

# 2023–2024 House of Delegates

## *Report of the New Business Review Committee*

### **Committee Members**

Andrew Bzowyckyj, Chair  
Trisha Chandler  
Juanita Draime  
Jeff Hamper  
Christopher Johnson  
Brooke Kulusich  
William Lee  
John Pieper  
Natalie Young

### ***Ex Officio***

Brandi Hamilton, Speaker of the House

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## **Overall Charge and Duties**

The APhA House of Delegates New Business Review Committee reviewed feedback provided directly via email and from two open hearing webinars that took place on February 7, 2024, and February 14, 2024. The Committee then met on Thursday, February 15, to develop the following recommendations. Proposed amendments will become primary language acted on by the House of Delegates and are shown in red font (deletions are ~~struck through~~ and proposed additions are underlined).

The APhA House of Delegates New Business Review Committee presents the following report:

### **NBI #1 – 2015 Disaster Preparedness**

**NBI Motion: To adopt the following policy statement as amended and part of the existing 2015 Disaster Preparedness policy**

1. APhA encourages pharmacist involvement in surveillance, mitigation, preparedness, planning, response, and recovery related to natural, technological, or human-caused incidents ~~terrorism and infectious diseases~~.

**The APhA New Business Review Committee recommends adoption of New Business Item #1 Whole Numbered Statement #1 as written.**

1. APhA encourages pharmacist involvement in surveillance, mitigation, preparedness, planning, response, and recovery related to natural, technological, or human-caused incidents.

### **NBI #2 – Community Pharmacy Methadone Dispensing for Opioid Use Disorder**

**The APhA New Business Review Committee recommends adoption of New Business Item #2 Whole Numbered Statement #1 as written.**

1. APhA supports changes in laws, regulations, and policies to permit DEA-registered and trained opioid treatment program clinicians and other providers the ability to prescribe methadone for opioid use disorder and offer referrals to addiction specialist physicians according to patient need.

**The APhA New Business Review Committee recommends adoption of New Business Item #2 Whole Numbered Statement #2 as amended.**

2. APhA supports changes in laws, regulations, and policies to permit community pharmacy dispensing of methadone for opioid use disorder and appropriate compensation ~~reimbursement~~ for these services.

The New Business Review Committee recommends the term “compensation” when describing appropriate payment of pharmacists for these services.

**The APhA New Business Review Committee recommends **adoption** of New Business Item #2 Whole Numbered Statement #3 as **written**.**

3. APhA supports partnerships and collaborations to increase patient access to opioid treatment programs (OTPs) and clinicians.

**The APhA New Business Review Committee recommends **adoption** of New Business Item #2 Whole Numbered Statement #4 as **written**.**

4. APhA advocates for interprofessional education on laws, regulations, and policies regarding office-based prescribing and community pharmacy dispensing of methadone in curricula, postgraduate training, and continuing professional development programs of all health professions.

### **NBI #3 – Collective Bargaining**

**NBI Motion: To adopt the following policy statement as written and part of the existing 2012, 2009 Collective Bargaining policy**

1. APhA affirms the United Nations’ Universal Declaration of Human Rights that collective bargaining is a fundamental human right.

**The APhA New Business Review Committee recommends **adoption** of New Business Item #3 Whole Numbered Statement #1 as **written**.**

1. APhA affirms the United Nations’ Universal Declaration of Human Rights that collective bargaining is a fundamental human right.

### **NBI #4 – Pharmacists Roles in Sexually Transmitted Infection Prevention & Treatment in Underserved Patients**

**The APhA New Business Review Committee recommends **adoption** of New Business Item #4 Whole Numbered Statement #1 as **written**.**

1. APhA recognizes that pharmacists play a vital role in improving outcomes in patients with or at risk of sexually transmitted infections, particularly in underserved patient populations.

**The APhA New Business Review Committee recommends **adoption** of New Business Item #4 Whole Numbered Statement #2 as **amended**.**

2. APhA supports the pharmacist's role in the development of education and resources, ~~particularly~~ for individuals with Sexually Transmitted Infections (STIs), Expedited Partner Therapy (EPT), Pre-Exposure Prophylaxis (PrEP), and Post-Exposure Prophylaxis (PEP) in order to increase awareness and access, ~~particularly in underserved patient populations~~.

The New Business Review Committee recommends removal of the phrase “particularly in underserved patient populations,” to broaden the policy to capture pharmacists’ role in development of education and resources for all patient populations.

**The APhA New Business Review Committee recommends **adoption** of New Business Item #4 Whole Numbered Statement #3 as **amended**.**

3. APhA advocates for revision of state practice acts to permit pharmacists to provide timely pharmacotherapy for individuals with Sexually Transmitted Infections (STIs), Expedited Partner Therapy (EPT), Pre-Exposure Prophylaxis (PrEP), and Post-Exposure Prophylaxis (PEP) therapy, ~~particularly in under-served communities~~.

