

TUESDAY, AUGUST 23RD AT 2:30 P.M.—*Final Session.*

1. Report of Committee on President's Address.
2. Report of Publicity Committee, Fred D. Pierce, *Chairman.*
3. Report of Committee on Prerequisite Legislation, William R. Acheson, *Chairman.*
4. Report of Grievance Committee, H. G. Ruenzel, *Chairman.*
5. Final Report of Committee on Constitution and By-Laws, F. H. King, *Chairman.*
6. Reports of Special Committees.
7. Unfinished Business.
8. New Business.
9. Report of Nominating Committee.
10. Election and Installation of Officers.
11. Adjournment.

ECONOMIC FACTORS IN RECIPROCITY.

BY H. C. CHRISTENSEN.

The accompanying chart showing reciprocal licenses granted during the period from June 30, 1930, to July 1, 1931, makes an interesting study not only for board and college faculty members but also for pharmacists.

In a majority of the states, the number of those entering the state and those leaving the state by reciprocity is almost equal, thus maintaining a balance. A decided tendency toward efflux (outgoing) reciprocity is noted in fourteen states, while a tendency toward influx (incoming) reciprocity is noted in nine states. These figures, it should be remembered, cover the period 1930-1931. A similar compilation covering the period 1931-1932 is not possible until some time after the fiscal year has been closed. In other words, these figures should not be taken as the present trend. Some of the states in the efflux classification may be found in the equal or influx classification for the period 1931-1932.

Reciprocity provides a quick and safe method of adjusting supply and demand. With the shifting of population in these modern times, there must be a method of effecting these readjustments, otherwise serious conditions of either oversupply or shortage arise. The latter condition is the more serious, as it takes an average of four and one-half years' time to train and license a pharmacist. The board of pharmacy has no legal right to regulate supply and demand; in fact, such manipulation is dangerous, as it increases the complexity of the problem. Reciprocity is therefore a great boon, as it provides a legal method of making these readjustments and maintaining an equilibrium based on supply and demand.

A study of the states in the efflux classification (with considerably more pharmacists leaving the state by reciprocity than those entering) shows that most of these are states that have been on a low educational requirement basis. Naturally, these states build up an oversupply of pharmacists who migrated there to take examination. Fortunately, the reciprocal system has been so designed that they are not eligible for transfer to but few states, hence they are forced to remain in the state of examination until they find an opportunity elsewhere. Reciprocity does not permit evasion of the law, as it guarantees to all states the right to enforce their standard of requirements. This situation of oversupply should be an incentive for the low standard states to enact college prerequisite laws.

There are also some graduate states in the efflux column, but in these there seems to be a particular local situation which accounts for the oversupply. In

Alabama, for example, the flood wiped out many pharmacists who lost businesses and homes and have been obliged to seek employment outside of the state. The depression was felt in the Dakotas first, because of the wheat and agricultural situation. An interesting question arises over the fact that Indiana, Ohio and Pennsylvania should be found in this column, when there seems to be no definite or visible reason. In view of the fact that these three states have four or five colleges to serve a limited population, the question naturally arises whether too many graduates are being registered in these states. This may not be true. However, if these states remain in the efflux classification over a period of years, there may be some justification for this thought.

In the influx classification (states taking in by reciprocity considerably more than are being sent out), we find most of the southwestern states, where new country is being developed. Small towns are springing up which need pharmaceutical service. We also find a few states of the opposite type—large city classification—such as Illinois, Minnesota and New Jersey. Here again, shall the college situation be considered as a factor? These three states have a large population to serve and only one college within the state to train pharmacists. Even residents are sometimes forced to attend college in a neighboring state, and therefore often take the board examination with the graduating class in that neighboring state, later reciprocating back home. There can be no criticism of this, as most students prefer to go through the examination ordeal with their own class. They are, however, penalized to the extent of being required to practice a full year subsequent to registration in the state of examination before being eligible for reciprocity with the home state. Florida is another state on the influx list. This may be due to the fact that Florida has many retail businesses which operate only six months out of the year, and as the income does not permit supporting a family for an entire year, there is a considerable demand for transient pharmacists during certain periods of the year. Many of these, however, practice only one season and then leave, thus no permanent oversupply is built up.

The main purpose of this study is to bring out the fact that reciprocity is a stabilizing force. Individual pharmacists, state pharmaceutical associations and even boards of pharmacy sometimes express opposition to reciprocity, more particularly during these difficult times with unemployment prevailing. The sentiment is sometimes expressed that reciprocity should be cut off temporarily to give the "home" pharmacists preference in existing vacancies. The truth of the matter is that there are very few vacancies at present. There is little, if any, competition from reciprocal applicants. The average cost of a reciprocal license is \$50—\$25 for the official blank plus the state license fee which varies from \$10 to \$50. Obviously very few unemployed pharmacists care to invest this sum of money on the mere possibility of getting a job. Also, it is more difficult for the man at a distance to get the job competing against residents. Therefore, anyone who can secure employment under such conditions, usually is deserving. Then, too, the humanitarian point of view should have consideration—there is often an essential reason for transfer, such as family ties, poor health requiring a change of climate, an opportunity to start in business, etc.

