

# Tennessee Pharmacists Association

## RESOLUTION 22.2 TPA House of Delegates

### Provision of Vaccines in Tennessee

**WHEREAS**, 42,000 adults and 300 children in the United States die each year from vaccine-preventable diseases; and,

**WHEREAS**, vaccines have been one of the most successful public health interventions in recorded history; and,

**WHEREAS**, childhood vaccination rates have plummeted in recent years; and,

**WHEREAS**, pharmacists and pharmacies play an integral role in vaccine distribution and administration; and,

**WHEREAS**, pharmacists are among the most accessible healthcare providers and have the highest level of training and expertise in medication therapy; and,

**WHEREAS**, the Tennessee Pharmacists Association is committed to improving public health through pharmacist-provided patient care services;

**NOW, THEREFORE BE IT RESOLVED**, that the Tennessee Pharmacists Association will vigorously and publicly promote and advocate for the use of vaccines to prevent unnecessary morbidity and mortality of Tennessee residents, especially children; and,

**BE IT FURTHER RESOLVED**, the Tennessee Pharmacists Association will advocate for the expansion of pharmacist and pharmacy involvement in the provision of all vaccines.

Submitted by Justin Griner, PharmD, BCPS, and Hillary Blackburn, PharmD, MBA  
January 24, 2022

**A** Adopted on a proper motion by the Tennessee Pharmacists Association House of Delegates  
March 1, 2022



## RESOLUTION 22.1 TPA House of Delegates

### Tennessee Prescribing/Dispensing Autonomy

**WHEREAS**, the goal of pharmacy practice is to help assure optimal outcomes of patient care when medications are considered for the treatment and prevention of disease; and,

**WHEREAS**, pharmacists are integrally involved in the provision of drug-related patient care as a partner with physicians and other prescribers who are routinely engaged in assessing and reassessing patient needs and creating care plans based on those needs; and,

**WHEREAS**, data guiding and defining the optimal use of medications is generated routinely by inquiry and observation over a period of time; and,

**WHEREAS**, legislatures have long defined that prescribers are authorized to prescribe medications for management of disease and disorders even though the use of the medication may not be officially approved by government or other regulatory agencies; and,

**WHEREAS**, physicians and other prescribers should be trusted to use best clinical judgment in defining the approach to care for an individual patient; and,

**WHEREAS**, pharmacists, in considering the fulfilling of orders for medication which are issued by prescribers, are both responsible for and capable of making good consideration of the risk/benefit of a given prescription for an individual patient; and,

**WHEREAS**, the pharmacist should not be compelled to fulfill a prescription where they consider the risk to outweigh benefits; and,

**WHEREAS**, the pharmacist should not be prevented from fulfilling a prescription for a patient where they consider the benefit to outweigh risks; and,

**WHEREAS**, the rapid emergence and propagation of the recent COVID-19 pandemic has resulted in the need for caregivers to consider use of medications when no official approval for the use of these medications in management of this syndrome has existed and evidence supporting such use has been sparse; and,

**WHEREAS**, certain individuals and organizations and even legislatures have sought to limit the authority of prescribers to use medications “off label”; and,

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**WHEREAS**, these attempts to limit the ability of prescribers to use these medications results in the inability of prescribers to use best clinical judgment, including consideration of newly generated information, in the provision of patient care; and,

**WHEREAS**, both prescribers and dispensers should be legally responsible for decisions which are made related to prescribing and dispensing medications;

**NOW, THEREFORE BE IT RESOLVED**, that the Tennessee Pharmacists Association encourages the Tennessee Legislature to take no steps to limit the ability of a licensed/authorized Tennessee prescriber to use best clinical judgment in selecting medication therapy for addressing patient care needs; and,

**BE IT FURTHER RESOLVED**, that the Tennessee Pharmacists Association encourages the Tennessee Legislature to take no steps to force a pharmacist to fulfill a prescription which is considered by the pharmacist, after consideration of patient characteristics and clinical needs, to be ill-advised or otherwise inappropriate; and,

**BE IT FURTHER RESOLVED**, that the Tennessee Pharmacists Association encourages the Tennessee Legislature to make no law which absolves prescribers and dispensers of potential liability related to judgments made in the clinical care process, including prescribing and dispensing medications.

