



Policies of the Maryland Pharmacists Association

Through the House of Delegates process, MPhA's objectives and goals are developed. This document includes those policies adopted by resolution.

1. Non-Pharmacy Business Names

Adopted June 2020

MPhA will solicit the assistance of the Maryland Board of Pharmacy to pursue legislation, or work with a state regulatory agency with jurisdiction and enforcement power in this matter, to prohibit new businesses from using names such as "pharmacy," "apothecary," "medicine shop," and phonetic equivalents if they are ineligible for pharmacy permits

2. Pharmacist Qualifications for Federal Positions

Adopted June 2020

- MPhA supports the Bachelor of Science (BSP) degree and relevant experience as appropriate for meeting federal pharmacist position eligibility requirements
- MPhA opposes the requirement of a specific degree by employers without consideration of relevant work experience for employment and promotion policies.

3. Pharmacists Role in COVID-19 Response

Adopted June 2020

MPhA supports and encourages its members and all pharmacists, student pharmacists, and pharmacy technicians to be knowledgeable about their role in COVID-19 prevention, screening, testing and management and be prepared to respond to local community needs to reduce the spread of COVID-19.

4. Diversity, Equity and Inclusion

Adopted June 2020

MPhA values and recognizes the importance of diversity, equity and inclusion. This includes welcoming, supporting and engaging all individuals, including but not limited to all races, ethnicities, religions, national origins, mental or physical abilities, ages, gender

identities or expressions and sexual orientations. We encourage efforts to bring change to the workplace, the healthcare system, and social determinants of health to reduce inequities.

5. Cannabis Counseling

Adopted June 2020

MPhA supports the inclusion of counseling on cannabis and its products, including CBD and other hemp derivatives, into the pharmacy standard of practice for liability coverage purposes, whether conducted in a medical cannabis dispensary or any other setting.

6. Controlled Substance Dispensing

Adopted June 2019

MPhA supports pharmacists using their professional responsibility in dispensing opioids. Opioids should be dispensed in the minimum amount required to ensure appropriate pain relief through the use of the following resources and strategies:

1. Use prescription drug monitoring program (PDMP) to ensure patients are seeking care from an appropriate number of prescribers and pharmacies
2. Promote continuing education regarding pain management to assess treatment and engage in discussions with prescribers as appropriate.
3. Identify behaviors that might suggest potential opioid misuse and use motivational interviewing techniques to support patient needs
4. Collaborate with providers for referrals to pain specialists or treatment centers to support patient needs as appropriate.
5. Educate patients on availability of naloxone via the State standing order

7. Pharmacist care in patients using cannabidiol products

Adopted June 2019

1. MPhA recognizes that the chemical compound cannabidiol is both a health supplement and prescription entity approved by the FDA. This product in its many forms can have drug-drug interactions that require pharmacist prospective drug review to mitigate adverse drug events.
2. MPhA advocates for pharmacist consultation on proper use and provision of prospective drug review to prevent medication misuse.
3. MPhA will continue to educate its members on cannabidiol changes in legal status, as well as the pharmacology and evidence regarding benefits, indications, potential for addiction and other scientific developments.

8. Access to medical cannabis records at pharmacies

Adopted June 2019

1. MPhA advocates for pharmacies in Maryland having access to medicinal cannabis approval and dispensing records.
2. MPhA advocates for cooperation and transparency in Maryland law regarding the use of medical cannabis and sharing of data from dispensaries to pharmacies.
3. MPhA supports sharing of medical cannabis use information within the pharmacy record to include documentation of dispensary using and what current THC or CBD containing products are being used.

9. Misrepresentation of businesses supplying medical cannabis and cannabidiol products

Adopted June 2019

1. MPhA opposes the use of any business entity furnishing medical cannabis or cannabidiol products that is not a licensed pharmacy with the nomenclature of "Pharmacy," or any derivative, "drug, drug store, medicine, medicine shop, apothecary, chemist, chemist shop'

or other related derivatives to ensure the public can safely identify where a licensed pharmacist is available for consultation.

2. MPhA encourages the investigation of use of these terms by business entities in Maryland and referral to appropriate government agency.

10. Hepatitis C Treatment

Adopted July 2018

MPhA supports the public health efforts for treatment and cure of Hepatitis C in all patients, regardless of stage of liver damage. Pharmacists are prepared to provide timely treatment, education and adherence support in order to ensure treatment cure

11. Medication Disposal

Adopted July 2018

MPhA supports access to all appropriate medication disposal efforts and education programs in order to reduce medication misuse. MPhA encourages pharmacists and pharmacies to provide medication disposal options and support medication disposal events. MPhA also encourages pharmacists and pharmacies to utilize all available resources to implement and expand education and disposal programs within pharmacies.

