

The Journal of the Georgia Pharmacy Association 

# Georgia Pharmacy<sup>®</sup>

June/July 2022



# ADVOCACY

**INSIDE: INTERVIEWS WITH U.S. REPRESENTATIVE BUDDY CARTER  
AND GEORGIA STATE REPRESENTATIVE SHARON COOPER  
LEGISLATIVE UPDATE | DAY AT THE DOME**

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## Georgia Pharmacy The Journal of the Georgia Pharmacy Association

**Georgia Pharmacy**  
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Georgia Pharmacy  
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Bob Coleman

**President/Board Chair**  
Mahlon Davidson

**President Elect**  
Jonathan Sinyard

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From the CEO

# Advocacy: GPhA's Core Pillar



**BOB COLEMAN**

Welcome to our advocacy issue. If you've heard me talk about GPhA's four pillars then you know that advocacy is GPhA's core pillar and our central reason for being. We often talk about the bills we've been successful in getting passed, but we rarely talk about the

other side of advocacy; that is, the bills that we help to alter or even help to kill if they are not in our members' best interest. And please believe me when I tell you the number of bills we work on to change language or kill would boggle your mind.

By the time you read this, the 2022 Georgia General Assembly will be over, and we'll be either celebrating our wins or conceding our losses. As I write this PreScript, there were only two days left in the session. It was a wild ride to say the very least. As usual, GPhA lobbyists faced an army of PBM lobbyists and spin doctors! Hopefully, you will have attended one of the 12 Region presentations or read the weekly posts in the GPhA website to learn the results of our efforts

GPhA's advocacy efforts are not just at the State Capitol either. GPhA attends Board of Pharmacy meetings, and we can be found walking from building to building in D.C. as well. Simply put, our advocacy efforts never stop.

But, advocacy can also be very frustrating. GPhA realizes that the wheels of government often work at a much slower pace than pharmacists are used to. Just getting a law or regulation passed doesn't translate to an instant solution or eliminate the problem in many instances. Our foes are smart and seemingly have unlimited resources. They continue to fight and exert their influence even after legislation or regulations are passed. Government regulators have limited resources and priorities, so moving from getting legislation passed to enforcement has proven to be challenging. At times it seems forward progress has stalled, but I can assure you that is not the case.

**Advocacy is an activity by an individual or group which aims to influence decisions within political, economic, and social systems and institutions.**

Another problem with advocacy is, like insurance, you often don't know what's in the policy, until you need it. And when you need it, you need it now! So, issues like steering, fair reimbursements, DIR fees, etc., continue to plague the profession even though there have been some big wins, such as *Rutledge vs. PCMA*. These cases are opening the doors for states to challenge the ERISA defense, long used by the PBM to crush regulation at the state level.

I am extremely hopeful that the Federal Trade Commission (FTC) will vote to rehear arguments to investigate the practices of the Pharmacy Benefit Managers. And, as I write this, Buddy Carter (see article in this issue) along with Ron Kind (D-WI), David B. McKinley (R-WV), and Nanette Diaz Barragán (D-CA) introduced the bipartisan **Equitable Community Access to Pharmacist Services Act**.

And while it takes time to see the impact of our efforts, our thanks go to all the legislators and regulators such as Representative Cooper (see article in this issue), that continue to push pharmacy issues to the forefront of legislation. And thank you to all of you who respond every time we ask you to reach out to your elected and appointed officials to let them know your feelings on important issues. Your phone calls, emails, and texts make a difference. 📞

*Bob Coleman is Chief Executive Officer of the Georgia Pharmacy Association.*

# WELCOME NEW MEMBERS

By Mary Ritchie, GPhA Director of Membership

## Academy of Clinical and Health-System Pharmacists

Abidemi Adamson, Hiram  
Anthony Adejo, Dacula  
Heather Aills, Woodstock  
Sharie Artis, Atlanta  
Peter Beckford, Smyrna  
Judy Braich, Kennesaw  
Shelia Brooks, Marietta  
Anastacia Chetty, Kennesaw  
Kang Hoon Cho, Savannah  
Yong Deuk Choi, Kennesaw  
Yeachan Chun, Buford  
Jarvett Cox, Marietta  
Timothy Coyle, Alpharetta  
My Hanh Duong, Johns Creek  
Heather Earnest, Rome  
Kendra Ford, Marietta  
Elena Galagan, Marietta  
Anthony D. Gary, McDonough  
Reem Ghandour, Mableton  
Michael Griffith, Cataula  
Monica Guirguis, Scottdale  
Mervat Halim, Roswell  
Vanessa Hoeksema, Ball Ground  
Brianna Holmes, Roseville  
Yi Huang, Tucker  
Courtney Ijeoma, Acworth  
Carly Jacoby, Auburn  
David Kim, Rowell  
Lynny Lee, Kennesaw  
Kenneth Leonard, Alpharetta  
Arrington Mason-Callaway, Atlanta  
Ann McConnell, Marietta  
Samuel Menasie, Lawrenceville  
Faisal Minhaj, Atlanta  
Thanh Nga Nguyen, Stockbridge  
Christine O'Pry, Acworth  
Omoyele Oluwa, Alpharetta  
Lucrecia Onyimah, Acworth  
Hoang Anh Phan, Atlanta  
Allison Presnell, Savannah  
Connor Rakestraw, Hiram  
Shama Roy, Lilburn  
Kudirat Salam, Austell  
Behnaz Samimi Darzikolaie, Marietta  
Whitney Simmons, Atlanta  
Serena Ta, Woodstock  
Meagan Taylor, Marietta  
Susan Thomas, Marietta

Prachi Vadodaria, Woodstock  
Fenan Woldai, Stone Mountain  
Michael Yi, Duluth  
Heather Young, Lilburn

## Academy of Employee Pharmacists

Dursitu Ahmed, Lithonia  
Kiah Baker, Bossier City, LA  
Brandon Brooks, Marietta  
Zach Childs, Hull  
Laura Couey, Forsyth  
Gregory Drewry, Evans  
Nabil Elkareh, Suwanee  
Charity Graham, Snellville  
Melissa Groover, Savannah  
Carl Heindel, Statesboro  
Kara Hicks, Rome  
Andraya Johnson, Marietta  
Joshua Leggette, Doraville  
Shirin Madzhidova, Sugar Hill  
Sarah Pruitt, Morganton  
Haley Thomas, Cleveland  
Kaylee Vaggalis, Valdosta  
Nancy Watts, Hixson, TN  
Heather Yarbrough, Kathleen

## Academy of Independent Pharmacists

Jan Scott, Nicholls  
Trey Stephens, Saint Simons Island  
Stephanie Tankersley, Appling  
Dayna Timmer, Ball Ground

## APT-Academy of Pharmacy Technicians

Sabrina Alvarez, Carrollton  
Reagan Arsenault, Hiram  
Christy Barkley, Dallas  
Arlesia Bean, Marietta  
Latoya Benison, Atlanta  
Savana Benoit, Augusta  
Destinee Benton, Acworth  
Donecia Brown, Sandy Springs  
Niteria Brown, Griffin  
Chelsea Bruce, Stone Mountain  
Jason Chavis, Atlanta  
Laurein Childs, Hiram  
Bridget Clower, Villa Rica  
Adreama Cook, Griffin

Kimberly Cook, Villa Rica  
John Cravey, Mansfield  
Brian Dalton, Jefferson  
Ashlee Desmet, Mabelton  
Kenyetta Drake, McDonough  
Shelly Drake, McDonough  
Brittany Elrod, Dallas  
Eunice Ezechukwu, Stone Mountain  
Kandice Farrell, Griffin  
Corey Felintin, Powder Springs  
Allegra Freeman, Douglasville  
Nancy Gonzales, Acworth  
Brionna Green, Atlanta  
Raina Harris, Snellville  
Tamara Harris, Lithonia  
Temisia Henderson, Marietta  
Karissa Hogue, Atlanta  
Alexandria Holt, Villa Rica  
Arnez Hood, Peachtree Corners  
Austin Ibeh, Powder Springs  
Breiane Jackson, Powder Springs  
Daysha Jahns, McDonough  
Sydnie James, Dallas  
Bevon James Acosta, Stone Mountain  
Aisha Jester, Stone Mountain  
Brandon Johnson, Acworth  
Preshawna Johnson, Hiram  
Margarette Jordan, Lawrenceville  
Mary Karatson, Forest Park  
Kerrie Kelley-Dean, Brookhaven  
Winifred Kporjroh, Roswell  
Laura Krick, Cedartown  
Alexandria Lewis, Riverdale  
Josech Luke, Scottdale  
Adam Maez, Canton  
Amanda Martin, Douglasville  
William Mashburn, Ringgold  
Vanessa Mayo, Smyrna  
Shaye McDonald, Villa Rica  
Terry Mitchell, LaGrange  
Tina Nandlal, Douglasville  
N'Neka Nelson, Powder Springs  
Felix Nkwocha, Duluth  
Lekecho Nyiawung, Douglasville  
Sarah Oliver, Acworth  
Basirat Olorumambe, Lithonia  
Courtney Peterson, Acworth  
Lauralea Pittman, Marietta  
Kyle Potts, Kennesaw  
Ansley Powell, Hiram



These are the newest members of GPhA's President's Circle — people who recruit their fellow pharmacists, technicians, academics, and others to become part of the association. Recruit a member and join!

