December/January 2014-15
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The Georgia Pharmacy
JOURNAL

MAC transparency
...and our 2015 legislative agenda

Plus:
Immunizations without prescriptions
A pharmacist goes to Washington
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MAC transparency
...and our 2015 legislative agenda

We’re fighting for you and your business under the Gold Dome.
Here are our three legislative priorities for 2015 .........................

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From the President

What a night of elections

We now have a pharmacist in Congress!

Congratulations to Buddy Carter on his election. With Buddy joining Georgia’s other pharmacy-friendly representatives, we’re hopeful that there will be some progress in Washington on pharmacy issues.

PharmPAC did very well in the state elections also — in fact, every one of our endorsed candidates won seats. So we are also hopeful that we can make progress with our legislative agenda at the state level.

Establishing transparency in MAC pricing will be our main objective this year, and we need to talk with our legislators about it being a patient access issue. And speaking of access, we might finally get somewhere to expand the immunization protocol lists to allow Georgia pharmacists to give CDC-recommended immunizations. (The third major issue is the trouble some members have had with NPI numbers and audits — and that will hopefully be an easy fix.)

Speaking of immunizations, are you immunizing? With flu season here, remember that if you are certified to immunize, you can make a big difference in your patient’s health. Georgia pharmacists now have the ability to give flu shots to Medicaid and State Health Benefits patients, and we don’t want to let the state down by not doing all we can to increase the immunization rate for the state.

Filing for reimbursement from Medicaid is not as easy as filling a prescription, but it’s not that hard: Log into the Medicaid website (mmis.georgia.gov/portal) click Claims, then click New Professional Claims and fill out the information.

You only need to fill out a few things, so take advantage of the opportunity the state has given us by immunizing and keeping our patients healthy.

I hope that everyone had a chance to attend your region meeting and meet our new executive vice president Scott Brunner — and get an hour of CPE, too. With this being a licensure year, if you find yourself needing last minute CPEs, check out the calendar on the GPhA website (GPhA.org/continuing-education).

I want to thank you for your membership and encourage you to ask your friends to join GPhA and help make their profession better.

Bobby Moody, RPh, owns Powells Bloomfield Pharmacy in Macon

From the EVP

There really is strength in numbers

Have you ever marched down to the state legislature, stamped your foot, and gotten elected officials to do exactly what you wanted: pass a law, kill a bill, or maybe just… slow down and listen?

Have you ever written a check to a candidate or posted a campaign placard in your yard, and just by virtue of doing so, got the candidate elected?

Uh, no. Because it doesn’t quite work that way, does it? As smart and conscientious and professional as you are as an individual, you can’t assure good laws and regulations on your own. You can’t protect your profession and patients from bad public policy all by yourself.

For that (and more), you need the power of us: your Georgia Pharmacy Association.

In GPhA you have influence and impact you’ll never have on your own. By joining with others who share your concerns, your profession has a powerful advocate. It’s not a cliché: There really is strength in numbers.

Elsewhere in this issue, you’ll find information about GPhA’s three 2015 legislative priorities, bills that will:

• Reform the process by which PBMs determine (and notify you about) maximum allowable cost on generic drugs;
• Expand the protocols under which Georgia pharmacists may administer CDC-recommended immunizations without a prescription;
• Rectify a conflict between state law and third-party policies about which prescriber’s name may be on the label and submitted for reimbursement.

I urge you to read our talking points, and then to do the most important thing you can do as a pharmacist: Reach out to your legislators — your state senator and representative — and educate them on our issues, perhaps even get a commitment from them to support us. That way, when the session begins, our battle is half won, thanks to you.

That’s the beauty of association: You need us, sure, but we’re nothing without you.

Don’t underestimate the power of us.

I come January 12, the legislature will be in town, and we aim to get good stuff done this year. Together.

Scott Brunner, CAE is GPhA’s executive vice president and CEO.

Bobby Moody, RPh, owns Powells Bloomfield Pharmacy in Macon
Our commitment to quality means you can rest easy.

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Georgia pharmacist Buddy Carter elected to Congress

Just a reminder:
Although hydrocodone-containing products are Schedule II now, you are still allowed to refill prescriptions you received before October 6, 2014 – until April 8, 2015. We’re in the odd transition period where those pre-October 6 scripts are effectively grandfathered in. (Prescriptions for HCPs received after October 5 cannot be refilled.) That doesn’t mean you are required to refill them, just that you are allowed to. Indeed, some pharmacies are, some aren’t — often it depends on what their software will allow.

A hearty congratulations to our own Buddy Carter, who became the first pharmacist since 2011 to be elected to Congress — he won Georgia’s First Congressional District with a solid 61.2 percent of the vote.

Buddy won in part thanks to you — GPhA members who helped spread the word, get out the vote, and of course cast your ballots. Now not only do the folks in GA-1 have someone representing them, pharmacists as a whole do as well.

“I am delighted both personally and professionally to know that Buddy will be representing pharmacists and the pharmacy profession,” said GPhA president Bobby Moody of Macon. “We’re looking forward to having his voice in Congress, and in following his career over hopefully many years.”

Buddy Carter’s election was the biggest news for PharmPAC and Georgia pharmacists. In fact, every one of PharmPAC’s endorsed candidates on the state level also won, including the four statewide offices: Governor Nathan Deal (52.8%), Lt. Governor Casey Cagle (58%), Attorney General Samuel Olens (57%), and Insurance Commissioner Ralph Hudgens (55%).

Here’s your takeaway: These results are a testament to the power and importance of being involved in the political process — and, of course, in PharmPAC.

Remember, you can still refill some older hydrocodone scripts

The Georgia Pharmacy Journal
License renewal: Here’s what you need to know

By the time you read this, if you haven’t renewed your license you have less than a month to do it — all Georgia pharmacist and nuclear pharmacist licenses expire on December 31, 2014.

Because out-of-state pharmacists will also be applying for Georgia licenses this year, there is likely to be a backlog of renewals and applications.

Some important notes:
- You need to submit a notarized citizenship affidavit… again. Yes, you did this in 2012; yes, you have to do it again.
- If you file electronically, you must also submit the original affidavit by mail.
- If you have not already done so, you will also need to submit a “secure and verifiable document proving lawful residence in the United States.”
- If that document proving your lawful residence is already on file, you still need to submit the notarized affidavit — even if you submitted one in 2012.
- Some continuing education processors might experience a backlog, especially if you submit something in mid or late December. Be aware that those CPE credits might not be processed by the end of the year, so try to get your paperwork in early just in case you’re audited by the Board.

What if your license isn’t processed in time? That might happen if you submit your renewal application toward the end of December.

The Board of Pharmacy has said that, as long as you have submitted a complete application on or before December 31, 2014, even if it isn’t processed immediately your license will be in force.

