

Pharmacies employment and community involvement.

- Our 2 Pharmacies employ 6 pharmacist, 8 technicians, 16 fulltime and 8 part time employees.
- contribute and support local charities and causes with human and financial resources.
- available to provide pharmacy services every day 365 days a year.
- provide medication reviews, disease state consultations, home health care services at patients home, we deliver free, provide medications listings free
- fill income assistance forms for review of patient medication and other health products free of charge
- provide prescription adaption, injection service, travel medicine clinic, diabetes meter training, blood pressure taking service, fitting for different braces, compression hosiery.
- pharmacist give talks to various local groups on diseases and medication managements.

we are the primary place for a lot of families to seek medical help and if we can not attend to their needs then they are directed to appropriate medical facility. There is a cost to provide effective, safe and appropriate medical service. It does not matter who pays but the costs have to be met to provide the level of service our clients have become accustomed to and deserve. Lack of funds would mean reduction in work force and thus reduction in level of service. Increased workload for pharmacist due to reduction in staffing to compensate for lack of funds could possibly lead to more medications errors, Also less time for pharmacist to review new medications for patients and calling doctors for prescription errors or possible drug interactions. Drug plans occupy fair amount of pharmacy teams time to help patients with their coverage, which would make it difficult with the reduced staff help the clients.

The generic drugs have already in the last 25 years saved on the cost of medications. Just imagine no generic medications and all brand medications, our health care systems would have felt the burden long time ago. Lipitor generic alone gave considerable saving to health cost but the savings are lost due to conversion of patient to brand crestor. In my opinion government should be looking at brand price and forming formularies that try to convince physicians to use generic first before looking at brand drugs which could give a considerable saving to drug plan. Also by reducing

profits for generic industry we are taking away the dollars needed for litigations to bring new generics to the market and thus loosing on savings.

We all need to work together to make our patients get the best possible services without jeopardizing their health. I beg the government to work with our association to find common grounds to solve our healthcare crisis.

Our association has suggested but not limited to start dialogue to help with rising cost of health

- ✓ 30 Day Trial Prescription
- ✓ Faster process for approval of generic drugs
- ✓ Funding to support Therapeutic Substitution (e.g. Atorvastatin v Crestor)
- ✓ Give pharmacists greater responsibility with immunization. We have a proven track record of managing inventory, and almost half the people who got their flu shot in pharmacy, did so on 'impulse'.
- ✓ Pharmacists have the ability under the Pharmacy Act to order and interpret lab values. Make RHA Act and hospital committee changes that give pharmacists the ability to order lab tests and to receive the results electronically, so that we can continue medication, or make appropriate adaptations as required.

Finally by involving all parties affected by changes we can make changes that make sure high level of service which New Brunswicker's deserve and will be continued to be provided. In my opinion the seniors and health card holders will be adversely affected.

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