12. Pharmacists Rehabilitation Services

Adopted July 2018

MPhA supports confidential referral to the contracted Maryland Board of Pharmacy Rehabilitation Services program for recovery and assistance for pharmacists, pharmacy technicians, and pharmacy students afflicted with a substance use disorder and encourages compliance with the duty to report requirement of the pharmacy practice act. Additionally, MPhA supports legislation that will allow the Board of Pharmacy to support the operation programs that meet the needs of impaired pharmacists, pharmacy technicians and pharmacy students.

13. Emergency Preparedness and Response

Adopted June 2017

MPhA supports and encourages its members and all pharmacists, student pharmacists, and pharmacy technicians all pharmacists to be knowledgeable of their vital role and prepared to respond to local community needs in the event of a public health emergency and to assist on a larger scale by becoming members of the Maryland Responds Medical Reserve Corps as promulgated by the Maryland Department of Health.

14. Medication Affordability

Adopted June 2016

The Maryland Pharmacists Association supports efforts to limit unjustified or unreasonable pricing by pharmaceutical companies that may affect the affordability of medications for patients.

15. Pharmacists Role in Naloxone

Adopted June 2016

The Maryland Pharmacists Association supports:

1. Training all pharmacists to administer Naloxone.
2. Training all pharmacists to teach the public to administer naloxone.
3. Dispensing naloxone to patients and those associated with persons at risk for opioid overdose.
4. Educating patients and the public to reduce the risks of opioid misuse.

16. Pharmacists Provide Care

Adopted June 2015

MPhA supports state and national efforts to recognize pharmacists as health care providers.

MPhA will be actively involved in state and national legislative and policy development efforts to classify pharmacists as health care providers in scope of practice and insurance payment regulations.

MPhA will support education of pharmacists to practice at the full extent of their scope of practice and training,

and encourage personal, professional, and interdisciplinary development opportunities for pharmacists to collaborate and contribute to public health initiatives, education, planning, implementation, and policy development. MPhA will support opportunities that allow pharmacists to provide and be compensated directly for patient care services to improve patient health.

17. Employee Pharmacists and Workload

Adopted June 2015

To enhance the safety of Maryland's pharmacy patients, MPhA will support the Maryland Board of Pharmacy's and other pharmacy associations' initiatives encouraging sufficient pharmacy support personnel to permit pharmacists to provide quality patient care.

18. The Pharmacist as an Integral Health Team Member

Adopted June 2015

The Maryland Pharmacists Association supports making the health care community and the public aware of the improvements in quality and consistency of patient care when pharmacists are members of patient-focused, multidisciplinary, interprofessional, team-based practice.

19. CPR Certification

Adopted June 2015

The Maryland Pharmacists Association urges all pharmacists to be CPR certified by the American Heart Association or the American Red Cross.

20. Professional Designation

Adopted June 2015

The Maryland Pharmacists Association recognizes that licensed pharmacists may choose to use the professional designation "Registered Pharmacist" (R.Ph.) or "Doctor of Pharmacy" (P.D.) as they see fit. These designations are not academic degrees, and are not an endorsement of any particular pharmacy education degree.

21. Medical Cannabis

Adopted June 2015

1. The Maryland Pharmacists Association encourages pharmacists in the patient history taking process to inquire, collect, and document the use of cannabis and its various components in the patient profile.
2. The Maryland Pharmacists Association encourages pharmacists to educate themselves on cannabis so they can competently advise, educate and help manage therapy with the patient and other members of the patient's health care team.
3. The Maryland Pharmacists Association supports high quality research in the medical uses of cannabis, the clinical efficacy and safety associated with the use of cannabis and its various components.
4. The Maryland Pharmacists Association encourages pharmacists to report serious adverse events associated with cannabis through the MedWatch Program.
5. The Maryland Pharmacists Association supports the dispensing of medical cannabis by any full service licensed pharmacy in the same manner as other medications.

22. Acetaminophen Dosing

Adopted June 2015

The Maryland Pharmacists Association supports a limit for all acetaminophen preparations; OTC and RX, singly and in combination; to 325mg per unit dose.

