

**FLORIDA PHARMACY ASSOCIATION
HOUSE OF DELEGATES
2023 POLICY MANUAL**



FLORIDA PHARMACY ASSOCIATION

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RESOLUTIONS MANUAL EXPLANATION

The House of Delegates of the Florida Pharmacy Association held its inaugural session in 1969 to consider resolutions for the establishment of policies involving the profession. This manual is a summary of the policymaking resolutions approved by the House of Delegates since its inception. These have been divided into four major categories: Professional Affairs, Educational Affairs, Organizational Affairs and Public Affairs. The wording of the original resolutions has been condensed to express only the essence of the policy adopted. Similar resolutions were combined into one statement, but each was parenthetically identified. The resolutions are headed by a title and a code indicating the year adopted and the number assigned to it that year. For instance: "Hypodermic Syringes" (73 28): refers to a policy not favoring legislation requiring prescriptions for syringes, "73" indicates that the resolution was adopted in 1973 and "28" is the number given to the resolution that year.

It was the intention of the authors that this manual be supplemented each year with newly adopted policies from the House of Delegates and that it will serve as a guideline for the grass roots organizations in their professional deliberations.

In 1980, resolution number 3A, directed that the incoming speaker of the House of Delegates annually oversee the updating of this document which shall be the official policy document for the FPA. The 1991 revision deleted many of the former policies that concerned rules or laws already enacted, changes in the organizational make-up that were in effect, directions to form committees or communicate with other state or national organizations about some issue in the past, and generally outdated issues. This was done to streamline this document and to make it more realistic with the times and, hopefully, more useful to the delegates and officers of the FPA.

Compiled - May 1980
Oscar Araujo, Speaker of the House of Delegates
Larry Diaz, President, Florida Pharmacy Association

REVISIONS

Jan 1981

Allen Nichol, Edward H. Stonis

Jan 1982

Larry Diaz, Edward H. Stonis

March 1983

Susan Torrico, Lenny Kohn, Edward Stonis, JoAnn Cavaleri and Oscar Araujo

1984, 1985, 1986, 1987, 1988, 1989, 1990, 1991, 1992, 1993

Oscar Araujo, Larry Diaz

1993, 1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003

Michael A. Moné and Jean Krier

2005

Carmen Aceves-Blumenthal, Michael A. Mone' and Jean Krier

2008

Sara Nada

2006, 2007
Helene
Jacobson

2009
Adam
Pumphrey

2010
Teysha
Richardson

Sandra Mathoslah

2012
Megan
Meeks

2011

2013 Natalie Cicccone	2014 Danella Dixon	2015 Musa Darwish	2016 Mathew Schneller	2017 Tavian Cummings	2018 Duyen Luu
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2019 Michael Jackson	2020 Michael Jackson	2021 Michael Jackson			
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HOUSE OF DELEGATES

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2023

TABLE OF CONTENTS

CHAPTER I - ACTIVE POLICY - EDUCATIONAL AFFAIRS	18
CONTINUING EDUCATION	18
CERTIFICATE PROGRAMS (89-32, 06-1)	18
CONTINUING EDUCATION CROSS DISCIPLINE ACCREDITATION (93-15)	18
CONTINUING PROFESSIONAL DEVELOPMENT (06-01)	18
DIABETES EDUCATION (96-12)	18
LIVE CONTINUING EDUCATION (02-11)	18
MANDATORY PATIENT COUNSELING PROGRAMS (96-13)	18
PHARMACY EDUCATION	18
PARTICIPATION IN THE PROFESSION OF PHARMACY BY STUDENTS (02-18)	18
SCHOLARSHIPS FOR FLORIDA'S PHARMACY STUDENTS (93-6)	19
IMMUNIZING PHARMACISTS CONTINUING EDUCATION OPPORTUNITITES (17-04), (20-05)	18
INCREASING COMMUNICATION (03-06)	19
IMPLEMENTATION OF AN OBJECTIVE STRUCTURED CLINICAL EXAMINATION (OSCE) (16-13)	20
PHARMACY HISTORY	20
HISTORY OF FLORIDA PHARMACY (07-05)	20
PUBLIC AWARENESS EDUCATION	20
PUBLIC AWARENESS (99-17)	20
CHAPTER II - ACTIVE POLICY - ORGANIZATIONAL AFFAIRS	20
ANNUAL MEETING AND CONVENTION	20
ROLL CALL AND PRAYER FOR DECEASED PHARMACISTS & FRIENDS OF PHARMACY (00-02)	20
AWARDS AND RECOGINITION	20
RECOGNITION OF FPA TREASURERS (07-01)	20
RECOGNITION OF FPA PAST PRESIDENTS AND SPEAKERS OF THE HOUSE (07-01)	20
CONFLICT OF INTEREST	20
POLICY (04-10)	21
MEETING SUPPORT	

ACCESS TO VIRTUAL MEETING PLATFORM (20-03)	20
MENTOR PROGRAM	
21 POSITION OF FPA PRACTITIONER MENTOR (18-15)	21
NEW PHARMACY ORGANIZATION	21
REPRESENTATION OF ALL FLORIDA PHARMACISTS (00-28)	21
RESOLUTIONS	21
ANNUAL DATE FOR SUBMISSION OF RESOLUTIONS (97-11)	21
ALLOCATION OF TIME (77-17)	21
IMPLEMENTATION OF RESOLUTIONS (95-7)	21
NOMINATION OF HOUSE OF DELEGATES OFFICERS (79-2a)	21
PRIOR NOTICE (72-1)	21
POLICY STATEMENTS (95-8)	21
REPORT OF DISPOSITION (72-2, 90-28)	22
RESOLUTION FORMAT (78-1a)	22
RESOLUTION SUBMISSION (14-2)	22
REVISE RESOLUTION FORMAT (10-06)	22
ITEMS OF NEW BUSINESS (16-10)	22
SEATING OF THE HOUSE OF DELGATES	22
SEATING PAST PRESIDENTS (12-01)	22
SMOKING	22
PROHIBIT SMOKING IN MEETINGS (75-16)	22
CHAPTER III - ACTIVE POLICY - PROFESSIONAL AFFAIRS	22
ADMINISTRATION OF MEDICATION	22
ADMINISTRATION OF MEDICATION (02-09)	23
AGENCY FOR HEALTH CARE ADMINISTRATION	23
REDUCTION OF TRANSACTION FEES (93-34)	23
BOARD OF PHARMACY	23
A CONSUMER PROTECTION ENHANCEMENT (93-31)	23
AUTHORITY-SELF-CARE CONSULTANT FORMULARY COMMITTEE (93-32)	23
COOPERATIVE DISPENSING PHARMACIES (96-09)	23
DISCIPLINARY CHANGES (06-07)	23
IDENTITY VERIFICATION PRIOR TO DISPENSING (04-07)	23
MINOR INFRACTIONS' STATUTE AND EXPUNGING OF INFRACTIONS (10-02)	23
PHARMACISTS WORKLOAD (97-24)	23
PRESCRIBER IDENTIFICATION ON PRESCRIPTIONS (00-11)	24

PRIVACY OF PHARMACY PERSONNEL PERSONAL INFORMATION (07-11)	24
REPRESENTATION AT FPA MEETINGS (02-12)	24
RESTRICT SINGLE EMPLOYER PARTICIPATION (93-30)	24
CENTRAL FILL PHARMACY CENTERS	24
CENTRALIZED DISPENSING PHARMACY CENTERS (00-05)	24
CODE OF ETHICS	24
CODE OF ETHICS (95-3)	24
COMPOUNDING PRESCRIPTIONS	24
BOARDS OF PHARMACY TO REGULATE PHARMACY COMPOUNDING (07-04)	24
CONTINUED ACCESS TO COMPOUNDED MEDICATIONS (98-1)	24
PRESERVING THE ART OF COMPOUNDING (94-4)	25
SUPPORT OF COMPOUNDING PHARMACISTS, PHYSICIANS, & THEIR PATIENTS (07-12)	25
SUPPORT PHARMACIST RIGHT TO COMPOUND (90-56, 92-28, 29)	25
CONSULTANT PHARMACIST	25
SEPARATION OF CONSULTANT-VENDOR SERVICE (91-52, 92-8)	25
PHARMACEUTICAL SERVICES IN ACLF'S (99-02)	25
CONSULTANT PHARMACISTS FOR MEDICAL FACILITIES (08-11)	25
LONG TERM CARE REGULATION (09-6)	25
DISPENSING AND PRESCRIBING REGULATIONS	25
DISPENSING CONTROLLED SUBSTANCES, SCHEDULE II – EMERGENCY EXTEND 72 HOUR LIMITATION FOR EMERGENCY CII DRUGS (93-22)	25
FLORIDA PHARMACISTS DISPENSING OF ORAL CONTRACEPTIVE PILLS (19-28)	25
CONTROLLED SUBSTANCES (09-3)	25
CONTRACEPTIVE (16-07)	25
(19-13)	25
DISPENSING (19-12)	25
IN-OFFICE DISPENSING OF HORMONE-BASED ORAL CONTRACEPTIVE (16-07)	25
MEDICAL MARIJUANA DISPENSARIES (19-13)	25
UNREGULATED UNQUALIFIED PRESCRIPTION DRUG DISPENSING (19-12)	25
FSHP	26
COMPUTER BULLETIN BOARD (94-27)	26
GHB	26
PLACEMENT OF GAMMA HYDROXYBUTYRATE IN SCHEDULE I (99-13)	26
HYPODERMIC SYRINGES	26
DISPOSAL OF SYRINGES (92-54)	26
DISTRIBUTION OF STERILE NEEDLES AND SYRINGES (99-14)	26
IMMUNIZATIONS	26
HEALTHCARE PROFESSIONAL IMMUNIZATION RATES (07-09)	26
IMMUNIZATION BY PHARMACISTS (02-08)	27
LICENSURE BY ENDORSEMENT	27
LICENSE TRANSFER (00-23)	27
MAIL ORDER	27
STATE EMPLOYEES PRESCRIPTION PLAN (93-96)	27
MDI	27

PROPOSAL (75-1, 81-19) 27 MEDICAID FREEDOM OF CHOICE (87-9, 92-36) _____ 27 MEDICAID HMOs-
 PRESERVATION OF FREEDOM-OF-CHOICE (96-02) 27 REDEFINE 4 BRAND LIMIT EXCLUSION (03-05) 27

MEDICATION ERRORS _____ **28**

DULY AUTHORIZED PRESCRIPTIONS: ACCENT ON VALIDITY, SAFETY, AND EFFICIENCY (07-06) -----28
 MEDICATION ERRORS PREVENTION (03-08) -----28

MEDICATION RECONCILIATION _____ **28**

MEDIATION RECONCILIATIONS (07-10) _____ 28

PHARMACEUTICAL INDUSTRY _____ **28**

PRODUCT LICENSING AGREEMENTS AND RESTRICTED DISTRIBUTION (94-11) _____ 28
 CLINICAL TRIALS (05-07) _____ 28

PHARMACEUTICAL SURVEY TEAM _____ **28**

SURVEY TEAM (94-19) _____ 28

PHARMACY BENEFIT MANAGERS _____ **28**

FDA REGULATION (98-4) _____ 28
 PHARMACY BENEFIT MANAGERS ACCOUNTABILITY (07-08) _____ 29

REIMBURSEMENT AND PENALTIES (00-08) _____ 29

PHARMACY PRACTICE _____ **29**

CHART WRITING PRIVILEGES (95-23) _____ 29
 COLLABORATIVE PRACTICE AGREEMENTS (97-23) _____ 29
 COLLABORATIVE PRACTICE AGREEMENTS (MODIFICATION) (19-18) _____ 29
 COMPENSATION FOR CONSULTING (94-29) _____ 29
 DEFINING "PHARMACY" (02-03, 02-16) 29 Refill Authorization by the Pharmacist (15-07) _____ 29
 DEFINING "TELEHEALTH, TELEMEDICINE, TELEPHARMACY, REMOTE DISPENSING AND SUPERVISION" (18-14) 29
 DEGREE DESIGNATION (09-5) _____ 30
 DIRECT BILLING TO PROVIDERS (07-02) _____ 30
 DRUG THERAPY MANAGEMENT STANDARDS AND PAYMENT (00-18) _____ 30
 FORMULARY BASED THERAPEUTIC SUBSTITUTION (06-2) _____ 30
 FREEDOM OF CHOICE AND STANDARDIZED REIMBURSEMENTS (10-03) _____ 30
 LABORATORY STUDIES (00-10) _____ 30
 MANDATORY PATIENT COUNSELING FOR REFILLS (95-21) _____ 30
 NPI NUMBER (11-06) _____ 30
 METRICS USED IN PHARMACY PRACTICE (19-22) _____
 PHARMACIST AUTHORITY TO PRESCRIBE VITAMINS (10-10) _____ 30
 PHARMACISTS' PROVISION TO ADMINISTER MEDICATIONS (93-45) _____ 30
 PHARMACISTS AND THE RIGHT OF CONSCIENCE (98-7) _____ 31

PHYSICIAN SCOPE OF PRACTICE EXPANSION INTO DISPENSING (12-04)	31
PHARMACISTS TO BE RECOGNIZED AS HEALTHCARE PROVIDERS (13-04)	31
PRIMARY CARE PROVIDERS (00-19)	31
PRINTED PRACTITIONER NAME ON PRESCRIPTIONS (02-13)	31
SCOPE OF PRACTICE (05-13)	31
SIZE OF NDC NUMBERS (00-27)	31
STANDARDS FOR PHARMACY-BASED IMMUNIZATION (97-19)	31
TIME-ORIENTED METRICS AND OPERATIONAL QUOTAS (18-08)	31
UNIVERSAL THIRD PARTY PRESCRIPTION BENEFIT CARD (99-04)	31
UNIVERSAL PROVIDER NUMBER (00-17, 02-17)	31
STANDARD OF PRACTICE	32
STANDARD OF PRACTICE (91-8, 91-27)	32 CQI
(98-25)	32 CQI
EVALUATION (09-8)	32 QRA
AUDITS OF PHARMACY BY WHOLESALER (18-05)	32
TECHNICIANS	32
CERTIFICATION (95-25)	32
REGISTRATION (07-07)	32
PHARMACIST TO PHARMACY TECHNICIAN RATIO (13-06)	32
TECHNOLOGY	32
INTERNET PRESCRIBING (03-16) 32 TECHNOLOGY (05-12)	32
TECHNOLOGY AND TRANSMISSION OF PRESCRIPTIONS (01-13)	33
TELEHEALTH ALLIANCE (18-1a)	33
THIRD PARTY PRESCRIPTION PROGRAMS	33
CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) TO CLARIFY DEFINITION OF "QUALIFIED PROVIDER" IN MEDICATION THERAPY MANAGEMENT (MTM) RULES (13-08)	33
The FPA shall support the clarification of "qualified providers" as licensed/certified health care providers.	33
FAIR COMPETITION (00-20)	33
TORT REFORM	33
TORT REFORM (05-06)	33
TRAINING	33
AUTHORIZED REPRESENTATIVES (04-09)	33
FUNDS FOR TITLE VII EDUCATION HEALTHCARE TRAINING PROGRAMS (06-04)	33
EQUALITY OF PHARMACISTS (16-03)	33
UNIT OF USE	34
PACKAGING (03-17) 34 VOICE MAIL	34 VOICE MAIL (01-11)
	34 Health Fair Fund (15-02)
	34
CHAPTER IV - ACTIVE POLICY - PUBLIC AFFAIRS	34

CONSUMERS	34
CONSOLIDATION IN THE WHOLESALE INDUSTRY (98-19)	34
CONSUMER INFORMATION AND LIABILITY PROTECTION (95-15)	34
DISCOUNT PRESCRIPTION CARDS (00-13)	34
CONSUMER COPAYMENT RELIEF (15-06)	34
COUNSELING	34
PRIVATE CONSULTATION AREAS (96-11)	34
IMPORTATION	35
IMPORTATION OF MEDICATIONS (03-15)	35
PHARMACISTS AND HEALTHCARE PROFESSIONALS	35
ELECTRONICALLY SIGNED PRESCRIPTIONS (11-04)	35
SECURITY OF PRIVATE INFORMATION FOR HEALTHCARE PROFESSIONALS (01-18)	35
PHYSICIAN ASSISTED SUICIDE	35
PHYSICIAN ASSISTED SUICIDE (97-2)	35
PHARMACIST ROLE IN PHYSICIAN ASSISTED DEATH (18-10)	35
TOBACCO	
35 PROHIBITION ON SALE OF TOBACCO PRODUCTS IN PHARMACIES (98-21, 05-09)	35
WHOLESALERS	35
CONTROL OF DRUG DISTRIBUTION PROCESS (03-14)	35
CHAPTER V - ACTION ITEMS - EDUCATIONAL AFFAIRS	36
CONSULTANT PHARMACIST	36
HOME STUDY RECERTIFICATION EDUCATION (08-1)	36
STATE COLLEGES	36
ADEQUATE FUNDING FOR STATE COLLEGES (08-10)	36
CHAPTER VI - ACTION ITEMS - ORGANIZATIONAL AFFAIRS	36
RESOLUTIONS	36
ALLOW RESOLUTIONS TO BE SUBMITTED UP TO 60 DAYS BEFORE HOUSE OF DELEGATES (14-02)	36
WRITE IN CANDIDATE CHOICE FOR FPA ELECTION PROCEDURES	36
ALLOW FOR WRITE IN CANDIDATES FOR FPA ELECTIONS	36
CHAPTER VII - ACTION ITEMS - PROFESSIONAL AFFAIRS	36
BOARD OF PHARMACY	36
REGULATION OF DAILY OPERATING HOURS (95-19)	36
MINIMUM OPERATING HOURS FOR COMMUNITY PHARMACY PERMIT (09-2)	36
CONSULTANT PHARMACIST	36
INSPECTION OF PAIN MANAGEMENT CLINICS (11-02)	36
MEDICAL-SURGERY CENTERS (89-42)	37
CONSULTANT PHARMACIST REVIEWS (16-01)	37
CONSULTANT PHARMACIST REVIEWS (19-27)	
EMERGENCY CONTRACEPTION	37
EMERGENCY CONTRACEPTIVES BY PHARMACIST PRESCRIPTION (01-14)	37

