts pharmacies from registration as manufacturers if they "do not manufacture. prepare. propagate. compound, or process drugs or devices for sale other than in the regular course of their business of dispensing or selling drugs or devices at retail; " and,

WHEREAS, the U.S. Food and Drug Administration has recently engaged in a course of conduct that significantly narrows the application of this exemption to pharmacies conducting traditional. well-recognized com- pounding practices.

NOW, THEREFORE BE IT RESOLVED that the Tennessee Pharmacist Association respectfully requests the U.S. Congress to pass during this term H.R 1060 or similar legislation to preserve the exemption for pharmacies conducting traditional, well-recognized compounding practices and to preserve the authority of the individual state boards of pharmacy to regulate this aspect of the practice of pharmacy; and,

BE IT FURTHER RESOLVED that this Resolution be forthwith provided to the Tennessee Delegation to the United States Congress, the National Association of Boards of Pharmacy,

and all national organizations representing the profession of pharmacy

Submitted by Mark Binkley, D. Ph.,

Susan Morrison, D.Ph., and Richard (Rick) Sain, Pharm.D.

June 5, 1997

RESOLUTIONS COMMITTEE: RECOMMENDED AS AMENDED

Adopted on proper motions by the Tennessee Pharmacists Association

House of Delegates

Orange Beach, Alabama

July 14, 1997

RESOLUTION TPA 97.6

To Support the Patient Advocacy Act

WHEREAS, the Patient Advocacy Act of 1997 is designed to ensure that all Tennesseans have the right to choose their own health care provider (including their pharmacist); and,

WHEREAS. the Patient Advocacy Act of 1997 also ensures that all Tennesseans have the right to be fully informed of the benefits and restrictions of their current or prospective health care plans; and,

WHEREAS, this at allows insurance companies the right to negotiate its schedule of fees and refuse to credential a health care provider for reasons of unprofessional conduct or a pattern of malpractice; and,

WHEREAS, this act allows an insurance company to establish quality standards and utilization regulations and may revoke or refuse to renew the credentials of a health care provider who fails to abide by these quality standards and utilization regulations; and,

WHEREAS, this at recognizes that managed care will be an integral component of the healthcare delivery system and seeks to balance the legitimate needs and concerns of patients, providers, and insurance companies: and,

WHEREAS, this at will Grease competition among health care providers and increase the quality of their services as well as lower costs; and,

WHEREAS, the Patient Advocacy Act of 1997 has been referred to a Joint Study Committee of the General Assembly for review and discussion prior to consideration during the second session of the l00th General Assembly; and,

WHEREAS, the state of Tennessee has the opportunity to adopt a model bill which balances the legitimate needs and concerns of patients, providers, and insurance companies.

NOW, THEREFORE BE IT RESOLVED that the Tennessee Pharmacists Association endorses the Patient Advocacy Act of 1997.

BE IT FURTHER RESOLVED that a copy of this resolution be forwarded to all members of the Tennessee General Assembly.

RESOLUTIONS COMMITTEE: RECOMMENDED

Submitted by Alan B. Corley, D. Ph. and James R. (Robbie) Price, Pharm.D.

June 4, 1997

Adopted on proper motions by the Tennessee Pharmacists Association

House of Delegates

Orange Beach, Alabama

July 14, 1997

RESOLUTION TPA 97.5

To Include Pharmacist Reference on OTC Labels

WHEREAS, the Food and Drug Administration (FDA) is considering changes in labeling requirements for non- prescription or over-the-counter (OTC) medications. and is seeking public input and comment on such changes; and,

WHEREAS, consumers are using increasing amounts of OTC's to self-treat many varieties of both long and short term illnesses; and,

WHEREAS, the majority of such OTC medications are purchased in community pharmacies, where pharmacists are routinely available to consumers; and,

WHEREAS, the pharmacist is uniquely qualified to advise and counsel consumer on OTC medications, including their approved uses. appropriate use and dose, precautions, side effects, contraindications. interactions with other medications (both prescription and non-prescription), etc.. and has the most familiarity with OTC products; and,

WHEREAS, a significant number of potent prescription medications have been switched to OTC status over the pan few years, and more switches are likely; and,

WHEREAS, several of these former prescription drugs have possible serious side effects and drug interactions which are routinely unrecognized by consumers; and,

WHEREAS pharmacists are the keepers of the most complete individual medication history (both Rx and OTC) available to any health care professional; and,

WHEREAS, the pharmacist is recognized by consumers as the most accessible and twisted health care professional; and,

WHEREAS, the regulations of OBRA '90 already require pharmacists to consider OTC products when performing prospective drug utilization review on prescriptions and when providing counseling to consumer of prescription medications; and,

WHEREAS recent efforts of the FDA have focused on the provision of increased quantity and quality of written and oral information provided to consumers with their medications.

NOW, THEREFORE BE IT RESOLVED that the Tennessee Pharmacists Association petition the Food and Drug Administration to require that the phrase "Ask your doctor" on OTC labels be replaced with "Ask your doctor or pharmacist when the OTC labeling requirements are

implemented.

BE IT FURTHER RESOLVED, a copy of this resolution be sent to members of the Tennessee Delegation and other appropriate members of the United Sates Congress in support of House Resolution 51.

Submitted by Alan B. Corley, D.Ph. and James R. (Robbie) Price, Pharm.D.

June 4, 1997

RESOLUTIONS COMMITTEE: RECOMMENDED

Adopted on proper motions by the Tennessee Pharmacists Association

House of Delegates

Orange Beach, Alabama

July 14, 1997

RESOLUTION TPA 97.4

For Development of Disaster Assistance Plans

WHEREAS, the Tennessee Pharmacists Association can provide much needed support and assistance in efforts to provide pharmaceutical services to patients affected by disasters; and,

WHEREAS, the Tennessee Board of Pharmacy can work with the Tennessee Pharmacists Association and implement the provisions of pharmaceutical services when disasters strike;

WHEREAS, the Georgia State Board of Pharmacy and the Georgia Pharmacy Association have developed a Disaster Plan that served the residents of Georgia during the Flood of 1994 which could serve as a model for the Tennessee Board of Pharmacy and the Tennessee Pharmacists Association.

NOW, THEREFORE BE IT RESOLVED that the Tennessee Board of Pharmacy and the Tennessee Pharmacists Association form a task force to develop a Disaster Plan to coordinate and implement the provisions of pharmaceutical services when disasters occur within Tennessee, and explore regulatory measures necessary to institute and facilitate the delivery of pharmaceutical care during disaster occurrences.

Submitted by Sonya King, D. Ph. For the Tennessee Board of Pharmacy

June 2, 1997

RESOLUTIONS COMMITTEE: RECOMMENDED

Adopted on proper motions by the Tennessee Pharmacists Association

House of Delegates

Orange Beach, Alabama

July 14, 1997

RESOLUTION TPA 97.1

Anorectic Drugs

WHEREAS, the value of selective anorectic drugs as a component of a comprehensive weight reduction program has been documented; and,

WHEREAS, Tennessee patients are currently obtaining anorectic treatment outside of Tennessee; and,

WHEREAS, pharmacists are an integral part of the health care team and must be involved in the overall treatment plan in order to optimize patient outcomes; including but not limited to:

- development and implementation of a pharmaceutical care plan
- monitoring of weight reduction progress, and
- having access to baseline and subsequent monitoring parameters performed by other health care providers; and,

WHEREAS, fragmented medical and pharmacy care compromises the quality of care patients receive; and,

WHEREAS, the Tennessee Pharmacists Association (TPA) supports the Tennessee Medical Association's request to ease restrictions on the prescribing of anorectic drugs in the state of Tennessee.

NOW, THEREFOREBE IT RESOLVED that TPA, through its Professional Relations Committee, in cooperation with the Board of Pharmacy, actively collaborate immediately with the Tennessee Board of Medical Examiners and the Tennessee Medical Association's Interprofessional Liaison Committee to promote the promulgation of regulations that allow the prescribing of anorectic drugs, including but not limited to fenfluramine and phentermine, as part of a comprehensive and monitored weight reduction program.