**Garrett Street**, Nicholls  
**Dewayne Cross**, Stone Mountain  
**Suzanne Davenport**, Morgantown  
**Amanda Reddick**, Evans

Kaitlyn Preston, Villa Rica  
Brittany Robinson, Acworth  
Alyssa Rodriguez, Augusta  
Keron Sands, Conley  
Alana Sanjurjo, Powder Springs  
Angela Schweinsberg, LaGrange  
Sonya Simms, Acworth  
Danielle Simpkins, McDonough  
Kendra Smith, Villa Rica  
Regina Smith, Powder Springs  
Santana Spence, Lithia Springs  
Kristen Stewart, Douglas  
Cyron Trazona, LaGrange  
Bridgette Turner, Ellenwood  
Kanthi Vemuri, Kennesaw  
Cody-Ann Wallace, Loganville  
Madisen Ware, Augusta  
Morisa Warren, Stonecrest  
Antoinette Williams, Marietta  
Marquilia Williams, Lithonia  
Hyteenthia Willis, Atlanta

## Other

Svein Oie, Athens  
Larry Aull, Monroe  
Alise Jeter, Hogansville  
Leigh Knotts, Camden, SC  
Jennifer Marquez, Hamilton  
Chinyere Nwegbo, Acworth

# CALENDAR

## JUNE 2022

June 9-12, 2022  
**Georgia Pharmacy  
Convention**

## AUGUST 2022

Sunday, August 21  
**APhA's Pharmacy-Based  
Immunization Delivery  
Certificate Training Program**

## SEPTEMBER 2022

Sunday, September 18  
**APhA's Delivering  
Medication Therapy  
Management (MTM)  
Services  
Certificate Training Program**



September 23  
**Ready. Aim. Phire!**  
A sporting clays event  
benefitting the Georgia  
Pharmacy Foundation

## OCTOBER 2022

Sunday, October 2  
**NASPA's Pharmacy-based  
Point-of-Care Testing  
Certificate Training Program**

## DECEMBER 2022

Sunday, December 11  
**APhA's Pharmacy-Based  
Immunization Delivery  
Certificate Training Program**



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**Georgia Pharmacy**  
ASSOCIATION

# Meet Jonathan Sinyard, Incoming President of GPhA

The GPhA Board of Directors will install Jonathan Sinyard as president at the Georgia Pharmacy Convention in June 2022. He will replace Mahlon Davidson as President, who will become the Immediate Past President. Sinyard has served on several committees and graduated from LeadershipGPhA in the 2015 inaugural class. He was elected to an at-large board of director seat in 2016 and again in 2019. Sinyard is a graduate of University of Georgia College of Pharmacy (2009). He hails from Cordele, Georgia, where he lives with his wife, Michelle, and their two daughters, Caitlin and Bailey Grace.



retaining the level of service that they have come to expect,” he shared.

When asked why he is passionate about GPhA leadership, Sinyard said, “I love the networking and advocacy that GPhA offers. It’s always great to go to GPhA events, because it feels more like catching up with old friends rather than a “work meeting.” It’s great to have those relationships in the pharmacy world, because when I have a question, 9 times out of 10, there’s a GPhA member that’s got the answer I’m looking for. I also can’t

When asked why he chose the profession of pharmacy, Sinyard said, “I’ve always been very interested in the field of healthcare. I began working in a pharmacy during the summer after my first year of college and loved it. I thoroughly enjoyed the face to face interactions with patients and being able to help them. The relationships that we build with our patients as we serve them is what keeps me engaged in retail pharmacy even to this day.”

Sinyard owns Adams Drug Store, Cordele, Georgia. He began working during the summer of 2004, continued as an intern through pharmacy school, and was hired as a full-time pharmacist upon graduating in 2009. He later purchased the pharmacy in 2019. “My store has been in business for 70 years and we’ve got second and third generation patients that we serve. It is such a blessing to be able to serve our community with state-of-the-art pharmacy services, while still

say enough about the advocacy work that GPhA does on behalf of its members. The world of pharmacy is an ever-changing landscape, and it’s great to know that we have someone on our side fighting for ALL pharmacists in Georgia.”

When he first got involved with GPhA as a student in college, it was for the networking with other students and practicing pharmacists. Over time, he said, “it has blossomed into so much more than that.” [G+](#)



Jonathan and Michelle Sinyard and their daughters Caitlyn and Bailey



# PHARMPAC 2022

## INVESTING IN PHARMPAC IS INVESTING IN YOUR PRACTICE.

The following pharmacists, pharmacy technicians, students, and others have joined GPhA's PharmPAC for the 2022 calendar year.

The contribution levels are based on investment through March 31, 2022.

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**SCOTT MEEKS**  
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Keith Chapman  
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Jack Dunn  
Michael Farmer  
Vic Johnson  
Marsha Kapiloff  
Ira Katz

Kenneth Kicklighter  
David Leach  
John Leffler  
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Jonathan Marquess  
Ivy McCurdy  
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Amy Miller  
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Teresa Smith  
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Alex Tucker  
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Johnathan Hamrick  
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Robert Hatton  
Michael Iteogu  
Stephanie Kirkland  
Robert Moody  
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Sujal Patel  
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James Thomas  
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Joe Ed Holt  
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Laura Ko  
Willie Latch  
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Hilary Mbadugha  
Terry Shaw  
Thomas Sherrer  
Jonathan Sinyard  
Renee Smith  
Austin Tull  
Randall Thontong  
Carla Woodall

#### Bronze Investors (\$150 or \$12.50/month)

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Kieu Nhi Bui  
Ashlyn Carter  
Bryce Carter  
James Harkleroad  
Phillip James  
Brenton Lake  
Rabun Neves

#### Member Investors (up to \$150)

Lise Hennick

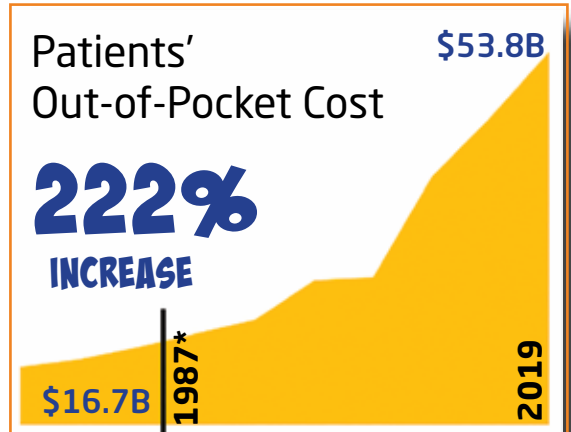
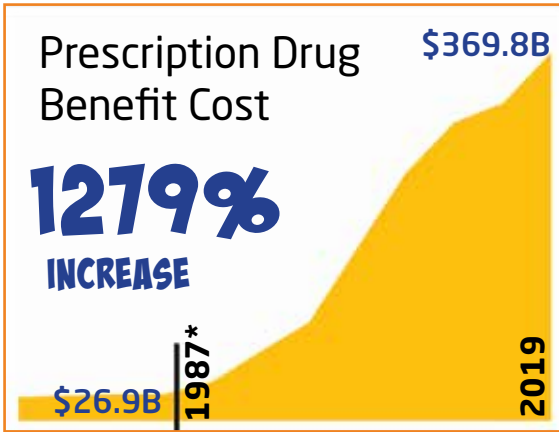
Help us reach our goal for 2022. Visit [GPhA.org/PharmPAC](https://GPhA.org/PharmPAC) to find out more.



\*As of March 31, 2022

# WHY HAVE DRUG COSTS INCREASED?

## Ask the middle man.



\* In 1987, large pharmacy benefit managers (PBM) incorporated.

Note: B=billion

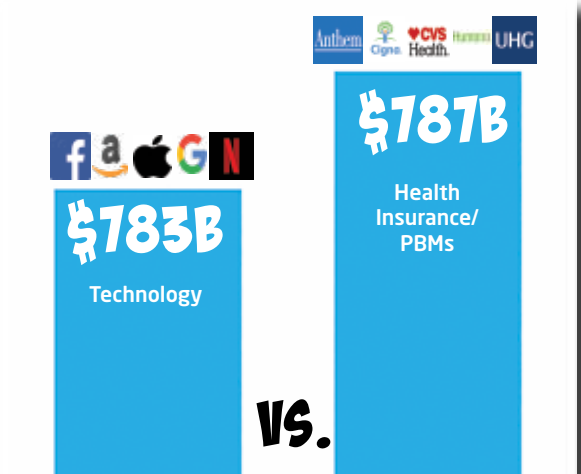
Source: CMS National Health Expenditures by type of service 1960-2018. <https://www.cms.gov/research-statistics-data-and-systems/statistics-trends-and-reports/nationalhealthexpenddata/nationalhealthaccountshistorical.html>

**3 PBMS**  
(Express Scripts, CVS Caremark, Optum)

**CONTROL**  
**77%**  
of prescription drug benefits transactions in the U.S.

Source: <https://www.drugchannels.net/2021/04/the-top-pharmacy-benefit-managers-pbms.html>

### PROJECTED REVENUE



Source: AXIOS Vitals, February 2019

**“According to one estimate, PBMs fail to pass \$120 billion back to consumers, and retain another \$30 billion in additional out-of-pocket costs. You can blame the pharmacy benefit managers for higher drug prices.” Real Clear Health, 2017**

Source: [www.realhealthcare.com/articles/2017/03/28/you\\_can\\_blame\\_pharmacy\\_benefit\\_managers\\_for\\_higher\\_drug\\_prices\\_110516.html](http://www.realhealthcare.com/articles/2017/03/28/you_can_blame_pharmacy_benefit_managers_for_higher_drug_prices_110516.html)

With AIP, independent never means alone.

