

Resolution #1 - Officer and Executive Committee Actions

BE IT RESOLVED that the Delegates of the NCPA Convention, assembled on October 15, 2008 in Tampa, Florida, ratify and confirm all official actions of the Officers and Members of the Executive Committee of NCPA during the interim since the last session of the House of Delegates of the National Community Pharmacists Association in Anaheim, California.

Resolution # 2 - The Sale of Tobacco in Pharmacies

WHEREAS, the use of tobacco products is a potentially deadly habit, identified as the single most preventable cause of death in the United States and according to the Centers for Disease Control and Prevention (CDC), cigarette smoking alone causes 20% of all deaths per year, costing the US over \$150 billion a year in healthcare costs and loss of productivity and for smokeless tobacco users, the risk of cancer to the cheek and gum is nearly 50 times greater than for non-users; and

WHEREAS, in a survey conducted among 3,000 NCPA members, over 70% stated that they did not sell tobacco products in their pharmacies; and

WHEREAS, pharmacists are healthcare providers and are the most accessible healthcare resource in their community.

BE IT RESOLVED that, NCPA recognizes the legal necessity of autonomous, individual decisions by member pharmacists regarding the stocking of merchandise, including tobacco products in their pharmacies; and

BE IT FURTHER RESOLVED, that NCPA encourage member pharmacists to consider refraining from selling tobacco products in their pharmacies; and

BE IT FURTHER RESOLVED, that any law or regulation prohibiting the sale of tobacco products apply to all entities operating a pharmacy.

Resolution # 3 - Specialty Medications

WHEREAS, the number of medications classified as specialty medications is growing at a rapid pace, with spending more than doubling -- from \$35 billion to \$73 billion dollars from 2004 to 2008; and

WHEREAS specialty medications are frequently being classified by large PBMs based solely on their cost rather than on additional factors such as administration, required monitoring, and supervision, and condition treated; and

WHEREAS, community pharmacies continue their tradition of being logical sources for patients to receive medications considered specialty medications; and

WHEREAS, many of these specialty medications require specific handling, storage, and dispensing consideration; and

WHEREAS, because many of the specialty medications have unique delivery mechanisms, possess potent side effects, and require specialized dosing, the community pharmacist is the ideal health care practitioner to assist patients in the proper use of these medications; and

WHEREAS, pharmacists presently have the ability to document their actions in a consistent and scalable manner through the use of a platform such as the Mirixa Pro platform; and

WHEREAS, an increasing number of manufacturers, large PBMs, as well as the Food and Drug Administration (FDA) are classifying more medications as specialty medications and are restricting the distribution network of these medications.

BE IT RESOLVED, that NCPA continue to support the ongoing ability of community pharmacists to maintain their patients' access to all medications including so-called "specialty" medications through community pharmacies and to provide appropriate training and support to their patients.

Resolution # 4 - Use of Kiosks

WHEREAS, some forms of pharmacy automation technology have become a means by which pharmacies are able to streamline the counting, filling, and labeling processes; and

WHEREAS, NCPA recognizes the increase in prescription volume among pharmacies and current shortage of pharmacists, potentially creating longer wait times in pharmacies; and

WHEREAS, NCPA believes that this economic pressure to conduct direct dispensing of prescription medications to a patient via pharmacy kiosks present an unnecessary risk to the patient and undermines the abilities of the pharmacist to actively care for their patient; and

WHEREAS, NCPA believes that patient-pharmacist interaction and medication counseling are integral parts of the prescription dispensing process and cannot be replaced by machinery.

BE IT RESOLVED, that NCPA supports the role of technology in facilitating enhanced interaction between the patient and pharmacist and opposes the use of kiosks for the dispensing of prescription medications with no face-to-face patient counseling; and that NCPA will take action to help educate patients and decision makers on the problems inherent to kiosk dispensing.

Resolution # 5 - Illegal On Line Drug Operations

WHEREAS, NCPA is committed to working with the Drug Enforcement Administration and state boards of pharmacy to halt the proliferation of illegal online drug operations; and

WHEREAS, NCPA encourages the equitable application of existing government authority to level the playing field with regard to regulating interstate, internet, and mail order pharmacy as they relate to patient safety and care; and

WHEREAS, NCPA continues to advocate that the states have the sole authority to license and register pharmacies and pharmacists practicing in the patient's state.

BE IT RESOLVED, that NCPA continue to oppose the illegal practices of online drug operations and that NCPA continue to support government efforts to sanction, through regulation and prosecution, such activities.

Resolution #6 - Certification for Technicians

WHEREAS, the Institute for the Certification of Pharmacy Technicians (ICPT) exam -- “ExCPT” – has developed a technician certification program; and

WHEREAS, in June of 2008, ICPT was awarded accreditation of their program for a five-year period by the National Commission for Certifying Agencies (NCCA); and

WHEREAS, many industries, including those in healthcare, have competing certification programs; and

WHEREAS, NCPA opposes monopolies and recognizes that competition usually results in lower costs, greater convenience, better quality services and more innovation; and

WHEREAS, ExCPT offers many advantages and will benefit technicians, pharmacy employers, the Boards of Pharmacy and the public; and

WHEREAS, many employers and state boards of pharmacy have already scrutinized and recognized ExCPT; and

WHEREAS, ExCPT has obtained third party recognition by meeting the standards for the certification industry as defined by NCCA and the value of NCCA accreditation was cited recently by the National Association of Boards of Pharmacy (NABP) and NABP recognized it as an independent audit by certification experts which ensures that a certification program adheres to current standards of practice in the certification industry.