23. PBM and Health Occupancy Code

Adopted June 2014

The Maryland Pharmacists Association will seek a sponsor to support a Maryland bill that PBMs that operate in Maryland will have to follow the same wording and stipulation as Health Occupancy code of 12-403; and will allow Maryland residents the right to choose their pharmacy without undue financial burden on the pharmacy or resident.

24. Accreditation of Community Pharmacy

Adopted June 2011

The Maryland Pharmacists Association opposes any recommendation for mandatory accreditation of Community pharmacy.

25. Health Information Technology

Adopted June 2010

The Maryland Pharmacists Association encourages all pharmacy practice settings to work closely together with their business associates, to adopt technology to advance patient care and safety, fostering a "Patient- Centered Medical Home" approach for comprehensive care.

26. Veterinary Pharmacy

Adopted June 2006

MPhA request the Board of Pharmacy Specialties (BPS) to initiate a study to approve a specialty in veterinary.

27. Medicaid Reimbursement

Adopted June 2004

The Maryland Pharmacists Association supports fair and reasonable Medicaid reimbursements to pharmacies and opposes and further reductions in reimbursement.

28. Herbal and Dietary Supplements

Adopted June 2003

The Maryland Pharmacist Association recognizes the right of consumers to consume herbal and dietary supplements, and encourages pharmacists to inquire about the use of these products as part of the history taking process as well as encourage consumers to consult their pharmacists in determining their decision to purchase these supplements and encourages pharmacists to report serious adverse events associated with these supplements through the MedWatch Program; and supports the demonstration of safety and efficacy of herbal and dietary supplements from adequate, well-designed scientific studies

29. Mandatory Patient Counseling

Adopted June 2002

The Maryland Pharmacists Association opposes any regulatory or legislative activity that mandates patients counseling by pharmacists as this is a standard and expected practice for the pharmacy profession.

30. Electronic Prescribing

Adopted June 2001

in order to provide quality pharmaceutical care, the Maryland Pharmacists Association supports electronic prescribing that protects the physician, pharmacist, patient triad and does not allow an intermediary to intervene in that relationship.

31. Development of Clinically Significant Drug Utilization Review Alerts

Adopted June 2001

Maryland Pharmacists Association

supports the development of a better classification scheme for clinically significant drug utilization review alerts that provides the pharmacist with management options to reduce patient risk.

32. Medication Errors

Adopted June 2001

Maryland Pharmacists Association supports voluntary, non-punitive, confidential error reporting programs to improve patient care and quality assurance.

33. Conscience Clause

Adopted June 1999

The Maryland Pharmacists Association recognizes the individual pharmacist's right to exercise conscientious refusal and supports the establishment of systems to ensure patient access to legally prescribed therapy without comprising the pharmacist's right of conscientious refusal.

34. Restrictive Formularies

Adopted June 1999

The Maryland Pharmacists Association supports and advocates restrictive formularies in private programs if they incorporate the following:

- Prior authorization processes that allows access to non-formulary drugs that the patient's physician determines to be medically necessary.
- Pharmacy and Therapeutics Committees that include pharmacist(s) as members and consider factors other than cost when determining the medications to place on the formulary.
- Tiered co-payment structures to increase the enrollee's incentive to comply with the formulary for medications.

The Maryland Pharmacist Association recommends Maryland Medicaid establish one standard formulary for all Medicaid Managed Care HMO's, as long as the state ensures that the medications on the formulary are the most cost effective available.

35. Tobacco Sales in Pharmacies

Adopted June 1996

The Maryland Pharmacists Association opposes sales of tobacco products in pharmacies.

36. Ethical Dilemmas and Rights of Pharmacists

Adopted June 1995

The Maryland Pharmacists Association neither endorses nor opposes the use of pharmaceuticals, drugs or chemicals in the performance of abortions, executions, euthanasia, or assisted suicide; and MPhA believes that it is the fundamental professional and personal right of an individual pharmacist to determine whether he or she chooses to dispense or not dispense medications in these and similar situations; and MPhA opposes any attempt by an employer or fellow pharmacist to impose their professional or personal beliefs on another pharmacist for the purposes for requiring that a prescription be dispensed.

37. AIDS/Condoms

Adopted June 1987

The Maryland Pharmacists Association supports and encourages the distribution, promotion and advertisement of condoms.

38. Drug Samples

Adopted June 1986

The Maryland Pharmacists Association supports the elimination of all drug sampling and replace it with a coupon issued by the manufacturer for a starter dose that would be dispensed by the pharmacist in the same manner as any physician's prescription. The manufacturer offering the coupon would reimburse the pharmacist for the product dispensed, plus the pharmacist's dispensing fee.