FSHP	37
FPA TO INVITE FSHP TO UNITE AS ONE SINGLE STATEWIDE PHARMACY ASSOCIATION (13-07)	37
DUAL MEMBERSHIP CATEGORY IN FPA AND FSHP (14-03)	37
HEALTH CARE FINANCING ADMINISTRATION	37
CONDITIONS OF PARTICIPATION (98-27)	37
PHARMACY PRACTICE	37
ADMINISTRATION OF MEDICATIONS (98-18)	38
COMPREHENSIVE MEDICATION MANAGEMENT (19-6)	36
The FPA supports legislation to authorize pharmacists to administer medications.	38
MEDICATION THERAPY MANAGEMENT SERVICES (05-08)	38
NEW MEXICO PRESCRIPTIVE ACT (94-9)	38
NPI NUMBER (11-06)	38
PHARMACISTS PRESCRIPTIVE AUTHORITY EXPANSION (01-16)	38
PHARMACISTS SELF CARE CONSULTANT LAW (98-17)	38
PHARMACISTS TO BE RECOGNIZED AS HEALTHCARE PROVIDERS (13-04)	38
PRESCRIPTION INFORMATION (11-03)	38
PRIMARY CARE PROVIDER (96-01)	38
STANDARD OF PRACTICE	38
STANDARD OF PRACTICE (95-4)	38
THIRD PARTY	39
ANY WILLING PROVIDER (97-6, 99-07)	39
COST OF DRUGS (05-02)	39
EQUITABLE COMPENSATION (81-29, 84-2, 88-32, 89-29)	39
FREEDOM OF CHOICE (96-04)	39
FREEDOM OF CHOICE-OPEN ENROLLMENT (86-29, 87-8, 89-36, 90-36, 91-18, 92-33, 36)	39
INSURANCE CARD INFORMATION (94-15)	39
INSURANCE PRIOR AUTHORIZATIONS (05-03)	39
PRESCRIBER ID NUMBER (89-30)	39
PRESCRIPTION SIGNATURE REQUIREMENTS (11-07)	39
REIMBURSEMENT FOR COUNSELING UNDER OBRA 90 (93-27)	39
REIMBURSEMENT FOR PHARMACEUTICAL SERVICES (93-29)	39
RESTRICTED NETWORK AND UNEQUAL ACCESS TO PBM CONTRACTS (19-16)	
PHARMACY BENEFIT MANAGER ENROLLMENT (16-06)	40
MAXIMUM ALLOWABLE COST (MAC) TRANSPARENCY LAW ENFORCEMENT (16-11)	40
PHARMACY BENEFIT MANAGER TRANSPARENCY (16-12)	40
UNFAIR TREATMENT OF INDEPENDENT PHARMACIES	
WORKLOAD STUDY	40

PARTIAL FILLING OF SCHEDULE II PRESCRIPTION	40
EXTENDING THE INTERVAL FROM 3 DAYS TO 10 DAYS (08-5)	40
CHAPTER VIII - ACTION ITEMS - PUBLIC AFFAIRS	40
AARP, FLORIDA CHAPTER	41
RELATIONSHIP (94-25)	41
CONSUMERS	41
ACCESS TO HEALTH CARE SERVICES (96-08)	41
41 CONFUSION CONCERNING BRAND NAME EXTENSION (98-22)	41
41 MISLEADING ADVERTISING OF PRESCRIPTION DISCOUNT CARDS/PROGRAMS (98-32)	41
41 O.T.C. CONSULTING STATEMENTS IN ADVERTISING (80-36)	41
EXPIRATION DATES	41
PRODUCT EXPIRATION DATES (98-28)	41
MEDIA	39
FPA MEDIA RELATIONS (19-17)	
RECYCLING	41
RECYCLING (94-5)	41
SAFETY	42
PEDIGREE DOCUMENTATION PROGRAM (09-7)	42
CHAPTER IX - ACTION ITEM - MEMBERSHIP COMMITTEE	
MEMBERSHIP RECRUITMENT	40
FPA HIRE A MEMBERSHIP CONSULTANT (19-5)	
CHAPTER X - REFER TO COMMITTEE - EDUCATIONAL AFFAIRS	42
CONTINUING EDUCATION	42
PETITION THE MEDICAL BOARD OF FLORIDA TO HAVE FPA ANNUAL MEETING CE COUNT TOWARDS FLORIDA PHYSICIAN CME (14-05)	42
CHAPTER XI - REFER TO COMMITTEE - ORGANIZATIONAL AFFAIRS	42
STUDENT REPRESENTATION	42
CREATION OF A STUDENT PHARMACIST COUNCIL (14-06)	42
CREATION OF A STUDENT POSITION ON THE BOARD DIRECTIONS (14-07a)	42
REQUIREMENTS FOR SELECTION OF STUDENT POSITION (14-07b)	42
STUDENT ADVOCACY OUTREACH TEAM (19-24)	
CHAPTER XII - REFER TO COMMITTEE - PROFESSIONAL AFFAIRS	43
CONSUMERS	43
GIFTS FOR TRANSFERRING EXISTING PRESCRIPTIONS BETWEEN PHARMACIES (13-01)	43
TRANSFERRING PRESCRIPTIONS WITH PATIENT CONSENT (16-09)	43
DISCIPLINE	43
SUNSET PROVISION (04-01)	43
WORKSPACE	43

INTRODUCTORY PHARMACY PRACTICE EXPERIENCE (IPPE) STANDARD COMPETENCIES (10-11)	43
PHARMACIST-ONLY RESPONSIBILITIES (10-01)	43
PHARMACY MANAGER IN CHARGE (08-6)	43
WORKING CONDITIONS (05-14)	44
WORKLOAD RESOLUTION (08-3)	44
PHARMACY TECHNICIANS	
44 POLICY STATEMENT REGARDING THE NEW ROLE OF PHARMACY TECHNICIANS (14-10)	44
CHAPTER XIII - REFER TO COMMITTEE - PUBLIC AFFAIRS	44
EDUCATION PROGRAM	44
PHARMACY CHANGING ROLE (08-8)	44
CHAPTER XIV – REFER TO COMMITTEE – GOVERNMENTAL AFFAIRS COMMITTEE	44
APHA-ASP NOVA SOUTHEASTERN UNIVERSITY ADVOCATING FOR STUDENT IMMUNIZING (10-07)	45
DEA/LAW ENFORCEMENT OVERREACH	
FLORIDA PROFESSIONAL BOARD MEMBERSHIP (14-01)	45
JURISDICTION & REGULATION OF PHARMACIES, PHARMACISTS & PHARMACEUTICALS UNDER THE FLORIDA DEPARTMENT OF HEALTH (10-13)	45
NO PHARMACIST LEFT ALONE	45
UNIFORM 3RD PARTY INSURANCE CARD (05-01)	45
CHAPTER XV- HISTORY - EDUCATIONAL AFFAIRS	46
CONTINUING EDUCATION	46
AIDS (95-26) AS REFERRED TO COMMITTEE	46
CERTIFICATE PROGRAMS (89-32, 06-1)	46
CONTINUING EDUCATION SUPPORT (70-12, 83-18, 87-5, 88-11, 90-20, 92-25, 93-13)	46
CONSULTANT C.E. (91-15, 93-16)	46
CONTINUOUS QUALITY IMPROVEMENT- BOARD OF PHARMACY EXPLANATION (03-18)	46
CONTROLLED SUBSTANCE ABUSE (98-12)	46
DRUG INTERACTIONS (98-26)	46
EDUCATIONAL MONOGRAPH (95-10, 00-14)	46
EDUCATIONAL PROGRAMS FOR PHARMACY TECHNICIANS (93-10)	46
ELIMINATING LIVE CE REQUIREMENTS FOR 202 RENEWALS (20-06)	
EMPLOYMENT RIGHTS OF FLORIDA’S PHARMACISTS (98-10)	46
ESTABLISHMENT OF THE JEAN LAMBERTI STUDENT MENTORS GRANT (98-24)	47
HIGH-TECH (89-21, 22, 39, 40)	47
MEMBERSHIP CE BONUS (20-02)	47
NUCLEAR PHARMACY (89-18)	
NUCLEAR PHARMACY INTERNSHIP (89-45)	47
PHARMACEUTICAL MANUFACTURING INTERN HOURS (88-2)	47
DOCTOR OF PHARMACY	47

B.S. AND PHARM.D. DEGREES (85-34)	47
CONTINUING EDUCATION TOWARDS DEGREE (71-15, 73-22)	47
PHARM.D. OUTREACH PROGRAMS (84-28, 93-17)	47
SUPPORT 6-YEAR ENTRY LEVEL PROGRAM (88-24)	47
PHARMACY EDUCATION CURRICULUM	47
COLLEGES OF PHARMACY (81-8)	47
CHAPTER XVI- HISTORY - GOVERNMENTAL AFFAIRS	47
DISPENSING OF MEDICAL MARIJUANA (14-11)	47
CHAPTER XVII - HISTORY - ORGANIZATIONAL AFFAIRS	48
AD HOC COMMITTEE	48
ORGANIZATIONAL STRUCTURE (03-01)	48
COUNCIL AND COMMITTEES	48
FPA COUNCIL AND COMMITTEE MINUTES (88-12)	48
LEGISLATIVE COMMITTEE - ESTABLISHMENT (03-99)	48
ENDORSEMENTS	48
POLICY (94-24)	48
FPA AUXILLIARY	48
FPA AUXILLIARY (02-06)	48
FINANCIAL RESPONSIBILITY	48
BUILDING AND MAINTENANCE FUND (95-12)	48 FISCAL
RESPONSIBILITY (95-11)	48
TRAVEL REIMBURSEMENT FOR FPA PRESIDENT (98-6)	48
FSHP	49
JOINT FPA/FSHP MEETINGS (03-11)	49
HEALTH FAIR	49
HEALTH FAIR FUNDS (04-06)	49
HOUSE OF DELEGATES RESOLUTIONS	49
WHO MAY SUBMIT RESOLUTIONS (99-06) AS REFERRED TO COMMITTEE	49
INDEPENDENT PHARMACIST SECTION	49
RESOURCE GUIDE FOR INDEPENDENT PHARMACISTS (93-43)	49
INSURANCE	49
FPA LIABILITY INSURANCE (86-23)	49
LAW MANUAL	49
UPDATES (94-26)	50
MEMBERSHIP	50
CERTIFICATES (95-13)	50
PARTICIPATION	50
INTERNET BULLETIN BOARD/PARTICIPATION (02-04)	50
REPRESENTATION	50

	50	COMMITTEES (70-1)
		50 HOUSE OF DELEGATES (69-8)
		50 SUPPORT FOR STUDENT HOUSING
ASSISTANCE/ROTATIONS (04-11)	50	
UNIT ASSOCIATIONS	50	
EMPLOYEE PHARMACIST ACTION PLAN (93-7)	50	
FPA REGIONS (85-25)	50	
IDENTIFICATION OF PROSPECTIVE MEMBERS (88-13)	51	
TECHNICIANS IN THE FPA/APP (93-9)	51	
UNIT OFFICER DIRECTORY (82-24, 87-27, 88-14, 88-15)	51	
VOICE MAIL SYSTEM (94-28)	51	
CHAPTER XVIII - HISTORY - PROFESSIONAL AFFAIRS	51	
BOARD OF PHARMACY	51	
DPR COMPLAINT REPORTING (87-13)	51	
EXPEDIENT LICENSURE OF PHARMACY GRADUATES (95-27)	51	
GENERIC LAW CLARIFICATION (01-01)	51	
NEWSLETTER (80-6, 84-3, 89-42)	51	
PHARMACIST PRACTITIONER LICENSE, ESTABLISHMENT (96-10)	51	
PHARMACISTS AS INSPECTORS (81-9, 83-3)	51	
CARISOPRODOL	51	
CARISOPRODOL AND BUTORPHANOL (94-18)	52	
CARISOPRODOL AND CARISOPRODOL CONTAINING PRODUCTS (00-03)	52	
CARISOPRODOL CONTROLS (91-25)	52	
CASE MANAGERS	52	
CERTIFICATION AND REGULATION OF CASE MANAGERS (93-40)	52	
CONSULTANT PHARMACIST	52	
CONSULTANT PHARMACISTS IN ACLF (83-32, 85-23, 86-17, 90-40, 91-14, 95-22)	52	
DISPENSING AND PRESCRIBING REGULATIONS	52	
CONTROLLED SUBSTANCES RED "C" (92-50)	52	
DISPLAY OF PHARMACIST'S HOURS (79-29, 82-30, 84-11) AS REFERRED TO COMMITTEE	52	
ENFORCEMENT OF THE REQUIREMENT FOR LICENSURE TO PRACTICE THE PROFESSION (01-05) AS REFERRED TO COMMITTEE	52	
ELIMINATION OF "C" STAMPS/SEPARATE FILES (95-20)	52	
DIAGNOSIS ON PRESCRIPTION (01-09) AS REFERRED TO COMMITTEE	52	
DISPENSING PHYSICIAN REGISTRATION (78-3a, 85-16, 85-35, 86-10)	52	
DISPENSING PHYSICIANS - INSPECTING (79-31)	52	
DISPENSING PHYSICIANS - STANDARDS OF PRACTICE (93-36)	53	
ENFORCEMENT OF DISPENSING LAWS AND REGULATIONS (75-31, 76-52, 77-27, 80-13, 83-21, 84-8, 84-18)	53	

ENTERAL/PARENTERAL PREPARATIONS (84-31)	53
HOSPICE CONTROLLED SUBSTANCES (89-37)	53
INHALATION THERAPIST DISPENSING - OPPOSITION (86-21)	53
LICENSING OF PHARMACY BENEFIT MANAGERS (01-06) AS REFERRED TO COMMITTEE	53
LONG TERM CARE FACILITIES-CONTROLLED SUBSTANCES-CIII-CV (94-17)	53
PATIENT COUNSELING SUPPORT (90-61)	53
PHARMACIST CONTROL OF PRESCRIPTIONS (89-44)	53
PHYSICIAN DISPENSING - OPPOSITION (76-43, 89-24)	53
PRESCRIBING C-II PRESCRIPTIONS (83-42)	53
RESTRICTION OF DISPENSING TO PHARMACISTS (85-32)	53
RESTRICTION OF SALE OF EPHEDRINE (93-21)	53
RETURN OF CIII, CIV, AND CV FROM LONG-TERM CARE FACILITIES (95-18)	
SUPPORTING USF RESEARCH ENDEAVOR ON COMMON DEFINITIONS (20-04)	53
DOCTOR OF PHARMACY - P.D.	53
UNIFORM DESIGNATION FOR PHARMACISTS (81-7, 88-25)	53
FSHP	54
UNIFIED VOICE (95-9)	54
GENERIC DRUGS	54
DRUG PRODUCT IDENTIFICATION (79-3a, 91-30) 54 FDA APPROVAL (79-32)	54
SELECTION BY PHARMACIST (73-30)	54
HIPAA	54
HIPAA GUIDELINES (01-19) AS REFERRED TO COMMITTEE	54
HOME INFUSION KICKBACKS	54
HOME INFUSION KICKBACKS (91-16)	54
HYPODERMIC SYRINGES	54
OPPOSITION TO SYRINGES ON RX (73-28) 54 RESTRICT TO HEALTH CARE PROFESSIONALS (82-33)	54
JURY DUTY	54
OPPOSITION AND SUBSEQUENT ENDORSEMENT (71-4, 73-34, 78-5)	54
LEGISLATION	55
EXPANSION OF FPA LEGISLATIVE ACTIVITIES (03-03)	55
SENIOR DRUG BENEFIT (03-04)	55
LICENSURE BY ENDORSEMENT	55
LICENSURE BY ENDORSEMENT (86-35)	55
MAIL-ORDER	55
MAIL-ORDER LICENSING (85-18, 86-12, 93-25)	55
MAIL-ORDER PHARMACIES AND REPACKAGERS - STANDARDS (88-18)	55
MANUFACTURERS PACKAGE	55

C.S. LABEL ON SIDE OF STOCK BOTTLE (80-33, 88-28)	55	EXPIRATION DATE (78-4, 80-39, 81-13, 83-24, 88-30, 88-31, 91-33)	55
NDC ON LABEL (83-23, 91-32)			55
ORANGE BOOK RATING ON PRODUCT LABEL (91-31)			55
RETURN GOODS (87-4, 90-24)			55
MEDICAID			56
CROSS REFERENCING BETWEEN MEDICAID AND HMO'S (95-17)	56	MANUFACTURER REBATES TO MEDICAID HMO PROGRAMS (95-14)	56
MEDICAID COST OF GOODS (89-16)			56
MEDICAID DER COMMUNICATION (83-15, 84-16, 89-15, 92-46)			56
MEDICAID DISPENSING FEE (78-7, 80-16, 86-32, 87-14, 89-14)			56
MEDICAID FOOD SUPPLEMENTS DAW CODE (92-342)			56
MEDICAID HOME INFUSION THERAPY (91-19)			56
MEDICAID - MEDICALLY NECESSARY (89-10)			56
MEDICAID NDC PROMPT UPDATE (92-44)			56
MEDICAID NON-REIMBURSABLE DRUGS (83-9, 84-6)			56
MEDICAID POLICY CHANGES (87-26)			56
MEDICAID PRICE INCREASES (83-15)			56
MEDICAID REIMBURSEMENT - ELECTRONIC CLAIMS (81-1)			56
MEDICAID REINSTATEMENT OF V-CODE (97-18)			56
UNIT-DOSE CONTROLLED SUBSTANCE DISPENSING QUANTITY (94-16)			56
OBRA AND PATIENT COUNSELING			57
OBRA '90 AND PATIENT COUNSELING (93-28)			57
PEDIATRIC MEASURING DEVICES			57
PEDIATRIC MEASURING DEVICES (92-30)			57
PHARMACY OWNERSHIP			57
BATHROOM IN PHARMACIES (94-10)			57
CLOSING OF PREMISES FOR VIOLATION (84-22)			57
NON-LICENSED OWNERSHIP OF PHARMACY (84-22)			57
PROHIBITING PHYSICIAN OWNERSHIP (73-1)			57
PHARMACY PRACTICE			57
DEFINITION OF THE PRACTICE OF THE PROFESSION (94-20)			57
EXCLUSIONS IN CLASS I INSTITUTIONAL PERMIT (03-10)			57
IMPLEMENTATION OF A PHARMACISTS UPIN NUMBER (98-20)			58
LABORATORY TEST ORDERS (94-7)			58
OPPOSITION TO RECIPROCITY OR LICENSURE BY ENDORSEMENT (98-30)			58
PHARMACISTS' AGENT (94-8)			58

PHARMACISTS WORKLOAD (97-24)	58
POSITIVE FORMULARY (98-23)	58
SCOPE OF PRACTICE (96-03)	58
POISONS	58
AVERSIVE FLAVORING OF POISONS (92-47)	58
PRESCRIPTION BLANK INFORMATION	58
PREPRINTED C.S. PRESCRIPTION BLANKS (87-12)	58
PRESCRIPTION BLANKS-PRESCRIBER NAME (94-12)	58
PRESCRIPTION CARBON COPIES (86-25)	58
TRIPPLICATE PRESCRIPTIONS (80-27)	58
PRESCRIPTIVE AUTHORITY	58
PRESCRIPTIVE AUTHORITY FOR PHARMACISTS (95-5)	59
REGISTERED CARE TECHNICIANS	59
REGISTERED CARE TECHNICIANS (89-34)	59
SAMPLES (LEGEND DRUGS)	59
ELIMINATE DRUG SAMPLING (78-15, 81-33, 92-55)	59
THIRD CLASS OF DRUGS	59
THIRD CLASS OF DRUGS - SUPPORT (78-14, 79-36, 80-21, 97-13)	59
THIRD PARTY	59
ASSURED ADJUDICATION (04-05)	59
COGNITIVE PHARMACEUTICAL SERVICES (89-26, 92-27)	59
CONTRACT INFORMATION (86-28, 87-16, 92-34)	59
COST OF GOODS (90-47)	59
DELINQUENT PAYMENTS (87-15)	59
DISCRIMINATORY DRUG PRICES (85-36)	59
DISPENSING LIMITATIONS (84-20)	59
INSURANCE COMMISSIONER-PHARMACIST PARTICIPATION (96-05)	59
MAINTENANCE DRUG LIST (87-23)	60
MULTI-TIER PRICING ELIMINATION (90-50)	60
NON-PROFIT COMPETITION (85-29)	60
NURSING AGENCY BILLING OF PHARMACEUTICALS (93-37)	60
ORAL CONTRACEPTIVES DAW CODE (92-43)	60
PHARMACIST DISPENSE AS WRITTEN (90-54)	60
PRACTITIONER'S LICENSE NUMBER ON UNIVERSAL CLAIM FORMS (93-35)	60
STANDARDIZATION OF MAXIMUM ALLOWABLE COST (96-07)	60
STATE LICENSE PRESCRIBER NUMBER (94-13)	60