Submitted by Reggie Dilliard, Chair Professional Relations Committee
February 17, 1997
Adopted on proper motions by the Tennessee Pharmacists Association
House of Delegates
February 17, 1997

RESOLUTION TPA 96.6

Regulation and Restriction of "Nutritional Supplements"

WHEREAS, numerous health food stores and distributors have begun selling and marketing "nutritional supplements" containing steroid precursors, specifically DHEA (dehydroepiandrosterone); and,

WHEREAS, these substances may be converted in the body to androgenic and estrogenic substances such as testosterone and estradiol; and,

WHEREAS, these steroid precursors may endanger the health status of consumers when used inappropriately, or in conjunction with other medications, and/or concurrently with various disease states; and,

WHEREAS, such steroid precursors should only be used under the supervision of a health care professional; and.

WHEREAS, these "nutritional supplements" are widely available to consumers, without restriction or medical supervision; and,

WHEREAS, no regulatory agency has the authority to assure the safety and efficacy of these "nutritional supplements".

NOW, THEREFORE BE IT RESOLVED, that the Tennessee Pharmacists Association urge the Tennessee Board of Pharmacy to take whatever action necessary to prohibit the sale of "nutritional supplements" containing steroid precursors such as DHEA (dehydroepiandrosterone) directly to consumers in Tennessee, except pursuant to a lawful prescription older, and,

BE IT FURTHER RESOLVED, that the Tennessee Pharmacists Association urge the U.S. Food and Drug Administration to undertake regulation of "nutritional supplements" in general, and those containing DHEA in particular, except pursuant to a lawful prescription order.

Submitted by Alan Corley Chairman, Resolutions Committee
June 4, 1996
Adopted on proper motions by the Tennessee Pharmacists Association
House of Delegates
Nashville, Tennessee
Friday, July 19, 1996

RESOLUTION TPA 96.5

To Establish a Special Committee on Compounding Practice

WHEREAS, compounding of medications for patient care has been an integral component of pharmacy practice for centuries; and,

WHEREAS, a necessary application of pharmaceutical care may involve the compounding of dosage forms which are not commercially available to satisfy a specific patient need; and,

WHEREAS, establishing standards of practice for pharmacy is essential to ensure optimal health outcomes for patient care; and,

WHEREAS, there is a need for input from pharmacists during the development of guidelines by organizations, whether they are dealing with standards of care, reimbursement, or legal issues, and there is a need for that input to be unified.

NOW, THEREFORE BE IT RESOLVED, that the Tennessee Pharmacists Association establish a special committee on Compounding Practice within the Association.

BE IT FURTHER RESOLVED, that a copy of this Resolution be forwarded to the Chairman of the Constitution and By-Laws Committee and serve as the required written response to amend the Constitution of the Tennessee Pharmacists Association by appointing this Committee as a standing committee.

Submitted by Mark F. Brinkley, Susan B. Morrison, and Christy H. Greene

May 24, 1996

Adopted on proper motions by the Tennessee Pharmacists Association

House of Delegates

Nashville, Tennessee

Friday, July 19, 1996

RESOLUTION TPA 96.2

Counseling Counter Height

WHEREAS, the Tennessee Board of Pharmacy regulations require the counter height in a designated counseling area to be 60 inches and this counter height may interfere with the pharmacist-patient interaction during a counseling session.

NOW, THEREFORE BE IT RESOLVED the Tennessee Pharmacists Association recommend to the Tennessee Board of Pharmacy that counter height requirements for designate counseling areas be eliminated in order to better facilitate patient counseling.

Submitted by Ricky Chambers and Bill Harris As amended by Alan Corley and Rita Bates

January 16, 1996

Adopted on proper motions by the Tennessee Pharmacists Association

House of Delegates

Nashville , Tennessee

Monday February 12, 1996

RESOLUTION TPA 96.1

Support of the Proposed Tennessee Pharmacy Practice Act

WHEREAS, the Tennessee Pharmacists Association has formally taken a position to promote a pharmaceutical care model for pharmacy practice in Tennessee, focusing on patient care and improved patient outcomes; and,

WHEREAS, the University of Tennessee College of Pharmacy and the Tennessee Board of Pharmacy have formally taken a similar positions, and,

WHEREAS, the current Tennessee Pharmacy Practice Act and accompanying rules and regulations do not adequately support this model for pharmacy practice; and,

WHEREAS, the Tennessee Pharmacists Association, through its Research and Education Foundation, Pharmacy Practice Act Overnight Committee, and Tripartite Conference, has undertaken an in-depth study of other states' Pharmacy Practice Acts and has also conducted numerous pharmacist focus groups across Tennessee for the purpose of identifying the current standard of pharmacy practice; and,

WHEREAS, a proposed new Pharmacy Practice Act, which reflects the desired focus on a pharmaceutical care model, has been developed by the Tripartite Conference based on this research; and,

WHEREAS, this proposed Pharmacy Practice Act has been submitted to the Tennessee General Assembly for passage into state law.

NOW, THEREFORE BE IT RESOLVED that the Tennessee Pharmacists Association fully supports the proposed Pharmacy Practice Act and believes that its passage is necessary to allow pharmacists to continue to provide the necessary patient-focused pharmacy care for Tennessee citizens in order to improve patient outcomes; and,

BE IT FURTHER RESOLVED, that the Tennessee Pharmacists Association encourage Tennessee pharmacists to undertake all available activities to facilitate the passage of this Pharmacy Practice Act by the Tennessee General Assembly

Submitted by Alan Corley Chairman, Resolutions Committee

on Behalf of the 1995 Tripartite Conference

January 13, 1996

Adopted on proper motions by the Tennessee Pharmacists Association

House of Delegates

Nashville, Tennessee

Monday, February 12, 1996

RESOLUTION 95.10

Communication of the Value of Pharmacists' Services

WHEREAS, the future of the profession of pharmacy is dependent on the involvement of all its practitioners; and,

WHEREAS, failure to address issues which concern our profession most certainly will result in diminishing opportunities to provide the highest level of pharmaceutical care for the patients we serve; and,

WHEREAS, the most effective place for increasing awareness of the value of our services as pharmacists is at the local level,

NOW, THEREFORE BE IT RESOLVED that the Tennessee Pharmacists Association will continue to foster and enhance communications regarding the services of pharmacists to other health care providers, legislators, and the public at large.

BE IT FURTHER RESOLVED, that the Tennessee Pharmacists Association continues to support communication and information exchange among pharmacists and metropolitan and district organizations, and formally encourages and supports the professional initiatives of local pharmacists.

Submitted by

Resolutions Committee and the Memphis Area Pharmacists Society

June 10, 1995

Adopted on proper motions by the Tennessee Pharmacists Association

House of Delegates

Nashville, Tennessee

Monday, February 13, 1995

RESOLUTION 95.7

Formation of a Society for Consultant Pharmacists

WHEREAS, pharmaceutical care for geriatric patients, especially those confined to Long Terri Care facilities, is the priority concentration for consultant pharmacists; and

WHEREAS, the practice of pharmacy is complex in its application of pharmaceutical care to the institutionalized chronically ill patient population: and

WHEREAS, pharmacists are dedicated to improving outcomes for all patients; and

WHEREAS, due to the diversity of pharmacy practice and the important roles that consultant pharmacists contribute to the national healthcare reform effort by providing the best possible health care for all patients; and

WHEREAS, the American Society of Consultants is growing and encouraging formation of state chapters;

WHEREAS, the Tennessee Pharmacists Association is designed to be an umbrella pharmacy organization, encompassing all aspects of pharmacy practice; and

WHEREAS, the Tennessee Pharmacists Association's By-Laws allow for new specialty groups or practices to form within the organization; and

WHEREAS, many consulting pharmacists perform a dual role in the pharmacy profession, by performing multiple types of service, a new society will enable them to belong to more than one practice group; and

WHEREAS, the Tennessee Pharmacists Association does not currently include a society of long term care or consultant pharmacists; and

WHEREAS, there is a significant number of pharmacists in Tennessee who will qualify for membership and will support a consultant pharmacist society

NOW, THEREFORE, BE IT RESOLVED the Tennessee Pharmacists Association is requested to form a society for consultant pharmacists.

