

WASHINGTON PHARMACY

VOLUME 61, NO. 1, 2018

Washington State House Bill 1047



The Nation's First Comprehensive Drug Take-Back Program Pages 31-33

New Pharmacy
Inspection Rules
Pages 22-23

2018's
Legislative Day
Pages 2 and 27

Northwest Pharmacy
Convention
Pages 4-7

The Washington State Pharmacy Association hosted two successful legislative days during the 2018 legislative session! Pharmacist and Technician members were joined by over 211 students from the University of Washington School of Pharmacy and Washington State University College of Pharmacy, who had 151 appointments with legislators and their staff over the two days. They visited with Senators, Representatives, Health Care committee members and bill sponsors. Special speakers for the event included Rep. Vandana Slatter, the only pharmacist legislator in Washington; Jason McGill, the Governor’s Health Care Advisor and Steve Saxe, the Executive for the Pharmacy Quality Assurance Commission. The February 19th and March 5th events were a tremendous success thanks to generous donations by QFC, Bartell Drugs, Fred Meyer, ASWSU-HS fund, 6th Avenue Pharmacy, Steve Boulanger and Howard Crabtree. Thank you!



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MISSION STATEMENT

The Washington State Pharmacy Association exists to advocate on behalf of its members to ensure pharmacy professionals are engaged and valued as essential to the healthcare team to optimize patient outcomes.

VISIT WSPA'S WEBSITE AT

www.wsparx.org

WASHINGTON PHARMACY

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Welcome to the Northwest Pharmacy Convention
May 31st through June 3rd, 2018
The Coeur d'Alene Resort
115 S 2nd St, Coeur D Alene, ID 83814

Three Days of Learning, Engagement and Great Times!

You'll have the opportunity to hear from colleagues and other pharmacy leaders on the critical issues facing our profession today, all throughout the weekend. We're confident that you will return home refreshed and equipped with new tools to enhance your practice.

Education is the very core of the Northwest Pharmacy Convention. The CE programming is designed for all pharmacy professionals who practice in varied health care settings. Participants can obtain more than 15 hours of ACPE accredited continuing education over the course of the weekend at the more than 30 scheduled events.

Let's Have a Wonderful Weekend!



Conference Objectives:

The conference will provide continuing pharmacy education for the profession of pharmacy in a structured educational activity designed or intended to support the continuing development of pharmacists, pharmacy technicians and pharmacy students to maintain and enhance their competence. The continuing education activities will promote problem-solving and critical thinking and be applicable to the practice of pharmacy. For more detailed information, please visit our website at www.wsparx.org.



The Washington State Pharmacy Association is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.



**Top
5
Reasons**

**for
Attending
NWPC**



1

Knock your socks off CE

NWPC is the premier conference for experiencing the most up-to-date pharmacy practices and topics. We promote problem-solving and critical thinking, plus professional improvement.

Regional Connectivity

2

Pharmacists from Washington, Idaho, Montana and the U.S. come by the hundreds to learn, connect and have “pharm-fresh” fun. We are the largest pharmacy conference in northwest and invite you to join us for three days of career-changing energy.

3

Majestic surroundings, lodging and food

Get spoiled by Conde Nast’s Reader’s Choice award winner for 2017! The five-star Coeur d’Alene Resort offers gorgeous rooms with views of pristine Lake Coeur D’Alene, heavenly northwest-fresh food and regal customer experiences.

A floating golf green

4

There is nothing ordinary about a round of golf at The Coeur d’Alene. Arrive in a custom mahogany lake shuttle and greeted by a personal forecaddie. The breathtaking lake views from nearly every hole eases the tension of the formidable challenge presented by the floating green.

Join us Friday, June 1st for the Northwest Pharmacy Convention Golf Classic and play for fantastic prizes!

5

Exhibitors Galore

With 65+ contributors, there’s a bounty of new products, services and vendors every year for our attendees. Our exhibit hall has a relaxed vibrancy that makes it fun for folks on both sides of the display.

Register before May 2, 2018 and save \$100!

STEP 1: REGISTRANT INFORMATION

Please complete the convention registration information below. If you are bringing a guest who will attend convention functions, complete Step 5. Legibly print your name as you would like it to appear on your name badge.

Name _____ Nickname for badge only _____

Home Address _____ City|State|Zip _____

What pharmacy association are you affiliated with? _____

Place of Employment _____

Title _____ E-mail _____

Phone _____ *Date of Birth (MMDD) _____ *NABP e-Profile ID# _____ (*Needed to process CE)

Check all that apply to you: Pharmacist Health Systems Pharmacist Technician Resident Fellow (PGY 1-3) Speaker

Board of Directors Past President Student (what school do you attend? _____)

Dietary Preference: Vegetarian Gluten Free

Do you require disability accommodations? Hearing Sight Wheelchair Other _____

I would like to be a poster judge Yes (You'll be judging 8-9 posters on Friday anytime between 10:00 AM and 6:30 PM, receiving 1.5 hours of board CE)

STEP 2: REGISTRATION OPTIONS

Please select one of the registration options below. **To become a member and get discounted pricing, contact your state association.**

A) **FULL REGISTRATION:** Includes entrance to all CE activities, exhibits, coffee service in the mornings, meals, events and open meetings. Does not include golf fees.

	Limited Offer (until 05/2)	Early Bird (05/3-05/17)	Regular (after 05/18)		Limited Offer (until 05/2)	Early Bird (05/3-05/17)	Regular (after 05/18)
Pharmacist				Technician Student Residents PGY 1&2			
Member	\$432	\$532	\$582	Member	\$271	\$371	\$421
Non Member	\$667	\$767	\$817	Non Member	\$378	\$478	\$528

B) **DAILY REGISTRATION:**

Friday: Includes entrance to all CE activities, exhibits, coffee service in the mornings, lunch, events and open meetings. Does not include golf fees.

	Limited Offer (until 05/2)	Early Bird (05/3-05/17)	Regular (after 05/18)		Limited Offer (until 05/2)	Early Bird (05/3-05/17)	Regular (after 05/18)
Pharmacist				Technician Student Residents PGY 1&2			
Member	\$273	\$373	\$423	Member	\$161	\$261	\$311
Non Member	\$476	\$576	\$626	Non Member	\$266	\$366	\$416

Saturday: Includes entrance to all CE activities, exhibits, coffee service in the mornings, lunch, alumni receptions and the Saturday evening dinner and Sat. night event.

	Limited Offer (until 05/2)	Early Bird (05/3-05/17)	Regular (after 05/18)		Limited Offer (until 05/2)	Early Bird (05/3-05/17)	Regular (after 05/18)
Pharmacist				Technician Student Residents PGY 1&2			
Member	\$273	\$373	\$423	Member	\$161	\$261	\$311
Non Member	\$476	\$576	\$626	Non Member	\$266	\$366	\$416

Sunday: Includes entrance to all CE activities and coffee service.

	Limited Offer (until 05/2)	Early Bird (05/3-05/17)	Regular (after 05/18)		Limited Offer (until 05/2)	Early Bird (05/3-05/17)	Regular (after 05/18)
Pharmacist				Technician Student Residents PGY 1&2			
Member	\$112	\$212	\$262	Member	\$56	\$156	\$206
Non Member	\$216	\$316	\$366	Non Member	\$161	\$261	\$311

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Mobile MediClaim joins WSPA as a business partner February, 2018



Pharmacists are in the hearts of our communities, servicing patients across the country and are not adequately reimbursed for their professional services. We have a solution. Mobile MediClaim is an immediate solution to the preservation and future of independent pharmacy practice. We have a commitment to help the independent pharmacist succeed in being an intricate part of the healthcare model.