The New Business Review Committee recommends removal of the phrase “particularly in underserved patient populations,” to broaden the policy to capture pharmacists’ authorities and role in providing this care for all patient populations.

## **NBI #5 – Access to Radiopharmaceuticals**

**The APhA New Business Review Committee recommends **adoption** of the following as **amended**.**

1. APhA advocates for ~~policy and legislation~~ laws, regulations, and policies that increase patient access to radiopharmaceuticals.

The New Business Review Committee recommends amendment to align with the standardized recommendation by the Policy Review Committee around regulatory language.

## NBI #6 – 2020, 2015 Integrated Nationwide Prescription Drug Monitoring Program

**NBI Motion: To adopt the following policy statement as amended and part of the existing 2020, 2015 Integrated Nationwide Prescription Drug Monitoring Program policy**

6. APhA supports the use of interprofessional advisory boards, that include pharmacists, to coordinate collaborative efforts for (a) compiling, analyzing, and using prescription drug monitoring program (PDMP) data trends related to controlled substance use in a manner other than prescribed ~~misuse, abuse,~~ and/or fraud; (b) providing focused provider education and patient referral to treatment programs; and (c) supporting research activities on the impact of PDMPs.

**The APhA New Business Review Committee recommends **adoption** of New Business Item #6 Statement #6 (Statement #6 of original policy language) as **amended**.**

6. APhA supports the use of interprofessional advisory boards, that include pharmacists, to coordinate collaborative efforts for (a) compiling, analyzing, and using prescription drug monitoring program (PDMP) data trends ~~related~~ to identify controlled substance use in a manner other than prescribed, and/or fraud; (b) providing focused provider education and patient referral to treatment programs; and (c) supporting research activities on the impact of PDMPs.

The New Business Review Committee recommends amendment, to more accurately and narrowly capture the policy's intent of identifying controlled substance use in a manner other than prescribed.

## NBI #7 – 2019, 2016 Substance Use Disorder

**NBI Motion: To adopt the following policy statement as amended and part of the existing 2019, 2016 Substance Use Disorder policy**

1. APhA supports legislative, regulatory, and private sector efforts that include pharmacists' input and that will balance patient/consumers' need for access to medications for legitimate medical purposes with the need to prevent the diversion and use of medications in a manner other than prescribed, ~~misuse, and abuse of medications.~~

**The APhA New Business Review Committee recommends **adoption** of New Business Item #7 Statement #1 as **amended**.**

1. APhA supports ~~legislative, regulatory, laws, regulations, policies,~~ and private sector efforts that include pharmacists' input and that will balance patients' ~~/consumers'~~ need for access to medications for legitimate medical purposes with the need to prevent the diversion and use of medications in a manner other than prescribed.

The committee recommends incorporation of amendments as proposed by the Policy Review Committee to standardize regulatory language, in addition to amendments proposed by the new business item.

## **NBI #8 – 2014 Controlled Substances and Other Medications with the Potential for Abuse and Use of Opioid Reversal Agents**

**NBI Motion: To adopt the following policy statement as amended and part of the existing 2014 Controlled Substances and Other Medications with the Potential for Abuse and Use of Opioid Reversal Agents policy**

1. APhA supports education for pharmacists and student pharmacists to address issues of pain management, palliative care, appropriate use of opioid reversal agents in ~~opioid-associated emergencies overdose~~, drug diversion, and substance ~~use -related and addictive~~ disorders.

**The APhA New Business Review Committee recommends **adoption** of New Business Item #8 Statement #1 as **written**.**

1. APhA supports education for pharmacists and student pharmacists to address issues of pain management, palliative care, appropriate use of opioid reversal agents in opioid-associated emergencies, drug diversion, and substance use disorders.

**NBI Motion: To adopt the following policy statement as amended and part of the existing 2014 Controlled Substances and Other Medications with the Potential for Abuse and Use of Opioid Reversal Agents policy**

2. APhA supports recognition of pharmacists as the health care providers who must exercise professional judgment in the assessment of a patient's conditions to fulfill corresponding responsibility for the use of controlled substances and other medications with the potential for ~~misuse, abuse, use in a manner other than prescribed~~ and/or diversion.

**The APhA New Business Review Committee recommends **adoption** of New Business Item #8 Statement #2 as **written**.**

2. APhA supports recognition of pharmacists as the health care providers who must exercise professional judgment in the assessment of a patient's conditions to fulfill corresponding responsibility for the use of controlled substances and other medications with the potential for use in a manner other than prescribed and/or diversion.

