

# Chapter Capsule

University of Arkansas for Medical Sciences College of Pharmacy  
 American Pharmacist Association Academy of Student Pharmacists Chapter Newsletter

## Winning in Orlando

APhA-ASP has many awards Chapters can win for excellence. These Chapter Achievement Awards recognize Chapters on regional and national levels. APhA also awards individuals for individual excellence. Most of these awards are presented at the APhA Annual Meeting. In the past, UAMS has come home with quite a few!

The awards Chapters can win include Chapter of the Year (the biggest of the awards), Most Improved Chapter, awards for each patient care project on the national and regional level, the Chapter Innovative Programming Award, the Policy and Legislative Award and the Professionalism Award. There is also recognition for membership.

Chapter of the Year, Most Improved Chapter, Chapter Patient Care Awards and Certificates of Recognition are presented at the APhA-ASP Awards Ceremony during the APhA Annual Meeting and Exposition.

Each chapter is eligible to win only one award with the exception of the Chapter Innovative Programming Award, which any chapter may win. If a chapter wins a Divisional Award or the Chapter of the Year Award, that chapter is not eligible to win a Chapter Specialty Award (the Patient Care Project and Policy and Legislation awards are Specialty Awards) except for the Chapter Innovative Programming Award.

Awards are given for the prior year's projects. If you're a P-1 today, the work you've done on things like Operation Diabetes and Immunization won't be recognized until next year. The reports for this year's awards were turned in July of last year, before we ever met you!

Awards recipients are chosen by a panel of judges, the Awards Standing Committee. This committee consists of four student members and the president elect of APhA-ASP. This committee reviews the reports turned in by every Chapter and makes a decision on who will win which award. They also play a large role in the awards ceremony. Our own Marci Smith will have this role next year, as she has been selected as an Awards Standing Committee member

Last year, our chapter won the Regional Award Operation Immunization and the Award for Policy and Legislation. This year, who knows what we will win, but I'm sure we won't come home empty handed!

-Amanda Galiano  
 VP of Communication

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UAMS APhA-ASP night out at the Rimrockers, February 24, 2005.

# Attention P-3's!!!!!! The Time To Join ASP Is Coming Soon!

April 11-15th will be the official membership drive for your class. Your membership will bring you even more benefits than before. You will receive the APhA clinical rotation survival kit, and APhA's Complete Review of Pharmacy (a \$44 value).

The clinical rotation survival kit includes pocket sized monitoring tools, communications skills for pharmacists, Lexi-comp demo disks, and much more. Plus, you will have access to pharma-

cist.com, receive Pharmacy Today, GEICO auto insurance, and the other benefits you are already used to receiving.

I will keep you posted with more specific times and places where you can register. Even if you have never been a member before now is the time to join! Don't miss this great opportunity

-Crystal Atwell  
VP of Membership

## Upcoming Events:

- April 16 : ASP Meeting
- April 1-5 : Orlando Annual Meeting!

**We're on the web:**  
<http://cop.uams.edu/asp/>



## !Make a Difference...Today!

The APhA-ASP Policy Process is one of the most important activities of the Academy. APhA-ASP policy covers a wide variety of pharmacy issues and reflects many issues which students believe to be important to the profession. The policy process gives you, the members, an opportunity to voice your ideas and opinions to influence the goals and objectives of the Academy.

I want to strongly encourage each of you to take a look at the proposed policies. It's up to each individual member to

move APhA-ASP's policies into action. Remember, our policies do make a difference! So look the policies over and let me know what you think.

Your voice counts, let it be heard!

-Crystal Atwell  
VP of Membership &  
Chapter Delegate



# Proposed Resolutions

**2005.1 Tort Reform:** APhA-ASP supports legislation that limits the amount of non-economic and punitive damages incurred in malpractice lawsuits filed against pharmacists and other healthcare providers performing their professional duties.

**Background Statement:** Under the current system of medical malpractice litigation, excessive non-economic and punitive damages have resulted in increased insurance premiums for healthcare professionals and ultimately increased healthcare costs. "Non-economic damages" pertains to non-tangible costs (e.g., pain and suffering). "Punitive damages" relates to excessive monetary awards used as a deterrent to future infractions. Placing limits on both of these amounts is a potential mechanism to maintain affordable malpractice insurance premiums and to keep the rising costs of healthcare down.

**2005.2 Clinical Trials:** APhA-ASP encourages legislation that requires pharmaceutical manufacturers and researchers to disclose the results of all clinical trials regardless of outcome through an independently reviewed, publicly accessible, national electronic database.

**Background Statement:** Clinical studies with positive findings are more likely to be published than negative studies or studies that are inconclusive. Over the past year, questions about the availability of studies revealing adverse effects have emerged. This raises the concern that the pattern of publication distorts medical literature and ultimately affects decisions made by health care professionals. Although some drug manufacturers have offered to make the results of clinical trials available to the public, it is currently not required. Therefore, we feel it is necessary for legislation that requires all clinical studies, regardless of outcome, conducted by drug manufacturers, academic researchers, and other independent research facilities be compiled in an independently reviewed national electronic database. Such a database would ensure standardization of data, results and information. This database should be made available to both health care providers and to the public.

