

I have been a pharmacist working in New Brunswick for over 31 years --having graduated in May 1980. I was born in this province and have lived my entire life here. I am married and have 3 children. Over 20 years ago my husband and I bought a community pharmacy in a rural part of the province because we wanted that life style for ourselves and our growing family. We have been active in our community by serving on various volunteer committees and being very involved in our church and the local schools. By living in this community I have been more able to be involved in my children's school events --city living and working would not have allowed me these freedoms. I know basically everyone in the community and all about their families---I have watched their children grow and have witnessed the failing health of many special folks.

I realize that the prescription drug plan spends a massive amount of money each year but feel that the government is not approaching the problem in a good way. Firstly,referring to all of this as "fair drug prices" is not really fair to pharmacies. It implies that we are charging unfair prices--which is not the case at all. We basically charge what the drug plans allow us to charge. What is being proposed has the potential to cause cuts to our business in ways that over time will likely see a pharmacy no longer exist in this community. We need to be profitable in order to continue serving our customers.Remember that pharmacies are very unique businesses and need to be treated with respect-it appears that we are the health professionals that always get targeted when cuts are being considered. Shortly after purchasing our drugstore in 1989, the government cut its markup on the NBPDP which began our concerns over the viability of our business. Up to now we have weathered the storms --other drug plan cuts,ex.Blue Cross and no one will pay what studies say it costs to fill a prescription -it makes me feel that our part in the health care system is very underappreciated- it does not pay to be the "nice guy" sometimes. I am afraid that your proposals will not be something we can weather.We do not want to cut hours or staff. I use the allowances paid to us by the generic companies to pay relief pharmacists so I can have a dental or medical appointment or maybe even spend a day with my husband and children. I have been working in the same drugstore for over 20 years and get very little time off --I realize that as a business owner I can't have both worlds.Since there is always only one pharmacist on duty in our store things are busy and even though we put extra effort into serving our customers time for extras is not readily available. Requesting fees for medication reviews,for example would not work for us as extra staff would be needed and a loss in revenue would make that not an option.I do agree with a 30 day trial prescription--there is a lot of wastage especially when new meds are ordered for 90 days and the patient soon discovers they are unable to take the medication. I feel that pharmacists should be paid for prescribing--it takes extra time and physicians are compensated very well for doing this where we receive nothing. There are days each week when a physician is not available in our community and patients come to us for medical assistance and continuation of their medications. There often seems to be over prescribing--especially in the antibiotic area and narcotics---not sure what could be done to relieve this problem. We dispense methadone and I find this very challenging. We do not service a lot of methadone patients but spend time each day with these patients and our whole staff root for them every day. If someone is late we begin to worry. We know

their families. I was very disappointed to see a drop in the fee for methadone --I am challenged with considering new patients as a result of this .I would like to see medications covered more quickly for patients--seniors and those on social assistance do not have extra money to pay first and then get reimbursed. We have loaned patients a few days supply until their medication is covered in special cases-- they are always very grateful and return for the balance of their meds once their drug plan kicks in.Of course,some go without and one time a family member came in ahead of the patient and left money for them. We are at least a 30 minute drive away from another pharmacy--if we were not here I am afraid many people would go without medication or would not take it properly simply because they did not have access to a pharmacy.Many seniors have to pay someone to drive them to the drugstore. We service a nursing home in this community and make deliveries several days each week.We do not charge a delivery fee.

I understand that something must be done but some cuts may cause greater problems than they will solve. I don't believe that our government wants to do something that will lead to the loss of small community pharmacies.We are vital to the communities in which we serve and our disappearance (or cuts to our services) will have wider effects than you may realize.Please consider everything as you deal with this area of health care.

Thank you,

Valerie MacPherson PhC.

P.S. Since my youngest child has just graduated from high school this June my husband and I have decided that the timing was right to sell our drugstore and move on with our lives. This proposal (even a hint of it) has created quite a scare amongst potential buyers and also caused them to see our store as being worth less than just a few months ago. Great timing,eh.