The way the unemployment situation can be alleviated is to create new vacancies, and these can only be made by more rigid law enforcement. The general

In analyzing the reciprocal applications issued during the past year (statistics not ready on this as yet), it has been found that a goodly per cent come from pharmacists who are leaving for small towns in other states where a business opportunity has been offered them. Some have failed in larger centers, but managed to save enough to start all over again in a small way. Should they be denied this opportunity? Others come from clerks who have saved money for years, escaped bank failures and are now ready to invest in a business of their own at present bargain prices. Often such a purchaser saves the seller from bankruptcy. By refusing him a reciprocal license, state associations or boards, in the suggestion to temporarily abandon or reduce the number of reciprocal applications, may be doing more harm than good to their own pharmacists.

Pharmacy is the first, and one of the few professions to work out a successful system of reciprocity on a truly national scale. Forty-nine boards interchange licenses through the N. A. B. P. This includes all the states with the exception of California and New York; Alaska, Porto Rico and the District of Columbia are also members. The pharmacists who argue against reciprocity now are of the type who would be the very first to complain if they wanted reciprocity elsewhere and could not obtain it. The greatest good for the greatest number should govern, not the selfish point of view.

Without reciprocity, it can readily be seen that situations would arise from time to time, detrimental both to pharmacy in the state and the individual pharmacist. There would be no outlet whatsoever in the states with an oversupply. And at the same time, there would be states with an acute shortage, which could not be remedied. The latter condition existed during the war and was greatly alleviated by reciprocity. A pharmacist cannot be trained in a short time. A condition of shortage is far more dangerous to the public health than one of oversupply as unqualified help will be used. Even at present, there is probably less unemployment in pharmacy than in most other lines of endeavor. With the four-year course taking effect for matriculation in 1932, the number of pharmacists trained will probably be less, thus preventing the growth of oversupply. During trying periods of readjustment, reciprocity is even more necessary and should be encouraged. The sooner the local conditions are readjusted, the sooner the national situation will improve, and then the international situation. We have progressed beyond the point where any state or any nation can build a wall of self sufficiency around itself. Rapid travel and communication make coöperation between states and nations absolutely essential.

A great many mistaken impressions about reciprocity seem to exist. It would seem to be the duty of the National Association of Boards of Pharmacy to correct these and defend the cause of reciprocity. For example, there are those who think that a license in one state will entitle them to reciprocity in any or all states. This is decidedly untrue. Such a system is legally impossible, as it is in violation of the Constitution of the United States which grants to each state the right to make and enforce its own laws—the well-known doctrine of states' rights. The reciprocal applicant, in order to be eligible, must possess such personal qualifications and credentials as would have entitled him to take examination in the recipient state at the time of his examination elsewhere. Therefore, the non-graduate who desires to practice in a graduate state and takes examination in a non-graduate state with

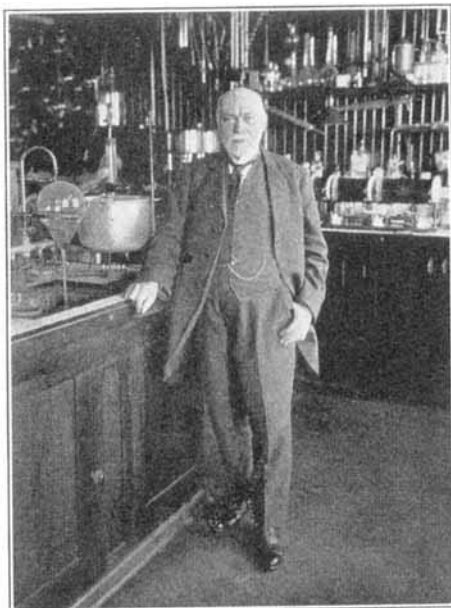
the hope of reciprocating later with a graduate state is only wasting time and money. He is barred. Reciprocity does not sanction such evasion of the law.

This, however, does not mean that only graduate pharmacists are eligible for reciprocity with graduate states. If a pharmacist registered in Arizona, let us say, in 1905 who is not a graduate in pharmacy and he desires a reciprocal license in Pennsylvania, which has required college graduation since 1906, he is entitled to it and is eligible. His registration prior to the enactment of the Pennsylvania college requirement exempts him. This has sometimes been criticized by those who would limit reciprocity to graduates only. Such action would be an injustice, as it would be just as fair to cancel all outstanding licenses of non-graduates in the state when the college prerequisite law is enacted. Legally no requirement can be made retroactive and stand the test of the courts.

The N. A. B. P. office at 130 N. Wells St., Chicago, maintains a free information service on reciprocity for pharmacists. Any inquiries will gladly be answered. The only time that a charge is made is when the official application is issued. Those who contemplate making a change in the future are urged to write for the preliminary information blank before they make definite plans. This can be filed without fee and opinion will be given as to eligibility in any given state. As there is considerable work required to check on eligibility in one state, pharmacists are requested to limit inquiries to one or two states and not to ask for a list of all states in which they are eligible. The latter service cannot be rendered on account of the amount of time and expense involved. The best advice that can be given to any pharmacist contemplating a transfer is not to make any plans until he knows whether he is eligible.



Dr. E. H. Cary, President of American Medical Association.



The late Dr. Frederick Power, Pharmacist head of Government Phytochemical Laboratory, for a decade. (See April JOURNAL, 1927.)