**2005.3 Medication Therapy Management Services:** APhA-ASP recommends that the Centers for Medicare and Medicaid Services (CMS) designate pharmacists as the preferred provider of Medication Therapy Management Services under Medicare Part D, as established by the Medicare Modernization Act of 2003.

**Background Statement:** Pharmacists have been providing patient care for years without recognition as official providers by CMS. In 2003, Part D of the Medicare Modernization Act includes medication therapy management services, which now allows pharmacists to be compensated for patient care services under the Medicare program. While other healthcare professionals are still allowed under the new legislation to provide these services, we feel that pharmacists, as the medication experts, have a unique role to provide the highest level of medication therapy management services.

**2005.4 Limiting the Sale of Methamphetamine Derivatives:** APhA-ASP supports federal legislation that monitors and regulates the sale of pseudoephedrine-containing or other drug products used in the unlawful manufacture of methamphetamine or other illegal substances with the potential for abuse.

**Background Statement:** Methamphetamine is a powerful and addictive CNS stimulant that is increasingly being illegally manufactured and abused in the United States. Use of methamphetamine is continually growing in the US, as evidenced by federal legislation passed 1996 (Comprehensive Methamphetamine Control Act) and in 2000 (Methamphetamine Anti-Proliferation Act). Over the last four years, there have been over 31,000 methamphetamine production operations seized in the United States by the Drug Enforcement Administration.

Methamphetamine is manufactured using pseudoephedrine, a drug commonly found in OTC products. Because pseudoephedrine is easily accessible, it is imperative that federal legislation be enacted to uniformly and effectively monitor and regulate the sale of these products. By monitoring and regulating the sale of OTC products containing pseudoephedrine, we can help to reduce the amount of methamphetamine produced and identify individuals who may be manufacturing methamphetamine. The creation of a uniform federal system would enable state governments to effectively prevent the exploitation of any disparities in the system.

## Proposed Resolutions (continued)

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**2005.5 Lower Cost Medications:** APhA-ASP encourages the development of educational resources for pharmacists and student pharmacists on existing assistance programs that provide low-income and uninsured patients access to medications at a reduced cost.

**Background Statement:** The current cost of prescription medication today prohibits many low-income and uninsured patients from being adherent with their drug therapy. As a result, many government and private organizations offer assistance programs that allow these patients to obtain medications at a reduced cost. In order to fully utilize these programs, pharmacists and student pharmacists should be familiar with programs offered in their local communities. Knowledge of these programs allows pharmacists to match patients' needs to the programs available. Overall, the desired effect would be to increase patient adherence and improve medication use through making prescription drugs more affordable to those with financial needs.

**2005.6 Legislative Education:** APhA-ASP encourages the development of educational programs that foster legislative and political awareness of current issues within the profession of pharmacy.

**Background Statement:** Pharmacy is an evolving profession. State and federal legislation affect all areas of pharmacy practice. Student pharmacists and pharmacists need to not only be aware of the legislative process; they need to understand how legislative issues regulate their profession. The Resolutions Committee feels that there is a need for continued development of educational programs on current legislation (e.g. Medicare Modernization Act of 2003) and the legislative process. These programs may include continuing education (CE) seminars, curricular electives, service projects, debates, participation in professional pharmacy meetings and state legislative days. Those educated in current issues are more apt to take action and push for needed change within the profession.

**2005.7 Insurance / Patient Specific Information:** APhA-ASP supports legislation requiring third-party payors to offer 24-hour access to personnel in order to resolve patient coverage issues, including but not limited to the confirmation of patient benefit status and the authorization of payment for services.

**Background Statement:** Patients frequently require pharmacy services outside of normal business hours. While patients have access to pharmacists on a 24-hour basis, pharmacists may not have the same access to third party information to resolve patient coverage issues. As a result, patient safety may be compromised when medications may not be dispensed due to unadjudicated claims. Patient care, convenience and the pharmacist-patient relationship may also be sacrificed when a patient must wait until the next business day to obtain their medication. If third party payors offered access to personnel on a 24-hour basis, situations in which an insured patient must go without or delay medication could be avoided.

**2005.8 Tamper Proof / Counterfeit Resistant Packaging:** APhA-ASP urges drug manufacturers and distributors to continually incorporate innovative counterfeit- and tamper-resistant technology into product packaging.

**Background Statement:** Counterfeit drugs have become more prevalent in recent years, particularly with many commonly prescribed medications, such as Lipitor and Viagra. In order to prevent the counterfeiting of drugs and disruption of the drug supply chain, we encourage manufacturers and distributors to collaborate in the development and implementation of innovative technology that ensures the safety and authenticity of the medication. Future technology may include radio frequency identification, chemical taggants, bar coding, and watermarking.