(Your status will change from “active” to “active-renewal pending.” This does not mean that your license has lapsed, is inactive, is deficient, or invalid in any way.) Just in case, though, save your receipt after you submit your application.

You can find all the information and forms you need at the Georgia Board of Pharmacy website: www.gbp.georgia.gov.

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THE NEWS SECTION

Kids’ dosages are often about trial and error

A new study finds that ibuprofen is as good as morphine for kids with broken bones.

Researchers at London Health Sciences Centre in Ontario studied 134 children between five and 17 who had either a broken arm or leg (and that didn’t require surgery). Half got morphine (0.5 mg/kg) and half got ibuprofen (10 mg/kg) of ibuprofen; none knew which they were getting.

Kids in the study took either morphine or ibuprofen by mouth. The morphine was associated with side effects like drowsiness, nausea and vomiting – but it wasn’t any better than ibuprofen at relieving pain.

The patients and their parents then reported how much pain they were feeling before and after they took the meds.

Both morphine and ibuprofen lowered pain scores by an average of 1 to 1.5 points from before administration to 30 minutes after a dose, according to results in the Canadian Medical Association Journal.

Sorry. You extrapolate from existing experience, and from formal and information discussions.

In other words, you guess.

As a recent Scientific American article explained, fewer than half of the medications prescribed for children are actually approved for children. In NICUs, in fact, more than 90 percent of the drugs given are given off label.

The dosages are calculated not by clinical study, but by trial and error and word of mouth, because there is no federal approval for using these drugs for kids. So doctors turn to peer-reviewed literature, their colleagues’ experiences, and even electronic mailing lists and message boards.

That’s because clinical trials don’t often include children. Why not? Pharma companies don’t really want to spend the money to do it. They “know that drugs will be used off-label in kids anyway, so there is not much financial incentive to develop such expensive and time-consuming trials,” as SciAm explained.

And it’s not as if you can simply do some math to figure a dosage: “Let’s see, 10mg for a 200-pound man means 2mg for a 40-pound child.” Kids are different. For example, Bactrim might help with adults’ infections, but its almost entirely ineffective for newborns – in fact, because their livers are still undeveloped, the drug can cause jaundice or even brain damage.

So how do you know what will work on kids and how much is necessary, especially if you’re trying to treat something that kids get but adults rarely do — e.g., neuroblastoma? You guess.

How do you determine the right dosage for a kid?
You guess.

Ibuprofen as good as morphine for broken bones: study

A new study finds that ibuprofen is as good as morphine for kids with broken bones.

Researchers at London Health Sciences Centre in Ontario studied 134 children between five and 17 who had either a broken arm or leg (and that didn’t require surgery). Half got morphine (0.5 mg/kg) and half got ibuprofen (10 mg/kg) of ibuprofen; none knew which they were getting.

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Both morphine and ibuprofen lowered pain scores by an average of 1 to 1.5 points from before administration to 30 minutes after a dose, according to results in the Canadian Medical Association Journal.
The Georgia Pharmacy Association is the collective voice of the pharmacy profession, aggressively advocating for the profession in the shaping of public policy, encouraging ethical health care practices, advancing educational leadership while ensuring the profession's future is economically prosperous.

The members of GPhA would like to welcome all our new members and encourage them to take advantage of all the benefits membership offers.

Counterpoint: Pharmacy students don’t have to freak out about the job market

You know those predictions about there being too many pharmacy grads and not enough jobs? One prof is saying (essentially), “Chill.”

Even we at GPhA have talked about the 20 percent unemployment expected (predicted?) for pharmacy grads in the near future. After all, almost twice as many pharmacists graduated in 2013 as had graduated in 2002, and that’s not taking into account the 17 new schools that haven’t graduated their first classes yet.

But Ashish Advani, a pharmacist and assistant professor at the Mercer University College of Pharmacy, argues that there is no pharmacy-student bubble, because demand is rising to meet the increased supply that will come from both the aging Baby Boomer population and the millions of Americans now insured thanks to the Affordable Care Act.

Further, as the last remnants of the recession fade, pharmacists who were reluctant to retire might finally bite the bullet. The pharmacy job market, Advani argues, is cyclical, so it’s only a matter of waiting for the demand to match the new supply.

Brittany Bennett
Dr. Thaddeus A. Blue
Larry Briggs
Adam Brown
Wendy Buttrey
Sally Carmichael-Brown
Michelle Dang
James Fanning
Moses Henderson
Cortney Hudgens Christenson
Jackie Landers
Sarah Beth Mace
James McCarthy
Katie Newsome
Stacie Potter
Kandon Render
Virginia Riddell
Michael Saxon
Garrett Strawn
Thuan Yen Tran
Brian West
Gwen Young

The Georgia Pharmacy Journal
Member achievements

**John Sherrer takes the helm at NCPA**

Georgia pharmacist and GPhA past president John Sherrer was sworn in as 2015 president of the National Community Pharmacists Association.

Sherrer graduated in 1977 from the Mercer University College of Pharmacy and Health Sciences. He has served on the board of directors of GPhA for many years, and is chairman of the Georgia Pharmacy Foundation.

At the same meeting at which Sherrer was installed, his wife, Sharon, was named “Honorary NCPA President” by the NCPA chairman of the board.

**Barry Bryant wins three national awards**

Pharmacist Barry Bryant of Augusta received two awards this year. First, the NCPA Foundation’s gave Bryant its 2014 National Association of Retail Druggists Ownership Award for outstanding pharmacy ownership. Barry owns Barney’s Pharmacy, a trail-blazing small business known throughout Georgia for its innovative approach to community pharmacy.

Second, Pharmacy Times magazine named Bryant its 2014 Entrepreneur of the Year. The owner of Barney’s Pharmacy — where he started as a partner in 1984 — Bryant now is the majority owner of six other pharmacies in the area, and a partner in Creative Pharmacist, which provides pharmacists with the tools to offer diabetes education to patients in seven countries.

Finally, Cardinal Health presented Bryant with its Ken Wurster Community Leadership Award, which honors an independent retail pharmacist “for outstanding contributions to his or her community” — nominations come from other independent pharmacists. Bryant’s contributions included hosting support group meetings for breast cancer patients, offering free health screenings and wellness classes to his community, and providing monthly patient education classes on a variety of health topics.

**Robert Bowles receives 2014 Bowl of Hygeia**

GPhA past president Robert Bowles of Thomaston accepted the association’s prestigious Bowl of Hygeia Award on October 26 at GPhA’s Academy of Independent Pharmacy autumn meetings in Macon. The award was presented by GPhA chair of the board Pam Marquess.

Said Bowles, “I’m thankful for every year I was able to practice pharmacy.”

