2016 House of Delegates Handbook

Texas Pharmacy Association
DELEGATE RESOURCES

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No Resolutions Submitted.

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Speaker of the House Eric Ho has issued the official call for the annual meeting of the TPA House of Delegates on **Monday, March 21, 2016, at 10:00 a.m. in the Capital E-H Ballroom of Sheraton Austin Hotel at the Capitol, Austin, Texas.**

All delegates must be **certified** at TPA Registration located in the ballroom foyer.

Affiliated local and state association and student delegates plus directors and past presidents delegates on record are receiving the accompanying reports that will come before the House. Printed copies of reports will **not** be available at the conference. **Please bring these reports with you.**

**NOTE:** If your delegation will be presenting a resolution at the meeting, please come prepared with 150 copies. Speaker Ho would like to preview a copy of any resolutions to be introduced prior to the meeting.

**Submitted By:** Joe DaSilva, FACHE, CAE  
Chief Executive Officer  
Texas Pharmacy Association
March 21, 2016
Sheraton Austin Hotel at the Capitol
Austin, Texas

Delegate Certification
TPA Registration, Ballroom Foyer
Monday, March 21
7:00 a.m. – 9:30 a.m.

House of Delegates
Capital E-H
Monday, March 21
10:00 a.m. – 11:30 a.m.

A copy of the current TPA policy manual and bylaws accompanies these materials for the meetings of the House of Delegates. Delegates are urged to familiarize themselves with the policy manual, particularly those areas in which recommendations affect existing policy of the Association.
AGENDA

Presiding: Eric Ho, Speaker of the House

I. Call to Order

II. Welcome


IV. Presentation of Resolutions

V. Election of Speaker-Elect
   A. Statements from candidates for the position of speaker-elect
   B. Election of 2016-2017 House of Delegates speaker-elect

VI. TPA Candidate Forum

VII. Comments and Announcements
    A. Organization Reports – TPA/TPA/PharmPAC
    B. Other

VIII. Adjournment
Association policy requires the CEO to report to the House on the disposition of each resolution that was passed by the House the previous year. This report incorporates resolutions as well as policy statements from advisory councils of the Association.

1. The House approved a resolution for parameters for the use of the TPA Building Funds until a permanent headquarter location is acquired for the Association; and, gave the Board the option and flexibility to finance a portion of the building’s acquisition cost and maintain a larger balance for continued and higher investment income. Once a permanent location is acquired, the balance of the building funds be released to be used as reserves or for other purposes as directed by the TPA Board of Directors and as advised by the Financial Affairs Council. An office condo located at 3200 Steck Avenue, #370, Austin, Texas was purchased late October 2015. The Association financed approximately fifty percent of the building acquisition cost and left the remaining fifty percent of the building funds in the Managed Account at Frost Bank. The office moved from the leased space on Bee Cave Road to the Steck condo on December 14, 2015.

2. The House approved a resolution concerning the dates of the TPA Leadership Symposium & Annual Meeting during legislative years. The Public Policy document was updated to state that Pharmacy Day at the Capitol should be held during the first 60 days of the Texas legislative session – before the deadline for filing legislation – prior to or during the TPA Annual Leadership Symposium which takes place in Austin with legislative sessions.

3. The House approved a resolution for TPA to lobby to have a bill submitted each legislative session that will require pharmacists to be recognized as healthcare providers in Texas. This bill will specify that pharmacists be made network providers in Texas. This bill will also specify that benefits cannot be denied for health care services provided by a licensed pharmacist in Texas as long as that pharmacist is acting within their scope of practice and if the plan would have provided benefits if the service had been performed by a licensed physician, advanced practice registered nurse (APRN), or physician assistant (PA). Included in the 2016-2017 Public Policy Priorities.

4. The House approved a resolution for annual activity summaries to be provided to the House of Delegates. The Public Policy document was updated to state Leadership from each of the following organizations should provide annual verbal activity updates during meetings of the TPA House of Delegates: Texas Pharmacy Association (TPA); Texas Pharmacy Foundation (TPF); Texas Pharmacy Association Political Action Committee (PharmPAC); and Alliances and Academies, if in place.

Submitted By: Joe DaSilva, FACHE, CAE
Chief Executive Officer
Texas Pharmacy Association
CHAPTER I - NAME
Sec. 1. The name of the Association shall be Texas Pharmacy Association. The term “Association” as it appears in these bylaws shall refer to Texas Pharmacy Association.

Sec. 2. Definitions. Where it appears in these bylaws, the word “his” or other uses of the masculine gender are intended to imply both male and female members of the Association. The term “Board” shall refer to the Board of Directors of the Association, in accordance with Chapter IV. The term “House” shall refer to the House of Delegates, in accordance with Chapter VI.

CHAPTER II - MEMBERSHIP
Sec. 1. Membership in the Association shall consist of the following categories of individuals and entities that have paid applicable dues:
   a. Pharmacist;
   b. Student Pharmacist;
   c. Pharmacy Technician;
   d. Retired Pharmacist;
   e. Corporate;
   f. Associate;
   g. Honorary; and
   h. Life.

Only individuals and entities that pay dues on a timely basis as defined by Board policy shall be considered members of the Association entitled to the rights and eligibilities of membership as defined elsewhere in these bylaws.

Sec. 2. Application for Membership. Application for membership shall contain the following information:
   a. Full name and address;
   b. Pharmacy education, including degrees received and applicable dates;
   c. List of credentials to practice pharmacy in Texas, if applicable;
   d. Payment of related dues; and
   e. At the time of application for membership or renewal, the applicant shall select one (1) principal pharmacy practice category from a list established by the Board. The category selection information shall be considered when appointments are made to Association decision-making bodies so as to enhance the diversity of the group.
   f. Other information as may be required by the Association.

Sec. 3. Pharmacist Member. Any pharmacist
   a. Currently licensed in Texas who is in good standing with the Texas State Board of Pharmacy or
   b. Licensed outside of Texas who is authorized by law to practice in Texas
shall be eligible for Pharmacist membership. Pharmacist members shall be eligible to vote and hold office.

Sec. 4. Student Pharmacist Member. Any person attending a Texas college/school of pharmacy shall be eligible for Student Pharmacist membership. Student members shall not be eligible to vote or hold office except as provided elsewhere in the bylaws.

Sec. 5. Pharmacy Technician Member. Any Texas registered pharmacy technician shall be eligible for Technician membership. Technician members shall be eligible to vote but shall not be eligible to hold office except as provided elsewhere in the bylaws.
Sec. 6. **Retired Pharmacist Member.** Any previously licensed pharmacist in Texas not currently practicing in the profession.

Sec. 7. **Corporate Member.** Any company interested in advancing the profession of pharmacy shall be eligible for corporate membership. The membership shall be in the company name with designated company representative(s). Unless the representative(s) are licensed Texas pharmacists, corporate members shall not be eligible to vote or hold office in the Association.

Sec. 8. **Associate Member.** Any individual interested in the Association or who is a pharmacist not licensed in Texas who supports and/or delivers professional and/or business related services and products for pharmacists and pharmacies, and is not eligible for other categories of membership, shall be eligible for Associate membership. Associate members shall not be eligible to vote or hold office in the Association.

Sec. 9. **Honorary Member.** The Board may confer honorary membership on individuals - members and non-members - who have made significant contributions to the profession of pharmacy and/or the Association. Pharmacists with honorary memberships are entitled to all the rights, privileges and benefits bestowed upon members. Non-pharmacists with honorary memberships shall not have the right to vote or hold office in the Association.

Sec. 10. **Life Member.** Members of the Association may apply for life membership after maintaining their Association membership for fifty (50) consecutive years or more. Life members shall be entitled to all the rights, privileges and benefits bestowed upon members and may be offered unique dues and/or benefits as determined by the Board.

CHAPTER III DUES
Sec. 1. Annual membership dues shall be established by the Board for each category of membership.

Sec. 2. Membership dues shall be payable when the application or renewal request is submitted.

Sec. 3. The Board shall establish the twelve (12) month time period for membership.

CHAPTER IV - BOARD OF DIRECTORS
Sec. 1. **Purpose.** The Board is the sole governing authority and fiduciary for the Association. It shall serve as the Board within the corporate laws of the State of Texas.

Sec. 2. **Composition.** The Board shall be composed of thirteen (13) voting members and four (4) non-voting members as follows:

**Voting Members (13)**
(1) President;
(2) President-Elect;
(3) Vice President;
(4) Immediate Past President;
(5) Treasurer;
f. Speaker of the House;
g. Six (6) Director; and
h. One (1) Pharmacy Technician.

**Non-Voting Members (4)**
a. Chief Executive Officer of the Association, who shall serve as Secretary of the Board;
b. Treasurer-Elect;
c. Speaker-Elect of the House; and
d. Chair of the Committee on Administration of the Interest Group for Student Pharmacists or his designee, in accordance with Chapter V.

Sec. 3. **Terms of Office.**
a. Ten (10) positions shall serve one year terms and includes the President, President-Elect, Immediate Past President, Vice President, Treasurer, Treasurer-Elect, Speaker of the House, Speaker-Elect of the House, student representative and pharmacy technician.
b. The Treasurer-Elect shall be elected to a two (2) year term, serving as Treasurer-Elect during the first year and as Treasurer during the second year.
c. The six (6) Director positions shall serve staggered (3) year terms.
d. The Secretary serves at the discretion of the Board.
e. All members of the Board shall serve until their successors are elected and installed.
f. All vacancies shall be addressed in accordance with Chapters IV and VIII.

Sec. 4. President. The President shall be the chief elected officer of the Association during his term of office. The President shall perform such duties as custom and parliamentary usage may require or allow. The President also shall fill all vacancies not otherwise provided for in the bylaws as follows:

a. Submit recommendations for vacant positions on the Board for subsequent election by the sitting members of the Board;
b. Appoint all members to open or expiring positions on councils with subsequent ratification by the Board;
c. Appoint all members to open or expiring positions on standing committees and task forces; and
d. Strive to select individuals for any such positions that reflect the diversity of gender, race, experience, pharmacy practice category and geography needed to assure proper balance on the Council(s).

Sec. 5. President-Elect. The President-Elect shall assist the President in the performance of his duties and shall serve as chair of the Association Affairs Council. The President-Elect shall assume the office of President at the expiration of term as President-Elect. In the event of the resignation, death or removal of the President prior to the completion of an elected term, the President-Elect shall assume the office of President for the remainder of the unexpired term of office and shall continue as President for the term to which originally elected. In the event of the resignation, death or removal of the President-Elect prior to the completion of an elected term, a special election shall be held to choose a new President-Elect to fill the unexpired term.

Sec. 6. Vice President. The Vice President shall serve as Chair of the Public Policy Council and perform such other duties as the President may determine.

Sec. 7. Treasurer. The Treasurer, with the assistance of the Chief Executive Officer, shall be responsible to the Board for supervision of all financial issues and shall serve as Chair of the Financial Affairs Council.

Sec. 8. Secretary. The Secretary shall be the chief paid officer of the Association and shall serve as the Chief Executive Officer. The Secretary or his designee shall record minutes and actions taken by the Board during regular meetings of the Board. The Secretary also shall record minutes and actions taken during executive sessions of the Board, except, in his absence, during discussions related to the employment of the Chief Executive Officer.

Sec. 9. Elections. Except for the positions of Immediate Past President, Speaker of the House, Speaker-Elect of the House, Secretary and student representative, all other members of the Board shall be elected in accordance with Chapter VII.

Sec. 10. Finances. The Board shall have the accounts of the Association audited by a Certified Public Accountant at least annually and shall provide a summary of the completed annual audit financial reports to the House and the membership. Prior to the beginning of each fiscal year, the Board shall approve a budget for the operation of the Association. Unless situations prevent such action, the Board shall ensure that a portion of annual revenues is allocated to a dedicated reserve fund for the continued operation of the Association during any year when the income of the Association is insufficient to meet its operational expenses. However, no portion of this reserve fund shall be expended unless authorized by the Board.
The Board shall appropriate sufficient funds to reimburse the President for reasonable and necessary travel expenses incurred on behalf of the Association while in office. As resources and policies allow, special dedicated funds may be utilized for stipends for members of the Board to assist with expenses incurred related to attendance at Board meetings. Additionally, as resources and policies allow, the Board may reimburse other members of the Association for expenses incurred while on official business of the Association, as pre-approved by the Chief Executive Officer. All such expenses shall be reasonable, itemized and documented with original receipts and approved by the Chief Executive Officer prior to payment.

Sec. 11. Annual Meetings. The Board shall establish the time and location of the annual meeting of the Association. The meeting shall include a formal session of the House, in accordance with Chapter VI, Sec. 3, and an informal membership forum. The forum may be incorporated in the House meeting or held as a separate function to provide members with an opportunity for input and/or direction to the Association’s Board.

Sec. 12. Board Meetings. The Board shall meet quarterly throughout the year to conduct its business. Special meetings of the Board may be called at any time by the President or by a majority of the members of the Board by providing notification in written or electronic form to the last known address of each Director at least two (2) weeks before such meeting is to be held. Should pressing circumstances or urgent time-sensitive issues warrant, the President may call an emergency meeting of the Board with twenty-four (24) hours notice. Board meetings may be conducted in person; electronically; or through other appropriate means.

Sec. 13. Quorum. The quorum for official meetings of the Board shall be fifty percent (50%) plus one of the seated and voting Board members. Vacancies shall be excluded in determining a quorum.

Sec. 14. Attendance. Board members shall participate in at least half of the Board meetings held throughout the year, or the member may be subject to removal by majority vote of the Board.

Sec. 15. Expectations. The Board shall establish and adopt other expectations for Board members and for individuals seeking Board positions. Periodic status reports regarding such expectations shall be provided to the full Board.