Tell us about how you started?

We were founded as Mobile MediClaim in 2016 by Jean Jendusa; a former independent, multi-specialty, pharmacy owner. She is determined to share her skills, knowledge, and expertise with independent pharmacists and independent practices in local communities everywhere. She is currently working with employers and health payers to help reduce medical spend while creating proactive, preventative programs for their employees while re-integrating the pharmacist back into healthcare.

From cutting her first tooth in her parents' pharmacy in 1963, and throughout her college years, Jean lived and breathed Pharmacy. She helped the family business grow into a sophisticated, personalized, medical community pharmacy. Jendusa Pharmacy was a pharmacy that serviced all patients, with all disease states and was noted throughout the state of Wisconsin, as well as southern states. They became the first pharmacy in Wisconsin to have an outpatient computer. The Jendusa family pharmacy was always at the cutting edge of service and technology. Direct patient care was a part of their daily lives and they were at the heart of their community, as well as many others.

Why was Mobile MediClaim created?

Mobile MediClaim was created out of a personal passion to enable independent pharmacy practice and ownership to not only survive, but thrive. We provide independent pharmacists the ability to be contracted and recognized with all employers and payers. The pharmacist can now help to reduce patients' medical costs while making them healthier. The pharmacist should be recognized as a member of the healthcare team. Mobile MediClaim provides the tools which speaks the language of the physicians, employers, and payers.

How can Mobile MediClaim ensure success?

Mobile MediClaim allows the pharmacist access to a recognized network of payers for preventative services. Our platform negotiates behind the scenes for your future in employer and payer networks. It gets reimbursement for your services. Mobile MediClaim also provides you with leadership tools and professional leaders within the industry to help you succeed. While your business is thriving you become a recognized team member of the healthcare model. Mobile MediClaim makes you part of the solution to our healthcare dilemma. We will empower you to succeed; we will empower your business to succeed.

What can Mobile MediClaim do for our members?

Mobile MediClaim will assist pharmacists with a mobile tool that allows them to bill for their professional services. We allow them to create new activities and opportunities! We represent their services to payers and employers. We beef up their leadership skills. We help them help themselves and their patients. It is our mission and vision to see independent pharmacists succeed in all areas of their practice.

Celebration of Life Honors WSU Professor Emeritus R. Keith Campbell

SPOKANE, Wash.—The Campbell Family and the Washington State University College of Pharmacy have announced plans for a “Celebration of Life” to honor Professor Emeritus R. Keith Campbell on Saturday, April 21, 2018, at 2:00 p.m. in Spokane, WA. Campbell, who served as a faculty member for over 45 years at WSU, passed away on November 11, 2017, while attending the annual meeting of the Washington State Pharmacy Association in Centralia, WA. He was 76.



“There is not a corner of the CougaRx Nation and pharmacy community that Keith did not impact in some way through his teaching, mentorship, leadership, and friendship,” said College of Pharmacy Dean Gary M. Pollack. “We anticipate a large turnout on April 21 as we honor his remarkable life.”

The Celebration of Life will take place at the DoubleTree Hotel, 322 N. Spokane Falls Court, in Spokane, Washington. All are welcome to attend and RSVP’s are requested online at bit.ly/rkc-memorial, or by calling the College of Pharmacy alumni relations office at 509-368-6675.

Campbell grew up in Spokane Valley, Washington, and was a WSU graduate. He worked for a few years as a pharmacist after graduating, then went on to become a clinical professor at WSU who helped start the college's clinical pharmacy program. That program was a new concept at the time, allowing pharmacists to get "patient-orientated" training rather than product-specific training. In his 45-year tenure at the WSU College of Pharmacy, he served in a variety of roles, including program administrator, professor, director, student advisor, and several years as associate dean of student services.

Outside the classroom, Campbell was known for being one of the founding fathers of the American Association of Diabetes Educators (AADE). He also published more than 700 papers and contributed to countless books -- including one he wrote in December 2008, called Medications for the Treatment of Diabetes that became a resource for many in the field. He developed numerous unique live and self-study programs about the management of chronic diseases, such as Type 1 diabetes. His list of professional accomplishments and awards is remarkable, and illustrates the profound impact he has made, both at WSU and on the pharmacy profession as a whole.

In 2017, the college honored Campbell by presenting him with the first-ever Lifetime Achievement Award during the inaugural Crimson Gala, where it was announced that future awards would be known as the “R. Keith Campbell Lifetime Achievement Award.” Alumni and friends of the college also continue to raise funds to name the R. Keith Campbell Applied Patient Care Laboratory in the Pharmaceutical and Biomedical Sciences Building for him.

Campbell’s full obituary is available online at http://dnews.com/obituaries/obituary-riley-keith-campbell-of-pullman/article_8574ccdc-0219-5f45-b149-0b102e9f8525.html.

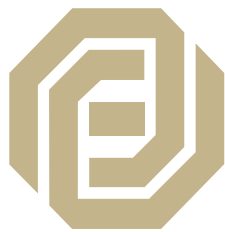
For those who would like to share stories, photos, memories, condolences, and well wishes, please feel free to post them to the Facebook page, Remembering Keith, at <https://fb.me/remeberingRKC>.



Looking for a lending solution?

We offer a full range of lending options including: acquisition, equipment financing, expansion, remodeling, business refinancing, and start-up loans. Our dedicated team specializes in lending to community pharmacies and cares about you and your business.

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A Guide to Financing a Pharmacy - from First Financial Bank

Purchasing a pharmacy can be quite a task. In this guide, you will learn the key phases of acquiring financing for a pharmacy and suggested actions for each phase. Before beginning any stages, you should build a team of experts. These may include: an Attorney, a Banker, a Broker, an Accountant, an Insurance Agent, a Pharmacy Consultant, and a General Contractor.

Phase 1: Find and Confirm the Deal and Location

This is an important step. The loan application process cannot move forward until these items are confirmed.

1. You will need to find a store to purchase, identify a need to refinance, or locate a site for a start-up. You will then be ready to negotiate a deal.
2. Likely, a letter of intent to the seller will be needed.
3. Assistance of a broker, attorney, accountant and a pharmacy consultant may be needed to help with the process.
4. Due diligence is critical to the success of your new or ongoing business.



Phase 2: Identify Financing Need

Now that you have a deal in place or under review, it is time to determine the amount of money you will need to borrow to close the deal.

1. Calculate three-year projections of the business
2. Evaluate cash flow
3. Review your business plan
4. Identify the funds you have available for an equity injection (down payment)
5. Determine your financing need

Phase 3: Identify Your Lender

Finding a lender who knows and understands the pharmacy business is very important. Having a good relationship with your lender is essential. Many pharmacy loan applicants find it difficult to qualify for a commercial loan due to the lack of tangible assets being purchased. For these transactions, a Small Business Administration (SBA) loan may be an option.

