I. 2019 House of Delegates
   A. Official Call ......................................................................................................................... 3
   B. Delegate Certification ........................................................................................................... 4
   C. Meeting Agenda ................................................................................................................. 5
   D. 2018 House of Delegates – Action Summary ................................................................. 6

II. 2019 Resolutions
   A. Resolution #1 - Permissive Communication Related to Prior Authorization (PA) .......... 7
   B. Resolution #2 - Medical Cannabis .................................................................................... 10
   C. Resolution #3 - Pharmacist Workplace Environment and Patient Safety ..................... 12
   D. Resolution #4 - Expanding Technician Roles .................................................................... 14
   E. Resolution #5 - Pharmacist and Pharmacy Personnel Well-being ...................................... 16

III. Supporting Documents
    A. TPA Bylaws .................................................................................................................... 18
    B. TPA Policy Manual .......................................................................................................... 29
Speaker of the House Frank North has issued the official call for the annual meeting of the TPA House of Delegates on **Saturday, August 3, 2019 from 4:00 p.m – 6:00 p.m. at the Irving Convention Center at Las Colinas, Irving, Texas.**

All delegates must be **certified** prior to the House of Delegate meeting and you must be a current member of TPA to be a delegate.

Delegates on record will receive the House of Delegates Handbook with reports and resolutions submitted by the deadline. Printed copies of the handbook will **not** be available at the meeting. **Please bring a copy of the House of Delegates Handbook with you.**

**NOTE:** If your delegation will be presenting a resolution at the meeting that was not submitted in advance and included in this handbook, please bring 150 copies. Speaker North would like to preview a copy of any resolutions to be introduced prior to the meeting.
Delegate Certification
TPA Registration Desk, Foyer
  Friday, August 2
  7:00 a.m. – 5:30 p.m.
  Saturday, August 3
  6:30 a.m. – 3:00 p.m.

House of Delegates
  Jr Ballroom A-B
  Saturday, August 3
  4:00 p.m. – 6:00 p.m.

All delegates must be certified at the TPA Registration desk located in the foyer prior to entry into the House of Delegates meeting.

Getting Certified as a Delegate

- All delegates must go through the certification process to be eligible to vote in the House of Delegates. The delegate is considered official once they have been certified and seated.
- To be certified, delegates will check in at the registration desk to verify attendance and who they are representing.
- If for some reason a delegate must leave after being certified, it is possible to replace that delegate with an alternate.
AGENDA

Presiding: Frank North, Speaker of the House

I. Call to Order

II. Welcome

III. Review of House of Delegates Action Summary
   A. July 12, 2018

IV. Reports
   A. Organization Reports
      a. Texas Pharmacy Association – Mark Comfort
      b. Texas Pharmacy Foundation – Charlotte Weller
      c. TPA PharmPAC – Bruce Biundo
   B. Presentation of Resolutions

V. Message from Speaker-Elect Candidates
   A. Cierra Fischer
   B. Rannon Ching

VI. Comments and Announcements

VII. 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.

The following resolutions were submitted during the July 12, 2018 House of Delegates Meeting:

**Resolution #1 Amendment to the TPA Bylaws:** Amendment to the TPA Bylaws to encourage member engagement in volunteer opportunities for the Association by no longer limiting the number of people to serve on the councils, recommendations determined by majority vote of the members present during discussion, and having no maximum number of delegates composing the House. *Bylaw change located in Chapters VI and VIII, voted on and approved by the full membership.*

**Resolution #2 Pharmacist’s Permissive Language Related to Medication Costs:** Texas Pharmacy Association opposes language included in contractual agreements between health plans, Pharmacy Benefit Managers (PBMs), and pharmacies that prohibits or limits a pharmacist’s ability to communicate with their patients, elected officials or regulatory authorities, including information pertaining to the cost of and access to medications. *Approved as submitted.*

**Resolution #3 Direct and Indirect Remuneration (DIR) Fees:** The Texas Pharmacy Association opposes retroactive direct and indirect remuneration (DIR) fees or any other fees that reduce a claim for pharmacy services after adjudication of the claim and supports efforts to prohibit such retroactive fees on pharmacies. *As amended and approved by the TPA Board of Directors.*

**Resolution #4 Definition of Specialty Drug:** A prescription drug shall be designated as a specialty drug when it meets all of the following criteria:

1. Treats patients with serious and often complex disease states including but not limited to cancer, hepatitis C, rheumatoid arthritis, plaque psoriasis, HIV/AIDS, organ transplantation, inflammatory bowel disease, human growth deficiencies, cystic fibrosis, multiple sclerosis, hemophilia, and other life-threatening conditions;
2. Is an oral, injectable, infusible, or inhalable drug product;
3. Requires additional patient education, adherence, monitoring, and support beyond traditional dispensing activities;
4. Requires special handling, storage requirements, or is limited distribution and is not available to the majority of pharmacies.

*Referred to Public Policy Council and pending for TPA staff and Board action.*

**Submitted By:** Debbie Garza, R.Ph.  
Chief Executive Officer  
Texas Pharmacy Association
Resolution #1 - Pharmacist and Technician’s Permissive Communication Related to Prior Authorization (PA)

Submitted to the TPA House of Delegates 2019

Submitted by: Capital Area Pharmacy Association

Resolution

The Capital Area Pharmacy Association (CAPA) recommends that the Texas Pharmacy Association:

1.) Support pharmacists and pharmacy personnel’s involvement in the process of submitting prescription and medical prior authorizations on behalf of the authorizing medical provider.
2.) Oppose the use of all contractual provisions, internal policies, rules, or procedures implemented by Pharmacy Benefit Managers (PBM), and insurance companies that limit pharmacists and pharmacy personnel’s communication related to medical and prescription prior authorizations.

Background

The Prior Authorization departments (PA) often limit the ability of the pharmacist and pharmacy personnel to submit or even inquire about the status of a patient’s prescription prior authorization. Their strict internal policies allow only medical providers and their staff to communicate with the PA. As a result, pharmacists and pharmacy personnel do not have the ability to review a patient’s prescription prior authorization, obtain a prior authorization form, submit prior authorization, contact the PA regarding status of the prior authorization, nor obtain the determination of prior authorization. For instance, per CVS PA Regulation:

“When a PA is needed for a prescription, the member will be asked to have the physician or authorized agent of the physician contact our Prior Authorization Department to answer criteria questions to determine coverage.”

The PA’s self imposed rules and procedures create needless delays in the patient’s prescription of medication, and serve only to inflame the tension between the patients, providers, pharmacists, and pharmacy technicians. Worst still, the actual healthcare given to patients suffer. In a 2017 survey conducted by the American Medical Association, “Ninety-two percent of physicians reported prior authorizations resulted in delayed necessary care for patients. Ninety-one percent of the physicians suggested potential for negative impact on patient clinical
outcomes as an implication of prior authorizations. In the survey, 86% of physicians reported the burden of prior authorizations has increased over the past five years.”

Providers who authorize pharmacists and pharmacy technicians to speak on their behalf, should not be barred by the PA’s counterproductive and harmful self imposed policies.

**Issue:** Whether an insurance company can interfere with a medical provider’s delegation of responsibility to pharmacists and pharmacy personnel.

There is no legal statute or State regulation prohibiting pharmacists or pharmacy personnel to speak on the provider’s behalf regarding a prescription or medical prior authorization. However, many insurance companies will only speak with a provider’s representative based upon each insurance companies’ own definition of who is an “authorized agent.” Further stipulations include prerequisites of the means and manner of that communication. For example, a medical provider’s representative(s) must be at the physical site as the prescribing provider in order to even speak with the PA. Insurance companies will verify the authorized agent’s physical location by calling the provider’s office.

The Texas Medical Board has stated they have no specific guidance on this issue. According to the Texas Medical Board,

“(a) A physician may delegate to a qualified and properly trained person acting under the physician's supervision any medical act that a reasonable and prudent physician would find within the scope of sound medical judgment to delegate if, in the opinion of the delegating physician:

1. the act:
   (A) can be properly and safely performed by the person to whom the medical act is delegated;
   (B) is performed in its customary manner; and
   (C) is not in violation of any other statute; and

2. the person to whom the delegation is made does not represent to the public that the person is authorized to practice medicine.

(b) The delegating physician remains responsible for the medical acts of the person performing the delegated medical acts.

(c) The board may determine whether:
   (1) an act constitutes the practice of medicine, not inconsistent with this chapter; and
   (2) a medical act may be properly or safely delegated by physicians.”

The Texas State Board of Pharmacy does not provide guidance on this issue either. When pharmacists have consulted with the Board of Pharmacy on the legality of the PA’s policies, it stated “Texas Pharmacy Laws and Regulations (2019) does not have a rule which directly addresses your inquiry.” Even the agency regulating insurance companies can provide no clarity on this matter. When the Texas Department of Insurance was asked about this issue, they responded that there is no information regarding the legality of this issue.
1 Prior Authorization Information. CVS/caremark
https://www.caremark.com/wps/portal/HEALTH_PRO_PRIOR_AUTH_INFO.

2 https://www.ashp.org/Pharmacy-Technician/About-Pharmacy-Technicians/Advanced-Pharmacy-Technician-Roles/Prior-Authorization-Pharmacy-Technician

3 Occupations Code, Title 3, Subtitle B, Chapter 157: Authority of Physician to Delegate Certain Medical Acts: Subchapter A
Resolution # 2 - Medical Cannabis
Submitted to TPA House of Delegates 2019

Submitted by: Tarrant County Pharmacy Association

Resolution

1. TPA supports regulatory changes to further facilitate clinical research related to the clinical efficacy and safety associated with the use of cannabis and its various components.

2. TPA encourages health care provider education related to the clinical efficacy, safety, and management of patients using cannabis and its various components.