Sec. 16. Indemnification. It is the intention of the Association that these bylaws comply with the provisions of the Texas Non-Profit Corporation Act, Texas Revised Civil Statues, Article 1396-2.22A (Vernon Supp. 1993) dealing with indemnification of present or former Officers and Directors. The Association may indemnify any person, his heirs, administrators, successors, and assigns, who was, is, or is threatened to be made a named defendant or respondent in a proceeding because the person is or was an Officer or Director of the Association.

A present or former Officer or Director may be indemnified against judgments, penalties, fines, settlements, and reasonable expenses which include court costs and attorneys’ fees actually incurred by the person in connection with the proceeding. The Association may indemnify the person only if it is determined that the person conducted himself in good faith, and that he reasonably believed that his conduct was in the best interest of the Association; and in the case of any criminal proceeding, that the person had no reasonable cause to believe his conduct was criminal. This determination must be made by a special legal counsel selected by a majority vote of all Officers and Director who, at the time of the vote, are not named defendants or respondents in the proceeding. The special legal counsel shall also determine the reasonableness of any expenses, which include court costs and attorneys’ fees. The Association is not required to indemnify any person for unreasonable expenses.

The Association shall not indemnify a present or former Officer or Director if he is found liable to the Association, or if he is otherwise held liable for:

a. A breach of the Officer’s or Director’s duty of loyalty to the Association or its members;

b. An act or omission not in good faith, or one that is the result of intentional misconduct or a knowing violation of the law;
c. A transaction for which an Officer or Director received an improper benefit, whether or not the benefit resulted from an action taken within the scope of the Officer’s or Director’s office; or

d. An act or omission for which the liability of an Officer or Director is expressly provided by statute.

A person shall be deemed to have been found liable with respect to any claim, issue, or matter only after the person has been so adjudged by a court of competent jurisdiction and after exhaustion of all appeals from that judgment. Any indemnification of an Officer or Director in accordance with this section shall be reported in writing to members of the Association within the twelve (12) month period immediately following the date of the indemnification.

Sec. 17. **Staff.** The Board shall employ a Chief Executive Officer who shall:

a. Be a non-voting member of the Board and each council, committee or task force of the Association;

b. Manage and account for all finances and property of the Association in accordance with the budget and policies adopted by the Board;

c. Be bonded as required by the Board;

d. Implement Board approved policies, programs, projects and other directives;

e. Manage all aspects and expectations necessary for the efficient operation of an association;

f. Employ and oversee association staff; and

g. Determine priorities and implement policies to guide staff.

**CHAPTER V – INTEREST GROUPS**

Sec. 1. The Association may establish specific Interest Groups (IG) if:

a. Need is identified and approved by the Board; or

b. Requested by a sufficient number of Association members based on common interest, specific goals and action plans and subsequently approved by the Board.

Sec. 2. Once established, the activities of the Group shall be directed by its Committee on Administration which shall function as a special committee under the Association’s Board.

Sec. 3. Unless otherwise appointed by the interest group being formed, the President shall appoint the initial composition of the interest group, including the Committee’s Chair and up to ten (10) additional members selected from the related pharmacy practice category(ies) and serving three (3) year terms.

Sec. 4. An interest group may create and manage its separate funding source.

Sec. 5. The Association shall establish an Interest Group for Student Pharmacists to represent all students in Texas colleges/schools of pharmacy.

a. The activities of the Group shall be directed by its Committee on Administration composed of two (2) members selected by each Texas college/school of pharmacy and/or Association student chapter of a Texas college/school of pharmacy.

b. Committee members shall select a Chair and Chair-Elect from among its members.

c. The Chair of the Group’s Committee on Administration, or his designee shall serve as an ex-officio, non-voting member of the Association’s Board.

d. As official representatives of the Interest Group for Student Pharmacists, the members of the Committee on Administration shall serve as delegates in the House of Delegates in accordance with Chapter VI. The Committee may select other members of the Interest Group to serve as Delegates in the House in their stead.

e. The Association shall provide staff support to the Interest Group for Student Pharmacists.

Sec. 6. Unless re-established by the Board, existing Interest Groups shall sunset every three (3) years. The Interest Group for Student Pharmacists shall not undergo sunset.
Sec. 7 With the exception of the Interest Group for Student Pharmacists, an interest group may evolve into an affiliated state organization, in accordance to Chapter IX, Sec. 2-a.

Sec. 8. As resources and policies allow, the Association may provide staff support to interest groups.

CHAPTER VI - HOUSE OF DELEGATES

Sec. 1. Charge. There shall be a House of Delegates to represent all members of the Association and to:

a. Recommend policy, projects, programs and activities for consideration by the Board; and
b. Modify and adopt changes in Bylaws.

Other than items pertaining to changes in the Bylaws, the Board shall have the ultimate authority to adopt, modify or reject policies for the Association.

Sec. 2. Officers. The Officers of the House shall be the Speaker and Speaker-Elect. The Speaker shall serve a one (1) year term. The Speaker-Elect shall be elected to a one (1) year term by majority vote of the House during the annual meeting. The Speaker and Speaker-Elect of the House shall serve one (1) year terms on the Board; however, the Speaker-Elect shall serve as an ex-officio member without vote. The Speaker shall appoint a Parliamentarian for each meeting of the House. By virtue of their office, the Speaker and Speaker-Elect shall be voting Delegates. In the event of the resignation, death or removal of the Speaker, or the failure or inability of the Speaker to perform the duties of the office prior to the completion of his term, the Speaker-Elect shall assume the office of Speaker for the remainder of the unexpired term of office. In the event of the resignation, death or removal of the Speaker-Elect, or the failure or inability of the Speaker-Elect to perform the duties of the office, the Speaker shall recommend an individual to complete the term of office for approval by the Board.

The Speaker shall appoint:

a. either the general counsel of the Association or another experienced individual to serve as Parliamentarian; and
b. the Chief Executive Officer of the Association or another experienced individual to serve as Secretary. Both positions shall serve without vote.

Sec. 3. Meetings. The House shall act as a committee of the whole in which all seated Delegates consider matters brought before the House. The order of business of the House, as possible, shall be posted on the web site and provided to members prior to a meeting of the House.

a. Regular. The House shall convene once during the annual meeting of the Association.

b. Special. With approval from the Board, the Speaker of the House shall be authorized to call special sessions of the House and/or special votes by the House regarding bylaws or public policy issues. Delegates qualified to participate in special called sessions or votes shall be those individuals that were seated Delegates during the most recent meeting of the House held during an annual meeting.

Regular or special meetings of the House and/or special votes by the House may be conducted in person; electronically; or through other appropriate means.

Sec. 4. Delegates. All Delegates of the House shall be Association members in good standing. If the meeting of the House is held in person and during the Association’s annual meeting, all Delegates must be registered for the annual meeting on the day that the House convenes and shall be credentialed during onsite registration for the meeting. Only credentialed Delegates shall be seated in the House. If the meeting is not in person, credentialing shall take place electronically prior to the meeting.

The maximum composition of the House shall be one hundred fifty (150) Delegates and shall include:

a. All voting members of the Board;
b. All Past-Presidents of the Association;
c. Local Affiliated Pharmacy Associations with twenty (20) joint members or more shall be entitled to five (5) Delegates as selected by the respective local associations and reported to the Association no later than sixty (60) days prior to the annual meeting, in accordance with Chapter IX;
d. The Chair of each affiliated organization, in accordance with Chapter IX;
e. All members of the Committee on Administration of the Interest Group for Student Pharmacists;
Any seat not filled under Section 4a-e for any reason, including not meeting qualification requirements, shall be declared vacant and shall be filled by at-large, alternate Delegates appointed by the Speaker from the following:

1. Members initially designated to be alternates by entities described in Sec. 4c-e; or
2. Members who request to serve as Delegates for any vacant seat who are pre-certified prior to the meeting of the House.

A Delegate, once seated by the House, if unable to continue in attendance because of unavoidable circumstances, may be replaced by an alternate. Under such circumstances, an alternate Delegate may be seated. In the event there are empty Delegate slots once the House convenes, the Speaker may appoint alternate Delegates to fill those slots.

Sec. 5. Quorum. A quorum shall consist of 50% plus one, credentialed Delegates. Roll calls shall be taken for the purpose of a record vote only when requested by a Delegate. At the discretion of the Speaker, a request for a roll call may be denied if it is used to delay the House’s proceedings. Decisions made by the House shall require a vote of fifty percent (50%) plus one of the seated and voting Delegates, in accordance with Robert’s Rules of Order.

Sec. 6. Reports, Recommendations and Resolutions. All seated Delegates are eligible to present resolutions and other business, in writing, for consideration by the House, in accordance with House rules.

a. All reports, resolutions or action items submitted in advance to be presented to the House during an annual meeting, special sessions and/or special votes shall be posted on the Association’s web site at least forty-five (45) days prior to the House session and/or vote, followed by a fifteen (15) day on-line comment period. The final version of the item/issue shall be posted on the web site no later than thirty (30) days prior to the House session and/or vote.

b. During the annual meeting, the Speaker shall convene the House and shall call for and accept any reports, resolutions and recommendations for consideration by the House that had not been finalized thirty (30) days in advance of the meeting.

c. Any items submitted to the House on site shall include the appropriate number of copies needed for distribution to the seated Delegates. The House may take action on such items or may refer them to the appropriate Association Council for future consideration.

d. All reports, resolutions or action items approved by the House during an annual meeting, special sessions and/or special votes shall be forwarded to the Board for action and shall be posted on the Association’s web site.

Sec. 7. The House shall have the authority to establish rules of conduct governing its affairs. In all instances not covered by the bylaws or its own special rules, Robert’s Rules of Order, latest revision, shall govern.

CHAPTER VII - ELECTIONS

Sec. 1. Nominating Committee.

a. The Committee shall be composed in accordance with Chapter VIII, Sec. 6.

b. The Association President shall appoint members to open positions on the Committee no later than two hundred (200) days prior to the annual meeting in accordance with Chapter VIII. All appointments shall be ratified by the Board.

c. The first meeting of the Committee shall be held no later than one hundred eighty (180) days prior to the next annual meeting.

Sec. 2. Candidates.

a. The Committee shall solicit individuals interested in running for officer or director position(s) no later than one hundred fifty (150) days prior to the annual meeting.

b. The Committee shall develop a list of criteria and expectations for each open position and shall conduct candidate interviews for those who qualify. Interviews may take place in person or by other means.

c. No later than ninety (90) days prior to the annual meeting, the Nominating Committee shall nominate no more than two (2) candidates for each open position. The Committee shall strive to present a slate of candidates that reflects the diversity of gender, race, experience, pharmacy practice category, and geography needed to assure proper balance on the
Sec. 3. Candidate Withdrawal. If a candidate withdraws no later than sixty (60) days prior to the annual meeting leaving the position unopposed, the Nominating Committee shall select an alternate candidate.

Sec. 4. Candidate Forum. A candidate forum shall be held during the annual meeting to allow the general membership to become acquainted with each of the candidates. The Forum may be held in person; electronically; or through other appropriate means.

Sec. 5. Ballots. Within ten (10) days following the conclusion of the annual meeting, the Chief Executive Officer shall send a ballot by first class mail or electronic mail to each eligible member of the Association containing the name and city of residence of each candidate, with an addressed, return envelope or a secure return electronic mail address. Any member may write in the names of other qualified member(s) of his choice. Such ballots shall be tallied the same as if the ballot had included the write-in individual’s name. Members shall return a properly completed ballot within fifteen (15) calendar days after the ballot has been sent to the membership. Ballots postmarked after the election deadline shall not be counted.

Sec. 6. Other Rules and Guidelines. The Committee shall adopt additional rules as it deems necessary to implement election procedures.

Sec. 7. Certification of Results. The Chief Executive Officer and the chair of the Nominating Committee shall certify and make public all election results. The candidate receiving the majority of votes for the respective contested position shall be declared elected. In the case of a tie vote or should no candidate receive a majority of the votes cast, a run-off election shall be held within thirty (30) days of the initial election results.

Sec. 8. Commencement of Terms.
   a. The President–Elect shall assume the office of President at the installation ceremony held during the annual meeting.
   b. Other duly elected new Officers, Directors and non-voting members shall assume their positions on the Board following an installation ceremony conducted during the first Board meeting held following the annual meeting.

Sec. 9. Vacancies. Except for vacancies in the position of President in accordance with Chapter IV, other Board vacancies shall be filled as nominated by the President and elected by the remaining sitting members of the Board. Whenever possible, the President and sitting members of the Board shall attempt to select replacement(s) for positions on the Board who improve the diversity of the Board regarding gender, race, experience, pharmacy practice category, and geography. Eligible Association members shall be selected for each vacancy and shall take office immediately following formal approval by the Board.

CHAPTER VIII – COUNCILS, STANDING COMMITTEES, TASK FORCES

Sec. 1. Appointments. The President shall appoint members to open or expiring positions on councils, standing committees and task forces, and shall strive to select individuals that reflect the diversity of gender, race, experience, pharmacy practice category and geography needed to assure proper balance on the Council(s). Appointments to Councils shall be ratified by a vote of the Board.

Sec. 2. Meetings. Meetings of Councils, Committees and Task Forces may be held in person; electronically; or through other appropriate means.

Sec. 3. Quorum. The quorum for official meetings of these member groups shall be fifty percent (50%) plus one of the seated and voting members.

Sec. 4. Reports. All councils, standing committees and task forces shall report their activities to the Board following each meeting.

Sec. 5. Councils of the Association shall include:
   a. Association Affairs Council shall be composed of eleven (11) members including:
      (1) The President-Elect of the Board who shall serve as Council Chair;
Ten (10) members serving staggered two (2) year terms; and

(3) Other than the Council Chair, members shall not serve concurrently as a voting member of the Board or as chair of any committee of the Association.

