



Alpha Zeta Omega Supreme Advocacy Committee Newsletter

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Meet the Committee

The AZΩ Supreme Advocacy Committee promotes the profession of pharmacy and helps improve awareness of various policy changes occurring in the profession. The committee consists of an Advocacy Chair and two committee members. On the chapter level, appointed Advocacy Leads help facilitate some of the initiatives we hope to achieve as an organization.



Frater Alka Bhatt
*Epsilon Alumni
Committee Chair*

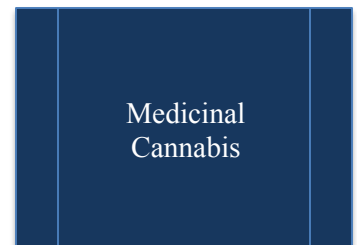
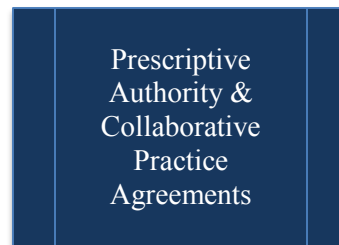
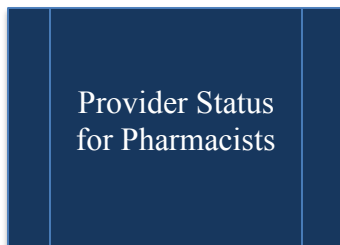


Frater Mario Coronado
*Rho
Committee Member*



Frater Shivam Patel
*Epsilon
Committee Member*

The following are only some of the healthcare topics our committee has decided to focus on this first issue of our newsletter. We look forward to raising awareness on these topics as the fraternal year continues.



Chapter Advocacy Leads

Matthew Amaral
Delta Tau

Ira Yeung
Epsilon

Adit Desai
Epsilon Alumni

Mariyem Naboulsi
Theta Gamma

David Schwartz
Eta Alumni

Cynthia Uche
Kappa

Nathan Laliberte
Lambda Nu

Vivian Du
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Zirah M Acosta Carillo
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Nicholas Crabill
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Kenneth Gandaho
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Christina Leach
Sigma

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Madleine Makori
Tau Alumni

Nemesis Merly
Psi

Jay Rothbaum
New York Alumni

MESSAGE FROM THE EDITOR

Dear Fraters

As we begin 2016, I am excited by the many developments in the pharmacy landscape. I am proud of Alpha Zeta Omega for acknowledging a need to be heard in this space. I have enjoyed the past year and a half serving this committee, and I look forward to the next 6 months as chairman.

Since our start following Summer Convention 2014, this committee has created a foundation of education among our Fraters about current topics to better equip them with the necessary tools to go out and advocate for the profession. We focused most of our efforts on pharmacist provider status. AZO ended that year on a high note, sending over 50 letters to legislators and delivering a social media campaign with over 100 posts.

This year has been more about breadth than depth. We are expanding our committee to educate our organization, beyond provider status, to the healthcare dynamics effecting our profession today. We began this year with our first online webinar, detailed in this newsletter. We then had a call-to-action that was more aggressive than any last year, a congressional calling drive. The remainder of our planning for the first half of this year focused on our presence at the Winter Convention 2016 where we are introducing this newsletter and presenting on the MAC Transparency Act.

The next 6 months will focus on a social media campaign and letter writing drive. First, I would like to thank our dedicated Chapter Advocacy Leads, who we will continue to work closely with and who are the key to our success as a committee. Additionally, none of our success would be possible without the constant support of our Supreme Executive Board. Finally, the progress we have made in expanding our organizations resources and knowledge on the professional landscape is accredited to the hard work of my co-chairs, Shivam Patel and Mario Coronado.



Thank you and PFBL,

Frater Alka Bhatt

Epsilon Alumni

Supreme Advocacy Committee Chair

Provider Status for Pharmacists and Update on the Advocacy Committee

By: Mario Coronado - Rho

Across the nation, pharmacists have been watching the provider status bills (HR 592 and S 314) with particular attention, as this is a defining bill for the profession. More and more co-sponsors have signed on to support pharmacists providing care to medically underserved areas, but the bill has continued to linger in committee. This October, to help advance this important piece of legislation, Alpha Zeta Omega kicked off American Pharmacists Month with a congressional calling contest.



This new bill is why the Supreme Advocacy Committee held our first webinar for the Chapter Advocacy Leads. First, this webinar highlighted the basics of our nation's legislative process. After this, we outlined The Pharmacy and Medically Underserved Areas Enhancement Act and what exactly it entails. We wrapped up the presentation by outlining how to have a dialogue about legislation with a legislator or legislative aide. Several Chapter Advocacy Leads attended the live viewing and were able to ask questions. A recording of the webinar is available online at: <https://www.youtube.com/watch?v=QAIY2GOj2KA>

Following the webinar, Fraters across the country called their legislator to advocate for pharmacist provider status. Tau Chapter made a total of 12 calls between the alumni and undergraduates, the most calls from any chapter. We will be recognizing Tau and the Advocacy Leads, Anelsa Beqo and Madleine Makori, for their support.

The fraternity's efforts are in-line with the Patient Access to Pharmacists' Care Coalition's (PAPCC) efforts across the country. American Pharmacists Month efforts throughout October helped bring the number of co-sponsors of HR 592 from 219 up to 262! AZO is excited to be a part of the effort.