**NBI Motion: To adopt the following policy statement as amended and part of the existing 2014 Controlled Substances and Other Medications with the Potential for Abuse and Use of Opioid Reversal Agents policy**

3. APhA supports pharmacists' access to and use of prescription monitoring programs to identify and prevent drug ~~misuse, abuse, use in a manner other than prescribed~~ and/or diversion.

**The APhA New Business Review Committee recommends **adoption** of New Business Item #8 Statement #3 as **written**.**

3. APhA supports pharmacists' access to and use of prescription monitoring programs to identify and prevent drug use in a manner other than prescribed and/or diversion.

**NBI Motion: To adopt the following policy statement as amended and part of the existing 2014 Controlled Substances and Other Medications with the Potential for Abuse and Use of Opioid Reversal Agents policy**

4. APhA supports the development and implementation of state and federal laws and regulations that permit pharmacists to furnish opioid reversal agents to prevent deaths due to opioid-related associated emergencies ~~deaths due to overdose~~.

**The APhA New Business Review Committee recommends **adoption** of New Business Item #8 Statement #4 as **amended**.**

4. APhA supports the development and implementation of state and federal laws and regulations that permit pharmacists to ~~furnish~~ independently prescribe opioid reversal agents to prevent deaths due to opioid-associated emergencies.

The New Business Review Committee recommends incorporation of standardized language recommended by the Policy Review Committee, related to the replacement of contemporary language.

**NBI Motion: To adopt the following policy statement as amended and part of the existing 2014 Controlled Substances and Other Medications with the Potential for Abuse and Use of Opioid Reversal Agents policy**

5. APhA supports the pharmacist's role in selecting appropriate therapy and dosing and initiating and providing education about the proper use of opioid reversal agents to prevent deaths due to opioid-related deaths due to overdose associated emergencies.

**The APhA New Business Review Committee recommends **adoption** of New Business Item #8 Statement #5 as **written**.**

5. APhA supports the pharmacist's role in selecting appropriate therapy and dosing and initiating and providing education about the proper use of opioid reversal agents to prevent deaths due to opioid-associated emergencies.

### **NBI #9 – 2003, 1971 Security: Pharmacists' Responsibility**

**NBI Motion: Adopt the following policy statement as amended and part of the existing 2003, 1971 Security: Pharmacists' Responsibility policy**

1. APhA encourages pharmacists to voluntarily remove all proprietary drug products with potential for ~~misuse, abuse,~~ use in a manner other than prescribed or adverse drug interactions from general sales areas and to make their dispensing the personal responsibility of the pharmacist.

**The APhA New Business Review Committee recommends rejection of New Business Item #9 Statement #1 as written.**

1. APhA encourages pharmacists to voluntarily remove all proprietary drug products with potential for use in a manner other than prescribed or adverse drug interactions from general sales areas and to make their dispensing the personal responsibility of the pharmacist.

The New Business Review Committee recommends rejection as written, to return to original language:

APhA encourages pharmacists to voluntarily remove all proprietary drug products with potential for misuse, abuse, or adverse drug interactions from general sales areas and to make their dispensing the personal responsibility of the pharmacist.

The New Business Review Committee discussed concerns of unintended implications to this policy as written, and thus recommends rejection as written. The committee also recommends ultimate review by a future Policy Review Committee for consideration to either be amended further or archived.

### **NBI #10 – 2019 Patient-Centered Care of People Who Inject Non-Medically Sanctioned Psychotropic or Psychoactive Substances**

**NBI Motion: To adopt the following policy statement as amended and part of the existing 2019 Patient-Centered Care of People Who Inject Non-Medically Sanctioned Psychotropic or Psychoactive Substances policy**

1. APhA encourages state legislatures and boards of pharmacy to revise laws and regulations to support the patient-centered care of people who use inject non-medically

sanctioned psychotropic or psychoactive substances.

**The APhA New Business Review Committee recommends ~~adoption~~ of New Business Item #10 Statement #1 as ~~written~~.**

1. APhA encourages state legislatures and boards of pharmacy to revise laws and regulations to support the patient-centered care of people who use non-medically sanctioned psychotropic or psychoactive substances.

**NBI Motion: To adopt the following policy statement as amended and part of the existing 2019 Patient-Centered Care of People Who Inject Non-Medically Sanctioned Psychotropic or Psychoactive Substances policy**

2. To reduce the consequences of stigma associated with ~~injection~~ drug use, APhA supports the expansion of interprofessional harm reduction education in the curriculum of schools and colleges of pharmacy, postgraduate training, and continuing professional development programs.

**The APhA New Business Review Committee recommends ~~adoption~~ of New Business Item #10 Statement #2 as ~~written~~.**

2. To reduce the consequences of stigma associated with drug use, APhA supports the expansion of interprofessional harm reduction education in the curriculum of schools and colleges of pharmacy, postgraduate training, and continuing professional development programs.