The Council shall be responsible for developing and submitting recommendations to the Board regarding issues related but not limited to the following: bylaws; organizational structure; membership development; guidance on education and communication activities; and membership awards. The Council shall hold at least one (1) meeting per year.

When addressing responsibilities for Association awards, the Council shall determine the awards to be given and their related selection criteria; delineating the process for submission of nominations; reviewing submitted nominations to determine if the candidate(s) meet the established criteria; and selecting the individuals, if any, for each award. In addition to the nominated individuals, the Council may identify and/or select other candidates for the awards.

b. **Financial Affairs Council** shall be composed of eleven (11) members including:

(1) The Treasurer of the Board who shall serve as Council Chair;
(2) Ten (10) members serving staggered two (2) year terms; and
(3) Other than the Council Chair, members shall not serve concurrently as a voting member of the Board or as chair of any committee of the Association.

The Council shall be responsible for developing and submitting recommendations to the Board regarding issues related but not limited to the following: financial policies; fund investment policies; endorsement of vendors or outside services; financial and industry partners; and other new revenue streams. The Council shall hold at least two (2) meetings per year.

c. **Public Policy Council** shall be composed of the following members:

(1) The Vice President of the Board, who shall serve as Council Chair;
(2) Twenty-four (24) members serving staggered two (2) year terms and representing a balanced mix of pharmacy practice categories, excluding Student Pharmacists.
(3) Pharmacy students with one (1) student appointed by each Texas school/college of pharmacy serving one (1) year terms without vote.
(4) Other than the Council Chair, members shall not be serving concurrently as a voting member of the Board or as chair of any committee of the Association.

The Council shall be responsible for developing and submitting recommendations to the Board regarding issues related to advocacy and public policies in the state and federal legislative and regulatory arenas. The Council shall hold at least one (1) meeting per year.

**Sec. 6. Standing Committees of the Association** shall include:

a. **Audit Committee**, composed of no less than three (3) members appointed by the President.

b. **Nominating Committee** shall be composed of eleven (11) members including:

(1) The immediate past president of the Association serving as chair;
(2) Three (3) most recent immediate past presidents of the Association not serving on the Board;
(3) Four (4) at-large pharmacy members serving two (2) year staggered terms;
(4) One (1) pharmacy technician serving a one (1) year term; and
(5) The Chair and Vice Chair of the Interest Group for Student Pharmacists serving one (1) year terms.

The Committee shall be responsible for nominating no more than two (2) candidates for each open position on the Board and shall strive to present a slate of candidates that reflects the diversity of gender, race, experience, pharmacy practice category, and geography. Committee members shall not be eligible for nomination.

c. **Ethics and Judiciary Committee**. If events warrant, the President shall appoint an Ethics and Judiciary Committee, composed of eleven (11) members, serving until all issue(s) are addressed and reported to the Board. Members shall be from different pharmacy practice
categories and geographic regions in the state. Members shall not concurrently hold elected or other appointed positions in the Association.

Sec. 7. Task Forces may be established by the President to address specific issues or areas with appointees having expertise and/or interest in such issues or areas, and shall serve at the will of the President and/or until completion of their assignment.

CHAPTER IX – AFFILIATED LOCAL, STATE AND NATIONAL PHARMACY ORGANIZATIONS/ASSOCIATIONS

Sec. 1. Local. Pharmacists and technicians may establish geographic professional organizations in any county or combined counties. Local organizations shall have two options:

a. Affiliated. An Affiliated Local Pharmacy Association shall meet the following criteria:

(1) Organization. The entity must have:
   (a) Been recognized as a component of the Association;
   (b) Received a charter by the Texas Pharmacy Association Board of Directors; and
   (c) Executed a formal affiliation agreement with the Association.

(2) Charter. The Board shall have the sole discretion to issue or revoke the charter of an affiliated local pharmacy association. Charters shall be issued only to affiliated local associations following a request to do so by either:
   (a) An existing local pharmacy association wishing to be grandfathered within one year following adoption of this version of the Association’s Bylaws or
   (b) Twenty (20) or more joint member pharmacists or member pharmacy technicians in any county or group of counties in Texas.

(3) Bylaws. Each affiliated local pharmacy association shall prepare and adopt bylaws in keeping with the bylaws of the Association.

(4) Incorporation. An affiliated local pharmacy association shall have the right and authority to secure incorporation under the laws of the State of Texas.

(5) Membership. Members of the Board of Directors of an affiliated local pharmacy association shall be required to be members of the Texas Pharmacy Association.

(6) Dues. The state Association shall assist in the collection of joint membership dues for an affiliated local pharmacy association.

(7) Assistance. As resources and policies allow, the Association also may assist affiliated local pharmacy associations with programming and communications.

(8) Delegates. Only affiliated local pharmacy associations shall be entitled to representation in the House in accordance to Chapter VI.

(9) Other. Eligible Association members shall be encouraged to join and support an affiliated local pharmacy association.

b. Non-Affiliated. A Local Pharmacy Association not meeting all the criteria for affiliation in accordance with Sec. 1, a (1)-(5) of this Chapter shall not be entitled to be awarded Delegates for the House or receive assistance from the Association in the collection of local dues.

Sec. 2. State. The Association may enter into agreements regarding membership, projects, services and programs with other state based pharmacy organizations as approved by the Board.

a. As may be requested, the Board may approve and assist existing Association Interest Groups to evolve into separate affiliated organizations.

b. Coalitions related to public policy activities and/or issues may become an affiliated state organization.

c. As may be determined by the Board and the House, state affiliations may include representation in the House, on councils, committees and/or other governance groups.

Sec. 3. National. The Association may enter into agreements regarding membership, projects, services and programs with national pharmacy organizations as approved by the Board. This may include coalitions related to public policy activities and/or issues. As may be determined by the Board and
the House, some national affiliations may include representation in the House, on councils, committees and/or other governance groups.

Sec. 4. **Autonomy.** An affiliation, formal or informal, shall not reduce or compromise the Association’s autonomy or decision making.

CHAPTER X - RULES OF CONDUCT

Sec. 1. **Ethics.** The Code of Ethics of the Association shall govern the conduct of the members of the Association in their relationships to each other, the public and other health professionals.

Sec. 2. **Removal from Office.** Any individual elected or appointed to any official position within the Association found guilty of a felony or of a misdemeanor involving moral turpitude or of a violation of any of the pharmacy laws or regulations and/or found guilty of the violation of any provision of the Code of Ethics of the Association shall, by majority vote of the Board upon recommendation from the Ethics and Judiciary Committee, be removed from his official position with the Association. Such individual shall be notified forthwith by letter from the President that he has been removed and that the position is vacant. Likewise, any member found guilty of a felony or misdemeanor involving moral turpitude or of violation of any of the pharmacy laws or regulations shall be denied the right to seek or hold elected or appointed office in the Association for the duration of any sentence or probation imposed.

CHAPTER XI - RULES OF ORDER

The deliberations of the Association shall be governed by parliamentary usages as contained in Robert’s Rules of Order, latest revision, unless otherwise provided by the bylaws.

CHAPTER XII – AMENDMENTS

Sec. 1. The bylaws may be amended at any annual meeting, special called meeting or special vote of the House by a two-thirds vote of the Delegates.

Sec. 2. Proposed amendment(s) shall be:
   a. Submitted in writing to the Board by five (5) or more members at least ninety (90) days prior to the House or vote;
   b. Reviewed and approved by the Board at least seventy-five (75) days prior to the House meeting or vote; and
   c. Published in a publication or the web site of the Association at least sixty (60) days prior to the meeting or vote.

Adopted on July 25, 2009
Amended on July 18, 2010
Amended on June 25, 2011
Amended on July 27, 2012
TPA Mission
To Advance, Protect and Unify the Profession of Pharmacy in Texas.

TPA Goals
* Supporting Pharmacists and Pharmacy Professionals
* Serving as the Voice for the Profession of Pharmacy
* Maintaining an Effective and Viable Association
TEXAS PHARMACY ASSOCIATION POLICIES

Policies of the Association are established by the Board of Directors and/or House of Delegates. Each policy is annotated with a number indicating the year in which it was originally adopted. E.g.: (74-93) indicates that the House of Delegates approved the statement in 1974; it is the 93rd item acted upon by the House during that year. A notation of (B: 7/18/87) indicates the item was approved by the Board of Directors on July 18, 1987. Following approval of a policy the matter is worked on by staff, boards, and committees for implementation. Policies are reviewed by the appropriate advisory committee or academy executive committee on an annual basis. Those policies that have been reviewed and deemed old or outdated shall be included in the annual report of each advisory committee (or academy) with a recommendation to delete. (93-25, 04-5)

PROFESSIONAL AFFAIRS

Pharmacy Practice

1. The Association opposes the sale of tobacco or tobacco products in any facility that contains a pharmacy. (96-9)

2. The Association encourages pharmacists and registered pharmacy technicians to become qualified and maintain certification in cardiopulmonary resuscitation (CPR) and Red Cross First Aid. (78-35, 94-58, 05-19)


4. The Association opposes mandated use of "unit-of-use" packaging. (79-17)

5. The Association shall discourage union activity among Texas pharmacists and registered pharmacy technicians. (83-14, 05-19)

6. The Association supports the efforts of pharmacists to develop liaisons with consumers regarding pharmacy services. (82-23; 93-31, 96-1)

7. The Association shall monitor the impact of robotics and automation on pharmacy personnel, practice patterns, quality of care, and legislative/regulatory actions in addition to providing members current information on the status and development of these areas. (88-5, 94-63)

8. The Association supports the position that pharmaceutical care is provided for the direct benefit of the patient, who grants to the pharmacist the authority for this care to be provided. The pharmacist, in turn, provides competent and committed care to the patient. (92-4, 94-64)

9. The Association shall work with all appropriate parties at the state and national level to establish a system of recycling vials and reusable plastic containers. (91-13)

10. The Association shall pursue development of a credentialling process for pharmacists and pharmacies provided that resources, including financial support, can be identified to support the effort. (94-24)

11. The Association supports the concept and practice of therapeutic intervention (i.e.: substitution, generic equivalency), based on the clinical judgment of health care professionals involved in the patient's care, when the intervention is determined to be of advantage to the patient based on efficacy, safety, and cost effectiveness. The Association support payments to the pharmacist for the provision of
comprehensive cognitive services related to proper medication use and monitoring. (94-31)

12. The Association recognizes the value of vitamins and dietary supplements but also recognizes the need to regulate and protect the unknowing public from claims of products that do not have significant scientific data to back these claims. The Association supports the efforts of the FDA in regulating a vitamin and food supplement industry to ensure that these products are safe and effective. (94-32)

13. The Association supports the efforts of pharmacists to develop expanded professional services consistent with the provision of pharmaceutical care. (94-56, 96-9)

14. The Association shall formally request that the Texas State Board of Pharmacy officially adopt PD (Pharmacy Doctor) as the professional designation for all qualified Texas pharmacists. (84-30)

15. The Association shall develop a system of compensation for pharmacy practice for expanded services. (95-4)

16. The Association shall support those employment practices that promote a pharmacist’s ability to provide effective pharmaceutical care. (95-31)

17. The Association shall provide training to pharmacists and registered pharmacy technicians on how to submit claim forms for reimbursement of cognitive services. (95-33, 05-19)

18. The Association will seek methods of reimbursement (legislative, regulatory, or contractual) for pharmacists to be reimbursed a reasonable fee for professional services (such as counseling, drug therapy management, and formulary management). Such professional services should be reimbursed through additional fees rendered to the pharmacist, as these fees are separate and distinct from drug distribution services. This includes requiring third party administrators and private pay clients to reimburse pharmacists, who may not be part of their network and/or did not fill the initial prescription, for providing additional services to a patient. (97-7)

19. The Association recognizes that certain medications are unique and have a narrow therapeutic index. As such, if a change in manufacturer is attempted, the patient and the physician should be notified and appropriate mechanisms and monitoring should be implemented to protect the patient’s safety. (97-8)

20. The Association encourages pharmacists to expand and solidify their role as healthcare professionals by taking the opportunity to incorporate information about complementary and alternative medicine into their pharmacy practices using this information to increase public awareness of the proper use of complementary and alternative medicine for the public’s health and safety. (97-10)

21. The Association supports the development of pharmacists’ reimbursement guidelines for services provided beyond drug acquisition cost. (98-2)

22. The Association shall seek the establishment of practitioner provider numbers for pharmacists. (98-4)

23. The Association shall seek a universal standard for certification programs in disease state management. (98-6)

24. The Association recommends to the Sunset Advisory Commission that the Texas State Board of Pharmacy require one-third of pharmacists and certified technicians continuing education hours be in the live format. The Texas State Board of Pharmacy shall be given discretion to allow for exemptions for hardship or special circumstances that prevent live continuing education attendance. (03-01)
25. The Association endorses the services and benefits associated with electronic capabilities and shall promote the advantages and explain the significance of this provider-generated technology to the members of the Association. (03-07)

26. The Association shall work with the Texas State Board of Pharmacy, the Texas State Board of Nursing Examiners, and the Texas Board of Physician’s Assistants to educate Advance Practice Nurses (A.P.N.s) and Physician’s Assistants (P.A.s) about the current rules as they are written with regard to the writing of prescriptions. (04-25)

27. The Association opposes the use of promotional strategies or financial incentives that encourage prescription transfers and compromise the care, health and safety of patients. Texas Pharmacy Association will seek the enactment of legislation and necessary regulation that will deem these strategies and incentives unprofessional conduct, subject to suitable penalties by the Texas State Board of Pharmacy or other appropriate state agency. (07-1)

28. The Association shall seek legislation to prohibit inducements of any kind or other practices that encourage the use of multiple pharmacies. Texas Pharmacy Association opposes discriminatory inducements such as coupons or gift cards and supports Texas State Board of Pharmacy’s unprofessional conduct rule that prohibits dispensing of controlled substances or dangerous drugs in a manner not consistent with the public health and welfare. (07-9)