Pharmacy Prescriptive Authority: Now and Then

By: Shivam Patel - Epsilon

In July of 2015, Oregon was the most recent state to pass legislation allowing pharmacists to prescribe hormonal contraceptives within a retail pharmacy without a physician's prescription. The state-level legislation, HB 2879, provides the authority for pharmacists-prescribed contraceptives after a woman completes a self-administered risk-screening test. This legislation is being implemented this month, January 2016.

In 2013, California passed a similar legislation, SB 493, allowing pharmacists to initiate hormonal contraceptives, along with other medications such as nicotine replacement therapy. Though the regulations for this legislation have not been fully implemented, under this legislation, pharmacists are able to prescribe medications for patient who are traveling abroad and order tests to monitor therapy efficacy for conditions such as diabetes and hypertension. The goal of this and Oregon's recent legislation is primarily to improve medication access through a protocol while ensuring professional insight remains intact. This change is preferred to the alternative of making such medications OTC which removes the initial healthcare provider recommendation.

Currently, a majority of states allow pharmacists to prescribe under a physician signed protocol known as a Collaborative Practice Agreement. In essence, these agreements allow pharmacists to provide drug therapy management for health conditions specified in a written provider protocol. While these protocols vary between states and among different healthcare settings, the pharmacist always has a role in improving patient care and partnering with healthcare providers.

While these Collaborative Practice Agreements allow pharmacists some independence in prescribing, the only states that allow pharmacists the authority in prescribing without provider oversight include California, Oregon, New Mexico, and Idaho. These states differ in what they allow pharmacists to prescribe, many allowing a new prescription for refills on a variety of different drug therapies as well as dosing or quantity changes. This has greatly expanded the role pharmacists can play.

In February 2012, the FDA issued a Federal Register notice asking for input on a proposal which would allow pharmacists to dispense a category of prescription drugs meeting safe use criteria without a physician's prescription.



Several pharmacy organizations, including the National Community Pharmacists Association, the National Association of Chain Drug Stores, and the American Pharmacists Association have expressed support of this FDA proposal. While many pharmacy organizations support such a proposal, there has been some criticism of this measure, specifically the American Medical Association (AMA). The AMA's house of delegates has adopted a policy against allowing pharmacists to prescribe medications without physician oversight. Robert Orford M.D., an assistant professor of medicine at the Mayo Clinic, has stated during an AMA committee meeting, "While pharmacists are valued members of the patient care team, they do not have the statutory authority to prescribe drugs...Pharmacists' training is not even close to the comprehensive systematic training of physicians".

While the immediate future of prescriptive authority for pharmacists is uncertain, the legislations for California and Oregon are a great starting point and have expanded the role of pharmacists. Though opinions differ among health professionals, it is important to facilitate awareness of the training pharmacists receive while earning their PharmD degrees. The area of prescriptive authority is a new arena for the advocacy of the pharmacy profession, and it appears that gradually legislation is following the ideas advocated by various professionals and pharmacy organizations alike.

Medicinal Cannabis: One Pharmacy Organization Takes a Stance

By: Vivian Du – Nu Chapter

The American Pharmacists Association (APhA), one of the largest associations of pharmacists in America (www.pharmacist.com), has a lot of responsibilities in the pharmacy community. Annually, APhA drafts resolutions on important health care topics. At the APhA national meeting, these drafted resolutions are voted on and passed. As the medicinal use of inhaled cannabis continues to rise, APhA decided it was important for the association to take a stance on this issue. A final resolution was passed at the annual meeting in March of 2015.

The final draft of the resolution is conservative but looks towards a new future. In the end, APhA supports further clinical research and more development towards standardization of cannabis production and use. Since pharmacists practice evidence based medicine, research is immensely important. Therefore, once more research is completed and safety is evaluated, pharmacists can take a bigger role in patient care regarding cannabis. Pharmacist and patient education is also outlined as a need in this resolution. Despite being rather neutral, APhA does take one strong stance. The resolution specifically opposes any patient using cannabis recreationally. Although some states may have this DEA class I drug legalized, recreational use goes beyond the scope of support for our healthcare field.

There has always been a lot of controversy regarding medical cannabis. While studies have been done to show that cannabis can do a great deal of help in certain diseases, these studies have been small, rare and often times, result in unclear conclusions. The safety of using cannabis is not clearly understood. Additionally, there is still a discrepancy between federal and state law. Federal law continues to classify cannabis as class I which makes it illegal. On the other hand, some states allow the medical use of inhaled cannabis and may even have dispensaries. Since pharmacists generally follow the more stringent laws, this conflict between federal and state law can put many pharmacists in a difficult dilemma.

As the profession of pharmacy continues to evolve, it is important for pharmacists and student pharmacists to stay informed and educated. Be sure to know the federal and state regulations on the use of inhaled cannabis. As these conversations arise in our workplace, school or pharmacy organizations, it is important to have informed discussions on this issue. Medicinal cannabis, whether you support it or not, is a topic of discussion that is here to stay.

Thank You

From the Supreme Advocacy Committee

We thank our fellow Fraters who have given so much of their time to help us with our initiatives and who have been so enthusiastic about the profession of pharmacy. The advocacy committee hopes to see this momentum continue.

The Supreme Advocacy Committee would like to thank the Supreme Executive Board and Chapter Advocacy Leads for their continued support of the initiatives we have set forth this fraternal year. Without their constant involvement, our goals would not be what they are today.

Finally, if anyone has any interest in getting involved in the committee, any interest in writing for our next newsletter, or any ideas for future initiatives, we would greatly appreciate all levels of involvement. Our contact information can be found below.

**QUESTION?
COMMENTS?
SUGGESTIONS?**

CONTACT US!

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