

# PHARMASCRIP

NEWSLETTER OF THE MARYLAND SOCIETY OF HEALTH-SYSTEM PHARMACISTS

Presidential Perspective

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## ASHP House of Delegates 2000

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As an ASHP delegate, I attended the 2000 Regional Delegates Meeting in Bethesda, Maryland last month. The purpose of this meeting was to discuss and review ASHP policy recommendations that will be addressed in the House of Delegates during the ASHP Annual Meeting in Philadelphia. In addition to new policy, the members of the House of Delegates will also address a proposed increase in the ASHP membership dues. Since this presidential perspective is being written prior to the House of Delegates Meeting, I will report on the outcomes of the policies requiring house approval in a future MSHP newsletter. For now, I will present to you a taste of some of the major policy recommendations that will be voted upon during the House sessions and the proposal for the ASHP dues increase. A complete description of all the 2000 policy recommendations can be found on the ASHP website.

### *Council on Educational Affairs:*

**Residency training:** To recognize that optimal direct patient care by a pharmacist requires the development of clinical judgement, which can be acquired only through experience and reflection on that experience. To establish as a goal that pharmacists who provide direct patient care should have completed an ASHP-accredited residency or have attained comparable skills through practice experience.

**Pharmacist credentialing:** To support the position that credentialing is a voluntary professional activity distinct and separate from the licensing process. To endorse the goals and the standards-based approach to credentialing being pursued by the Council on Credentialing in Pharmacy (CCP).

**Technician certification:** To support the concept of health systems requiring the pharmacy technicians they employ to be certified by the Pharmacy

### *Council on Professional Affairs:*

**Internet and telepharmacy:** To encourage pharmacists to assume a leadership role in their health systems with respect to strategic planning for and implementation of Internet and telehealth technology and services.

**Pharmacogenomics:** To encourage pharmacists to take a leadership role in the therapeutic applications of pharmacogenomics. To advocate the inclusion of pharmacogenomics in School of Pharmacy curricular.

**Pharmacist's role in immunization:** To affirm that pharmacists have a role in promoting proper immunization of patients and employees in all organized health care settings. To encourage pharmacists to seek opportunities for involvement in disease prevention through community immunization programs.

### *Council on Administrative Affairs:*

**Pharmacy work force:** To encourage pharmacy managers to work in collaboration with physicians, nurses, and health-system administrators to outline key pharmacist services that are essential to patient care and establish strategies that address pharmacist staffing shortages.

**Compensation for pharmacist's services:** To pursue the development of a standard mechanism for compensation of pharmacists for patient care services by federal and state programs and other third party payers. To assist pharmacists in their efforts to attain provider status and receive compensation for patient care services.

### *Proposal to Increase the ASHP Dues Rate:*

To increase the ASHP dues rate for active members

Technician Certification Board.

*Council on Legal and Public Affairs:*

**New and emerging pharmacy systems:** To support the use of new and emerging medication ordering and distribution systems (e.g., via the World Wide Web).

**Online pharmacy and Internet prescribing:** To support collaborative efforts of the Food and Drug Administration, the National Association of Boards of Pharmacy, and the Federation of State Medical Boards to regulate prescribing and dispensing of medications via the internet.

**Statutory protection for medication-error reporting:** To advocate and support federal legislative and regulatory initiatives that provide liability protection for the reporting of actual and potential medication errors by individuals and health care providers.

from \$155 to \$195, effective January 1, 2001. This increase in dues revenue will be used to cover the cost of continuing ASHP's public relations program and the increased cost of expanded member services. Over the past years, ASHP has had to use more and more of their investment income to cover the cost of member services on account of the continued lack of coverage by dues revenue.

## Legislative Activity and the MSHP Member

David B. Moore, Rph, MPA  
Chairman of Legal Affairs

Every year the Legislative Committee of MSHP follows the activities of the Maryland State Legislature. This is done in order to monitor and influence any legislation that may affect our membership, and is one of the important functions of MSHP. This year was no different. The following are some of this year's bills that could potentially affect us (that were introduced in the legislature this year) and their outcomes:

HB 813 Substitution of Narrow Therapeutic Index (NTI) Drugs: Refills for NTI drugs must be the same as last dispensed. Introduced by Reps. Elliott, Sophocleus, Bozman/Environmental Matters Committee.

*Outcome:* Withdrawn

HB 895/ Prescription Cards: Standardize Information on Third Party Prescription Cards

SB 803 Introduced by Reps. Elliott, Sophocleus, Bozman/Economic Matters Committee.

*Outcome:* Unfavorable report from committee, referred for an interim study.

SB 371 Medical Records Confidentiality: Prohibits disclosure of Medical Records including prescription records. Introduced by Sen. Hollinger/Econ. and Environ. Affairs.

*Outcome:* Passed Senate & House. This primarily affects outpatient pharmacies and to whom they can give copies of a patient's profile. They must have consent from the patient. A future Board of Pharmacy Newsletter article will clarify the effect of this legislation.

SB170/171 Pharmacy discounts for Medicare Beneficiaries: Pharmacies to charge Medicare Beneficiaries no more than Medicaid. Introduced by Sens. Middleton, Hogan, Neall & Stoltzfus/Finance Committee.