3. TPA advocates that pharmacists collect and document information in the pharmacy patient profile about patient use of cannabis and its various components and provide appropriate patient counseling.

4. TPA supports pharmacist participation in furnishing cannabis and its various components when scientific data support the legitimate medical use of the products and delivery mechanisms, and federal, state, or territory laws or regulations permit pharmacists to furnish them.

5. TPA opposes pharmacist involvement in furnishing cannabis and its various components for recreational use.

Background

Cannabis is a species of plant that is also called hemp and marijuana. The Agricultural Improvement Act of 2018 defines hemp as Cannabis sativa less than 0.3 % tetrahydrocannabinol (THC) by dry weight and marijuana as Cannabis that contains greater than 0.3% TCH. THC is the substance that produces a high with inhaled or consumed Cannabis. Cannabis also contains a non-intoxicating substance known as cannabidiol or CBD. Hemp is processed and used to make consumer goods such as fabric and rope. In addition, it is processed to produce CBD oil and other products that are used as part of alternative medicine.

In the Texas legislative session in 2019, both houses passed and the governor signed legislation that regulates the farming and cultivation of hemp along with setting the standard that hemp containing products will not possess higher than 0.3 % THC. In the previous legislative session, legislation concerning the restricted use of medicinal marijuana for certain conditions was passed and enacted.
Currently, the Texas Pharmacy Association does not have any policies or positions regarding Cannabis, hemp or marijuana. In 2015, the American Pharmacy Association adopted the following statements regarding Cannabis.

1. APhA supports regulatory changes to further facilitate clinical research related to the clinical efficacy and safety associated with the use of cannabis and its various components.

2. APhA encourages health care provider education related to the clinical efficacy, safety, and management of patients using cannabis and its various components.

3. APhA advocates that the pharmacist collect and document information in the pharmacy patient profile about patient use of cannabis and its various components and provide appropriate patient counseling.

4. APhA supports pharmacist participation in furnishing cannabis and its various components when scientific data support the legitimate medical use of the products and delivery mechanisms, and federal, state, or territory laws or regulations permit pharmacists to furnish them.

5. APhA opposes pharmacist involvement in furnishing cannabis and its various components for recreational use.

Tarrant County Pharmacy Association recommends that Texas Pharmacy Association adopt the APhA statements regarding Cannabis.

Respectfully submitted,

Tarrant County Pharmacy Association

Sources


Resolution #3 - Pharmacist Workplace Environment and Patient Safety

Submitted to the TPA House of Delegates 2019

Submitted by: Texas Pharmacy Association Board of Directors

Resolution:

The Texas Pharmacy Association (TPA) Board of Directors recommends that TPA adopt the following policy statements:

1. Support staffing models that promote safe provision of patient care services and access to medications.
2. Encourage the adoption of patient-centered quality and performance measures that align with safe delivery of patient care services, and oppose the setting and use of operational quotas or time-oriented metrics that negatively impact patient care and safety.
3. Denounce any policies or practices of third-party administrators, processors, and payers that contribute to a workplace environment that negatively impact patient safety. TPA calls upon public and private policy makers to establish provider payment policies that support the safe provision of medications and delivery of effective patient care.
4. Urge pharmacy practice employers to establish collaborative mechanisms that engage the pharmacist in charge of each practice, pharmacists, pharmacy technicians, and pharmacy staff in addressing workplace issues that may have an impact on patient safety.
5. Urge employers to collaborate with the pharmacy staff to regularly and systematically examine and resolve workplace issues that may negatively have an impact on patient safety.
6. Oppose retaliation against pharmacy staff for reporting workplace issues that may negatively impact patient safety.

Background:

In May of 2015, TPA conducted an online survey to evaluate pharmacist concerns regarding the impact that workplace and professional satisfaction have on quality of care and patient safety. The survey was distributed to more than 6,000 Texas pharmacists in all practice settings and found:

- Staffing issues are the number one challenge impacting pharmacist’s job satisfaction
- 52% of survey respondents have experienced a decrease in funding for staff.
- 69% of pharmacists indicated that work environment issues and lack of management support have a negative impact on their employer relationships.
• 83% of respondents identify dispensing volumes and workplace issues as barriers to achieving their potential in patient care.

The findings of this survey outline an existing problem that appears to be increasing year over year and represents a significant risk to the profession of pharmacy and ultimately to the health and safety of the patient.

As a result of the findings of this survey the TPA Board of Directors approved the creation of the Task Force on Patient Safety and the Workplace on 1/15/16. This task force met on 5/13/16 and made several recommendations that were presented to the TPA Board of Directors on 6/3/16. Based on these recommendations the TPA Board of Directors adopted this policy statement in 2016:

> Consider regulatory and/or legislative initiatives to improve existing workplace concerns within the practice of pharmacy to include such issues as maximum/regular 12-hour working shifts, routine breaks, and other shift/working issues. (B: 2016)

On 3/19/18, the APhA House of Delegates adopted the following policy statements into official APhA Policy:

**Pharmacist Workplace Environment and Patient Safety**

1. APhA supports staffing models that promote safe provision of patient care services and access to medications.
2. APhA encourages the adoption of patient-centered quality and performance measures that align with safe delivery of patient care services, and opposes the setting and use of operational quotas or time-oriented metrics that negatively impact patient care and safety.
3. APhA denounces any policies or practices of third-party administrators, processors, and payers that contribute to a workplace environment that negatively impact patient safety. APhA calls upon public and private policy makers to establish provider payment policies that support the safe provision of medications and delivery of effective patient care.
4. APhA urges pharmacy practice employers to establish collaborative mechanisms that engage the pharmacist in charge of each practice, pharmacists, pharmacy technicians, and pharmacy staff in addressing workplace issues that may have an impact on patient safety.
5. APhA urges employers to collaborate with the pharmacy staff to regularly and systematically examine and resolve workplace issues that may negatively have an impact on patient safety.
6. APhA opposes retaliation against pharmacy staff for reporting workplace issues that may negatively impact patient safety.
Resolution #4 - Expanding Technician Roles

Submitted to TPA House of Delegates 2019

Submitted by: Greater East Texas Pharmacy Association

Resolution

That TPA adopt the following policy statements:

1. TPA encourages the state board of pharmacy to develop regulations allowing expanded pharmacy technician roles, such as technician product verification programs, that allow both technicians and pharmacists to practice at the top of their training and license or certification.
2. TPA supports state board of pharmacy regulations that standardize and set minimum didactic and experiential standards for technicians to allow for functioning practicing in expanded roles.
3. TPA encourages the creation of standardized technician training and continuing education programs that support expanded pharmacy technician roles.

Background

Pharmacy technicians are valued members of the healthcare team that enable pharmacists to perform their professional duties with increased ease and efficiency. Similarly, other health professions, such as radiologists and surgeons, employ technicians to allow the physicians the ability to operate at the top of their degrees and licenses in providing high quality patient care. The purpose of the pharmacy technician is to enable the pharmacist to perform their professional duties. As the role of the pharmacist expands to include provider functions, such as prescribing medications, patient evaluation and point of care testing, the role of the pharmacy technician must also evolve. Technicians can be effective at product verification. The review by Adams and colleagues describes data showing technicians as accurate (and sometimes more accurate) at providing final product verification of unit dose distribution systems. It also describes research that shows that these tech-check-tech programs allow pharmacists to assume greater responsibilities in the realm of clinical services. A later review describes tech-check-tech as providing ~19% decrease in pharmacist dispensing activity and ~19% increase in pharmacist time providing clinical services. Given the increased need for the role of the pharmacy technician to expand, especially with the association’s position on expanding the role of the pharmacist, it is only logical that TPA take strong stance on the expanded role of the pharmacy technician.
TPA Current Policy

Pharmacy Technicians
Training and Responsibilities

3. Maximize the role of pharmacy technicians to support pharmacy through measures such as tech-check-tech, increased ratios of technicians to pharmacist, creation of advance technicians, educational requirements, etc. and to increase technician satisfaction in the workplace and provide growth opportunities for technicians. (B: 2016)

4. Tech-Check-Tech: supports the efforts to allow tech-check-tech programs in Class A Texas pharmacies. (B: 2016)
Resolution #5 - Pharmacist and Pharmacy Personnel Well-being
Submitted to TPA House of Delegates 2019

Submitted by: Greater East Texas Pharmacy Association

Resolution

That TPA adopt the following policy statements:

1. TPA calls for employers to develop policies and resources to support pharmacy personnel’s ability to retreat or withdraw, without retaliation, from interactions which threaten their safety and well-being.
2. TPA encourages the development or utilization of educational programs and resources by the Association, employers, and other institutions to prepare pharmacy personnel to respond to situations which threaten their safety.
3. TPA calls for education of the public regarding optimizing their interactions with pharmacists and pharmacy personnel.
4. TPA strongly believes that all pharmacists, student pharmacists and pharmacy technicians should be safe in their work and learning environments.
5. TPA encourages pharmacists, student pharmacists and pharmacy technicians who are impacted by firearm or violence-related incidents to seek the help of counselors and other trained mental health professionals.