39. Lie Detector Tests

Adopted June 1984

The Maryland Pharmacists Association opposes any attempt by any employer to use the results of lie detector tests as a basis for employment or denial of employment of professionals.

40. Mandatory Sentences for Armed Robbery

Adopted June 1982

The Maryland Pharmacists Association urges mandatory sentences for persons convicted of armed robbery involving controlled substances.

41. Community Pharmacy

Adopted June 2000

The Maryland Pharmacist Association adopts the preferential use of the term "community" rather than "retail" to designate the practice setting of local pharmacies and neighborhood pharmacists.

The following policies are archived as of July 2018

Maryland DHMH Emergency Response

Adopted June 2006

MPhA supports future endeavors by members of MPhA and non-members to provide emergency response to natural disasters and crises situations, and will encourage all pharmacists to volunteer in the Maryland DHMH Emergency Response Volunteer Corp.

Handling of Anti-neo-plastics

Adopted June 1984

The Maryland Pharmacists Association urges all employers to properly protect employees from the hazards of handling anti-neo-plastics agents by following the guidelines recommended by the American Society of Hospital Pharmacists and other health care organizations.

MPhA Constitution and Bylaws (substantial changes highlighted).

Adopted June 2010

Article II- Board of Trustees (A) Composition

The Board of Trustees shall be composed of thirteen (13) members which shall include the following Officers: Immediate Past President, who shall serve as Chairman; President; Vice President, who shall be the President-elect; Treasurer; Speaker of the House of Delegates; Vice Speaker of the House of Delegates, who shall be the Speaker-elect; six(6) elected Trustees; and one(1) student designee representing the Chapters of the Academy of Student Pharmacists of all schools of pharmacy in the state of Maryland, which have achieved at least pre-candidate status with students enrolled. This student designee will rotate on an annual basis among the aforementioned schools of pharmacy.
Ex-officio members of the Board of Trustees shall include the Executive Director of the Maryland Pharmacists Association; the Dean of each School of Pharmacy in the State of Maryland which has achieved pre-candidate status and has students enrolled; the

President or designee of the Academy of Student Pharmacists of each of the Schools of Pharmacy in the State of Maryland which have achieved pre-candidate status that are not holding the voting seat for that year; and the President or designee from each of the following organizations: the Maryland Society of Health System Pharmacists, the Maryland Chapter of the American Society of Consultant Pharmacists, and the Maryland Pharmaceutical Society. No ex-officio member shall have voting privileges.

And Article III (F) Treasurer

*The Treasurer shall the Budget and Finance Committee, which is responsible for drafting an annual budget to present to the Board of Trustees and **monitoring investments to ensure compliance with the Investment Policy of the Association.***

Pharmacy Inspections

Adopted June 2009

The Maryland Pharmacists Association urges legislation that would require the Maryland Board of Pharmacy and Division of Drug Control to clarify and simplify pharmacy inspections with a combined process which provides a cost savings to the public and a single, efficient and complete inspection for pharmacies.

Acetaminophen

Adopted June 2008

The Maryland Pharmacists Association urges the Maryland Board of Pharmacy and Department of Health and Mental Hygiene to develop an educational campaign to promote the safe use of acetaminophen by the public, and encourages all pharmacists to take an active role in counseling the public about established guidelines and daily limits in order to promote to safe use of acetaminophen.

Use of “directed” on Physician Orders

Adopted as amended June 2007

MPhA encourages the Board of Physicians to educate their practitioners to include specific dosage instructions on the medications order whenever possible and to discourage the use of term “as directed”.

Proper Disposal of Pharmaceutical Waste

Adopted June 2007

The Maryland Pharmacists Association will take a leader-ship role to educate pharmacists and pharmacy personnel and launch a campaign to educate the public in Maryland about the proper disposal of

Maryland Poison Center

Adopted June 1995

The Maryland Pharmacists Association supports efforts to provide funding for the Maryland Poison Center through the Department of Health and Mental Hygiene at a level which will enable the Center to provide poison emergency and prevention services for the entire State of Maryland, for the health and welfare of its citizens.

Drug Therapy Management

Adopted June 2004

The Maryland Pharmacists Association supports drug therapy management to be provided by pharmacists under the Medicare Modernization Act of 2003.

Emergency Contraception

Adopted June 2003

The Maryland Pharmacists Association recognizes the public health issue of emergency contraception and the need for expanded access provided by pharmacist voluntary participation through completion of an emergency contraception training program and a physician/pharmacist protocol agreement, and supports keeping medications used for emergency contraception as prescription-only.