**Jack Dunn named NCPA Independent Pharmacist of the Year**

GPhA past president Jack Dunn of Jasper received the National Community Pharmacy Association’s Independent Pharmacist of the Year Award at the NCPA Annual Convention in Austin, Texas. We couldn’t be prouder of Jack and his team at Jasper Drugs.
Your participation in the Georgia Pharmacy Association helps us lobby and advocate on behalf of the entire pharmacy profession. Our annual Day at the Dome is how we remind our legislators of the importance of these issues to thousands of pharmacy professionals across Georgia.

Be heard.

Join us for Day at the Dome • Thursday, February 5, 2015
Who’s earned it?

Each year the Georgia Pharmacy Association presents four awards acknowledging pharmacists who are among the best of their profession.

Do you know someone deserving of one of these awards?

GPhA AWARDS
Nominate a Georgia pharmacist for one of GPhA’s prestigious awards.

The Bowl of Hygeia
Recognized as the most prestigious award in pharmacy, the Bowl of Hygeia is presented annually by GPhA and all state pharmacy associations to one pharmacist in each state with an outstanding record of service not only to the pharmacy profession, but to the community as well.

Distinguished Young Pharmacist Award
Created in 1987 to recognize the achievements of young pharmacists in the profession, the award has become one of GPhA’s most prestigious. It recognizes an individual who, although having been in the profession for less than a decade, has already demonstrated a dedication to Georgia pharmacists and patients.

Innovative Pharmacy Practice Award
This award acknowledges a pharmacy that has found new and better ways to improve the care of its patients — innovative and impressive solutions, techniques, or business practices that all pharmacies should consider.

Generation Rx Champions Award
With prescription drug abuse continuing to be a serious problem, this award honors a pharmacist who has demonstrated a committed effort to reduce it through notable programs, outreach, education, and other community efforts.

To nominate someone for one of these awards — or for detailed criteria — visit GPhA.org/2015Awards. Winners will be honored at the 140th GPhA Convention at the Omni Amelia Island Plantation on Amelia Island, Florida.

Deadline for submitting the completed nomination form is March 1, 2015.

Nominations will be received by the Awards Committee which will make the final determination of the winner. Nominees for any award must be licensed Georgia pharmacists and members of the Georgia Pharmacy Association.
Work-Around:
Use actual prescriber’s name when filling and billing prescriptions

Georgia pharmacies are being audited and in some cases have been forced to refund thousands of dollars to Medicare, Medicaid, and commercial insurers because of an issue with NPI numbers.

GPhA is working on a simple legislative fix — a simple procedural move as part of the annual New Drug Update (see page 16) — but until that’s in place we have a interim solution that’s acceptable to the Board of Pharmacy.

First, the problem: Georgia law requires pharmacists to put the name of the attending or supervising physician on the medication label, even if the actual prescriber is a physician’s assistant or nurse practitioner. But third-party plans, including Medicare and Medicaid, require the NPI number of the actual prescriber on their bill.

Finally, many (if not most) pharmacies’ software can’t separate what’s on the label and what’s on the bill.

The result is that when pharmacists follow the law and use the NPI number of the attending physician, insurers are rejecting payments — months after the fact. Pharmacies are being told to repay thousands of dollars because of this, and providers claim these audits cannot be challenged.

Until the law is clarified, here is the (temporary) fix:

Bill the 3rd party plans using the NPI number of the actual prescriber, whether that is the attending physician, a PA, and NP, or a DO.

The Board of Pharmacy has said that it will now interpret the law to allow for the use of the prescriber’s name, not necessarily the attending/supervising physician’s. But a clear legislative fix will be better for everyone.

AIP members:
If you receive an adverse audit for an incorrect NPI number, immediately appeal the recoupment and contact Jeff Lurey at (404) 419-8103 or jlurey@gpha.org.
Retail pharmacies are now allowed to collect unused medication, according to a rule released by the DEA, and the Georgia Board of Pharmacy and Georgia Drugs and Narcotics Agency are both on board.

Pharmacies can now take back those medications directly, by mail, or via receptacles on the premises. (And they key is “allowed” — you are not required to offer this service. It’s voluntary.)

First, the receptacles on site: They don’t have to be of any specific design, “as long as the sign indicates that only schedules II–V controlled substances and non-controlled substances are acceptable” and it’s in a place where it can be watched by employees.

Second, customers can put their pills directly into the receptacle or leave them in their original containers — the DEA doesn’t care.

Third, “Once a substance has been deposited into a collection receptacle, the substance shall not be counted, sorted, inventoried, or otherwise individually handled.” (Nor, we assume, pushed, filed, stamped, indexed, briefed, debriefed, or numbered.)

They must be “securely fastened to a permanent structure so that it cannot be removed,” and consist of a sturdy, locked container with an inner, removable container/liner. “The outer container shall include a small opening that allows contents to be added to the inner liner, but does not allow removal of the inner liner’s contents.”

For consumers who don’t want to return their drugs to an authorized disposal location, the DEA recommends they mix the meds with kitty litter or coffee grounds to discourage thieves from going through their garbage.

Finally, don’t empty it alone. “The installation and removal of the inner liner of the collection receptacle shall be performed by or under the supervision of at least two employees of the authorized collector.”

OK, then what?

Then you have to destroy the drugs, or give them to someone who will. If you want to destroy them yourself, it must be done “in compliance with applicable Federal, State, tribal, and local laws and regulations.” And whatever method you use, the meds must be rendered “non-retrievable ... in order to prevent diversion of any such substance to illicit purposes and to protect the public health and safety.”

If you decide to do the deed of destruction on site, you need at least two employees observing the handling and the destruction; they “shall personally witness the destruction of the controlled substance until it is rendered non-retrievable.”

If you decide to destroy the meds yourself (but not on site), the DEA requires that two employees be present for every step, from loading the substances into a car to bringing (directly!) to the destruction location, to driving there, to handing them off to the whoever is going to destroy them, to actually watching the destruction.

You can also bring them someplace that does this kind of thing — “a person registered or authorized to accept controlled substances for the purpose of destruction.” Just be sure to do it right; you can’t just hand a bag of medication to Cousin Jimmy and tell him to drive it over to the local precinct.

Two of your employees have to accompany the meds to their destination of destruction. (And they must go directly there: “The substances shall be constantly moving towards their final location and unnecessary or unrelated stops and stops of an extended duration shall not occur”).

Once there, two of your employees shall load and unload or observe the loading and unloading of the controlled substances until transfer is complete.” (The DEA is clear that they have to be your employees.)

You can find all the details of the DEA’s rules at a website just for that purpose: DEAdiversion.usdoj.gov/drug_disposal.
Caremark clients will be able to charge higher co-pays at pharmacies that sell tobacco

If your pharmacy sells tobacco products, patients who use CVS’s Caremark as their PBM may have to pay up to $15 more per prescription.