For more information, visit [www.gpha.org](http://www.gpha.org) or call Jonathan Marquess, PharmD, CDCES, FAPhA, GPhA VP of AIP at (404) 419-8103, [jmarquess@gpha.org](mailto:jmarquess@gpha.org).



# Sine Die at the State Capitol

BY MELISSA REYBOLD, GPhA VP Public Policy



**THE 40<sup>TH</sup> DAY** of the legislative session is known as Sine Die which has the Latin meaning, indefinitely without a future date being designated. Sine Die fell on April 4 this year, and the day was a long and eventful one. There were discussions that this last day felt and appeared different than in years past, but you could still see the anticipation, stress, and last-ditch efforts of lobbyists and legislators trying to pass bills before the clock struck midnight.

The lobbyists had their credit cards ready for any extra food that needed to be ordered and the deliveries of water and Coke products were constant throughout the day. At a certain point, you could smell the coffee brewing to prepare the assembly members for the midnight hours.

The rope line was buzzing with people waiting to discuss bills and amendments before final votes were cast. In previous years, notes were handed to a runner, and they would give it to the designated legislator, who would then decide if they would leave the floor to discuss a bill. Now, most people just text or try to speak to a lawmaker during recess.

At midday, large groups of people, journalists, and news cameras appeared in the North Wing to witness Governor Kemp sign HB 1013, the Mental Health Parity Act, into law. This bipartisan bill was sponsored by Speaker David Ralston and will allow Georgians to have more access to mental health and substance abuse care. Speaker Ralston, Governor Kemp, and Lieutenant Governor Duncan spoke before the signing. Cheers were heard through the gold dome for this landmark legislation.

Our legislative policy committee met over the summer to go over legislative agenda items. Our main legislative priority was to get more money, around 3-5 dollars per claim, in the budget for independents to increase dispensing fees for Medicaid claims. Before the session started, we pivoted to go after a Medicaid carve-out that would have gone into effect in July 2024. The



Speaker Ralston discussed the Mental Health Parity bill.

bill got a lot of support early on but ultimately died without garnering a hearing in the Senate. Luckily, we were able to pivot back to our original priority and work with appropriations to add money in the budget. The budget committee met early morning hours of Sine Die to go over the final draft, so the next few hours were spent sleuthing around to confirm what was allotted to us. Starting in July 2022, independents will get up to a \$4 dispensing fee for Medicaid claims. Also, \$250,000 was set aside to conduct an audit of the current Medicaid management organizations and their contracted PBMs, and a report of the findings will go directly to the Chairs of the House and Senate Appropriations Committees.

Although a carve-out would have been monumental, we achieved our initial priority and some relief for our independent pharmacists will come in July. We are hoping to increase the dispensing fee in the budget next year, in addition to our other legislative priorities for 2023, and to readdress the carve-out. [t](#)

# US Congressional Representative, Buddy Carter

BY MICHELLE TURKINGTON, Editor, *Georgia Pharmacy Magazine*

**FROM HIS CONGRESSIONAL WEBSITE**, you can learn that Representative Carter is a lifelong resident of Georgia's First District and was born and raised in Port Wentworth. He is a graduate of Young Harris College (in north Georgia) and the University of Georgia, where he earned his Bachelor of Science in Pharmacy. Buddy married his college sweetheart, Amy. Buddy and Amy now reside in Pooler, Georgia, and have three grown sons, three daughters-in-law, and six grandchildren.

Representative Carter is a committed public servant. He previously served as the Mayor of Pooler, Georgia, and in the Georgia General Assembly, where he used his business experience to make government more efficient and responsive to the people. Carter is serving his fourth term in the United States House of Representatives in D.C. and is a member of the House Energy and Commerce Committee and the House Budget Committee. As a pharmacist serving in Congress, Carter is the co-chair of the Community Pharmacy Caucus and is dedicated to working towards a healthcare system that provides more choices, fewer costs, and better services. As the representative for the entire coast of Georgia, he is also a member of the Select Committee on Climate Change.

GPhA sat down with Representative Carter to get to know him a little better. We asked why he chose pharmacy. In a self-deprecating manner, he confessed he really wanted to be a football player but wasn't fast enough. He promised his father that if he didn't get a football scholarship by his junior year, he would get serious about a job. His father was a shift worker at a paper mill and wanted something better for his son. As it



happened, Carter took a job at a pharmacy making deliveries. "It was perfect. It was God's omen to me, and I knew exactly what I wanted to do and that I wanted to be a pharmacist. It fit my personality. Retail pharmacy, in particular, because I am very outgoing," shared Carter. "I was very fortunate. Young Harris was a blessing to me. It bridged the gap between high school and college. It was where I met my wife, Amy." It was a two-year college back then.

He finished up at the University of Georgia and earned a Bachelor of Science degree.

"When I left for college, I swore I would never go back, and the first thing I did when I graduated, was come straight back home," shared Carter. He worked in a pharmacy for almost nine years and on November 28, 1988, Carter opened his own pharmacy, starting it from the ground up. "Back then, retail pharmacy was still profitable, unlike today. Nursing home pharmacy was not that big," said Carter. He started servicing a nursing home in his hometown. Then a friend from college asked if he would serve his nursing home. Carter shared, "I started with two nursing homes, then four, then six. His friend advised separating the businesses. "I took the advice and the next thing you know I had 14 nursing homes. My institutional business was actually bigger than my retail business. I did exceptionally well with that and continued to grow. I had three retail pharmacies. I sold my institutional business in the late 1990s, and still had my retail pharmacies, one of which I owned for 32 years. I just recently sold my last pharmacy."

GPhA asked him how he got into politics. "I have always wanted to give back to the commu-

nity, to the state, to the country that's given me so much," said Carter. "My grandfather was a sharecropper. He didn't own any property. He just worked the land. I was the first one in my extended family to graduate from college. I've truly lived the American dream and I just want to give back. I'm sincere about that. I think it's important for us in pharmacy to be involved."

Carter told us he started his business in a small town and knew he would need to get involved. He volunteered for the Pooler Planning and Zoning Committee. Next, he ran for City Council. Then he ran for Mayor and was the Pooler Mayor for eight

**"I've truly lived the American dream and I just want to give back. I'm sincere about that. I think it's important for us in pharmacy to be involved."**


years. Then he ran for Georgia State Representative. Then he ran for State Senate. Then he ran for US Congress, where he has been for the past seven years. "I've just continued on," said Carter.

As mentioned, he serves on several Congressional committees. He is on the House Energy and Commerce Committee (the oldest, most diverse, and bi-partisan committee). "67% of all the bills for the last Congress came through our committee," shared Carter. He serves on the Health Sub-Committee, where one important task at hand is to review the COVID-19 origin. The committee will evaluate what went right, what went wrong, and how to do it better next time. Carter serves on the Budget Committee and has proposed legislation to cut \$3 trillion in spending and balance the budget within 10 years. He is also on the Doctors' Caucus. "I elbowed my way in and was the only pharmacist," said Carter. "The caucus has lots of influence on healthcare legislation. It is a very active group and meets every week during sessions." He also serves on the Select Committee on Climate Change. "Georgia has 100 miles of pristine coastline and I advocate for it," said Carter. "But

we must address this issue without bankrupting our economy. We must practice mitigation, adaptation, and innovation."

He's deeply concerned about pharmacy issues and is working on the Drug Pricing and Transparency Act, which eliminates "spread pricing" practiced by pharmacy benefit managers (PBMs). "PBMs bring no value to health care, make a lot of money, and don't support R&D," said Carter. PBMs have contributed to price increases for patient drug costs. He commented that the Federal Trade Commission (FTC) has looked into vertically integrated insurance companies, but it didn't go far. He has also worked on DIR fees.

Carter is critical of the communication during the pandemic but praised the vaccine development as a great achievement. He participated in clinical trials for the vaccine. It's a 26-week commitment, where he reported weekly on how he was feeling. It was a double-blind study and in October 2020, when the vaccine became available for members of Congress, he had to call the supervising physician to find out if he received the placebo or the real vaccine. He laughs about when they told him he "did not get the placebo." It took a moment for him to mentally translate that he received the vaccine.

You don't often hear about pharmacists in politics, but in Georgia, we have been fortunate to have State Representatives Butch Parrish and Ron Stevens, and to have had State Representatives Bruce Broadrick (former Georgia Pharmacy President), and Buddy Harden (former Georgia Pharmacy Association President and EVP). "We have a strong coalition in Georgia," said Carter. "I was the first pharmacist in Congress. A buddy gave me the hashtag #OPIC (Only Pharmacist in Congress), and then recently, we added another pharmacist, Diana Harshbarger, from Tennessee. My buddy told me I could keep the hashtag, only now it would mean the Oldest Pharmacist in Congress. I have always felt a strong desire to be involved. This is my home, and you can imagine what an honor it is to represent your home, where you have lived all your life, in Washington, DC." People ask him if he's tired of the polarization in Washington, DC. He said it's his eighth year and the shine has not worn off. Carter shared, "I'm still excited every day I go." 