Submitted by William L. "Bill" Greene, BS Pharmacy, PharmD, BCPS, FASHP, FCCP  
February 1, 2022

**A** Adopted on a proper motion by the Tennessee Pharmacists Association House of Delegates  
March 1, 2022



# Tennessee Pharmacists Association

## RESOLUTION 21.1 TPA House of Delegates

### To Honor Dr. Micah Cost

**WHEREAS**, the members of this TPA House of Delegates are honored to recognize Micah Cost, PharmD, MS, former Executive Director of the Tennessee Pharmacists Association (TPA), for his years of service, countless contributions, and unrelenting dedication to patients, to pharmacists, to the profession of pharmacy, and to the State of Tennessee; and,

**WHEREAS**, since joining the TPA staff in 2008 as an Executive Resident, holding the position of Director of Professional Affairs from 2009-2015, and serving as the Executive Director from 2015-2020, Dr. Cost led the organization with vision and commitment, and provided guidance and leadership to the association and its members for more than 10 years; and,

**WHEREAS**, as the son of a pharmacist, TPA past president Dr. Terry Cost, Dr. Micah Cost began his involvement in the Tennessee Pharmacists Association at an early age as part of the “SuperKids” program; and,

**WHEREAS**, as Executive Director, Dr. Cost ushered in numerous notable changes within the organization, including locating, purchasing, renovating, and raising money for the first permanent home for TPA, the Center for Tennessee Pharmacy; and,

**WHEREAS**, Dr. Cost worked with TPA leadership and members of the Tennessee General Assembly to introduce countless important pharmacy-related legislative initiatives during his tenure, including the Collaborative Pharmacy Practice Act of 2014, the Drug Disposal Act of 2015, implementation of the Medication Therapy Management (MTM) pilot program in 2017, removal of the professional privilege tax for pharmacists, and many pieces of legislation aimed at reining in the practices of pharmacy benefit managers (PBMs); and,

**WHEREAS**, Dr. Cost worked tirelessly in the state of Tennessee to have pharmacists recognized as providers, which allows them the opportunity to credential, contract, and be compensated for patient care as medical providers; and,

**WHEREAS**, Dr. Cost procured over \$1,000,000 in grants to foster pharmacy practice advancement in the state of Tennessee and to re-envision the community pharmacy practice model through the community pharmacy transformation pilot project; and,

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**WHEREAS**, as TPA's executive director, Dr. Cost managed the Tennessee Pharmacists Research and Education Foundation, the Tennessee Pharmaceutical PAC, the Tennessee Society of Health-System Pharmacists, and other subsidiary organizations maintained by TPA, with integrity, efficiency, and effectiveness; and,

**WHEREAS**, Dr. Cost achieved such great success through the love and support of his wife of more than 14 years, Kyle Brown Cost; and,

**WHEREAS**, throughout his many years of service as a pharmacist and executive, Dr. Cost has served as a leader in pharmacy, a valued source of knowledge for pharmacists and pharmacy staff members, a professional and personal mentor to student pharmacists, and an advocate for the pharmacist's role in meeting the needs of patients and fellow pharmacists;

**NOW, THEREFORE BE IT RESOLVED**, that the Tennessee Pharmacists Association House of Delegates formally recognizes and expresses sincere appreciation for Dr. Micah Cost, for his many years of service to patients, to pharmacists, to the profession of pharmacy, and to the State of Tennessee, as Executive Director of TPA; and,

**BE IT FURTHER RESOLVED**, that the TPA House of Delegates bestows the title of "Honorary Member" upon Dr. Micah Cost, including all rights and privileges therein; and,

**BE IT FURTHER RESOLVED**, that the TPA House of Delegates extends the most sincere wishes for future happiness and success to our colleague and friend, Dr. Micah Cost.

Submitted by the Tennessee Pharmacists Association Board of Directors  
June 11, 2021

**A** Adopted on a proper motion by the Tennessee Pharmacists Association House of Delegates  
June 17, 2021



# Tennessee Pharmacists Association

## RESOLUTION 20.4 TPA House of Delegates

### Access to NarxCare Through the Tennessee Controlled Substance Monitoring Database

**WHEREAS**, Tennessee Board of Pharmacy Rule 1140-03-.01 RESPONSIBILITIES FOR PHARMACEUTICAL CARE states that “(2)(a) The patient’s record system shall provide for the immediate retrieval of information necessary for the pharmacist to identify previously dispensed medical and prescription orders at the time a medical or prescription order is presented. (2)(b) In order to effectively counsel patients, the pharmacist...shall...make a reasonable effort to obtain, record, and maintain...; and,

**WHEREAS**, the future of the profession of pharmacy is dependent on the ability of pharmacists to comply with Tennessee Board of Pharmacy Rule 1140-03-.01; and,

**WHEREAS**, the Tennessee Pharmacists Association adopted Resolution 19.1 “A Resolution Advocating for Pharmacy Working Environments that Promote Optimal Patient Care”; and,

**WHEREAS**, the state of Tennessee has an active contract with Appriss, the vendor for the Tennessee Controlled Substance Monitoring Database, to administer the state’s prescription drug monitoring program; and,

**WHEREAS**, the Tennessee Controlled Substance Monitoring Database does not currently include NarxCare, a tool to assist pharmacists in ensuring compliance and efficiency when carrying out their professional responsibilities as providers of care;

**NOW, THEREFORE BE IT RESOLVED**, that the Tennessee Pharmacists Association encourages the Tennessee Board of Pharmacy and the Director of the Controlled Substance Monitoring Database to explore and provide a report to the association on the feasibility of adding NarxCare to the Controlled Substance Monitoring Database to promote optimal pharmacist-provided patient care in Tennessee.