TOTAL ADJUDICATION (94-14)	60
WORKERS COMPENSATION LAW (84-36)	60
WORKERS COMPENSATION PRESCRIPTION PAYMENTS (86-31)	60
WORKERS COMPENSATION REFORM (91-47)	60
UNETHICAL REPACKAGING	61
UNETHICAL REPACKAGING (88-35)	61
VETERINARY MEDICINE	
DISPENSING VETERINARIANS (88-33)	61
61 DRUG PRODUCT AVAILABILITY (88-34)	61
VITAMINS	61
AVAILABILITY OF VITAMINS AND NUTRITIONAL SUPPLEMENT (93-20)	61
WORKLOAD	
REPORT ON PHARMACY WORKPLACE CONDITION CONCERNS (2020-08)	
CHAPTER XIX - HISTORY - PUBLIC AFFAIRS	61
ADVERTISING	61
ADVERTISING ACTIVE INGREDIENTS (91-29)	61
BAN PRESCRIPTION DRUG ADVERTISING ON TELEVISION (01-07) AS REFERRED TO COMMITTEE	61
COMMERCIAL SOLICITATION OF MEDICAID RECIPIENT (88-7)	61
CONTROLLED SUBSTANCES (99-09) AS REFERRED TO COMMITTEE	61
DIRECT TO CONSUMER ADVERTISING OF PRESCRIPTION DRUGS (83-35)	62
CAREERS IN PHARMACY	62
PROMOTION OF CAREERS IN PHARMACY (88-16)	62
EMPLOYMENT WORKPLACE	62
DRUG-FREE WORKPLACE (90-23)	62
INTERVENTION REPORTING MECHANISM (93-38)	62
WARNING SIGN (86-4)	62
HEALTH CARE REFORM	62
PHARMACY SERVICES BENEFITS (94-22)	62
HEALTH MAINTENANCE ORGANIZATIONS	62
PATIENT ADVOCACY (96-06)	62
PHARMACIST IMAGE	62
CHANGE THE PUBLIC PERCEPTION OF FLORIDA PHARMACISTS (01-04) AS REFERRED TO COMMITTEE	62
PHARMACY WEEK (89-6)	62
POISON CONTROL CENTERS	63
IMPLEMENTATION AND FUNDING (94-21)	63
POLYGRAPH	63
TESTING OF EMPLOYEES (77-19)	63
TESTING OF PHARMACISTS (76-16)	63
SPEAKERS BUREAU	63
SPEAKERS BUREAU (90-16, 92-15)	63
TOBACCO	63
NO TOBACCO PRODUCTS SIGN (93-18)	63
SMOKE-FREE SOCIETY (93-19)	63
TOBACCO FREE CAMPAIGN (94-6)	63

CHAPTER I - ACTIVE POLICY - EDUCATIONAL AFFAIRS

CONTINUING EDUCATION

CERTIFICATE PROGRAMS (89-32, 06-1)

The FPA supports the development of certificate training programs in various areas of specialization, at least one annually.

CONTINUING EDUCATION CROSS DISCIPLINE ACCREDITATION (93-15)

The FPA supports the acceptance for pharmacy continuing education credit, of relevant, quality programs offered by other health care providers and encourages the use of pharmacist developed continuing education for other health care disciplines.

CONTINUING PROFESSIONAL DEVELOPMENT (06-01)

The FPA supports continuing professional development that is voluntary, self directed, individualized, self-managed and supports pharmacists in their area(s) of practice or interest.

The FPA will facilitate access to quality educational programs that meet the needs of pharmacists to maintain and or improve knowledge base and/or competency in a self directed manner. The FPA shall develop self-assessment tools for continuing education programs provided by the FPA. These self assessment tools are to be placed on the FPA website and that answers are provided to allow pharmacists the opportunity to view where they may need to improve.

DIABETES EDUCATION (96-12)

The FPA supports the development by the FPA, other pharmacy organizations and colleges of pharmacy of a diabetes specialty training certification program for pharmacists and a mechanism for payment to be made to a pharmacist who achieves certification.

LIVE CONTINUING EDUCATION (02-11)

The FPA reiterates its support of the live continuing education requirement to the Florida Board of Pharmacy as being relevant, meaningful and an important means of meeting re-licensure requirements.

MANDATORY PATIENT COUNSELING PROGRAMS (96-13)

The FPA supports the development of continuing education programs to better train pharmacists on counseling techniques and information.

IMMUNIZING PHARMACISTS CONTINUING EDUCATION OPPORTUNITIES (17-04), (20-05)

The FPA seek legislation that would allow for Florida pharmacists to seek immunization continuing education credit for recertification from any ACPE approved program.

PHARMACY EDUCATION

PARTICIPATION IN THE PROFESSION OF PHARMACY BY STUDENTS (02-18)

The FPA strongly encourages colleges of pharmacy administrators to encourage graduates to join and serve as officers in pharmacy associations.

INCREASING COMMUNICATION (03-06)

The FPA Convention Planning Committee shall identify methods to promote increased interest in and attendance at the Annual Meeting, including but not limited to poster presentations.

IMPLEMENTATION OF AN OBJECTIVE STRUCTURED CLINICAL EXAMINATION (OSCE) (16-13)

The FPA declares support of the OSCE model and encourage Florida Colleges of Pharmacy to adopt it as the better method of examination within their curriculum.

PUBLIC AWARENESS EDUCATION

PUBLIC AWARENESS (99-17)

The FPA supports its commitment to the implementation of educational programs designed to inform the public of types of pharmacy services the profession can make available under existing law and how those services contribute to the public health and wellbeing; and the FPA supports the resolution of questions concerning the use of public money for the funding of these educational programs designed to inform the public about the benefits of pharmacists' services.

CHAPTER II - ACTIVE POLICY - ORGANIZATIONAL AFFAIRS

ANNUAL MEETING AND CONVENTION

ROLL CALL AND PRAYER FOR DECEASED PHARMACISTS & FRIENDS OF PHARMACY (00-02)

The FPA shall remember the deceased pharmacists and friends of pharmacy by having a roll call and a moment of prayer as a permanent component of the Annual Meeting and Convention.

AWARDS AND RECOGNITION

RECOGNITION OF FPA TREASURERS (07-01)

The FPA establish a plaque in honor and recognition of past treasurers in line with the names of past presidents and that the recognition be continued in perpetuity.

RECOGNITION OF FPA PAST PRESIDENTS AND SPEAKERS OF THE HOUSE (07-01)

The FPA establish a plaque in honor and recognition of past speakers of the House in line with the names of past presidents and that the recognition be continued in perpetuity.

CONFLICT OF INTEREST

POLICY (04-10)

The members of the Organizational Affairs Council shall develop and submit to the Board of Directors for approval a Conflict of Interest and Disclosure Statement for FPA Leadership and Staff and that the completed Statement shall be filed with the Association by voting members of the President's and Board of Directors prior to assuming office and the FPA shall make the Statement available for inspection by the President's

and Board of Director members upon request and that the Statement shall include a brief description of the position and the obligation of the member including a copy of the FPA Mission Statement, Constitution, By-Laws and the FPA Resolution Manual.

MEETING SUPPORT

ACCESS TO VIRTUAL MEETING PLATFORM (20-03)

FPA Provide access to a virtual meeting platform for local unit associations leveraging the scale of FPA and develop a pool of virtual accredited training programs and/or speakers.

MENTOR PROGRAM

POSITION OF FPA PRACTITIONER MENTOR (18-15)

The Florida Pharmacy Association shall create the application-based voluntary position of FPA Practitioner Mentor to allow participating FPA pharmacists with active membership to serve and mentor Florida Schools and Colleges of Pharmacy.

NEW PHARMACY ORGANIZATION

REPRESENTATION OF ALL FLORIDA PHARMACISTS (00-28)

The FPA supports the formation of a new pharmacy organization representing all pharmacists and that the FPA actively pursue dialogue with other Florida pharmacy organizations to achieve this goal.

RESOLUTIONS

ALLOCATION OF TIME (77-17)

At the House of Delegates session, each resolution will be given proper time and attention in its discussion and in the final vote.

IMPLEMENTATION OF RESOLUTIONS (95-7)

Resolutions adopted by the House of Delegates in 1995 and thereafter shall be assigned a three-year recession date. Resolutions shall be actively considered and implemented during the first year after passage. Resolutions not implemented by the assigned recession date shall be brought back before the House of Delegates for consideration and action.

PRIOR NOTICE (72-1)

No resolution pertaining to policy or procedure shall be heard at the convention unless the information has been disseminated by the Speaker of the House of Delegates within a reasonable period of time, in order to permit deliberation of the issues involved by the membership of the various local organizations.

POLICY STATEMENTS (95-8)

The FPA shall initiate a process whereby any adopted resolution of the House of Delegates can be transformed into proper wording so as to enable it to be offered to any individual or organization as an official policy or position statement of the FPA. The FPA House of Delegates Policy Manual shall be re-titled as the FPA House of Delegates Resolution Manual.

REPORT OF DISPOSITION (72-2, 90-28)

The Speaker of the House of Delegates shall make a biannual report of the status of all resolutions requiring active implementation.

RESOLUTION FORMAT (78-1a)

All resolutions shall be submitted to the resolutions committee with background material as follows:

- 1) Problem - a statement of the problem which the resolution addresses.
- 2) Intent of resolution - a statement of what the submitting unit is trying to accomplish by the passage of the resolution; and
- 3) Resolution - carefully worded.

RESOLUTION SUBMISSION (14-2)

The FPA HOD shall consider allowing Resolutions to be submitted electronically to the Speaker of the HOD up to 60 days before the HOD convenes during the Annual FPA Meeting, and that Resolutions so submitted be considered timely filed and not subject to a suspension of the rules

REVISE RESOLUTION FORMAT (10-06)

The FPA encourages that a Fiscal Impact Statement be added to the required House of Delegates resolution format. Further, the fiscal impact statement should be projected by the required House Delegates Board of Directors when the resolution is reviewed prior to the House of Delegates. The impact statement should address the anticipated costs and benefits that will be derived should the resolution be passed.

ITEMS OF NEW BUSINESS (16-10)

An item of New Business is a resolution submitted after the original call for resolution deadline but at least 30 days prior to the annual Florida Pharmacy Association House of Delegates session.

RESOLUTION TO CREATE ONE GOVERNMENTAL-LEGAL & REGULATORY COUNCIL BETWEEN FPAs (17-07)

The FPA, to join the Florida Pharmacy Coalition to collaborate on all pharmacy legislative issues.

SEATING OF THE HOUSE OF DELGATES

SEATING PAST PRESIDENTS (12-01)

The FPA House of Delegates seat by House rule FPA past presidents, who are members in good standing of the FPA and who for whatever reason are not seated as unit association or organization delegates, as ex-officio delegates.

SMOKING

PROHIBIT SMOKING IN MEETINGS (75-16)

The FPA prohibits smoking in all meetings of the organization.

CHAPTER III - ACTIVE POLICY - PROFESSIONAL AFFAIRS

ADMINISTRATION OF MEDICATION

ADMINISTRATION OF MEDICATION (02-09)

The FPA supports through legislation or Board of Pharmacy rule change that pharmacists be granted authority to administer medications.

AGENCY FOR HEALTH CARE ADMINISTRATION

REDUCTION OF TRANSACTION FEES (93-34)

The FPA supports efforts to work with the Agency on Health Care Administration to reduce the on-line fees being charged pharmacies.

BOARD OF PHARMACY

AUTHORITY-SELF-CARE CONSULTANT FORMULARY COMMITTEE (93-32)

The FPA supports legislative changes that would enable the Florida Board of Pharmacy to assume responsibility for the Self Care Consultant Act Formulary Committee and further that consideration be given to expanding the current formulary.

COOPERATIVE DISPENSING PHARMACIES (96-09)

The FPA supports a change in the rules of the Board of Pharmacy to permit Community pharmacies to become cooperative dispensing pharmacies for the purpose of counseling for mail order prescriptions.

DISCIPLINARY CHANGES (06-07)

The FPA to formulate and support legislation to sunset discipline provisions to five (5) years in "mis fill" actions where the patient did not consume or use the medication in error and there is no harm to the patient, and be it further that the FPA formulate and support legislation to sunset discipline provisions to five (5) years in discipline cases due to missing or incomplete continuing education requirements.

IDENTITY VERIFICATION PRIOR TO DISPENSING (04-07)

The FPA shall oppose legislation that imposes penalties upon a pharmacist for failing to obtain a photo ID from individuals picking up dispensed prescriptions.

MINOR INFRACTIONS' STATUTE AND EXPUNGING OF INFRACTIONS (10-02)

The FPA supports legislation that allows the Board of Pharmacy to establish statute of limitations for minor infractions of the Rules and Regulations pertaining to the practice of pharmacy to a set period (that does not cause harm to the patient) such that the pharmacist or technician can request that their licensure record can be expunged of these minor infractions. The FPA further supports efforts to categorize pharmacist infractions into Minor and Major Categories; infractions in the minor category do not cause the patient harm The FPA supports a statute of limitations on Minor infractions such that they can be expunged from the public pharmacists' or technician's record upon request. The ability to expunge should be allowed to be requested for any minor infractions cited prior to this process and a pharmacist or technician may petition the state board of pharmacy to apply the statute of limitation on any citation received for a minor infraction and they can have their record expunged.

PHARMACISTS WORKLOAD (97-24)

The FPA supports encouraging the Board of Pharmacy to adopt a Rule that would address pharmacist workload and its relationship to potential dispensing errors.

PRESCRIBER IDENTIFICATION ON PRESCRIPTIONS (00-11)

The FPA supports cooperation with the Board of Pharmacy to effect a needed change that would require the prescriber's name, telephone number and DEA registration number to be printed or stamped on all prescription blanks.

PRIVACY OF PHARMACY PERSONNEL PERSONAL INFORMATION (07-11)

The FPA opposes any requirements that mandate publication of pharmacist, student pharmacist and pharmacy technician personal information (e.g., home address, telephone and personal e-mail address), and be it further resolved that the FPA encourages the Florida Board of Pharmacy to remove from their Web site personal addresses, phone

numbers, e-mail and other non-business contact information of pharmacists and student pharmacists.

REPRESENTATION AT FPA MEETINGS (02-12)

The FPA supports the presence of a representative of the Florida Board of Pharmacy at all FPA House of Delegates meetings.

RESTRICT SINGLE EMPLOYER PARTICIPATION (93-30)

The FPA supports a statutory change to allow only one pharmacist or other person who is employed by a common employer to be appointed to serve on the Board of Pharmacy, and any member of the Board who accepts employment with the same employer as another member of the Board shall be immediately removed from the Board and the Governor appoint another person to serve the remainder of such term.

CENTRAL FILL PHARMACY CENTERS

CENTRALIZED DISPENSING PHARMACY CENTERS (00-05)

The FPA supports the concept of central fill pharmacies; supports the development of language by the Professional Affairs Council to regulate central fill pharmacies; supports providing the developed language to the Florida Board of Pharmacy with a request to facilitate the use of central fill in Florida.

PROPER IDENTIFICATION OF CENTRAL FILL PHARMACIES (17-05)

The FPA will undertake whatever action is necessary with the appropriate governmental body (board, agency, department or legislature) to educate, investigate, and enforce existing requirements that properly identify themselves to patients and prescribers as call centers.

CODE OF ETHICS

CODE OF ETHICS (95-3)

The Florida Pharmacy Association adopts the 1995 APHA Code of Ethics for Pharmacists.

COMPOUNDING PRESCRIPTIONS

AUTHORITY OF THE VARIOUS STATE BOARDS OF PHARMACY TO REGULATE PHARMACY COMPOUNDING (07-04)

The FPA supports the traditional right of pharmacists to compound, and be it further that the FPA articulates to the FDA its support for the well-established position that the various state boards of pharmacy are the exclusive regulatory agencies authorized to regulate pharmacist compounding.

CONTINUED ACCESS TO COMPOUNDED MEDICATIONS (98-1)

The Florida Pharmacy Association supports the Food and Drug Administration's implementation of a Memorandum of Understanding pursuant to FDAMA and its intent to ensure continued access to compounded medications nationwide and the Association urges the Department of Health, Board of Pharmacy to enter into a Memorandum of Understanding with the Food and Drug Administration.

SUPPORT PHARMACIST RIGHT TO COMPOUND (90-56, 92-28, 29)

The FPA supports the pharmacists' right to compound an Rx in response to a written request from a licensed prescriber.

CONSULTANT PHARMACIST

SEPARATION OF CONSULTANT-VENDOR SERVICE (91-52, 92-8)

The FPA supports the separation of providers of dispensing and consulting services in long term care facilities.

PHARMACEUTICAL SERVICES IN ACLF'S (99-02)

The FPA supports a Florida licensed pharmacist review of each Adult Congregate Living Facility resident's drug regimen on a monthly basis.

CONSULTANT PHARMACISTS FOR MEDICAL FACILITIES (08-11)

The Florida Pharmacy Association support processes that would require medical facilities and centers have consultant pharmacists of record to ensure that medications are stored and handled in a manner that enhances patient safety.

LONG TERM CARE REGULATION (09-6)

The FPA legislative Committee shall coordinate with the Florida Chapter of the American Society of Consultant Pharmacists to review the current regulatory framework for Long Term Care Pharmacy in Florida.

DISPENSING AND PRESCRIBING REGULATIONS

FLORIDA PHARMACISTS DISPENSING OF ORAL CONTRACEPTIVES (19-28)

FPA shall support the legislation to permit Florida licensed Pharmacists to initiate hormone-based oral contraceptive medications after completing a Florida Board of Pharmacy approved training program.

IN-OFFICE DISPENSING OF CONTROLLED SUBSTANCES (09-3)

The FPA will seek legislative changes to limit the in-office dispensing of controlled substances up to and not more than a three (3) day supply.

PRESCRIBING AUTHORITY FOR PRESCRIPTION DRUG DELIVERY AIDS, DEVICES OR ACCESSORIES PHARMACISTS (17-10)

The FPA supports amending F.S. Chapter 465, Rule 64, and/or related legislative areas to give pharmacists prescribing authority for drug delivery aids, devices or accessories.

