



To: Maryland EPIC Pharmacies
From: Brian Hose, Chairman, and Stephen Wiener, Treasurer
Re: Voluntary contributions to EPIC PharmPAC of Maryland

Unlike other pharmacy organizations, the sole purpose of the EPIC PharmPAC of Maryland is to represent the interests of independent retail pharmacy owners in Maryland's legislature. By focusing our efforts on legislation that affects your business, you can focus on your patients and community.

EPIC PharmPAC influences legislation that affects your interests by:

- Making direct contributions to the legislative and executive branches of government. Each contribution includes a list of all the contributors from that politician's legislative district. These legislators will know that you are part of a politically active organization and that you and your pharmacy care about them.
- Monitoring over 2,800 bills each legislative session and their impact on independent pharmacy.
- Introducing bills that positively affect your business and blocking legislation that negatively affects it.
- Amending legislation to address the interests of independent pharmacies.
- Having independent pharmacy owners personally testify in the legislature.
- Having independent pharmacists attend fundraisers for politicians.

Maryland pharmacists have been directly impacted by EPIC PharmPAC of Maryland's accomplishments:

- Maryland was the first state to enact legislation requiring electronic payment from PBMs – no longer leaving you waiting for checks or lost checks in the mail.
- Maryland was one of the first states to enact comprehensive PBM audit legislation. Specific time and notification requirements are now required, audit results must be given in a timely manner, and extrapolation audits are not allowed in Maryland as a result of this legislation.
- A MAC law that went into effect on January 1, 2015, requires PBMs to update their prices in a timely basis and have a reasonable appeals process for discrepancies.

Whether we like it or not, politicians have a tremendous impact on our business. EPIC PharmPAC of Maryland has been at the forefront of retail pharmacy issues. It is because of the effort of EPIC PharmPAC, and the financial support of independent pharmacy owners, that EPIC PharmPAC of Maryland has been a success.

Please sign below to contribute \$600 annually to help us continue to fight for your business. Is the success of your business worth \$1.65 per day (less than a cup of coffee)? When combined with contributions from your fellow pharmacy owners, your \$600 will have quite an impact.

_____ **YES** – I hereby authorize you to **bill me annually** for my total contribution of **\$600** to EPIC PharmPAC to look out for my interests.

_____ **YES** – I want to be contacted about meeting with legislators and testifying before Senate and House committees on pharmacy issues.

_____ **NO** – I will not spend \$1.65 per day to look after the interests of my business.

Is your pharmacy incorporated? YES NO Pharmacy Name & NCPDP: _____

Signature: _____ Print Name: _____

- EPIC PharmPAC EFT-

AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS [DEBITS]
[Please send a copy of a voided check for this account with this form]

PHARMACY CORPORATE NAME: _____

TRADING AS: _____

I hereby authorize **EPIC PharmPAC of Maryland** to initiate debit entries to my business checking account indicated below, and the Financial Institution named below, hereinafter called BANK, to debit the same to such account*.

BANK NAME: _____ BRANCH: _____

CITY: _____ STATE: _____ ZIP: _____

BK TRANSIT/ABA NO.: _____ ACCOUNT NO.: _____

Checking Account:

Savings Account:

This authority is to remain in full force and effect until BANK has received written notification from me of its termination in such time and in such manner as to afford BANK a reasonable opportunity to act on it. A customer has the right to stop payment of a debit entry by notification to BANK prior to charging account. After account has been charged, a customer has the right to have the amount of an erroneous debit immediately credited to his account by BANK up to 15 days following issuance of statement of account or 45 days after the charge, whichever occurs first.

PHARMACY CORPORATE NAME: _____

TRADING AS: _____

DATE: _____ SIGNED NAME: _____

PRINTED NAME: _____

****If your account is revised in any manner, call 800-965-EPIC to update your information.***