Pharmacy fees for Canadian and non-U.S. Licensed Pharmacies

Adopted June 2003

The Maryland Pharmacist Association condemns the acceptance of fees by pharmacies and pharmacists to facilitate obtaining prescription medications from Canadian or other non-U.S. licensed pharmacies.

Unlicensed Pharmacy Personnel (Pharmacy Technicians)

Adopted June 2002

The Maryland Pharmacists Association supports efforts aimed at formally recognizing pharmacy technicians, and the MPhA supports efforts aimed at expanding the role of technicians to include performing functions delegated by pharmacists that will improve the pharmacists’ work environment and enable more pharmacist involvement in direct patient care activities, and the MPhA work with the Maryland Board of Pharmacy to establish the necessary regulations to effect the most appropriate utilization of technicians to assure optimal patient care.

Third Class of Drugs

Adopted June 2002

The Maryland Pharmacists Association supports federal legislation to mandate a phase-in “Sale by Pharmacy Only” period for all prescription legend medications that change to OTC status, and the Maryland Pharmacists Association encourage the national pharmacy organizations to seek this type of legislation.

Drug Regimen Review in Nursing Homes and Assisted Living Facilities

Adopted June 2000

The Maryland Pharmacist Association will seek legislation in the State of Maryland that will require pharmacists to be the principal drug regimen reviewers in nursing homes and assisted living facilities.

Collaborative Practice Agreements

Adopted June 1997

The Maryland Pharmacists Association supports the passage of legislation authorizing pharmacists to enter into collaborative practice agreements.

The MPhA supports the passage of legislation *or regulation* authorizing appropriately educated pharmacists to administer drugs.

Diagnosis or Indications on Prescriptions

Adopted June 1994

The Maryland Pharmacists Association shall pursue legal, regulatory, or voluntary cooperative efforts with Maryland prescribers to have the patient's diagnosis, medical condition or symptoms indicated on each new prescription; and, that adequate safeguards to maintain patient confidentiality be incorporated such as the use of recognized diagnosis code numbers.

Pharmaceutical Care

Adopted June 1993

The Maryland Pharmacists Association endorses the concept of pharmaceutical care as a means to improving pharmacists' ability to enhance the therapeutic outcomes of their patients. MPhA supports and will encourage initiatives by pharmacists to implement pharmaceutical care and to seek reimbursement for that care from patients, insurers, and other payers.

Physician Dispensing

Adopted June 2008

The Maryland Pharmacists Association requests that the Division of Drug Control enforce the current laws and inspect the offices of dispensing prescribers on a routine basis and report to the respective licensing boards with their inspection findings.

Drug Product Selection

Adopted June 1984

The Maryland Pharmacists Association encourages Maryland prescribers to indicate in their own handwriting on a case-by-case basis the extent of drug product selection is appropriate.

Role of Pharmacist as Patient Educator

Adopted June 1983

The Maryland Pharmacists Association shall encourage patient information systems which include reference to the Pharmacist as a source of information on drugs.

Specialized Continuing Education for Pharmacy Technicians

Adopted June 2007

The Maryland Pharmacists Association will offer and promote Continuing Education for Pharmacy Technicians.

Student Pharmacist

Adopted June 2005

The MPhA supports the use of the title "student pharmacist" in all communications, which refer to students, enrolled in their professional years of pharmacy education in an ACPE accredited program.

Immunization Certification Program

Adopted June 2004

The University of Maryland School of Pharmacy provide an immunization certification program to pharmacy students and, that MPhA provide an immunization certification program to licensed pharmacists.

An Additional School of Pharmacy in the State of Maryland

Adopted June 2002

The Maryland Pharmacists Association supports the establishment of an accredited pharmacy school at any institution of higher learning in Maryland, such as the University of Maryland Eastern Shore.

Continuing Education

Adopted June 1991

The Maryland Pharmacists Association by legislative action change the mandatory continuing education requirements to eliminate the exemption for newly licensed pharmacists so that all pharmacists must earn continuing education credits immediately upon being licensed.

Community Pharmacy Worthy of Clinical Residences

Adopted June 1998

The Maryland Pharmacists Association urges the Maryland School of Pharmacy to promote community pharmacy as a career path worthy of clinical residences. (Note-this resolution refers to residencies, not to the PEP program.)

Pharmacist Continued Competence

Adopted June 1997

The Maryland Pharmacists Association opposes the institution of a continued competence assessment mechanism requirement by the Maryland State Board of Pharmacy.