CVS Health, which announced in September that its stores would no longer sell any tobacco products or electronic cigarettes, has now confirmed that its Caremark PBM will allow employers and other clients to charge more if patients get their meds from a pharmacy that sells those products.

Caremark has about a quarter of the U.S. PBM market share — more than 54,000 pharmacies, including more than 20,000 independents.

Depending on who you ask, it’s either a blatant marketing move designed to drive customers to CVS pharmacies, or it’s an attempt by CVS to convince other pharmacies to stop selling tobacco.

Or a little of both.

CVS Health hasn’t yet said when it will begin to offer the surcharge option to its clients. It’s in the process of identifying other tobacco-free pharmacies, and has said that it will provide Caremark plan members with a full list of ‘participating’ (i.e., tobacco-free) pharmacies before that happens.

That list already includes Target, and a CVS spokeswoman said the list would also include “local or regional pharmacies including numerous independent pharmacies that do not sell tobacco products.”

One way the company might start its quest to build that list is by checking out shoptobaccofree.org, a website created by the folks at the Campaign for Tobacco-Free Kids. It lets you find a tobacco-free pharmacy (or grocery, or variety store) anywhere in the country.

The important part: You can add your store to the list. It already includes a bunch of large and small chains (CVS, Target, Wegman’s, Whole Foods, etc.) as well as many independents.

Now, there’s no way to be sure that Caremark will use this site to create its initial list of tobacco-free pharmacies, but it certainly seems a good place for it to start.
**Introducing tomorrow’s pharmacist leaders: LeadershipGPhA**

We’re proud to introduce the first class of LeadershipGPhA: the Georgia Pharmacy Association’s new program for up-and-coming pharmacist leaders in the state.

Through the program, 16 hand-picked Georgia pharmacists — men and women who have demonstrated a desire or knack for leadership — will develop and polish those leadership skills.

Over the nine months, the participants will take part in a training curriculum that combines leadership training and project experience.

They’ll identify their leadership skills, take part in team-building exercises, learn how to identify their own and others’ strengths and weaknesses, work on ethical decision making, and improving their communication skills.

At the end, they’ll be equipped to help shape the future of the pharmacy profession in Georgia, to help mentor other professionals, and to advance their own careers.

---

**Michael Azzolin, MBA, PharmD**
From: Plantation, Fla.
Lives in: Bishop
Owner, PharmD on Demand

What he hopes to get from LeadershipGPhA: There is a lot of history, knowledge and wisdom within this organization. I hope to have the opportunity to glean as much about the past and the perception of the present and future outlook of our profession from leaders and pharmacists with more experience than me. With that information I hope to, in turn, provide support to our profession through GPhA by combining new ideas with that wisdom.

---

**Kevin Florence, PharmD**
From: LaFayette
Lives in: Watkinsville
Pharmacist, ADD Drug

What he hopes to get from LeadershipGPhA: I look forward to improving communications with various practice areas and learning more about how GPhA manages a broad, influential organization.

---

**John Drew, PharmD**
From: Columbus, Ga.
Lives in: Fortson
Director of Pharmacy, St. Francis Hospital

What he hopes to get from LeadershipGPhA: I would like to discover the areas of both strength and weakness inherent in my particular leadership style and personality, and thereby, take that knowledge and improve and build on the strengths, and ameliorate or modify the weaknesses.

---

**George Huang, PharmD**
From: Keelung, Taiwan
Lives in: Smyrna
Pharmacy Manager, CVS Health

What he hopes to get from LeadershipGPhA: Working and collaborating with other pharmacists that share a passion to advance the pharmacy field. I hope to gain better communication skills while working with others and network with leaders in the pharmacy field.

---

**Indu Kollu, MBA, PharmD**
From: Bombay, India
Lives in: Atlanta
Staff Pharmacist, CVS Pharmacy

What she hopes to get from LeadershipGPhA: An important part of the profession of pharmacy is having camaraderie with fellow pharmacists. I will have the wonderful opportunity to network and gain awareness of different developments in pharmacy through my colleagues. I also think it will build in me critical leadership skills in order to make a positive mark on the pharmacy profession.

---

**Hannah Head, PharmD**
From: Macon
Lives in: Warner Robins
Patient Care Specialist, Kroger Pharmacy

What she hopes to get from LeadershipGPhA: I would like to learn more about GPhA in general. I feel that leadership skills would be beneficial for my career. I would like to be involved in creating a brighter future for the profession of pharmacy in the state of Georgia.
Ayn Piquant, PharmD
From: Atlanta
Lives in: Riverdale
Consultant Pharmacist, WellPoint
What she hopes to get from LeadershipGPhA: I hope to gain the skills for developing a business planning instrument which will inspire other pharmacists to excel as leaders.

Bonny Portwood, BS
From: Bozeman, Mont.
Lives in: Marietta
What she hopes to get from LeadershipGPhA: The pharmacy profession has so much potential to greatly impact the pharmacologic care provided to our community but remains stifled by the pressures to keep volumes of production high to balance the lack of reimbursement for the services we can provide beyond dispensing. I hope to learn how to be more effective in creating change. It is difficult sometimes to break away from daily pressures to “get the job done” and take that extra step or time to excel beyond your immediate environment.

Brian Rickard, PharmD
From: Fort Worth, Tex.
Lives in: Vidalia
Director of Compounding, Allcare Pharmacy & Healthcare
What he hopes to get from LeadershipGPhA: I want to become more comfortable talking to other professionals in and outside my field about issues that pertain to pharmacy. I also want to develop my professional connections and leadership skills.

Jonathan Sinyard, PharmD
From: Americus
Lives in: Cordele
Co-Owner, Adams Drug Store
What he hopes to get from LeadershipGPhA: I hope to gain a greater knowledge of how pharmacy operates on a larger scale at both the state and national levels. I hope to gain greater leadership skills that I can implement within my own pharmacy and within my peer groups. I also hope to network with others and find areas to serve GPhA in any capacity.

Jennifer Shannon, PharmD
From: Pittsburgh
Lives in: Alpharetta
Owner, Lily’s Pharmacy
What she hopes to get from LeadershipGPhA: I want to learn how to become an advocate for the profession at the local, state, and national levels. Our profession is struggling to have a voice in Georgia, and we need to get more pharmacists involved following graduation. I am hoping that this program will provide me the skills and knowledge to start helping to engage more pharmacists into the organization.

Amanda Stankiewicz, PharmD
From: Cleveland
Lives in: Mableton
Pharmacist, Mableton Pharmacy
What she hopes to get from LeadershipGPhA: I hope to gain more leadership skills, and I hope to gain the knowledge of what other pharmacists feel are issues or challenges with today’s pharmacy profession and work with the team to resolve these issues.