29. The Association supports the use of pharmacists as primary care providers, alone or in collaboration with other providers, in community pharmacy based health clinics. (07-10)

30. The Association supports legislation that would: 1) remove the notification requirement for flu vaccines, 2) allow pharmacists to immunize children under the age of 14, 3) extend the time required for a pharmacist to notify a physician about the administration of a vaccine or immunization from 24 hours to 7 days, and 4) allow pharmacists to administer medication when other licensed health care professionals are available or in a patient’s home. (07-14)

**Public Service/Public Relations**

1. The Association supports the efforts of local components to utilize free public service time on TV and radio to promote pharmacy. (67-37; 93-35, 94-65, 96-2)

2. The Association supports the display and distribution of health education material in all pharmacies in support of pharmaceutical care. (73-51, 94-66)

3. The Association encourages pharmacists and registered pharmacy technicians to make presentations in their communities including presentations on the subject of chemical abuse, its effects on the user, family, and the community. The Association will supply materials through a resource library to assist pharmacists and registered pharmacy technicians in this effort. (87-22, 93-37, 96-8, 05-19)

4. The Association encourages and supports pharmacists and registered pharmacy technicians who are actively involved in their communities through the many volunteer opportunities available in their area. (94-67, 96-3, 05-19)

5. The Association shall identify, utilize, and disseminate programs to inform the public, pharmacists, and other healthcare providers about the value and cost effectiveness of pharmaceutical services and products. (87-11, 94-69)

6. The Association shall work with other healthcare providers, government, and the pharmaceutical and insurance industries to promote the role of the pharmacist and registered pharmacy technician in the delivery of healthcare. (94-70, 05-19)
7. The Association endorses an annual observance of Texas Pharmacy Week. The Tuesday of Texas Pharmacy Week shall be observed as Texas Registered Pharmacy Technician Day. (88-2, 05-19)

8. The Association shall establish a public relations program to enhance the image of the pharmacy profession and establish the role of the pharmacy as a primary source of healthcare information. (88-3; 93-35, 05-19)

9. The Association should publicize any current public relations program being developed and/or sponsored by the Association. (89-5, 94-71, 96-4)

10. The Association shall develop or utilize a cost effective audio visual presentation to demonstrate to entities throughout the state the cost effectiveness and quality of care through drug utilization review and patient counseling when utilizing the community pharmacist. The presentation shall be developed so that local pharmacists may obtain it and show it to Chambers of Commerce, employee benefit managers of large employers, Lions, Kiwanis, and Rotary Clubs, etc. (92-27)

11. The Association will support the creation of a public relations campaign for pharmacies to encourage their uninsured patients to apply for coverage under the state’s Children’s Health Insurance Program (CHIP) or any other program available to assist patients. (99-5, 05-19)

**Postgraduate Pharmacy Education**

1. The Association shall, as its highest priority, sponsor or co-sponsor educational opportunities that support, enhance, or promote the role of the pharmacist in providing pharmaceutical care. Whenever possible, the Association should endeavor to work cooperatively with other providers of continuing education in the State of Texas to insure optimal scheduling and use of faculties. (94-72)

2. The Association shall support the education of pharmacists on such issues as accurate, thorough accounting systems for pharmacies; the cost effectiveness of the products and services offered by pharmacists; improvement of management skills; the rights of pharmacists in third party contracts; and what associations can and cannot do for their members in regard to third party programs and other economic issues. (84-21)

3. The Association shall develop workshops on personal and professional self esteem. The Association should seek the aid of employers of pharmacists and registered pharmacy technicians to assist in ensuring good participation. (84-33, 05-19)

4. The Association shall establish an achievement award to recognize TPA member pharmacists and registered pharmacy technicians who complete 50 hours or more per year of continuing pharmacy education sponsored by an approved provider. A plaque listing the names of previous calendar years recipients shall be displayed in an appropriate area in TPA headquarters. In addition, a list of the previous year’s recipients should be included in an issue of Texas Pharmacy. New releases containing information about the award and the names of the previous year’s recipient should be sent to selected local newspapers in the state highlighting the names of the local recipients. (84-35; 91-11, 05-19)

5. Seminars and publications should include the most current trends and treatments to help ensure that pharmacists will be prepared to be the drug expert to whom the community looks for drug information. (87-22)

6. The Association recommends that one-third of the continuing education hours required for pharmacist’s re-licensure be live contact hours to include, but not limited to, any program where
the participant can interact directly with the presenter and other participants. (92-14, 04-17)

7. The Association, Insurance Trust and Section of Pharmacy Management shall work together to promote risk management seminars. (93-13)

8. The Association shall investigate offering a Durable Medical Equipment accreditation course and shall offer more continuing education in the durable medical equipment field. (93-19)

9. The Association shall develop continuing education programs to encourage optimal use of computers and networking technology in the practice of pharmacy. (95-6, 04-17)

10. The Association shall closely and productively monitor any legislation and educate pharmacists concerning euthanasia, and shall be prepared to insure the pharmacist’s right to make an informed choice regarding his or her participation in this process. (95-30)

11. The Association shall continue its efforts in the pursuit of funding for pharmacy residency programs at the state legislature to adequately capitalize on benefits that this program possesses for students interested in the different practice settings provided by pharmacy in this state. (01-2)

12. The Association supports a change in the CE requirement for preceptor certification from every two (2) years to every four (4) years by the Texas State Board of Pharmacy. (06-17)

13. Texas Pharmacy Association supports the joint accreditation of continuing education for healthcare providers that improves patient care while streamlining the accreditation process. (08-2)

**Careers in Pharmacy**

1. The Association recommends that members and component associations work locally with guidance councilors, high schools and Junior Colleges of provide information on careers in pharmacy. Active participation in career day programs, health fairs, and work with individual students are recommended as ways to provide information available from the Association and Texas Colleges of Pharmacy. (90-4)

2. The Association shall encourage all activities in recruitment of pharmacy students to emphasize the enrollment of a highly qualified student. (71-51; 72-30, 94-77)

3. The Association shall closely monitor pharmacy manpower statistics in Texas and develop guidelines for use in surveys of pharmacy service per population area. (75-94, 94)

4. The Association shall recommend that pharmacy students be exposed early in their academic careers to options in the field of pharmacy available to registered pharmacists. Academies of the Association shall jointly sponsor a seminar for students to show the variety of pharmacy practice. (83-31, 34, 04-17)

5. The Association endorses practitioner faculty involvement in internship programs and participation by the practitioner faculty member and his or her intern in local component activities and meetings. (83-33, 96-5)

**Undergraduate Education**

1. The Association supports practitioner and student participation on curriculum committees of colleges of pharmacy. (70-41; 72-31; 73-63; 75-97; 76-41, 94-79, 96-6)

2. The Association, when appropriate, shall work with colleges of pharmacy in Texas to identify and offer seminars related to career growth and job stress. (94-81)

3. The Association and colleges of pharmacy in Texas shall develop a working relationship in regard to assisting pharmacist preceptors in their
role of educating, training, and mentoring pharmacy students and interns. (86-41, 94-83)

4. The Association shall continue to monitor activities of the Accreditation Council for Pharmaceutical Education and changes in entry level degrees in pharmacy. (90-1, 94-84)

5. The Association shall use its influence to encourage educators to include patient physical assessment courses in curriculum to ensure pharmacists are capable of providing drug administration services in all healthcare settings when properly educated and trained to do so. (92-47b)

6. The Association recommends that the Texas State Board of Pharmacy consider allowing Category 1 CME to count towards pharmacist CE requirements, up to 1/2 of the total required hours. (92-50)

7. The Association encourages pharmacy schools to incorporate information concerning complementary and alternative medicine into their curricula. (97-11)

8. The Association shall support sufficient funding for the direct support of the Cooperative Pharmacy Program – University of Texas at El Paso/Austin, allowing the Cooperative Pharmacy Program – University of Texas at El Paso/Austin to continue its primary mission of meeting the pharmaceutical needs of the El Paso area. (04-39)

POSITION STATEMENT
ON PHARMACY PRACTICE

The goal of pharmacy practice is to benefit patient health by providing comprehensive drug therapy and those essential services which assist in the cure and/or prevention of disease, eliminate, or reduce patient symptoms or arrest or slow the disease process. This process will occur in an integrated patient-focused care system in which the pharmacist has a personal, caring relationship with the patient.

To achieve this goal, pharmacists, as appropriate, will:

- take an active role in patient compliance, proactively monitoring compliance to determine if therapy is effective and to avoid adverse effects;
- educate patients on the appropriate use of medications to enhance compliance and positively affect outcomes;
- perform prospective drug use review;
- identify and resolve any problems relating to drug therapy;
- serve as primary care resource for self-limiting conditions and possible referral;
- review the prescription and proposed therapy to be sure the optimal therapy has been identified for treatment of the condition;
- establish an extended treatment strategy with other healthcare providers;
- document interactions with patients
- provide timely feedback to other healthcare providers about how the therapy is working. (94-90)

The Association recommends that pharmacists document the information upon which decisions are made regarding patient therapy including that currently required by regulation as well as interventions, results of outcomes and pharmacist follow up in addition to communications with patients and other healthcare professions. (94-91)

The Association supports the pharmacist’s ability to perform generic and therapeutic substitutions based on his/her professional judgement to benefit the patient. (99-1)

The Association recognizes that a pharmacist has a responsibility in the care of patients. The Association supports prior notification by a pharmacist to the pharmacist’s immediate supervisor where conscientious objection may occur so that a system may be developed to ensure that patients have access to legally prescribed therapy and/or pharmaceutical care.
without compromising the pharmacist’s right of conscientious refusal. (99-9)

**POSITION STATEMENT ON FORMULARY MANAGEMENT**

The Association believes a team approach involving physicians, pharmacists, and other healthcare professionals, working together to coordinate patient care, produces the best clinical, humanistic and economic outcomes. The Association believes that prescription formularies are valid and useful. The cornerstone of formularies should be drug safety, efficacy and cost effectiveness. Formularies must include utilization derived from appropriate selection criteria and fair and ethical disclosure of evidence-based drug product selection. Individual plan administrators are responsible for educating all participating parties of the plans, and providing reasonable prior authorization procedures for formulary exceptions. (99-3)

Pharmacists are the keys to the success of formulary management. Pharmacists have the knowledge and skills to coordinate the activities of the Pharmacy and Therapeutics (P&T) committee and have the expertise to lead formulary management initiatives and make recommendations based on sound clinical judgement. Therefore, Texas Pharmacy Association asserts that pharmacists should guide P&T committees through the steps of deciding which prescription drug products should be included on the formulary and development of drug benefit-related policy and therapeutic guidelines. Additionally, pharmacists should: determine the P&T committee agenda; analyze and disseminate scientific, clinical, and health economic information for P&T committee member review; record and archive P & T committee meeting minutes; follow with research when necessary; and communicate P&T committee decisions to health plan prescribers, other healthcare professionals, and patients, as appropriate. (99-4)

**POSITION STATEMENT ON AIDS-RELATED ISSUES**

In recognition of the serious public health issues relating to AIDS, the Board of Directors and House of Delegates of Texas Pharmacy Association have addressed three areas relating to public policy matters.

Regarding the sale of syringes, the Association supports existing state law and regulations which prohibit the sale of such devices except for legitimate medical purposes. As pharmacists, we do not condone drug abuse/misuse and, by our training, are obligated to uphold existing laws. Making syringes more easily or readily available to individuals engaged in illegal acts will not solve the problem of drug abuse or AIDS. The Association notes that several resources exist for those individuals involved with illicit drug use, including treatment programs and simple methods of needle and syringe sterilization.

Regarding the use of condoms, the Association has historically supported the display and sale of these items for the prevention of sexually transmitted communicable diseases.

Regarding the provision of and funding for drugs used in the treatment of AIDS and HIV-related diseases, the Association supports making these products as widely available as possible to all appropriate individuals. In the case of publicly funded programs, such as the Texas Vendor Drug Program, the Association notes that adequate funding for these products must be made available by the Texas Legislature and other appropriate governmental entities in order to assure provision of the drugs as well as continued viability of the program itself. (88-7)

The Association recognizes the importance of needle exchange programs in reducing the transmission of HIV and other blood-borne pathogens. The Association supports a pilot needle exchange program to be implemented by an appropriate governmental entity. The
Association encourages pharmacists to educate the public about HIV/AIDS by making presentations to professional, civic and religious organizations, and providing educational literature through their pharmacies. (94-30)

POSITION STATEMENT
ON MEDICATION ERRORS

The Association believes that medication errors are usually due to system problems and most are not attributed to intentional actions or efforts by individuals. The Association believes that error reporting should be encouraged and that reporting should be confidential and non-punitive. Pharmacy staff should be responsible for reporting all errors and that clerks and technicians should be encouraged to speak up when they identify pharmacy/pharmacist errors, and pharmacists should welcome such feedback.

TPA encourages pharmacists’ voluntary, non-punitive and anonymous participation in error reporting at the pharmacy/institution level and in statewide reporting programs. Direct error reporting should be completed by the individual(s) involved in the incident to ensure that the most relevant and detailed information is available for evaluation of the incident and for systems improvement.

A statewide reporting program should be developed and endorsed by a partnership of state pharmacy organizations such as those represented by the Texas Pharmacy Congress. This program should regularly analyze (or arrange for the analysis of) and report information about the leading types and causes of errors reported to their system so that practitioners can utilize this information for systems enhancements and quality improvement.

TPA acknowledges and appreciates efforts of the Texas State Board of Pharmacy to create rules, built around recommendations from the Peer Review Task Force, to encourage de-identified reporting of medication errors. Such de-identified reporting of errors will assist pharmacists and pharmacy management in the recognition of system challenges that create errors that were previously attributed to individuals.