Submitted by Charles M. Warren, Jr., D.Ph.
May 15, 1995
Adopted on proper motions by the Tennessee Pharmacists Association
House of Delegates, Memphis, Tennessee, Sunday, July 23, 1995

RESOLUTION 95.4

Compensation for Cognitive Services

WHEREAS, Pharmacists, through patient counseling and consultation, can improve patient compliance, reduce adverse drug effects and drug, nutrient and disease interactions and, in general, avoid drug misadventures; and,

WHEREAS. Pharmacists, through patient counseling and consultation, can reduce cost of care; and,

WHEREAS, Pharmacists, through patient counseling and consultation, can improve quality of life.

NOW, THEREFORE BE IT RESOLVED that the Tennessee Pharmacists Association recommend compensation of pharmacists for patient counseling and other cognitive services.

Submitted by UT Chapter APhA Academy of Students of Pharmacy John Duncan, Chapter Delegate

January 9, 1995

Adopted on proper motions by the Tennessee Pharmacists Association

House of Delegates

Nashville, Tennessee

Monday, February 13, 1995

RESOLUTION TPA 95.3

CPR/ACLS/PALS Certification for Pharmacists

WHEREAS, life threatening emergencies frequently occur, and;

WHEREAS, the public looks to the pharmacist as a health care provider.

NOW, THEREFORE BE IT RESOLVED that the Tennessee Pharmacists Association encourage Tennessee pharmacists to maintain current CPR (Cardio-Pulmonary Resuscitation), ACLS (Advanced Cardiac Life Support) Certification, or PALS (Pediatric Advanced Life Support);

AND, BE IT FURTHER RESOLVED that the Tennessee Pharmacists Association recommends that the Tennessee Board of Pharmacy accept the hours spent acquiring these certifications as Continuing Education credits for relicensure.

Submitted by UT Chapter APhA Academy of Students of Pharmacy John Duncan, Chapter Delegate

January 9, 1995

Adopted on proper motions by the Tennessee Pharmacists Association

House of Delegates

Nashville, Tennessee

Monday, February 13, 1995

RESOLUTION TPA 95.2

Support of Pharmaceutical Care Model as the Standard of Practice

WHEREAS, changes in health care that impact pharmacy practice are evolving rapidly, and;

WHEREAS, pharmacists are committed to a focus on patient care and improved patient outcomes, and;

WHEREAS, pharmacy is committed to a pharmaceutical care model for pharmacy practice, and;

WHEREAS, the current Tennessee Pharmacy Practice Act and regulations are not adequately supportive of these changes;

NOW, THEREFORE BE IT RESOLVED that the Tennessee Pharmacists Association define and promote a pharmaceutical care model for pharmacy practice in Tennessee, focusing on improved quality of patient care;

AND, BE IT FURTHER RESOLVED that the Tennessee Pharmacists Association work with the Tennessee Board of Pharmacy to review the current Tennessee Pharmacy Practice Act and regulations and to propose changes in the Act and regulations that permit and support the implementation of a pharmaceutical care model as the standard of practice in Tennessee.

Submitted by John Butler

University of Tennessee Hospital

Knoxville, Tennessee On behalf of the Tripartite Conference, (October 1994)

January 9, 1995

Adopted on proper motions by the Tennessee Pharmacists Association

House of Delegates

Nashville, Tennessee

Monday, February 13, 1995

RESOLUTION TPA 95.1

Tennessee Board of Pharmacy Rule 1140-4-.13, Dispensing

WHEREAS, the practice of the profession of pharmacy is evolving as a more comprehensive clinical patient care process; and,

WHEREAS, the practice of institutional pharmacy differs from that of pharmaceutical care in the community setting; and,

WHEREAS, individual dose administration of medications is documented on medication administration records by the caregiver, and,

WHEREAS, many doses of medications are administered to patients from automated dispensing devices or floor-stock supplies in locations remote to the patient care unit, and,

WHEREAS, automated dispensing devices have been proven to dramatically decrease medication dispensing errors;

NOW, THEREFORE BE IT RESOLVED that the Tennessee Pharmacists Association recommend to the Tennessee Board of Pharmacy that the present terminology contained in Rule 1140-4-.13, Dispensing, be changed from, "-, the identity or initials of the dispensing pharmacist,

-" to "-, the identity or initials of the pharmacist who originally interpreted and verified the physicians' order, -".

Submitted by Jim Ainsworth Baptist Memorial Hospital Memphis, Tennessee January 6, 1995

Adopted on proper motions of the Tennessee Pharmacists Association

House of Delegates

Nashville, Tennessee

Monday, February 13, 1995

RESOLUTION TPA 94.4

Starter Packages

WHEREAS, the pharmacist is the hea1th care provider who is most knowledgeable concerning medications; and,

WHEREAS, the pharmacist has the ability and responsibility to monitor a patient's total medication regimen; and,

WHEREAS, it is most important that patients receive proper counseling; and, WHEREAS, samples contribute to drug diversion and therapeutic misadventures; and

WHEREAS, the packing distribution, and inventory controls required for samples add excessive cost to the health care system,

NOW, THEREFORE BE IT RESOLVED that the Tennessee Pharmacists Association go on record as supporting legislation and/or regulation eliminating starter packages of legend drugs except through duly licensed pharmacists.

Submitted by Tennessee Society of Chain Pharmacists

July 24, 1994

Adopted on proper motions by the Tennessee Pharmacists Association

House of Delegates

Chattanoga, Tennessee

Sunday, June 24, 1994

RESOLUTION TPA 94.3

Third Class of Drugs

WHEREAS, prescription drugs are, by definition, not safe for use without supervision; and

WHEREAS, an increasing number of drugs, with numerous and serious potential interactions with other drugs, are being switched from prescription-only status to over-the-counter (OTC) status; and

WHEREAS, a substantial number of additional drugs are being considered for such a change; and this process could be dangerous without proper regulatory oversight; and

WHEREAS, pharmacists have the ability and responsibility to monitor a patient's total medication regimen,

WHEREAS, the standard of pharmaceutical care dictates that the pharmacists monitor a patient's drug therapy in order to protect, correct, and/or prevent drug-related problems,

THEREFORE BE IT RESOLVED that the Tennessee Pharmacists Association support the creation of a third class of drugs for such products to be dispensed only by pharmacists with appropriate patient consultation in order to protect the public health and safety.

BE IT FURTHER RESOLVED, a copy of this resolution be forwarded to JCPP (Joint Commission on Pharmacy Practice) and the FDA (United States Food and Drug Administration) for their information and consideration.

Submitted by: District Four Pharmacist Association

June 23, 1994

Adopted on proper motions by the Tennessee Pharmacists Association

House of Delegates

Chattanooga, Tennessee

Sunday, June 24, 1994

RESOLUTION TPA 94.2

Therapeutic Substitutions

WHEREAS, the practice of pharmacy has become a managed system with third party payers and restricted formularies; and,

WHEREAS, the different formularies are known primarily by the pharmacist and the third party, not the physician; and,

WHEREAS, it is in the best interest of the patient and his/her health to provide the prescription in a timely manner, and,

WHEREAS, the necessity under law to contact a patient's physician for therapeutic substitution is a time-consuming process for both the pharmacist and physician; and,

WHEREAS, pharmacists are competent to make substitutions in a given therapeutic class.

NOW, THEREFORE BE IT RESOLVED pharmacists should be allowed under law to make therapeutic substitutions adhering to formulary guidelines of third party payers.

Submitted by Tern Chandler, D.Ph.