Dean Stone, BS
From: Macon
Lives in: Metter
Owner, IHS Pharmacy & Gifts
What he hopes to get from LeadershipGPhA: To learn skills to improve the way I work with other leaders in my profession, those in the political arena, and my local community. I also would like to learn how to build on my strengths and identify areas that I could improve on in order to lead more effectively.

Lindsey Welch, PharmD
From: Columbus, Ga.
Lives in: Watkinsville
Studying at University of Georgia College of Pharmacy
What she hopes to get from LeadershipGPhA: I look forward to opportunities to network with leaders in our profession who have forged the way for me to have the opportunities I’ve had in this field. I look to be challenged to think outside the box to determine how our profession can work together to preserve its integrity.

George Wu, PharmD
From: Atlanta
Lives in: Alpharetta
Pharmacist, Children’s Healthcare of Atlanta
What he hopes to get from LeadershipGPhA: I hope to become more of a leader, so that I can become more politically active, serve as a role model, and improve how people work together. I want to assume a higher level management role so I can help improve policies and procedures. Innovation will be the key to the survival of the pharmacy profession.
Almost every association has its annual legislative agenda — the laws it hopes to change or enact on behalf of its members.

That can be a challenge for GPhA, because we have so many kinds of members in so many practice settings: independent owners, employees, health system pharmacists, students, technicians, and more. We want to do right by all of you.

So each year our Governmental Affairs Committee listens to members and chooses what it feels are the most important issues facing the entire pharmacy profession in Georgia. It tries to represent as many members as possible while keeping our priorities balanced...and achievable.

This year we have two major items we hope to accomplish, and a third uncontroversial one we’re confident of being able to handle quickly as a minor technical change to state law.

Those two major items are indeed major — they’re critical issues that impact your business, public health, and the ability of Georgians to get affordable health care.

And remember: Our lobbying efforts are powered by PharmPAC, where your investments help ensure pharmacy-friendly candidates sit in the state legislature, making it easier for us to fight on your behalf.
Making MAC pricing more transparent

Pharmacy Benefits Managers, or PBMs, are a $250 billion-a-year industry wielding a huge impact on healthcare. PBMs can determine where you can fill a prescription and in some instances what drugs you will be prescribed.

With the three largest PBMs administering roughly 70 percent of all U.S. prescriptions, the effects on cost and quality of Georgia healthcare are widespread.

PBMs reimburse pharmacies — and bill insurance plans — for generic drugs using what is known as MAC, or maximum allowable cost. Each PBM keeps its own MAC pricing list that includes A) what it will reimburse pharmacies, and B) how much it will charge patients’ insurance companies. (The PBMs make money from the difference — it’s called the "spread.")

More than 80 percent of prescriptions dispensed in the U.S. are generic medications, most of which are probably included on PBMs’ MAC pricing lists. We say “probably” because those lists are secret, literally. Most major PBMs consider them trade secrets and refuse to disclose them to insurance companies or pharmacies.

That means no one but the PBMs know the prices on the list, how the list is determined, which drugs are on it, and how (or even how often) those lists change.

And that means pharmacies are presented contracts in which the majority of the prescriptions that they will fill will be reimbursed at an undisclosed rate.

Worse, the contract isn’t negotiable; if a pharmacy wants access to the patients in a particular network, it must sign it.

The result is that a pharmacy may pay $3.00 a pill for something this week, while the PBM might be basing its reimbursement rate on last month’s $1.50/pill price. There’s no way to know, and there’s no way to appeal.

(There are PBMs that work differently; they’re called “transparent PBMs.” Their reimbursement rates are disclosed — typically a dollar amount or percentage above wholesale — and updated daily. But they are very much the minority.)

In most cases, and certainly with the major PBMs, pharmacies have to hope the PBM’s MAC price list has it paying enough to cover the current wholesale cost of the medication. In many cases it does not, and pharmacies must eat the loss.

PBMs were supposed to add simplicity to the insurer-patient-pharmacy relationship and reduce costs through an economy of scale. Instead, with generic-drug prices fluctuating so wildly, the only guarantee seems to be that they make money on every transaction, while MAC pricing can mean that pharmacies pay more for a drug than what they’re reimbursed. As a result, pharmacies either have to take the loss or discontinue dispensing certain medications.

MAC pricing undermines community pharmacies, whose documented health benefits rest on convenience and accessibility. Simply put, MAC pricing hurts patient care.

Without being able to plan their expenses and reimbursements effectively, pharmacies run the risk of being forced out of business. This has implications for the vibrancy of our Georgia towns and communities... not to mention their tax revenue. And because community pharmacies’ documented health benefits rest on convenience and accessibility, healthcare quality goes down when they close.

All this is why we are asking lawmakers to require that PBM’s make their MAC pricing lists transparent so everyone — insurers, pharmacies, and patients — will be able to see what they’re paying and be able to compare PBMs.

PBMs should also be required to base the amount they reimburse pharmacies on the current week’s pricing — and they should be required to tell pharmacies where they can buy the drugs at those prices.

MAC transparency introduces apples-to-apples competition into a system shrouded in secrecy. It’s a common sense, free market solution that will benefit Georgia communities.

What opponents say about MAC transparency

Passing this legislation will drive up the cost of healthcare.
There’s neither logic nor evidence of this. How would revealing the prices cause them to increase?

By showing us how they calculate the price PBMs will be forced to give away trade secrets.

We don’t want their trade secrets, we just want to know what the price is and where we can purchase the medicine at that price.

We want to require PBMs to be open and transparent about their MAC pricing lists — what’s on it, how they’re selected, and timely notification of how and when those lists change.

Allowing pharmacists to administer CDC-recommended vaccines

In 38 states, consumers can get the vaccines they need — for themselves or their children — more quickly and easily than they can in Georgia. That’s because unlike most states, Georgia does not allow pharmacists to administer CDC-recommended adult and adolescent vaccines without a prescription.

We’ve all seen the news: Measles and...
Pharmacists in Georgia should be allowed to administer any CDC-recommended vaccine, without patients having to visit a doctor first.

whooping cough are making a comeback, and these are diseases that had been all but eradicated in the United States. Kids and adults still get chickenpox and shingles.

It’s not rocket science. All this is preventable with vaccines, which means we must make it as easy and safe as possible for consumers to protect themselves. Heck, the CDC has specifically asked the pharmacy community to help more Americans get the vaccines they need.

But in Georgia that’s not currently allowed, which is why GPhA — with the support of a broad coalition of partners — wants to change the law.

Today, someone living in Columbus can drive across the border to any of the half dozen pharmacies in Phenix City, Ala., and get a measles shot in minutes. Longley’s Pharmacy in Rossville can’t give a shingles vaccine without a prescription, but the CVS pharmacy a mile away can — because it’s in Tennessee.

