Buried “Treasures” in the Bioterrorism Bill

by Stephen Barlas

The bioterrorism bill that President Bush signed in June is so wide and deep that a pharmacist would have to dig through it for days before finding all the provisions that might have an impact on him/her.

Here is just one of the buried treasures: provisions for potassium iodide, the drug that is used as a medical preventative treatment for thyroid diseases caused by exposure to radioactive iodine. One provision in the bill allows cities and counties to request adequate supplies of potassium iodide for people within 20 miles of a nuclear plant. To be eligible, the locality must have a distribution plan. Should pharmacists be involved in that plan? The bill doesn’t explicitly say so. But it certainly implies that they should be involved, especially because of the need to determine correct dosages for children.

There is another provision providing for the National Academies of Science (NAS) to do a study “on the most effective and safe way to distribute and administer potassium iodide on a mass scale.” One of the things the NAS will be looking at is whether potassium iodide should be distributed beyond 20 miles. Representative Jane Harman (D-Calif.), the sponsor of those provisions, says, “The Nuclear Regulatory Commission’s own documents show a significant risk to the [human] thyroid as far away as 200 miles from the plant.”

Again, this has pharmacist involvement written all over it.

There are all sorts of other provisions in the bill—in response to 9/11 and the anthrax attacks that followed—that are of interest to pharmacists. The provisions are hard to find, however, because the Public Health Security & Bioterrorism Preparedness and Response Act is a monster of a bill. It covers everything from medicine to agriculture to drinking water infrastructure to food processing and beyond. But federal grants to the states ($1 billion) and hospitals ($500 million) for setting up emergency medical response systems are the core of the bill. The grants are meant to accelerate the formation of integrated, electronically linked local networks, staffed by health professionals who have been trained to handle the aftermath of a bioterrorism attack and infectious disease outbreaks.

Not far behind the money for those grants is the $1.15 billion for upgrading the National Pharmaceutical Stockpile, which includes potassium iodide and other antidotes. But pharmacists have not been directed to address the issue of the stockpile. Gary Stein, the director of federal regulatory affairs for the American Society of Health-System Pharmacists (ASHP), says pharmacy’s involvement in bioterrorism preparedness is “not as much as we’d like to see.” Because deployment of the stockpile requires state involvement and is not instantaneous, Stein says that pharmacists “should also be involved in assessing what’s available on a local level prior to the availability of that National Pharmaceutical Stockpile.”

Nor have most pharmacists had direct exposure to the effects of bioterrorism, or seriously planned what their response would be. Presumably, some of the money allocated to hospitals will be used to provide training to pharmacists. At the moment, it’s not as if there were standard training manuals lying around.

That is about to change, however. The ASHP has received an educational grant from AstraZeneca to create a guidance manual that will assist pharmacy directors and their staffs in the establishment and operation of bioterrorism preparedness programs. The grant will support the development of a book tentatively titled “Manual for Pharmacists on Bioterrorism,” which will be released in the summer of 2002. The manual will provide a readily available resource that describes the development of preparedness programs and staff responsibilities in response to chemical and biological threats. “We fully expect hospitals and health systems to be the next ‘ground zero’ in the event of bioterrorist attacks,” says ASHP President Steven L. Sheaffer.

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