Monica Arnold, D.Ph. Alisa Gordon, Pharmacy Student

July II, I994

Adopted on proper motions by the Tennessee Pharmacists Association

House of Delegates

Chattanooga, Tennessee

Sunday, June 24, 1994

RESOLUTION 94.1

Preserving the Art of Compounding

WHEREAS, the compounding of medication pursuant to or in anticipation of a prescription is an integral part of the practice of pharmacy; and

WHEREAS, the compounding of medication has been of considerable benefit to patients, physicians, and the health care system of Tennessee and has allowed a physicians to prescribe the medication that they believe is appropriate for their patients; and

WHEREAS, the compounding of medication in response to or anticipation of a physician's prescription has been the prerogative of Tennessee pharmacists and must remain the prerogative of Tennessee pharmacists; and

WHEREAS, the Tennessee Board of Pharmacy has responsibility for developing and enforcing rules, and regulations related to the practice of pharmacy in the state of Tennessee, including those relating to compounding medications; and

WHEREAS, the experience of past decades has demonstrated that this regulation of pharmacies, including the compounding of medications by pharmacists, has adequately assured the safety of patients while enhancing patient well-being by allowing access to compounded medications; and

WHEREAS, the United Sates Food and Drug Administration has neither the statutory authority, nor has exercised responsibility for, the regulations of compounding;

THEREFORE BE IT RESOLVED the Tennessee Pharmacist Association request the Food and Drug Administration not issue any regulations, guidelines, or other documents pertaining to pharmacy compounding unless and until the Food and Drug Administration as has provided a complete, full, and fair opportunity for all interested parties, including the Tennessee Board of Pharmacy and pharmacists within the state of Tennessee, to comment on such a document prior to its taking effect; and

BE IT FURTHER RESOLVED a copy of this resolution be immediately forwarded to lie Food and Drug Administration, the National Association of Boards of Pharmacy, and the Tennessee Board of Pharmacy.

Adopted on proper motions by the Tennessee Pharmacists Association
House of Delegates
Nashville, Tennessee, Monday, February 7, 1994

RESOLUTION 93.4

Home Infusion Therapy Compensation

WHEREAS, advances in technique and technology have made the increased use of infusion and nutritional therapies in the home a common place reality, and where appropriate, the delivery of these therapies in the home safe and effective and substantially less costly than in-patient hospital stays for these same services; and,

WHEREAS, the proper provision of quality home infusion therapy products and services includes the unique qualifications of two health care providers; a pharmacist and a nurse; and,

WHEREAS, the preparation of sterile products for home therapy may be compounded, prepared, and dispensed only by a pharmacist, who also has many patient specific responsibilities including; ensuring the quality of drug therapy provided, therapeutic drug monitoring, monitoring patient progress and participation with other health care providers; and,

WHEREAS, nursing services in the patients' residence are usually provided by a licensed home health agency, and by a nurse who, in addition to possessing the usual basic nursing and teaching skills, must also have a complete understanding of the vascular system and its relationship to intravenous treatment modalities to be able to make proper assessments of the patient, the home and environment; have special skills necessary for the administration of intravenous therapies; and provide for on-going evaluation of the patients response to therapies; and,

WHEREAS, the types of pharmaceutical products and services, the level and frequency of required in-home nursing, and the cost of each varies greatly depending upon the unique therapy provided and the patient's condition and environment;

AND FURTHER, a high degree of communication and coordination between the pharmacy and nursing components is necessary for the proper administration of home therapy, and each party, while recognizing their unique skills and responsibilities, must actively participate in the initial assessment, training and education, review of pertinent laboratory reports and medical findings, clinical monitoring, and evaluation of the home patient's care.

NOW, THEREFORE BE IT RESOLVED no payment system for home therapy should combine pharmacy and nursing into a single payment or "bundled" amount, but instead should pay separately for pharmaceutical products/ services provided by a licensed pharmacy or pharmacist and for nursing services.

Adopted on proper motions by the Tennessee Pharmacists Association

House of Delegates

Nashville, Tennessee

Sunday, June 20, 1993

RESOLUTION 93.3

Support for Building a New Facility for the College of Pharmacy on the Memphis Campus

WHEREAS, the University of Tennessee College of Pharmacy is scattered throughout portions of five (5) different buildings on the University of Tennessee, Memphis campus: and,

WHEREAS, the University of Tennessee College of Pharmacy has a significant shortage of contiguous space (offices, laboratories, and conference rooms); and,

WHEREAS, identified buildings exist on the University of Tennessee, Memphis campus for the Colleges of Medicine, Dentistry, and Nursing; and,

WHEREAS, the University of Tennessee College of Pharmacy is the only College of Pharmacy in the state of Tennessee; and,

WHEREAS, its educational, research and service programs will be enhanced and made more cost effective by consolidating these functions in a building specifically identified for the College of Pharmacy; and,

WHEREAS, the University of Tennessee College of Pharmacy Alumni Association Board of Directors approved support for this building at its Board meeting on April 15, 1993; and,

WHEREAS, the University of Tennessee Dean's Advisory Board approved support for this building at its Board meeting on April 16, 1993.

NOW, THEREFORE BE IT RESOLVED the Tennessee Pharmacists Association 's House of Delegates support the building of a new facility for the College of Pharmacy on the Memphis campus;

BE IT FURTHER RESOLVED, the Tennessee Pharmacists Association requests the University of Tennessee system make this capital expenditure its top priority for the 1993-94 academic year.

Adopted on proper motions by the Tennessee Pharmacists Association

House of Delegates

Nashville, Tennessee

Sunday, June 20, 1993

RESOLUTION 93.1

North American Free Trade Agreement (NAFTA)

WHEREAS, the profession of Pharmacy is a major component of an integrated health care system created for the provision of optimal health care to society; and,

WHEREAS, the profession of Pharmacy depends upon society's recognition and acceptance of pharmacist's value added to heath care services; and,

WHEREAS, the provision of pharmaceutical care is cost effective in achieving optimal outcomes for society; and,

WHEREAS, pharmacy practice standards are essential for the achievement of pharmaceutical care; and,

WHEREAS, today's practice environment includes legal and site limitations on the achievement of pharmaceutical care; and,

WHEREAS. patient specific information is an integral component of the delivery of optimal health care; and,

WHEREAS, the mission of the Tennessee Pharmacists Association is to represent the profession as an integrated component of the health care system, define practice standards, and protect the economic future of the profession; and,

WHEREAS, the mission of the University of Tennessee College of Pharmacy is to prepare practitioners for future practice; and,

WHEREAS, the mission of the Tennessee Board of Pharmacy is to protect public health.

NOW, THEREFORE BE IT RESOLVED the Tennessee Pharmacists Association take a leadership role in developing pharmacy practice standards and implementing pharmaceutical care as an integral component of health care delivery in Tennessee to meet the changing needs of society.

BE IT FURTHER RESOLVED, the Tennessee Pharmacists Association promote the development of an integrated communication technology for the purpose of sharing information among all health care providers,

BE IT FURTHER RESOLVED, the Tennessee Pharmacists Association continually examine and restructure the Association's societies and committees to meet the changing needs of the

health care system,

BE IT FURTHER RESOLVED, the Tennessee Pharmacists Association consider any other needed changes through the process of strategic planning to meet the profession's future needs,

BE IT FURTHER RESOLVED, the College of Pharmacy examine its role in the education of practitioners and students to meet the future needs of the pharmacy practice,

BE IT FURTHER RESOLVED, the College of Pharmacy develop a cooperative network among practitioners to promote outcome research and document the value of pharmacy services,

BE IT FURTHER RESOLVED, the Tennessee Board of Pharmacy continually modify regulations and propose appropriate changes to the Pharmacy Practice Act to empower the pharmacist to provide pharmaceutical care for the benefit of society,

BE IT FURTHER RESOLVED, written reports by the Tennessee Pharmacists Association, University of Tennessee College of Pharmacy, and Tennessee Board of Pharmacy be presented at the July 1994 Tennessee Pharmacists Association Convention to address the actions taken on each issue listed above.

Adopted on proper motions by the Tennessee Pharmacists Association

House of Delegates

Nashville, Tennessee

Sunday, June 20, 1993

RESOLUTION 92.10

Mail Order Pharmacy-Catalog

WHEREAS, we feel the function of the Board of Pharmacy is and should be a policing entity from within to regulate the profession, as well as the insurance of the safety of the population, and

WHEREAS, there is a law in the Tennessee Code enabling the Tennessee Board of Pharmacy to regulate all mail order pharmacies as any other pharmacy entity since they are competing for the very same patient base, and

WHEREAS, mail order pharmacy should be subject to the same rules, standards, and inspections as any other pharmacy entity would be in the states where people receive their products, and

WHEREAS, a national catalog retailer has added prescription drugs to its catalog lineup for fall a mail order service will supply 10,000 mostly maintenance drugs for the 6.5 million recipients of catalogs being mailed this month, and

WHEREAS, this catalog retailer is the first to offer mail-order drugs to the general public. All other plans are tied to groups or to private insurance,

NOW, THEREFORE BE IT RESOLVED the House of Delegates of the Tennessee Pharma- cists Association encourages the Tennessee Board of Pharmacy to enforce the law on all factions, including the mail order pharmacy as high priority.