# Georgia State Representative Sharon Cooper, BS, MA, MSN

BY MICHELLE TURKINGTON, Editor, *Georgia Pharmacy Magazine*

## WE HAD THE OPPORTUNITY TO

speak with Representative Sharon Cooper and what an accomplished person she is! She holds a Bachelor of Science in Child Development, a Master of Arts in Education, and a Master of Science in Nursing. Born in Houston, Texas, she moved to Georgia over 40 years ago. At the time of this interview, she represents House District 43, in East Cobb County. After the upcoming elections, she plans to represent District 45, which is a combination of parts of Districts 43 and 45. When asked about the change she explained the process of how districts get redrawn. "Every 10 years the U.S. conducts a Census, then by law, all Congressional and State legislative districts must be redrawn due to population shifts. As an example, there are 180 Georgia House districts, and in 2023, each of these districts will include 59,065 people," Cooper said.

Cooper and her late husband, Dr. Tom Cooper, a family practice and bariatric medicine specialist, first became politically active in 1993/94. She said they were upset with Hilary Clinton because of her proposed healthcare plan. Cooper read the whole plan and was furious about the part to penalize physicians with a fine and the risk of losing their license if they attended a patient who wasn't assigned to them. "I didn't want socialized medicine, and I became really politically active. Reader's Digest did a really good article explaining why the U.S. didn't want something like the Canadian healthcare program. So I ordered 1,000 copies and gave them to friends and other doctors to put in their offices for their patients," said Cooper.

"Then one day, I saw a sign for a Congressional office when I was driving near my house. I turned my car around, went in, and said, 'I'd like to meet my congressman.' Thirty minutes later, I met Newt Gingrich



and the rest is history," said Cooper. Later, at Gingrich's suggestion, she wrote a book on how to become politically active titled, *Taxpayer's Tea Party, A Manual for Reclaiming Our Country*.

"Are you sick of the nonsense? The feel-good illogic? The morass of corruption and favoritism? The upside-down, inside-out economics that only make sense to someone who never had to balance a real budget? Sure you are. What thinking person wouldn't be?" –Sharon

Cooper and Chuck Asay, *Taxpayer's Tea Party*.

Cooper said, "That was the first time tea party had been used since our nation's beginning." Sharon, a moderate Republican, described it as a how-to book that anyone could use. She listed the phone and fax numbers for all the members of the U.S. Congress.

As chance would have it, in 1996, a State House seat became open in her district, and people encouraged her to run. "People said I should run, and I said no, no, no. Women my age didn't run for office back then. I was happy working behind the scenes," said Cooper. Under continued pressure, she finally gave in. After a Primary Run-Off and a General Election, Cooper was elected a State Representative. Despite the fact that she still calls herself "the accidental legislator," she has now served for 26 years.

Her first eight years were spent as a member of the Minority party, and she was very frustrated because they wouldn't allow her to serve on the Health and Human Services Committee. This frustration and her success of passing three bills in her first two years as a female in the Minority party, brought her to the attention of the Minority leadership. That started her rise in the Minority leadership. When the House became Republican controlled in 2005, for the first time in 175 years, Cooper's leadership is

**“Are you sick of the nonsense? The feel-good illogic? The morass of corruption and favoritism? The upside-down, inside-out economics that only make sense to someone who never had to balance a real budget? Sure you are. What thinking person wouldn’t be?”**  
**—Sharon Cooper and Chuck Asay, Taxpayer’s Tea Party.**

credited with being a major factor in that take over. “One of my major jobs was to get all the Republican members to work together, which was a lot like herding cats,” Cooper said. When she was elected the Republican Majority Caucus Chairman, she held the highest rank a woman has ever achieved in the Georgia House.

“When the Republicans took over, things changed a lot. Formally chairmanships had been awarded on seniority. Now Republicans must apply for a chairmanship just as they would do for any other executive position,” shared Cooper. Even though she never served on the Health and Human Services Committee in her first eight years as a legislator, Cooper was appointed Chairman in 2005, and she continues to serve in this position today. Women have also seen more equality under Republican control. Currently there are five or six women, in addition to the Speaker Pro-Tempore, who hold chairmanships of major House committees.”

Over the years, Cooper has championed many important pieces of legislation. She is passionate about healthcare issues, especially when they impact women and children. She doesn’t have her own agenda. “Each session, problems needing solutions just present themselves,” Cooper said. Some of the causes she’s taken up are access to mammograms, step therapy, HIV, care of pregnant women in prison, maternal mortality prevention, mental health parity,

and elder abuse prevention.

Cooper still sits in the back of the chamber in her originally assigned seat where she can observe everything going on. “That’s the psych nurse in me. I’ve noticed people having severe blood sugar drops, serious allergic reactions, and other health-related crises. Luckily, I’ve been able to use my nursing skills to intervene. I’ve watched people fussing and plotting and even broken up a few fights. The House is very interesting, unlike the much smaller Senate. There’s always something going on,” shared Cooper.

Cooper is an animal lover at heart and a big Corgi fan. Over the years, she and her husband parented over 10 rescue Corgis. During COVID-19, she lost her last Corgi, Sophie, and she endured 10 months alone. Many Corgi rescue groups were closed, so she started looking for a puppy, against her friends advice. One year ago, Maggie Corgi became part of her life and having her first Corgi puppy has been a real experience. She’s smitten and posted a picture of Maggie on her website on Happy Puppy Day this year. “She’s been a great companion for me,” shared Cooper.



Maggie Corgi Cooper

We asked her about her COVID-19 experience. Cooper said there’s a lot to learn from the pandemic and hopefully we will never experience anything like it for another 100 years, or ever. Despite being fully vaccinated and having a booster, she contracted both variations of COVID-19 first during the 2021 Session and then again early in the 2022 Session. Fortunately, her symptoms were mild both times. Her biggest complaint was being bored at home and wanting to be at work. “Thank goodness I had Maggie to keep me company,” shared Cooper.

Cooper will be in General Session until April 4, 2022, and then hits the campaign trail. “Due to redistricting, only half of my new district knows me,” said Cooper. She plans to knock on doors, attend meetings, and use direct mail to introduce herself to her new constituents. “I want the people in my new district to know I would be honored to serve as their representative and will work hard to earn their trust,” she said. We wish her the best of luck. [📧](#)


# CPE Available at Convention

## Thursday, June 9

8:00 am - 9:00 am	<b>2022 Annual Law Update</b> Presented by Jordan Khail, PharmD, UGA College of Pharmacy	<b>Vancomycin vs. Newer Agents for Gram-positive Infections</b> Presented by Bruce M. Jones, PharmD, FIDSA, BCPS	
9:15 am - 10:15 am	<b>Novel Trends with Biologicals for the Treatment of Inflammatory Disorders</b> , Presented by Damien Fisher, PharmD, AE-C		
1:30 pm - 2:45 pm	<b>Pathophysiology and Management of Drug-Induced Laboratory Abnormalities</b> Presented by Kenric Ware, PharmD	<b>Payer Opportunities for Community Practice</b> Presented by Cody Clifton, PharmD	<b>Smooth Sailing: Successfully Navigating Precepting Challenges</b> Presented by Lindsey Welch, PharmD, BCPS



## Friday, June 10

8:00 am - 9:00 am	<b>The Shorter the Better: Update on Duration of Antibiotic Therapy</b> Presented by Chris Bland, Pharm.D., FCCP, FIDSA, BCPS	<b>Strategies to Avoid Overbasalization</b> Presented by Kimberly L. Barefield, PharmD, MBA, CDE, BCPS	<b>Immunization Update</b> Presented by Johnathan Hamrick, PharmD
9:15 am - 10:15 am	<b>Expedited Partner Therapy and the Role of Pharmacy Personnel</b> Presented by Kenric Ware, PharmD	<b>Accounting Principals</b> Presented by Lea Winkles, PharmD	<b>Pharmacist Primer on Investigational Drug Services (IDS)</b> Presented by Marjorie Shaw Phillips, M.S.Pharm, RPh, FASHP, CIP
10:30 am - 12:00 pm	<b>Practice Updates from the Board of Pharmacy and GDNA</b>		





## Saturday, June 11

7:30 am - 9:00 am	<b>The Value of the Pharmacist in Transitions of Care</b> Presented by Olivia Bentley, PharmD, CFTs, AAHIVP and Caroline Miller, PharmD	<b>8:00 am - 9:00 am Opioid Safety and Risk Mitigation</b> Presented by Grace Simpson, PharmD, BCACP, CDTM	<b>8:00 am - 9:00 am Oh My Aching Head—Tension, Sinus, or Migraine?</b> Presented by Sharon F Clackum, PharmD, BCGP
9:15 am - 10:15 am	<b>Delving Deeper: Addressing Health Disparities as a Pharmacist</b> Presented by Sharmon Osae, PharmD, BCACP	<b>Review and Management of Primary Sleep Disorders</b> Presented by Shari Allen, PharmD	<b>Building a Legally Compliant Referral Network</b> Presented by Jeff Baird
2:00 pm - 3:00 pm	<b>ASPIRING For Greatness: ASA for Primary Prevention</b> Presented by Grace Simpson	<b>Strategies for Managing Drug Shortages in the Acute Setting</b> Presented by Lucy Crosby, PharmD, BCPS	<b>Collaborative Practice</b> Presented by Blake Johnson, PharmD, MPH, BCACP and Kandon Render, PharmD
3:15 pm - 4:45 pm	<b>Geriatric Syndromes and Falls</b> Presented by Presented by Sharon F Clackum, PharmD, BCGP	<b>New Drug Update 2022: A Formulary Approach</b> Presented by Rusty May, Pharm.D., FASHP	<b>Let's Talk Solutions: Work-place Conditions Workshop</b> Moderated by Melanie Defusco, PharmD

## Sunday, June 12

8:30 am - 9:30 am	<b>Pharmacy Ownership: Opportunities and Strategies</b> Presented by Jonathan Marquess, PharmD, CDCES, FAPhA
9:30 am - 10:30 am	<b>The In's and Out's of COVID-19 Series: Community Prevention and Management</b> Presented by Tracy Dabbs, PharmD

**2022** Georgia Pharmacy Convention  
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# JONATHAN MARQUESS IS ON THE ROAD AGAIN

BY MICHELLE TURKINGTON, Editor, *Georgia Pharmacy Magazine*

**WELL, TO SAY THE LEAST,** it's been a busy couple of months for Jonathan Marquess, PharmD, CDCES, FAPhA, GPhA's Vice President of the Academy of Independent Pharmacy (AIP). He's the talk of the town on GPhA's social media. *Georgia Pharmacy Magazine* sat down with him to learn about his top priorities and vision for independent pharmacy.