*Outcome:* Unfavorable report in committee

HB 783 Prescription Drug Labeling: Require all prescriptions to be labeled with the brand name of the drug and if the prescription was dispensed as a generic product. Introduced by Reps. Nathan-Pulliam, Morhiem/Environmental Matters Committee.

*Outcome:* Died in committee.

In addition, there are some very interesting developments on the federal and national level. In the U.S. Senate, Senate Bill 1172, the "Drug Patent Term Restoration Review Procedure Act" was introduced on May 27, 1999 by Senator Robert Torricelli (D-NJ). This bill addresses the patent extension for seven "pipeline drugs," Claritin® being the most prominent. A pipeline drug is one for which a patent had been issued and an investigational new drug application or a new drug application was pending at FDA before enactment of the Waxman-Hatch law on September 24, 1984. It does not impact drugs that had patents and applications filed after that date (September 24, 1984). The drugs covered under this bill could have their patents extended one additional year. The main drugs affected are: Claritin®, Relafen®, Eulexin®, and Nimotop®.

Another extremely interesting development on the national level is the issue of price controls of pharmaceuticals and the **reimportation** issue. With the publicity surrounding busloads of citizens going to Canada to purchase prescription drugs at lower cost, the fact that the U.S. often pays more for drugs than other countries has surfaced. New York and the six New England states had a meeting in Boston to discuss this issue and have formulated state legislation to deal with it. The Maine legislature has passed a bill by a veto-proof margin entitled "The Act to Establish Fairer Prescription Drug Prices." This bill would immediately establish an 11-member pricing board to recommend lower drug prices. By October 1, 2001, all drugs sold in the state would cost no more than they would in Canada. There are federal legislators also examining the issue of allowing the reimportation of drugs. Reimportation involves purchasing drugs that were manufactured in the U.S. and sold to other countries at prices lower than in the U.S., then bringing them back into the U.S. distribution system at a cost less than currently paid by U.S. distributors. Such legislation also opens the door for discussion of federal price controls for pharmaceuticals manufacturers.

Medicare outpatient prescription coverage continues as one of the hottest topics in Washington-not unexpected in an election year. There are several proposals floating around Capitol Hill including a new one from NACDS and APhA called "Senior Rx Gold." One of the key differences in these bills lies in the payment for pharmaceutical care services. Some of the bills include such payment while others do not. It is unclear which bills will end up being seriously considered, but we must work to make sure our interests (and our patients') are included. Incidentally, Rep. Ben Cardin (D, MD) has a bill which includes payment for counseling of the patient which could perhaps be expanded to include pharmaceutical care also.

We all have a role to assist in the development of public policy that influences our profession. While what goes on in the state and federal legislatures may seem mundane and far away, the reality is that decisions made there can have far-reaching effects on the way we eventually practice our profession. MSHP will be developing and refining a grassroots network to effectively educate legislators about our issues. Education on what pharmaceutical care is and what it can mean to patients and society is much needed. We need to identify members who are willing to contact their legislators about issues. MSHP will provide these members with background material on these issues and any other assistance possible. We also will identify the key legislators on different issues and ask our members in their districts to contact them. We all need to take care of our profession so that it can better care for its patients.

## **Pharmacist of the Year**

**Janet Mighty, Chair  
Johns Hopkins Hospital**

Your help is needed to identify candidates for MSHP's Pharmacist of the Year Award. Please consider the criteria for nominees listed below (the candidate needs activity in one or more of the following areas):

- An individual's role in providing outstanding pharmacy service within his or her institution OR service to pharmacy at the state or local level
- Participation in research
- Contributions to professional literature
- Other activities or accomplishments reflecting professional excellence

This award is designed to recognize overall contributions with a focus on the preceding calendar year. The award will be presented at an awards ceremony early in 2001. Letters of nomination should be addressed to Janet Mighty through MSHP headquarters. Questions can be directed to: 410-418-4800.

## **Call for Nominations**

**Janet Mighty  
Johns Hopkins Hospital**

The MSHP Nominating Committee is now soliciting calls for nominees for the 2000 elections for the following offices:

President-Elect Secretary  
Treasurer Board Member at Large

Qualifications include membership in good standing in MSHP, desire to help improve the Society and Pharmacy in general, and the ability to attend and support Board and Society functions. Anyone who is interested in running for any of these offices, or who wishes to nominate someone, should call Janet Mighty at 410-955-6337. Nominations will also be taken from the floor of the September business meeting. Please be sure that your potential officers are willing and able to serve before you nominate them. Also, if you desire to serve MSHP, you can nominate yourself. Don't be shy, we appreciate your enthusiasm!

The Nominating Committee is also looking for members to serve as delegates to the 2001 ASHP Annual Meeting. We need to elect four (4) representatives and one alternatives. Current ASHP members who reside in Maryland are eligible to serve in this capacity.

To make any nominations for these positions, or for more information, please call Janet as noted above. You may also make nominations at the September meeting. Thanks for helping make MSHP a strong organization.