Adopted on proper motions by the Tennessee Pharmacists Association

House of Delegates

Nashville, Tennessee

Sunday, June 21, 1992

RESOLUTION 92.9

Federal Employee Prescription Benefit Program

WHEREAS, in a recent request for proposals to major program claims processors, the Blue Cross/Blue Shield Association, which administers the Federal Employees Health Benefits Program, has signaled the Federal Office of Personnel Management's (OPM) intention to restrict the pharmacies available to federal employees to a preferred provider organization utilizing as few as 30 percent of the retail pharmacies in the nation, and

WHEREAS, OPM's proposal would restrict federal employees' freedom of choice in the selection of a pharmacy provider by proposing a pharmacy benefit plan for its employees that lacks the fundamental guarantees of consumer choice, and

WHEREAS, OPM's proposal would deny many retail community pharmacies, which are federal tax-paying businesses, the opportunity to provide services to more than 3 million federal employees, retraces, and their dependents nationwide, and

WHEREAS, OPM's proposal would likely cause the affected retirees, employees, and dependents hardships in obtaining prescription services and reduce the quality of their pharmaceutical care,

NOW, THEREFORE BE IT RESOLVED, the House of Delegates of the Tennessee Pharma- cists Association, as assembled at the TPA's 105th Annual Convention, express its opposition to the OPM's proposed prescription benefit program for federal employees, and

BE IT FURTHER RESOLVED Senators Sasser and Gore, the Tennessee Congressional Delegation, the Director of the OPM, and President George Bush be informed of this opposition.

Adopted on proper motions by the Tennessee Pharmacists Association

House of Delegates

Nashville, Tennessee

Sunday, June 21, 1992

RESOLUTION 92.6

Patient Profile and Counseling

WHEREAS, OBRA '90 will require all states to develop regulations concerning prospective drug utilization review which will result in maintenance of profiles for Medicaid patients and an offer to counsel these patients by pharmacists; and

WHEREAS, the purpose of these regulations is to protect the public health; and WHEREAS, these same services should be provided to all patients.

NOW, THEREFORE BE IT RESOLVED, the Tennessee Pharmacists Association supports the Tennessee Board of Pharmacy in its efforts to require patient profiles and patient counseling delivered personally by the pharmacist.

The Resolutions Committee recommends adoption of this resolution.

Adopted on proper motions by the Tennessee Pharmacists Association

House of Delegates

Nashville, Tennessee

Sunday, June 21, 1992

RESOLUTION 92.2

Home Infusion Therapy

WHEREAS, Home Infusion Therapy (HIT) is a rapidly growing segment of our industry; and

WHEREAS, the quality of product and service and the continuity of care provided infusion patients outside of the hospital environment are of utmost importance; and

WHEREAS, there is a need for input from pharmacists during the development of guidelines by organizations, whether they are dealing with standards of care, reimbursement or legal issues, and there is a need for that input to be unified.

NOW, THEREFORE BE IT RESOLVED, the Tennessee Pharmacists Association establish a Home Infusion Therapy Committee within the Association and charge it to survey activity at the state and national level within government, payors, and other professional groups, keeping the Association abreast of current issues, and to guide the Association in the development of positions and assist in interaction with the legislators and other groups to promote those positions.

Adopted on proper motions by the Tennessee Pharmacists Association

House of Delegates

Nashville, Tennessee

Sunday, June 21, 1992

RESOLUTION 92.1

Consumer Protection

WHEREAS, many consumers purchase medications for self use without informed advice relative to the proper indication or use of such medications; and,

WHEREAS, all drugs, whether designated by federal law as "prescription" or "over the counter", carry the potential for significant harm even if used correctly; and,

WHEREAS, many drugs may interfere with other medical treatments or interact adversely with other drugs; and,

WHEREAS, several federal laws are pending, planned, or enacted which require dmg utilization review and/or counseling of citizens receiving federally reimbursed drugs with this responsibility extending to nonprescription medications; and,

WHEREAS, the pharmacist possesses the education and experience required to properly question. counsel, advise, and warn self-medicating consumers; and,

WHEREAS, this counseling can improve the results of consumer selfcare, identify and refer consumers who need medical evaluation, reduce adverse reactions to drugs, and save lives; and,

WHEREAS, under current state law no restrictions exist which control either the locations where nonprescription drugs may be sold or the people who sell these important but dangerous products.

NOW, THEREFORE BE IT RESOLVED, the Tennessee Pharmacists Association petitions the Tennessee Legislature to restrict the sale of all drugs to locations where pharmacists are available for consumer consultation. In effect, all drugs in Tennessee would fall into one of two categories

- (1) those which could be purchased from a pharmacist with a prescription and (2) those which could be purchased from a pharmacist without a prescription. The definition of "drug" would be that used by the Food & Drug Administration and which includes those classified as controlled, prescription, and over the counter.

BE IT FURTHER RESOLVED, this resolution be referred to the TPA Legislative Committee for study and drafting of proposed legislation for consideration by the TPA House of Delegates.

Adopted on proper motions by the Tennessee Pharmacists Association

House of Delegates

Nashville, Tennessee

Sunday, June 21, 1992

RESOLUTION 91.11

Expiration Dates

WHEREAS, expiration dates on drug manufacturers' labels are often hard to read or find; and

WHEREAS, ethical and legal obligations require that out-of-date products be separated from the rest of the pharmacy stock and not be dispensed.

NOW, THEREFORE, BE IT RESOLVED, the Tennessee Pharmacists Association petition the Food and Drug Administration to require that uniform, legible expiration dates be printed on all manufacturers' labels for bulk containers in characters no smaller than 10- point type size and not over any other printed material.

Adopted on proper motions as amended by the Tennessee Pharmacists Association

House of Delegates

Nashville, Tennessee

Sunday, June 16, 1991

RESOLUTION 91.10

National Drug Codes

WHEREAS, National Drug Code Numbers are required on many insurance claims and other forms; and

WHEREAS, many companies place National Drug Codes on their labels in numerals that are very small and not legible.

NOW, THEREFORE, BE IT RESOLVED, the Tennessee Pharmacists Association petition the Food and Drug Administration to require National Drug Codes to be printed in characters no smaller than eight-point type size on labels for bulk containers.

Adopted on proper motions as amended by the Tennessee Pharmacists Association

House of Delegates

Nashville, Tennessee

Sunday, June 16, 1991

RESOLUTION 91.9

Dosage Form Imprints

WHEREAS, the Food and Drug Administration (FDA) is the regulatory agency responsible for establishing manufacturing standards for the pharmaceutical industry; and

WHEREAS, current FDA standards do not require manufacturers to imprint tablets and capsules with unique identification codes; and

WHEREAS, lack of identification markings poses problems for pharmacists, other health care professionals, and law enforcement officers who frequently need to quickly and positively identify medications; and

WHEREAS, unidentifiable tablets and capsules pose potential health hazards to patients.

NOW, THEREFORE, BE IT RESOLVED, the Tennessee Pharmacists Association petition the Food and Drug Administration to develop a regulation which would require that manufacturers imprint tablets and capsules with unique identification codes.

Adopted on proper motions as amended by the Tennessee Pharmacists Association

House of Delegates

Nashville, TN

Sunday, June 16, 1991

RESOLUTION 91.4

Third Class of Drugs-OTC

WHEREAS, many prescription drugs are now moving to the OTC status; and

WHEREAS, these drugs are potent and have warnings regarding use and potential adverse effects; and

WHEREAS, some people do not comprehend or comply with these warnings; and WHEREAS, these drugs should not be taken under certain conditions; and WHEREAS, these drugs may interfere or react with prescription medications; and

WHEREAS, the pharmacist is qualified to counsel patients on the use of OTC products along with prescription drugs; and

WHEREAS, this counseling can save lives and eliminate serious reactions.

NOW, THEREFORE, BE IT RESOLVED, the Tennessee Pharmacists Association endorse the creation of a class of non-prescription drugs available only through a licensed pharmacist.