Submitted by Roy Dale Cope, PharmD  
June 7, 2020

**A** Adopted as amended on a proper motion by the Tennessee Pharmacists Association House of Delegates  
June 19, 2020



# Tennessee Pharmacists Association

## RESOLUTION 20.3 TPA House of Delegates

### Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP)

**WHEREAS**, approximately 40,000 Americans are infected with Human Immuno-deficiency Virus (HIV) every year; and,

**WHEREAS**, the Centers for Disease Control and Prevention (CDC) recommends pre-exposure prophylaxis (PrEP) to prevent HIV in high risk individuals; and,

**WHEREAS**, the CDC recommends post-exposure prophylaxis (PEP) within 72 hours of possible exposure to HIV to prevent infection; and,

**WHEREAS**, barriers to obtaining PrEP or PEP may increase the risk of contracting HIV; and,

**WHEREAS**, pharmacists are among the most accessible healthcare providers and have the highest level of training and expertise in medication therapy; and,

**WHEREAS**, the Tennessee Board of Pharmacy has adopted a policy statement on preventive health that includes a variety of common conditions that pharmacists are authorized to manage through non-diagnostic collaborative pharmacy practice agreements with prescribers; and,

**WHEREAS**, access to pharmacist-initiated HIV PrEP and PEP may remove barriers to accessing PrEP and PEP and decrease rates of HIV infection; and,

**WHEREAS**, the Tennessee Pharmacists Association (TPA) is committed to improving public health through pharmacist-provided patient care services;

**NOW, THEREFORE LET IT BE RESOLVED**, this House of Delegates urges TPA to work collaboratively with the Tennessee Medical Association, the state of Tennessee, and other provider groups, to increase patient access to pharmacist-provided PrEP and PEP through legislation, regulation, and policy changes; and,

**BE IT FURTHER RESOLVED**, the TPA advocates that health insurance issuers and managed care organizations be required to compensate pharmacists for providing patient care services related to PrEP and PEP and include PrEP and PEP in their list of covered medications without prior authorization or step therapy; and,

**BE IT FURTHER RESOLVED**, the TPA advocates for the expansion of patient assistance programs to further promote access to PrEP and PEP for any patient in need of these medication therapies.

Submitted by Justin Griner, PharmD, BCPS, and Drew Armstrong, PharmD, BCACP, AAHIVP  
January 31, 2020

**A**

Adopted as amended on a proper motion by the Tennessee Pharmacists Association House of Delegates  
February 25, 2020



# Tennessee Pharmacists Association

## RESOLUTION 20.2 TPA House of Delegates

### Expedited Partner Therapy (EPT)

**WHEREAS**, approximately 550,000 Americans are infected with gonorrhea every year; and,

**WHEREAS**, gonorrhea infection rates have risen by 75% in the past decade; and,

**WHEREAS**, Expedited Partner Therapy (EPT) is the practice of treating the sex partners of patients diagnosed with chlamydia or gonorrhea by providing prescriptions or medications to the patient to take to his/her partner without the health care provider first examining the partner; and,

**WHEREAS**, the Centers for Disease Control and Prevention (CDC) recommends EPT as a useful option to facilitate partner treatment of gonorrhea; and,

**WHEREAS**, increased access to EPT may remove barriers to the prevention and treatment of gonorrhea; and,

**WHEREAS**, the state of Tennessee currently authorizes EPT for chlamydia; and,

**WHEREAS**, seven states bordering Tennessee, including Arkansas, Georgia, Kentucky, Mississippi, Missouri, North Carolina, and Virginia, currently allow EPT for gonorrhea; and,

**WHEREAS**, the Tennessee Pharmacists Association (TPA) is committed to improving public health through pharmacist-provided patient care services;

**NOW, THEREFORE LET IT BE RESOLVED**, TPA urges the state of Tennessee to authorize EPT for gonorrhea via legislation or regulation.

Submitted by Justin Griner, PharmD, BCPS, and Drew Armstrong, PharmD, BCACP, AAHIVP  
January 31, 2020

**A** Adopted as amended on a proper motion by the Tennessee Pharmacists Association House of Delegates  
February 25, 2020