Background

As the recognized most accessible health care professional and staff, pharmacists and pharmacy personnel are often faced with situations they perceive to threaten their safety or well-being. Interactions with patients, consumers, caregivers, and others may sometimes escalate to this point and pharmacists and pharmacy personnel should have the right to make the appropriate response to these situations as they deem necessary, and not fear disciplinary action from their employer, board of pharmacy or other entity. Pharmacists have reported in social media and other communications being physically attacked or verbally abused by drug seekers or individuals frustrated with the health care system. As pharmacists are health care professionals they deserve the right to be respected and have appropriate interactions with the public – in some situations, “the consumer is always right” is inappropriate and pharmacists seek the authority to defuse and exit from situations that negatively impact their safety and well-being. Patients, consumers, and others benefit greatly from the pharmacist and their personnel’s expertise often in the absence of filling a prescription or recommending a product in response to a question raised about a health or medication matter. Pharmacists and their pharmacy personnel desire to address everyone’s requests and meet their needs as much as possible; however, laws, regulations, and other restrictions sometimes prohibit the pharmacist and their personnel from being able to do so. A public education campaign and other efforts to educate the public on the importance of making the most out of every interaction with their pharmacist and pharmacy
personnel should include information about the laws and regulations that govern and sometimes restrict a pharmacist and their technical personnel’s ability to address the patient or consumer’s, etc., request. It should also include information on the pharmacist and pharmacy personnel’s right to step away from confrontational situations or situations they perceive to be threatening.
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.

Sec. 11 **Virtual Member.** Any Texas pharmacist or pharmacy technician who otherwise would be eligible for membership in the Association may apply for a virtual membership. Virtual members shall not be eligible to vote or hold office.

**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 of 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 five (5) non-voting members as follows:

**Voting Members (13)**
- President;
- President-Elect;
- Vice President;
- Immediate Past-President;
- Treasurer;
- Speaker of the House;
- Six (6) Pharmacist Directors; and
- One (1) Pharmacy Technician Director.

**Non-Voting Members (5)**
- Chief Executive Officer of the Association, who shall serve as Secretary of the Board;
- Treasurer-Elect;
- Speaker-Elect of the House; and
- Chair and Chair-Elect of the Academy of Student Pharmacists, in accordance with Chapter V.
Sec. 3. Terms of Office.  
a. The President, President-Elect, Immediate Past President, Treasurer, Treasurer-Elect, Speaker of the House, Speaker-Elect of the House, and the Chair and Chair-Elect of the Academy of Student Pharmacists shall have one (1) year terms;  
b. The Vice President shall have a two (2) year term starting on even-numbered years;  
c. The Treasurer-Elect shall have a two (2) year term, serving as Treasurer-Elect during the first year and as Treasurer during the second year;  
d. The six (6) Pharmacists Director positions shall have staggered (3) year terms with two (2) of the positions being elected each year;  
e. The one (1) Pharmacy Technician Director position shall have a two (2) year term;  
f. The Secretary shall serve at the discretion of the Board;  
g. All members of the Board shall serve until their successors are elected and installed; and.  
h. All vacancies shall be addressed in accordance with Chapters IV and VII.  

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 Councils.  

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 shall 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 when absent during discussions related to the employment of the Chief Executive Officer.  

Sec. 9. Elections. Except for the positions of President, Immediate Past President, Treasurer, Speaker of the House, Speaker-Elect of the House, Secretary and the Chair and Chair-Elect of the Academy of Student Pharmacists, 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 informal membership forum. The forum may be incorporated in the House meeting or be 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 Association’s operating 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 following a twenty-four (24) hour 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 Statutes, 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 Directors 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 – ACADEMIES**

Sec. 1. The Association may establish Academies for identifiable membership groups 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 Academy shall be directed by its Board of Directors composed of Chair, Chair-Elect and at least three (3) other members. It also shall function as a special committee under the Association’s Board. Academy members must be association members in good standing.

Sec. 3. Unless otherwise designated by the members seeking the creation of an Academy, the President shall appoint the initial composition of the Academy’s Board of Directors, including its Chair, Chair-Elect and at least three (3) additional members selected from the related pharmacy practice category(ies) to serve three (3) year terms.

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

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

a. The activities of the Academy shall be directed by its Board of Directors composed of two (2) members selected by each Texas college/school of pharmacy.

b. The Academy’s Board of Directors shall select a Chair and Chair-Elect from among its members. The selection of the officers shall not create vacancies in the two-member representation requirement for their respective Texas college/school of pharmacy. Both officers shall have one (1) year terms and shall serve as ex-officio members of the Association Board;

c. The Academy’s Chair and Chair-Elect shall serve as ex-officio, non-voting members of the Association’s Board; and

d. As official representatives of the Academy of Student Pharmacists, the members of the Academy’s Board of Directors shall serve as delegates in the House of Delegates in accordance with Chapter VI. Other members of the Academy may be selected to serve as Delegates in the House in their stead.

e. The Association shall provide staff support to the Academy of Student Pharmacists.

Sec. 6. Unless re-established by the Board, all existing Academies shall sunset every three (3) years. The Academy of Student Pharmacists shall not undergo sunset.

Sec. 7 With the exception of the Academy of Student Pharmacists, an Academy 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 other Academies.

**CHAPTER VI - HOUSE OF DELEGATES**

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

a. Discuss and recommend changes in Bylaws, in accordance with Chapter XII;

b. Discuss and recommend public policy, projects, programs and other items for consideration by the Board; and

c. Provide a forum for input from the general membership.

Other than items pertaining to changes in the Bylaws which are approved by the membership in accordance to Chapter XII, 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. Candidates for Speaker-Elect shall be recommended by the Nominations Committee, in accordance with Chapter VII, Section 2, and subsequently elected to a two (2) year term by majority vote of the House during the annual meeting to serve the first year as Speaker-Elect and the second year as Speaker.

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. By virtue of their office, the Speaker and Speaker-Elect shall be voting Delegates.

The Speaker shall be responsible for:

a. Directing the process for House meetings that afford opportunities for Delegates and other Association members in attendance to share opinions and debate issues;

b. Approving issues for the House agenda and establishing the order of items on the meeting agenda;

c. Assuring that recommendations developed by the House are valid and clear policy statements which indicate the majority and minority positions of the House;

d. Communicating the actions of the House with all Association members; and

e. Appointing a Parliamentarian for each meeting of the House.

The Association’s Chief Executive Officer shall serve as an advisor to the Speaker during meetings of the House and shall assign a staff member to serve as Secretary responsible for preparing the official minutes for the meetings of the House.

In the event of the resignation or removal of the Speaker-Elect, or the failure or inability of the Speaker-Elect to perform the duties of the office the Association’s President shall appoint a new Speaker-Elect to complete the unexpired term of office following approval by the Board.

Sec. 3. Meetings. The Board shall establish the time and location of the annual meeting of the Association. Other meetings, if any, shall be the responsibility of the Speaker, with approval from the Board.

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. House meetings may include:

a. Regular. The House shall convene during the annual meeting of the Association and may participate in electronic briefings and/or additional meetings during the Association’s operating year.

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 shall receive a formal meeting notice sixty (60) days prior the called meeting. 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. Only identified Delegates, in accordance to Chapter VI, Sec. 4, shall be allowed to vote. However, Delegates as well as other members of the Association who are in attendance may participate in orderly discussions and in developing recommendations for consideration by the Association’s Board. 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, including those recommended by the House. Changes to the bylaws shall be made in accordance to Chapter XII.

Sec. 4. Delegates. All Delegates of the House shall be Association members in good standing and shall meet specific categories as noted below. Annually, the Association shall request Delegate appointments no later than ninety (90) days prior to the annual meeting. Appointment decisions shall be reported to the Association no later than forty-five (45) days prior to the annual meeting. If no appointment(s) is made by the deadline and/or the appointee does not attend the House meeting, the seat shall be declared vacant and become an at-large seat.
At his discretion, the Speaker may fill any of the at-large seats with member pharmacists and/or member pharmacy technicians. 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 composition of the House shall include:

a. **Association Leadership**
   (1) All voting members of the Board.
   (2) All Past-Presidents of the Association.

b. **Affiliated Organizations.**
   (1) Affiliated Local Pharmacy Associations shall be entitled to three (3) Delegates. Appointees shall be pharmacists and/or pharmacy technicians who are members of both the Association and the Affiliated Local, in accordance with Chapter IX, Sec. 1.
   (2) Affiliated state or national pharmacy organizations shall be entitled to one (1) Delegate. Appointees shall be pharmacists and/or pharmacy technicians who are members of both the Association and the Affiliated organization, in accordance with Chapter IX, Sec. 2 and 3,

c. **Academies**
   (1) All members of the Board of Directors of the Academy of Student Pharmacists shall serve as Delegates in the House of Delegates.
   (2) Other Academies shall be entitled to three (3) Delegates.

d. **Councils**
   (1) All members of the Association Affairs Council.
   (2) All members of the Financial Affairs Council.
   (3) All members of the Public Affairs Council excluding the ex-officio student pharmacist members.

Sec. 5. **Quorum.** A formal quorum shall consist of 50 Delegates

Sec. 6. **Recommendations and Resolutions.** All Delegates and Association members in attendance shall be eligible to present resolutions, recommendations and other business, in writing, for consideration by the House, in accordance with House rules.

a. At least sixty (60) days prior to the House meeting, the Speaker shall request that members of the Association submit resolutions, action items, and/or issues, if any, for consideration by the House. Such items shall be submitted no later than forty-five (45) days in advance of the House meeting in order to be incorporated in the formal House agenda.

b. All resolutions, recommendations, action items or issues supported 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 website.

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 Board officers, House of Delegates Speaker-Elect 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 Board. The order of appearance of the candidates’ names on the ballot and all other published materials shall be determined by a random draw.

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 of the House of Delegates 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. Immediately following the candidate forum, the Speaker-Elect of the House shall be elected in accordance with Chapter VI, Section 2.