REVIEW OF CANNIBIS THERAPY (17-15)

The FPA supports the dispensing process of cannabis to include pharmacist services.

MEDICAL MARIJUANA DISPENSARIES (19-13)

The FPA is directed to propose to the Governor, Secretary of Agriculture, State Surgeon General and the legislature to require all medical marijuana dispensaries to hire a licensed pharmacist to assist in screening prescription drugs and dispensed marijuana for interactions for better patient safety.

UNREGULATED/UNQUALIFIED PRESCRIPTION DRUG DISPENSING (19-12)

The FPA opposes any law, rule or legislation that authorizes any entity that or health professional not registered or licensed as a pharmacist to dispense or perform the duties of a pharmacist.

GHB

PLACEMENT OF GAMMA HYDROXYBUTYRATE IN SCHEDULE I (99-13)

The FPA supports efforts to reclassify GHB as a Schedule I controlled substance.

HYPODERMIC SYRINGES

DISPOSAL OF SYRINGES (92-54)

The FPA supports the packaging of needles and syringes by manufacturers in suitable safe-disposable containers.

DISTRIBUTION OF STERILE NEEDLES AND SYRINGES (99-14)

The FPA supports the revision of laws and regulations to permit the sale or distribution of needles and syringes by or with the knowledge of the pharmacist in an effort to decrease the transmission of blood-borne diseases.

IMMUNIZATIONS

HEALTHCARE PROFESSIONAL IMMUNIZATION RATES (07-09)

The FPA supports efforts to increase immunization rates of healthcare professionals and urges all pharmacy personnel to receive all immunizations recommended by the Center for Disease Control for healthcare workers for the purpose of protecting patients, and

Be it further resolved that the FPA encourages employers to provide necessary immunizations to pharmacists, student pharmacists and pharmacy technicians, and

Be it further resolved that the FPA encourages federal, state, and local public health officials to recognize pharmacists as first responders (like physicians, nurses, police, etc) and prioritize pharmacists to receive medications and immunizations.

MAIL ORDER

STATE EMPLOYEES' PRESCRIPTION PLAN (93-96)

The FPA supports equalizing the co-pay requirement and dispensing limits between community and mail order pharmacies under the State Employees Prescription Plan.

MDI

METERED DOSE INHALER LABELING (01-10)

The FPA supports labeling of MDIs on the immediate container as labeling MDIs on the outer box can potentially contribute to improper use of medication for patients who throw away or lose the boxes, and FPA shall encourage pharmacists in the State of Florida to label (where appropriate and feasible) the actual MDI rather than the outer box.

MEDICAID

OPPOSE "MAC" PROPOSAL (75-1, 81-19)

The FPA opposes the concept of Maximum Allowable Cost ("MAC").

MEDICAID FREEDOM OF CHOICE (87-9, 92-36)

The FPA favors governmental policies permitting and fully disclosing to Medicaid recipients their freedom of choice for their pharmacy services.

MEDICAID HMOs-PRESERVATION OF FREEDOM-OF-CHOICE (96-02)

The FPA supports the preservation in HMOs of the concept of allowing the patient full access to the highest level of pharmaceutical care by retaining the patients' full freedom of choice in selecting pharmacists and supports encouragement of the Agency for Health Care Administration to forgo implementation of its proposed Medicaid HMOs until such time as the Legislature may investigate its implementation.

REDEFINE 4 BRAND LIMIT EXCLUSION (03-05)

The FPA seeks cooperation and support from the Florida Agency for Health Care Administration Medicaid Division in redefining the four brand name limit exclusions in categories such as acetylcholinesterase inhibitors, so that patients' health may be better managed with drug therapy.

MEDICATION ERRORS

DULY AUTHORIZED PRESCRIPTIONS: ACCENT ON VALIDITY, SAFETY, AND EFFICIENCY (07-06)

FPA pursue the legal, i.e., statutory or administrative authority to require that the computer printed, full name of the person who enters the prescription data, whether a non-prescriber or the prescriber and preceded by the phrase "Data entered by," be present on any computer-generated prescription faxed directly to or printed out for a patient's presentation at his or her pharmacy of choice, and be it further resolved that the prescriber's signature, if stated to be "electronic" on the kind of form described above, conform essentially with the general definition of "Electronic signature," which is set forth in s 668.003(4), FS, and cited in s 456.42, FS.

MEDICATION RECONCILIATION

MEDIATION RECONCILIATIONS (07-10)

The FPA recognizes pharmacists as the healthcare team member responsible for the medication reconciliation process when patients move between practice settings within the continuum of care and, be it further resolved that the FPA work with the FSHP to identify barriers to and strategies for improving communication between pharmacists in all practice settings to facilitate the medication reconciliation process within the continuum of care to improve patient safety.

PHARMACEUTICAL INDUSTRY

PRODUCT LICENSING AGREEMENTS AND RESTRICTED DISTRIBUTION (94-11)

The FPA opposes any manufacturer-provider relationship which involves product licensing agreements and/or restricted distribution arrangements which infringe on the patient's rights to obtain pharmaceuticals and pharmaceutical care from their choice of pharmacist.

CLINICAL TRIALS (05-07)

The FPA encourages federal legislation that requires pharmaceutical manufacturers and researchers to disclose the results of all clinical trials regardless of outcome through an independently peer-reviewed, publicly accessible, national electronic database.

PHARMACEUTICAL SURVEY TEAM

SURVEY TEAM (94-19)

The FPA supports and shall seek enforcement of current regulations that require the mandatory participation of a pharmacist on every survey team.

PHARMACY BENEFIT MANAGERS

FDA REGULATION (98-4)

The FPA supports the regulation of Pharmacy benefit Managers that are owned by drug companies by the Food and Drug Administration.

PHARMACY BENEFIT MANAGERS ACCOUNTABILITY (07-08)

The FPA support legislation to provide oversight of PBMs from the appropriate agencies and be it further resolved that the Florida Pharmacy Association support legislation that creates an industry standard for reimbursement and timely payment of disputed and non-disputed claims.

REIMBURSEMENT AND PENALTIES (00-08)

The FPA supports the introduction of legislation to prohibit predatory pricing: the practice of insurance companies, governmental programs (including Florida Medicaid) and PBMs reimbursing for prescriptions below acquisition cost. The FPA supports the inclusion of a punitive fine for predatory pricing.

PHARMACY PRACTICE

CHART WRITING PRIVILEGES (95-23)

The FPA supports a cooperative approach with FSHP and the Board of Pharmacy to support the inclusion of pharmacists' notes and comments as a required permanent component of the patient's health care record.

COLLABORATIVE PRACTICE AGREEMENTS (97-23)

The FPA supports the concept of pharmacists receiving authority to initiate and modify medication therapy pursuant to a protocol or collaborative agreement with a physician or group, and the FPA shall cooperate with the FSHP to draft language for introduction by the Legislature.

COLLABORATIVE PRACTICE AGREEMENTS (MODIFICATION) (19-18)

The FPA support legislation that allows the use of CPAs to be expanded in any, including more defined areas of pharmacy practice such as physicians' offices and ambulatory clinics are

COMPENSATION FOR CONSULTING (94-29)

The FPA supports legislation that provides compensation for all levels of consulting or counseling and to incorporate formulary management as found in 1994's SB 2836.

DEFINING "PHARMACY" (02-03, 02-16)

The FPA supports the clarification of the definition of "pharmacy" and the practice of pharmacy so that the public is not confused whenever these terms are used in public. The use of the term "pharmacy" must be changed by the legislature to only include those entities who receive a license from the Florida Board of Pharmacy, which have a pharmacist who is the prescription department manager, and which provide consulting services in addition to dispensing or compounding prescriptions. The FPA, in conjunction with the Florida Board of Pharmacy will work to address questionable dispensing practices

and enforce standards of dispensing in all areas of pharmacy practice, including the Florida Public Health Care System.

REFILL AUTHORIZATION BY THE PHARMACIST (15-07)

The Florida Pharmacy Association advocate and support changes to Florida laws and Board of Pharmacy rules to allow a pharmacist to continue to dispense chronic medication(s) to a known patient beyond the 72-hour limit and up to a 30 day limit to prevent the interruption of maintenance medication therapy thereby preventing harm to the patient when normal means of medication therapy continuation are not available to the patient or have not been responded to by the prescriber.

DEFINING “TELEHEALTH, TELEMEDICINE, TELEPHARMACY, REMOTE DISPENSING, REMOTE SUPERVISION” (18-14)

The Florida Pharmacy Association shall advocate for the amending of Chapter 465.003 Definitions to provide for a standard definition of terminology for key terms related to telehealth, telemedicine, tele pharmacy, remote dispensing, and remote supervision to protect the health of the public, as well as the practice of pharmacy to the standards of our sworn oaths.

DEGREE DESIGNATION (09-5)

The FPA shall promote the use of the BPharm designation for the Bachelor of Science degree in place of the RPh designation which no longer is referenced in the Florida Pharmacy Practice Act.

DIRECT BILLING TO PROVIDERS (07-02)

The FPA aid in educating the profession on the need to register and receive a National Provider Identification Number and be it further that the FPA support legislation that endorses the utilization of this standardized identification number for reimbursement of cognitive pharmacy services and programs.

DRUG THERAPY MANAGEMENT STANDARDS AND PAYMENT (00-18)

The FPA supports the development of standards for compensation of pharmacists for prescription medication therapy management.

FORMULARY BASED THERAPEUTIC SUBSTITUTION (06-2)

The FPA supports the concept of formulary compliance services by pharmacists based on payer formulary upon approval by the prescriber.

FREEDOM OF CHOICE AND STANDARDIZED REIMBURSEMENTS (10-03)

The FPA supports and endorses H.R. 4199. Further, the FPA encourages finding receptive members of the Florida House and Senate to create compatible Florida bills mimicking the Federal proposed bill H.R. 4199.

LABORATORY STUDIES (00-10)

The FPA supports the expansion of FS 465.0125 to authorize consultant and Pharm.D educated pharmacists who have been certified in ordering and evaluating laboratory studies to order tests regardless of their practice setting.

MANDATORY PATIENT COUNSELING FOR REFILLS (95-21)

The FPA encourages the Board of Pharmacy to mandate the offering of counseling for new prescriptions only and that the FPA develop continuing education programs to better teach pharmacists concerning counseling techniques and information.

METRICS USED IN PHARMACY PRACTICE

The Florida Pharmacy Association is directed to assess and establish maximum limits on

workload metrics.

NPI NUMBER (11-06)

A professional fee for prescription medications dispensed should be associated with and payable to the pharmacist's NPI number.

PHARMACIST AUTHORITY TO PRESCRIBE VITAMINS (10-10)

The FPA supports legislative authorization to broaden the pharmacist prescribing act to include vitamins, minerals, homeopathic, antioxidants, amino acids, medicinal foods and whole food supplements. Further, the FPA supports legislation to broaden the role of the pharmacist to provide nutritional counseling.

PHARMACISTS' PROVISION TO ADMINISTER MEDICATIONS (93-45)

The FPA supports legislative changes that would enable Florida pharmacists to administer medications and supports the development by the Florida Board of Pharmacy of protocols for pharmacists to administer medications.

PHARMACISTS AND THE RIGHT OF CONSCIENCE (98-7)

The FPA supports the Pharmacist's Right of Conscience such that:

1. The FPA recognizes the individual pharmacist's right to exercise conscientious refusal and supports the establishment of systems to ensure patient access to legally prescribed therapy without compromising the pharmacist's right of conscientious refusal; and
2. The FPA shall serve as a resource for the profession of Pharmacy in

Florida in addressing and understanding ethical issues in pharmacy practice

PHYSICIAN SCOPE OF PRACTICE EXPANSION INTO DISPENSING (12-04)

The FPA actively support any legislation that would prohibit or limit a prescribing practitioners' direct or indirect ownership or direct or indirect affiliation with pharmacies and/or act as dispensing practitioners when the prescribing practitioner receives is a reasonable likely to receive direct or indirect economic incentives or is inherently conflicted in his or her obligation to provide patients with independent quality care by virtue of prescribers' obligations to its affiliated business partners to maximize profits.

PHARMACISTS TO BE RECOGNIZED AS HEALTHCARE PROVIDERS (13-04)

The FPA shall support APhA efforts to gain healthcare provider status for pharmacists at the national level.

PRIMARY CARE PROVIDERS (00-19)

The FPA supports legislation that recognized pharmacists as Primary Care Providers.

PRINTED PRACTITIONER NAME ON PRESCRIPTIONS (02-13)

The FPA supports legislation requiring the name of the practitioner and where appropriate a supervising practitioner's name to be printed on each prescription.

SCOPE OF PRACTICE (05-13)

The Florida Pharmacy Association opposes action that hinders a Florida licensed pharmacist from exercising his or her professional judgment in conducting the practice of pharmacy.

SIZE OF NDC NUMBERS (00-27)

The FPA supports legislation to require manufacturers to print NDC numbers in larger type and reverse backgrounds as a method to aid pharmacists in their efforts at medication error prevention.

STANDARDIZED PRESCRIPTION BENEFIT CARD (00-21)

The FPA supports a standardized prescription benefit card for citizens of the state of Florida and that implementation of a standardized prescription benefit card is a legislative priority of the Association.

TIME-ORIENTED METRICS AND OPERATIONAL QUOTAS (18-08)

The FPA shall oppose the use of operational Quotas or time-oriented metrics pertaining to the pharmacist activities in fulfilling medication distribution which will have a negative impact on patient care and safety.

UNIVERSAL THIRD-PARTY PRESCRIPTION BENEFIT CARD (99-04)

The FPA supports the expedited development of a Universal Third Party Prescription Benefit Card; the FPA communicate the need for its development to the Florida Insurance Commissioner; the FPA work with and through national pharmacy organizations to seek development of the card; and the FPA supports the development of the card with only necessary information (e.g. administrator's name, member identification numbers, group numbers, person codes and birth dates for eligible recipients).

UNIVERSAL PROVIDER NUMBER (00-17, 02-17)

The FPA supports the adoption of statutes, rules or regulations which mandate the acceptance by insurance companies of a universal provider number for prescribers in claims for pharmacy reimbursement. The FPA supports the collaboration with other associations and organizations to communicate with CMS to provide UPINs for pharmacists.

COLLABORATIVE PRACTICE AGREEMENT (17-16)

The FPA collaborated with Florida Pharmacy coalition to seek legislation that authorizes consultant or board-certified pharmacists to initiate, modify or discontinue medication therapy, order and interpret laboratory tests and administer medications.

STANDARD OF PRACTICE

CQI EVALUATION (09-8)

The FPA request the Florida Board of Pharmacy to conduct a program evaluation of the Continuous Quality Improvement Program (64B16-27.300).

QRA AUDITS OF PHARMACY BY WHOLESALER (18-05)

The Florida Pharmacy Association shall encourage pharmacy wholesalers to adopt consistent policies regarding QRA audits that are communicated to their customers. These policies should include the reason for QRA audits, the expected process of the audit, the potential outcomes of the audits and any appeal process for the audit outcomes. The policies should also limit audits to only the minimum necessary information or outcomes. Policies should not require or enforce pharmacies to be required to reach out to physicians about their prescribing practices. Wholesalers may include best practices as part of their QRA audits, however, their policies should be clear as to what is mandatory and what is a suggested practice.

TECHNICIANS

CERTIFICATION (95-25)

The FPA supports legislative changes in the pharmacy practice act that mandates certification of pharmacy personnel designated as Pharmacy Technicians.

TECHNOLOGY

INTERNET PRESCRIBING (03-16)

The FPA shall work with all state pharmacy organizations and associations to actively pursue legislation or the adoption of regulations to stop the dispensing of prescription medications pursuant to an online medical diagnosis.

TECHNOLOGY (05-12)

The Florida Pharmacy Association support the development of a statewide health information infrastructure that upholds patient confidentiality of records, complies with HIPAA requirements, is

supported by standards of data interchange and is accessible by providers on a need-to-know basis with permission granted by the patient.

The Florida Pharmacy Association continues participating with the Governor's Advisory Board on Health Information Infrastructure for the purpose of sharing pharmacy-specific concerns and recommendations.

TECHNOLOGY AND TRANSMISSION OF PRESCRIPTIONS (01-13)

The FPA supports the use of technology for the transmission of prescriptions between prescribers and pharmacists as long as absolute patient confidentiality of records is maintained and that such transmission does not infringe on the patient's freedom to choose their pharmacist; the support is contingent upon the complete disclosure of how the prescription information is to be used, by whom and with appropriate patient releases.

TELEHEALTH ALLIANCE (18-1a)

The Florida Pharmacy Association shall initiate the process for developing an Interprofessional Telehealth Alliance.

THIRD PARTY PRESCRIPTION PROGRAMS

CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) TO CLARIFY DEFINITION OF "QUALIFIED PROVIDER" IN MEDICATION THERAPY MANAGEMENT (MTM) RULES (13-08)

The FPA shall support the clarification of "qualified providers" as licensed/certified health care providers.

FAIR COMPETITION (00-20)

The FPA supports efforts to eliminate competitive restrictions by all third party plans that use incentives to direct patients to specific pharmacies and away from the open community pharmacy market.

TORT REFORM

TORT REFORM (05-06)

The FPA supports federal legislation that limits the amount of non-economic and punitive damages incurred in malpractice lawsuits filed against pharmacists performing their professional duties.

TRAINING

AUTHORIZED REPRESENTATIVES (04-09)

The FPA work with the Legislature to enact legislation requiring individuals, other than the prescriber who give prescription orders take training and maintain continuing education on the prevention of prescription errors.

FUNDS FOR TITLE VII EDUCATION HEALTHCARE TRAINING PROGRAMS (06-04)

The FPA support lobbying efforts to maintain federal Title VII funding for Health Education Training Programs.

EQUALITY OF PHARMACISTS (16-03)

The FPA or subdivisions of the FPA shall not support any discriminatory proposal due to a Florida Registered Pharmacist pharmacy school degree to say that all pharmacists are not all equal.

UNIT OF USE

PACKAGING (03-17)

The FPA shall collaborate with the American Pharmacists Association to support changes in federal and state laws and regulations to provide for the adoption of unit-of-use packaging and for a smooth transition for pharmacists who dispense unit-of-use packages.

VOICE MAIL

VOICE MAIL (01-11)

The FPA supports the use of voice mail systems for practitioners where they include a bypass option so that a live person can be reached during regular business hours.

HEALTH FAIR FUND (15-02)

The Florida Pharmacy Association retire the restricted health fair account and that any remaining funds be reviewed and transferred as recommended by the Budget and Finance Committee for approval by FPA Board of Directors.

CHAPTER IV - ACTIVE POLICY - PUBLIC AFFAIRS

CONSUMERS

CONSOLIDATION IN THE WHOLESALE INDUSTRY (98-19)

The FPA supports aggressive involvement of the Federal Trade Commission in protecting competition in the market concerning the wholesale distribution of pharmaceuticals.