Georgians who aren’t on the border don’t have those options. They have to make an appointment with a doctor, sometimes well in advance. (In rural areas this can mean traveling quite a ways, too.) And because doctors’ offices don’t stock many vaccines, patients often get a prescription after a long wait in the physician’s office before driving back home and getting the vaccine at their local pharmacy.

Naturally, this overly complex process means many Georgians don’t bother — which explains in part the low immunization rate in our state compared to our neighbors. And that rate is particularly low among lower-income wage-earners, many of whom can’t take time off from work to go sit in a doctor’s office during business hours. But they could run by and get immunized at their local community pharmacy after hours… if Georgia law allowed it.

The fact is, vaccinations in a pharmacy are much more convenient and less costly for patients (there is often zero co-pay, and it’s less expensive for insurance and healthcare payors as well). There is no downside, which is why so many other states allow it.

For the sake of the health and well-being of Georgia’s most vulnerable, we need to change the law so that Georgians have as much access to these vaccines as other Americans do.

What opponents say about immunizations

Pharmacists don’t have the training necessary to give vaccines.

Pharmacists are clearly qualified: They receive at least 20 hours of training on giving injections through the only CDC-approved course on delivering immunizations. Besides, they currently do give vaccines: flu shots and (with a doctor’s prescription) other vaccines, including live vaccines. In fact, part of their extensive training is knowing which patients should and should not receive a live vaccine.

Further, since 2009, when Georgia allowed pharmacists to provide flu vaccines, influenza immunization rates have risen dramatically with no increase in adverse events – all at a lower cost to insurers and patients.

If pharmacists start to give vaccines, it’s a slippery slope to their wanting to perform other medical procedures.

First of all, pharmacists are trained healthcare professionals. They are experts in medication, and an integral part of the healthcare system. Of course they should be interested in providing vaccines — medicine is what they do. And just as obviously, they have no interest in ‘other medical procedures.’ Pharmacists are trained to provide vaccinations for good reason: It’s part of their job, and the reason those other 38 states allow them to provide them without a prescription.

Finally, there is a critical niche of people who won’t or can’t afford to go to the doctor, but who still need these vaccinations. Pharmacists fill that role efficiently, economically, and professionally — and that protects everyone’s health.

Having pharmacists give vaccines will hurt the doctor/patient relationship by taking patients away from their “medical home.”

The bill we propose ensures that wouldn’t happen. It requires that, in order to offer vaccinations, pharmacists must be in a collaborative practice agreement with a physician. That means they work with patients’ doctors to make the pharmacy part of that “medical home.”

Besides the fact that state law requires that all patient and vaccine information be entered into the Georgia Immunization Registry (called GRITS) — which makes sure that physicians are notified that their patients received a vaccine — our proposed legislation requires pharmacists to specifically ask patients if they want their primary care physician notified that the immunization was just given.

The bottom line is that allowing pharmacists to administer vaccines is best for patients, and best for the health of all Georgians.
Allowing actual prescribers’ names to be on labels

Because of a discrepancy between Georgia law and the policies of third-party plans — including Medicare, Medicaid, and commercial payors — Georgia pharmacies are being audited and forced to refund thousands of dollars.

The problem arises when a prescription is written by a physician’s assistant or nurse practitioner — something both common and legal.

Georgia law is not crystal clear, but it has traditionally been interpreted as requiring the name of the attending or supervising physician on the bottle’s label, even if an NP or PA wrote the script.

Those third-party plans, however, require the name of whoever actually wrote the prescription to be used for billing.

Many pharmacy software systems only allow one name per prescription, so pharmacists are forced to choose between following the letter of Georgia law (using the name of the attending/supervising physician) or following third-party rules (and using the name of the actual prescriber).

Naturally, they opt to follow the law.

Unfortunately, when those third-party plans then audit the pharmacies, they reject payments for those prescriptions — sometimes months after the fact. Pharmacies are being told to repay thousands of dollars because of this. To add insult to injury, providers claim these audits cannot be challenged.

This means not only that costs for consumers will rise, but they may face delays in receiving their medication.

Pharmacists must ask doctors to resubmit prescriptions so they meet both the legal and third-party requirements.

The Georgia Board of Pharmacy has said it will interpret the law to allow pharmacists to use the prescriber’s name on a bottle’s label.

We want Georgia law to be clarified that pharmacists can use the name of the person who actually wrote a prescription — doctor, PA, or NP — on the medication label and on the bill. Currently law implies that the attending or supervising physician’s name has to be used.

This is a good step, but it’s a temporary fix. We want this to be a matter of law, rather than an interpretation. Fortunately, because there is no opposition we think this can be fixed simply as a procedural move — a technical change as part of the annual New Drug Update.
Investing in PharmPAC is investing in your business.

The Georgia Pharmacists Political Action Committee — PharmPAC — provides the resources for your association to lobby and advocate on behalf of pharmacy professionals across the state. GPhA works at the local, state, and even federal level, leading the way in influencing pharmacy-related legislation.

Investors in PharmPAC understand the importance of this to their business, and they make financial commitments of support. As of August 31, 2014, the following pharmacists, pharmacy technicians, students, and others have joined GPhA’s PharmPAC.
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$1,200 minimum pledge
Fred Barber, RPh (6/15)
Barry Bilbro, RPh (6/15)
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“I became a pharmacist because I wanted to build relationships with my patients and help them manage their own health. I invest in PharmPAC to ensure that my voice is heard on political issues that will impact my ability to do my job on a daily basis.”

Tracie D. Lunde, PharmD

Renee Adamson, PharmD
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GPhA’s lobbying can only be as effective as the support behind it.
The association works every day to help ensure that legislation passed
in Georgia is the best possible for you and your business.
Visit GPhA.org/PharmPAC to hear learn more about PharmPAC.

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PharmPAC
THE POLITICAL ACTION COMMITTEE OF THE GPhA

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Denotes a monthly sustaining PAC investor.
The Georgia Pharmacy Foundation provides scholarships, educational programs, and community service opportunities for students and recent graduates. It runs the annual New Practitioner Leadership Conference, helping develop future pharmacy leaders. And it helps pharmacists and students understand substance abuse issues through the Pharmacist Recovery Network (PRN) Conference.

Your tax-deductible contribution to the Georgia Pharmacy Foundation’s Annual Fund Drive makes a tremendous difference in the lives of new and up-and-coming pharmacists.

Visit GPhA.org/foundation to make a tax-deductible donation to the future.
As 2014 draws to a close, clients gear up to reflect on the events of the past year and confirm that they have made the most of all available tax savings and investment strategies. It’s also a time to turn a thoughtful eye toward 2015 and beyond.