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 case of a tie vote or if no candidate receives 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. The Speaker-Elect shall take office at the conclusion of the annual meeting; and

c. 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. **Majority Vote.** Recommendations from official meetings will be determined by majority vote of the members present during discussion.
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 at least eleven (11) pharmacists and pharmacy technicians:
   (1)  The President-Elect of the Board who shall serve as Council Chair;
   (2)  Members shall serve 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 at least eleven (11) pharmacists and pharmacy technicians:
   (1)  The Treasurer of the Board who shall serve as Council Chair;
   (2)  Members shall serve 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 at least seventeen (17) pharmacists and pharmacy technicians:
   (1)  The Vice President of the Board, who shall serve as Council Chair;
   (2)  Members shall serve staggered two (2) year terms;
   (3)  One (1) pharmacy student appointed by the Academy of Student Pharmacists to represent each Texas school/college of pharmacy, serving one (1) year terms; and
   (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 Chair-Elect of the Academy of 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 when requested by 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 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. Affiliated state pharmacy organizations shall be entitled to representation in the House in accordance to Chapter VI.

b. As may be determined by the Board, state affiliations may include representation 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.

a. Affiliated national pharmacy organizations shall be entitled to representation in the House in accordance to Chapter VI.

b. As may be determined by the Board, national affiliations may include representation 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 by 50% plus one of those Association members who cast a formal vote.

Sec. 2. Proposed Bylaws amendment(s) shall follow requirements in the order listed below:
   a. Submitted in writing to the Board to determine the merits of the proposed changes;
   b. Within thirty (30) days of submission for Board review, if supported by the Board, be submitted to the Association Affairs Council for review and comment;
   c. Within the next thirty (30) days, if supported by the Council, be submitted to the House for review and comment;
   d. Within the next thirty (30) days and after consideration of House input, be finalized by the Council and submitted as a recommendation to the Board; and
   e. Within the next thirty (30) days, if approved by the Board, be submitted to all members of the Association at least thirty (30) days prior to the vote of the general membership.

Adopted on July 25, 2009
Amended on July 18, 2010
Amended on June 25, 2011
Amended on July 27, 2012
Amended on December 15, 2016
Amended on September 4, 2018
TPA Vision: The preeminent pharmacy association in Texas that unifies and strengthens the voice of pharmacy to protect the profession and advance the practice for all pharmacy professionals.

TPA Mission: An agile and innovative association that provides the critical resources that enhance and evolve the role of pharmacy in delivering health care solutions and improve patient outcomes.

TPA Objectives:
- **Membership:** Serve members and lead initiatives that significantly impact the profession and advance the practice of pharmacy
- **Advocacy:** Position pharmacy as part of the health care solution and collaboratively champion the role of pharmacy while protecting the business
- **Profession:** Be the most sought after resource for Texas pharmacy professionals in all practice settings seeking solutions, information, education and development
- **Association Vitality:** Strengthen the organization to thrive for the long term and successfully achieve its goals and priorities
I. PROFESSIONAL AFFAIRS
   A. PHARMACY PRACTICE ................................................................. 5

II. THE PROFESSION
   A. PHARMACISTS ................................................................. 7
      * General
      * Clinical Practice
      * Community Practice
      * Compounding Practice
      * Consultant Practice
   B. PHARMACY TECHNICIANS .............................................. 7
      * Supervision Ratio
      * Training and Responsibilities
      * TSBP Studies

III. EDUCATION
   A. CAREER IN PHARMACY ................................................................. 9
   B. UNDERGRADUATE EDUCATION ......................................................... 9
   C. POSTGRADUATE PHARMACY EDUCATION ........................................ 9
   D. CONTINUING EDUCATION ................................................................. 9
   E. CREDENTIALING ......................................................................... 10
   F. SCHOOLS OF PHARMACY ................................................................. 10

IV. HEALTH ISSUES
   A. AIDS ......................................................................................... 11
   B. DEATH AND DYING ................................................................. 11
   C. IMMUNIZATIONS ........................................................................ 11
   D. TOBACCO ................................................................................... 11
V. TEXAS PHARMACY LAW

A. AGENCY - TEXAS STATE BOARD OF PHARMACY ................................................................. 12
B. AUTOMATION .................................................................................................................. 12
C. CONFIDENTIALITY .......................................................................................................... 12
D. DISPENSING OF PHARMACEUTICALS BY OTHER HEALTH CARE PROFESSIONALS .......... 13
E. ENVIRONMENT ............................................................................................................... 13
F. MEDICAL RECORDS ...................................................................................................... 13
G. MEDICATION ERRORS ................................................................................................... 13
H. PHARMACEUTICALS ....................................................................................................... 14
   * Sales
   * Drugs
I. PRESCRIPTIONS .............................................................................................................. 15
J. PRESCRIPTION MONITORING PROGRAM (PMP) ........................................................... 15

VI. BUSINESS ISSUES

A. FEDERAL ISSUES ............................................................................................................. 16
B. FORMULARY ................................................................................................................... 16
C. INSURANCE / PAYMENT ............................................................................................... 17
   * General
   * Insurance - Third Party Programs
   * Medicaid - Texas Vendor Drug Program
   * Workers’ Compensation
D. MANUFACTURERS AND WHOLESALERS ..................................................................... 21
E. TAXES ............................................................................................................................ 21
F. WORKPLACE .................................................................................................................. 21

VII. OTHER

A. ADVOCACY GRASSROOTS ISSUES .................................................................................. 23
   * General
   * Contact Systems
   * Coordination of Efforts / Coalitions
   * PharmPAC
B. CONSUMER / PATIENT RELATIONS ............................................................................ 24
   * Liaisons
   * Pharmaceutical Care
   * Pharmacy Patient Bill of Rights
C. PUBLIC RELATIONS ...................................................................................................... 25
   * Image
   * Information
TEXAS PHARMACY ASSOCIATION
PUBLIC POLICIES

The following Public Policies of the Association are established by the Board of Directors and/or House of Delegates.

All such policies should be reviewed by the Association’s Public Policy Council on an ongoing basis. Reviewed policies that are deemed to be outdated shall be submitted to the Board of Directors with a recommendation to take appropriate action – update, delete or archive.

**NOTE:** Each policy is annotated with a number indicating the year in which it originally was adopted. For example:
- **H: 2010** indicates that the House of Delegates approved the position statement during its meeting in 2010.
- **B: 2014** indicates the position statement was approved by the Board of Directors in 2014.
I. PROFESSIONAL AFFAIRS

A. PHARMACY PRACTICE

1. Support efforts which encompass the following criteria: (H: 1968)
   a. Permit pharmacists to select and dispense a quality drug product;
   b. Establish some mechanism to assist pharmacists in selecting quality drug products under the cost and other criteria established;
   c. Permit the use of any available drug product when unique medical circumstances so require;
   d. Establish a reasonable remuneration base for pharmacists rendering services;
   e. Guarantee recipient free choice of pharmacy; and
   f. Limit reimbursement for pharmaceutical services to those provided by duly-licensed pharmacists.

2. Support efforts that place the evaluation of the continuing competence of pharmacists and registered pharmacy technicians be left solely in the hands of the profession. (H: 1974, H: 2005)

3. Support the right for pharmacists to administer drugs and, where necessary, develop effective drug distribution systems in all patient settings. (H: 1990, H: 1992)

4. Position Statement
   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. (H: 1994)
   To achieve this goal, pharmacists, as appropriate, will:
   a. Take an active role in patient compliance, proactively monitoring compliance to determine if therapy is effective and to avoid adverse effects;
   b. Educate patients on the appropriate use of medications to enhance compliance and positively affect outcomes;
   c. Perform prospective drug use review;
   d. Identify and resolve any problems relating to drug therapy;
   e. Serve as primary care resource for self-limiting conditions and possible referral;
   f. Review the prescription and proposed therapy to be sure the optimal therapy has been identified for treatment of the condition;
   g. Establish an extended treatment strategy with other health care providers;
   h. Document interactions with patients; and
   i. Provide timely feedback to other health care providers about how the therapy is working.

5. Encourage pharmacists to document the information used to make decisions regarding patient therapy including information required by regulation as well as interventions, results of outcomes, best practices and pharmacist follow up in addition to communications with patients and other health care professions. (H: 1994)

6. Support the 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. Furthermore, support payments to the pharmacist for the provision of comprehensive cognitive services related to proper medication use and monitoring. (H: 1994)

7. Support efforts to develop expanded health care services by pharmacists consistent with the provision of pharmaceutical care. (H: 1994, H: 1996)

8. Oppose efforts that prohibit or limit pharmacists from providing orthotics and prosthetics services. (H: 1996)

9. Since certain medications are unique and have a narrow therapeutic index, if a change in manufacturer is attempted, require that the patient and the physician be notified and that appropriate mechanisms and monitoring be implemented to protect the patient’s safety. (H: 1997)
10. Support 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 patient access to legally prescribed therapy or pharmaceutical care without compromising the pharmacist’s right of conscientious refusal. (H: 1999)

11. Support the pharmacist’s ability to perform generic and therapeutic substitutions based on his/her professional judgement to benefit the patient. (H: 1999)

12. Pursue legislation that would designate pharmacists as “health care professionals” or “health care providers” to advance the use of the professional skills of pharmacists. (H: 2006)

13. Support the use of pharmacists as primary care providers, alone or in collaboration with other providers, in community pharmacy based health clinics. (H: 2007)

14. Broaden authority and flexibility to dispense pharmaceuticals, including generic and therapeutic substitution by pharmacists with collaborative care and appropriate patient safeguards. (B: 2013)

15. Pharmacists as Health Care Practitioners – Provider Initiative
   Initiate and support state legislative and regulatory measures that: (B: 2014)
   a. Recognize the breadth of training, knowledge and expertise of pharmacists to provide drug therapy evaluative services.
      • Broaden authority and flexibility to dispense pharmaceuticals, including generic and therapeutic substitution by pharmacists through collaborative practice and appropriate patient safeguards.
      • Support expansion of enhanced, fee-based Medicaid Medication Therapy Management and Drug Therapy Management for improved patient care and cost savings.
   b. Maximize the role of pharmacists as physician extenders and a member of the health care team.
      • Authorize immunization and administration of recommended vaccines to patients seven years of age or more.
      • Advance the statutory ability of Clinical Pharmacist Practitioners to practice as physician extenders within parameters and guidelines developed along with the Texas Medical Association.
      • Expand existing statutory scope of practice guidelines to allow pharmacists to maximally utilize their training and knowledge
   c. Establish proper and fair mechanisms to compensate pharmacists for their professional services.
      • Broaden fair payment mechanisms for assessing and recommending drug therapies and providing optimal therapeutic outcomes.