TPA acknowledges the work of the Texas Pharmacy Congress in elevating the issue of medication errors through the November 2000 program Summit 2000: Better Medication Outcomes through Healthcare Collaboration. TPA encourages work of this nature to continue through partnerships such as the Texas Healthcare Provider Coalition for Patient Safety. (01-5)

POSITION STATEMENT
ON CONSUMER CONFIDENTIALITY

TPA recognizes the importance of patient confidentiality and recommends that pharmacy staff and pharmacies take appropriate steps to maintain patient confidentiality.

Specifically, protected health information (PHI) that would otherwise be considered waste or trash should be disposed in a manner in which the confidentiality is maintained. Disposal methods include shredding, giving prescription containers, or records back to the patient, disposing by sealing through secure disposal service, or other means that may be available. (01-6, 05-19)

EMPLOYER/EMPLOYEE RELATIONS

1. The Association shall maintain an educational program directed toward pharmacy personnel about the TPA Employer-Employee Guidelines. (69-2, 69-3; 93-40, 05-19)

2. It is the professional and ethical responsibility of the pharmacist to assist in the internship training of pharmacy students and graduates.
Part of this responsibility should be the development of a mutual respect between the intern and the preceptor. The pharmacists of Texas are reminded to abide by the preceptor-internship standards promulgated by the Texas State Board of Pharmacy. (71-20)

3. The Association shall endorse and actively encourage pharmacy organizations to find a way to provide pharmacy staff with a break from their jobs during working hours for those pharmacists who wish to have one. (86-36, 05-19)

4. The Association shall not endorse the use of polygraph testing for pre-employment screening of applicants or annual examinations. It is recommended that polygraph testing should only be used when a problem is present such as substantial loss of merchandise or money. (86-37)

5. The Association shall endorse and encourage pharmacy organizations to develop a pharmacist and registered pharmacy technician non-managerial career ladder along with their management career ladder. (86-38, 05-19)

6. The Association encourages the evaluation of pharmacists based at least in part on the standards of practice and encourages communication of pharmacists with pharmacy managers on professional affairs. (86-20)

7. The Academy of Chain Pharmacists shall maintain the Employer/Employee Liaison Committee to periodically review the relationships that exist between employers, managers, and pharmacist employees. The Committee shall be composed of employees, corporate officials representative of employers of Texas pharmacists, and representatives of the colleges of pharmacy in Texas and shall meet at least twice a year. (84-31, 86-42, 04-17)

8. The Texas Pharmacy Association supports a drug testing program which protects the health and safety of the public while respecting the right to privacy and preserving the basic human and constitutional rights of pharmacy personnel. If a substance abuse situation is identified, the Association supports the use of a peer assistance program for the treatment, rehabilitation, and reentry into the workplace of the individual involved. (92-15, 05-19)

9. The Association shall recognize those employers that encourage their employees in becoming TPA members by paying part or all of their dues. (92-17; 93-42)

10. The Association is committed to the principle that all work environments and educational settings be free of sexual harassment. (94-86)

11. The Association recommends that all pharmacy practice environments and educational settings have a written policy on sexual harassment prevention and grievance procedures. (94-87)

12. The Association recommends that every owner/employer in facilities where pharmacist work institute a sexual harassment education and training program for all employees. The Association shall identify resources and/or provide educational programming to assist employers in this activity. (94-88)

13. The Association adopts, as model guidelines, the APhA Model Guidelines on Sexual Harassment Prevention and Grievance Procedures. (94-89)

**CONSULTANT PRACTICE**

1. The Association is opposed to the mandatory separation of consultant and provider responsibilities of pharmacists in nursing facilities on the basis that it would violate freedoms of choice of source of pharmaceutical services. (77-11)

2. It shall be the policy of the Association to encourage requirements for pharmacists review of medication regimens in all facilities. (86-32)
3. The Association recommends that the Department of Health use Vendor Drug appropriations for reimbursement of all unit-dose medications. (80-35)

4. The Association recommends that freedom of choice for pharmaceutical services be continued for patients in nursing homes. (93-9, 96-1)

PUBLIC AFFAIRS

Texas Pharmacy Law

1. The Association will support any legislation which encompasses the following criteria:

1) Permit pharmacists to select and dispense a quality drug product;
2) Establish some mechanism to assist pharmacists in selecting quality drug products under the cost and other criteria established;
3) Permit the use of any available drug product when unique medical circumstances so require;
4) Establish a reasonable remuneration base for pharmacists rendering services under the program;
5) Guarantee recipient free choice of pharmacy;
6) Limit reimbursement for pharmaceutical services to those provided by duly-licensed pharmacists. (68-14)

2. The Association supports legislation to allow the Texas State Board of Pharmacy to specify drug products which are subject to abuse and to regulate the sale of these products. (70-13; 71-34)

3. The Association believes that the evaluation of the continuing competence of pharmacists and registered pharmacy technicians should be left solely in the hands of the profession. (74-95, 05-19)

4. The Association shall support regulations by the Texas State Board of Pharmacy that would require all nuclear pharmacies and/or suppliers of single-use doses of radioactive diagnostic agents to have a licensed nuclear-pharmacist on the staff as an active employee or consultant. (81-4)

5. The Association shall make the public aware of the risks associated with mail order prescription programs, and shall seek enactment of legislation that would regulate mail order pharmacies and ensure that they are in conformity with the Texas Pharmacy Act. (84-26)

6. The Association shall oppose any efforts in the Texas Legislature to allow Class D pharmacies to maintain an unlimited drug formulary and support legislation that would restrict Class D licenses to nonprofit institutions. (86-8)

7. The Association reiterates its stand in support of the presently situated Texas State Board of Pharmacy as an independent state agency. (91-7)

8. The Association shall support legislation that would allow the Board of Pharmacy to retain monies collected from fines for the purpose of supporting the Professional Recovery Network program. (90-33)

9. The Association supports the concept that the Texas State Board of Pharmacy be given the authority to regulate the entire distribution of legend drugs and devices for the well being of the public. (92-37)

10. The Association shall include in the pharmacy act the right for pharmacists to administer drugs and, where necessary, develop effective drug distribution systems in all patient settings. (92-47a)

11. The Association supports regulation for safe storage and distribution of sample prescription medication. (04-40)

12. The Association shall pursue legislation that would designate pharmacists as “healthcare professionals” or “healthcare providers” to advance the use of the professional skills of pharmacists. (06-20)
13. The Association neither supports nor opposes legislation that would allow a TSBP peace officer to carry a gun under limited circumstances, as defined by the issue brief presented by TSBP to the Public Affairs Advisory Committee in December 2006. (07-15)

14. The Association supports legislation and rule changes to allow the creation of a Clinical Pharmacist Practitioner designation in Texas. (09-1)

Texas Drug Laws

1. The Association shall support legislation which will eliminate the use, storage, or distribution of any prescription drug by any salesman or representative of any pharmaceutical company dealing in the sale or distribution of such products in the State of Texas. Such legislation shall include provisions for physicians having need of such samples so they may initiate a request by mail to the pharmaceutical company, who may at its discretion provide them via mail only. As an alternative, the Association supports legislation which would require registration of manufacturers’ representatives as an approach to accomplish greater responsibility in handling dangerous drug samples. (69-24; 70-18, 33; 71-36; 73-29; 74-27)

2. The Association shall continue to monitor the Texas Legislature and have the TPA Executive/Legislative Committee authorize TPA counsel and staff to file previously drafted legislation if necessary or appropriate which would allow pharmacists the opportunity to issue a prescription order form the following six categories based upon the pharmacist’s evaluation of patient need and consultation with the patient:
   1) Antihistamines
   2) Decongestants
   3) Lindane medications
   4) Tooth decay-preventing fluoride drugs in any strength
   5) Drugs which have been approved individually or in combination for OTC sale by the FDA
   6) Any drug recommended by the FDA Advisory Panel for switch from Rx to OTC status. (87-3)

3. The policy of the Association is in opposition to a requirement for triplicate or “official” prescription forms for all controlled substances other than Schedule II controlled substances. (90-31, 04-31)

4. The Association shall support the existing state law, which limits the sale of syringes to legitimate medical purposes. (87-8)

5. The Association recommends that the prescriber’s name, address, phone number, and any required practitioner identification number be typed or stamped on each prescription and it is the licensed prescriber’s responsibility to do this. (92-36)

6. The Association shall oppose any attempt to replace the State’s triplicate prescription program with an electronic monitoring system since the existing system is working quite well to hold down forgeries, abuse, and diversion of Schedule II substances (B: 11/14/92)

7. The Association policy relating to prescription blanks issued from prescribers in Texas: So that the patient and/or pharmacist can identify the prescriber signing the prescription, the prescriber’s name, address, telephone number, and state ID number shall be stamped, typewritten, or legibly printed above or below signature of the prescriber. (88-17; 91-12)

8. The Association shall pursue development and implementation of technological solutions that would result in a standard for fax refill formatting,
electronic signature log capability, and scannable patient data on prescription cards. (02-01)

9. The Association shall work with the Texas State Board of Pharmacy, Texas State Legislature, and other appropriate Texas State authorities to support legislative and policy action to implement a Harm Reduction Program for sterilized needle (syringe) exchange in the State of Texas. (04-22)

10. The Association supports rules for CII prescriptions for patients with terminal illnesses in a licensed hospice program to allow a faxed hardcopy from the physician to be retained as the final legal document. (04-24)

**General State Laws**

1. The Association is opposed to a state sales tax on prescriptions or any professional fee. (65-3)

2. The Association shall support exemption for pharmacies from the Drug Wholesale Licensing Act when those pharmacies’ sales of prescription drugs to physicians and other pharmacies are less than 5% of their total volume. (92-28)

3. The Association shall establish an active program of adequate funding for all colleges of pharmacy presently existing or to be built, including the one in West Texas, so they will come up to the caliber of a first class college of pharmacy. (74-98)

4. The Association shall support legislative funding of the colleges of pharmacy in their requests for expanded physical facilities. (76-43)

5. The Association shall support any appropriations bill or legislation that would aid programs of continuing education in colleges of pharmacy. (76-44)

6. The Association continues to support the exemption of medical devices, which require a physician’s prescription and respiratory-related equipment and supplies from the Texas Sales Tax Law. (78-17)

7. The Association shall oppose physician dispensing in violation of the Texas Pharmacy Act and any other law. (86-7)

8. The Association shall seek enactment in the Texas Legislature of legislation to allow pharmacy personnel and other healthcare providers greater access to participate in Health Maintenance Organizations and to protect the freedom of choice of pharmacy services. (88-14, 94-53, 05-19)

9. The Association shall seek legislative action or an Attorney General’s opinion to make to provision of drug carts to a nursing home illegal as being a form of kickback. Such legislation or opinion shall require nursing homes with carts provided by pharmacies to pay market value for the carts in order to end prior arrangements between homes and the pharmacies involved. (88-18)

10. The Association shall support predatory pricing legislation. The Association supports enactment in the Texas Legislature of legislation to address “predatory pricing” similar to the Oklahoma Unfair Sales Act. (88-9, 90-13, 94-51, 53)

11. The Association will support legislation to obtain the right for pharmacists to administer drugs and, where necessary, develop effective drug distribution systems in all patient settings and use its influence to convince educators to include patient physical assessment and emergency medicine courses in curriculum to ensure pharmacists are capable of providing these services in all healthcare settings. (90-26)

12. The Association strongly supports humane and responsible use of animals in biomedical research in accordance with federal and State of Texas guidelines. Biomedical scientists are encouraged to replace, reduce and refine research methods which require the use of animals as fast
as science and technology permit. The Association supports local, state, and federal legislation that is favorable to appropriate biomedical research. The Association opposes restrictive legislation against the use of animals in biomedical research and supports criminal sanctions against those who break the law in their opposition to the use of animals in biomedical research. (90-28)

13. The TPA Executive/Legislative Committee shall carefully monitor and be prepared to respond to any taxation measure that arises during the Texas Legislature. (90-34, 94-53)

14. The Association recommends to the Legislature that funds be appropriated so as not to reduce the production of pharmacists annually in the State of Texas as the state colleges convert their curricula. (93-44)

15. The Association shall oppose any legislation or regulations that prohibit or limit pharmacists from providing orthotics and prosthetics services. (96-4)

16. The Association shall actively support enforcement and/or changes in the Texas workers’ compensation laws to support better services to injured employees and better payment to providers. (00-4)

**Federal Laws/Regulations**

1. The Association supports national legislation which would permit veterans to obtain prescription items through community pharmacies in their hometowns. (65-21; 67-11; 68-9; 73-35)

2. The Association supports legislation which would make it unlawful for a practitioner of medicine to directly or indirectly: (a) sell drugs or devices; (b) own a legal, beneficial, or leasehold interest in a community pharmacy; (c) or charge an unreasonably high rental for pharmacy space.