Medicare Modernization Act

Adopted June 2006

MPhA actively supports the retention of the provisions in the Medicare Modernization Act which prohibit mandatory mail order and require a level playing field for the duration of prescriptions.

AMP

Adopted June 2006

The Maryland Pharmacists Association supports a revised definition of AMP that assures an accurate and effective AMP calculation and that the eventual definitions of AMP reflect true pharmacy acquisition cost.

Anticompetitive Impact of RxHub Initiative

Adopted June 2001

Maryland Pharmacists Association urges the Federal Trade Commission and Congress to investigate the competitive impact of the RxHub Initiative to ensure that it does not circumvent the physician, pharmacist, patient relationship and that it is open to all pharmacies and consumers (patients) on equal terms.

Patient's Responsibility Concerning Pharmacy Benefits

Adopted June 2001

The Maryland Pharmacists Association supports the education of the public concerning their responsibility to be knowledgeable to their third-party benefit plans and will work with the Maryland State Board of Pharmacy on consumer education programs.

Prescription Discount Cards

Adopted June 1999

The MPhA condemns the practice of companies offering prescription cards for a fee when the prescription cardholder is not part of an insurance plan.

Maryland Medicaid Prescription Orders

Adopted June 1996

The Maryland Pharmacists Association shall pursue negotiations with the Maryland Medicaid program to allow pharmacists to accept prescription orders in accordance with established Board of Pharmacy laws and regulations.

Insertion of Third-Party Benefit Managers into the Prescription Process

Adopted June 1996

The Maryland Pharmacists Association supports and seeks legislation, which would prohibit the insertion of third-party benefit managers into the process of transmitting prescriptions between prescribers and pharmacies.

Freedom of Choice of Pharmacy

Adopted June 1996

The Maryland Pharmacists Association will pursue action to insure patient freedom of choice without any monetary penalty.

Medicaid Recipients/Exclusive Pharmacy Networks

Adopted June 1993

The Maryland Pharmacists Association opposes the expansion of managed care enrollment of Medicaid recipients into those programs with exclusive pharmacy benefit networks.

MPhA shall pursue legislation, regulations or other action, as determined by the Board of Trustees, to require third-party prescription administrators to be bonded to ensure the payment of claims.

Pharmacy Access to Publicly Funded Benefit Networks

Adopted June 1993

The Maryland Pharmacists Association opposes any publicly funded health care program that requires prescriptions and pharmacy services to be obtained through a select network of pharmacies. MPhA supports initiatives that mandate all pharmacy providers have the opportunity to participate or not participate in publicly funded prescription and pharmacy programs.

MPhA shall take the Board of Trustees, including but not limited to legislative action, to ensure that these policies are included in any state or federal health care program, approves.

Timely Notice

Adopted June 1992

The Maryland Pharmacists Association seek by regulation and legislation a requirement that all insurers, HMOs, third-party administrators, Medicaid and any other program that provides pharmaceutical benefits must notify that program's participating pharmacies of changes to the program's rules and requirements at least 30 business days in advance of the proposed change; and, legislation and regulation should require that if the program fails to provide such notice, any claim submitted from the date of notice until 30 business days after the notice must be honored and paid in full under the program's guidelines in place before the date of notice.

Reimbursement for Professional Services

Adopted June 1989

The Maryland Pharmacists Association seeks reimbursement from third-party payers for professional pharmacy services.

The MPhA supports the concept that pharmacists should be reimbursed for professional pharmacy services separately from dispensing fees.

Managed Care for Medicaid Recipients

Adopted June 1988

The Maryland Pharmacists Association opposes assignment of Maryland Medicaid recipients to managed health care systems with closed pharmacy agreement or agreements.

Differential Pricing

Adopted June 1989

The Maryland Pharmacists Association opposes differential pricing and will work toward repealing the Robinson-Patman Act by exploring all avenues of possible involvement.

Discriminatory Sales of Pharmaceuticals by Non-profit Organizations to For-profit Pharmacies

Adopted June 1986

The Maryland Pharmacists Association seeks and supports the restatement or modification of the Nonprofit Institutions Act exemption from the Robinson-Patman Act and such other legislative changes as are necessary to restore fair competition.

Discriminatory Pricing

Adopted June 1986

The Maryland Pharmacists Association supports the concept that pharmaceutical manufacturers charge a single uniform price to all purchasers of pharmaceuticals under the same conditions.