Adopted on proper motions as amended by the Tennessee Pharmacists Association

House of Delegates

Nashville, TN

Sunday, June 16, 1991

RESOLUTION 91.3

Claims Form Format

WHEREAS, third party administrators are requesting more and more information at great expense to pharmacy; and

WHEREAS, it is in the interest of pharmacy as well as the computer industry servicing pharmacy that a single standard claims form/format be developed.

NOW, THEREFORE, BE IT RESOLVED the Tennessee Pharmacists Association support the position of the American Society for Automation in Pharmacy (ASAP), which calls for a single standard for all claims regardless of the plan or the third-party administrator.

BE ITFURTHER RESOLVED, Mr. Bill Lockwood, President of ASAP be notified of the passage of this resolution.

Adopted on proper motions as amended by the Tennessee Pharmacists Association

House of Delegates

Nashville, TN

Sunday, June 16, 1991

RESOLUTION 91.2

Governmental Competition

WHEREAS, the profession of pharmacy in the state of Tennessee is facing an increasing amount of unfair competition from programs sponsored and funded by the federal, state, and local governments; and

WHEREAS, this is also a nationwide problem; and

WHEREAS, many other businesses are also adversely affected by unfair competition; and

WHEREAS, the NARD is supporting the enactment of laws in each state to remedy this injustice and have provided a model law.

NOW,THEREFORE, BEITRESOLVED, this model law be submitted to the Legislative Committee of the Tennessee Pharmacists Association for a thorough study and if approved, initiate action to pass this legislation in the state of Tennessee.

Adopted on proper motions as amended by the Tennessee Pharmacists Association

House of Delegates

Nashville, TN

Sunday, June 16, 1991

RESOLUTION 91.1

McCarran-Ferguson Act

WHEREAS, insurance companies are exempt from a variety of anti-trust statutes as a result of the passage of the McCarran-Ferguson Act in l945; and

WHEREAS, this is the only industry exempt from anti-trust laws; and

WHEREAS, this is detrimental to the operation of retail pharmacies and to patient care; and

WHEREAS, legislation has been introduced in the Congress to amend the McCarran- Ferguson Act by Representative Jack Brooks of Texas (H.R.9) and by Senator Howard Metzenbaum of Ohio (S.430).

NOW, THEREFORE, BE IT RESOLVED, the Tennessee Pharmacists Association at its Annual Convention inl99ladopts a position supporting the proposed legislation, H.R.9 and S.430.

BE IT FURTHER RESOLVED, support of this legislation be made known to the members of the Tennessee Congressional delegation and the sponsors of this legislation.

Adopted on proper motions as amended by the Tennessee Pharmacists Association

House of Delegates

Nashville, TN

Sunday, June 16, 1991

RESOLUTION 90.10

Physician Dispensing

BE IT RESOLVED, TPA reiterate opposition to dispensing of drugs by physicians and that if the physician decides to dispense, he/she personally should dispense and not delegate dispensing to an office clerk. Additionally, if a physician dispenses, he/she should be required to keep the same records as the pharmacist.

Adopted on proper motions by the Tennessee Pharmacists Association

House of Delegates

Chattanooga, Tennessee

Friday, November 3, 1990

RESOLUTION 90.9

Printed Name of Prescriber

BE IT RESOLVED, physicians writing a prescription and having preprinted blanks with multiple physician names shall circle his/her name on said prescription. Any physician writing a prescription on a blank without his/her name preprinted shall use a hand stamp with his/her name underneath the signature. This regulation shall in no case permit a printed name to replace a signature which shall remain the official act of the physician.

Adopted on proper motions by the Tennessee Pharmacists Association

House of Delegates

Chattanooga, Tennessee

Friday, November 3, 1990

RESOLUTION 90.8

Communicate of Prescription Orders

BE IT RESOLVED, physicians should not allow employees of outside agencies to communicate prescriptions to pharmacies but should allow such communications to occur by the physician or his/her own agents.

Adopted on proper motions by the Tennessee Pharmacists Association

House of Delegates

Chattanooga, Tennessee

Friday, November 3, 1990

RESOLUTION 90.7

UT College of Pharmacy-Increase Class Size

WHEREAS, the University of Tennessee College of Pharmacy is the only college of pharmacy in the state of Tennessee, and

WHEREAS, the UT College of Pharmacy is only training 359» of the pharmacists licensed by examination annually, and

WHEREAS, there is a shortage of pharmacists in many areas of the state, and

WHEREAS, the pool of Tennesseans applying to the University of Tennessee has steadily increased for the past five years and is the largest in the history this year, and

WHEREAS, as large numbers of qualified Tennesseans are enrolled in colleges of pharmacy outside of Tennessee, and

WHEREAS, the cost to Tennesseans attending colleges of pharmacy outside the state are much higher than the UT College of Pharmacy, and

WHEREAS, the students attending colleges of pharmacy outside of Tennessee spend between

$I5,000 and $20,000 in additional costs outside the state.

NOW, THEREFORE, BE IT RESOLVED, that the House of Delegates of the TPA, support the proposals by the UT College of Pharmacy to seek the necessary resources to increase the class size for the UT College of Pharmacy from 70 to l00 students.

Adopted on proper motions by the Tennessee Pharmacists Association

House of Delegates

Chattanooga, Tennessee

Friday, November 3, 1990

RESOLUTION 90.6

Commendation of Senator David Pryor

WHEREAS, the Medicaid Prescription Drug Program has increased in both utilization and cost at a high rate; and

WHEREAS, the average prescription has increased from $9.17 in 1982 to $14.39 in 1987, while the average pharmacist dispensing fee has increased from $3.04 to $3.22 during the same period; and

WHEREAS, governmental contracts, institutional contracts, and other such agreements for the purchase of pharmaceuticals are obtained at rates much lower than the prices paid by the community pharmacists who supply Medicaid prescriptions; and

WHEREAS, on May 10, 1990, Senator David Pryor, Chairman of the Senate Special Committee on Aging, introduced S.2605, which will result in enhanced pharmaceutical services and a competitive pricing structure for pharmaceuticals utilized in the Medicaid Program.

NOW,THEREFORE, BEITRESOLVED, that this Association in convention assembled, commend Senator Pryor for the introduction of 5.2605 and further urge Senators Jim Sasser and Albert Gore, Jr. of Tennessee to support this legislation.

BE IT FURTHER RESOLVED, that when this legislation is introduced in the House of Representatives, members of the Tennessee delegation also be urged to support this legislation.

BE IT FURTHER RESOLVED, that copies of this Resolution be directed to members of the Tennessee delegation, and that members of this Association continue their communication expressing their individual support of S.2605 and its companion House bill when it is introduced.

Adopted on proper motions by the Tennessee Pharmacists Association

House of Delegates

Nashville, Tennessee

Sunday, July 15, 1990

RESOLUTION 90.5

Discriminatory Pricing

WHEREAS, retail, community pharmacies provide the vital link to the patient in the prescription drug distribution network, and

WHEREAS, the vast majority of prescription drugs are dispensed to patients through these pharmacies, and

WHEREAS, most of these pharmacies suffer economic and competitive disadvantages due to the discriminatory pricing practices of pharmaceutical manufacturers who sell their products to competitors of retail pharmacies at lower, preferential prices, and

WHEREAS, this preferential, discriminatory pricing by manufacturers causes private-pay patients, third-party insurance companies, and state Medicaid programs to pay the highest available prices for these pharmaceuticals.

HOW, THEREFORE, BE IT RESOLVED, that the Tennessee Pharmacists Association urges that prescription drug manufacturers adopt a pricing policy that will allow all purchasers equal access to the same prices for these pharmaceuticals.

