



The Pharmacist Activist

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“Those who hope in the Lord will renew their strength. They will soar on wings like eagles, they will run and not grow weary, they will walk and not be faint.” Isaiah 40:31

A SUPREME VICTORY!

On October 6 the Supreme Court of the United States (SCOTUS) heard oral arguments in the case designated *Rutledge v. Pharmaceutical Care Management Association* (for background, please see my editorial, “Pharmacy at the Supreme Court,” in the October 1, 2020 issue of *The Pharmacist Activist*; www.pharmacistactivist.com). Following oral arguments, it often takes many months for SCOTUS to review a case, reach decisions, and announce its rulings. However, in just a little more than 2 months on December 10, SCOTUS announced its ruling.

In a landmark victory for the profession of pharmacy, SCOTUS restored/upheld the Arkansas law that would regulate certain provisions of prescription plans administered by pharmacy benefit managers (PBMs). The PBMs/PCMA challenged the Arkansas law every step of the way over a period of 5 years until the case was heard by SCOTUS. Not only did SCOTUS review and announce its decision quickly, but its ruling was made with a unanimous vote of 8-0 (Judge Barrett did not cast a vote because she had not yet been appointed to the Court at the time the oral arguments in the case were heard). The SCOTUS ruling provides an emphatic rejection of the challenges of the PBMs.

This victory for our profession and consumers is a tribute to the validity, quality, and persuasiveness of the arguments in support of the Arkansas law. However, it would not have occurred were it not for the capable, determined, extensive, and costly efforts of the Arkansas Pharmacists Association (APA; Mark Riley, Scott Pace, John Vinson, and colleagues), Arkansas Attorney General Leslie Rutledge, and the National Community Pharmacists Association (NCPA; Doug Hoey and colleagues). Additional support was subsequently provided by the American Pharmacists Association, the National Alliance of State Pharmacy Associations, almost all of the state pharmacy associations, and the attorney generals of most states.

The SCOTUS ruling in support of the Arkansas law provides a strong foundation from which the unfair and inequitable provisions of PBM prescription plans can be challenged in all states. However, the PBMs still have substantial wealth and influence, and their greed, deception, and fraud must not be underestimated.

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A New National Pharmacy Association (URPhA) and a Bold Statement from the First One (APhA)

As regular readers of *The Pharmacist Activist* are aware, I am a persistent advocate for a strong and unified national organizational structure for pharmacy that would best represent the interests of our profession and the patients we serve. The best way to accomplish this is through the merging, acquisition, and/or consolidation of the several dozen existing national pharmacy associations. However, the leaders of these associations, as accomplished and dedicated as they are, have shown no or little interest in doing this.

With this context, many will be surprised that I encourage your review of the plans and programs of the newest national pharmacy association, the United Pharmacists Association (URPhA), at www.unitedpharmacistsassociation.org. Approximately two weeks ago I received an email message from Ohio Pharmacist Cristina Manos who, with several colleagues, have started URPhA. We have subsequently exchanged additional email messages and had a lengthy phone conversation. The following are among the reasons for which I am enthusiastic about Cristina's ideas and the URPhA.

- I am impressed with Cristina's abilities, and her commitment and passion for the advancement of our profession of pharmacy. Her concerns and ideas resonate closely with those I have voiced in *The Pharmacist Activist*
- Primary functions of URPhA include promoting more communication/networking among pharmacists, and conducting polls/surveys to request opinions and ideas of a large number of pharmacists in a manner that will provide a stronger collective "voice" for pharmacists regarding important issues.
- I have been highly selective in supporting the establishment of new national pharmacy associations

for the purpose of addressing what I consider to be unmet needs. I have proposed an association for the Chain Pharmacists of America (CPOA; May and June, 2018 issues of *The Pharmacist Activist*) and an association that would unite the many current national pharmacy associations - the United Pharmacists of America (UPA; January, 2016 issue). Most leaders of the existing national associations have not supported these recommendations, and the establishment and growth of URPhA may provide the best opportunity to address these concepts and recommendations.

As you make decisions regarding the association you will support through your membership and participation, I encourage you to consider URPhA.

American Pharmacists Association (APhA)

Founded in 1852, the APhA was the first national pharmacy association in the U.S. and continues as the largest. Pharmacist Scott Knoer is the recently appointed executive vice president and CEO of APhA. His column in the November 2020 issue of APhA's publication *Pharmacy Today* includes the following statement:

"As we like to say, we're in the business of calling balls and strikes – when someone does something good, we praise them. When they don't we call them on it. And we will."

I am very impressed with this statement and have characterized it as "the boldest statement I have heard from APhA leadership in a long time." I look forward to the implementation of this commitment!