Medication Packaging for Pharmaceutical Manufacturers Marketing Campaigns

Adopted June 2002

The MPhA supports efforts to encourage pharmaceutical manufacturers to provide the correctly sized unit-of-use packaging to support the various marketing campaigns aimed at providing medications to patients. The MPhA will contact national pharmacy organizations to recommend their support of this effort.

Confusing OTC Labeling

Adopted June 1995

The Maryland Pharmacists Association denounces the use of recognized brand names of over-the-counter medications for the purposes of marketing other combinations of products that are totally unrelated to the original branded product; and, MPhA encourages the profession to report incidences of these confusing product names to the MPhA offices, and, MPhA shall file a formal request for review of these and similar products with the United States Pharmacopeial Convention, Inc., the United States Food and Drug Administration, and the Federal Trade Commission; and, MPhA shall introduce resolutions on this issue to the American Pharmaceutical Association and the National Association of Retail Druggists to bring greater attention to this problem.

Industry Sponsored Programs for the Indigent

Adopted June 1993

The Maryland Pharmacists Association shall work with the pharmaceutical industry to develop drug distribution mechanisms that will satisfy the charitable objectives of the pharmaceutical industry without adversely impacting community pharmacies.

Provision of Information on New Drugs

Adopted June 1986

The Maryland Pharmacists Association requests that the pharmaceutical manufacturers inform pharmacists as well as physicians on emergency matters such as recalls and changes in prescribing and/or labeling of their products.

The MPhA also request that the pharmaceutical manufacturers promptly provide pharmacists with drug information on any new products, which are released.

Bringing Your Medicine’s to Life Campaign

Adopted June 2007

MPhA will conduct a members’ campaign to contribute the MPhA honorary paver at the APhA headquarters on Constitution Avenue.

Dean David A. Knapp Recognition

Adopted June 2007

MPhA congratulates Dean Knapp on his retirement as dean and expresses its gratitude for a career of service.

Joint Conventions

Adopted June 2007

The Maryland Pharmacists Association will invite the Maryland Pharmacy Coalition member organizations to participate in discussions regarding future collaborative conventions.

MPhA Pharmacy Technician Members

Adopted June 2003

The Maryland Pharmacist Association supports establishment of a pharmacy technician membership category with appropriate dues and privileges to be determined by the MPhA Board of Trustees and appropriate by-laws changes.

National Pharmacy Week

Adopted June 2002

The Maryland Pharmacists Association will officially recognize “National Pharmacy Week” and the related activities sponsored by the Maryland Board of Pharmacy, the Maryland Pharmacy Coalition, the School of Pharmacy, and other related pharmacy organizations.

Maryland Pharmacy Coalition

Adopted June 2001

The Maryland Pharmacists Association endorses the formation of the “Maryland Pharmacy Coalition” (MPC) in conjunction with MSHP and MD-ASCP with the purpose of providing a forum for discussion and understanding between Maryland’s pharmacy associations and to serve as a united voice for Maryland pharmacist and Maryland pharmacy association on common interest and issues impacting the practice of pharmacy and public health.

Past Presidents Council

Adopted June 1989

The Maryland Pharmacists Association will establish a Past Presidents Council to act in an advisory capacity to the Board of Trustees. Any past president in good standing may elect to serve on the council. The immediate past Chairman of the Board of Trustees will ordinarily serve as Chairman of the Past Presidents Council.

Oral Committee Reports

Adopted June 1983

All oral committee reports presented to the House of Delegates shall be limited to ten minutes.

Smoking

Adopted June 1981

The Maryland Pharmacists Association shall forbid smoking at all business functions.

Influenza Vaccinations

Adopted June 2006

MPhA supports Maryland pharmacists taking the opportunity to initiate adult influenza vaccination services and advocates for the universal administration of annual influenza vaccinations where appropriate to the United States population.

State Income Tax Exemption for Retired Uniformed Pharmacists

Adopted June 2005

MPhA supports amending the language of the bill exempting retired military from state income tax, from “armed services” to “uniformed services.”

Pharmacy’s Response to the War on Terrorism

Adopted June 2002

The Maryland Pharmacists Association honors and commends the pharmacists who assisted in the immediate aftermath of the events of September 11, 2001 as well as those serving in the *War on Terrorism*.

The Maryland Pharmacist Association supports efforts aimed at effectively involving pharmacy to assist in providing needed medications in the event of future terrorist attacks. The Maryland Pharmacists Association will continue to work with the Maryland Department of Health and Mental Hygiene and the Maryland Board of Pharmacy to pursue efficient methods of pharmacist and pharmacy technician participation in the event of future terrorist attacks.