The Association is opposed to legislation which would permit reimbursement to dispensing physicians for pharmacy services. (66-1; 67-10-12, 25)

3. The Association supports national legislation, which would provide exemption from antitrust laws for associations to negotiate with third party administrators for operational characteristics as well as fees. (71-44; 73-34)

4. The Association shall seek legislation, which shall ensure the public’s freedom of choice of a pharmacy in all third party payment programs in order to continue high quality prescription services to the patient. (74-45)

5. The Association shall support direct to consumer advertising only in cases where it enhances positive public awareness about disease states and drug therapies and encourages consumer to pharmacist communications. (92-5)

6. The Association shall support federal legislative relief through such actions as a change in the current interpretation of the definition of charitable institution in the Robinson-Patman Act, which would strengthen the original intent of this Act. (86-17)

7. The Association shall propose appropriate action to the United States to protect the residents of the United States from hazards that may exist in connection with pharmacy operations based in or being supplied from other countries. The Association shall initiate action to determine the facts concerning pharmaceutical suppliers providing medications from other countries, legally or illegally, or arranging for materials to be shipped from other countries and propose regulatory solutions. (95-14, 16, 17, 150, 04-33)

8. The Association requests and encourages appropriate state regulatory agencies to take appropriate action to enforce and apply to all
providers new USP recommendations for shipping, storage, and handling of drug products. (98-1)

9. The Association officially supports and shall communicate to the United States Congress that a voluntary, quality, cost effective prescription drug benefit that gives Medicare recipients access to the pharmacy provider of their choice is extremely critical and important to the health and welfare of the Medicare participants who stand to benefit from the Medicare Prescription Drug and Modernization Act. (03-03)

Miscellaneous

1. The Association endorses and will participate in the NCPA Legislative Alert Program by integration of the TPA Alert System with the NCPA system, with complete coordination by the Association and reservation of support on the basis of consistency of an issue with TPA policy. (77-25)

2. The Association shall make every effort to publish legislation prior to introduction to the Legislature. (79-23)

3. The members of the Congressional Alert System shall convene in Washington annually for personal calls on the Texas Congressional Delegation in conjunction with the NCPA Legislative Conference and Reception. (75-38)

4. The Association shall directly recruit members of the TPA Legislative Alert System with the approval of component associations if obtainable. (76-33)

5. The Association encourages every member to contribute annually to either PharmPAC or PharmPAC-Ed PAC in order to adequately fund the political activity necessary to assure that pharmacists and registered pharmacy technicians maintain control of their future. (90-8, 04-34, 05-19)

6. The Association leadership is encouraged to hire additional lobbying assistance when needed with duties exclusively for lobbying, to be funded by aggressive campaigns for PharmPAC Ed-PAC. The PharmPAC check-off on dues statements will be increased from $25 to $40. (90-9)

7. The Association shall vigorously support PharmPAC and supplement its program with an education/orientation component. (81-3)

8. The Association recommends that the Annual Meeting Planning Committee, Regional Planning Committees, and local associations arrange for cardiopulmonary resuscitation (CPR) training at various association functions whenever possible. (89-2)

9. The Association shall continue to support and participate in the Texas Pharmacy Practice Coalition in order to present a united front before the Texas Legislature. (93-20)

10. The Association shall implement a permanent legislative fax alert network. (95-8)

11. The Association shall closely and productively monitor any legislation and educate pharmacists concerning euthanasia, and shall be prepared to insure the pharmacist’s right to make an informed choice regarding his or her participation in this process. (95-30)

12. The Association supports legislation directing the Texas State Board of Pharmacy to officially involve a selected group of pharmacy technicians when considering rules or legislative proposals relating to their profession. (07-13)

PHARMACY MANAGEMENT

Third Party Programs

1. The Association recommends that an administrative fee be reflected separately from the charges for a prescription if such a charge
becomes necessary in handling insurance-reimbursed prescriptions. (66-7)

2. The Association endorses and supports the efforts of our national associations to provide coverage for prescription drugs and pharmaceutical services for Medicare recipients through pharmacies of their choice. (66-18)

3. The Association strongly opposes government-mandated discounts and/or price controls at the retail level as proposed in the Medicare Prescription Discount Program. TPA requests President George W. Bush take appropriate measures to reconsider his current Medicare prescription drug proposal in favor of meaningful reform. (01-3)

4. The Association shall engage in a dialogue with insurance underwriters, consumers, and other healthcare purchasers and work with them to develop cost containment measures of benefit to patients, plan administrators, and pharmacists. The Association shall make every effort to work with these groups for joint data collection to ensure that information received concerning pharmacy services is accurate and unbiased. (84-22)

5. The Association shall oppose the policy of managed healthcare plans of coercively requiring their participants to obtain their prescriptions through the mail. (88-16, 98-8)

6. The Association recommends that increased costs for electronic claims submission should be reflected in pharmacy fee increases or costs absorbed by third party administrators, insurance carriers, or HMOs and not the pharmacy. (92-20)

7. The Association shall seek to enact legislation for the regulation of certain practices engaged in by some third party prescription programs, containing definitions, required contractual provisions, notices of implementation and cancellation, provision for denial of payments, method of adjudication, reimbursement rates, and placing a high priority on enactment of this legislation. (80-27)

8. The Association recommends that the concept of return on investment be incorporated and equalized for all third party prescription programs. (93-18)

9. The Association shall encourage the Texas Department of Insurance to require third party carriers to adopt standardized prescriber identification numbers other than the DEA number. (93-23)

10. The Association shall strongly oppose the practice of some third parties to require the use of specific brands/generics. (94-41)

11. The Association supports passage of pharmacy any willing provider legislation. (95-18, 98-8)

12. The Association shall pursue legislation to oppose un-funded insurance “cash discount” cards. (96-5)

13. The Association shall pursue legislation mandating reimbursement for cognitive services for prescriptions filled for third parties doing business in the State of Texas, but not as a legislative priority. (96-7)

14. The Association shall pursue efforts to standardize drug benefit cards for all prescription benefit plans. (97-3)

15. The Association shall seek legislation to require prescription benefit plans doing business in Texas to make available the option to wire funds into pharmacy checking accounts within 72 hours after the close of each transaction cycle without the use of an outside company which takes a percentage of the profits. (97-4)

16. TPA shall pursue legislation, in the interest of improved patient outcomes, that would restore
1. The Association opposes provisions of any legislation which would permit the state to eliminate or reduce optional health services in Medicaid programs. (71-10)

2. The Association requests that the Vendor Drug fee be increased under the Vendor Drug Program by an amount which will more properly compensate the pharmacist for professional services, time and investment, yet allow the Vendor Drug Program to remain within the fiscal limitations as set forth in the General Appropriations Bill. (72-23)

Texas Vendor Drug Program

17. The Association shall pursue legislation, in the interest of improved patient outcomes, that will restore patient freedom of choice and prohibit unfair competition resulting from third party insurers offering mail order drug coverage (E.g. different deductibles, terms and conditions, copays, premiums or day supply than their ambulatory care/community pharmacy contracts). (98-5)

18. The Association requests and encourages third party payors to provide electronic funds transfer as an option of payment to pharmacies. TPA may seek regulatory and/or legislative relief if necessary. (00-3)

19. The Association shall continue its pursuit of prompt payment by third party payors through legislative, regulatory, or any other means possible. (01-1)

20. The Association shall adopt a fair and reasonable reimbursement methodology to be used by third party payors in determining the unique criteria necessary for adequate reimbursement of pharmacies’ dispensing of medication and professional service fees. TPA shall market the reimbursement methodology to the state Medicaid program, other third party payors, and to pharmacies to use as a tool in negotiating contracts with healthcare plan payors. (03-02)

21. The Association supports legislation or regulation requiring third party payors to offer 24-hour access to personnel in order to resolve patient coverage issues, including but not limited to the confirmation of patient benefit status and the authorization of payment for services. (05-14)

22. The Association recommends that all third party prescription programs providing prescription coverage to residents of the state of Texas incorporate a positive incentive system, instead of negative, when auditing pharmacies. (05-15)

23. The Association encourages all pharmacy benefit managers to immediately implement the standard 835 format for claims reconciliation as stipulated in the HIPAA regulations when providing claims information to the provider or their designated data management service. Pharmacy benefit payers shall be validated for compliance and provide the option for the providing pharmacy or their designee to receive either a paper remit or an electronic 835 formatted file. (07-11)

24. The Association supports the position that the final price approved through online adjudication of clean claims for all prescriptions, including compounds, shall be legal and binding with no further price re-determination allowed. TPA supports the position that all compounds shall be reviewable for discernment of intent to defraud when audited. (08-4)
3. The Association recommends that the Department of Health reconsider reimbursement of OTC preparations on the basis of a regular dispensing fee, or alternatively, elimination of OTCs from the Vendor Drug Program. (74-93)

4. The Association shall take whatever action, political or legislative, to ensure the economic and efficient operation of the Vendor Drug Program in Texas. (87-5)

5. The Association shall pursue legislation and regulations which would ensure that pharmacists receive reasonable reimbursement from the Vendor Drug Program, which includes a profit factor and annual cost of living increases. (87-16, 98-8)

6. The Association opposes the awarding to any insurance company of the administration of the Vendor Drug Program. (80-28)

7. The Association shall work with the Department of Health or an appropriate agency to assure that price increases are put into immediate effect. (80-29)

8. The Association shall use all resources at its disposal to insure that the Department of Health maintains the posture of freedom of choice of provider within the Vendor Drug Program. (81-5)

9. The Association shall seek amendment of the Vendor Drug Program provider contract by the Department of Health limiting audit liability to not more than three years, unless there is evidence of fraud, in which case the audit liability would extend to the last previous audit. (81-7)

10. The Association recommends that Texas Department of Health reorganize its cost accounting audit of Texas pharmacies to reflect the true operating expenses of a pharmacy. The Association also shall recommend that the revised program be a fair, two-way audit for both TDH and the pharmacist. (83-48)

11. The Association shall periodically provide the Medicaid Vendor Drug Program with updated cost of dispensing reports. (85-6, 98-8)

12. The Association shall seek additional reimbursement for pharmacists, separate from the dispensing fee, for provision of specialized drug therapy and disease state management services. (92-25) (updated 98-8)

13. The Association shall actively support appropriations for the Vendor Drug Program. (86-10, 94-50)

14. The Association supports implementation of electronic claims system for the Medicaid Vendor Drug Program, workers’ compensation and other state funded and administered third party prescription programs. (90-36, 94-54)

15. The Association shall seek action to assure that drug manufacturers’ rebates are used within the Vendor Drug Program to expand services and provide adequate reimbursement for pharmaceutical care. (90-35)

16. The Association shall monitor and lobby Congress regarding federal Medicaid reimbursement. (95-1, 98-8)

17. The Association shall oppose any attempts to remove the vendor drug “carve out” provision. (95-2)

18. The Association shall oppose any attempts to implement a Medicaid co-payment for pharmaceutical benefits. (95-3)

19. The TPA staff shall work with the Texas Performance Review staff and the Legislative Budget Board to oppose any further attempt to reduce the Medicaid dispensing fee. (95-5)

20. The Association shall oppose any legislation that would change the Medicaid reimbursement methodology to a “most favored nation” formula.
21. The Association shall support legislation to provide unlimited Medicaid prescriptions regardless of the patient’s age.

22. The Association shall pursue legislation mandating reimbursement for cognitive services for prescriptions filled in the Vendor Drug Program, but not as a legislative priority. (96-8)

23. The Association opposes any legislation to implement a selective contracting system that would limit the patients’ freedom of choice of pharmacies within the Medicaid Vendor Drug Program. (97-1)

24. The Association supports efforts to eliminate discriminatory policies that result in reduced healthcare services. (04-41)

Workers’ Compensation Commission

1. The Association shall encourage the Texas Workers’ Compensation Commission to require insurance companies to put invoice numbers or attach audit sheets to claims checks to assist pharmacists in reconciling claims payments. (93-10).

2. The Association shall request the Texas Workers’ Compensation Commission to gather and report information and statistics in drug cost savings generated by the use of generics. (94-44)

3. The Association shall monitor and support where consistent with Association policy any legislation introduced in upcoming sessions to reform the Texas Workers’ Compensation Insurance Act and maintain the current Workers’ Compensation Act. (88-13, 94-52)

Pharmacy Practice

1. The Association and TIPS shall maintain and enhance a library of information for members to show the positive aspects of community pharmacy services compared to mail order services. (B: 1/16/93, 94-49)

2. The Association supports the concept of a mentoring program in which existing entrepreneurial pharmacists bring in a pharmacist to carry on their practice rather than sell out or close. (98-3)

Manufacturers and Wholesalers

1. The Association urges all pharmaceutical manufacturers to take appropriate action to see that any and all notices of price changes be dispatched to all pharmacies, retail and hospital, in sufficient time to be received by pharmacies no later than the effective date of the price change. (72-35)

2. The Association endorses the principle of drug sampling as operated by Complimentary Prescription Service (CPS). (75-29)

3. The Association shall work to end discriminatory pricing policies of pharmaceutical manufacturers. (81-14)

4. The Association condemns actions by manufacturers, which preclude the distribution of drug products through traditional community and institutional pharmacy outlets. (90-3)

5. The Association requests that manufacturers work with pharmacists to establish a system of recycling vials and reusable plastic containers and urges that every effort possible be made by the pharmacy community to help preserve the resources and beauty of the earth. (91-14)

6. The Association recommends the pharmaceutical industry standardize returned goods policies and eliminate pharmaceutical samples, replacing them with prescription coupons or certificates. (93-17)
7. The Association shall pursue legislation for the regulation of wholesale drug suppliers by the Texas State Board of Pharmacy and that at the very minimum should require an adequate bond and a criminal background check on all owners of record. (04-42)

PUBLIC POLICIES THAT HAVE NOT BEEN INCORPORATED IN THE MANUAL

PARTICIPATION IN THE TEXAS PHARMACY BUSINESS COUNCIL ........................................... July 26, 2009
1. Not approve extension of agreement(s) regarding the Association’s participation in the Texas Pharmacy Business Council beyond August 31, 2009;
2. Allow, without objections, the independent decision of its Academy of Pharmacists – Texas (AIP-Texas) to determine its role and involvement in the Texas Pharmacy Business Council (TPBC), if any; and
3. Without expressed approval by the TPA, neither AIP nor the TPBC shall be permitted, directly or indirectly, to represent its positions or actions as those of TPA, regardless of the commonality of issues or positions - whether such representation takes place verbally or in writing or whether it occurs in an administrative, advocacy, legislative, regulatory, public and/or private venue.