This year saw remarkable market growth. Many clients have experienced significant gains. A well-rounded strategy carefully considers portfolio fluctuations and the attendant tax and planning implications. The end of the year is a good time to revisit whether specific strategies make sense for your current situation. Has anything changed since your last review? It is important to ensure that your investment and estate planning continue to reflect your current goals and circumstances.

With this in mind, we hope you will use this guide as a reminder to implement strategies you have already embraced, and as a source of new ideas that may prove suitable for your circumstances. As the endorsed wealth management provider to GPhA, UBS Wile Consulting Group is also available to discuss year-end strategies and set your course in the coming months.

### Investment planning

#### Concentrated stock positions.

With capital gain tax rates and the net investment income surtax, the tax cost of diversifying out of a particular position has increased. Investors with concentrated positions may have concerns regarding liquidity, cash flow, volatility, and more. UBS can help you consider strategies to minimize the tax impact of diversification.

#### Securities-backed lending.

Interest rates are currently at historically low levels. Taxpayers with short-term cash requirements frequently borrow to satisfy their cash needs. A credit line allows for immediate reaction to investment opportunities, as well as planned (such as taxes) and unplanned liabilities. Moreover, borrowing against eligible securities in a portfolio provides access to needed funds without having to sell your assets and disturb a long-term financial strategy.

### Portfolio review.

The end of the year is an excellent time to reevaluate the goals of your portfolio, the risk level you are comfortable with, and liquidity events. With recent market volatility, it’s important to discuss and reassess your portfolio.

### Estate planning

#### Use your gift tax exemption.

Consider utilizing a substantial portion of your gift tax exemption by making a gift to your family members or others. Such a gift could remove the value of the gifted asset, plus future appreciation, from your estate.

#### Annual exclusion gifts.

Make annual exclusion gifts on or before December 31st each year. Each person may make annual gifts, free of gift tax, in an amount up to $14,000 ($28,000 for a married couple) to an unlimited number of individuals.

#### Fund education through 529 plans.

Consider funding 529 plans by December 31 to apply 2014 annual gift tax exclusion treatment to the contributions. You can “front-load” 529 plans by making five years’ worth of annual exclusion gifts to a 529 plan. In 2014, you could transfer $70,000 ($140,000 for a married couple) to a 529 plan without generating gift tax.

#### Establishing and funding IRAs for the next generation.

Help your child or grandchild get an early start on saving for retirement. Consider making a gift of up to $5,500 to either a traditional or Roth IRA for your children or grandchildren who are not funding their own IRAs, but have enough earned income to do so. If you want to use your 2014 annual gift exclusion to make an IRA gift/contribution, the gift must be completed by December 31, 2014.

#### End-of-year family meeting.

Family meetings can help you coordinate with respect to financial and other matters, and are a valuable learning tool for children and descendants to understand the benefits and burdens of wealth. As the end of the year approaches, consider arranging a family meeting to discuss investments, planning, philanthropy, and more.
Retirement planning

Maximize contributions to retirement accounts.

Make 2014 contributions to Roth or traditional IRAs by April 15, 2015.

RMDs.

For individuals over age 70½, required minimum distributions must generally be taken from IRAs and other retirement plans (e.g., profit sharing, 401(k), 403(b) and 457(b) plans) by December 31 (there are no required minimum distributions for Roth IRAs prior to the original account holder’s death). The first RMD can be delayed until April 1 of the year following the year in which the taxpayer turns age 70½. Additionally, RMDs for employer-sponsored qualified retirement plans can be delayed if the taxpayer is still employed and the employer’s plan permits RMDs to begin at the later of age 70½ or retirement.

Annual reminders — year-end is a great time to review various aspects of your financial and estate plan.

• Review your insurance portfolio with a qualified professional to determine whether or not your current life, long-term care, and liability insurance continue to efficiently meet your coverage needs.
• Take a look at your will and/or revocable living trust to ensure that you remain comfortable with bequests and dispositions, executors, trustees, and guardians.
• Review agents named under financial and medical powers of attorney to ensure they are still appropriate. Review living wills to ensure you are comfortable with the healthcare and end-of-life-related instructions therein.
• Revisit your beneficiary designations for your insurance policies, as well as your retirement plans, to ensure the assets will pass according to your wishes. Likewise, evaluate the titling of your other assets to ensure they too are distributed according to your goals and objectives (and are coordinated with your estate plan). For example, consider - with your attorney - titling assets as “tenants in common” rather than “joint tenants with rights of survivorship” to ensure assets pass according to the terms of your wills and trusts rather than by operation of the titling itself.
• Communicate the location and intention of your estate planning documents with the relevant parties. Documents should be placed somewhere safe and easily accessible by the individuals you have named to handle your affairs (e.g., executor, trustee, and agents under financial or medical powers of attorney).

UBS works to provide clients with the latest thinking and best practices. For more information or guidance about your year-end planning please contact Wile Consulting Group at UBS: 404-760-3000 or visit www.ubs.com/team/wile.

Inspiring confidence

GPhA/UBS Wealth Management Program

We know pharmacists think about much more than prescriptions. You think about your future and retirement, making the right financial decisions for your family, and helping your employees so their future looks confident too. UBS provides GPhA with exclusive UBS benefits for the complexities of your life and pharmacy. Contact us today and let us help you plan with confidence.

Harris Gignilliat, CIMA®, CRPS®
First Vice President–Wealth Management
Senior Retirement Plan Consultant
404-760-3301    harris.gignilliat@ubs.com

As a firm providing wealth management services to clients, we offer both investment advisory and brokerage services. These services are separate and distinct, differ in material ways and are governed by different laws and separate contracts. For more information on the distinctions between our brokerage and investment advisory services, please speak with your Financial Advisor or visit our website at ubs.com/workingwithus UBS Financial Services Inc., its affiliates and its employees are not in the business of providing tax or legal advice. Clients should seek advice based on their particular circumstances from an independent tax advisor. CIMA® is a registered certification mark of the Investment Management Consultants Association, Inc. in the United States of America and worldwide. Chartered Retirement Plans Specialist℠ and CRPS® are registered service marks of the College for Financial Planning®. ©UBS 2014. All rights reserved. UBS Financial Services Inc. is a subsidiary of UBS AG. Member FINRA/SIPC.
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The article is a standard PDF, so you can read it online or print it out. The quiz is also a PDF — just print it and mail it in as usual.