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The New Year Should Begin with Apologies as well as Resolutions

The unexpected and sudden arrival of the COVID-19 pandemic, coupled with the limited science and essentially no evidence regarding it, have resulted in an avalanche of information, opinions, and predictions. Much of this information is well-informed to the extent that is possible, but there is also much that is distorted, misrepresented, or politicized. The pandemic is a vast public health tragedy by itself, without the further sickening politicization. In the absence of evidence, there has been a general failure to integrate and apply science, expertise, and reason in a balanced and constructive manner. It is reasonable to suggest that *everyone* who has provided information/opinions about the COVID-19 pandemic has been wrong/inaccurate in one or more of their statements. Have you heard any apologies, or even regret, for these errors?

Many apologies are due, and I will start with my own. Many months ago when President Trump and some pharmaceutical scientists/companies stated that COVID-19 vaccines could be developed and available before the end of 2020, I did not believe that was possible. I was wrong! And I apologize for my error to the President and the scientists who enabled and developed the vaccines. There are many others who should be apologizing including the following:

- The Chinese Communist Party that has provided multiple explanations for the origin of COVID-19, *except* the most probable one. The most credible explanation is that the virus originated in the sophisticated laboratory in Wuhan from which it escaped.
- The scientists, clinicians, and other “experts” who have permitted politics to supercede science and reason, and who have attempted to silence and discredit others with similar credentials but with opinions with which they disagree. “Follow the science” is good advice but some scientists do not do that themselves and should be exposed.
- The elected officials and their colleagues who have made ill-advised and tragic decisions (e.g., requiring nursing homes to admit COVID-19-infected patients) and have imposed excessive lock-downs/restrictions (e.g., on schools, small businesses, sporting events) that have reduced the quality of education, increased unemployment and bankruptcies, created an atmosphere of fear and resentment, and damaged the physical and mental health of millions.
- Much of the media, who can not be expected to know the difference between viruses and bacteria, have suddenly become authorities on matters they know little about and selectively provide information based on their politics or choice of “experts” whose opinions they authoritatively repeat. Particularly inexcusable are the decisions made by highly-regarded medical journals such as *The New England Journal of Medicine* and *The Lancet* that hastily published “research” and opinion that fit a favored political narrative, only to have to subsequently retract them because of errors and fraud. The credibility of these publications has been damaged.
- Elected officials and the media that ridiculed the possibility of COVID-19 vaccines being available before the end of 2020 who, without regret or apology for their mistakes, are now obsessed with

their criticisms that the number of individuals who have been immunized is less than the stated goal.

- President Trump (notwithstanding the fact that “the buck stops with him”) for some erroneous comments and a “style” that has alienated many and contributed to the politicization of ideas and opinions that are of value.
- Dr. Fauci for his errors (e.g., that COVID-19 was not likely to be a problem in the U.S., wearing masks is not necessary). Particularly disingenuous are his comments to adjust the percentage estimate of the population needed to provide herd immunity for which his previous and revised statistics are primarily based on what he thinks the public can handle and is in a position to hear, rather than on evidence.
- Those who “cherry-pick,” misunderstand, and/or misrepresent data and statistics for the purpose of promoting the information/message they want others to hear.
- The technology and social media companies that suppress freedom of speech and prevent the communication of information that does not align with what they choose to have the public receive.
- The colleges of pharmacy and other health professional schools that have closed down and/or are providing much of their instruction and experiences virtually in less effective and weakened programs. Upon graduation, these health professionals are expected to promptly join the front lines in healthcare settings in which there is high risk of COVID-19 and other disorders. Many will not be adequately prepared. These colleges are more interested in reducing their institutional risk of possible negative publicity from positive COVID-19 tests, etc. than they are in protecting their students for whom there is very low risk and providing them with the best possible education.
- The corporations like CVS that are driven by greed and profit but want us to believe they have a commitment to the health of their customers and communities. CVS has obtained a huge contract from the federal government to provide immunizations but does not currently have the level of staffing or a system/structure to fulfill its basic responsibilities, let alone new ones. Management states that it is hiring tens of thousands of new employees, only a small fraction of which are likely to be pharmacists, for temporary, part-time, and low-salaried positions without benefits. It also is strongly promoting the extensive use of personnel with less training and lower salaries than its pharmacists receive to assume greater responsibilities in immunization programs.
- Those who deny the value of vaccines. COVID-19 vaccines will not be effective in everyone, some patients will experience localized discomfort, and a few will experience serious adverse events. However, the value of the vaccines for individuals and society will far exceed their limitations.

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