1. Determine what type of loan you qualify for: whether a “traditional” commercial loan or an SBA loan.
2. Interview loan officers of banks that specialize in pharmacy loans, to find the one that is the best fit for you and your business.
 - a. Industry and wholesaler trade shows, and the National Community Pharmacists Association’s (NCPA) annual meeting are good places to meet and converse with various lenders.
 - b. If opting for an SBA loan, when interviewing lenders, ask if the lending institution is an SBA Preferred Lending Partner (PLP). This is a designation given by the SBA to banks that have the expertise to underwrite SBA loans “in-house”.
 - c. Ask if the loan officer will be your point of contact throughout the entire process, or if you will be handed off to others in the bank during the closing process. Usually, it is much easier to communicate with one bank contact than with a host of people.
3. Determine the required equity injection.
 - a. SBA requires an equity injection of at least 10% of the total project cost.
 - b. In the case of an acquisition, the borrower may not require the 10% injection. For example, a \$1 million deal would require \$100,000 for the equity injection. In this case, the seller can carry a

(Continued on next page)

stand-by note for the difference. This is a note for which no payments are made for the term of the SBA loan, but does accrue interest.

4. Make a decision.

*All SBA loans are essentially the same. The interest rate may vary slightly, but this makes a marginal difference in the monthly payment. The important factor to consider is your relationship with your loan officer and with the bank.

Phase 4: Apply for the Loan

To apply for a loan, you will need to complete and submit various documents. Once this information is collected, the loan officer typically presents the request to the bank's loan committee for approval within 1-2 weeks. If approved, the loan officer sends out an approval letter that outlines the terms and conditions of the loan. If the borrower accepts and signs, the loan officer then sends out a checklist on items that will be needed for closing (see Phase 5). Some of these documents may include:

Acquisition or refinance

- SBA form 1919 (Application)
- SBA form 413 (Personal Financial Statement)
- Pharmacy Questionnaire
- Last three years' tax returns and most recent income statement and balance sheet for pharmacy to be acquired
- Last three years' personal tax returns
- Resume Start-up
- SBA form 1919 (Application)
- SBA form 413 (Personal Financial Statement)
- Detailed business plan with three years' monthly projections
- Last three years' personal tax returns
- Resume
- Review and sign the approval letter



Phase 5: Begin Loan Closing Process

The closing process usually takes 45 to 60 days to complete. Once all documents are completed, it goes to the bank's SBA underwriter to obtain an SBA authorization. As stated before, PLP lenders do this in-house. Their underwriters are well-versed in the details of the SBA's requirements. Below is an example of the documents and processes that are necessary to complete the package.

- SBA form 4506T – to be signed by the seller.
- Authorizes the bank to get the business entity's tax transcripts from the I.R.S., in the case of a refinance or acquisition.
- Address form for both the business and the borrower.
- Lessor Agreement - signed by the landlord
- This gives the bank permission to enter the premises to inspect and secure collateral in the event of a default.
- A copy of the executed purchase agreement and seller note - signed by all parties.
- A signed copy of the lease
- The lease term needs to have an option to renew for the term of the loan.
- Articles of Organization/Incorporation and Operating Agreement/By-Laws for borrowing entity(ies).
- EIN number
- Provided by your state.
- Signed tax returns

(Continued on next page)

- Copy of all purchasers' driver's licenses
- Income Statement and Balance Sheet for the pharmacy being acquired
- These must be signed by the seller and dated within 120 days of closing.
- Insurance for the business
- The bank is to be named as the lender/ loss payee on business and personal property coverage.
- Life Insurance
- This should be in the amount of the loan and assigned to the bank.
- The bank will order the business valuation, appraisal, and title insurance on the collateral.
- Equity Injection
- Three months of bank statements that show the cash injection has been in the account for the entire three months.
- It is important the account balance not drop below the required cash injection amount at any time.
- Franchise docs
- If operating as a franchise, you will need to provide the executed franchise agreement and SBA franchise addendum.

After these items are collected, your loan officer will send them to the underwriter for SBA loan authorization

Phase 6: Close the Loan

Once the loan has been authorized and reviewed, the closing process begins.

1. Set a time and date for the closing with escrow, attorney, or other closing agent.
2. Perform inventory inspection to determine the inventory value.
3. Provide equity injection.
4. Sign the closing documents.

Congratulations you are now an owner!

Suicide Awareness Training for Pharmacy Professionals



The new **Suicide Awareness and Referral for Pharmacy Professionals CE** is available **NOW** on the **WSPA Online Education Portal** (click on this banner). This program is a collaboration between **WSPA** and **Forefront Suicide Prevention**. It's available to all pharmacy professionals, regardless of their **WSPA** membership! This three-hour program is required for pharmacists by their **2018** renewal date.

Live classroom sessions are now posted on our events page. If you would like to host a CE session, please email **Maria Lieggi** at maria@wsparx.org.

Two Great Ways to Earn Rewards

With McKesson and Pace Alliance

Our Dedication to your continued success as an independent pharmacy means making an impact on our industry, as well as your bottom line. That is why we've strengthened our relation to deliver even great value to McKesson Distribution customers who are member of Pace Alliance.

Eligible customers now have the opportunity to earn up to 13% in an additional month rebate on net McKesson OneStop Generics® purchases, while implementing valuable business building solutions. Plus, as more Pace Alliance members become McKesson customer, the rebate percentages can get even higher.

Fewer Requirements, Bigger Rewards

The Pace Performance Rewards program now provides even greater rewards based on your purchasing commitment. Not only have we enhanced the rebates, but we've eased the requirements. So all Pace members who use McKesson as their primary wholesaler and participate in the following valuable McKesson programs have an opportunity to earn greater rewards:

- McKesson's Generics Purchasing Rewards Program
- ASAP™ and ASAP Plus™ generics auto ship programs
- Generics Connect™, a regularly scheduled call from a dedicated generics specialist
- Controlled Substance Ordering System (CSOS)

Perform at Your Peak with Health Mart®

In addition to month rebates of up to 13% (or more) on qualified OneStop purchases, Health Mart pharmacies can earn up to \$10,000 per year in technology rebates through the Pace Peak Performance Rewards program.

¹Pace Peak Performance Rewards is available exclusively to Health Mart franchisees who participate in:

- McKesson's Generics Purchasing Rewards Program
- ASAP™ and ASAP Plus™ generics auto hip programs
- Generics Connect™, a regularly scheduled call from a dedicated generics specialist
- Controlled Substance Ordering System (CSOS)
- AccessHealth®
- McKesson Reimbursement Advantage

By strengthening our partnership with McKesson, Pace Alliance can continue to focus on our advocacy efforts and deliver even greater value to our members."



Pace and McKesson: A Complete Solution for Independent Pharmacy.

Since 1985, Pace Alliance has been working on behalf of independent community pharmacies to help them decrease costs, while generating revenue to state pharmacy organizations. Today, Pace is owned by 19 state pharmacy organization and is dedicated to protecting and advancing the profession for community pharmacies nationwide.

Together, Pace and McKesson are dedicated to helping community pharmacies thrive in today's market place. As part of this continued commitment to your success, Pace members can benefit from McKesson's revenue-building solution and cost-reducing programs and services.

Curtis J. Woods, RPh
President and CEO
Pace Alliance

¹ An Enrollment agreement that includes applicable terms and conditions is available on request. ©2012 McKesson Corporation. All rights reserved. RTL OSB74-02-12



College of

Pharmacy

WASHINGTON STATE UNIVERSITY

WSU pharmacy faculty joins research scholars program

Kimberly McKeirnan, clinical assistant professor in the Department of Pharmacotherapy at WSU, has been selected for the Translational Research Scholars Program (TRSP) through the Institute of Translational Health Sciences.