"I have two months under my belt and I can say, I love my job and the people I work with," said Marquess. "I love my job because I help independent pharmacists each and every day, whether it's a small challenge or a big problem. At the end of the day, we help pharmacists provide better patient care. I still have a lot to learn, and Jeff Lurey left some big shoes to fill. We have had a great response from our members. Thank you for the warm welcome! I'm here to help. Don't be afraid to get in touch."

We asked Marquess about his priorities. As VP of AIP, he is responsible for more than 400 independent pharmacies. "Our mission is to advance the concept of pharmacy care. For many years, pharmacists have been known as dispensers of pills," said Marquess. "We do that very well. I like doing that myself, once or twice a month." Marquess and his pharmacist wife Pamela Marquess, PharmD, own 14 pharmacies and a disease management company. Pamela manages the pharmacies and assigns him tasks as needed.

"We have to take the profession further and work to ensure the economic viability of independent pharmacy. That spans from stopping unfair practices of the pharmacy benefit managers (PBMs) to providing training on chronic care management (CCM) and how to set that program up in your pharmacy.

"We do a great job on audit assistance, which we know hits independents with higher frequency. We have saved members more than \$1.6 million over the last five years," shared Marquess. "A lot of people have contacted me to say, 'thanks, we appreciate the tips, but we never knew the amount of money

we saved.' Those are real dollars, \$1.6 million, but it's actually more than that."

Marquess spoke about the power of partnerships, especially in terms of the discounts members can take advantage of, and the cutting-edge new products available. "I want to really explore our partnerships and maybe revamp the relationships in some way. We have great partners now. I want us to be a great partner, as well," said Marquess.

Marquess shared that he's done a little restructuring and added some team members. He said, "Our Member Service Representatives are critical to our organization. We have two new team members, Ashton Sullivan MSR, North Georgia, and Catherine Daniel, MSR, Middle Georgia. We have maintained continuity with Rhonda Bonner, MSR, in South Georgia.

Congratulations to Jeff Lurey, Charles Boone, and Gene Smith, who recently retired. Melissa Reybold is



Jonathan Marquess and Ashton Sullivan visited AIP Member Wauka Mountain Pharmacy, Clermont, Georgia, Shawta Woodsmall, PharmD, owner



Jonathan Marquess with Eugene Keteku, UGA P2, and Matt Lastinger, Director of Medical Practice Management, UGA



Kasey and Danielle Knight's pharmacy Lee & Pickles, Quitman Georgia



Main: Jonathan Marquess and Ashton Sullivan visited Commerce Drug, Rebecca Brown (center), PharmD, owner. Inset: Justin Eboka, UGA P2, and Jonathan Marquess



Jonathan Marquess and Ashton Sullivan visited Corner Drugs, Chatsworth, Georgia, Jim Richards (center), PharmD, owner



Jonathan Marquess and Ashton Sullivan visited Hartwell Drugs, Hartwell, Georgia, Lance Boles (center), PharmD, MBA, owner



Jonathan Marquess and Ashton Sullivan visited Crowley Drug Company, Calhoun, Georgia, Will Crowley (center), PharmD, owner

“I love my job because I help independent pharmacists each and every day, whether it’s a small challenge or a big problem. At the end of the day, we help pharmacists provide better patient care. Thank you for the warm welcome! I’m here to help. Don’t be afraid to get in touch.”



Jonathan Marquess visited the Medicine Cabinet, Douglas, Georgia, Laura Duran, PharmD, Erin Gillis, PharmD, Candace Parker, Dillon Burkett, and Brooklyn Polk, and Scott Meeks (right), RPh, owner

our new VP of Public Policy and doing an excellent job. Verouschka “V” Betancourt-Whigham remains (a 22-year veteran) as our Manager of Member Services and is a wealth of knowledge and is always there to take your call.

“I would ask you to get to know your MSR. They have a lot of valuable resources to share with you. The Member Service Reps will be coming to your pharmacy quarterly. Also, you can contact them at any time. Utilize them to their fullest potential because they are a big asset to the academy and the association,” said Marquess.

Marquess told us there is strength in numbers and your relationships are powerful. “I think the time is right. You all were so successful with House Bill 1351. Your calls to your representatives made it happen. When we send a “call to action” please respond. It’s so important. I make about 20 calls to representatives

when I receive a call to action. They are professional and polite, but they always ask me where I live. Your local relationships are crucial. When they talk to you, a member of their community, it all clicks. An elected official who lives in your community or goes to your church or synagogue. They listen. They take action. Let them know about the issues that impact your livelihood. Do as much as you can when we send the call to action notices.”

Marquess looks forward to meeting with members at the upcoming Spring Region Meetings in April, at the Georgia Pharmacy Convention in June, and at your pharmacy in the near future. His enthusiasm is contagious and it’s clear he’s excited about the future of AIP. Bob Coleman, the CEO of Georgia Pharmacy Association, told us he is grateful for the experience Marquess brings to his new role. “It’s great to see the team come together under his leadership.” [📧](#)



Teresa Smith, RPh, owner, Bendingfield Pharmacy, Pembroke, Georgia, with Jonathan Marquess



Jonathan Marquess visited Eagle Pharmacy, Millen, Georgia, with Ken and Angela Delay with their daughter, Ashley King, PharmD



Jonathan Marquess at UGA and with Uga the mascot in the inset image



Jonathan Marquess (left) and Catherine Daniel (right), at Coliseum Park Professional Pharmacy, Macon, Georgia, Bobby and Sherri Moody (left center), RPhs, owners, and Cleo Benette (right center), RPh.



Jonathan Marquess and Catherine Daniel visited OrthoGeorgia Pharmacy, Macon, Georgia, with Lynn Johnson (center), PharmD, owner



Jonathan Marquess with NCPA UGA Student President Mohit Kumar

# Oncology Supportive Care Measures for Community Pharmacists

BY ASHLYN CARTER, PharmD



**A COMMUNITY PHARMACIST** is one of, if not the most, accessible types of healthcare provider. A patient can walk up to the pharmacy counter without an appointment and ask a myriad of pharmacy (and non-pharmacy!) related questions.

As a former community pharmacist, I was asked for recommendations on everything from OTC products to treating side effects of prescription medications. Now as an oncology infusion pharmacist, I see firsthand the side effects that chemotherapy and immunotherapy can have on our patients. During my community pharmacy days, I wasn't always confident on the best recommendations for this subset of patients. Hopefully, this overview will help you to feel more confident if your patients come to you with similar questions or concerns.

One of the first side effects that we think of with chemotherapy is the effect on blood counts: lowered platelets, white blood cells, and red blood cells. While there are treatments on the specialty and infusion sides of pharmacy, such as growth factor injections and blood and platelet transfusions, unfortunately, there is not a lot that we can do from a community pharmacy setting for this particular side effect. Instead, we will focus on three other groups of side effects where community pharmacists can have a large impact in helping their patients: nausea/vomiting, mucositis, and diarrhea/constipation.

## NAUSEA AND VOMITING

Nausea and vomiting are fairly common, yet very debilitating, side effects of chemotherapy medications. When a patient is receiving an infusion in the infusion center, we use a combination of long and short acting anti-nausea medications to help prevent this side effect: fosaprepitant (lasts 3-4 days), palonosetron (lasts 3 days), ondansetron, and prochlorperazine to

name a few. Patients can also take ondansetron and prochlorperazine at home, and it is important to note that insurance companies often limit the quantity of ondansetron that can be filled per month, usually requiring a prior authorization (PA). This is a huge area where community pharmacists can jump in and help their patients by reaching out to their providers to start the PA process, as these patients normally require larger quantities of these medications.

A big counseling point is telling patients to take anti-nausea medication at the very first sign of nausea. Once a patient is vomiting, it's significantly more challenging to get under control. Other medications not used as often, but that can be effective to recommend and even call the provider's office to request, include a granisetron (Sancuso) patch, olanzapine, lorazepam, or metoclopramide tablets. Both ondansetron and olanzapine have orally disintegrating (ODT) formulations, and lorazepam can be dissolved under the tongue for patients actively vomiting. As ondansetron and granisetron are in the same class of medications, it is important to counsel patients not to use them together. Over-the-counter treatments such as ginger chews and Sea-Bands may provide some relief for patients. Interestingly, peppermint essential oil has actually been studied at the infusion center where I work to provide nausea relief as well.