PHARMACY PATIENT BILL OF RIGHTS .............................................................. September 22, 2010
Effective health care requires collaboration between patients, pharmacists and other health care professionals. Open and honest communication, respect for personal and professional values, and sensitivity to differences are integral to providing patient care. Pharmacists must respect the role of patients in deciding their treatment choices as well as other aspects of their care. Patients must understand their rights, take responsibility for their role in treatment and ask vital questions of their pharmacist and other health care professionals before making health care decisions.

The Texas Pharmacy Association is committed to protecting the health and welfare of the patient through pharmacy’s delivery of quality, patient-focused care and education. TPA encourages pharmacists and other health care providers to adopt this 10-point pharmacy patient bill of rights and apply to their patient community in order that patients and their families understand their rights and responsibilities.

Pharmacy Patient Bill of Rights
1. Patients have the right to considerate and respectful care from their pharmacist and other health care professionals.
2. Patients have the right to receive relevant, accurate, current and understandable information from their pharmacist concerning their treatment and/or drug therapy.
3. Patients have the right to receive complete and accurate information from their pharmacist regarding the reason for their treatment and/or drug therapy, the proper use and storage of prescribed medications and the possible adverse side effects and interactions with other drugs, supplements or foods.
4. Patients have a right to receive effective counseling and education from their pharmacist that empowers them to take an active role in their health condition and treatment decisions.
5. Patients have the right to make non-emergency decisions regarding their plan of care before and during treatment, as well as refuse any recommended treatment, therapy or plan of care.
6. Patients have the right to expect that all prescribed medications they receive are safe, accurately dosed, effective and in useable condition, whether received from a physician, hospital, health clinic, retail pharmacy or mail-order pharmacy.

7. Patients have the right to expect that all records, communication, patient counseling by their pharmacist and all related discussions regarding their drug therapy, its effects and side effects will be conducted in a manner that protects their privacy.

8. Patients have the right to expect that their personal data — including all contact information — will not be released by their pharmacist, pharmacy or insurance company to another party to be used in soliciting the purchase of goods or services, whether or not the solicitation is related to their care.

9. Patients have the right to choose their pharmacist and pharmacy provider where their prescriptions are filled and not be pressured or coerced into transferring their prescriptions to another pharmacy or mail-order service.

10. Patients have the right to file complaints with the Texas State Board of Pharmacy concerning any pharmacist or pharmacy licensed in the State of Texas if they believe that a violation was committed concerning their safety, health, privacy, confidentiality of their personal information.

The collaborative nature of health care requires that patients or their families be involved in and/or knowledgeable of all aspects of their care. The effectiveness of patient care and patient satisfaction with the course of drug therapy will depend, in part, on the patient fulfilling certain responsibilities, including providing complete and accurate information about their medications as well as the history of their drug and food allergies.

**IMMUNIZATION - REPORTING ADMINISTRATION OF IMMUNIZATION**  ......  February 25, 2011
Support changes in the timeframe for reporting influenza immunizations to the patient’s physician from 24-hours to 3 days.  

**PHARMACY TECHNICIANS – AGENCY STUDY**  .............................................  February 25, 2011
Support efforts to create a broad-based, ad hoc study group, under the auspices of the Texas State Board of Pharmacy, to review the breadth of the current and potential responsibilities of pharmacy technicians and to issue a report with recommendations regarding the role and ability of pharmacy technicians to address the needs and demands for technicians by pharmacists and pharmacies.

**PHARMACY TECHNICIANS – SUPERVISION RATIOS**  .......................................  February 25, 2011
Support efforts to modify current pharmacists to technicians direct supervision ratios.  

Oppose efforts to modify current pharmacists to technicians direct supervision ratios.  

**COMMUNITY PHARMACY PRACTICE ACCREDITATION**  ........................................ August 24, 2012
Oppose the establishment of a new accreditation process for community pharmacy practice.
POSITION STATEMENT ON PHARMACY TECHNICIANS ........................................... May 10, 2013

TPA does not oppose changes in the current ratio standards. However, while the supervision ratio is an important issue, other regulatory provisions regarding pharmacy technicians should influence what the ratio, if any, should be in the future. The Association strongly believes that the best solution only can be found if various related issues are addressed simultaneously.

TPA suggests that TSBP address pharmacy technician issues using a similar approach to the one recently taken with the sterile compounding issue. TSBP should appoint a special task force – with broad representation – to consider all related pharmacy tech issues and existing rules and then submit a comprehensive report with recommendations to the TSBP. This effort could be expedited so that any rule changes would be in place before September 1.

Among the issues that the task force should consider for review and subsequently provide recommendations on are:

- minimum entry-level educational requirements for pharmacy tech candidates;
- establishment of different levels and modes of training for technicians;
- increased specificity of continuing education requirements;
- redefined and/or expanded roles for technicians – allowing for varying levels of responsibilities;
- the supervision ratio of technicians to pharmacist; and
- any additional issues identified by the task force.

POSITION STATEMENT ON DISPENSING OF PHARMACEUTICALS BY OTHER HEALTH CARE PROFESSIONALS ................................................................. July 30, 2014

TPA opposes any effort to expand the authority to dispense pharmaceuticals to other health care professionals such as physicians, nurses or advanced nurse practitioners. However, should legislative and/or regulatory modifications to allow physicians to dispense aesthetic pharmaceuticals become inevitable, the following protections must be in place:

- the Texas State Board of Pharmacy shall have full and exclusive oversight of the physician dispensing process;
- physicians who dispense and their respective offices shall meet the same requirements that pharmacists and pharmacies do when dispensing the same “aesthetic pharmaceuticals.”
- Pharmacies located in physician offices where “aesthetic pharmaceuticals” are stored or dispensed shall be subject to agency inspections;
- Regulations shall be developed to assure that the patient’s health and wellbeing as well as the patient’s financial exposure are not inappropriately impacted; and
- In order to further protect the patient, expanded physician liability insurance coverage shall be required to cover the added liability exposure for dispensing “aesthetic pharmaceuticals.”

PHARMACY TECHNICIANS – TECHNICIAN SPECIFIC CE ........................................... August 2, 2014

Support efforts to add/increase the number of ACPE accredited, technician-specific CE activities offered to TPA technician members (and non-members) to accommodate for changing requirements enacted by the Pharmacy Technician Certification Board (PTCB).
PARAMETERS FOR USE OF THE TPA BUILDING FUND .................................................. July 12, 2015
Regarding the investment funds set-aside from the sale of the previous Association Headquarters building until a permanent headquarter location is acquired for the Association:
- The interest earned from investing the building funds should be released to be used as reserves or for other purposes as directed by the TPA Board of Directors and as advised by the Financial Affairs Council;
- Once a permanent location is acquired, the balance of the building funds shall be released to be used as reserves or for other purposes as directed by the TPA Board of Directors and as advised by the Financial Affairs Council; and
- Regarding the acquisition and funding of the permanent headquarter location, the Board shall be given the option and flexibility to finance a portion of the building’s acquisition cost and maintain a larger balance for continued and higher investment income.

TPA ANNUAL LEADERSHIP SYMPOSIUM & PHARMACY DAY AT THE CAPITOL.... July 12, 2015
Pharmacy Day at the Capitol should be held during the first 60 days of the Texas legislative session – before the deadline for filing legislation – prior to or during the TPA Annual Leadership Symposium which takes place in Austin with legislative sessions.

ANNUAL ACTIVITY SUMMARIES TO THE TPA HOUSE OF DELEGATES.................... July 12, 2015
Leadership from each of the following organizations should provide annual verbal activity updates during meetings of the TPA House of Delegates.
- Texas Pharmacy Association (TPA)
- Texas Pharmacy Foundation (TPF)
- Texas Pharmacy Association Political Action Committee (PharmPAC); and
- Alliances and Academies, if in place.
There will be meet-the-candidate opportunities during the Leadership Symposium & Annual Meeting on March 20-21, 2016 in Austin. Elections will take place online at www.texaspharmacy.org from March 22 through April 6.

2016 CANDIDATES FOR
TPA BOARD OF DIRECTORS
Voting takes place online March 22-April 6, 2016

President-Elect

Mary Klein, Pharm.D.

POSITION:
Texas Tech University Health Sciences Center Abilene Community Health Center – Ambulatory Care Clinical Pharmacist; TTUHSC School of Pharmacy – Assistant Professor

DEGREES:
Bachelor of Science – Biology: Texas Tech University (2003); Doctor of Pharmacy: Texas Tech University Health Science Center School of Pharmacy (2007)

DESIGNATIONS: R.Ph.; Pharm.D.

TPA POSITIONS:
Board of Directors- Vice President (2013-16); Director At Large (2009-2012); Board Representative, Academy of Clinical Pharmacists (2007- 2009); House of Delegates - Speaker of the House (2009-2010); PharmPAC Board of Directors -Member (2010-2016); Vice Chair (2012-2014); Chair-Elect (2015-2016); Texas Pharmacy Foundation Board of Trustees (2012-2016); TPA Membership Ambassador (2009); Governance Committee Member (2008 - 2009); Academy of Student Pharmacists Chair (2006-2007)

OTHER POSITIONS:
American Pharmacists Association House of Delegates Member: New Business Review Committee (2012); Texas Delegate (2009-2015; seven years); Annual Meeting Pharmacy Practice Poster Session Judge (2011); American College of Clinical Pharmacy Member: Ambulatory Care Practice/Research Network (PRN) Advocacy Committee (2012-13)

COMMUNITY AND CIVIC:

HONORS RECEIVED:
Texas Tech University Health Sciences Center President’s Award for Interprofessional Teamwork (November 2014); Texas Pharmacy Association Distinguished Young Pharmacist (July 2012); Texas Pharmacy Association Rxperts Leadership Conference (October 2007) Peer nominated participant; Invited Participant, Science for Ministry Institute (November 2009) Princeton Theological Seminar

PLACE OF RESIDENCE: Abilene

STATEMENT:
I am honored to be nominated for the position of President-Elect! Since 2003, I have had the opportunity to serve the membership of TPA through the Academy of Student Pharmacists, the Clinical Academy, the House of Delegates, and on the Board of Directors as a Director at Large and Vice President. I have also been fortunate over the years to work in retail chain pharmacy, hospital pharmacy, academia, and in primary care clinics. From these experiences, I have gained a keen awareness of the issues related to each practice setting. I also understand that though practice site issues may vary, we are all pharmacists, and we are all dedicated to protecting and advancing the profession of pharmacy by actively pursuing policy changes that enhance our ability to provide care and services to patients. I believe that TPA can and does represent all Texas pharmacists, and I am dedicated to growing its membership and improving this organization for current and future pharmacists. Thank you for your consideration, and for your vote.
Michelle Beall, Pharm.D.

POSITION: Pharmacy Manager–Super 1 Pharmacy/Brookshire Grocery Company

DEGREES: 2005 - Texas Tech University Health Sciences Center Pharm.D.

DESIGNATIONS: Pharm.D.

TPA POSITIONS: 2014-16 - Association Affair Council

COMMUNITY AND CIVIC:
Volunteer professional services (MTM) at Mission Marshall (free medical clinic); Taught medication portion of diabetes training with Harrison County Extension office; Taught mental disorder medication training for staff at East Texas Open Door; Organized Organ Donor Awareness program - wore Donate Life t-shirts; Organized Breast Cancer awareness - wore pink scrubs each week during October; Organized Wear Red day - continues each Monday; Conducted pharmacy technician training courses; Organized pharmacy technician appreciation day - had t-shirts made; Presented Careers in Pharmacy at Tatum High School career day; Organized blood drive with Carter Blood Center; Organized Part D education and sign-up at Marshall Public Library

HONORS RECEIVED:
2014 - Excellence in Patient Outcomes, TPA; 2013 - Pharmacy Manager of the Year, Brookshire Grocery Company; 2012 - Pacesetter for Pharmacy Innovation-Brookshire Grocery Company

PLACE OF RESIDENCE: Tatum

STATEMENT:
I am running for vice president because I love the profession of pharmacy. Being vice president means that I will be working for you, the members. I expect it to be tough sometimes. My years as a pharmacy manager (and a wife) have taught me to know when to pick my battles and when to take a stand. I also know when something is as important as pharmacy, it requires time. I'm willing to commit the time and energy necessary to move our Association forward. I intend to hold our members to a higher standard and challenge non-members to become involved. And last but not least, I am running for vice president because leading this organization will be fun. I know the challenges of leadership will make me a better person, and I look forward to the opportunity to grow as a person, a pharmacist, and as a leader through this experience.
Mark D. Comfort, Pharm.D.

POSITION:
H-E-B Pharmacy Manager, PIC

DEGREES:
Pharm.D., The University of Texas at Austin, College of Pharmacy, May 2003

DESIGNATIONS:

TPA POSITIONS:
2015-2016 Public Policy Council, member
2015 House of Delegates, CAPA Delegate
2014 House of Delegates, CAPA Delegate

OTHER POSITIONS:
Capital Area Pharmacy Association (CAPA): 2015-2016 Immediate Past President
2014-2015 President
2013-2014 President-Elect
2011-2013 Director

Texas State Board of Pharmacy (TSBP): 2014 Technician Task Force, member

COMMUNITY AND CIVIC:
University of Texas College of Pharmacy, Project Collaborate:
4/11/15 Vestido Rojo Women’s Event, Health Screening (Preceptor)
2/21/15 Feria Para Aprender Health Fair, Health Screening (Preceptor)
10/25/14 Micah 6 Food Pantry, Health Screenings (Preceptor)

H-E-B Feast of Sharing:
Nov 2015 Row Captain, Volunteer
Nov 2014 Row Captain, Volunteer

Volunteer Health Clinic in Austin (VHC):
2010-Present Volunteer Pharmacist

HONORS RECEIVED:
2012 H-E-B Rising Star Award, Total Company Winner: Top Pharmacist in the Company with less than 10 years of pharmacist experience

PLACE OF RESIDENCE: Austin

STATEMENT:
I am running for the position of Vice President of TPA. I am a pharmacist for H-E-B Pharmacy in Austin and a preceptor for the H-E-B Pharmacy / UT Community Pharmacy Residency Program. My passion for pharmacy involves direct patient interaction and in improving patients’ health quality. In addition, I am passionate about the integration of pharmacy patient care services into the health care system. Pharmacy patient care services have been shown to improve patient care, improve health outcomes, and decrease health care costs.