The institute is a program funded through the National Institutes of Health and is administrated through the University of Washington. TRSP provides early-stage faculty investigators with targeted and structured translational science career development. The program includes research funding up to \$10,000, mentoring, peer-to-peer networking, and grant review services.



McKeirnan will be using the grant to develop ways to use smart phone technology to improve patient medication adherence.

“I have enjoyed being part of several grant-funded research projects in the past few years,” McKeirnan said. “I am looking forward to receiving guidance from mentors with translational research experience.”

This is the second scholar program McKeirnan has been awarded. In 2015, she completed the National Association of Chain Drug Stores (NACDS) Foundation Faculty Scholars program, which provided a \$2,500 research grant.

McKeirnan was offered the appointment in January 2018. Her appointment will run from March 1, 2018, through February 28, 2019. McKeirnan is from Pomeroy, Washington, and joined the faculty at WSU in 2013 after spending the previous five years working as a community pharmacist.

WSU student pharmacists place fourth in national skills competition

Shauna Leggett and Haleigh Miller are crushing it when it comes to their plans to become pharmacists. Leggett and Miller, both in the class of 2018, are Washington State University students in the Doctor of Pharmacy program. This last December, they participated in a national pharmacy clinical skills competition organized by the American Society of Health-System Pharmacists (ASHP).

ASHP is a professional organization representing the interests of pharmacists who practice in hospitals, health maintenance organizations, long-term care facilities, home care, and other types of health systems.

As part of the ASHP Midyear Clinical Meeting and Exhibition in Orlando, Florida, the skills competition provides student pharmacists the opportunity to develop and practice collaborative patient care as part of a health care team. Student pharmacists work through scenarios for hospital and health-system based pharmacists.

(Continued on next page)

“We were initially apprehensive,” Leggett said. “Neither of us had competed in prior years. When we got to the national competition and realized we had a good idea of how to approach the case, it was exciting. The curriculum at WSU and our rotation experience during fourth year prepared us very well, which reflects well on our educational experience!”

There were 135 teams from across the country who participated. The WSU duo placed fourth overall and each received an iPad as a prize for being in the top 10 finalists. “We are so proud of Shauna and Haleigh and how they represented the college at this event,” Vice-Dean Linda Garrelts MacLean said.

Shauna Leggett is from West Richland, Washington, and completed her undergraduate coursework at Whitworth University in Spokane. After graduation, she plans to apply for a pharmacy residency in order to work as a hospital pharmacist. Leggett hopes to stay in the Pacific Northwest and work in a community hospital.

Haleigh Miller is from Spokane, Washington, and completed her undergraduate coursework at WSU. In addition to pharmacy school, Miller has worked an intern at Providence Holy Family Hospital since 2015. After graduation she also plans to complete a post-graduate residency in acute care.

“I really enjoy acute care because pharmacists get to work directly with other healthcare professionals and utilize their clinical knowledge to improve patient care,” Miller said. “My favorite part of the ASHP clinical skills competition was getting to apply the knowledge that I have gained.”

Providing these types of opportunities for students to engage and gain recognition nationally is an example of how the WSU College of Pharmacy is dedicated to advancing human health through clinical education in its Doctor of Pharmacy program, and its commitment to developing outstanding health care professionals and scientists.

Faculty news

Pharmacotherapy Clinical Assistant Professor Kimberly McKeirnan received \$10,000 over one year from the Institute of Translational Health Science as part of her appointment to the Translational Research Scholars Program.

Joshua Neumiller served as an abstract reviewer for the American Diabetes Association’s 78th Scientific Sessions.

Joshua Neumiller has been named the Allen I. White Distinguished Associate Professor at the WSU College of Pharmacy. The Allen I. White endowed professorship was established in memory of Dr. Allen I. White, professor of pharmaceutical chemistry from 1940 to 1979 and dean of the college from 1960 to 1979. White believed, taught and modeled that pharmacists are not just health care professionals but leaders with responsibilities to their profession and to society. Candidates for the professorship are expected to have an established area of research in which they have demonstrated expertise and productivity. Appointment to the professorship is consistent with guidelines established by the college and Washington State University.

John White has been named the R. Keith Campbell Distinguished Professor in Diabetes Care at the WSU College of Pharmacy. The R. Keith Campbell Endowed Professorship was created by the college to honor Professor Emeritus R. Keith Campbell. Campbell was an international leader in the field of diabetes education. Among his numerous honors, he was named the Outstanding Health Care Educator in the Field of Diabetes in the U.S. by the American Diabetes Association in 1989, and the Outstanding Pharmacy Administration Professor in the U.S. by the National Association of Retail Druggist in 1990. Additionally in 1990, he was given the Distinguished Service Award by the American Association of Diabetes Educators.

Joshua Neumiller served on the American Diabetes Association (ADA) Professional Practice Committee (PPC) during 2017. The primary responsibility of the PPC is to update the ADA’s Standards of Medical Care and Diabetes each year. The 2018 Standards of Medical Care in Diabetes were published on December 8, 2017.



Tracy Skaer was appointed to the editorial board of the journal Clinical Drug Investigation published by Adis, Springer International.

Cheyenne Newsome was appointed to the editorial advisory board of the journal Diabetes Spectrum, a peer-reviewed publication from the American Diabetes Association.

Pharmacotherapy Assistant Clinical Professor Kimberly McKeirnan was selected to be part of the 2018-19 Institute of Translational Health Science (ITHS) Translational Research Scholars Program.

Pharmaceutical Sciences Associate Professor Mary F. Paine received an administrative supplement in the amount of \$151,564 over one year for the NIH U54 project, "Natural product-drug interaction research: the roadmap to best practices."

Kimberly McKeirnan, Julie Akers and Pharmacotherapy Research Resident in Medication Optimization Kyle Frazier received \$82,016 over 15 months from Cardinal Health for the project, "Cardinal in power home visit pilot project."

Pharmaceutical Sciences Assistant Professor Boyang (Jason) Wu received \$226,719 over two years from the Department of Defense under the Prostate Cancer Research Program for the project, "Targeting neuromimicry in prostate cancer metastasis."

Pharm.D. Student News

The WSU chapter of Kappa Psi, Beta Pi, won the award for best chapter report at the Kappa Psi Northwest Province Winter Assembly on February 17-18, 2018. The assembly includes eight collegiate chapters and six graduate chapters.

Mark Nguyen was selected as historian for the Kappa Psi Northwest Province.

Alice Knotts and faculty co-author Danial Baker published, "Drug evaluation – Abaloparatide (Tymlos): updated evaluation," in The FMS in August 2017.

Uzoma Mbogu with faculty co-author Danial Baker published, "Drug evaluation – Brigatinib (Alunbrig)," in The FMS in September 2017.

Eric Kim and faculty co-author Danial Baker published, "Drug evaluation – C1 esterase inhibitor subcutaneous (Human) – (Haegarda)," in The FMS in November 2017.

Kiranjot Brar and faculty co-authors Terri Levien and Danial Baker published, "Drug evaluation – Amantadine extended release capsules (Gocovri)," in The FMS in December 2017.

Jared Cavanaugh with faculty co-authors Terri Levien and Danial Baker published, "Drug evaluation – Insulin aspart (FIASP)," in The FMS in January 2018.

The Washington State Pharmacy Association Patient Advocacy team at WSU put on a toy drive over the holiday season. They were able to donate almost 200 items to the Shriners Hospital of Children.