CONSUMER INFORMATION AND LIABILITY PROTECTION (95-15)

The FPA supports a requirement that insurance companies inform their members of any financial arrangement that could affect their care and supports liability of the insurance company for damages incurred by their formulary determinations.

CONSUMER COPAYMENT RELIEF (15-06)

The Florida Pharmacy Association support legislation and or rule development that gives pharmacists more flexibility to alter dispensing quantities for long term therapy maintenance medications.

COUNSELING

PRIVATE CONSULTATION AREAS (96-11)

The FPA supports changes in Board of Pharmacy rules to require, within a reasonable time frame for compliance, all pharmacies to provide private consultation areas, away from traffic flow and checkout areas to ensure patient confidentiality.

IMPORTATION

IMPORTATION OF MEDICATIONS (03-15)

The FPA, in order to ensure the health and safety of our patients, supports laws that prohibit the illegal importation of medications from other countries. The FPA encourages the Florida Department of Health to shut down the illegal drug importation operations of

Internet companies and those storefront operations in Florida. The FPA shall work with National Pharmacy Associations (APhA, NCPA, NACDS and others) to regulate importation and to suggest the development of alternative means for patients to receive their medications in a cost-effective manner without bypassing the assistance of pharmacists.

PHARMACISTS AND HEALTHCARE PROFESSIONALS

SECURITY OF PRIVATE INFORMATION FOR HEALTHCARE PROFESSIONALS (01-18)

The FPA supports the inclusion of all health care professionals in the same class as the "Protected Class" of state employees, as defined by statute so that the license number and home/ mailing address will be protected from disclosure to the public.

PHYSICIAN ASSISTED SUICIDE

PHYSICIAN ASSISTED SUICIDE (97-2)

The FPA supports the development of a comprehensive policy or statute that regulates the use of medicinal drugs in this process.

TOBACCO

PROHIBITION ON SALE OF TOBACCO PRODUCTS IN PHARMACIES (98-21, 05-09) The Florida Pharmacy Association supports regulations prohibiting the sale of tobacco products in pharmacies

WHOLESALE

CONTROL OF DRUG DISTRIBUTION PROCESS (03-14)

The FPA supports safe and effective medication distribution in Florida and that changes made to the tracking requirements of medications in Florida should not place undue administrative or financial burdens upon pharmacists.

CHAPTER V - ACTION ITEMS - EDUCATIONAL AFFAIRS

CONSULTANT PHARMACIST

HOME STUDY RECERTIFICATION EDUCATION (08-1)

The FPA considers ways to increase the availability and variety of consultant pharmacist recertification home study programs by assigning these issues to the appropriate FPA committee for review.

STATE COLLEGES

ADEQUATE FUNDING FOR STATE COLLEGES (08-10)

The FPA advocates for adequate funding for our colleges of pharmacy in the legislature.

CHAPTER VI - ACTION ITEMS - ORGANIZATIONAL AFFAIRS

RESOLUTIONS

ALLOW RESOLUTIONS TO BE SUBMITTED UP TO 60 DAYS BEFORE HOUSE OF DELEGATES (14-02)

The FPA HOD shall consider allowing Resolutions to be submitted electronically to the Speaker of the HOD up to 60 days before the HOD convenes during the Annual FPA Meeting, and that Resolutions so submitted be considered timely filed and not subject to a suspension of the rules.

BYLAWS

WRITE IN CANDIDATE CHOICE FOR THE FPA ELECTION PROCEDURE (21-01) The FPA modify their governing documents to allow write-in alternate selections whenever there are not at least two candidates put forward through the nominating process and/or recruited by FPA leadership.

CHAPTER VII - ACTION ITEMS - PROFESSIONAL AFFAIRS

CONSULTANT PHARMACIST

CONSULTANT PHARMACIST REVIEWS - RENEWED (19-27)

The Florida Pharmacy Association pursue and support legislation that would require consultant pharmacist services at Adult Congregate Assisted Living Facilities; Urgent Care Centers; Endoscopy Centers; walk in clinics, urgent diagnostic care and treatment facilities as well as medical centers for plastic surgery, gastrointestinal care or any other facility developed for the delivery of health care that is staffed by physicians and/or other licensed or unlicensed practitioners where prescription drugs are stored, used and/or administered.

FSHP

FPA TO INVITE FSHP TO UNITE AS ONE SINGLE STATEWIDE PHARMACY ASSOCIATION (13-07)

The FPA shall invite FSHP to form a task force to explore the possibility to unite as a new statewide pharmacy organization to better serve the pharmacy community.

HEALTH CARE FINANCING ADMINISTRATION

CONDITIONS OF PARTICIPATION (98-27)

The FPA opposes the proposed elimination of any reference to the pharmacist in the Condition of Participation regulations for hospitals.

PHARMACY PRACTICE

ADMINISTRATION OF MEDICATIONS (98-18)

The FPA supports legislation to authorize pharmacists to administer medications.

COMPREHENSIVE MEDICATION MANAGEMENT (19-6)

The Professional Affairs Council investigate and report back to the membership, the possibility of developing a program for pharmacists in the State of Florida to be trained to provide and paid for the provision of comprehensive medication management services

NPI NUMBER (11-06)

The FPA seeks legislation that payment for medications be composed of three components: professional fee, dispensing fee and cost of the medication and legislation that adds a professional fee for prescription medications dispensed

PHARMACISTS PRESCRIPTIVE AUTHORITY EXPANSION (01-16)

The FPA supports the establishment of written protocols for the prescribing and dispensing of oseltamivir and zanamivir and any other newly approved agent for the treatment of influenza A which must have treatment initiated within 48 hours and to provide for the compensation of the participating pharmacist.

PHARMACISTS SELF CARE CONSULTANT LAW (98-17)

The FPA supports legislative changes to remove the statement Medications pending FDA approval for OTC status from the Pharmacist Self Care Consultant Law and to include medications where safety and efficacy have been proven by many years of public use. The FPA supports legislation by which the request for inclusion in the formulary can be considered by class of medications as well as by individual drug product.

PHARMACISTS TO BE RECOGNIZED AS HEALTHCARE PROVIDERS (13-04)

The Florida Pharmacy Association shall advocate with elected officials, members of the Florida Legislature, AHCA, and other government entities to recognize and name pharmacists as healthcare providers at the state level.

PRIMARY CARE PROVIDER (96-01)

The FPA coordinate action with all relevant pharmacy and pharmacy interested organizations/groups to have pharmacists recognized as *primary care providers* in Chapter 465, Florida Statutes and to have this change incorporated into the 1997 FPA legislative package.

STANDARD OF PRACTICE

STANDARD OF PRACTICE (95-4)

The FPA endorses the rewriting of the Florida Pharmacy Practice Act to define pharmacists as primary health care providers.

THIRD PARTY

ANY WILLING PROVIDER (97-6, 99-07)

The FPA supports legislative action to permit any willing provider to service closed insurance plans. The FPA supports a reexamination of any willing provider status and to implement action to stop any discriminatory practices toward any particular group of providers, such as independent practitioners, by those third parties which open up to multiple providers.

EQUITABLE COMPENSATION (81-29, 84-2, 88-32, 89-29)

The FPA shall adopt a policy to pursue all legal means to assist pharmacists to obtain equitable treatment (including compounding) in the third-party programs.

FREEDOM OF CHOICE-OPEN ENROLLMENT (86-29, 87-8, 89-36, 90-36, 91-18, 92-33, 36)

The FPA favors legislation that would require any third-party prescription program administrator, including any national health insurance program, to make the program available to every pharmacy within its marketing area, so that the patients will have freedom of choice for their pharmacy services.

INSURANCE CARD INFORMATION (94-15)

The FPA encourages all third-party prescription insurance programs to clearly display the name of the billing agent and the provider on all patient identification cards and any phone number where additional information can be obtained.

INSURANCE PRIOR AUTHORIZATIONS (05-03)

The FPA recognizes that Prior Authorization Programs are detrimental to patient care, and in conjunction with other organizations, should evaluate the “Prior Authorization Concept” and the impact it has on desired patient outcomes. **PRESCRIBER ID NUMBER (89-30)**

The FPA supports a uniform prescriber identification system in all third-party plans.

PRESCRIPTION SIGNATURE REQUIREMENTS (11-07)

The FPA shall mount an educational campaign aimed at reinforcing the legal requirements of a prescription, sharing anecdotal events from those who have subject to a third-party audit, and otherwise educating pharmacists as to the alternatives available to convert invalid prescriptions into valid prescriptions.

The FPA shall generate educational letters regarding the legal requirements of a prescription to physicians and that these letters be made available to members of the Florida Pharmacy Association.

REIMBURSEMENT FOR PHARMACEUTICAL SERVICES (93-29)

The FPA shall seek the cooperation and support of the pharmaceutical industry and the Colleges of Pharmacy in Florida in determining the average cost of filling a prescription in Florida and provide this information to the Health Care Coalition with a request that any health care proposal provide for reimbursement for all of the costs associated with providing pharmaceutical services, and that it provides reimbursement for a pharmacist's knowledge and skill.

RESTRICTED NETWORK - UNEQUAL ACCESS TO PBM CONTRACTS (19-16)

The FPA oppose all prescription benefit programs that restrict participation by pharmacies willing to accept the terms and conditions of network contracts. The FPA also advocate before the Florida Legislature, Governor, Attorney General and the insurance commissioner that it should be unlawful for PBMs to deny contracts to new pharmacies who have not been operating for one year.

PHARMACY BENEFIT MANAGER ENROLLMENT (16-06)

The FPA seek legislation and/or regulation to make the process for a pharmacy to enroll in a health plan, through the PBM, uniform and more time sensitive/efficient.

MAXIMUM ALLOWABLE COST (MAC) TRANSPARENCY LAW ENFORCEMENT (16-11)

The FPA seek enforcement of FS 465.1862, which requires timely updating of MAC pricing, through the appropriate regulatory and/or legislative activity.

PHARMACY BENEFIT MANAGER TRANSPARENCY (16-12)

The FPA seek and or develop legislation and/or regulation that bring PBMs under the joint jurisdiction of the Florida Board of Pharmacy and the Florida Insurance Commissioner for purposes of regulating and monitoring compliance with existing legislation

UNFAIR TREATMENT OF INDEPENDENT PHARMACIES (19-11)

The Florida Pharmacy Association is directed to call on the Governor, Attorney General, the Florida legislature and the insurance commissioner to mandate and ensure that compensation for pharmacist and pharmacy services who meet network qualifications be consistent and equal among providers.

WORKLOAD STUDY

PARTIAL FILLING OF SCHEDULE II PRESCRIPTION

EXTENDING THE INTERVAL FROM 3 DAYS TO 10 DAYS (08-5)

The FPA shall alleviate this problem by appropriate organizational and institutional means, leading ultimately to the amending of DEA Regulation 21 CFR 1306.21(a); to extend the legally permitted interval between partial fillings of a schedule ii prescription from 72 hours to the more currently feasible 240 hours-from 3 days to 10 days.

CHAPTER VIII - ACTION ITEMS - PUBLIC AFFAIRS

MEDIA

MEMBERSHIP RECRUITMENT

MEMBERSHIP RECRUITMENT - FPA hire a membership consultant to have a large

membership drive as developed by the consultant in cooperation with the Board of Directors

(19-5)

FPA MEDIA RELATIONS (19-7)

The FPA is directed to create an internal process for members from FPA to be able to respond in a timely manner to pharmacy related issues in the media. The FPA is also directed to investigate hiring a media consultant to train FPA members to be able to respond appropriately and in a timely manner to pharmacy related issues.

CHAPTER IX – ACTION ITEM – MEMBERSHIP COMMITTEE

CHAPTER IX - REFER TO COMMITTEE - EDUCATIONAL AFFAIRS

CONTINUING EDUCATION

PETITION THE MEDICAL BOARD OF FLORIDA TO HAVE FPA ANNUAL MEETING CE COUNT TOWARDS FLORIDA PHYSICIAN CME (14-05)

The FPA shall submit FPA Annual Meeting CE to the Florida Medical Board to be accredited as physician CME.

CHAPTER X - REFER TO COMMITTEE - ORGANIZATIONAL AFFAIRS

STUDENT ADVOCACY OUTREACH TEAM SUB COMMITTEE OF GAC (19-24)

The Florida Pharmacy Association (FPA) formally recognize the Student Advocacy Outreach Team as an ad hoc subcommittee, under the oversight of the Governmental Affairs Council (GAC) and in coordination with the Health Fair Committee, to provide the diversity of student engagement and opportunities for students to transition into leadership through legislative advocacy opportunities

STUDENT REPRESENTATION

CREATION OF A STUDENT PHARMACIST COUNCIL (14-06)

The FPA form a standing student pharmacist council, patterned after its other current council structure; and, this council be co-chaired by a student pharmacist, chosen by the FPA President, with an FPA pharmacist member designated as the other co-chair.

CREATION OF A STUDENT POSITION ON THE BOARD DIRECTIONS (14-07a)

The FPA shall amend its Constitution and By-Laws to add one directors seat designated for a student pharmacist to run for election.

REQUIREMENTS FOR SELECTION OF STUDENT POSITION (14-07b)

Student pharmacists interested in running shall demonstrate approval by their respective school dean, and that the student pharmacist director must maintain appropriate academic standards during their term in office, and that this elected student pharmacist serves as an ad-hoc member on the student pharmacist council.

CHAPTER XI - REFER TO COMMITTEE - PROFESSIONAL AFFAIRS

CONSUMERS

GIFTS FOR TRANSFERRING EXISTING PRESCRIPTIONS BETWEEN PHARMACIES (13-01)

The FPA supports the abolishment of directly or indirectly offering, giving, soliciting, or receiving or agreeing to receive, any fee or other consideration to or from a third party for the referral of a patient or client or in connection with the performance of professional services.

TRANSFERRING PRESCRIPTIONS WITH PATIENT CONSENT (16-09)

This resolution has been given to the Professional Affairs Council who will be charged with evaluating the policy intent and report back to the House during the 2017 FPA

annual meeting. Two articles on this issue from pharmacists both “for” and “against” have been published in the September 2016 issue of Florida Pharmacy Today.

DISCIPLINE

SUNSET PROVISION (04-01)

The FPA shall seek legislative changes to establish a sunset provision to the data contained in the “Has Discipline” portion of a licensee’s public record.

WORKSPACE

INTRODUCTORY PHARMACY PRACTICE EXPERIENCE (IPPE) STANDARD COMPETENCIES (10-11)

The FPA supports a collaborative effort amongst stakeholders (professional pharmacy organizations, deans, faculty, preceptors and student pharmacists) to develop and implement a standardized statewide defined set of competencies to assess the successful completion of introductory pharmacy practice experiences (IPPEs). Further, the FPA proposes that this collaborative effort will be accomplished through an FPA mediated panel consisting of FPA facilitators (one from the Professional Affairs Council and one from the Educational Affairs Council), experiential faculty member and dean (or representative) from each college of pharmacy, two preceptors from different practice settings and three student pharmacists.

PHARMACIST-ONLY RESPONSIBILITIES (10-01)

The FPA supports the review and expansion of the definition of the Pharmacists’ role in healthcare, looking toward expansion of pharmacist-only responsibilities. Further, the FPA encourages that regular and periodic progress reports be given to the leadership of the FPA with the understanding that the purpose would be to retain pharmacists’ privileges and to legislatively solidify these privileges under the control of the pharmacist only.

PHARMACY MANAGER IN CHARGE (08-6)

The FPA shall propose that the Florida pharmacy Board promulgate rules which safeguard the public by having a responsible party on premises for an average of 24 hrs. per given week.

WORKING CONDITIONS (05-14)

The Florida Pharmacy Association brings the issue of pharmacist working conditions to the attention of the Florida Board of Pharmacy, and other state agencies/offices that have an interest in employee working conditions.

The Florida Pharmacy Association continue to lobby the Florida Board of Pharmacy and other state agencies/offices having an interest in employee working conditions, so that there is both examination and resolution for issues of pharmacist working conditions so that the prospects for compromised patient safety and welfare and interaction with other health care professionals does not occur due to pharmacists being faced with unreasonable long working hours and conditions involving minimal or no supportive personnel (pharmacy technicians/clerks and cashiers) whenever the pharmacy is open for business.

WORKLOAD RESOLUTION (08-3)

The FPA in the interest of public safety, assign the issue of developing a reasonable definition of pharmacist safe and unsafe workload, to the appropriate FPA committee.

PHARMACY TECHNICIANS

POLICY STATEMENT REGARDING THE NEW ROLE OF PHARMACY TECHNICIANS (14-10)

The FPA House of Delegates shall support legislative and regulatory changes to require:

1. In facilities with more than one (1) pharmacy technician, at least one (1) pharmacy technician should be certified by the PTCB or similar certifying organization.
2. In facilities with only one (1) pharmacy technician, that technician should be certified by the PTCB or similar certifying organization.

Further, the FPA shall support amendments to Chapter 465 FS to authorize certified pharmacy technicians to:

1. Receive new prescriptions over the phone and be held accountable for their actions.
2. Receive changes to existing prescriptions over the phone and be held accountable for their actions.
3. Transfer prescriptions from or to another pharmacy and be held accountable for their actions.
4. Check the product of another certified pharmacy technician and be held accountable for their actions.
5. Perform any task ask of by the prescription department manager so long as the health and welfare of the public is not jeopardized.

CHAPTER XII - REFER TO COMMITTEE - PUBLIC AFFAIRS

EDUCATION PROGRAM

PHARMACY CHANGING ROLE (08-8)

The FPA as an association shall keep pharmacist positive in the public eye as the practice is shifting to patient monitoring programs and educating the patient on the proper use of medications.

CHAPTER XIII – REFER TO COMMITTEE – GOVERNMENTAL AFFAIRS COMMITTEE

APHA-ASP NOVA SOUTHEASTERN UNIVERSITY ADVOCATING FOR STUDENT IMMUNIZING (10-07)

The FPA supports the necessary legislative and regulatory changes to permit intern pharmacists to provide immunization services supervised by certified immunizing pharmacists.

DEA/LAW ENFORCEMENT OPIOID OVERREACH

FPA is directed to petition the Florida Board of Pharmacy to adopt the board of medicine's guideline on the "Use of controlled substances for the treatment of pain" to underscore the DEA's position on how the documentation of pain is an acceptable standard of practice in medicine.

The FPA is directed to send a letter to the Drug Enforcement Administration in opposition to the use of unclear, uncodified “Red Flags of diversion” that are used to bully, harass, intimidate and cause hardship to pharmacists and pharmacies.

FLORIDA PROFESSIONAL BOARD MEMBERSHIP (14-01)

The Florida Pharmacy Association shall encourage the Governor to propose and the legislature to enact legislation ensuring representation utilizing population density and distribution as guidelines to aid and guide the selection of candidate for professional boards.

JURISDICTION & REGULATION OF PHARMACIES, PHARMACISTS & PHARMACEUTICALS UNDER THE FLORIDA DEPARTMENT OF HEALTH (10-13)

The FPA advocates for and supports the regulation and oversight of pharmacists, pharmacies, dispensing practitioners and prescription drugs by the Florida Department of Health.