Adopted on proper motions by the Tennessee Pharmacists Association

House of Delegates

Nashville, Tennessee

Sunday, July 15, 1990

RESOLUTION 90.4

Long-Term Care

WHEREAS, the provision of pharmacy services and pharmacist knowledge to long term care facilities, hospitals, hospices, home health programs, clinics, and other settings is an evolving and innovative specialty practice, and

WHEREAS, a significant number of the members of the Tennessee Pharmacists Association involved in providing these specialized services known as consultant practice are committed to further enlarging this specialty practice, and

WHEREAS, the Tennessee Pharmacists Association has recognized the needs of those practitioners for specialized educational activities, for focused involvement in unique legislative and regulatory issues, and for development of well defined networks for information sharing by establishing a Long Term Care (LTC) Committee, and

WHEREAS, there is a desire by the LTC Committee and the members it represents to promote and improve the national development of consultant pharmacy practice, and

WHEREAS, the LTC Committee recognizes the need for a working relationship between state and national associations for the purpose of fostering and encouraging cooperation and communication and establishing inter-organizational relationships emphasizing pharmacy unity.

NOW, THEREFORE, BE IT RESOLVED, that, at the direction of the Long-Term Care Committee, the Tennessee Pharmacists Association expresses its desire to affiliate with the American Society of Consultant Pharmacists.

Adopted on proper motions by the Tennessee Pharmacists Association

House of Delegates

Nashville, Tennessee

Sunday, July 15, 1990

RESOLUTION 90.2

Patient Counseling (CE)

WHEREAS, it is estimated fifty percent (50%) of the 8 billion prescription medications dispensed annually in the U.S. are administered and/or utilized in a less than optimum manner, and

WHEREAS, eight percent (8%) of hospitals and twenty-three percent (23%) of nursing home admissions are the result of non-compliance with prescribed medication regimens, and

WHEREAS, non-compliance adversely impacts a patient's health status, and quality of life and also wastes precious resources of both the patient and the health care system, and

WHEREAS, many accrediting agencies and government agencies are calling for increased participation of health professionals in the provision of appropriate information directly to the patient, and

WHEREAS, many scientific studies have demonstrated that direct interaction with the patient has a positive influence on compliance and the improvement of medical care, and

WHEREAS, pharmacists have an opportunity to provide the final point of contact with patients prior to the use of medication and are knowledgeable health professionals in areas such as appropriate selection of agents, dosage forms, dosage, frequency, over/under utilization, length of treatment, refills, side effects, drug interactions, and ancillary dosage instructions, and

WHEREAS, pharmacists are the most qualified and accessible health care professional source for information on the appropriate use of non-prescription medications, and

WHEREAS, pharmacists are the most readily accessible health care professional in the community, have access to the entire medication records prescribed by all of a patient's prescribers, and are most likely to see patients multiple times during the course of a prescribed therapy, and

WHEREAS, it is in the public interest that citizens have medication information available and that such information be coordinated among pharmacies, pharmacists, physicians, and all members of the health care team.

NOW,THEREFORE, BE ITRESOLVED, the Tennessee Pharmacists Association recommends the Tennessee Board of Pharmacy adopt regulations which require the greater of three (3)

contact hours or twenty percent (20%) of the hours required in any period of required continuing education credit for relicensing be directly related to the development of communication skills and patient counseling services.

Adopted on proper motions by the Tennessee Pharmacists Association

House of Delegates

Nashville, Tennessee

Sunday, July 15, 1990

RESOLUTION 90.1

Tobacco-Smoke Free Environment

WHEREAS, pharmacy is one of the health care professions and thereby promotes healing of diseases, and

WHEREAS, the profession of pharmacy actively promotes methods tor prevention of illness, and

WHEREAS, all health professional should promote the "wellness" concept, and

WHEREAS, cigarette smoking and other forms of tobacco use are proven to be harmful to health and often cause devastating illness and death, and

WHEREAS, society and history could rightfully criticize the profession of pharmacy harshly for selling cigarettes, and

WHEREAS, all other health professions are actively fighting the use of tobacco, and

WHEREAS, many pharmacists already are not selling tobacco products in their pharmacies.

NOW, THEREFORE, BE IT RESOLVED, the Tennessee Pharmacists Association urges all pharmacists immediately to cease selling cigarettes and other tobacco products in their pharmacies.

BEI TFURTHER RESOLVED, that all activities coordinated by or under the control of the Tennessee Pharmacists Association be conducted in a smoke-free environment.

Adopted on proper motions by the Tennessee Pharmacists Association

House of Delegates

Nashville, Tennessee

Sunday, July 15, 1990

RESOLUTION 89.7

Mail Order

WHEREAS, the State of Tennessee currently has a law on its books requiring "out of state pharmacists" to register with the Tennessee Board of Pharmacy, and

WHEREAS, the Attorney General of Tennessee has not seen fit to enforce this statute.

NOW, THEREFORE, BE IT RESOLVED, that the Tennessee Pharmacists Association, at the discretion of the Executive Committee, provide both moral and financial support to a state pharmacy association whose state Board of Pharmacy is bringing suit against any mail order facility that is in noncompliance with state licensure laws.

Adopted on proper motions by the Tennessee Pharmacists Association

House of Delegates

Nashville, Tennessee

Friday, October 13, 1989

RESOLUTION 89.6

Triplicate Prescriptions

WHEREAS, the Drug Enforcement Administration states that less than 29 of any practitioner group is ever involved in violation of regulations, and

WHEREAS, the professional licensing boards are aggressive and fair in the actions involving practitioners with prescriptive privileges, and

WHEREAS, proponents of a triplicate prescription system use the reduction of Schedule II prescriptions as the only evidence of the effectiveness, and

WHEREAS, leading specialists in cancer therapy have identified and published specific incidences of under treatment as a result of a triplicate prescription program, and

WHEREAS, in Texas three years after the implementation of the triplicate prescription program, the use of Vicodin increased 600%, Talwin increased 1,110 %, and Tylenol #3 increased 106%, and

WHEREAS, the latest report from the Drug Abuse Warning Network indicates that very few Schedule II drugs are in the most frequent cause for hospitalization for overdose category in America, and

WHEREAS, Triplicate Prescription legislation will require extra staff, computers, and expenditures reaching in excess of $800,000 in the first year, and

WHEREAS, with the advent of computer crime, experts seriously question the state's ability to protect the confidentiality information filed in the agency computer, and

WHEREAS, no mechanisms exist to notify patients of the true scope of a triplicate prescription program, and

WHEREAS, practitioners with prescriptive privileges are the most regulated and the most identifiable group in the state.

NOW, THEREFORE, BE IT RESOLVED, that the Tennessee Pharmacists Association opposes the adoption of triplicate prescriptions in any form.

Adopted on proper motions by the Tennessee Pharmacists Association

House of Delegates , Nashville, Tennessee

Friday, October 13, 1989

RESOLUTION 89.4

Sampling

WHEREAS, prescription drug diversion is a major problem, and

WHEREAS, a large number of prescription medications are available through sampling with little or no control or supervision, and

WHEREAS, sampling of medication adds to rapidly inflating drug costs, and

WHEREAS, there are alternative methods to prescription sampling, such as coupon redemption.

NOW, THEREFORE, BE IT RESOLVED, that the Tennessee Pharmacists Association develop and seek support for legislation to make prescription sampling illegal in Tennessee.

Adopted on proper motions by the Tennessee Pharmacists Association

House of Delegates

Nashville, Tennessee

Friday, October 13, 1989

RESOLUTION 89.3

Medicaid

WHEREAS, the Tennessee Medicaid Prescription Drug Program has provided a comprehensive prescription drug program and quality pharmacy services for Medicaid recipients since its inception in 1969, and

WHEREAS, more than 859a of eligible recipients utilize the Prescription Drug Program as an easily accessible mechanism for improving their health status, and

WHEREAS, the Medicaid Prescription Drug Program is the most cost-effective mechanism available to the State of Tennessee for improving the health status of Medicaid recipients, and

WHEREAS, Tennessee pharmacists have continuously cooperated with the Bureau of Medicaid through its Third-Party Committee, the Medicaid Formulary Committee, the Governor's Task Force on Medicaid Reimbursement, and other forums, and

WHEREAS, funding for the Medicaid Prescription Drug Program for Fiscal Year 1989-90 because of inadequate appropriations is being drastically reduced to the detriment of both recipients and providers.

NOW, THEREFORE, BE IT RESOLVED, the House of Delegates of the Tennessee Pharmacists Association urges Tennessee Department of Health and Environment Commissioner J. W. Luna and Medicaid Director Manuel Martins to reconsider the decisions made for the Fiscal Year 1989- 90 and to restore as soon as possible both the scope of medications available for Medicaid recipients and fair reimbursement for the providers of pharmacy services.