Ph.D. Student News

Soumyadeep Sarkar, pharmaceutical sciences (Gaddameedhi lab) with faculty co-author Shobhan Gaddameedhi published, "UV-B induced erythema in human skin: the circadian clock is ticking," in the Journal of Investigative Dermatology.

(Continued on next page)

Xutong Catherine Shi, pharmaceutical sciences (Z. Wang lab) presented, "Nanoparticle targeting of neutrophils improves cancer therapy," as part of the WSU College of Pharmacy Graduate Research Seminar Series on January 19, 2017, in Spokane, Wash.

Solomon A. Agere, pharmaceutical sciences (Ahmed lab), with co-authors Eugene Y. Kim, Nahid Akhtar, and Salah-uddin Ahmed published, "Syndecans in chronic inflammatory and autoimmune diseases: pathological insights and therapeutic opportunities," in Journal of Cellular Physiology, a peer-reviewed journal in physiology and pharmacology. (J Cell Physiol. 2017 Dec 11. doi: 10.1002/jcp.26388)

Shannon Kozlovich, pharmaceutical sciences (Lazarus lab) presented, "The impact of genotype and tobacco additives on the detoxification pathway of NNAL, a potent tobacco carcinogen," for the research group of Dr. Neal Benowitz at the University of California San Francisco on January 18, 2018.

Kari Gaither, pharmaceutical sciences (Liu lab), with co-authors David X. Liu, Eugene Kim, Yidi Xu, and eight co-authors published, "SUMO2/3 modification of activating transcription factor 5 (ATF5) controls its dynamic translocation at the centrosome," in the Journal of Biological Chemistry January 11, 2018.

Shannon Kozlovich in her role as director of legislative affairs for the Associated Students of Washington State University Spokane, represented the WSU Health Sciences campus with five other Spokane-based students at the Cougar Day at the Capitol event in Olympia, Wash., on January 22, 2018. The event connected students with 103 legislators from around the state to discuss student-related issues and lobby for bills that seek to make college more affordable and accessible for students all over our state.

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PROJECT VACCINATE MAKES ITS MARK

Project VACCINATE is a collaboration of pharmacy, medical, and public health stakeholders. Their mission has been to improve adult immunization care in community pharmacies in western Washington State.

UW School of Pharmacy (UWSOP), Bartell Drugs, and QFC Pharmacy partnered with Washington State Health Care Authority and WSPA in a unique demonstration project that fostered healthcare collaboration across the care continuum to increase pharmacy-based immunizations.

The demonstration project is one of three projects nationally supported by the Centers for Disease Control and Prevention (CDC) and National Association of Chain Drug Stores (NACDS). The project examined innovative healthcare collaborations designed to increase immunization rates through pharmacies including influenza, pneumococcal, pertussis and herpes zoster vaccines.

The Project VACCINATE team worked with 70 community pharmacies to identify new ways to improve vaccination rates through: forecasting immunization rates; sharing immunization data between the state public health department and providers, including community pharmacies; training pharmacy teams to improve vaccination rates through value-based incentives, and enhancing pandemic vaccine preparedness and capacity in the region.

The team was proud to see a 14% increase in the number of influenza, pneumococcal, herpes zoster, and pertussis vaccinations provided to adults 18 years and older in just a one year time period as a direct result of Project VACCINATE.

PROJECT VACCINATE LEAD TEAM MEMBERS



Jenny Bacci
Assistant Professor of Pharmacy



Peggy Odegard
Lynn and Geraldine Brady Endowed
Professor of Pharmacy; Associate
Dean for Professional Programs

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Pictured: UWSOP donors David and Anita Bailey not only make possible the David and Anita Bailey Faculty Fellowship that supports Zach Marcum's geriatric pharmacy research...they are also long-time PAA members.



“PAA and the UWSOP are dedicated to improving pharmacy practice. I am proud to be a PAA member and support the Plein Center for Geriatric Pharmacy. I hope you will too.”

—David Bailey, '70



New Inspection Rules for Washington Pharmacies

The new pharmacy inspection process is underway, and the changes create a culture of continuous quality improvement in Washington pharmacies. For the past few years, the WSPA has shared our profession's concerns with inspection point discrepancies, inspections without a process to appeal the results, and lack of coordination between investigators. PQAC Commissioners took this and stakeholder feedback into consideration as they developed these new rules from months of stakeholder meetings and input.

Starting the beginning of March 2018, the Pharmacy Quality Assurance Commission's (PQAC) new pharmacy inspection rules, WAC 246-869-040 and 246-869-190, dictate that inspections will follow a statement of deficiency-plan of correction model, rather than the point-based classification previously used. This model is currently used by the Department of Health (DOH) during hospital and other facility inspections.

Annual Self Inspections

The responsible pharmacy manager (pharmacist in charge) or their designee is now required to complete an annual self-inspection using new worksheets created by PQAC. If a responsible pharmacy manager designates another staff member to conduct the self-inspection, the manager must still sign the completed worksheet. The self-inspection process is designed to help the manager assess compliance of the pharmacy to the laws and rules, show staff where important documents are located, and develop action plans for improvement. While completing the self-inspection a manager may identify an area where the pharmacy is non-compliant (or deficient). In this case, the manager will develop a plan of correction and then implement the plan to correct the deficiency. The action plans will help prepare the pharmacy for inspection and allow for collaborative improvements within the pharmacy. When there is a change in responsible pharmacy manager, the new manager will have 30 days to complete a self-inspection on the appropriate worksheets from starting their new role.



Responsible pharmacy managers will need to identify which worksheets apply to their setting. PQAC developed a General Pharmacy Self-Inspection worksheet that covers laws and rules applicable to all pharmacy practice settings.

Then there are addendums based on setting-specific practices including:

- Hospital and Hospital Pharmacy Associated Clinics – For Health Systems, Hospitals, or those with HPACs.
- Long-Term Care - for those pharmacies servicing long-term care facilities.
- Sterile Compounding – United States Pharmacopeia Chapter <797>– Any location conducting sterile compounding activities.
- Nuclear Pharmacy – for those pharmacies licensed as nuclear pharmacies.

(Continued on next page)

Self-inspection worksheets must be kept on file in the pharmacy, and the pharmacist investigator will ask to see it during inspection to verify it was completed. The self-inspection worksheets must be kept for two (2) years. Please do not send completed worksheets to the commission.

Pharmacy Inspections

The new style of inspection will look like previous inspections with a pharmacy investigator observing the normal daily operations of the pharmacy. Investigators will verify pharmacy compliance with statute and rules, answer any questions the pharmacy staff have, and provide technical assistance and education. The pharmacy investigator will then have an exit interview with the pharmacist on duty at the end of the inspection to discuss any deficiencies noted.

The biggest difference between the old and new process of inspection is the documentation of the pharmacy inspection and its results. Inspection reports will no longer have points assigned to deficiencies! Now when deficiencies are identified during the inspection, the pharmacist investigator will issue an Inspection Report with Noted Deficiencies, also known as a Statement of Deficiency within 14 days of the inspection. When no deficiencies are noted during a pharmacy inspection, the investigator will issue an Inspection Report stating no deficiencies were found.

When the pharmacy is issued an Inspection Report with Noted Deficiencies, the responsible pharmacy manager will complete a formal Plan of Correction within 14 days of receiving their report. The Plan of Correction must be sent to the pharmacist investigator for review. This can be done by email. PQAC has posted a Plan of Correction template on the PQAC Inspections Page. Most Plans of Correction include:

- Who is responsible for correcting the deficiency;
- What corrective action will be taken;
- When the corrective action will be completed;
- How the staff will be trained or educated about the corrective actions taken or changes made as a result of a noted deficiency;
- Evaluation methods or follow ups for ensuring compliance; and
- Measures of success.