## ORAL MUCOSITIS

Oral mucositis is defined as inflammation and/or ulceration of the mouth and throat area and usually presents as mouth sores. Chemotherapy can cause mucositis that varies from mild swelling to ulcers so severe that quality of life is affected due to limiting speech, swallowing, and eating. One recommendation for our patients is to use a gentle bristle toothbrush and incorporate warm saline rinses into their oral hygiene routine to help prevent this side effect. Most of us are comfortable compounding Magic Mouth-

wash, which can have a variety of ingredients, such as lidocaine, diphenhydramine, nystatin, and Maalox, to help alleviate the pain of mucositis. Calling the provider for a prescription can make a big impact on our patient's overall comfort level. Compounding pharmacists can even offer to get a prescription for lidocaine or tetracaine lollipops for their patients. One unusual side effect of certain chemotherapy agents is alteration of taste, often causing a metallic taste. A small measure pharmacists can take is recommending that patients avoid metal silverware, which can actually reduce or avoid this issue.

### DIARRHEA AND CONSTIPATION

Diarrhea and constipation are common side effects of chemotherapy and immunotherapy, with both being equally uncomfortable and painful. Constipation can be caused by the actual infusion medications, as well as opioids for cancer pain. Community pharmacists can recommend maintenance bowel regimens of adequate fluid intake and a stool softener, such as docusate, with the addition of a stimulant laxative, such as senna, if constipation progresses. These measures will help prevent significant pain and bloating, and potentially impaction and bowel obstruction, for our patients. On the other side of the spectrum, diarrhea, if left untreated, can also cause several medical problems, such as dehydration and electrolyte imbalances, so recommending agents and early treatment is of paramount importance. If patients on immunotherapy have diarrhea, it is important to counsel them to call their doctor's office because a steroid, as opposed to over-the-counter measures, might be required. Loperamide is the most common medication used to treat diarrhea. The dosage instructions on the box are adequate for most patients; however, for patients receiving irinotecan, there is really no limit on the amount of loperamide they can take, which is a very important counseling point. In the infusion center, we pre-medicate with atropine to prevent diarrhea, and community pharmacists can also recommend and call the provider for diphenoxylate-atropine if loperamide is not providing adequate relief.

Often patients will call their community pharmacist before contacting their provider office with questions about side effects and recommendations. There is a lower threshold for cancer patients than the average patient for when they will need to call their provider or go to the emergency department. If a patient receiving chemotherapy experiences a fever >100.4°F or chills, this would be immediate grounds to tell the patient to report to the emergency department for evaluation, as they could have neutropenic fever. The following symptoms would require calling their provider or the provider on call if after office hours (a time when they commonly contact their pharmacist!): shortness of breath, inability to keep fluids down for more than 24 hours, bleeding that will not stop within five minutes, and/or six+ episodes of diarrhea despite anti-diarrhea medication. Community pharmacists are critical healthcare providers for oncology patients as they are so readily accessible and having knowledge for dealing with chemotherapy side effects is very beneficial to assist this group of patients. 📞

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### SAY HELLO TO FRAN CULLEN

Representing pharmacists and pharmacies before the Georgia Pharmacy Board, GDNA and DEA.

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- Administrative Law
- Healthcare Law
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# An Interdisciplinary Approach to Scale Development

## HPV Vaccine Communication Competency for Medical Trainees

BY GABRIELLE DARVILLE-SANDERS, Ph.D., MPH, CHES

**PHARMACISTS HAVE BEEN IDENTIFIED** as critical to not only the management of chronic disease states but also the prevention of disease as well via immunizations. The number of vaccinations including HPV has declined dramatically in recent times due to the COVID-19 pandemic specifically amongst children and adolescents. Coupled with the already lagging vaccination rates in some states pre-pandemic; this is cause for concern (Infectious Disease Society of America, 2019). It is estimated that since March 2020, ordering and billing for the HPV vaccine have dropped by almost 20% with administration rates remaining down between 20 – 40% (Gilkey et al., 2020). Before the pandemic, Georgia had stricter laws prohibiting a pharmacist's ability to administer immunizations. However, Pharmacists are now able to provide HPV vaccination alongside other routine vaccines (National Alliance of State Pharmacy Associations, 2020). Therefore, Pharmacists must be competent concerning HPV vaccine recommendations and patient communications to help ensure the best healthcare outcomes for patients. The goal of the study was to develop a reliable and valid HPV vaccine communication scale that can be used to measure the competency of primary care providers when recommending the HPV vaccine to parents and patients. The development of the scale included three main phases.

**Phase 1:** We conducted a literature review to identify existing validated measures and concepts related to health communication, HPV, and HPV recommendations. While the literature review data collection process was being conducted, focus group sessions were also held to capture data from current medical trainees in Mercer University programs. Focus group sessions were facilitated with students in the Nurse Practitioner/Nursing, Physician Assistant, and

Pharmacy programs. Emergent themes that rose from the focus groups were centered on trainees' comfort with effectively communicating HPV and HPV vaccine information to all patients. The participants also discussed the differences in competency between medical professionals concerning HPV and the HPV vaccine. Nursing and Physician Assistant students who saw and interacted with adolescents in primary care settings felt more competent in their ability to give a strong high-quality HPV vaccine recommendation compared to their peers who do not work in that setting or disciplines like pharmacy. The sessions emphasized the importance of developing a scale to assess medical trainees on their ability to recommend the HPV vaccine. The focus group sessions also provided vital information on the differences in HPV and HPV vaccine education and training between medical professionals. The qualitative data collected from the focus group sessions were analyzed using Nvivo software. Following the completion of the literature review and focus group sessions a blueprint of a scale was drafted.

**Phase 2:** A panel of expert faculty at Mercer University trained in the fields of Nurse Practitioner, Physician Assistant and Pharmaceutical Studies was established. The study's Principal Investigators identified ten (n=10) potential members based upon their experience with training medical trainees, communication expertise and/or immunization practice. Each expert panelist was provided one (1) week to review the scale items and provide feedback on each domain of interest included in the scale blueprint. The feedback was then compiled. A total of 3 rounds of feedback were conducted, and items were evaluated by the expert panel for relevance and appropriateness (1 round) and clarity (2 rounds). A 4th round was



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implemented to collect preliminary data concerning the scale's reliability and validity.

**Phase 3:** Cognitive interviews were facilitated to garner additional feedback regarding the clarity and appropriateness of the scale items. Transcripts from the interviews were analyzed using the NVivo Software and insights were compiled, assessed and implemented into the scale prior to round 2 of the cognitive interviews if deemed appropriate by the research team. Similar to the 4th round of the Delphi Panel, a digital stimulus (1 min and 40 seconds video) was provided to the round one cognitive interview participants, and they were asked to evaluate the provider's HPV vaccine recommendation as viewed in the video.

A 42-item scale was developed focusing on 6 key areas of HPV provider communication. Scale items were moderately to strongly correlated with one another and Cronbach's alpha indicated good internal consistency with each scale. The Cronbach's alpha value for all scale items were within the acceptable range of  $\alpha = 0.7$  to  $0.9$ . Scale items included on the final version were *Provider Introduction/ Rapport, Patient Respect/ Empathy, Provider Interview/Intake, Patient Counseling/ Education, Provider Communication Closure, and Provider Knowledge.*

Overall, our study showed the importance and relevance of developing a scale that can adequately assess medical trainees on their ability to recommend the HPV vaccine. While major differences exist between the Nursing, Physician Assistant, and Pharmacy professions and the training that trainees within each discipline receive, an interdisciplinary approach to collaboration is necessary to ensuring high-quality healthcare. Therefore, the development of a reliable and valid HPV vaccine communication scale is important for increasing vaccination rates. The newly developed scale could be implemented during a clinical session, training workshop or a classroom simulation experience with the Assessor (faculty member, mentor, or supervisor) utilizing it to evaluate individuals on their overall competence. This experiential learning opportunity will allow for modifications to training and trainee improvements. For example, using the scale alongside a training module such as the *HPV Vaccine: Same Way Same Day* smartphone application (app) can ensure that medical trainees and current practicing professionals can maintain the competence needed to provide high-quality HPV vaccine recommendations regardless of the setting, improving immunization rates and reducing future HPV related cancer trends. [3](#)

# Advocacy—A Technician's View

BY CHRISTINE CLINE-DAHLMAN, BFA, CPhT, PharmTechForward, LLC



**ADVOCACY – THE BUZZ WORD** for the past year.

Most technicians never think about how they can advocate for their profession. This article and the others I write are my way to advocate for our profession. To me, advocacy is the daily action I take, exhibit, or practice that provides a positive view of what can be, for myself and my colleagues.

National organizations advocated for the whole of the pharmacy profession when the COVID pandemic came to us. Just eight months after the pandemic was understood, technicians were catapulted into the advanced role to immunize. This was no coincidence – it is the result of organizations like GPhA, APhA, and ASHP that advocated for everyone on the team.