Legalization/Decriminalization of Controlled Dangerous Substances

Adopted June 20, 1990

The Maryland Pharmacists Association states publicly its opposition to the legalization/ decriminalization of controlled dangerous substances. The MPhA will participate in any forums, legislative initiatives, or other discussions regarding the issue of legalization/ decriminalization of controlled substances.

Tracking CDS prescriptions

Adopted June 1988

The Maryland Pharmacists Association will work with the Division of Drug Control to establish a method of tracking prescriptions of CDS.

Advertising of Controlled Dangerous Substances

Adopted June 1986

The Maryland Pharmacists Association seeks methods to end prescription price advertising of all Controlled Dangerous Substances as inappropriate and contrary to the good of the public health.

Alcohol and Medications

Adopted June 1983

The Maryland Pharmacists Association recommends that a warning statement such as "please ask your pharmacist if you have any questions concerning the possible interaction of alcoholic beverages and your medication" be placed in all pharmacy sponsored advertisements for alcoholic beverages.

Medication Therapy Management Services

Adopted as amended June 2007

The Maryland Pharmacists Association will promote exemplary case models of Medication Therapy Management programs to all Maryland pharmacists as well as private and public insurers in the State of Maryland.

Health Care Provider

Adopted June 2012

The Maryland Pharmacists Association recommends and supports enactment of Maryland Law enabling pharmacists to be classified as Health Care providers.

Pharmacist's Involvement

Adopted June 2011

The MPhA supports the recognition of existing and documented contributions by pharmacists to improve national health goals (e.g. Healthy People 2010). The MPhA recommends the identification of new opportunities for Pharmacists' participation in public health to address national, regional state and local health goals (e.g. Healthy People 2020). The MPhA supports the education and training of pharmacists and encourages personal, professional, and interdisciplinary development opportunities for pharmacists to collaborate and contribute to public.

The Pharmacist as an Integral Health Team Member

Adopted June 1996

The Maryland Pharmacists Association will pursue means of educating the public and health care community of the value and the appropriateness of the role of the pharmacist as a primary care provider of the patient's health care team.

CPR Certification

Adopted June 1987

The Maryland Pharmacists Association urges all pharmacists to be CPR certified by the American Heart Association or the American Red Cross. The MPhA shall offer a CPR certification/ recertification course at least once a year to all Maryland Pharmacists.

Resolution Follow-up

Adopted June 1985

The Maryland Pharmacists Association submit an oral and written report to the membership at the following annual meeting that states the steps taken by the Association to satisfy the intent of each resolution. This report shall be published in *The Maryland Pharmacist* as part of the convention report.

P.D. Designation

Adopted June 1981

The Maryland Pharmacists Association representing the pharmacists in the State of Maryland adopts the professional designation "Doctor of Pharmacy" with its resultant abbreviation "P.D." This designation will replace the previous designation "Registered Pharmacist", R.Ph. and shall be used in the same manner. It is not an academic degree, and it is not an endorsement for any particular pharmacy education degree.

Legalized Marijuana

Adopted June 2013

MPhA shall monitor the Maryland Medical Marijuana program and adamantly and actively oppose it if any abuse is documented, and adamantly and actively oppose any Maryland law that makes it easier to obtain and use marijuana for non-medical purposes. This opposition would include soliciting support from other allied medical organizations in Maryland to identify additional appropriate indications and warnings that must be provided when marijuana is dispensed.

Adopted June 2011

The Maryland Pharmacists Association, actively participate in the workgroup to assist in the development of a model of care and support the dispensing of legalized marijuana by pharmacies only, in accordance with all applicable laws and regulations.

Acetaminophen Dosing

Adopted June 2011

The Maryland Pharmacists Association encourages the Maryland Board of Pharmacy to reactivate the acetaminophen task force to recommend that no OTC containing immediate-acting acetaminophen contains greater than 325mg per unit dose not be sold in containers containing greater than 100 doses without a prescription.

PEAC Referral

Adopted June 2014

The Maryland Pharmacists Association supports confidential referral to PEAC for recovery and assistance for pharmacists, pharmacy technicians, and pharmacy students afflicted with a substance use disorder and encourages compliance with the duty to report requirement of the pharmacy practice act (COMAR 34.10.05).

PEAC Funding

Adopted June 2010

The Maryland Pharmacists Association supports legislation that will allow the Board of Pharmacy to support the operation of PEAC and other programs that meet the needs of impaired pharmacists, pharmacy technicians, and pharmacy students.