The pharmacy investigator will reply if the Plan of Correction is appropriate or needs additional work. If the first Plan of Correction submitted is believed inadequate, the manager will have one additional attempt to submit a new Plan of Correction for review and approval. Failure of the second attempt could initiate enforcement processes by the Commission.

PQAC and DOH are committed to performance improvement. A part of that the new inspection process PQAC will revise the post-inspection survey process. A non-pharmacy related section of DOH will contact pharmacies once the Plan of Correction has been completed to survey all aspects of the new inspection process. All pharmacies are encouraged to provide this input to allow the commission to monitor and improve the process.

The PQAC Commissioners are excited for a new era of continuous quality improvement in Washington State pharmacy practice. Pharmacy practice is continually changing and evolving, and this system reflects this evolution. The new model will facilitate collaboration between PQAC, pharmacist investigators and pharmacy professionals to ensure the best patient outcomes. For more information about self-inspections, forms, FAQ and the inspection process visit PQAC's Inspections Page.

This series, Pharmacy and the Law, is presented by Pharmacists Mutual Insurance Company and your State Pharmacy Association through Pharmacy Marketing Group, Inc., a company dedicated to providing quality products and services to the pharmacy community.

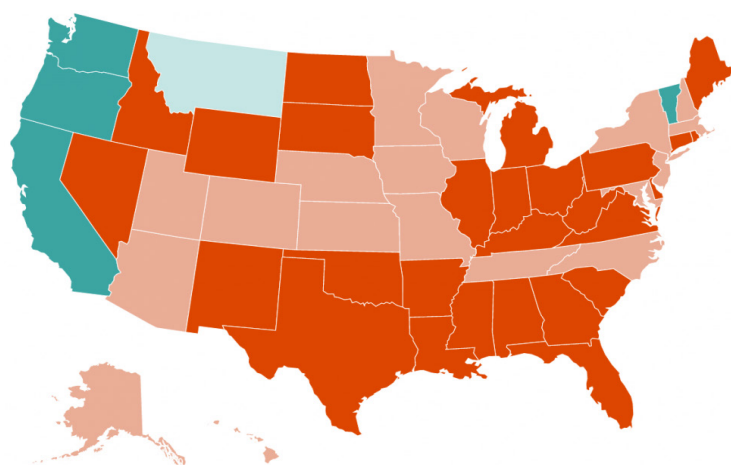
DEATH WITH DIGNITY

by Don R. McGuire Jr., R.Ph., J.D.,

Death with Dignity. Physician-assisted Suicide. Aid in Dying. Nomenclature has evolved in the twenty years since Oregon passed the first Physician-assisted Suicide legislation in the United States. There are now a total of six states plus the District of Columbia that allow the practice. Three of those six states passed their legislation during the last two years. That’s not much data on which to base a trend, but it does raise questions for pharmacists participating in the practice.

Each state is different in detail, but the high level procedures are similar. The patient must make a request for medication with which to end their life. This request may be oral and sometimes requires a second request following a mandatory waiting period. Eventually this request is documented on a state-created form and the patient’s signature is witnessed by at least one disinterested witness. Typically the patient must have been diagnosed with a terminal illness and facing death within a relatively short time, such as six months.

The attending physician then has to certify a number of items in order to be compliant with the law. These include the terminal nature of the patient’s condition, an assessment of their mental state, that there doesn’t appear to be any coercive force being exerted on the patient and that the patient has been counseled on risks, benefits and alternatives. This completed form is then forwarded to the appropriate state agency, many times the Department of Health.



Once the attending physician has certified the patient meets the criteria of the law, many times the patient is required to meet with a second, consulting physician. This physician then documents their assessment of the patient’s condition on the state form. Finally, the form must be submitted to the state, either directly and/or through the attending physician.

Either the attending or consulting physician can refer the patient for a psychiatric/psychological examination. This exam is also documented on a state form and submitted as above.

(Continued on next page)

If the patient has successfully passed these hurdles and waited for the requisite waiting periods, their physician is ready to dispense the needed medication(s) or write prescriptions for them. Now it is time for the pharmacist to get involved.

The first decision by a pharmacist may not be a legal one, but a moral one. How does the pharmacist feel personally about dispensing these medication(s)? Does it feel wrong or run counter to what their career goal has been? These questions that can be answered by anyone but the pharmacist involved. One thing to consider is that by the time the patient gets to this point in the process, it is as a result of careful consideration.

© Don R. McGuire Jr., R.Ph., J.D., is General Counsel, Senior Vice President, Risk Management & Compliance at Pharmacists Mutual Insurance Company.

This article discusses general principles of law and risk management. It is not intended as legal advice. Pharmacists should consult their own attorneys and insurance companies for specific advice. Pharmacists should be familiar with policies and procedures of their employers and insurance companies, and act accordingly.

Washington State Death with Dignity Statistics for 2016

To date, the state health department has received documentation indicating that lethal doses of medication were dispensed to 248 participants under the law in 2016. These prescriptions were written by 140 different physicians and dispensed by 47 different pharmacists.

Among the 248 participants who received medication in 2016, the department has received confirmation that 240 have died; 192 ingested the medication, 36 did not ingest, and the ingestion status is unknown for the remaining 12. Death of a participant is established through receipt of the After Death Reporting form and/or a death certificate.

This reference is from Washington State's Death with Dignity report published in September 2017. For complete findings and additional statistics contained within the report, go to: <https://www.doh.wa.gov/Portals/1/Documents/Pubs/422-109-DeathWithDignityAct2016.PDF>

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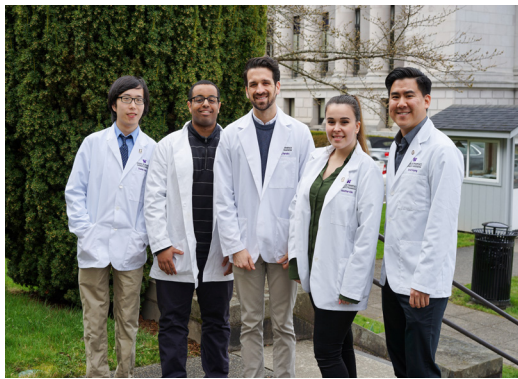
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Section A—WSPA Dues

WSPA dues may be deductible as an ordinary and necessary business expense. However, a portion of your WSPA dues (approximately 30%) is allocated for lobbying expense and is not tax deductible. Please consult a tax professional.