How can individual technicians advocate for their profession? What aspect of the profession can they personally advocate and see the fruition of their effort? Here are some steps:

- 1. Pick the aspect of your professional role that you want to see improved.** Be specific – get the details – write the description you would like to see. Select a date when you would like to see the improvement in effect. Keep the benefit of the patient in your sight at all times. Any advancement for you is truly an advancement in wellness for your patients.
- 2. Is the issue controlled by a national source, a state source, or an employer's policy?** Identify the responsible party that can make the change. State boards of pharmacy determine the practice code for the pharmacy profession. Often, they work in collaboration with the state legislative bodies to ensure the code is recognized and enforceable. The National Association for Boards of Pharmacy (NABP) helps state boards of pharmacy see the trends and often provides the statistics and resources to support an update.
- 3. Solicit support with positive views.** Seek the voices, persons, or organizations, that provide

**How can individual technicians advocate for their profession? What aspect of the profession can they personally advocate and see the fruition of their effort? Here are some steps.**

positive, forward-thinking. We see enough negative commentary through social media posts. Consider – will your supporters be true helpers to your desire for progress or complainers who only want to commiserate with another?

- 4. Start the dialogue with the voice that can affect the improvement.** Ask yourself – Will my desire be a change, an improvement, or progress for my profession? Organizations, like GPhA, have an advocacy attitude, along with the network and resources to assist you with your goal.
- 5. Stay informed about your profession overall.** Are you receiving and reading communications from the organizations that practice advocacy every day on behalf of your role? Look for the documents that have already been composed and professionally accepted that can be referenced in your dialogue.

Advocacy at the national and state level is currently moving technicians forward to best serve patients at a very quick speed. Have you heard the Georgia Board of Pharmacy has approved changes to help technicians grow in their professional skills? This information was presented at the November 2021 Tech U by a member of the Georgia Board of Pharmacy. This forward movement came through the efforts of several voices within Georgia. Attending Tech U in 2022 could be an act of advocacy.

If you want change, you must be an active member of the effort of change. Remember – keep a positive viewpoint! [📌](#)



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# The Future in Pharmacy Starts with One Day at the Dome

**JARVIS PRYOR,  
MERCER UNIVERSITY, 2025**



The virtual Day at the Dome, hosted by GPhA, was a remarkable opportunity for me and my classmates to hear firsthand what amazing changes are pending or forthcoming in our profession at the state legislative level. Knowing that even as a student, you can start to make a difference by advocating for the profession, was a great incentive to get involved.

Influencing positive industry change benefits the profession and the improvements help currently licensed pharmacists and future pharmacists, as well. Encouraging students to participate in the process and learn what bills may either soon be introduced, or made into law, makes for a better-informed professional and by being better-informed, students are given the latitude to become mentally invested in advocacy for our profession.

My participation in GPhA's Day at the Dome event (Mercer and PCOM, February 16, 2022) galvanized my desire to become more involved in advocacy. I now want to learn more by going to the Capitol to see the legislative process in real-time. The potential for further industry change hinges on improving the public understanding of a pharmacist's critical role in healthcare. Proposed bills require strong support before ever becoming law. You gather this support by educating patients, legislators, and other healthcare professionals, on what changes need to be made and why. The landscape of healthcare is forever changing, and pharmacists and student pharmacists must be pioneers in this change because our future depends on it.

**MAKEDA LOVELACE,  
PCOM, 2025**



Once a year, the four schools of pharmacy in Georgia get a front-row seat to view our legislators in action; that was until Covid-19 hit the scene. What was supposed to be a whirlwind day, gracing the halls of the Capitol building, had to be replaced with the portable version of Hollywood Squares: Zoom. Although we met virtually, there was no shortage of valuable information flowing from the speakers on my laptop! GPhA's CEO Bob Coleman put together a very capable lineup: GPhA President/Board Chair Mahlon Davidson, Georgia Pharmacy Foundation Chair Liza Chapman, GPhA's Vice President of Public Policy Melissa Reybold, and State Representatives David Knight and Ron Stephens. Unfortunately, Representative Stephens was unable to attend due to more pressing matters on the Ways and Means Committee.

Representative Knight has really been busy fighting for the pharmacy profession in Georgia, as he has co-authored most of the bills that have been passed that directly benefit pharmacies. Legislation to make prescriptions more cost-effective and accessible for patients, pushing for greater PBM transparency, and returning patients' power to choose where they get their prescriptions filled, are just a few of the many causes that our noble "Knight" is working to get passed and signed into law.

GPhA President/Board Chair Davidson has also been hard at work, pushing to make GPhA the default organization for students. What better foundation to build your new career upon than the pillars of advocacy, education, and networking, of the Georgia Pharmacy Association? Mr. Davidson made a particularly good point when he said, "The politics of our profession will drive how we get paid in the future."

The advocacy pillar has an additional ally in Georgia Pharmacy Foundation Chair Liza Chapman. While pharmacists cannot prescribe or diagnose patients, immunizations can be managed under our scope of practice. The PREP Act of April 2020 granted emergency use authorization for pharmacists and technicians to administer certain vaccines. Even though the provisions are temporary (if a technician were to obtain certification to administer immunizations, they would not be able to do so once the act is rescinded), the advocacy that made this possible is to be commended. All is not lost because advocacy never sleeps in GPhA! Our Vice-President of Public Policy Melissa Reybold continues to be the voice for Georgia's technicians (myself included), by working to get permanent permission for us to administer vaccines. Another important item on the agenda is reducing patient costs at the counter.

There is a lot that goes on behind the scenes, in order to get a bill to the Governor's desk and into the law books. A lobbyist scans all the bills to see if they pertain to pharmacy and in what capacity. Some bills are killed or modified to prevent harm to pharmacies or other groups. No matter which side of the aisle you stand on, the magnitude of the voice speaking on your behalf has to be effective as well as loud. GPhA is our voice.

### SIERRA LEJEUNE SOUTH UNIVERSITY, 2024



The profession of pharmacy has evolved dramatically in recent years. It has become apparent that pharmacists are being placed in the driver's seat when it comes to promoting the health and wellbeing of our patients. These changes have opened up many diverse opportunities for pharmacists willing to step outside their comfort zone.

Pharmacists have a professional obligation to advocate on behalf of their patients, as well as their profession. It is crucial that pharmacists stay informed and advocate for not only the patient or the pharmacy, but for the community as well. February 24 was a day to remember. On this day, I fell more in love with the profession.

Day at the Dome was held virtually this year,

but that didn't hinder the value of this event in the slightest. I received a wealth of information from the many speakers. The biggest takeaway message that I received from this event was to stand up. Take a stand. Let your voice be heard. Every day as a pharmacist is a call to action.

I was given the opportunity to listen to a testimony from a business owner who is now on the verge of losing his pharmacy, due to the retroactive fees. I was able to hear the story of a woman who is fighting cancer and her insurance. Both of these situations are unfair. Someone took a stand and now a change is being made. With any hope, House Bill 1351 will pass the legislature and pharmacy will be one step closer to keeping our patients and community, happy and healthy.

### EMMA COVINGTON, UGA, 2025



Although this year's Day at the Dome was held virtually, once again, students were able to hear from influential and passionate individuals regarding advocacy. The event began with an introduction from UGA's Dean Kelly Smith. She spoke about the importance of advocacy in our profession. We were then able to hear from Representative David Knight who is an eager and notable proponent of the advancement of pharmacy in Georgia. He was gracious enough to lend time from his busy schedule in order to help inspire and empower the pharmacists of the future.

GPhA Vice President of Public Policy Melissa Reybold presented the current agenda regarding PBM involvement in state-sponsored insurance plans. She explained the nature of the bill and certain details related to the implementation of such a monumental change. We also heard from GPhA CEO Bob Coleman and President/Board Chair Mahlon Davidson, who further emphasized the vital nature of legislative advocacy and the practical effect pharmacists can have in influencing regulations. All illustrated the essential nature of involvement in advocacy in order to operate to the full extent of our abilities and to provide exceptional patient care. Overall, the day was a striking look at the impact we can create if we work together for the common goal of improving patient care and advancing our profession. [📄](#)

# Okay, tell me.

BY MAHLON DAVIDSON, RPh, GPhA President/Board Chair



### WANDERING THE AMERICAN

Pharmacist Association (APhA) convention center in San Antonio, last week, I found myself wondering why, every year, it is attended by such a large population of students from across the country. It was not only me who noticed. I caught up with Bob

Coleman, Georgia Pharmacy Association (GPhA) CEO, and he asked me, “What is their secret sauce?” I asked him to explain. “We constantly strive to create a message that will resonate with students and make them want to get involved with GPhA.” The student attendance at a national association convention was both encouraging and puzzling. What do future pharmacists expect from a professional organization?

GPhA’s fundamental pillars are advocacy, education, networking, and information. Respected nationally for our groundbreaking legislative initiatives, GPhA strives to sponsor legislation and initiatives to allow Georgia pharmacists the opportunity to practice at the top of their license.

If you intend to practice pharmacy in Georgia, no association can positively impact your future more than the GPhA.

Pharmacists, technicians, and student members all across the state have opportunities almost every month to expand their practice and hone skill sets with our continuing education program. GPhA has a dedicated Director of Education, Teresa Tatum, continuously developing innovative programs for our members. With Spring and Fall Region Meetings, our annual Georgia Pharmacy Convention, Day at the Dome, and our academy networking events, there is an occasion almost monthly where you can interact with pharmacists from all over Georgia; successful, involved pharmacists, eager to impart advice, fellowship, and contact. GPhA provides mentoring and employment opportunities.