16. Expanding Access to Patient Care
   Develop and pursue a legislative and regulatory plan of action to expand access to patient care. (B: 2016)
   a. Improve patient access and outcomes through drug therapy management services by utilizing the breadth of training, knowledge and expertise of pharmacists through collaborative practice and appropriate patient safeguards.
   b. Maximize the role of pharmacists as a member of the health care team.
      • Advance the statutory ability of pharmacists to practice “at the top of their license” as permitted by the Texas Pharmacy Practice Act as well as within parameters and guidelines jointly developed with the Texas Medical Association (TMA) and the Texas Board of Medical Examiners (TBME) regarding CLIA-waved tests and other services within a pharmacist’s skills and training.
      • Promote the delivery of health care by utilizing their training and knowledge through statewide protocols.
II. THE PROFESSION

A. PHARMACISTS

General
1. Mandate the Texas State Board of Pharmacy to adopt PD (Pharmacy Doctor) as the professional designation for all qualified Texas pharmacists. (H: 1984)

2. Seek the establishment of practitioner provider numbers for pharmacists. (H: 1998)

Clinical Practice
1. Support legislation and rule changes to allow the creation of a Clinical Pharmacist Practitioner designation in Texas. (H: 2009)

2. Advance the statutory ability of Clinical Pharmacist Practitioners to practice as physician extenders within parameters and guidelines developed in conjunction with the Texas Medical Association. (B: 2013)

Community Practice
1. Maintain and enhance a library of information for members to show the positive aspects of community pharmacy services compared to mail order services. (B: 01/1993, H: 1994)

2. Support mentoring programs in which existing entrepreneurial pharmacists bring in a pharmacist to carry on their practice rather than sell out or close. (H: 1998)

Compounding Practice
1. With the appropriate and adequate regulatory oversight currently in place in Texas regarding compounding and sterile compounding of pharmaceuticals, support additional funding for inspections and increased enforcement of existing requirements to ensure patient safety. (B: 2013)

2. Support efforts to enhance safety in the preparation and dispensing of sterile compounding medicines. (B: 2013)

Consultant Practice
1. Oppose mandatory separation of consultant and provider responsibilities of pharmacists in nursing facilities on the basis that it would violate freedom of choice of source of pharmaceutical services. (H: 1977)

2. Support requirements for pharmacists review of medication regimens in all facilities. (H: 1986)

3. Seek legislative action or an Attorney General’s opinion to make the 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. (H: 1988)


B. PHARMACY TECHNICIANS

Supervision Ratio
1. Oppose efforts to modify current pharmacists to technicians direct supervision ratio. (B: 02/2011)

2. Position Statement

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 through 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. (B: 05/2013)

Among the issues for the task force to 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.

3. Support efforts to change the pharmacist to technicians direct supervision ratio from 1:3 to 1:4. (B: 2014)

Training and Responsibilities
1. Technician Specific CE
   Support efforts to add/increase the number of ACPE accredited, technician-specific CE activities offered by TPA to pharmacy technicians to accommodate for changing requirements enacted by the Pharmacy Technician Certification Board (PTCB). (B: 08/2014)

2. Technician Certification
   Monitor and influence the 2020 national initiative to address new training and testing requirements for pharmacy technicians that do not reduce the availability of technicians due to onerous and expensive standards. (B: 2015)

3. Maximize the role of pharmacy technicians to support pharmacists through measures such as tech-check-tech, increased ratios of technicians to pharmacist, creation of advance technicians, educational requirements, etc., and to increase technician satisfaction in the workplace and provide growth opportunities to attract quality technicians. (B: 2016)

4. Tech-Check-Tech
   Support the efforts to allow tech-check-tech programs in Class A Texas pharmacies. (B: 2016)

TSBP Studies
1. 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. (H: 2007)

2. 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. (B: 02/2011)

3. Conduct a broad-based and comprehensive study of pharmacy technicians during 2013 that considers the current and potential scope of responsibilities; related educational needs and requirements; current and proposed mandates from the Texas State Board of Pharmacy; the appropriate ratio of pharmacists to technicians; and the licensing requirements of pharmacy technicians. Support legislative and/or regulatory initiatives to implement certain TPA-supported findings from this scope of practice study of pharmacy technicians. (B: 2013)
III. EDUCATION

A. CAREER IN PHARMACY
   1. Monitor pharmacy manpower statistics in Texas and develop guidelines for use in surveys of pharmacy service per
   2. Recommend that pharmacy students be exposed early in their academic careers to options in the field of
   3. Endorse practitioner faculty involvement in internship programs and participation by the practitioner faculty
      member and his or her intern in affiliated local associations' activities and meetings. (H: 1983, H: 1996)
   4. Recommend that members and local affiliated local associations work with their area's guidance counselors in
      high schools and Junior Colleges to 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.* (H: 1990)
   5. Support educational opportunities that enhance or promote the role of the pharmacist in providing
      pharmaceutical care. 
      *As possible, endeavor to work cooperatively with other providers of continuing education in the State of Texas to insure optimal scheduling and use of faculties.* (H: 1994)
   6. Support the creation of a pharmacy student loan repayment program in Texas. (B: 2015)

B. UNDERGRADUATE EDUCATION
   1. Support practitioner and student participation on curriculum committees of colleges of pharmacy. (H: 1970, H:
   2. Monitor activities of the Accreditation Council for Pharmaceutical Education and changes in entry level degrees in
   3. Encourage educators to include patient physical assessment courses in curriculum to ensure pharmacists are
      capable of providing drug administration services in all health care settings when properly educated and trained. 
      (H: 1990; H: 1992)
   4. Recommend that the Texas State Board of Pharmacy allow Category 1 CME to count towards pharmacist CE
      requirements, up to 1/2 of the total required hours. (H: 1992)
   5. Encourage colleges of pharmacy in Texas to incorporate information concerning complementary and alternative
      medicine into their curricula. (H: 1997)

C. POSTGRADUATE PHARMACY EDUCATION
   1. Pursue state funding for pharmacy residency programs to adequately capitalize on benefits that such programs
      possess for students interested in different pharmacy practice settings in this state. (H: 2001)

D. CONTINUING EDUCATION
   1. Encourage pharmacists and registered pharmacy technicians to become qualified and maintain certification in
      cardiopulmonary resuscitation (CPR) and Red Cross First Aid. (H: 1978, H: 1994, H: 2005)
   2. Support the education of pharmacists on such issues as:
      a. 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. (H: 1984)
      c. Current trends and treatments to help ensure that pharmacists are prepared to be the drug expert whom the
         community looks for drug information. (H: 1987)
      d. The durable medical equipment field. (H: 1993)
3. Recommend 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. (H: 1992, H: 2004)

4. Direct the Texas State Board of Pharmacy to mandate that one-third of the required continuing education hours for pharmacists and certified technicians be in a live format while permitting the Agency to allow for exemptions for hardship or special circumstances that prevent live continuing education attendance. (H: 2003)

5. Support 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. (H: 2006)

6. Support the joint accreditation of continuing education for health care providers that improves patient care while streamlining the accreditation process. (H: 2008)

7. Influence discussions or subsequent plans of the Texas State Board of Pharmacy to expand and/or specify continuing education requirements for pharmacists and pharmacy technicians with appropriate consideration to needs versus costs. (B: 2013, B: 2015)

E. CREDENTIALING
1. Pursue the development of a credentialing process for pharmacists and pharmacies provided that resources, including financial support, can be identified to support the effort. (H: 1994)

2. Seek a universal standard for certification programs in disease state management. (H: 1998)

F. SCHOOLS OF PHARMACY
1. Communicate the professional and ethical responsibilities of pharmacists 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. (H: 1971)

2. Establish an active program of adequate funding for all colleges of pharmacy presently existing or to be built, including the one in West Texas, to assure the caliber of first class colleges of pharmacy. (H: 1974)

3. Support legislative funding of the colleges of pharmacy in their requests for expanded physical facilities. (H: 1976)

4. Support any appropriations bill or legislation that would aid programs of continuing education in colleges of pharmacy. (H: 1976)

5. Develop strong working relationships with colleges of pharmacy in Texas in regard to assisting pharmacist preceptors in their role of educating, training, and mentoring pharmacy students and interns. (H: 1986, H: 1994)

6. Assure that state 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. (H: 1993)

7. Coordinate efforts with colleges of pharmacy in Texas to identify and offer seminars related to career growth and job stress. (H: 1994)

8. Support adequate funding for the direct assistance 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. (H: 2004)

9. Protect state funding for the seven Texas colleges of pharmacy. Monitor the use of state funds directed to the education of pharmacists and pharmacy technicians. (B: 2013)

10. Oppose efforts to establish new public or private colleges of pharmacy in Texas because of limited availability of preceptors and training sites as well as limited additional state funding for existing public colleges of pharmacy. (B: 2016)
IV. HEALTH ISSUES

A. AIDS

1. Position Statement

   In recognition of the serious public health issues relating to AIDS, the Association has addressed three areas relating to public policy matters.
   a. 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. Pharmacists do not condone drug abuse/misuse and, by 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. Several resources exist for those individuals involved with illicit drug use, including treatment programs and simple methods of needle and syringe sterilization.
   b. 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.
   c. 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. (H: 1988)

2. Encourage pharmacists to educate the public about HIV/AIDS by making presentations to professional, civic and religious organizations, and providing educational literature through their pharmacies. (H: 1994)

3. Needle Exchange
   a. Recognize the importance of needle exchange programs in reducing the transmission of HIV and other blood-borne pathogens and support a pilot needle exchange program to be implemented by an appropriate governmental entity. (H: 1994)
   b. Work with the Texas State Board of Pharmacy, Texas legislature and other appropriate Texas authorities to support legislative and policy action to implement a Harm Reduction Program for sterilized needle (syringe) exchange in Texas. (H: 2004)

B. DEATH AND DYING


2. Insure the pharmacist’s right to make an informed choice for participation in the process of euthanasia. (H: 1995)

C. IMMUNIZATIONS

1. Regarding immunizations, support: (H: 2007)
   a. Removing the notification requirement for flu vaccines;
   b. Allowing pharmacists to immunize children under the age of 14;
   c. Extending 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
   d. Allowing pharmacists to administer medication when other licensed health care professionals are not available or in a patient’s home.