NO PHARMACIST LEFT ALONE (19-9)

The Florida Pharmacy Association will work to pursue legislative or regulatory changes that require pharmacies to have at least one pharmacist and one technician present during operating hours in a pharmacy owned by a company that owns more than two locations.

UNIFORM 3RD PARTY INSURANCE CARD (05-01)

The Florida Pharmacy Association’s Legislative Committee investigates why the state law pertaining to the Uniform Third Party Insurance Card is not being adhered to, and why the State Insurance Commissioner and the insurance industry are not enforcing this act mandated by law and to see that this matter is resolved as soon as possible.

The Florida Pharmacy Association immediately file an administrative complaint with the division of Insurance of the Florida Department of Financial Services (DOI) for the purpose of assuring vigorous enforcement of section 627.4302, Florida Statutes, requiring standardization of identification cards for processing prescription insurance drug claims.

The Florida Pharmacy Association advocate for the immediate passage of legislation amending section 627, 4302 to apply to all health insurance policies or other prescription drug benefit plans administered or issued in the State of Florida and, to grant the DOI all rule making and enforcement authority necessary to affect the intent of section 627.4302 that a standard and uniform prescription drug benefit card be issued to as many Florida patients as possible.

CHAPTER XIV- HISTORY - EDUCATIONAL AFFAIRS

CONSULTANT PHARMACIST

HOME STUDY RECERTIFICATION EDUCATION (08-1)

The FPA considers ways to increase the availability and variety of consultant pharmacist recertification home study programs by assigning these issues to the appropriate FPA committee for review.

CONTINUING EDUCATION

AIDS (95-26) AS REFERRED TO COMMITTEE

The FPA shall work to expand the scope of the three-hour mandatory AIDS program to include AIDS related illnesses and other infectious diseases.

CERTIFICATE PROGRAMS (89-32, 06-1)

The FPA supports the development of certificate training programs in various areas of specialization, at least one annually.

CONTINUING EDUCATION SUPPORT (70-12, 83-18, 87-5, 88-11, 90-20, 92-25, 93-13)

The FPA favors the principle of continuing pharmaceutical education with a minimum of 5 hours received through attendance of live presentations.

CONSULTANT C.E. (91-15, 93-16)

The FPA supports the availability of C.E. for consultant pharmacist re licensure in split segments, in addition to the single 12-hour formats.

CONTINUOUS QUALITY IMPROVEMENT- BOARD OF PHARMACY EXPLANATION (03-18)

The FPA supports the invitation of a member of the Florida Board of Pharmacy to address the FPA membership and provide an assessment of the CQI program rules and the anticipated impact on the quality of patient care.

CONTROLLED SUBSTANCE ABUSE (98-12)

The FPA shall inform its membership how to communicate to the Department of Health concerning the mechanism to anonymously report any practitioner who may be abusing prescriptive authority.

DRUG INTERACTIONS (98-26)

The FPA shall develop a continuing education program awareness program to educate pharmacists and patients of drug interactions between illicit drugs of abuse and legend drugs.

ELECTRONICALLY SIGNED PRESCRIPTIONS (11-04)

The FPA shall educate both the prescriber and the pharmacist that electronically generated and signed prescriptions must be transmitted to the pharmacy or hand signed by the prescriber, for them to be valid.

ELIMINATING LIVE CE REQUIREMENTS FOR 2020 RENEWALS (20-06)

The Florida Pharmacy Association promote to the Board of Pharmacy, the elimination of live continuing education requirements for licenses that renew in 2020.

EDUCATIONAL MONOGRAPH (95-10, 00-14)

The FPA shall develop an educational monograph for the purpose of education of pharmacists and pharmacy students concerning the future of the profession of pharmacy and that such future is directly linked to a strong unified voice and that membership in professional organizations is essential to the survival of the profession.

The FPA supports completion of the implementation of Resolution 95-10 by developing the educational monograph or sending a letter to the sponsoring organization when their resolution will not be implemented.

EDUCATIONAL PROGRAMS FOR PHARMACY TECHNICIANS (93-10)

The FPA supports working with the American Association of Pharmacy Technicians to conduct educational seminars for technicians throughout Florida, and supports the FPA permitting and facilitating the American Association of Pharmacy Technicians to conduct technician education tracks at the FPA Annual Seminar/Convention.

EMPLOYMENT RIGHTS OF FLORIDA'S PHARMACISTS (98-10)

The FPA shall seek to make all Florida pharmacists aware of their legal employment rights and to distribute copies of an employee pharmacist's legal employment rights as defined by state and federal law.

ESTABLISHMENT OF THE JEAN LAMBERTI STUDENT MENTORS GRANT (98-24)

The FPA be encouraged to establish the “Jean Lamberti Student Mentor Grant” supported through contributions for award to a student of financial need, with good scholastics, who demonstrates student leadership within the Florida Pharmacy Association.

HIGH-TECH (89-21, 22, 39, 40)

The FPA supports periodic conferences to meet the needs of pharmacists in the emerging high-tech and other specialized areas of pharmacy practice, including self-diagnosis and robotics.

MEMBERSHIP CE BONUS (20-02)

The FPA should allow active members only of the FPA to acquire the two mandatory continuing education programs of “Validation and Counseling of Prescriptions for Controlled Substances and Opioids” and “Reducing Medication Errors Through Implementing Continuous Quality Improvement Program” who have registered and attends an FPA sponsored C.E. conference or convention at no additional fee.

NUCLEAR PHARMACY (89-18)

The FPA supports a minimum of 12 hours of continuing education in nuclear pharmacy for all certified Florida nuclear pharmacists.

NUCLEAR PHARMACY INTERNSHIP (89-45)

The FPA supports the development of nuclear pharmacy internships.

PHARMACEUTICAL MANUFACTURING INTERN HOURS (88-2)

The FPA supports the obtaining of a certain number of intern hours in the field of pharmaceutical manufacturing.

DOCTOR OF PHARMACY

B.S. AND PHARM.D. DEGREES (85-34)

The FPA supports maintaining the offering of both the B.S. and Pharm.D. degrees.

CONTINUING EDUCATION TOWARDS DEGREE (71-15, 73-22)

The FPA recommends expansion of the responsibility of the schools and colleges of pharmacy to provide continuing education courses for college credit toward a Pharm.D.

The FPA supports establishment of external Pharm.D. programs. **PHARM.D.**

OUTREACH PROGRAMS 84-28, 93-17)

The FPA supports establishment of external Pharm.D. Programs.

SUPPORT 6-YEAR ENTRY LEVEL PROGRAM (88-24)

The FPA supports the gradual transition to the six-year entry level Doctor of Pharmacy degree for the Colleges of Pharmacy in Florida.

PHARMACY EDUCATION CURRICULUM

COLLEGES OF PHARMACY (81-8)

The FPA encourages the colleges of pharmacy to add courses to the curriculum which are appropriate to the practice of community pharmacy, and support and promote a survey of recent graduates and preceptors to evaluate the relevance of their education to their pharmacy practice and encourages the colleges of pharmacy to increase community pharmacy input and representation on their curriculum committees.

CHAPTER XV- HISTORY - GOVERNMENTAL AFFAIRS

DISCOUNT PRESCRIPTION CARDS (00-13)

The FPA supports the elimination of the marketing of discount prescription cards to patients following the lead of Arkansas Governor Mike Huckabee, thus making them illegal in Florida.

DISPENSING OF MEDICAL MARIJUANA (14-11)

The FPA take an active stance in lobbying for pharmacists' involvement in shaping medical marijuana laws.

DISPENSING CONTROLLED SUBSTANCES, SCHEDULE II – EMERGENCY EXTEND 72 HOUR LIMITATION FOR EMERGENCY CII DRUGS (93-22)

The FPA will work toward changing both State and Federal regulations to increase to five days the time limitation for receipt of the written prescription after an emergency prescription has been issued.

A CONSUMER PROTECTION ENHANCEMENT (93-31)

The FPA, in cooperation with FSHP, supports the establishment of a dialogue with the Office of the Governor, as well as all future gubernatorial candidates, to seek appointment of pharmacists to the Board of Pharmacy in a manner so that specialty practice areas within the profession of Pharmacy are more equitably represented.

HORMONE-BASED ORAL CONTRACEPTIVE (16-07)

The FPA supports Florida licensed Pharmacists to initiate hormone-based oral contraceptive medications.

IMMUNIZATION BY PHARMACISTS (02-08)

The FPA supports legislative or Florida Board of Pharmacy rule changes to permit pharmacists to provide immunizations upon completion of a certificate program. The FPA supports the initiation of an immunization certificate program where pharmacists are taught the basics of immunology and vaccine administration.

LICENSE TRANSFER (00-23)

The FPA will not oppose Licensure by Endorsement provided that the legislation contains key elements of protection to the citizens of Florida. [Request a copy of the elements contained in the Resolution.]

MEDICATION ERRORS PREVENTION (03-08)

The FPA, in an effort to reduce medication errors, shall work with the Florida Board of Pharmacy, the Florida Board of Medicine and the Legislature to encourage that electronically generated prescriptions be adopted and at a minimum that they include the data sets needed to identify the prescriber.

PHARMACIST TO PHARMACY TECHNICIAN RATIO (13-06)

The FPA shall oppose the expansion of the pharmacist to pharmacy technician ratio and support the current existing pharmacist to pharmacy technician ratio, unless it can be specifically scientifically documented that any such increase will not have any impact on patient safety for the citizens of Florida which includes the well-being of the supervising pharmacist.

REGISTRATION (07-07)

The FPA seeks legislative changes that call for the mandatory registration of Pharmacy Technicians in the State of Florida.

PRESERVING THE ART OF COMPOUNDING (94-4)

The FPA encourages the Florida Board of Pharmacy to adopt into regulations of the Board the NABP "Good Compounding Practices Applicable to State Licensed Pharmacies".

SUPPORT OF COMPOUNDING PHARMACISTS, PHYSICIANS, & THEIR PATIENTS (07-12)

The FPA leadership organize a letter writing campaign of all state pharmacy associations and boards of pharmacy in opposition to the proposed legislation, "The Safe Drug Compounding Act of 2007" to Senators Edward Kennedy and Richard Burr as well as letters of opposition to our Florida Senators Mel Martinez and Bill Nelson as soon as possible.

CHAPTER XVI - HISTORY - ORGANIZATIONAL AFFAIRS

AD HOC COMMITTEE

ORGANIZATIONAL STRUCTURE (03-01)

The President of the FPA is directed to appoint an ad-hoc committee to review the FPA's organizational structure. The ad-hoc committee shall report its findings to the Executive Committee not later than December 2003.

COUNCIL AND COMMITTEES

FPA COUNCIL AND COMMITTEE MINUTES (88-12)

The Florida Pharmacy Today Journal shall publish all Council and Committee minutes within 60 days of the date of their meeting.

LEGISLATIVE COMMITTEE - ESTABLISHMENT (03-99)

The FPA supports the establishment of a Legislative Affairs Committee in the FPA Bylaws and that the Committee be structured with the following membership: the President, President-Elect, Chair of the Executive Committee, Speaker of the House of Delegates, Vice Speaker of the House of Delegates, Treasurer, APP Chairperson, the FPA legal counsel and/or lobbyist and seven additional members from the diverse areas of the State. The Committee shall review and act upon matters being considered by the Florida Legislature which are of concern to the profession and our patients, and those items brought to their attention by resolutions of the House of Delegates.

ENDORSEMENTS

POLICY (94-24)

The FPA endorsements shall provide a benefit to or enhance the pharmacist's professional life and not necessarily provide a financial benefit to the Association.

FPA AUXILLIARY

FPA AUXILLIARY (02-06)

The FPA investigate the possibility of reviving the Auxiliary.

FINANCIAL RESPONSIBILITY

BUILDING AND MAINTENANCE FUND (95-12)

The FPA shall establish a building fund for the purposes of retiring current debt and the monies collected in the fund shall only be used for the purposes of retiring the debt.

FISCAL RESPONSIBILITY (95-11)

The FPA Treasurer shall conduct a thorough study of the financial status of the FPA and establish a plan for achieving an annual “balanced budget” and that the budget be completed before the end of the calendar year for the following year.

TRAVEL REIMBURSEMENT FOR FPA PRESIDENT (98-6)

The FPA undertake an extensive review of its travel reimbursement policy, its activity calendar, and any other appropriate areas of its operation for the express purpose of removing the financial disincentive to a candidate for the office of FPA President.

FSHP

JOINT FPA/FSHP MEETINGS (03-11)

The FPA leadership shall work with the FSHP leadership to develop joint meetings.

COMPUTER BULLETIN BOARD (94-27)

The FPA shall pursue a reciprocal arrangement with FSHP's electronic bulletin board (SNS) and if not possible, the FPA shall seek sponsorship of a FPA system at no cost to the Association.

HEALTH FAIR

HEALTH FAIR FUNDS (04-06)

The FPA's Budget and Finance Committee be charged with designating a line item in the budget for the Florida Pharmacist's Health Fair to perpetuate any balance in funds raised and that any balance in contributions raised for the Health Fair be placed into the line item. Furthermore, that any residual balance would remain in the line and form the initial balance for the subsequent Health Fair. Additional contributions designated for the Health Fair shall be credited to the line item.

HOUSE OF DELEGATES RESOLUTIONS

NOMINATION OF HOUSE OF DELEGATES OFFICERS (79-2a)

Nominations of the officers for the House of Delegates shall be in the form of a resolution submitted in accordance with the requirements for all resolutions.

WHO MAY SUBMIT RESOLUTIONS (99-06) AS REFERRED TO COMMITTEE

The FPA supports the addition of a section to its By-Laws or to the By-Laws of the House of Delegates which defines who may submit resolutions to the House of Delegates; that this definition include but not be limited to all FPA councils and committees, all FPA subdivisions, all miscellaneous organizations entitled to representation in the House of Delegates and individual FPA members in good standing; and that all resolutions emanating from an individual member or group of members must conform to the resolutions format prescribed by the House of Delegates and bear the name of the sponsor(s) at least one of whom shall be present at the House of Delegates session to introduce the resolution.

ANNUAL DATE FOR SUBMISSION OF RESOLUTIONS (97-11)

The House of Delegates shall allow resolutions to be submitted by March 15 for consideration by the House of Delegates during the Annual Convention and it shall enforce its By-laws by rejecting resolutions that fail to comply with the form and time requirements.

INDEPENDENT PHARMACIST SECTION

RESOURCE GUIDE FOR INDEPENDENT PHARMACISTS (93-43)

The Independent Pharmacists Section shall establish, and periodically update a notebook which details situations unique to their practice environment, their solutions and people or agencies to contact for advice and a member of the FPA staff shall keep a copy of the Independent Pharmacists Section resource guide available for ready reference in the FPA office so that staff may advise any pharmacist who calls seeking a solution to a previously identified and resolved problem.

INSURANCE

FPA LIABILITY INSURANCE (86-23)

The FPA supports development of a self-insured liability insurance program for its members.

LAW MANUAL

UPDATES (94-26)

The FPA shall distribute not less than annually an update of the Pharmacy Law Manual.

MEMBERSHIP

CERTIFICATES (95-13)

The FPA shall provide membership certificates to current members who did not receive or who have misplaced the certificate. The FPA shall require the payment of a nominal charge to cover the production costs and postage.

PARTICIPATION

INTERNET BULLETIN BOARD/PARTICIPATION (02-04)

The FPA seek a grant from the FPA Foundation and/or financial support from the members of the Florida Pharmacy Council or the pharmaceutical industry to underwrite the Internet bulletin board's startup expenses and first year of service.

PHARMACY HISTORY

HISTORY OF FLORIDA PHARMACY (07-05)

The FPA support the establishment of a project to study, chronicle and document the history of pharmacy in Florida and be it further resolved that the FPA encourage and

support faculty from the colleges of pharmacy in the state of Florida to participate in this project.

REPRESENTATION

GRASS ROOTS PRESERVATION (94-23)

The House of Delegates supports a method of electing Executive Committee members that preserves the geographic representation of all grass roots pharmacists and that the status quo remains intact.

STUDENT REPRESENTATION

COMMITTEES (70-1)

The FPA favors placing Student APhA/FPA members in committee seats in order to increase coordination, understanding and participation of said student members in FPA.

HOUSE OF DELEGATES (69-8)

The FPA favors student representation at the House of Delegates by entitling each chapter of Student APhA/FPA voting privileges.

SUPPORT FOR STUDENT HOUSING ASSISTANCE/ROTATIONS (04-11)

The FPA shall give consideration to assisting students with housing in order to help defray the additional expense incurred by students who choose to learn more about association management through an advanced pharmacy practice experience rotation at the FPA and that the Budget and Finance Committee provide to the Executive Committee a recommendation about this support.

SCHOLARSHIPS FOR FLORIDA'S PHARMACY STUDENTS (93-6)

The FPA shall work with members of the state legislature to include pharmacy students in the Florida Health Services Corps scholarship program.

UNIT ASSOCIATIONS

EMPLOYEE PHARMACIST ACTION PLAN (93-7)

The FPA shall prepare by the 1994 annual meeting, utilizing outside expertise if necessary, a detailed plan of action concerning employee pharmacists and this plan shall include but is not limited to a strategy for increasing employee pharmacist membership in the FPA and a mechanism to clearly communicate to employee pharmacists the benefits of FPA economic initiatives.

FPA REGIONS (85-25)

The FPA supports establishment of regions, each representing an equal number of pharmacists.

IDENTIFICATION OF PROSPECTIVE MEMBERS (88-13)

The FPA shall annually furnish each Unit Association with a list of names and addresses of those pharmacists who live within their respective boundaries so that they may identify prospective new members, with no charge to the unit association.

TECHNICIANS IN THE FPA/APP (93-9)

A special "associate" membership category for pharmacy technicians be established within the Florida Pharmacy Association, and this membership category shall be promoted to contribute to a beneficial interactive role between pharmacists and pharmacy technicians within the FPA and the APP.

UNIT OFFICER DIRECTORY (82-24, 87-27, 88-14, 88-15)

The FPA shall compile a directory of officers of the unit organizations along with the FPA officers and allied organizations (councils, committees, etc.) and distribute same to each unit association with an annual updating by Sept. 1.

VOICE MAIL SYSTEM (94-28)

The FPA is to establish a voice mail system for use by the membership to increase reciprocal communication between the staff, officers and the membership.

CHAPTER XVII - HISTORY - PROFESSIONAL AFFAIRS

BOARD OF PHARMACY

DPR COMPLAINT REPORTING (87-13)

The FPA supports a change in DPR procedure regarding investigations of suspected illegal physician activity, making it easier to initiate an investigation and to keep the name of the initiator anonymous.

EXPEDIENT LICENSURE OF PHARMACY GRADUATES (95-27)

The FPA supports the expedited release of the results of board exams, including the Florida Law Section, and thereby providing licensure for recent graduates of pharmacy school in an expeditious manner.

GENERIC LAW CLARIFICATION (01-01)

The FPA shall request the Florida Board of Pharmacy to clarify the product selection law to determine whether a consumer can request a generic medication, even though the prescriber has indicated "medically necessary."