## **Annual Seminar Committee**

Keep your eyes open later this summer for the arrival of the brochure for the annual seminar scheduled for October 13 - 15 at the Sheraton in Ocean City. The seminar committee has been working very hard to assemble the best lineup of speakers and activities for your education and enjoyment.

We look forward to seeing you in Ocean City October 13 – 15.

## **Welcome New Members**

Janet Ayuk Phyllis Oddoye Bull

Manisha Kaur Deol-Bajwa Laurie Friedmann

Cindi Hassrick Issa Koroma

Anita Plebaniak Deidra Simpson

Karalee Turner Quynh-Van Duong

## **Upcoming Events**

July 20 Board Meeting, St. Joe's (8-10 am)

July 21 Budget Meeting target date

August 17 Board Meeting, St. Joe's (8-10 am)

August 18-22 ASHP Home/Hospice/LTC Meeting Chicago

August 31 September *Pharmascript* published

## **Student Chapter Report**

**Mary Zell**  
**MSHP/ASHP Student Chapter President**

Over the past academic year, the MSHP/ASHP student chapter at the University of Maryland School of Pharmacy has grown to become one of the largest chapters in the country. Jared Calish, president of the student chapter, took a leadership role in organizing monthly meetings for the students with interesting guest speakers, beginning a student chapter newsletter, hosting a fall patient counseling competition, and a spring residency forum.

In addition, under the direction of Jared, the Interdisciplinary Patient Management Competition (IPMC) was established in

conjunction with the schools of Pharmacy, Nursing, and Medicine. The IPMC, which is modeled after the ASHP Clinical Skills Competition, is receiving national attention as the first clinical skills program to include a collaborative practice approach to patient care.

The student chapter recognizes and thanks Jared, Jaja Teng, Amanda Smith, Clara Song, Jeannie Rhee, Jennifer Horn, and Robin Plesset for all their hard work throughout the '99-'00 academic year.

The new officers for the '00-'01 year plan on continuing in the footsteps of last year's success while adding additional programming such as poison prevention. Mary Zell is the new president of the MSHP/ASHP student chapter. The new president elect is Robin Plesset, class of 2003. Jennifer Horn, also class of 2003, is the new secretary and she will oversee the newsletter. Retaining her position as treasurer is Jaja Teng. Clara Song is the MSHP liaison and Catherine Kiruthi is the ASHP liaison.

## **Beyond-Use Date Extended by USP**

The United States Pharmacopeia (USP) has revised the beyond-use date requirements for single-unit and unit dose containers to a maximum of one year. The beyond-use date should be modified for products with stability data of less than one year or in which the manufacturer's labeling indicates an expiration date of less than one year. This requirement is now more consistent with the requirements for multiple-unit containers. These new requirements are published in the *First Supplement to USP 24 and to NF 19* and also state that the product and site must be maintained at a controlled temperature.

## **Management Contract**

For the past ten years, Franklin/Thomas Association Management (FTAM) has provided management and administrative services for MSHP. The current contract with FTAM will terminate on December 31, 2000. The MSHP Board of Directors is developing a Request for Proposal (RFP) to be sent out to prospective management companies or individuals with this expertise. For additional information, contact Janet Mighty at 410.955.6337 or [jmighty@jhmi.edu](mailto:jmighty@jhmi.edu).

## **Pharmacy Leadership Meetings Continue**

On May 24, 2000 many of the Maryland's Pharmacy leaders met as a part of an ongoing effort to network and share ideas. Joe Morrissey, Director of Pharmacy at Howard County General Hospital hosted 18 pharmacy directors and managers for a 2-hour session. The primary discussion point was pharmacy manpower needs. However, MSHP membership and future meetings were also discussed.

After some lively discussion about the pharmacist and technician shortage, recruitment, salaries and other human resources issues, the group decided to embark on a survey process to obtain specific information from each health-system on wages and salaries, staffing and assorted special compensation programs. This information will be collected and reviewed at the next meeting of this group in July at Mercy Medical Center.

Future topics of discussion will be unique pharmacy service offerings, cost saving initiatives, pharmacy organizations, MSHP initiatives, JCAHO preparation, automation, medication safety and many more.

## **Pharmacist Mentors Needed**

The State Board of Pharmacy is currently establishing a list of pharmacists interested in serving as board appointed mentors. Mentors are assigned to a pharmacist during probationary periods and may have a variety of responsibilities depending on the specific situation. Placing your name on the list of mentors does not obligate one to serve, as serving in any particular case is at the discretion of the mentor. Mentors are compensated for their time. If interested in serving in this capacity, please forward a resume or letter detailing your professional experience, place of employment and geographical residence to the Board of Pharmacy. Maryland Department of Health and Mental Hygiene, State Board of Pharmacy, 4201 Patterson Avenue, Baltimore, MD 21215-2299. Phone is 410.764.4755, fax 410.358.6207.

### [Maryland Society of Health System Pharmacists Monthly Meeting](#)

**Maryland Society of Health-System Pharmacists**  
**3525 Ellicott Mills Drive, Suite N**  
**Ellicott City, MD 21043-4547**

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