2. Support changes in the timeframe for reporting influenza immunizations to the patient’s physician from 24-hours to 3 days. (B: 02/2011)

3. Authorize immunization and administration of recommended vaccines to patients seven years of age or more. (B: 2013, B: 2014)

4. Assure adequate fees for providing immunizations and vaccines to Medicaid patients. Support moving immunizations to the Vendor Drug Program for increased access to care. (B: 2013)

D. TOBACCO

1. Oppose the sale of tobacco or tobacco products in any facility that contains a pharmacy. (H: 1996)
V. TEXAS PHARMACY LAW

A. AGENCY - TEXAS STATE BOARD OF PHARMACY
1. Support legislation to allow the Board of Pharmacy to retain monies collected from fines for the purpose of supporting the Professional Recovery Network program. (H: 1990)

2. Support to maintain the Texas State Board of Pharmacy as an independent state agency. (H: 1991)

3. 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. (H: 2007)

4. Support legislative efforts to establish the Texas State Board of Pharmacy as a Self-Directed Semi-Independent Agency (SDSI). (B: 2013)

5. Oppose all efforts to place the Agency under a single licensing regulatory board that includes other health care professionals. (B: 2013)

6. Initiate and support efforts to expand the composition of the Texas State Board of Pharmacy from nine members to eleven members by adding position slots for a pharmacy technician position and an additional pharmacist. (B: 2013)

7. Disaster Planning
   Support efforts to enhance collaboration between state agencies and pharmacists and pharmacies regarding disaster readiness and public health support. (B: 2014)

8. Sunset Review
   Monitor and provide input regarding the results, impact and related actions regarding the sunset review of the Texas State Board of Pharmacy. (B: 2015)

B. AUTOMATION
1. 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. (H: 1988, H: 1994)

2. Oppose implementation of automated dispensing systems located outside of a licensed pharmacy. (B: 07/2016)

3. Support the implementation of a pilot for automated pharmaceutical Dispensing Systems if:
   - The automated system is utilized only for the “pickup” of prescriptions which have followed the routine process for preparing and handling prescriptions under a pharmacist’s control and not for the “dispensing” of pharmaceuticals;
   - The system allows for proper counseling of patients under the control of a pharmacist; and
   - At the conclusion of the pilot time period, results of its effectiveness, safeguards, impact on quality pharmacy care and benefits to the patient as well as any adverse consequences with the “pick-up”-only aspects of the system is documented and made public.

C. CONFIDENTIALITY
1. Position Statement
   The Association 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; and disposing by sealing through secure disposal service or other means that may be available. (H: 2001, H: 2005)
D. DISPENSING OF PHARMACEUTICALS BY OTHER HEALTH CARE PROFESSIONALS

1. Support legislation to prohibit a practitioner of medicine to directly or indirectly: (H: 1966; H: 1967)
   a. sell drugs or devices;
   b. own a legal, beneficial, or leasehold interest in a community pharmacy; or
   c. charge an unreasonably high rental for pharmacy space.

2. Oppose legislation to permit reimbursement for pharmacy services by dispensing physicians. (H: 1966; H: 1967)

3. Oppose physician dispensing in violation of the Texas Pharmacy Act and any other law. (H: 1986)

4. In order to enhance patient safety, assure that efforts to expand the authority to dispense pharmaceuticals by physicians, nurses, advanced nurse practitioners or other health care professionals require the same regulatory oversight by the Texas State Board of Pharmacy as well as other state and federal entities which oversee pharmacies, pharmacists and pharmacy technicians. (B: 2013)

5. Oppose 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: (B: 07/2014)
   a. the Texas State Board of Pharmacy shall have full and exclusive oversight of the physician dispensing process;
   b. physicians who dispense and their respective offices shall meet the same requirements that pharmacists and pharmacies do when dispensing the same “aesthetic pharmaceuticals;”
   c. Pharmacies located in physician offices where “aesthetic pharmaceuticals” are stored or dispensed shall be subject to agency inspections;
   d. 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
   e. 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.”

6. Oppose efforts to authorize non-pharmacist health care practitioners to dispense pharmaceuticals unless they meet all Texas State Board of Pharmacy storage and informational requirements which a pharmacist and/or pharmacy must meet to protect the health and safety of the public. (B: 2016)

E. ENVIRONMENT

1. Support state and national efforts to establish a system of recycling vials and reusable plastic containers. (H: 1991)

2. Support increased efforts to reduce pharmaceuticals in the environment and to facilitate unused drug disposal programs that support increased adherence, enhanced safety and minimizes the likelihood of diversion. Assure that legislative or regulatory activities, if any, do not negatively impact the effectiveness of private, voluntary drug collection programs. (B: 2013)

F. MEDICAL RECORDS

1. Monitor E-Prescribing activities and initiate efforts to develop pharmacy-based guidelines. Monitor Electronic Medical Records (EMR) / Electronic Health Records (EHR) activities and initiate efforts to develop pharmacy-based guidelines (B: 2013)

G. MEDICATION ERRORS

1. Position Statement

   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 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 Health care Collaboration. TPA encourages work of this nature to continue through partnerships such as the Texas Health care Provider Coalition for Patient Safety. (H: 2001)

2. Promote additional steps to reduce medication errors by requiring that prescriptions include the purpose of the medication. (B: 2013)

H. PHARMACEUTICALS

Sales

1. Support legislation to eliminate the use, storage, or distribution of any prescription drug by sales or representative of any pharmaceutical company dealing in the sale or distribution of such products in 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 legislation would require registration of manufacturers’ representatives as an approach to accomplish greater responsibility in handling dangerous drug samples. (H: 1969, H: 1970, H: 1971, H: 1973, H: 1974)

2. Support limiting the sale of syringes only for legitimate medical purposes. (H: 1987)

3. Support the prohibition of promotional strategies, financial incentives and/or inducements that encourage prescription transfers and compromise the care, health and safety of patients; and deem these strategies and incentives as unprofessional conduct under the rule that prohibits dispensing of controlled substances or dangerous drugs in a manner not consistent with the public health and welfare and subject to suitable penalties by the Texas State Board of Pharmacy or other appropriate state agency. (H: 2007)

Drugs

1. Support efforts 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. (H: 1970, H: 1971)


3. Oppose mandated use of "unit-of-use" packaging. (H: 1979)

4. Support regulations that require all nuclear pharmacies and/or suppliers of single-use doses of radioactive diagnostic agents have a licensed nuclear-pharmacist on the staff as an active employee or consultant. (H: 1981)

5. Regarding biomedical research, support 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. Support local, state, and federal legislation that is favorable to appropriate biomedical research. Oppose 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. (H: 1990)

6 Support providing the authority to the Texas State Board of Pharmacy to regulate the distribution of legend drugs and devices. (H: 1992)
7. Request and encourage 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. (H: 1998)


9. Oppose state legislative initiatives regarding the use of biosimilar pharmaceuticals until the FDA develops needed related standards and concerns regarding requirements and documentation for biosimilars substitution are addressed. (B: 2013)

I. PRESCRIPTIONS

1. Support allowing pharmacists to issue a prescription order form for the following six categories based upon the pharmacist’s evaluation of patient need and consultation with the patient: (H: 1987)
   a. Antihistamines
   b. Decongestants
   c. Lindane medications
   d. Tooth decay-preventing fluoride drugs in any strength
   e. Drugs which have been approved individually or in combination for OTC sale by the FDA
   f. Any drug recommended by the FDA Advisory Panel for switch from Rx to OTC status.

