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Cold Iron Truth

Why contribute to your political action committee?

BY BRETT M. COLDIRON, MD

I got a phone call recently from a friend north of me. “Gosh, did you hear about the State of Ohio Board of Pharmacy ransacking a dermatologist’s office?” he asked. Yes, I had heard about it, and explained that the office compounding rule in Ohio, the reason behind this surprise search and practice, was the subject of an active struggle going on at the state and federal level (see “Beware the state pharmacy board,” *Dermatology News*, July 2016, page 1). I also told him that the pharmacy board swooped into that location because the office had registered for a license to mix drugs (defined by the board as altering a prescription drug by mixing, diluting, or combining), and agreed to unannounced inspections – and that, while the dermatologist was not fined, there was a list of compliance issues to be met, including recording the lot number of all samples, keeping separate paper records of each time he mixed medications, and the promise of a return visit soon.

I went on to explain that representatives – past presidents and board members – of the Ohio Dermatological Association (accompanied by Lisa Albany, director of state policy at the American Academy of Dermatology’s Washington office) had met with the state pharmacy board and explained how ridiculous these regulations were. It was a frustrating meeting.

It became apparent that Ohio is the initial battle ground for a national, state-by-state rollout of regulations to require all office-based physicians and dentists to pay a licensing fee to the state pharmacy board to mix or dilute any prescription drug in the office. This “license” agree-

ment would cost \$50 (it was originally slated at about \$100), is 17 pages long, and gives the pharmacy board authority to conduct unannounced random searches of dermatologist offices. This is all in response to a crooked compounding facility in Massachusetts that manufactured contaminated methylprednisolone injections, which resulted in infections and fatalities in 2012, and led to criminal charges and sentencing.

This was obviously unacceptable, and

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we went on to meet with state legislators, then federal legislators, and even the Food and Drug Administration. The Ohio Dermatological Association, the American Society for Dermatologic Surgery, the American College of Mohs Surgery, and the AAD all went to Washington and to the FDA last fall. The Ohio State Medical Association and the American Medical Association lined up in opposition to the rules. The state pharmacy board withdrew its rules and reopened the comment period. We are still waiting to hear back and have encouraged the pharmacy board to wait for FDA and USP (United States Pharmacopeia) guidance.

So, what has this got to do with SkinPAC, our dermatology political action committee?

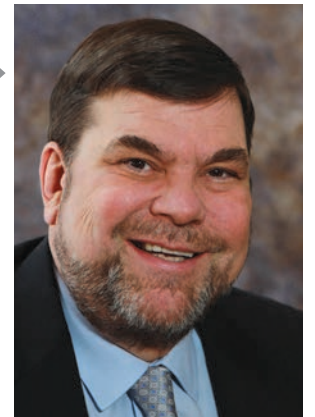
When our groups went to Washington to talk to our representatives and senators, we had access to all the movers and

shakers who could act on this issue because of the AAD Association’s contacts through SkinPAC.

The point I want to make is that having a PAC gains you access and lets you be heard. In today’s noisy world, it is not easy to get your congressional representative’s attention. There are many issues directly affecting dermatology, not only compounding, but loss of global periods (see “Time for dermatologists in nine states to start submitting CPT Code 99024,” *Dermatology News*, August 2017, page 18), MACRA reform, MACRA relief, and legislative relief for medication pricing.

Your SkinPAC contributes based on a scorecard that allocates points based on the recipient’s committee assignments, and position and voting history on dermatology issues. Personal politics are checked at the door, and the current contribution split is about 50:50 between red and blue. There are no contributions for presidential or state races. We have an extraordinary PAC staff headed by Michelle Mathy in the Washington office, and your contributions will not be wasted.

So, I told my northern friend who called to attend the AAD’s legislative conference in Washington (July 15-17), regularly contribute to SkinPAC, and get five of his colleagues to sign up too. This is a solid investment of your time and money. Not participating will make it more likely that you will soon need a pharmacy license (in addition to your medical license), may have to start charging patients to remove their sutures, be forced into larger groups to demonstrate quality, and continue to have to explain why a once-cheap generic drug now costs thousands of dollars. Seems like a good investment to me. ■



Dr. Coldiron is vice chair of the dermatology political action committee (SkinPAC). He is in private practice but maintains a clinical assistant professorship at the University of Cincinnati. He cares for patients, teaches medical students and residents, and has several active clinical research projects. Dr. Coldiron is the author of more than 80 scientific letters, papers, and several book chapters, and he speaks frequently on a variety of topics. He is a past president of the American Academy of Dermatology. Write to him at dermnews@mdedge.com.