Questions? Ask Sarah Bigorowski at sbigorowski@GPhA.org, or call (404) 419-8126.
### Reach Out to GPA

We’re online at [gpha.org](http://gpha.org)
Our official blog is gphabuzz at [gphabuzz.com](http://gphabuzz.com)

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<td>Our executive vice president &amp; CEO is Scott Brunner <a href="mailto:sbrunner@gpha.org">sbrunner@gpha.org</a></td>
</tr>
<tr>
<td>Sarah Bigorowski</td>
<td>Director of Continuing Education &amp; Events (404) 419-8126 <a href="mailto:sbigorowski@gpha.org">sbigorowski@gpha.org</a></td>
</tr>
<tr>
<td>For questions about our legislative lobbying, governmental affairs, or political activities</td>
<td>Andrew “Andy” Freeman Vice President of Government Affairs (404) 419-8118 <a href="mailto:afreeman@gpha.org">afreeman@gpha.org</a></td>
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<td>Tei Muhammad Membership Operations Manager (404) 419-8115 <a href="mailto:tmuhammad@gpha.org">tmuhammad@gpha.org</a></td>
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<td>For questions about any of our insurance products</td>
<td>Denis Mucha Manager of Insurance Services (404) 419-8120 <a href="mailto:dmucha@gpha.org">dmucha@gpha.org</a></td>
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<td>For assistance with independent pharmacy issues</td>
<td>Jeff Lurey, RPh Vice President of Independent Pharmacy and Director of AIP (404) 419-8103 <a href="mailto:jlurey@gpha.org">jlurey@gpha.org</a></td>
</tr>
<tr>
<td>Verouschka “V” Betancourt-Whigham Manager of AIP Member Services (404) 419-8102 <a href="mailto:vbwhigham@gpha.org">vbwhigham@gpha.org</a></td>
<td></td>
</tr>
<tr>
<td>AIP Member Service Representatives</td>
<td>Rhonda Bonner (229) 854-2797 <a href="mailto:rbonner@gpha.org">rbonner@gpha.org</a></td>
</tr>
<tr>
<td>Charles Boone (478) 955-7789 <a href="mailto:cboone@gpha.org">cboone@gpha.org</a></td>
<td></td>
</tr>
<tr>
<td>Melissa Metheny (404) 227-2219 <a href="mailto:mmetheny@gpha.org">mmetheny@gpha.org</a></td>
<td></td>
</tr>
<tr>
<td>Gene Smith (423) 667-7949 <a href="mailto:gsmith@gpha.org">gsmith@gpha.org</a></td>
<td></td>
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<td>For questions about the Board of Directors, the Executive Committee, or EVP</td>
<td>Ruth Ann McGehee Executive Assistant and Governance Manager (404) 419-8173 <a href="mailto:rmcgehee@gpha.org">rmcgehee@gpha.org</a></td>
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<td>For operational or accounting questions</td>
<td>Dan Griggs Vice President of Finance &amp; Administration (404) 419-8129 <a href="mailto:dgriggs@gpha.org">dgriggs@gpha.org</a></td>
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<td>Patricia Aguilar Accounting Coordinator <a href="mailto:paguliar@gpha.org">paguliar@gpha.org</a></td>
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<td>For customer service assistance</td>
<td>Erica Bell Administrative Assistant <a href="mailto:ebell@gpha.org">ebell@gpha.org</a></td>
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<td>Executive Committee</td>
<td>Chair of the Board: Pam Marquess</td>
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<td>President: Bobby Moody</td>
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<td>President-Elect: Tommy Whitworth</td>
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<td>First Vice President: Lance Boles</td>
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<td>Second Vice President: Liza Chapman</td>
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<td>Executive Vice President &amp; CEO: Scott Brunner, CAE</td>
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The Georgia Pharmacy Journal 27
When I was in college, all those years ago, I worked a semester for a New York state senator. I had a bunch of odd jobs, mostly involving sorting incoming mail (pro and con for particular bills) and answering the occasional phone call.

I got a great idea of what happens when you contact a legislator. And you know what? It may not be what you think.

First of all, the senator told me, he had a formula. It wasn’t written in stone, but it was a guideline that (he said) a lot of legislators used. It went like this:

Any time someone bothered to contact him, he knew there were probably a lot of other people who felt the same way.

- A phone call counted for 20 other people.
- A handwritten letter counted for 10 other people.
- An original typed or printed letter counted for 5 other people.
- A fax counted for 5 other people.
- A signed letter that was clearly part of a letter-writing campaign counted for 1 other person.

This was before e-mail, so I’ll extrapolate on my own here and suggest that an e-mail would count as 5 other people. (And if you could score an in-person meeting… well, that was gold.)

Then he would subtract for what were clearly orchestrated campaigns — identical letters, for example; today’s equivalent would be generated e-mails from those “Click here to send a message to your legislator” campaigns.

That’s not to say that orchestrated campaigns didn’t work. One thing my senator was always interested in was groups he hadn’t heard from before. If a lot of taxidermists suddenly started writing (even as part of an obvious campaign), he would take notice. Those e-mails would show him how enthusiastic — read, powerful — that group was.

I’m sure the numbers have changed over the years, but the general gist was — and is — clear. The more personal the message, the more effort that was put in, the more it counted.

We got a bunch of phone calls, of course, especially when something was even vaguely controversial. They typically went like this:

“Senator Smith’s office, this is Andrew.”

“Yeah, hey, I’m in the senator’s district and I really hate this bill about the thing.”

“All right,” I would say, “Could you give me your name and address and I’ll pass that along to Senator Smith.” This was to make sure that the caller really was a constituent. Then I would thank the caller, and that was that.

Counted for more: “Um, hi. I’m calling because I really don’t like the idea with this bill that says dogs are cuter than cats. You know, I’m a cat person, and I really don’t think it’s right.”

Counted for less: “Hello, I’m a constituent of Senator Smith’s and I’m calling to register my opposition to HB1734, the Dogs Are Cuter Than Cats Act of 2015.”

Sure, there were other considerations such as party politics (although those were less important back then). But my senator knew how his constituents felt, and it mattered. He could go into a meeting and say, “I’m getting pounded from people in my district. I can’t vote for this,” or whatever.

I’m saying two things here. First, when we ask you to contact your legislator to help support a bill, it really does make a difference and doesn’t take a lot of time. And it’s painless.

Second, you can make those contacts count for more with phone calls or personal notes. They don’t have to be formal at all; they just have to let the legislators know that you care enough to reach out. And if you mention that you’re a pharmacist, even better.

We have much more power as an association to make change happen. But we also have power as individuals working together — more than a lot of people believe. Between the two, we can make great things happen.
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Contact: Jeff Lurey, RPh; Vice President of Independent Pharmacy
GPhA Academy of Independent Pharmacy
ph: 404.419.8103 | m: 404.660.3907 | jlurey@gpha.org | 50 Lenox Pointe NE, Atlanta, GA 30324
Do the math. Make your investment in PharmPAC today. And stay tuned. We'll be calling on you soon to enlist as a grassroots contact for your Georgia Legislator.

**Make an annual or monthly investment in PharmPAC.** Contact Andy Freeman at afreeman@gpha.org to set up your investment today.

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