WSPA Voting Member (minimum one year*)

Pharmacist

\$235 annually or \$19.99/month*

New Practitioner (Residents and Fellows are FREE)

1st Year FREE

2nd Year \$115 annually \$9.58/month*

Retired Pharmacist (over 65 years old)

\$95 annually or \$7.99/month*

Pharmacy Technician

\$50 annually or \$4.99/month*

WSPA Non-Voting Member (minimum one year*)

Associate

\$235 annually or \$19.99/month*

Full-time Student (Pharmacist or Technician)

\$20 annually

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|---|---|
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| <input type="checkbox"/> Independent Pharmacy | <input type="checkbox"/> Long Term Care |
| <input type="checkbox"/> Students | <input type="checkbox"/> Technicians |

Section B—Local Chapter Dues (optional)

South Puget Sound Pharmacy Association Dues

Pharmacist \$35

Pharmacy Technician or Retired Pharmacist \$15

Pharmacy Student FREE

Southwest WA Pharmacy Association Dues

Pharmacist \$40

Pharmacy Technician \$20

Student \$20

Spokane Pharmacy Association Dues

Pharmacist \$50

Pharmacy Technician or Retired Pharmacist \$25

Pharmacy Student \$20

Section C—Voluntary Contributions

Washington State Pharmacy Foundation

\$_____ Student Scholarships \$_____ Research and Education \$_____ General Fund (select yearly/monthly)

Contributions to the non profit (5013C) Washington State Pharmacy Foundation are optional and tax deductible as a charitable contribution

Washington Pharmacy Political Action Committee \$_____ (select yearly/monthly)

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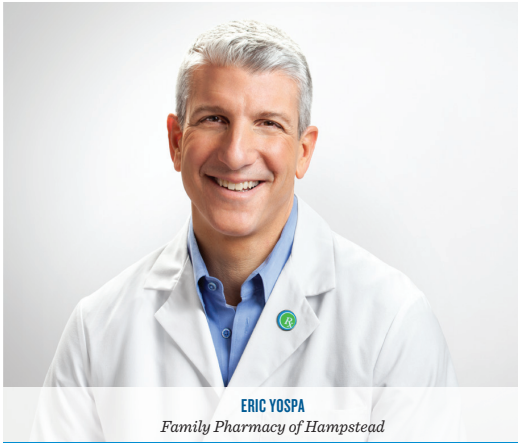
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WASHINGTON LEGISLATURE ADJOURNS ON TIME!

The Washington State Legislature wrapped up business and ended the 2018 Legislative Session on March 8 (sine die). Not since 2014 has the legislature completed its work within the allotted time, going into overtime sessions the past five years.

A record number of bills were introduced this year, but very few passed. This is normal for a short session and an election year.

This year, Democrats controlled both the House and the Senate, having majority control in both chambers likely contributing to finishing the session on time. It was a supplemental budget year, meaning tweaks to the State's two-year operating budget are made to adjust for revenue shortfalls, gains, state agencies program management and case loads.

Lawmakers passed the supplemental budget along party lines. The budget finally puts the state in full compliance with the McCleary decision (the court mandate requiring the legislature to provide adequate funding for K-12 education), includes a one-time property tax reduction for 2019, increases spending for mental health, wildfire response and the State Need Grant. The budget does not include any new taxes, a capital gains tax nor does it include the Governor's proposed carbon tax.

There were no major budget hits to the pharmacy profession. Funding for the Pharmacy Quality Assurance Commission was preserved. This is good news, since there are new pharmacy practice rule rewrites transpiring. Funding for suicide prevention and support for the Opioid Taskforce (addressing the increasing opioid epidemic) was also preserved.

During the 2018 short session, the WSPA legislative efforts focused on the nation's first, state-wide medication take back bill and the PBM practices of gag orders, claw backs and non-medically authorized medication switching. We educated legislators and patient advocacy groups to the potential harm created by PBM forced medication changes of otherwise therapeutically healthy people without medical reason. We also explained the predatory PBM claw back practices and gag/non-disclosure clauses that interfere with pharmacist-patient communication. This year significant headway was made with these bills and they will be pursued strategically in the 2019 session.

The WSPA is very proud our lawmakers passed HB 1047 – the medication take back bill. It's been a multi-year process to pass the nation's first-of-its-kind program! Funding will be provided by the pharmaceutical manufacturers and participation for pharmacies is voluntary. This is an inspiring win for the promotion of safer homes, reducing access to opioids and supporting suicide prevention.

(Continued on next page)

LEGISLATION SUPPORTED BY THE WSPA

HB 1047 - Prescription Drug Take Back bill passed the legislature and was signed by Governor Jay Inslee on March 22, 2018. The bill establishes a statewide drug take-back program for the safe and secure collection and disposal of unwanted medication. The bill requires manufacturers who sell drugs in Washington to fund and operate the program. Ensuring prescription drugs are safely stored and appropriately disposed of is vital to all Washington households. This bill is an important step toward helping avoid prescription drug overdose and to prevent possible suicides. The pharmacy community unanimously supported this bill.



Governor Inslee signs WA HB 1047 on 3/22/18.

SHB 2296 – Protecting Consumers from Excessive Drug Charges (the “gag order” bill). The bill addressed the situation where patient co-pays are often times higher than the cash price and pharmacies/pharmacists bound to Pharmacy Benefit Manager (PBM) contract clauses are unable to disclose amount differences. Through these non-disclosure clauses otherwise known as “gag orders” prohibit pharmacists from offering a lower cash price. This bill would have prohibited these non-disclosure clauses. Patients should be able to pay the lower price. This bill originally addressed claw backs but was amended in the House Health Care committee.

The bill died in the Senate Rules committee. The WSPA is hopeful there will be additional legislation in the 2019 legislature addressing this issue and other PBM disputed business practices forced upon pharmacies. The WSPA supported this bill.

SSB 6147 - Prescription Drug Insurance Continuity of Care. The influence of PBMs is far reaching and plainly unchecked by forcing patients to change their medications solely for financial gain. This bill would have prohibited PBMs from switching patient’s medications during mid-plan of a contract year. Patients would be allowed to pick a prescription drug coverage plan and count on coverage without being switched.

The House Health and Long Term Care committee significantly amended the bill to be only a notification procedure that required PBMs to notify patients when their prescription medication was going to be switched. The amended version passed the House of Representatives. However, the amended bill was unacceptable to the Senate. The Senate rejected the amendment version of the bill and sent it back to the House in hopes the House-amended version would get the bill into conference committee and allow legislators to negotiate a compromise. That did not happen, and the House refused to allow the bill to go to conference, ultimately killing SSB 6147. The WSPA supported the bill in its original form. This is the third year this bill has been introduced in the legislature, and there are a number of legislators very interested in getting this bill passed in 2019.

SHB 1541 - Addressing Prescription Drug Cost Transparency. This bill would have required drug manufacturers to submit drug pricing data to the state. Prescription drug costs continue to rise at alarming rates and cost transparency is desperately needed. Pharmacies caught in the middle, due to the increasing costs and decreasing insurance reimbursement, are having to cut staff, hours and locations thus leading to decrease in patient access and their livelihood. The Senate Ways and Means committee amended the bill and added wholesalers, PBMs and Pharmacy Services Administrator Organization (PSAOs) for an insurmountable opposition that ultimately killed the bill. Efforts to address prescription drugs cost transparency will continue next year.