2. Regarding prescription blanks issued by prescribers in Texas in order for the patient and/or pharmacist to be able to identify the prescriber signing the prescription, the prescriber’s name, address, telephone number, and state ID number, require the information to be stamped, typewritten, or legibly printed above or below signature of the prescriber. (H: 1988; H: 1991)

3. Require that licensed prescribers assure that their name, address, phone number and other required practitioner identification number be typed or stamped on each prescription. (H: 1992)

4. Pursue development and implementation of technological solutions that would result in a standard for fax refill formatting, electronic signature log capability, and scanable patient data on prescription cards. (H: 2002)

5. Work with the Texas State Board of Pharmacy, the Texas State Board of Nursing Examiners and the Texas Board of Physician Assistant Examiners to educate Advance Practice Nurses (A.P.N.s) and Physician’s Assistants (P.A.s) regarding regulations for writing prescriptions. (H: 2004)

6. Support 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. (H: 2004)

7. Support an effective dispensing and payment system for synchronization of prescription medicine. (B: 2016)

8. Seek increased access to Naloxone through the utilization of pharmacies and pharmacists through a statewide standing order concept. (B: 2016)

J. PRESCRIPTION MONITORING PROGRAM (PMP)

1. Continue monitoring the effectiveness and continuance of the Prescription Monitoring Program (PMP) under the Texas Department of Public Safety. (B: 2013)

2. Oppose requirements for mandatory use or reporting under PMP. (B: 2013)

3. Oppose any mandatory requirement for pharmacists to query the Texas Prescription Monitoring Program prior to dispensing controlled substances during the initial two-year period of PMP operation under the Texas State Board of Pharmacy, and then only if an equal and shared requirement is placed on prescribers prior to writing a prescription. (B: 2016)
VI. BUSINESS ISSUES

A. FEDERAL ISSUES
1. Support national legislation which would permit veterans to obtain prescription items through their local community pharmacies. (H: 1965; H: 1967; H: 1968; H: 1973)

2. Endorse and support the efforts of national pharmacy associations to advocate for coverage for prescription drugs and pharmaceutical services for Medicare recipients through pharmacies of their choice. (H: 1966)

3. Support national legislation, which would provide exemption from antitrust laws for associations to negotiate with third party administrators for operational characteristics as well as fees. (H: 1971; H: 1973)

4. Support federal legislative action to change the current interpretation of the definition of charitable institution in the Robinson-Patman Act, in order to strengthen the original intent of the Act. (H: 1986)

5. Support efforts by the FDA to regulate the vitamin and food supplement industry to ensure that their products are safe and effective. (H: 1994)

6. 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. (H: 1995, H: 2004)


8. Oppose government-mandated discounts and/or price controls at the retail level as proposed in the Medicare Prescription Discount Program. Request that needed appropriate measures be considered in the current Medicare prescription drug proposal to assure meaningful reform. (H: 2001)

9. Support a voluntary, quality, cost effective prescription drug benefit that gives Medicare recipients access to the pharmacy provider of their choice as critical and important to the health and welfare of the Medicare participants who benefit from the Medicare Prescription Drug and Modernization Act. (H: 2003)

10. Oppose the establishment of a new accreditation process for community pharmacy practice. (B: 08/2012)

B. FORMULARY
1. Oppose any efforts to allow Class D pharmacies to maintain an unlimited drug formulary and support legislation that would restrict Class D licenses to nonprofit institutions. (H: 1986)

2. Position Statement
   The Association believes a team approach involving physicians, pharmacists, and other health care 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. (H: 1999)

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 health care professionals, and patients, as appropriate. (H: 1999)
C. **INSURANCE / PAYMENT**

**General**

1. Support efforts to allow pharmacy and other health care providers greater access to participate in Health Maintenance Organizations and protect the freedom of choice of pharmacy services. (H: 1988, H: 1994, H: 2005)

2. Support payments to the pharmacist for the provision of comprehensive cognitive services related to proper medication use and monitoring. (H: 1994)

3. Develop a compensation system for expanded pharmacy services. (H: 1995)

4. Provide training to pharmacists and registered pharmacy technicians on submitting claim forms for reimbursement of cognitive services. (H: 1995, H: 2005)

5. Seek reasonable reimbursement rates through legislative, regulatory and contractual efforts for pharmacists providing professional services such as counseling, drug therapy management and formulary management. Such professional services should be reimbursed through additional fees rendered to the pharmacist - separate and distinct from drug dispensing services; to include requiring third party administrators and private pay clients to reimburse pharmacists for providing additional services to a patient, though the pharmacist may not be part of their network and/or did not fill the initial prescription. (H: 1997)


7. Address the uninsured and underinsured challenge in Texas by:
   a. Collaborating with government, business and other health care providers in the development and implementation of a future health care system that expands access to affordable and high-quality health care services to all Texans.
   b. Supporting public policies that reduce the number of uninsured and underinsured in Texas and enhance the ability of these individuals to obtain basic and affordable quality health care coverage.

8. Broaden payment mechanisms for assessing and recommending drug therapies and providing optimal therapeutic outcomes. (B: 2013)

9. Establish mechanisms to compensate pharmacists for their professional services and broaden payment mechanisms for assessing and recommending drug therapies and providing optimal therapeutic outcomes. (B: 2016)

10. Require health insurance carriers to include pharmacists as providers in their provider networks and to reimburse for those covered services provided within the pharmacist’s scope of practice. (B: 2016)

11. Texas Pharmacy Association opposes retroactive direct and indirect remuneration (DIR) fees or any other fees that reduce a claim for pharmacy services after adjudication of the claim and supports efforts to prohibit such retroactive fees on pharmacies. (B: 2018)

**Insurance - Third Party Programs**

1. Recommend that an administrative fee be reflected separately from the charges for a prescription if such a charge becomes necessary in handling insurance-reimbursed prescriptions. (H: 1966)

2. 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. (H: 1974)

3. Enact legislation to regulate 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. (H: 1980)

4. Engage in a dialogue with insurance underwriters, consumers, and other health care purchasers and work with them to develop cost containment measures of benefit to patients, plan administrators, and pharmacists. And,
make every effort to work with these groups for joint data collection to ensure that information received concerning pharmacy services is accurate and unbiased. (H: 1984)

5. Oppose the policy of managed health care plans of coercively requiring their participants to obtain their prescriptions through the mail. (H: 1988)


7. Request that increased costs for electronic claims submission be reflected in pharmacy fee increases or costs absorbed by third party administrators, insurance carriers, or HMOs and not the pharmacy. (H: 1992)

8. Recommend that the concept of return on investment be incorporated and equalized for all third party prescription programs. (H: 1993)

9. Encourage the Texas Department of Insurance to require third party carriers to adopt standardized prescriber identification numbers other than the DEA number. (H: 1993)

10. Oppose the practice of some third parties to require the use of specific brands/generics. (H: 1994)


12. Oppose un-funded insurance “cash discount” cards. (H: 1996)

13. Mandate reimbursement for cognitive services for prescriptions filled for third parties doing business in the State of Texas. (H: 1996)

14. Pursue efforts to standardize drug benefit cards for all prescription benefit plans. (H: 1997)

15. 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. (H: 1997)

16. In the interest of improved patient outcomes, pursue legislation that restores patient freedom of choice and prohibits unfair competition resulting from third party insurers offering mail order drug coverage with different terms and conditions, deductibles, copays, premiums, or days supply than in contracts with ambulatory care and community pharmacies. (H: 1997, H: 1998)

17. Request and encourage third party payors to provide electronic funds transfer as an option of payment to pharmacies. Seek regulatory and/or legislative relief if necessary. (H: 2000)

18. Continue pursuit of prompt payment by third party payors through legislative, regulatory, or any other means possible. (H: 2001)

19. 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. 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 health care plan payors. (H: 2003)

20. Support 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. (H: 2005)

21. Recommend that all third party prescription programs providing prescription coverage to Texas residents incorporate a positive incentive system, instead of negative, when auditing pharmacies. (H: 2005)

22. Encourage 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. (H: 2007)

23. Support 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. Support the position that all compounds shall be reviewable for discernment of intent to defraud when audited. (H: 2008)

24. Establish additional safeguards to monitor and regulate pharmacy benefits managers (PBMs) regarding prompt payment, transparency, fair audit processes and other safeguards. (B: 2013)

25. Support additional legislative mandates, as needed, to address concerns with preferred drug lists, confidentiality issues, rebate policies, standardized forms and requirements for prior-authorizations. (B: 2013)

26. Require insurers and HMOs to provide current and accurate information to enrollees on the selection of health care providers and the enrollees’ personal responsibility for payment of services. (B: 2013)

27. Texas Pharmacy Association opposes language included in contractual agreements between health plans, Pharmacy Benefit Managers (PBMs), and pharmacies that prohibits or limits a pharmacist’s ability to communicate with their patients, elected officials or regulatory authorities, including information pertaining to the cost of and access to medications. (H: 2018)

**Medicaid - Texas Vendor Drug Program**

1. Oppose legislation that would permit the state to eliminate or reduce optional health services in Medicaid programs. (H: 1971)

2. Request that the Vendor Drug fee be increased under the Vendor Drug Program by an amount that would 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. (H: 1972)

3. Recommend 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. (H: 1974)

4. Oppose awarding the administration of the Vendor Drug Program to an insurance company. (H: 2008)

5. Work with the Department of Health or other appropriate agency to assure that price increases are put into immediate effect. (H: 1980)

6. Insure that the Department of Health maintains the posture of freedom of choice of provider within the Vendor Drug Program. (H: 1981)

7. Seek amendment to 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. (H: 1981)

8. Recommend that the Texas Department of Health reorganize its cost accounting audit of Texas pharmacies to reflect the true operating expenses of a pharmacy. Furthermore, that the revised program be a fair, two-way audit for both TDH and the pharmacist. (H: 1983)


11. Ensure the economic and efficient operation of the Vendor Drug Program in Texas. (H: 1987)

12. Pursue efforts to ensure that pharmacists receive reasonable reimbursement from the Vendor Drug Program, which includes a profit factor and annual cost of living increases. (H: 1987, H: 1998)
13. 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. (H: 1990)


15. Seek additional reimbursement for pharmacists, separate from the dispensing fee, for provision of specialized drug therapy and disease state management services. (H: 1992, H: 1998)

16. Oppose any attempts to remove the vendor drug “carve out” provision. (H:1995)

17. Oppose any attempts to implement a Medicaid co-payment for pharmaceutical benefits. (H: 1995)

18. Oppose attempts to reduce the Medicaid dispensing fee. (H: 1995)

19. Oppose legislation that would change the Medicaid reimbursement methodology to a “most favored nation” formula. (H: 1996)


21. Pursue legislation mandating reimbursement for cognitive services for prescriptions filled in the Vendor Drug Program. (H: 1997)

22. Oppose any legislation to implement a selective contracting system that would limit the patient’s freedom of choice of pharmacies within the Medicaid Vendor Drug Program. (H: 1997)

23. Support efforts to eliminate discriminatory policies that result in reduced health care services. (H:2004)

24. Protect and enhance funding for pharmacy services and products. (B: 2013)
   a. Assure the adequacy of state funds for health care programs and agencies that impact pharmacies.
   b. Oppose efforts to address funding shortfalls in state programs by implementing concepts that have detrimental financial consequences on pharmacists and pharmacies. (B: 2013, B : 2016)
   c. Oppose redistribution of existing pool of funds for current pharmacy fees and other reimbursements in an effort to address inadequacy of reimbursement for pharmacies in selected regions or meeting certain criteria.

