



508 North Third Street . Harrisburg, PA 17101-1199
phone: 717-234-6151 fax: 717-236-1618 website: www.PApharmacists.com

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For more information, contact:
Pat Epple
pepple@papharmacists.com

Pharmacists Laud the Passage of Collaborative Practice Legislation

Harrisburg, PA --The Pennsylvania Pharmacists Association (PPA) applauds the enactment of Act 29 of 2010, the passage of HB 1041, as introduced by Representative Deberah Kula (D-52). The Act expands the scope of practice for pharmacists in the Commonwealth, allowing pharmacists to participate in collaborative practice agreements for the management of drug therapy.

Since 2002, collaborative practice agreements between physicians and pharmacists were permitted between those individuals practicing within an institution but restricted outside of that setting, limiting some ability for best practices in care in Pennsylvania. This act expands it to community-based practice.

According to Sherri Lee, RPh., President of PPA; “This bill has been a long time coming and we are grateful to Representative Kula, who along with Governor Ed Rendell and the Office of Health Care Reform took the initiative from the Prescription for Pennsylvania to push for legislation allowing all health care practitioners to practice to the fullest extent of their abilities expanding access, improving quality, and containing costs. Our association is anxious to embrace the opportunities presented in this bill and demonstrate the impact we can have on patient care!”

Many other states already permit what is referred to as Collaborative Drug Therapy Management (CDTM). There are numerous studies, pilots, and programs which have proven its success in reducing hospitalizations, complications, and emergency room visits, all costly events in the

provision of health care. Unfortunately, payers, both in the government and private sector, are slow to change their thinking and embrace this perspective. “I think we have clearly shown where an ounce of prevention is better than a pound of cure,” states PPA Executive Director Pat Epple. “Paying pharmacists to provide specific consultation relative to a chronic condition such as diabetes, to work with patients on medication adherence, or even to review options for patients on multiple medications just plain makes sense. Who better to know and understand the affects of medication than the medication expert – your pharmacist?”

With CDTM, a physician enters into an agreement with a pharmacist to manage the drug therapy of one or more patients. The agreement spells out the terms of the agreement and the expectations. It also states how and when dosage and medications may be altered and what notice and reporting mechanisms are to be provided to the physician. Such an agreement permits the pharmacist to do what he or she does best, manage drug therapy, while teaming with the physician for overall management and coordination of care.

Act 29 also allows a physician practice to now actually employ a pharmacist on staff, if so desired. This is a significant advantage particularly for some practices, such as oncology, where the potential for immediate medication expertise is critical and extremely cost-beneficial.

Today’s pharmacists graduate with a Doctor of Pharmacy degree after six-years of schooling including an intense study of chemistry, pharmacology, pharmacokinetics, toxicology, and pharmacotherapy. The curriculum features a heavy concentration of clinical evaluation and ways pharmacists can work as part of the healthcare team.

The Pennsylvania Pharmacists Association is a statewide professional association for pharmacists in all practice settings. Its mission, as the leading voice of pharmacy in Pennsylvania, is to promote the profession through advocacy, education, and communication enhancing patient care and public health.

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