My vision for pharmacy in Texas is to:
• Expand patient access to pharmacy patient care services
• Allow pharmacists and technicians to be able to practice at the top of their license
• Require reimbursement for pharmacists providing pharmacy patient care services WITHIN our CURRENT scope of practice

Pharmacists need to be included as providers in health insurance provider networks AND get reimbursed for providing these covered services. This needs to change and I want to help TPA change this. I hope that you share my vision for pharmacy in Texas. Together we can advance our profession!
Michelle Farmer Driscoll, R.Ph.

POSITION:  
Walgreens: DM/Consultant Retail and Pharmacy Operations

DEGREES:  
BS in Secondary Education, Louisiana Tech University, May 1990  
Doctor of Pharmacy (BS), Northeast Louisiana University (ULM), December 1992

DESIGNATIONS:  R.Ph.

TPA POSITIONS:  
House of Delegates 2008-2013  
Nominating Committee 2013  
Public Policy Council 2014-present

OTHER POSITIONS:  North Houston Pharmacy Association, President 2013, Vice President 2015  
HAPA House of Delegates 2008-2012, Board of Directors 2008-2013; Texas Federation of Drug Stores, Board of Directors, 2008-present; Pharmaceutics and Therapeutics Committee, 2013-2016 (last meeting January 2016)

COMMUNITY AND CIVIC:  
Houston Fights Flu Task Force (2011-2014)  
Kids Meals, Advisory Board Member (2007-present)  
Habitat For Humanity Volunteer (2010 – present)  
Klein United Methodist Church (2008 – present)

PLACE OF RESIDENCE:  Spring

STATEMENT:  
It is with great enthusiasm that I request your support to elect me to the position of treasurer for the Texas Pharmacy Association. TPA has long served the pharmacists in our state, providing opportunities for growth to individuals and to our profession. My interest as an officer in TPA stems from my life work in pharmacy and passion in working with others to forward the pharmacy profession to allow pharmacists to work at the top of their licenses.

I have over 25 years of experience in community and chain pharmacy. In serving TPA and other professional organizations, I have served on committees and held offices. Those that have worked with me over the years can attest to both my passion and involvement in public policy issues, advocacy and collaboration at the local, state and federal level. My vision is to have all areas of the pharmacy practice sector collaborate to work toward the commonalities we all face in order to advance our profession. Through collaboration, teamwork, and unification, we will succeed in those matters most important to every pharmacist.

Through my experience serving on multiple boards and committees, I have gained insight and a deep understanding of the many challenges and opportunities of the pharmacy profession and of professional organizations.

I would be honored to serve TPA and the profession of pharmacy in the role of treasurer and ask for your support.
Jay Bueche, R.Ph.

**POSITION:** H-E-B; Director of Pharmacy—3rd Party/Managed Care

**DEGREES:** 1995- UT Austin; B.S. Pharmacy,

**DESIGNATIONS:** R.Ph.

**OTHER POSITIONS:**
Texas Federation of Drug Stores, President October 2014-Present; Treasurer/President-elect October 2012-October 2014; Member, HHSC Medicaid Managed Care Advisory Committee, 2013-2015

**COMMUNITY AND CIVIC:**
Board of Directors, Healthcare Access San Antonio, HASA (2011-Present); United Way Emerging Leaders Council; Line Drive Baseball, Treasurer (2011-2014)

**PLACE OF RESIDENCE:** New Braunfels

**STATEMENT:**
I am proud to be reaching the twenty-year mark as a pharmacist in 2016 and looking back, our profession has changed greatly. Yet, we risk being left behind as the rest of healthcare evolves at a faster pace. Pharmacy is perfectly positioned to help bend the cost curve, but other professions are singing louder, longer and with one voice.

Like many, I have spent much of my career believing that one person can’t make a difference and at times, have doubted the relevance of TPA. I now know that to grow our profession everyone must speak up and stick together when it counts. TPA should be the vehicle of our unified presence—where all voices are heard.

I will bring to the TPA Board a passion for advocacy and advancing the practice of pharmacy. Through my experience as president of the Texas Federation of Drug Stores, I have seen that change starts by telling our story clearly and in unison. Through my work as the Director of Managed Care for H-E-B, I have learned that the path to sustainability is adequate reimbursement which only comes by selling the value of what pharmacy teams do daily... make a difference in the lives of our patients. Thanks, for your consideration.

Carolina Rodriguez, Pharm.D.

**POSITION:** Pharmacist in Charge/Pharmacy Manager at HEB Pharmacy

**DEGREES:** Pharm.D., The University of Texas at Austin, College of Pharmacy, May 2014

**DESIGNATIONS:** Pharm.D.

**TPA POSITIONS:**
9/2013 – 5/2014: Member Services Intern
2014-Present: Association Affairs Council Member
2014 – Present: New Practitioner Panel Member

**COMMUNITY AND CIVIC:**
Local TPA Chapter – Webb County Area
Career Day Speaker – Memorial Middle School, UTHSCA, HB Zachary Elementary School

**HONORS RECEIVED:**
2014 – The University of Texas at Austin College of Pharmacy – Outstanding Research Award; 2014 – Texas Pharmacy Association – Distinguished Student Pharmacist Award

**PLACE OF RESIDENCE:** Laredo

**STATEMENT:**
I wholeheartedly appreciate the opportunity of running for a Director position. This organization has nurtured my understanding of professional responsibility. I feel it is my turn to apply my talents and skills to help this organization grow. As a new graduate, I am able to provide a fresh look on old issues while simultaneously bringing to light issues new pharmacists face. While my resume is short, it is clear that once committed I not only participate but instead immerse myself. Since first learning of TPA in 2013, I have held four different organizational positions. I have a good understanding of the organization’s aspects from the administrative to the political. Professionally, I am a community pharmacy manager who is a strong advocate of professional services. I try to exemplify this daily in my practice. Not only do I provide MTM, immunization, and adherence services, but I also teach diabetes and hypertension courses. My vision is one of change and improvement for our profession. A vote for me is a vote for an advocate of professional services, a pharmacist with a desire to inspire and mentor, a member with the goal of increasing membership, and a woman with immense passion and drive.
Nathan Pope, Pharm.D.

**POSITION:** Clinical Assistant Professor, The University of Texas at Austin College of Pharmacy; Pharmacist, Forty Acres Pharmacy Residency Program Director, HEB/UT Community Pharmacy Residency Program

**DEGREES:** Residency – 2003 – University of Houston/Walgreens Community Pharmacy Residency Program; BSPharm – 2002 – RUTGERS, The State University of New Jersey; PharmD – 2002 – RUTGERS, The State University of New Jersey

**DESIGNATIONS:** R.Ph.; Pharm.D.


**COMMUNITY AND CIVIC:** National Prescription Drug Take-back Day UT Campus Site Leader 2014 - 2015; Member, Drug Take-Back Workgroup, Texans Standing Tall; 2013 - Present; Volunteer Pharmacist, Volunteer Healthcare Clinic (VHC); 2008 - Present; Volunteer, HEB Feast of Sharing 2013 - 2015; Board Member, AIDS Services of Austin 2009 - 2010; Advisor, Student Organization UT-NCSPA 2012 - Present; The University of Texas College of Pharmacy Chapter of the National Community Pharmacists Association National Chapter of the Year 2012, 2013, 2015; Student Pharmacist Compounding Competition, 2nd place 2014; Judge, APhA Patient Counseling Competition Final Round 2015; Judge, APhA Patient Counseling Competition Preliminary Round 2014, 2015; Preceptor, Fiestas Patras Hispanic Health Fair, Health Screenings 2015 Sept.; Advisor, National Student Compounding

**HONORS RECEIVED:** 2015 - Board Certified Ambulatory Care Pharmacist (BCACP); 2014 – Fellow; American College of Apothecaries; 2013 – Faculty Scholar; National Association of Chain Drug Stores (NACDS); 2011 – Smart, Healthy Living Award – Texas Pharmacy Association; 2008 – Special Recognition by The University of Texas at Austin Division of Diversity and Community Engagement; 2005 - Forty Under Forty, Award for Excellence and Innovation in Pharmacy Practice Presented by the Texas Pharmacy Association; 2004 - Friend of UT-APhA-ASP Award; 2003 - Special Recognition Award for Excellence in Patient Care and Clinical Skills, Presented by the University of Houston College of Pharmacy; 2002 - United States Public Health Service Excellence in Public Health Pharmacy Practice Award, Presented by RADM Richard S. Walling, Assistant Surgeon General, Chief Pharmacist Officer, USPHS

**PLACE OF RESIDENCE:** Austin

**STATEMENT:** My passions within the pharmacy profession are many, and I have discovered that my main passion is for pharmacy education. Having opened and closed an independent pharmacy, I am determined that students learn from my experience. I love creating opportunities for students; whether it is teaching them to develop a business plan, or how to compound, or how to discuss herbal supplements with patients. These are just a few examples. I strive to be involved in activities that push the envelope of what pharmacy is and what pharmacists are legally allowed to do. Being involved with the community residents and innovative colleagues provides me with such opportunities.

There are great changes occurring in medical and pharmacy education in Texas. The first students of the Dell Medical School (Austin, TX) were invited to join the inaugural class this past fall. Many faculty and staff at the UT College of Pharmacy have been involved in the development of the school from interprofessional education efforts to interdisciplinary research opportunities. It is important that TPA be involved in this process. We must keep the pharmacy profession involved.

Speaking of involvement...TPA members must be involved. We must use our collective voice to be successful in the initiatives pursued by TPA, whether they are clinical initiatives or legislative initiatives. TPA has many active members who put in a tremendous amount of work for the greater good. I know most of these members, and am in awe of their dedication and determination. However, we need members who have not been active to become so and we need more members! TPA has implemented some great initiatives from student membership to virtual membership and we must keep the momentum going.
Timothy A. Hayes, R.Ph.

**POSITION:**
Hayes Pharmacy Inc. dba PharmDoc
Consultant Pharmacist; Hayes Toxicology, Consultant Pharmacist

**DEGREES:**
1963- UT College of Pharmacy; B.S. Pharmacy,

**DESIGNATIONS:** R.Ph.

**PLACE OF RESIDENCE:** Fort Worth

**STATEMENT:**
As a director I will endeavor to move the trend toward medical marihuana approval in the State of Texas to be directed under the control of the Texas State Board of Pharmacy and the distribution of those products through specially licensed retail pharmacies.

Furthermore I will seek to increase the knowledge base of the retail pharmacists and owners in Texas as it relates to Title 21 CFR Part 1306 Subsection 1306.04 which deals with the corresponding liability of the dispensing pharmacist in controlled substance dispensing. This rule is currently being used as the basis for pharmaceutical wholesalers being held accountable by DEA for the valid and proper dispensing of controlled substances by its retail pharmacy customers. This has and is causing difficulty for store owners to open and maintain purchase agreements from wholesalers. I have unique experience which prepared me for this role.

Thirdly and very importantly, as a senior pharmacist at 75 years of age having been licensed in 1963, I will work hard to enlist the participation and enthusiasm of the senior pharmacists in our state with the goal of increasing membership.

Last but surely not the least is to encourage the Texas State Board of Pharmacy to investigate improper reimbursement to physicians by pharmacies when they participate in the many schemes involving compounded prescriptions. Potentially fraudulent studies are being conducted in which the physician is compensated for such studies. Physician ownership of pharmacies and/or profiting from such an arrangement is a very controversial issue nationwide.
Ben Sims, CPhT

**POSITION:**
Pharmacy Compliance Analyst, Brookshire Grocery Company

**DEGREES:**
Bachelor of Business Administration, Texas A&M-Commerce, 2000

**DESIGNATIONS:**
CPhT

**COMMUNITY AND CIVIC:**
Grace Community Church-Lindale, Boy Scouts of America, Lindale Youth Football and Cheerleading, Lindale High School Band Booster

**PLACE OF RESIDENCE:** Lindale

**STATEMENT:**
I am running for the Pharmacy Technician position on the TPA Board of Directors. My interest for this position emanates from my dedication to pharmacy and desire to be part of the collective voice of TPA. I am committed to my efforts to promote and protect the pharmacy profession. I would like to drive forward our continuously evolving profession so that our members are represented as the healthcare providers they truly are.

As a technician, I have learned the importance of professional organizations only in the second decade of my twenty plus year career. Therefore, as I perform the duties of the Pharmacy Technician position, my vision is to promote both our profession and organization to technicians to create excitement and involvement for TPA and its local branches.

Throughout my career, I have had the privilege to work many facets of pharmacy from retail to hospital; compounding to compliance at the Texas State Board of Pharmacy. I currently serve as Pharmacy Compliance Analyst for Brookshire Grocery Company in Tyler. I would greatly appreciate the opportunity to serve TPA and its members to promote the organization and its mission and to keep pharmacy strong in Texas.

Theresa Day, CPhT

**POSITION:**
UNT System College of Pharmacy

**DESIGNATIONS:**
CPhT

**TPA POSITIONS:**
TPA Nominating Committee
Association Affairs Council

**OTHER POSITIONS:**
TCPA Board of Directors 2004- present

**COMMUNITY AND CIVIC:**
Volunteered for American Red Cross
Participated in Walks for American Cancer Society

**HONORS RECEIVED:**
2009 Tarrant County Pharmacy Association Outstanding Pharmacy Technician
2012 TPA Distinguished Pharmacy Technician

**PLACE OF RESIDENCE:** Fort Worth