25. Improve the fee structure and reimbursement for pharmacy services in the Medicaid Program. (B: 2013)

26. Assure adequate fees for providing immunizations and vaccines to Medicaid patients. Support moving immunizations to the Vendor Drug Program for increased access to care. (B: 2013)

27. Support expansion of eligibility in the Medicaid program and the Children’s Health Insurance Program to the maximum levels allowed by federal law along with adequate state and local government funding for both programs as well as other indigent health care programs. (B: 2013)


**Workers’ Compensation**

1. 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. (H: 1993)

2. Request the Texas Workers’ Compensation Commission to gather and report information and statistics in drug cost savings generated by the use of generics. (H: 1994)

3. Support enforcement and/or changes in the Texas workers’ compensation laws to support better services to injured employees and better payment to providers. (H: 2000)
D. MANUFACTURERS AND WHOLESALERS
1. Urge 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. (H: 1972)

2. Endorse the principle of drug sampling as operated by Complimentary Prescription Service (CPS). (H: 1975)

3. Work to end discriminatory pricing policies of pharmaceutical manufacturers. (H: 1981)

4. Condemn actions by manufacturers which preclude the distribution of drug products through traditional community and institutional pharmacy outlets. (H: 1990)

5. Request that manufacturers work with pharmacists to establish a system of recycling vials and reusable plastic containers and urge that every effort possible be made by the pharmacy community to help preserve the resources and beauty of the earth. (H: 1991)

6. Recommend that the pharmaceutical industry standardize returned goods policies and eliminate pharmaceutical samples, replacing them with prescription coupons or certificates. (H: 1993)

7. Pursue legislation to authorize the Texas State Board of Pharmacy to regulate wholesale drug suppliers to at the minimum require an adequate bond and a criminal background check on all owners of record. (H: 2004)

E. TAXES
1. Oppose a state sales tax on prescriptions or any professional fee. (H: 1965)

2. Support the exemption of medical devices, which require a physician’s prescription and respiratory-related equipment and supplies from the Texas Sales Tax Law. (H: 1978)


4. 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. (H: 1992)

5. Oppose changes to the state’s tax structure that increase tax liabilities for pharmacists, pharmacy technicians and pharmacies unless such changes result in increased health care coverage and/or in enhanced payments to pharmacists and pharmacies commensurate with the additional tax liabilities. (B: 2003)

F. WORKPLACE


3. Maintain a Special Committee for Employer/Employee Relations to periodically review the challenges and opportunities that exist between employers, managers, and pharmacist employees. The Committee shall be composed of employees, corporate officials representatives of employers of Texas pharmacists, and representatives of the colleges of pharmacy in Texas and shall meet no less than once annually. (H: 1984, H: 1986, H: 2004)

4. Encourage pharmacies to develop a pharmacist and registered pharmacy technician non managerial career ladder along with their management career ladder. (H: 1986, H: 2005)

5. Encourage the evaluation of pharmacists based at least in part on the standards of practice and encourage communication of pharmacists with pharmacy managers on professional affairs. (H: 1986)

6. Encourage pharmacies in all practice settings to provide opportunities for pharmacy staff to take routine break(s) during working hours. (H: 1986, H: 2005)
7. Withhold endorsement of the use of polygraph testing for pre-employment screening of applicants or annual examinations. *Polygraph testing should only be used when a problem is present such as substantial loss of merchandise or money.* (H: 1986)

8. Support drug testing program(s) 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.* (H: 1992, H: 2005)

9. Recognize employers that encourage their employees to become TPA members by paying part or all of their dues. (H: 1992, H: 1993)

10. Support the principle that all pharmacy practice environments and educational settings be free of sexual harassment and have written policies on sexual harassment prevention and grievance procedures. (H: 1994)

11. Recommend that every owner/employer in facilities where pharmacists work institute a sexual harassment education and training program for all employees. (H: 1994)


13. Support employment practices that promote a pharmacist’s ability to provide effective pharmaceutical care. (H: 1995)

14. Consider regulatory and/or legislative initiatives to improve existing workplace concerns within the practice of pharmacy to include such issues as maximum/regular 12-hour working shifts, routine breaks and other shift/working issues. (B: 2016)
VII. OTHER

A. ADVOCACY GRASSROOTS ISSUES

General
1. The Board of the Association and chair of the Public Policy Council are authorized to take necessary action on legislation. (H: 1977, H: 2010)

2. Publish proposed Association legislation prior to introduction to the legislature. (H: 1979)

3. Appointments
   Monitor the availability of appointments and communicate that information to the membership and solicit interested parties for appointment to state agencies and boards; and communicate upon request by interested parties the good standing of those members. (B: 2011)

Contact Systems
1. Endorse and 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. (H: 1977)

2. Participate in the Congressional Alert System in Washington annually for personal calls on the Texas Congressional Delegation in conjunction with the NCPA Legislative Conference. (H: 1975)

3. Recruit members of the TPA Legislative Alert System with the approval of local associations. (H: 1976)

4. Implement a permanent legislative fax alert network. (H: 1995)

Coordination of Efforts / Coalitions

2. Support and participate in the Texas Pharmacy Practice Coalition in order to present a united front before the Texas Legislature. (H: 1993)

3. Cease participation in the Texas Pharmacy Business Council (B: 07/2009)
   a. Not approve extension of agreement(s) regarding the Association’s participation in the Texas Pharmacy Business Council beyond August 31, 2009;
   b. Allow, without objections, the independent decision of its Academy of Independent Pharmacists – Texas (AIP-Texas) to determine its role and involvement in the Texas Pharmacy Business Council (TPBC), if any; and
   c. 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.

4. Pharmacy Unity
   Focus on efforts to improve cooperation and coordination among the various Texas organizations representing pharmacy and/or pharmacists through such coalitions as the TPA Pharmacy Advocacy Group and the Texas Pharmacy Summit to include the Texas Pharmacy Association and: (B: 2014-2016)
   a. Alliance of Independent Pharmacists of Texas (AIP);
   b. Texas Association of Independent Pharmacy Owners (TAIPO);
   c. Texas Federation of Drug Stores (TFDS);
   d. Texas Independent Pharmacies Association (TIPA);
   e. Texas Pharmacy Business Council (TPBC);
   f. Texas Society of Health-System Pharmacists (TSHP); and
   g. Texas TrueCare

PharmPAC
2. Communicate with the PharmPAC Board, asking for an informal investigation to determine the political feasibility of success of the prospective candidates for nomination. (B: 07/1988, H: 2004)

3. Encourage 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 pharmacy technicians maintain control of their future. (H: 1990, H: 2004, H: 2005)

4. Hire additional lobbying assistance when needed exclusively to lobby, funded by aggressive campaigns for PharmPAC EdPAC. Increase the PharmPAC check-off on dues statements from $25 to $40. (H: 1990)

5. Incorporate a voluntary $25 member investment into future dues to be allocated to PharmPAC, pharmacy’s political action committee. (H: 1999)

6. Continue to provide options for voluntary contributions to PharmPAC. (H: 1999)

7. Incorporate a voluntary $30 member investment into future dues to be allocated to PharmPAC. (H: 2015)

B. CONSUMER / PATIENT RELATIONS

1. **Liaisons**

2. **Pharmaceutical Care**
   Support the concept that pharmaceutical care is provided for the direct benefit of the patient and the patient grants the pharmacist the authority to provide this care, and the pharmacist, in turn, provides competent and committed care to the patient. (H: 1992; H: 1994)

3. **Pharmacy Patient Bill of Rights**
   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. (B: 09/2010)

Broaden the application of the Association’s pharmacy patient bill of rights. (B: 2013)

C. PUBLIC RELATIONS


3. Identify, utilize, and disseminate programs to inform the public, pharmacists, and other health care providers about the value and cost effectiveness of pharmaceutical services and products. (H: 1987, H: 1994)

4. Endorse an annual observance of Texas Pharmacy Week and designate Tuesday of that week to be Texas Registered Pharmacy Technician Day. (H: 1988, H: 2005)

5. 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 health care information. (H: 1988, H: 1993, H: 2005)

6. Develop and/or utilize a cost effective audio visual presentation that demonstrates the cost effectiveness and quality of care of drug utilization review and patient counseling by community pharmacists for use at the local level. (H: 1992)

7. In coordination with other health care providers, government, and the pharmaceutical and insurance organizations, promote the role of the pharmacist and registered pharmacy technician in the delivery of health care. (H: 1994, H: 2005)

8. Encourage and support pharmacists and registered pharmacy technicians to be actively involved in their communities through the many volunteer opportunities available in their area. (H: 1994, H: 1996, H: 2005)

9. Encourage pharmacists to expand and solidify their role as health care professionals by incorporating information regarding complementary and alternative medicine into their pharmacy practices and use this information to increase public awareness of the proper use of complementary and alternative medicine for the public’s health and safety. (H: 1997)

Information

2. Make the public aware of the risks associated with mail order prescription programs, and seek enactment of legislation that would regulate mail order pharmacies and ensure conformity with the Texas Pharmacy Act. (H: 1984)

3. 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. (H: 1992)

4. Support efforts that encourage uninsured patients to apply for coverage under the state’s Children’s Health Insurance Program (CHIP) or any other program available to assist patients. (H: 1999, H: 2005)