

**RESOLUTIONS FOR CONSIDERATION BY THE NCPA HOUSE OF
DELEGATES 2009**

Resolution 1 --- Officer and Executive Committee Actions

BE IT RESOLVED that the Delegates of the NCPA Convention, assembled on October 21, 2009 in New Orleans, Louisiana 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 Tampa, Florida.

Resolution No. 2 --- CVS Caremark

WHEREAS, in March 2007, CVS, the nation's largest retail pharmacy, merged with Caremark, the nation's third largest pharmacy benefit manager; and

WHEREAS, through Caremark, CVS has access to the most sensitive business information of competitor pharmacies including the identity of their customers, names of prescribers, the drugs prescribed, the cost of the drugs, the amount of drugs acquired, the drug acquisition cost, and the reimbursement amount; and

WHEREAS, Caremark controls reimbursement for a substantial segment of pharmacies that compete with CVS; and

WHEREAS, CVS is using Caremark-provided data to eliminate consumer/patient choice and drive consumers/patients from competitor pharmacies; and

WHEREAS, CVS Caremark's conduct harms both consumer/patients and competitor pharmacies; therefore,

BE IT RESOLVED, that NCPA continue to seek a thorough investigation by appropriate federal and state authorities of both antitrust and consumer protection violations by CVS Caremark.

Resolution No. 3 --- Abuse of Prescription and Non-Prescription Medications

WHEREAS, legitimate medications increasingly are becoming preferred agents for substance abusers and producers of illegal drugs; and

WHEREAS, prescription and non-prescription medications are replacing “street” drugs as the most commonly abused substances among youth and young adults; therefore,

BE IT RESOLVED, that NCPA encourages community pharmacists to commit themselves to supporting national and local efforts to prevent the abuse of prescription and non-prescription drugs.

Resolution No. 4 --- Reduction in Medicaid Prescription Payment

WHEREAS, adequate reimbursement for dispensing prescription medications to Medicaid patients is critical to continued pharmacy access for all patients; and

WHEREAS, a pending Average Manufacturer Price-based or other similar methodology may not cover true acquisition costs for Medicaid generic drugs; and

WHEREAS, recent court findings allow the reduction of payments for cost to pharmacies for branded products by 4%, and may not cover true acquisition costs for branded drugs, therefore,

BE IT RESOLVED, that NCPA encourage its members to lobby Congress and state legislatures to help assure that Medicaid payment rates reflect a pharmacy's costs of purchasing a drug, dispensing it, and provides a reasonable profit.

Resolution No. 5 --- PBM Transparency

WHEREAS, the three largest pharmacy benefit managers, which dominate the market, conduct business in a largely unregulated environment; and

WHEREAS, these PBMs act as corporate middlemen for governments, private companies, and unions; and

WHEREAS, these three firms alone directly affect approximately 205 million covered lives and generate over \$170 billion in revenue, the majority directly related to the employee pharmacy benefit; and

WHEREAS, because of the lack of consistent regulatory structure or oversight, PBMs often engage in deceptive and unfair trade practices, resulting in several enforcement actions by a coalition of state attorneys generals that have secured over \$370 million in fines and penalties; and

WHEREAS, at the same time, the profits of the three major PBMs and the compensation of their chief executives have skyrocketed; and

WHEREAS, no other segment of the health care market has a record of such deceptive, egregious, anti-patient, and anti-pharmacy practices; therefore,

BE IT RESOLVED, that NCPA encourages its members to lobby Congress to enact “transparency” legislation that would require PBMs to disclose the sources of their revenue including per-transaction fees, the myriad rebate arrangements they enter into with manufacturers that are allegedly shared with payers, and the spread between what they reimburse a pharmacy for a drug and what they charge the payer.

Resolution No. 6 --- Health Information Technology

WHEREAS, while the use of health information technology (HIT), especially electronic health records (EHRs), has grown, the federal government is making significant investments to dramatically accelerate the adoption of such technology; and

WHEREAS, the goal is to develop a national, interoperable health care system by 2014; therefore,

BE IT RESOLVED, that NCPA ensure that community pharmacies work collaboratively with their partners to adopt health information technology (HIT) and take advantage of all applicable incentive programs.

Resolution No. 7 --- Prescription Drug Disposal Programs

WHEREAS, the improper disposal of unused or expired medications poses risks to families, communities, and the environment; and

WHEREAS, as the most accessible health care providers, medication experts, and active members of the community, pharmacists are in a prime position to ensure the safe and proper handling of medications, from dispensing to disposal; therefore,

BE IT RESOLVED, that NCPA promote that community pharmacists consider initiating medication disposal programs to properly dispose of pharmaceuticals and highlight their role as respected and knowledgeable resources on all aspects of medications, and

BE IT FURTHER RESOLVED, that NCPA facilitate its members to work with the Bureau of Narcotics and Drug Diversion, State Boards of Pharmacy, Drug Enforcement Administration and the Environmental Protection Agency to address the disposal of controlled substances, and

BE IT FURTHER RESOLVED, that NCPA assist its members in pursuing appropriate enabling legislation and funding sources at the local state and federal level; and

BE IT FURTHER RESOLVED, that NCPA pursue assurance that pharmacists and/or pharmacies are appropriately compensated for drug disposals.

Resolution No. 8 --- Pharmacy Accreditation

WHEREAS, the Medicare Modernization Act requires the Secretary of Health and Human Services to establish and implement quality standards for suppliers of Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS); and

WHEREAS, all suppliers that furnish DMEPOS must comply with the quality standards to receive Medicare Part B payments and to retain a supplier billing number; and

WHEREAS, all suppliers are required to obtain facility accreditation or their supplier number will be revoked; and,

WHEREAS, the accreditation process is burdensome, expensive, and duplicative of many current pharmacy and pharmacist licensure requirements; therefore,

BE IT RESOLVED, that NCPA seek a DMEPOS accreditation requirement exemption from Congress for state licensed independent community pharmacies.