MINIMUM OPERATING HOURS FOR COMMUNITY PHARMACY PERMIT(09-2)

The FPA shall request the Florida Board of Pharmacy act in repealing the 40-hr. rule for Community Pharmacy Permit, withstanding that there is a pharmacy within 5 miles with extended hours or a 24-hr. pharmacy within 2 miles. **NEWSLETTER (80-6, 84-3, 89-42)**

The FPA shall request that the Florida Board of Pharmacy, at least annually, send out news communications to all Florida pharmacists, including information on disciplinary actions taken against health practitioners.

PHARMACIST PRACTITIONER LICENSE, ESTABLISHMENT (96-10)

The FPA, in cooperation with FSHP and the Board of Pharmacy, seek legislation to establish a Pharmacist Practitioner license and that the FPA Educational Affairs Committee develop educational programs for pharmacists to qualify to receive the license.

PHARMACISTS AS INSPECTORS (81-9, 83-3)

The FPA favors pharmacists as pharmacy inspectors to maintain our professional standards.

PHARMACIST ROLE IN PHYSICIAN ASSISTED DEATH (18-10)

The FPA shall convene a workgroup of pharmacists in various practice areas, specialties and interests on the issue of physician assisted death. This workgroup shall draft a position paper supports the active role of pharmacists that wish to participate as well as affirming the pharmacists right to decline participation. Such position paper will be presented for a vote of approval by the members attending the 2019 House of Delegates.

REGULATION OF DAILY OPERATING HOURS (95-19)

The FPA shall request the Florida Board of Pharmacy to repeal Rule 59X-28.404, F.A.C.relatng to minimum operating hours of a community pharmacy.

CARISOPRODOL

CARISOPRODOL AND BUTORPHANOL (94-18)

The FPA supports legislation that designates carisoprodol and butorphanol as controlled substances in schedule IV of Chapter 893, Florida Statutes.

CARISOPRODOL AND CARISOPRODOL CONTAINING PRODUCTS (00-03)

The FPA supports passage of statutes, rules or regulations to classify carisoprodol and compound medications containing carisoprodol as Schedule IV controlled substances.

CARISOPRODOL CONTROLS (91-25)

The FPA supports the classification of carisoprodol as a CIV controlled substance.

CASE MANAGERS

CERTIFICATION AND REGULATION OF CASE MANAGERS (93-40)

The Florida Pharmacy Association supports legislative action that establishes a certification process and regulation of case managers through the Department of Business and Professional Regulation.

CONSULTANT PHARMACIST

CONSULTANT PHARMACISTS IN ACLF (83-32, 85-23, 86-17, 90-40, 91-14, 95-22)

The FPA favors establishing a requirement that ACLF's contract for services of a consultant pharmacist to monitor drug distribution in the facility.

INSPECTION OF PAIN MANAGEMENT CLINICS (11-02)

The FPA seeks legislation requiring Florida licensed consultant pharmacists to conduct monthly reviews of all registered pain management clinics to ensure compliance with applicable law, regulation and any applicable clinic policy and procedures.

MEDICAL-SURGERY CENTERS (89-42)

The FPA supports legislation requiring all Medical-Surgery centers to hire a consultant pharmacist who would be accountable for the drugs.

CONSULTANT PHARMACIST REVIEWS (16-01)

The FPA pursue and support legislation that would require consultant pharmacist services at Adult Congregate Living Facilities; Urgent Care Centers; Endoscopy Centers; walk in clinics, urgent diagnostic care and treatment facilities as well as medical centers for plastic surgery, gastrointestinal care or any other facility developed for the delivery of health care that is staffed by physicians and/or other licensed or unlicensed practitioners where prescription drugs are stored, used and/or administered.

DISPENSING AND PRESCRIBING REGULATIONS

CONTROLLED SUBSTANCES RED "C" (92-50)

The FPA supports the elimination of the requirement for the red "C" to be stamped on CIII, CIV, and CV prescriptions.

DISPLAY OF PHARMACIST'S HOURS (79-29, 82-30, 84-11) AS REFERRED TO COMMITTEE

The FPA favors a requirement that all pharmacists display in a prominent place the hours the pharmacist will be on duty, and that the registered pharmacist be on duty 80% of the time the pharmacy is open.

ENFORCEMENT OF THE REQUIREMENT FOR LICENSURE TO PRACTICE THE PROFESSION (01-05) AS REFERRED TO COMMITTEE

The FPA shall inform the Florida Board of Pharmacy or other appropriate licensing board within the State of individuals practicing beyond their scope of practice or otherwise engaged in the unlicensed practice of pharmacy.

ELIMINATION OF “C” STAMPS/SEPARATE FILES (95-20)

The FPA seek rule changes eliminating the use of “C” stamps and separate files for controlled substances in schedules III, IV, and V in pharmacies that have electronic capabilities.

DIAGNOSIS ON PRESCRIPTION (01-09) AS REFERRED TO COMMITTEE

The FPA shall work with the Florida Board of Pharmacy to achieve a change that would require that a diagnosis be written on the prescription.

DISPENSING PHYSICIAN REGISTRATION (78-3a, 85-16, 85-35, 86-10)

The FPA favors legislation requiring physicians who dispense drugs to register with the Board of Pharmacy and be subject to the same dispensing regulations as required for pharmacies and pharmacists.

DISPENSING PHYSICIANS - INSPECTING (79-31)

The FPA favors the inspection of dispensing physicians by the Board of Pharmacy.

DISPENSING PHYSICIANS - STANDARDS OF PRACTICE (93-36)

The FPA supports a rise in the level of pharmaceutical service offered by dispensing physicians to that mandated for pharmacists and that any increased costs of regulation of dispensing physicians be passed along to all physicians registered to practice in Florida a part of their license fee.

ENFORCEMENT OF DISPENSING LAWS AND REGULATIONS (75-31, 76-52, 77-27, 80-13, 83-21, 84-8, 84-18)

All dispensers of medicinal agents within this state should be made fully cognizant and required to comply with all the laws and regulations pertaining thereto.

ENTERAL/PARENTERAL PREPARATIONS (84-31)

The FPA favors regulation requiring that enteral/parenteral preparations be prepared in a licensed pharmacy by or under the supervision of a licensed pharmacist.

HOSPICE CONTROLLED SUBSTANCES (89-37)

The FPA supports the safe disposition of controlled substances following the death of hospice patients.

INHALATION THERAPIST DISPENSING - OPPOSITION (86-21)

The FPA opposes the dispensing of legend drugs by inhalation therapists.

LICENSING OF PHARMACY BENEFIT MANAGERS (01-06) AS REFERRED TO COMMITTEE

The FPA shall meet with state legislators, and the appropriate state agencies and/or licensing boards to seek the implementation of a regulation which would require any pharmacy benefit manager engaged in any type of generic substitution or therapeutic interchange activity that impacts a resident of Florida to be licensed by the State of Florida.

LONG TERM CARE FACILITIES-CONTROLLED SUBSTANCES-CIII-CV (94-17)

The FPA supports change to Federal and State laws to permit the return of controlled substances in schedules III through V from long term care facilities.

PATIENT COUNSELING SUPPORT (90-61)

The FPA supports patient counseling.

PHARMACIST CONTROL OF PRESCRIPTIONS (89-44)

The FPA supports pharmacist total control of prescription drugs.

PHYSICIAN DISPENSING - OPPOSITION (76-43, 89-24)

The FPA favors legislation to prohibit physician dispensing of prescription medications with the exception of physician samples given at no charge to the patient.

PRESCRIBING C-II PRESCRIPTIONS (83-42)

The FPA favors the writing of complete C-II prescriptions by prescribers.

RESTRICTION OF DISPENSING TO PHARMACISTS (85-32)

The FPA favors legislation restricting permission to dispense solely to pharmacists.

RESTRICTION OF SALE OF EPHEDRINE (93-21)

The FPA shall pursue legislative changes to reclassify ephedrine as a legend drug.

RETURN OF CIII, CIV, AND CV FROM LONG-TERM CARE FACILITIES (95-18)

The FPA shall work with APHA and ASCP to initiate a dialogue with DEA to permit the return to stock of unused unit-dose controlled substances that have been dispensed to patients in long-term care facilities.

SUPPORTING RESEARCH TO STRATIFY COMMON DEFINITIONS (20-04)

The FPA shall support the research endeavor of the University of South Florida Taneja College of Pharmacy APhA-ASP chapter to stratify common definitions amongst the health professions for future regulatory and legislative action.

DOCTOR OF PHARMACY - P.D.

UNIFORM DESIGNATION FOR PHARMACISTS (81-7, 88-25)

The FPA endorses and adopts the professional designation, D.Ph., with the accompanying title, "Doctor of Pharmacy," for all pharmacists in Florida, and this designation shall replace the former designation of R.Ph. or requests the appropriate state agency to adopt the D.Ph. designation as the title for all licensed pharmacists in Florida or seek a legislative amendment to FS 465 which would require Florida pharmacists to be designated as D.Ph.'s.

EMERGENCY CONTRACEPTION

EMERGENCY CONTRACEPTIVES BY PHARMACIST PRESCRIPTION (01-14)

The FPA shall request the Florida Department of Health establish Prescriber Care Plans as authorized by Rule 64B16-27.830, F.A.C. so that pharmacists may provide initial and subsequent doses of emergency contraceptives to patients wishing to obtain these drugs directly from pharmacists.

FSHP

UNIFIED VOICE (95-9)

The FPA shall initiate discussions with the FSHP for the purpose of combining their legislative and lobbying activities in order to present a more unified voice for the profession of pharmacy in the State of Florida.

DUAL MEMBERSHIP CATEGORY IN FPA AND FSHP (14-03)

The FPA and FSHP shall confer together for each organization to establish a Dual Membership category providing membership in both the FPA and FSHP. The Dual

Membership will be a discounted membership fee to be less than the cost of joining each organization individually.

GENERIC DRUGS

DRUG PRODUCT IDENTIFICATION (79-3a, 91-30)

The FPA favors legislation to require identifying markings on all drug product dosage forms.

FDA APPROVAL (79-32)

The FPA favors the establishment of a system whereby the necessary information to ascertain if a drug product offered in commerce has the proper ANDA and NDA, or if it is out of patent as purported, and if it can be obtained on good authority in a simple manner.

SELECTION BY PHARMACIST (73-30)

The FPA favors the concept that only a pharmacist manager of a prescription department shall select which generic drug products shall be stocked.

HEALTH CARE FINANCE ADMINISTRATION

MEDICATION THERAPY MANAGEMENT SERVICES (05-08)

The FPA recommends that the Centers for Medicare and Medicaid Services (CMS) designate pharmacists as the preferred provider of Medication Therapy Management Services under the Medicare Modernization Act of 2003 Part D.

NEW MEXICO PRESCRIPTIVE ACT (94-9)

The FPA supports legislative changes to the Florida Pharmacist Self Care Consulting Act to provide more complete and comprehensive prescription writing authority.

HIPAA

HIPAA GUIDELINES (01-19) AS REFERRED TO COMMITTEE

The FPA shall develop a guideline or template which will assist Florida pharmacists to comply with HIPAA requirements.

HOME INFUSION KICKBACKS

HOME INFUSION KICKBACKS (91-16)

The FPA supports revocation of license and felony convictions for all parties involved in "kickbacks" for home infusion referrals.

HYPODERMIC SYRINGES

OPPOSITION TO SYRINGES ON RX (73-28)

The FPA does not favor legislation requiring prescriptions for hypodermic syringes and needles.

RESTRICT TO HEALTH CARE PROFESSIONALS (82-33)

The FPA supports restricting the sale and distribution of hypodermic syringes and needles to appropriate health care professionals.

JURY DUTY

OPPOSITION AND SUBSEQUENT ENDORSEMENT (71-4, 73-34, 78-5)

The FPA in 1971 and 1973 favored the exemption of pharmacists from jury duty. However, in 1978, a resolution to continue the policy was defeated.

LEGISLATION

EXPANSION OF FPA LEGISLATIVE ACTIVITIES (03-03)

The FPA leadership shall establish a “legislative education network” that would continuously educate legislators and their staff concerning the clinical and economic importance of pharmacists’ providing and being compensated for pharmaceutical care services. The Network would also foster support for legislation which would provide funding to compensate pharmacists for providing these services. The FPA leadership shall undertake a continuous review of the Network’s operation so that it is efficient and effective.

SENIOR DRUG BENEFIT (03-04)

The FPA supports the encouragement of legislation that adopts for senior citizens a prescription drug benefit program that does not penalize the pharmacy and pharmacist, or restricts the choice of the senior citizens. The FPA is directed to communicate these concerns to the Florida Congressional delegation.

LICENSURE BY ENDORSEMENT

LICENSURE BY ENDORSEMENT (86-35)

The FPA opposes licensure by endorsement.

MAIL-ORDER

MAIL-ORDER LICENSING (85-18, 86-12, 93-25)

The FPA favors legislation requiring mail-order pharmacies and pharmacists serving Florida residents to be licensed by the Florida Board of Pharmacy and be subject to the same regulations as required for Florida pharmacies and pharmacists.

MAIL-ORDER PHARMACIES AND REPACKAGERS - STANDARDS (88-18)

All re-packagers and mail-order pharmacies serving practitioners or residents of Florida should be required to operate in a manner consistent with that required of re-packagers and mail-order pharmacies licensed to operate in Florida.

MANUFACTURERS PACKAGE

C.S. LABEL ON SIDE OF STOCK BOTTLE (80-33, 88-28)

The FPA favors legislation requiring manufacturers to label their products with the controlled substance code on the side of the container.

EXPIRATION DATE (78-4, 80-39, 81-13, 83-24, 88-30, 88-31, 91-33)

The FPA favors legislation which would require that all expiration dates is clearly and easily recognizable, endorsing the concept of using two dates a year to mark the expiration date.

NDC ON LABEL (83-23, 91-32)

The FPA favors legislation or regulation requiring that the complete NDC number appear on product label in a clear and easily recognizable form.

ORANGE BOOK RATING ON PRODUCT LABEL (91-31)

The FPA supports the printing of the FDA Orange Book rating on the manufacturers' or repackages' label.

RETURN GOODS (87-4, 90-24)

The FPA favors having manufacturers accept partial bottles as part of their return goods policies.

MEDICAID

CROSS REFERENCING BETWEEN MEDICAID AND HMO'S (95-17)

The FPA shall work with the Medicaid program to provide better on-line cross referencing of HMO-covered Medicaid recipients.

MANUFACTURER REBATES TO MEDICAID HMO PROGRAMS (95-14)

The FPA shall work with HCFA, HRS, the state and federal government and any other regulatory or financial authority to ensure that rebates paid by pharmaceutical manufacturers to private HMO Medicaid programs be returned in full to the state or federal agency paying the private HMO program.

MEDICAID COST OF GOODS (89-16)

The FPA favors a Medicaid fee that includes an additional 10% on cost of goods for any prescription that exceeds \$15.

MEDICAID DER COMMUNICATION (83-15, 84-16, 89-15, 92-46)

The FPA favors the inclusion of any Medicaid drug grant increase in the administrator's computer records immediately prior to the dissemination of the letters of notification of these increases, and further favors the printing on the Medicaid patient's card the expiration date of the excess drug grant, and further favor restricting the processing period to a maximum of 30 days, and further supports the verbal approval by the prescriber as sufficient for processing the DER.

MEDICAID DISPENSING FEE (78-7, 80-16, 86-32, 87-14, 89-14)

The FPA favors a reasonable fee based on AWP with an annual cost of living adjustment or the usual and customary charge for pharmacist providers under the Medicaid program.

MEDICAID FOOD SUPPLEMENTS DAW CODE (92-342)

The FPA supports a DAW code to be submitted for authorizing food supplements when ordered under the guidelines established by DHRS.

MEDICAID HOME INFUSION THERAPY (91-19)

The FPA supports changes in Medicaid reimbursement for home infusion therapy which recognizes the significant difference from traditional prescription practice.

MEDICAID - MEDICALLY NECESSARY (89-10)

The FPA supports the elimination of "medically necessary" on Medicaid prescriptions.

MEDICAID NDC PROMPT UPDATE (92-44)

The FPA supports the timely updating of the NDC file by Medicaid so that new generics will be recognized promptly.

MEDICAID NON-REIMBURSABLE DRUGS (83-9, 84-6)

The FPA favors the publishing by DHRS of a complete list of non-reimbursable drugs at least every six months.

MEDICAID POLICY CHANGES (87-26)

The FPA favors ongoing interaction with DHRS to solve problems associated with changes in policies and procedures.

MEDICAID PRICE INCREASES (83-15)

The FPA favors the immediate update on price increases by Medicaid reflecting the effective date.

MEDICAID REIMBURSEMENT - ELECTRONIC CLAIMS (81-1)

The FPA favors reimbursement to the Medicaid pharmacy provider for services relating to claims processing.

MEDICAID REINSTATEMENT OF V-CODE (97-18)

The FPA supports reinstatement of the V-code overrides.

UNIT-DOSE CONTROLLED SUBSTANCE DISPENSING QUANTITY (94-16)

The FPA supports a change in Medicaid and third party reimbursement rules to permit dispensing unit-dose controlled substances for less than a thirty day supply.

OBRA AND PATIENT COUNSELING

OBRA '90 AND PATIENT COUNSELING (93-28)

The FPA supports legislation to bring various pharmacist practitioners, currently exempted from the Florida Board of Pharmacy and Florida HRS Medicaid rules on patient counseling, in line with the other pharmacist groups that are exempted to offer patient counseling on prescription medications. The FPA supports action that requires dispensing practitioners to comply with OBRA 1990 requirements. The FPA supports changes to existing regulations to permit pharmacists to exercise their professional judgment in determining when patient counseling is necessary in instances of refill prescriptions.

OBRA 90 MODIFICATION (17-02)

The Florida Pharmacy Association or subdivision of the FPA encourages the use of open-ended; non-leading questions by pharmacists and pharmacy staff when making an offer to counsel.

PEDIATRIC MEASURING DEVICES

PEDIATRIC MEASURING DEVICES (92-30)

The FPA supports the requirement that manufacturers of pediatric oral liquids provide standard measuring devices and directions for both OTC and Rx pediatric products.

PHARMACY OWNERSHIP

BATHROOM IN PHARMACIES (94-10)

The FPA supports legislative changes to require a bathroom to be within each prescription department.

CLOSING OF PREMISES FOR VIOLATION (84-22)

The FPA supports legislation requiring seizure of the controlled substances of a permittee found guilty of a controlled substance violation, and further that the premises shall not be re-licensed as a pharmacy for a period of not less than 18 months.

NON-LICENSED OWNERSHIP OF PHARMACY (84-22)

The FPA supports legislation requiring non-licensed persons applying for a permit to operate a pharmacy, to pass an examination relating to Florida Pharmacy Law.

PROHIBITING PHYSICIAN OWNERSHIP (73-1)

The FPA favors legislation prohibiting physician ownership of pharmacies or drug repackaging companies in the State of Florida.