(Continued on next page)

DEPARTMENT OF HEALTH AGENCY DETAIL SUPPLEMENTAL BUDGET ALLOCATIONS

- Prescription Drug Donation Program, one-time funding is provided for rulemaking to implement changes in requirements. \$13K.
- Investigational Medical Products, one-time funding is provided for rulemaking to permit the use of investigational medical products for patients suffering from a serious or immediately life-threatening disease. \$10K
- Long Term Care Workers/Hearing Loss Training, one-time funding is provided to update the certification exam for long-term care workers to include an assessment of the worker's ability to recognize hearing loss. \$61K
- Diabetes Planning/Reporting, funding is provided develop a plan to reduce the incidence of diabetes, including the identification of goals and benchmarks, and to prepare a biennial report to the Legislature. \$41K
- Opioid Response: Data Tracking, funding is provided to (1) establish a statewide electronic emergency medical services data system for licensed ambulances and aid services to report and furnish patient encounter data, (2) distribute healthcare supplies through hub and spoke community based public health programs, and (2) perform knowledge-based identify verification for the prescription monitoring program. \$996K
- Behavioral Health Integration, funding is provided to assist in the transfer from the Department of Social and Health Services to the Department of Health (DOH) the responsibilities for licensing and certification of behavioral health providers. The transfer requires the DOH to integrate the behavioral health certification and licensing programs with other professional management systems and processes, update information technology systems, rules and procedures, and to relocate existing staff. \$360K
- Community Health Workers, funding is provided for the Department of Health to implement training and education recommendations described in the 2016 report of the Community Health Worker Task Force. \$150K
- Health Professions Licensing, one-time expenditure authority from the Health Professions Account is provided to fill staff vacancies within the Department of Health (DOH). Performance measures, such as the time needed to credential new health providers and the time needed to respond when health providers contact DOH, are expected to improve after the positions have been filled. \$2 million
- Continue Online License Effort, one-time expenditure authority is provided in FY 2018 to continue the Online Licensing and Information Collection project. \$468K



SEVERAL LEGISLATORS SAY, “GOOD BYE” TO THE LEGISLATURE

2018 was the final session for many Legislators. A number of them announced their retirement during the last few weeks of session. Others are expected to follow suit, deciding to run (or not) for 2019. The deadline for candidates to file for office is early May.

To date, those that have announced their departures include:

House Republican Dan Kristiansen (Snohomish), Republican Minority Leader

House Democrat Judy Clibborn (Mercer Island), Chair-Transportation Committee

Senate Republican Michael Baumgartner (Spokane), Ranking Lead Republican - Commerce and Labor Committee

House Republican Jay Rodne (Fall City), Ranking Lead Republican –Judiciary Committee

House Democrat Ruth Kagi (Lake Forest Park), Chair-Human Services Committee

House Republican Terry Nealey (Dayton), Ranking Lead Republican –Finance Committee

House Republican Melanie Stambaugh (Puyallup)

House Republican Larry Haler (Richland)

House Republican Liz Pike (Camas)

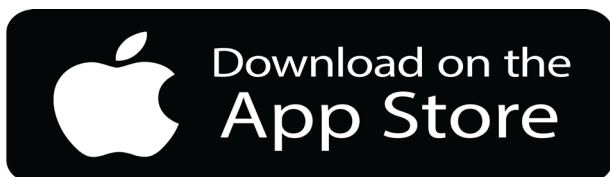


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January 8, 2018 starts the general session for the Washington State Legislature in Olympia and the Washington State Pharmacy PAC would like to ask your support—we're going to be doing some really great work in the coming new year. Thank you in advance for your generous contribution!

The purposes of WA Pharmacy PAC are:

- ✓ To promote education and participation in the political process among WSPA members.
- ✓ To solicit and accept voluntary contributions, and make expenditures and contributions in connection with the election of candidates to public office and/or political issues in accordance with all applicable federal and state laws.
- ✓ To recommend support or opposition of candidates, without regard to party affiliation, to the Board of Directors for final approval.
- ✓ To recommend support or opposition to political issues which impact the pharmacy profession to the Board of Director for final approval.

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Paid for by the WA Pharmacy PAC located at 411 Williams Avenue South, Renton, WA 98057.

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Deadlines

Winter - First week of December

Spring - First week of March

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Fall - First week of September

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Ad Size	Dimensions (w x h)	4X Color (per issue)	1X Color	4X Black/White	1X Black/White
Full Page	7.5 x 10	\$500	\$625	\$460	\$575
1/2 Page	7.5 x 5 or 3.75 x 10	\$425	\$500	\$390	\$460
1/3 Page	2.25 x 10	\$350	\$450	\$330	\$420
1/4 Page	3.75 x 5	\$315	\$370	\$300	\$315
1/6 Page	2.25 x 5	\$250	\$300	\$240	\$290
1/12 Page	2.25 x 2.5	\$110	\$125	\$100	\$120

In its 52nd year of publication, **Washington Pharmacy** is one of the most acclaimed state pharmacy journals in the nation. Its publisher, the Washington State Pharmacy Association, represents nearly 2,000 members and has a broad readership including pharmacists in independent, chain, hospital, long-term care, managed care, and home healthcare settings. Our readers also include educators, pharmacy students, pharmacy technicians, pharmaceutical representatives, and allied health professionals.

Washington Pharmacy seeks to promote the art and science of pharmacy while encouraging and improving the role of the pharmacist in the healthcare team. **Washington Pharmacy** covers a wide variety of topics including clinical, management, professional and personal development in pharmacy. This four-time award-winning journal features articles written by practitioners, educators, and experts in the field of pharmacy. Readers receive information on innovations in pharmacy practice, new products, trends in health care, specific disease states, clinical breakthroughs, third party considerations, and state and national health legislation. **Washington Pharmacy's** correspondence courses give pharmacists a chance to earn continuing education credit and stay up-to-date on important medication information.

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Members of the Washington State Pharmacy Association receive **Washington Pharmacy** as part of their dues. Non-members can subscribe for \$24 per year or the journal is available for \$6 per copy. ISSN # 07457413

This campaign consists of a large horizontal format banner at the top and bottom of the homepage and towards the footer of all interior pages. This is run of site on www.wsparx.org. Availability is limited -- only 10 offered per year. Space **1100p x 100p**

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UPCOMING EVENTS

Sunday, April 8, 2018

2018 New Drugs New Laws – Seattle
Time: 8:00 AM - 5:15 PM

Monday, April 9, 2018

Suicide Awareness and Referral for Pharmacy
Professionals – Spokane
Time: 1-4 PM

Tuesday, April 17, 2018

Vaccinating Adults and Adolescents: An Immunization
Program for Pharmacists
Location: Renton, WA Time: 1-4:30 PM

Thursday, April 19, 2018

Webinar: Pharmacists in Whole Person Care
Time: 12-1 PM

Sunday, April 22, 2018

2018 New Drugs New Laws – Spokane
Time: 8:00 AM - 5:15 PM

Saturday, April 28, 2018

National Rx Drug Take Back Day

Monday, April 30 and May 5, 2018

Save the Date - Seattle Area Residency Presentations

Saturday, May 5, 2018

Suicide Awareness and Referral for Pharmacy
Professionals- Renton
Time: 9-12 PM

Friday, May 11, 2018

WSPA Health System Pharmacy Leadership Roundtable
Location: Wenatchee, WA Time: 8:30 AM -5 PM

Friday, May 18, 2018

Ambulatory Academy Meeting
Location: Renton, WA Time: 8:30 AM - 4:00 PM

Thursday, May 31 to June 3, 2018

2018 Northwest Pharmacy Convention
Location: Coeur d'Alene. ID

Wednesday, July 25, 2018

Vaccinating Adults and Adolescents: An Immunization
Program for Pharmacists
Location: Vancouver, WA Time: 1:30-5:00 PM

Thursday, September 20 and 21, 2018

Basics for Evaluating Medical Research Studies:
A Simplified Approach
Location: Portland, Oregon Time: 8 AM -4 PM

Friday, November 9 and 10, 2018

2018 WSPA Annual Meeting
Location: Stevenson, Washington



Reminder!
Limited Time
Registration and Hotel
Reservation Deadline
is May 2, 2018.