And on a lighter note, as part of our networking initiative, you are always invited to join us at


**If you intend to practice pharmacy in Georgia, no association can positively impact your future more than the GPhA.**

our GPhA Day at the Braves, AEP’s networking events, like Scofflaw Brewing Company, and student events like Pharmacy on Tap. And we even provide a chance to blow off steam by shooting sporting clays out of the air at Ready Aim, Phire, a sporting-clays event held in the fall. We offer beer, baseball, beaches, ballistics. Our staff, academies, and committees are constantly developing new networking opportunities for our pharmacist, tech, and student pharmacist members.

One of my five priorities was to promote the GPhA as the first-in-line, go-to student organization in every school of pharmacy in our state. Within Georgia, we represent and directly serve the interests and careers of our members. Yet, currently statistics show only one in every three Georgia PharmD candidates is a GPhA member.

I am so proud of our Student Leadership Board, which comprises representatives from each pharmacy school. I want to welcome our newest Student Board members and encourage them to stay involved. You are all invaluable to me, as president and board chair, to keep us informed and aware of the student member needs.

On behalf of the GPhA, I want to ask: What can we do to improve our value to you now, during your student years? You are the future of pharmacy in Georgia. Some of you will be the future of GPhA. We need you as involved members, to remain a viable, valuable organization, that protects and advocates for Georgia pharmacy.

**Please contact me with your ideas and thoughts at [mahlon davidson@gmail.com](mailto:mahlon davidson@gmail.com) or my cell at (678) 936-1481. **



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"While passwords aren't the only method to keep your information safe," said Alex Nette, CEO and founder of Hive Systems. "A strong and unique password is the best way to stay safe online."

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5	Instantly	Instantly	Instantly	Instantly	Instantly
6	Instantly	Instantly	Instantly	Instantly	Instantly
7	Instantly	Instantly	2 secs	7 secs	31 secs
8	Instantly	Instantly	2 mins	7 mins	39 mins
9	Instantly	10 secs	1 hour	7 hours	2 days
10	Instantly	4 mins	3 days	3 weeks	5 months
11	Instantly	2 hours	5 months	3 years	34 years
12	2 secs	2 days	24 years	200 years	3k years
13	19 secs	2 months	1k years	12k years	202k years
14	3 mins	4 years	64k years	750k years	16m years
15	32 mins	100 years	3m years	46m years	1bn years
16	5 hours	3k years	173m years	38n years	92bn years
17	2 days	69k years	9bn years	179bn years	7tn years
18	3 weeks	2m years	467bn years	11tn years	438tn years


[Learn about our methodology at hivesystems.io/password](https://hivesystems.io/password)

Password chart courtesy of Hive Systems



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From the GPhA President/Board Chair

# The Time Has Come and Gone



MAHLON DAVIDSON

My fellow Georgia Pharmacists, Congratulations on a job well done!

Legislatively, you could not have expected to accomplish more than we have accomplished over the past five years.

- You passed MAC pricing legislation. That alone was a major accomplishment, given the requisite education curve for non-pharmacist-legislators regarding PBM pricing.
- You crafted transparency legislation, allowing DCH to request clear reports from benefits managers on what they are paying for.
- You exposed and eliminated spread pricing in Medicaid CMO contracts.
- Then you hit a grand slam with your passage of anti-steering legislation, the first of its kind in the nation.

Thanks to you, other states will be watching what we will do during the next frenetic forty-day legislative session. We can all be proud of what we've done for pharmacists and our patients in Georgia.

The first priority I outlined in my inauguration speech last June in Amelia, was to see our legislative progress pay off. We passed patient friendly and pharmacist-fair legislation, often times unanimously, through our process and have had our Governors sign them into law. But, what then?

We knew the PBMs would challenge - or perhaps just ignore - the new regulations

**We did not expend the money, the effort, and the political capital to give up and move on. This is patient-first, access to care legislation for Georgia's most medically fragile. We owe it to our patients to fight on!**

placed upon them. After all, they're not accustomed to a state dictating how they can do business in the state, as they constantly hide behind archaic ERISA rulings.

There's no doubt that a focus on future laws and regulations is important. But in my opinion, enforcement of our current laws is even more so. As an organization, we need to provide the enforcement arms of government and regulators (Georgia Board of Pharmacy, GDNA, the Attorney General's office, and the Insurance Commissioner's office) with concrete examples they can follow up on.

We must work hand in hand with them to help them understand the intricacies of these laws and regulations, and assist them, whenever and wherever, to enforce these laws.

But most of all, we can't give up hope. As Bob pointed out in his prescript, governmental wheels turn much slower than we'd all like to see. We did not expend the money, the effort, and the political capital to give up and move on. This is patient-first, access to care legislation for Georgia's most medically fragile. We owe it to our patients to fight on! [📄](#)

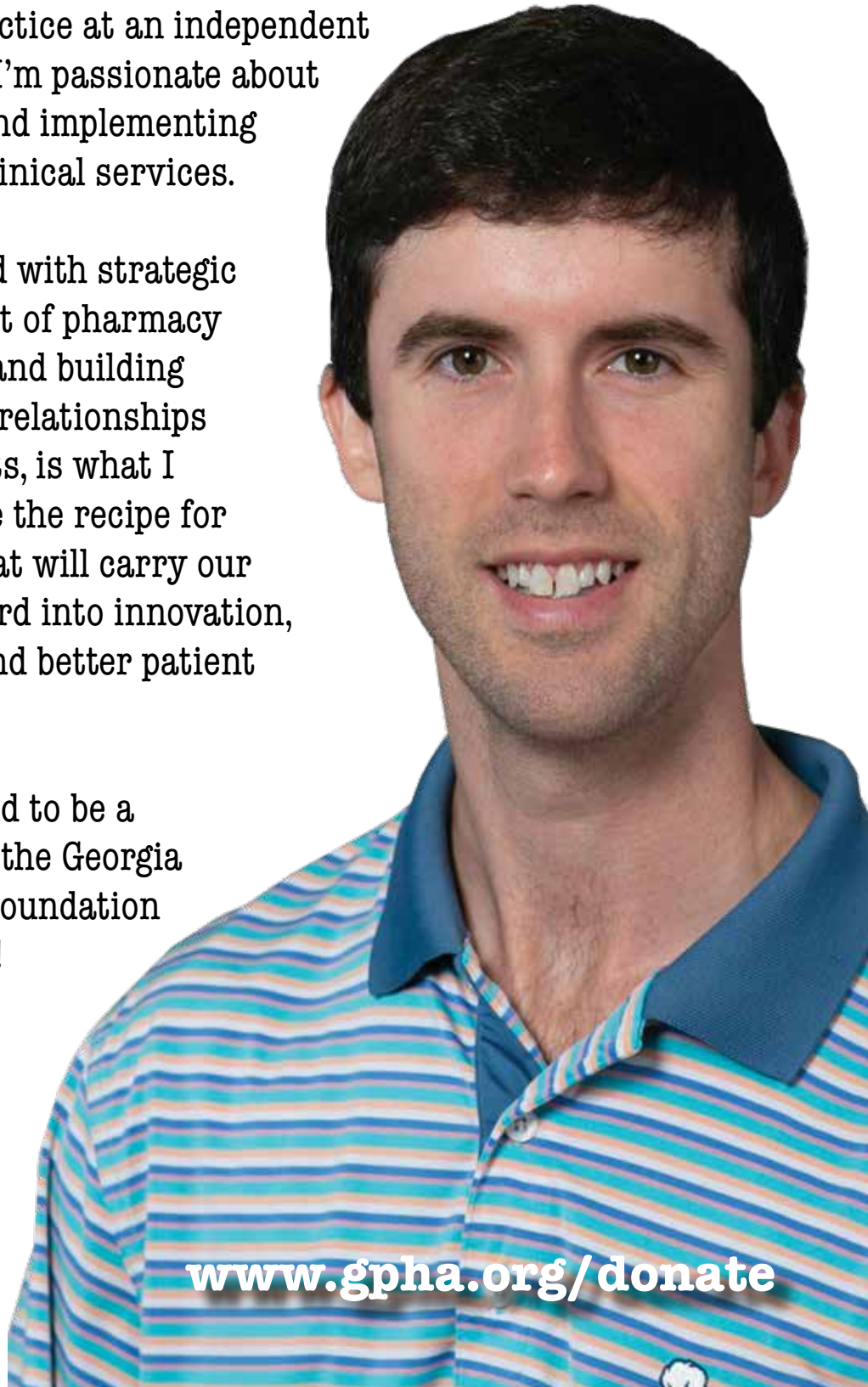
*Mahlon Davidson is the Georgia Pharmacy Association President/Board Chair.*

# Be part of something good.

“I am Benjamin Hightower, UGA student pharmacist. Upon graduation I am eager to begin practice at an independent pharmacy. I’m passionate about designing and implementing enhanced clinical services.

This coupled with strategic management of pharmacy operations and building meaningful relationships with patients, is what I believe to be the recipe for success, that will carry our niche forward into innovation, longevity, and better patient outcomes.

I am honored to be a recipient of the Georgia Pharmacy Foundation scholarship!



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## Resources

- We have an experienced team that can help with audits, MAC appeals, and buying/selling a pharmacy.
- We negotiated discounts on pharmacy services, like business, workers' compensation, liability, and group-health insurance, as well as investment guidance.
- Our Member Service Representatives keep you informed and are there to provide quick responses to your questions.

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- You will have an instant network of innovative independents throughout the state, sharing knowledge and best practices.
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