PHARMACY PRACTICE

DEFINITION OF THE PRACTICE OF THE PROFESSION (94-20)

The FPA supports the inclusion into the legal definition of the practice of the profession of pharmacy of the expanding, non-dispensing functions of the pharmacist.

EXCLUSIONS IN CLASS I INSTITUTIONAL PERMIT (03-10)

The FPA seeks the support and cooperation of the Florida Board of Pharmacy in redefining the dispensing, packaging and patient-specific labeling requirements of multidose vials of injectable medications when provided to a Class I Institutional pharmacy permit by other

Florida pharmacy permittees, when the Class I Institutional permittee is the purchaser or payer of the medications.

IMPLEMENTATION OF A PHARMACISTS UPIN NUMBER (98-20)

The FPA supports implementation of a UPIN number for pharmacists who provide pharmaceutical care and disease state management to assist them to receive compensation for their services.

LABORATORY TEST ORDERS (94-7)

The FPA supports legislative changes to permit pharmacists to independently order essential and necessary laboratory tests.

OPPOSITION TO RECIPROCITY OR LICENSURE BY ENDORSEMENT (98-30)

The FPA reaffirms its 1986 policy opposing licensure through endorsement or reciprocity.

PHARMACISTS' AGENT (94-8)

The FPA supports legislative changes to permit a technician to initiate and accept phone authorization for refill prescriptions.

PHARMACISTS WORKLOAD (97-24)

The FPA supports encouraging the Board of Pharmacy to adopt a Rule that would address pharmacist workload and its relationship to potential dispensing errors.

PHARMACY ADMINISTRATION OF NALOXONE CONTAINING PRODUCTS (17-06)

The FPA will advocate for legislative change to FS 381.887 to allow pharmacists the authority to administer Naloxone containing products, consistent with the authority granted to other health care providers.

PRESCRIPTION INFORMATION (11-03)

The FPA shall pursue the change of FS 893.04 to remove the wording "on the Face of the Prescription."

POSITIVE FORMULARY (98-23)

The FPA supports repeal by the Legislature of the requirement for pharmacies to maintain a copy of the pharmacy's positive formulary provided that the pharmacy is able to provide the formulary in an electronic format.

SCOPE OF PRACTICE (96-03)

The FPA supports legislative amendments to the scope of practice for pharmacists to include the authority of pharmacists, who are qualified by additional training or experience, to perform patient assessments, order drug therapy related laboratory tests, adjust drug regimens and administer medicinal drugs pursuant to protocols.

STANDARDS FOR PHARMACY-BASED IMMUNIZATION (97-19)

The FPA adopts standards of pharmacy-based immunization. [Request a copy.]

STANDARD OF PRACTICE (91-8, 91-27)

The FPA supports the development of an updated Standard of Practice Statement for pharmacy which includes patient counseling.

CQI (98-25)

The FPA supports the Board of Pharmacy to develop a format to enable the use of tools such as CQI (Continuous Quality Improvement), documented peer review and patient consumer surveys that can be used in the regulatory process to assess pharmacy standards of practice. The support is conditional upon: protections from discovery in civil, criminal and administrative actions through Legislative changes to FS 766; a demonstrative lack of excessive administrative burden on the pharmacist; and the process not causing prohibitive cost burdens on the pharmacist, permittee and/or patient.

POISONS

AVERSIVE FLAVORING OF POISONS (92-47)

The FPA supports the aversive flavoring of potentially toxic consumer products (excluding oral medications) as a means of reducing the poisoning of children.

PRESCRIPTION BLANK INFORMATION

PREPRINTED C.S. PRESCRIPTION BLANKS (87-12)

The FPA favors the banning of preprinted prescriptions for controlled substances.

PRESCRIPTION BLANKS-PRESCRIBER NAME (94-12)

The FPA supports legislation that requires either the name of the prescriber to be printed or a rubber stamp imprint of the physician's name in capital letters to be placed above or below the physician's signature in capital letters.

PRESCRIPTION CARBON COPIES (86-25)

The FPA favors legislation requiring that community pharmacies receive the original prescription, not the carbon copies.

TRIPPLICATE PRESCRIPTIONS (80-27)

The FPA opposes any mandatory triplicate prescription system.

PRESCRIPTIVE AUTHORITY

PRESCRIPTIVE AUTHORITY FOR PHARMACISTS (95-5)

The FPA supports legislative changes that provides for one additional pharmacist member to be appointed to the Formulary Committee and that the law provides for additional classes of drugs to be included on the formulary.

REGISTERED CARE TECHNICIANS

REGISTERED CARE TECHNICIANS (89-34)

The FPA opposes RCT legislation.

SAMPLES (LEGEND DRUGS)

ELIMINATE DRUG SAMPLING (78-15, 81-33, 92-55)

The FPA favors legislation on both a state and national level to eliminate drug sampling except through the use of complimentary prescription blanks.

THIRD CLASS OF DRUGS

THIRD CLASS OF DRUGS - SUPPORT (78-14, 79-36, 80-21, 97-13)

The FPA favors legislation to create a third class of drug products that would be available only from a Florida licensed pharmacist.

THIRD PARTY

ASSURED ADJUDICATION (04-05)

The FPA shall refer to Association counsel for an opinion whether third party payers can seek restitution from pharmacies for terminated members or non-covered services after the claim has been adjudicated.

COGNITIVE PHARMACEUTICAL SERVICES (89-26, 92-27)

The FPA supports the recognition of cognitive services, now called pharmaceutical services, provided by pharmacists.

CONTRACT INFORMATION (86-28, 87-16, 92-34)

The FPA favors legislation requiring full disclosure of contracts by third party plans and a 45-day notice of contract or rule changes with penalties for violation by the third party plan administrators.

COST OF GOODS (90-47)

The FPA shall work toward establishing a new standard for cost of goods to a pharmacy in Florida.

COST OF DRUGS (05-02)

The Florida Pharmacy Association sends a letter to Florida Congressional Delegation requesting a study on equitable drug pricing so that mechanisms to level the playing field with other countries may be implemented.

DELINQUENT PAYMENTS (87-15)

The FPA supports legislation requiring third party plans to pay valid claims within 30 days and to pay a maximum interest charge on past due claims.

DISCRIMINATORY DRUG PRICES (85-36)

The FPA supports the repeal or modification of the Nonprofit Institutions Act exemption from the Robinson-Patman Act and such other legislative changes as are necessary to restore fair competition.

DISPENSING LIMITATIONS (84-20)

The FPA supports the adoption of uniform third party dispensing limitations.

FREEDOM OF CHOICE (96-04)

The FPA shall form a committee with the Florida Medical Association and other associated groups within the State of Florida to oversee the compliance with the Any Willing Provider Act by third party programs.

INSURANCE COMMISSIONER-PHARMACIST PARTICIPATION (96-05)

The FPA supports legislation to require a pharmacist to serve within the State Insurance Commissioner's Office to assist the citizens as well as the health care providers by reducing the confusion created by the diverse contracts offered by third party insurance companies.

MAINTENANCE DRUG LIST (87-23)

The FPA supports regulations to establish a single list of maintenance drugs which should be periodically updated and to require that all third-party plans to abide by this list.

MULTI-TIER PRICING ELIMINATION (90-50)

The FPA supports the elimination of multi-tier pricing on the Federal level, providing for specific exemption for purchases by government owned and operated institutions and facilities.

NON-PROFIT COMPETITION (85-29)

The FPA favors legislation to prevent not-for-profit institutions and/or organizations from engaging in for-profit health care services while benefiting from their special tax-exempt status.

NURSING AGENCY BILLING OF PHARMACEUTICALS (93-37)

The FPA supports legislation that assures that only pharmacies are permitted to bill the patient and/or the patient's insurance company for the costs of medications and other pharmaceutical related services and that the current practice of pass-through billing via other health care providers, such as nursing agencies, DME providers, be prohibited.

ORAL CONTRACEPTIVES DAW CODE (92-43)

The FPA supports a DAW code to be submitted for authorizing oral contraceptives when ordered under the guidelines established by the third-party plan.

PHARMACIST DISPENSE AS WRITTEN (90-54)

The FPA supports the concept of allowing the pharmacist to indicate "dispense as written" for any third-party prescription.

PRACTITIONER'S LICENSE NUMBER ON UNIVERSAL CLAIM FORMS (93-35)

The FPA supports cooperation among the APHA, NCPA and the insurance industry to cause use of the prescriber's license number as an identifier instead of the DEA number.

REIMBURSEMENT FOR COUNSELING UNDER OBRA 90 (93-27)

The FPA supports a consulting fee in addition to the current dispensing fee to be paid to the pharmacy for meeting the requirements under OBRA 90. **STANDARDIZATION OF**

MAXIMUM ALLOWABLE COST (96-07)

The FPA supports legislation that would require all insurance companies, HMO's, PPO's and other entities providing pre-paid health care services or medical benefit coverage to utilize a standardized maximum allowable cost list designated by an agency or authority of the State of Florida.

STATE LICENSE PRESCRIBER NUMBER (94-13)

The FPA supports a requirement that any third-party prescription processor conducting business with Florida pharmacies be required to accept the state license number of the prescriber rather than the DEA number.

TOTAL ADJUDICATION (94-14)

The FPA supports an effort to encourage the Florida Insurance Commissioner to require all third-party prescription insurance programs to implement a system of total adjudication via computer modem or "black-box" technology.

WORKERS COMPENSATION LAW (84-36)

The FPA supports legislation or regulation requiring Workers' Compensation insurance carriers to inform a pharmacy that a physician is not authorized to treat a particular patient within a reasonable period of time.

WORKERS COMPENSATION PRESCRIPTION PAYMENTS (86-31)

The FPA favors regulation requiring payment to a pharmacy for services rendered under the law upon the verbal authorization of the employer.

WORKERS COMPENSATION REFORM (91-47)

The FPA supports a universal claim form for workers compensation claims and requirement of monthly price updates of the AWP price schedules by the payers.

UNETHICAL REPACKAGING**UNETHICAL REPACKAGING (88-35)**

The FPA discourages, as unethical, the practice of a pharmacist's direct participation in the act of repackaging medications for resale to physicians to dispense for profit.

VETERINARY MEDICINE**DISPENSING VETERINARIANS (88-33)**

The FPA supports legislation requiring veterinarians to be subject to the same dispensing regulations as required for pharmacies and pharmacists. **DRUG PRODUCT AVAILABILITY (8834)**

The FPA supports having veterinary drugs available to community pharmacies.

VITAMINS

AVAILABILITY OF VITAMINS AND NUTRITIONAL SUPPLEMENT (93-20)

The Florida Pharmacy Association opposes any reclassification of vitamins and nutritional products which would, in any way, limit their availability, or contribute to increased costs or limit the right of the general public to choose the products. The Florida Pharmacy Association supports the Health Freedom Act of 1992 (SR 2835) prohibiting the reclassification of vitamins and nutritional supplements as drugs or food additives and supports permitting manufacturers to provide truthful disease and health related information in the labeling of those products.

WORKLOAD

PHARMACY WORKPLACE CONDITION CONCERNS (20-08)

The Professional Affairs Council shall issue a Report on Pharmacy Workplace Condition Concerns by 5:00pm on February 12, 2021 (approximately 12 weeks prior to May 9, 2021 Last Day to Submit Resolutions to the House of Delegates). At a minimum, the report shall contain both statistical data quantifying the prevalence of concerns and first-hand accounts of events that led to the development of workplace condition concerns.

CHAPTER XVIII - HISTORY - PUBLIC AFFAIRS

AARP, FLORIDA CHAPTER

RELATIONSHIP (94-25)

The FPA shall initiate communication with the AARP Florida Chapter to identify areas where a mutually supportive relationship could exist.

ADVERTISING

ADVERTISING ACTIVE INGREDIENTS (91-29)

The FPA supports the regulation of advertising of medicinal products to require disclosure of the active ingredients.

BAN PRESCRIPTION DRUG ADVERTISING ON TELEVISION (01-07) AS REFERRED TO COMMITTEE

The FPA shall work with the American Medical Association and the American Pharmaceutical Association to seek legislation what would mandate dramatic reductions in the amount of money pharmaceutical manufacturers spend on direct-to-consumer television, Internet and published advertisements due to the “financial health impact” of television, Internet and published advertising on the state’s Medicare and Medicaid budgets.

COMMERCIAL SOLICITATION OF MEDICAID RECIPIENT (88-7)

The FPA favors legislation that would prohibit commercial solicitation of alternative health care programs to Medicaid recipients due to the confusion of the material to the patient.

CONTROLLED SUBSTANCES (99-09) AS REFERRED TO COMMITTEE

The FPA supports coordination with the Board of Pharmacy, DEA and other state and federal agencies to prohibit direct to consumer advertising of controlled substances by manufacturers and that the FPA develop and disseminate methodologies whereby pharmacists and pharmacies may identify and report violators of any prohibition of direct-to-consumer advertising of controlled substances.

DIRECT TO CONSUMER ADVERTISING OF PRESCRIPTION DRUGS (83-35)

The FPA opposes the advertising of prescription drugs by manufacturers to consumers.

CONSUMERS

ACCESS TO HEALTH CARE SERVICES (96-08)

The FPA shall initiate discussions with representatives of our nation's pharmacy associations, insurance carriers and chain pharmacies with the intent of establishing a mechanism which would encourage individual pharmacists to prescribe selected legend medications and that the pharmacist and the pharmacy receive reimbursement for providing such services.

CONFUSION CONCERNING BRAND NAME EXTENSION (98-22)

The FPA shall encourage the FDA to accelerate its evaluation of the market proliferation of brand name extensions. The FPA requests the FDA to require manufacturers to provide the information necessary to enable the consumer to make fully informed decisions regarding the use of the particular product.

MISLEADING ADVERTISING OF PRESCRIPTION DISCOUNT CARDS/PROGRAMS (98-32)

The FPA shall urge the Consumer Protection Division of the State Attorney General's Office, the Florida Insurance Commissioner, and other appropriate state agencies to immediately investigate all organizations and businesses involved in the endorsement, promotion, distribution and utilization of misleading prescription discount cards and programs.

O.T.C. CONSULTING STATEMENTS IN ADVERTISING (80-36)

The FPA is directed to seek legislation requiring all proprietary drug manufacturers to include an appropriate statement in all media that professional consultation should be sought prior to use of products.

CAREERS IN PHARMACY

PROMOTION OF CAREERS IN PHARMACY (88-16)

The FPA shall develop a program to be used by unit associations to promote pharmacy as a career and shall establish a statewide clearing house for information about careers in Pharmacy and promote this service to Florida's career counselors.

EMPLOYMENT WORKPLACE

DRUG-FREE WORKPLACE (90-23)

The FPA endorses the concept of a drug-free workplace and drug testing in conjunction with an assistance program.

INTERVENTION REPORTING MECHANISM (93-38)

The FPA supports the development by government and consumer reporting agencies of an official intervention reporting mechanism to help detail the true value of pharmacists.

TASK ANALYSIS (95-24)

The FPA shall encourage the USP, NABP, APHA, ASHP, ASCP, NCPA, and NACDS to convene an open conference to dialogue with employers, pharmacists, and the boards of pharmacy regarding workload issues for pharmacists and that the FPA encourage the open conference participants to develop the necessary task analysis to aid the boards of pharmacy to set minimum standards for the delivery of pharmaceutical care and workload by pharmacists.

WARNING SIGN (86-4)

FPA favors legislation requiring posting of a warning sign wherever OTC medicines are sold stating that professional assistance of a pharmacist or physician be obtained before using OTC medications in combination with other medications.

EXPIRATION DATES

PRODUCT EXPIRATION DATES (98-28)

The FPA is directed to work with APHA and NCPA toward the goal of clearly legible expiration dates and lot numbers, such that this information is printed and not embossed on all manufacturers labels of trade packages and that there be uniform semi-annual dates within the industry.

PARTIAL FILLING OF SCHEDULE II PRESCRIPTION

EXTENDING THE INTERVAL FROM 3 DAYS TO 10 DAYS (08-5)

The FPA shall alleviate this problem by appropriate organizational and institutional means, leading ultimately to the amending of DEA Regulation 21 CFR 1306.21(a); to extend the legally permitted interval between partial fillings of a schedule ii prescription from 72 hours to the more currently feasible 240 hours-from 3 days to 10 days.

HEALTH CARE REFORM

PHARMACY SERVICES BENEFITS (94-22)

The FPA shall endorse and promote the 1994 APHA policy entitled "Pharmacy Services Benefits in Health Care Reform".

HEALTH MAINTENANCE ORGANIZATIONS

PATIENT ADVOCACY (96-06)

The FPA encourages AHCA to form a consumer advocacy board for the health care insured to give the patient an objective place to present problems and achieve satisfaction when disputes arise.

PHARMACIST IMAGE

CHANGE THE PUBLIC PERCEPTION OF FLORIDA PHARMACISTS (01-04) AS REFERRED TO COMMITTEE

The FPA shall undertake a concerted effort to educate Florida television media outlets regarding the inaccuracy of the images they select to broadcast when the images they select associate pharmacists with cash registers, counting trays and prescription drug stock bottles.

PHARMACY WEEK (89-6)

The FPA supports the establishment of "Pharmacy Week" in the State of Florida.

POISON CONTROL CENTERS

IMPLEMENTATION AND FUNDING (94-21)

The FPA shall work with the FSHP and other organizations to complete the full implementation and funding of the Florida Poison Information Network in Jacksonville, Tampa and Miami.

POLYGRAPH

TESTING OF EMPLOYEES (77-19)

The FPA favors legislation to prohibit mandatory employee polygraph examinations in the State of Florida.

TESTING OF PHARMACISTS (76-16)

The FPA is opposed to polygraph testing of pharmacists that delves into the personal lives of pharmacists and infringes into their civil rights but is not opposed to polygraph examinations where probable cause exists, or which are designed to give the company assurance of a high level of employee standards.

RECYCLING

RECYCLING (94-5)

The FPA shall work with industry to use recyclable containers, shall research the appropriate guidelines for recycling, and disseminate this information to its membership.

SAFETY

PEDIGREE DOCUMENTATION PROGRAM (09-7)

The FPA request the Agency for Health Care Administration to evaluate the "Pedigree Documentation Program" (499.01212) to determine effectiveness and identification of improvements in the program for the protection of the public safety.

SPEAKERS BUREAU

SPEAKERS BUREAU (90-16, 92-15)

The FPA shall create and maintain a speaker's bureau, providing a listing and updating at least every two years, and will circulate a mailing to potentially interested agencies and consumer groups.

TOBACCO

NO TOBACCO PRODUCTS SIGN (93-18)

The FPA shall prepare a sign or poster that indicates that the pharmacy does not sell tobacco products and when requested shall provide this sign or poster to any pharmacy. **SMOKE-FREE SOCIETY (93-19)**

The FPA endorses NABP resolution #88-6-92 (A Smoke-Free Society by the Year 2000).

TOBACCO FREE CAMPAIGN (94-6)

The FPA shall implement a "Tobacco Free" Pharmacy Campaign to increase awareness of the health hazards of tobacco use.