

## AACP and Our Sister Professional Societies During a Year of Health Care Reform Implementation

Leslie Z. Benet

*School of Pharmacy, University of California, San Francisco CA 94143-0446*

One of the responsibilities of the AACP President is to represent our Association at the meetings of our sister professional organizations. As I write this, my last presidential message, I have just returned from the National Association of Boards of Pharmacy (NABP) Meeting, in Portland, in mid-May. I was privileged to represent the Association at six professional and/or trade meetings during my presidency. Although this task is time consuming, I felt that the effort was worthwhile, both for my own education as well as for the benefit of our Association. Attendance at these meetings and the changes which I observed were particularly illuminating during this year in which our federal government is attempting to implement health care reform. I was publicly, verbally scoured during the October 1993 NARD meeting for the predictions which I made concerning the increasing role of technicians and mail-order operations in the drug distribution system, together with my prediction of the future demise of State Board Regulations requiring the physical presence of a pharmacist supervising a technician. I have always believed that one of academia's roles is to verbalize our view of the future, even when that view may be unpopular. The deans who took the heat from their alumni because of my "unsupportive" predictions, may not concur with my view of academia's responsibilities.

I next attended the National Drug Trade Conference (NDTC) in Puerto Rico, in early January, 1994. AACP had not participated in these meetings over a number of years for reasons of cost and the lack of a substantive program which would benefit our Association. I found this meeting, which was attended by the chief elected and executive officers of AACP, APhA, ASHP, the Cosmetic Toiletry and Fragrance Association, NABP, NACDS, NARD, National Wholesale Druggist's Association, Nonprescription Drug Manufacturers Association and the PMA to be a very worthwhile experience. The meeting was very informative, particularly with respect to developments in health care reform, and I personally had considerable interactions and dialogue exchange with Representative Charles Rangel, who is serving his 12th term in Congress for the 15th District of New York. Health care reform seemed to generate a new cooperative spirit between the associations participating in the meeting. I believe that it is important that AACP continues to be represented at this meeting for our own edification as well as for the unique perspective which we bring to the meeting. The NDTC meeting also serves as an opportunity to interact with

members of a number of trade associations whose concerns and aspirations we do not usually hear.

I next served as one of the Association's two delegates to the APhA House in Seattle, this past March. Pharmaceutical care held center stage at this meeting, while APhA struggled to obtain a consensus from its members that their Coordinated Care Network with PAID Prescriptions, Inc. (Medco), was the appropriate path to follow. The NACDS Meeting in Palm Beach, Florida, in late April, contrasted sharply with the other association meetings I attended. The NACDS leadership had ridden on Air Force 1 with the President and there appeared to be few worries about the impact of health care reform in Palm Beach. The mood contrasted sharply with the PMA Meeting in Washington, one week later. While the Chain Drug Stores and their cost-saving measures seem to be riding a tide of popularity, the pharmaceutical manufacturers have been under severe attack. During the course of the PMA meeting, they reformulated and renamed themselves the Pharmaceutical Research and Manufacturers of America. Although the name is grammatically incorrect (deletion of the "and" would help) the acronym PhRMA was most acceptable. I was pleased to note that pharmaceutical care was mentioned as part of the officers' addresses at both the NACDS and PhRMA meetings.

Finally, I completed my meeting attendance round with the NAPB. I was invited to address the members on the topic "Pharmacy Education in art Era of Health Care Reform." Although I made many of the same predictions and comments in my NABP talk as I presented in my incoming Presidential Speech in San Diego, I was pleased to note that my comments were no longer considered out of step with the times. One of the NABP executives, during his talk, indicated that from his perspective the technician issue was no longer even an issue. The changes appeared to be accepted by some as *fait accompli*.

During the past year, there has been a dramatic change in pharmacy practice and thought. Pharmaceutical care seems to be everyone's watchword, and surprisingly, the definitions are not that far from our own, although implementation will be the true test. Whether health care reform was viewed in a positive or a negative light by the members of the various associations which I visited, all were convinced that a plus for pharmacy would emerge from the final health care bill. All of the associations believe that there will be a prescription drug benefit in the final bill which passes

the Congress and is signed by the President, later this year. My personal reading of the situation as of mid-May, and as I indicated in my NABP talk, is that although each of the many health care reform plans before Congress at the present time contain a prescription drug benefit, the chances of such an entitlement being included in the final package are only 70-30 or 60-40. Ultimately, I believe that when the bill is finally passed, there is a strong chance that the inherent cost of a prescription drug benefit will cause this entitlement to be eliminated in the final bill, which will still be signed by the President. Hopefully, I will be wrong. However, no

matter whether a prescription drug benefit is or is not present in the health care reform package, the influence of pharmacy, and the importance of pharmaceutical care, cannot help but change the image of the pharmacist from the dispenser of a product to the provider of a cognitive pharmaceutical benefit. Health care reform will bring many changes to pharmacy education, as I intend to outline in my presidential address in Albuquerque in mid-July, 1994. Yet, the influence of the Academy on the future of our profession has never been stronger.