BE IT RESOLVED, that NCPA continue to strongly advocate that state boards of pharmacy have the authority and responsibility to determine whether their particular state will require a technician certification program for all pharmacy technicians; and

BE IT FURTHER RESOLVED, that in any state where the state board of pharmacy recognizes or requires a certification for pharmacy technicians, that NCPA advocate that the board must include all pharmacy technician programs accredited by National Commission for Certifying Agencies.

Resolution # 7 - Required Residency

WHEREAS, various pharmacy organizations have considered the adoption of a position that all new pharmacy graduates who provide direct patient care will be required to have completed a post-graduate residency; and

WHEREAS, NCPA recognizes voluntary residencies in the development of pharmacists who deal with complex patients and specialize in a particular practice area as one method to develop the advanced skills and competence of pharmacists other methods include, but are not limited to: on-the-job training, attending seminars and training programs, and participating in continuing education programs; and

WHEREAS, the current Doctor of Pharmacy degree is sufficient to address these concerns and a lengthening of time to obtain a degree would discourage students from entering the profession; and

WHEREAS, the current pharmacist workforce shortage would be further impacted by mandatory residencies, an additional residency requirement would have a negative impact on recruiting efforts for these open positions in community pharmacy settings; and

WHEREAS, there is an existing lack of residency sites; in 2007, approximately 1,600 first year residency positions were available and only 1,300 of those residency positions were filled, the majority of these positions are in acute care settings, not community pharmacies, in order to meet this proposed residency training requirement, according to one estimate, if 75% of graduates choose to enter direct patient care roles, then at least 9,000 residency positions must be available annually by 2020; and

WHEREAS, there is an overall added cost to the retail industry. Specifically most new residency sites would need to be developed in chain and community pharmacies and total training costs for this number of residents could reach \$1 billion annually. This tremendous cost and use of resources would have an extremely negative impact on community pharmacy operations already facing many government-imposed financial burdens.

BE IT RESOLVED that NCPA continue to support the value of voluntary residencies in the development of pharmacists who choose to specialize in particular practice areas; and

BE IT FURTHER RESOLVED, that NCPA opposes any proposal to mandate obtaining a post-graduate residency as a precondition for a license to practice pharmacy.

Resolution #8 - Mandatory Bachelors Degree

WHEREAS, the current pharmacist workforce shortage would be negatively impacted by requiring a mandatory Bachelors degree as a pre-requisite to entering pharmacy school; and

WHEREAS, according to a recent industry survey, 97.7% of the U.S. population was residing in states where filling open pharmacist positions was at least moderately difficult in 2008; and

WHEREAS, adding additional years of education by requiring an undergraduate degree as a prerequisite to pharmacy school admission would be an undue burden to prospective pharmacy students.

BE IT RESOLVED, that NCPA opposes a requirement of a baccalaureate degree as a prerequisite for admission into schools and colleges of pharmacy.

Resolution #9 - Pharmacy Benefit Programs Among Schools of Pharmacy

WHEREAS, NCPA is the association representing community pharmacy, and

WHEREAS, NCPA strongly opposes mandated mail order prescription schemes that utilize incentives to steer patients away from their own pharmacist into mailed distribution; and

WHEREAS, the professional and financial livelihood of community pharmacy owners and employees is threatened by increased patient coercion to prescription by mail order companies; and

WHEREAS, colleges and universities depend to varying degrees on the financial support of graduates of their schools of pharmacy; and

WHEREAS, any prescription by mail coercion or mandate imposed by a school of pharmacy erodes the independent practitioners' business assets and conflicts with their educational mission.

BE IT RESOLVED, that NCPA assess the pharmacy benefit portion of schools of pharmacy's health care plans to determine whether equal access to independent community pharmacy exists without mandates or coercions; and

BE IT FURTHER RESOLVED, that NCPA initiate a campaign to obtain the commitment from schools of pharmacy to include equal access to independent community pharmacy in their health care plans; and

BE IT FURTHER RESOLVED, that NCPA make its members aware of those schools of pharmacy that fail to assure equal access to independent community pharmacy services as part of the school's pharmacy health care plan.

Resolution #10 – Pharmacy Home

WHEREAS, an increasing number of publicly traded pharmacy retailers are luring customers with coupons for transferring their prescriptions or filling a new prescription with these retailers; and

WHEREAS, this financial coercion is leading to patients filling prescriptions at multiple pharmacies; and

WHEREAS, optimal patient care is delivered when patients have a pharmacy home in which their prescription medications are managed and their therapy optimized.

BE IT RESOLVED, that NCPA supports the establishment and cultivation of a pharmacy home for the purposes of optimizing appropriate patient and/or pharmacy care.

Resolution #11 – Prescriptions Used as a Loss Leader

WHEREAS, national retailers are using prescriptions as a loss leader to attract customer traffic to their retail location; and

WHEREAS, these prescriptions are sold below the cost of the pharmacy to dispense these products; and

WHEREAS, these prescription marketing ploys commoditize life saving or enhancing medications and demean the pharmacy profession.

BE IT RESOLVED that, NCPA opposes any prescription pricing schemes that commoditize prescriptions as a part of pharmacy services; and

BE IT FURTHER RESOLVED that, NCPA supports marketing efforts that educate patients to better understand the value of their pharmacy services.

Resolution #12 – Support of Pharmacy Compounding Accreditation Board

WHEREAS, pharmacist compounding is overseen by state boards of pharmacy despite frequent encroachment attempts by the FDA; and

WHEREAS, the Pharmacy Compounding Accreditation Board (PCAB) was created by a number of pharmacy organizations representing diverse pharmacy practice settings to provide standards for pharmacy compounding leading to the pharmacy being accredited by PCAB; and

WHEREAS, accreditation provides marketing opportunities, pharmacy differentiation, and advantageous discounts by some national insurers.

BE IT RESOLVED, that NCPA encourages compounding pharmacists to become accredited by the Pharmacy Compounding Accreditation Board.