BE IT FURTHER RESOLVED, that the Tennessee Department of Health and Environment Division of Medicaid refrain from implementing proposed changes until a system is in place in the Department of Medicaid which is physically capable of administering the proposed program changes to properly supply the needs of the recipients.

BE IT FURTHER RESOLVED, the Tennessee Pharmacists Association continue to meet with officials of the Medicaid Bureau to resolve problems which will allow the program to be restored to its present level of services and funding as soon as possible.

BE IT FURTHER RESOLVED, a copy of this Resolution be forwarded to the Honorable Ned Ray McWherter, Governor of the State of Tennessee; Commissioner David Manning, Department of Finance and Administration; Commissioner J. W. Luna, Department of Health and

Environment; and Manuel Martins, Director of Medicaid Bureau.

Adopted on proper motions by the Tennessee Pharmacists Association

House of Delegates

Memphis, Tennessee

Sunday, June 18, 1989

RESOLUTION 89.2

Amphetamines

WHEREAS, the use of anorectic drugs has potential for addicting the users of such drugs; and

WHEREAS, anorectic drugs have not been shown to add significantly to any program of weight control; and

WHEREAS, there are no indications for the use of the amphetamine-like anorectic drugs other than weight control; and

WHEREAS, the Governor of Tennessee is promoting a drug-free concept for the state; and

WHEREAS, the Tennessee Pharmacists Association supports our Governor's drive to eliminate drug abuse in this state.

NOW, THEREFORE, BE IT RESOLVED, that the Tennessee Pharmacists Association seek legislation to make unlawful the prescribing or use of anorectic drugs within the state of Tennessee.

BE IT FURTHER RESOLVED, that nothing in this resolution shall be construed so as to interfere with the legitimate prescribing or use of amphetamine drugs for indications other than weight control.

BE IT FURTHER RESOLVED, that the Tennessee Pharmacists Association seek support for this legislation from the Tennessee Osteopathic Medical Association, Tennessee Medical Association, and the Tennessee Dental Association.

BE IT FURTHER RESOLVED, that the Tennessee Pharmacists Association, through its Interprofessional Relations Committee, meet with the Interprofessional Liason Committee of the Tennessee Medical Association and draft appropriate legislation or regulations to address this issue.

BE IT FURTHER RESOLVED, that copies of this resolution be made available to all members of the Tennessee General Assembly and the Governor of Tennessee.

BE IT FURTHER RESOLVED, that this resolution, unless reaffirmed or modified prior thereto, shall terminate after the regular annual meeting of the House of Delegates in 1996.

Adopted on proper motions by the Tennessee Pharmacists Association

House of Delegates on the condition that it be referred to the

Interprofessional Relations Committee for further consideration

by the Joint Committees of the TMA and TPA and returned to

the House of Delegates in October for further consideration.

Memphis, Tennessee

Sunday, June 18, 1989

RESOLUTION 89.1

Prescription Refills

WHEREAS, many prescriptions are written to be refilled "pm" by physicians for the convenience of their patients and themselves; and

WHEREAS, under Tennessee law, with the exception of narcotics, "refill pm" allows the prescription to be refilled until either the patient or the physician dies; and

WHEREAS, good medical practice would require the periodic review of the need for and dosage of medications; and

WHEREAS, in some instances, prescription refills are being made even after the death of the prescribing physician.

NOW, THEREFORE BE IT RESOLVED, that the Tennessee Pharmacists Association seek legislation to establish a time limit of one year for the initial filling or refilling of a prescription.

BE IT FURTHER RESOLVED, that the Tennessee Pharmacists Association seek the support of the Tennessee Medical Association, the Tennessee Osteopathic Medical Association, and the Tennessee Dental Association for such legislation.

BE IT FURTHER RESOLVED, that the Tennessee Pharmacists Association urge legislation banning the use of “PRN" for refill on all scheduled drugs.

BE IT FURTHER RESOLVED, that this resolution, unless reaffirmed or modified prior thereto, shall terminate after the regular meeting of the House of Delegates in 1996.

Adopted on proper motions by the Tennessee Pharmacists Association

House of Delegates on the condition that it be referred to the Interprofessional Relations

Committee for further consideration by the Joint Committees of the TMA and TPA.

Memphis, Tennessee

Sunday, June 18, 1989

RESOLUTION 88.1

Medic Alert

WHEREAS, Medic Alert Foundation International is a charitable, non-profit, tax-exempt organization providing the most comprehensive emergency medical identification system in the world, and

WHEREAS, Medic Alert conducts an extensive program to inform the general public of a potentially lifesaving need for medical emergency identification encouraging individuals with specific medical conditions to acquire protection of Medic Alert providing a convenient and fast method by which this protection can be acquired, and

WHEREAS, it is estimated that one out of four people has a special medical condition that should be brought into attention of those rendering emergency treatment to the injured or unconscious person, and

WHEREAS, the Medic Alert emblem bearing the insignia of the medical profession and the words Medic Alert in red is designed to attract immediate attention in emergencies and is recognized internationally as a symbol of emergency medical identification, and

WHEREAS, each Medic Alert emblem carries an ID number for the member as well as telephone number of the foundation's emergency answering service where additional emergency information is maintained on the member and is available to physicians and other authorized personnel twenty-four hours daily on a collect call basis, and

WHEREAS, Medic Alert has been endorsed by a large number of international, national, state, and county organizations, societies, agencies, and other civic groups.

NOW, THEREFORE BE IT RESOLVED, that the Tennessee Pharmacists Association does hereby officially endorse Medic Alert Foundation International and its system of emergency medical identification.

Adopted on proper motions by the Tennessee Pharmacists Association

House of Delegates

Knoxville, Tennessee

Sunday, June 12, 1988

RESOLUTION 87.1

Legal Support

WHEREAS, the restructure of the Tennessee Pharmaceutical Association has been accomplished in order to meet the present organizational needs of Pharmacy, and

WHEREAS, the many changes in pharmacy services, such as out-of-state mail order prescription services and physician dispensing, affect the health and welfare of many Tennesseans, and

WHEREAS, the Tennessee Pharmacists Association needs to establish a formal method to evaluate such programs that may affect the profession of Pharmacy and a procedure to respond to such actions which may be deemed detrimental to the public and/or the profession of Pharmacy, and

WHEREAS, extensive legal counsel would be necessary to implement effective action against such programs, requiring funds in excess of the Association's present financial capability

NOW, THEREFORE, BE IT RESOLVED, that a special committee be appointed by the President to study the feasibility of securing this legal advice and methods of financing same within the new structure of the Association and directed to report its findings and recommendations to the House of Delegates at the 1987 Tripartite Meeting.

Adopted on proper motions by the Tennessee Pharmacists Association

House of Delegates

Chattanooga, Tennessee

Sunday, June 21, 1987

RESOLUTION 86.1

Codeine Containing Cough Preparations

WHEREAS, The Tennessee Pharmaceutical Association's House of Delegates has previously indicated its support for a "third class," or pharmacist-prescribed formulary of medications,

and

WHEREAS, federal regulations permit the sale of certain codeine-containing cough preparations without a prescription by pharmacists following a specified protocol, and

WHEREAS, several of Tennessee's neighboring states allow this practice, although Tennessee law prohibits same, and

WHEREAS, Tennessee pharmacists, by virtue of their knowledge; training, and experience are certainly qualified to offer this service to their patrons.

NOW,THEREFORE, BEITRESOLVED, that the Tennessee Pharmaceutical Association take the necessary actions to attempt to modify Tennessee law to allow pharmacists to dispense certain codeine-containing cough preparations without a prescription.

BE IT FURTHER RESOLVED, that the appropriate Tennessee Pharmaceutical Association committee develop a suggested formulary and protocol for the dispensing of these medications in accordance with federal regulations.

BE IT FURTHER RESOLVED, it is the intent of this resolution that pharmacists adhere to the federal guidelines with respect to codeine-containing cough products.

Adopted on proper motions by the Tennessee Pharmaceutical Association

House of Delegates

Nashville, Tennessee

Sunday, June 8, 1986