**NBI Motion: To adopt the following policy statement as amended and part of the existing 2019 Patient-Centered Care of People Who Inject Non-Medically Sanctioned Psychotropic or Psychoactive Substances policy**

3. APhA encourages pharmacists to initiate, sustain, and integrate evidence-based harm reduction principles and programs into their practice to optimize the health of people who ~~use inject~~ non-medically sanctioned psychotropic or psychoactive substances.

**The APhA New Business Review Committee recommends ~~adoption~~ of New Business Item #10 Statement #3 as ~~written~~.**

3. APhA encourages pharmacists to initiate, sustain, and integrate evidence-based harm reduction principles and programs into their practice to optimize the health of people who use non-medically sanctioned psychotropic or psychoactive substances.

**NBI Motion: To adopt the following policy statement as amended and part of the existing 2019 Patient-Centered Care of People Who Inject Non-Medically Sanctioned Psychotropic or Psychoactive Substances policy**

4. APhA supports pharmacists' roles to provide and promote consistent, unrestricted, and immediate access to evidence-based, mortality- and morbidity-reducing interventions to enhance the health of people who ~~use inject~~ nonmedically sanctioned psychotropic or psychoactive substances and their communities, including sterile syringes, needles, and other safe injection equipment, syringe disposal, fentanyl test strips, immunizations, condoms, wound care supplies, pre- and post-exposure prophylaxis medications for human immunodeficiency virus (HIV), point-of-care testing for HIV and hepatitis C virus (HCV), opioid ~~overdose~~ reversal medications, and medications for opioid use disorder.

**The APhA New Business Review Committee recommends ~~adoption~~ of New Business Item #10 Statement #4 as ~~amended~~.**

4. APhA supports pharmacists' roles to provide and promote consistent, unrestricted, and immediate access to evidence-based, mortality- and morbidity-reducing interventions to enhance the health of people who use nonmedically sanctioned psychotropic or psychoactive substances and their communities, including sterile syringes, needles, and other safe injection equipment, syringe disposal, fentanyl test strips, immunizations, condoms, wound care supplies, pre- and post-exposure prophylaxis medications for human immunodeficiency virus (HIV), point-of-care testing for HIV and hepatitis C virus (HCV), opioid reversal ~~medications~~ agents, and medications for opioid use disorder.

The New Business Review Committee recommends amendment, to ensure consistent language of “opioid reversal agents” with this item and New Business Item #8 Statement #5. The committee favored “agents” in this case, to broaden language beyond medications if applicable.

**NBI Motion: To adopt the following policy statement as amended and part of the existing 2019 Patient-Centered Care of People Who Inject Non-Medically Sanctioned Psychotropic or Psychoactive Substances policy**

5. APhA urges pharmacists to refer people who ~~use inject~~ non-medically sanctioned psychotropic or psychoactive substances to specialists in mental health, infectious diseases, and ~~substance use disorder addiction~~ treatment; to housing, vocational, harm reduction, and recovery support services; and to ~~safe consumption facilities overdose prevention sites~~ and syringe service programs.

**The APhA New Business Review Committee recommends ~~adoption~~ of New Business Item #10 Statement #5 as ~~written~~.**

5. APhA urges pharmacists to refer people who use non-medically sanctioned psychotropic or psychoactive substances to specialists in mental health, infectious diseases, and substance use disorder treatment; to housing, vocational, harm reduction,

and recovery support services; and to safe consumption facilities and syringe service programs.

## **NBI #11 – 2017, 2012 Contemporary Pharmacy Practice**

**NBI Motion: To adopt the following policy statements as amended and part of the existing 2017, 2012 Contemporary Pharmacy Practice policy**

1. APhA ~~asserts that pharmacists should have the authority and support to practice to~~ supports practice authorities based on the full extent of ~~their~~ pharmacists' education, training, and experience ~~into~~ delivering patient care in all practice settings and activities.

**The APhA New Business Review Committee recommends rejection of New Business Item #11 Statement #1 as written.**

APhA supports practice authorities based on the full extent of pharmacists' education, training, and experience to deliver patient care in all practice settings and activities.

The New Business Review Committee recommends rejection as written, to return to original language:

APhA asserts that pharmacists should have the authority and support to practice to the full extent of their education, training, and experience in delivering patient care in all practice settings and activities.

The committee considers the original policy language to be stronger and more assertive to ensuring pharmacists' have relevant authority and support to the full extent of their education, training, and experience.

**NBI Motion: To adopt the following policy statements as amended and part of the existing 2017, 2012 Contemporary Pharmacy Practice policy**

2. APhA opposes burdensome legal and regulatory requirements beyond continuing professional development for the provision of patient care services.

**The APhA New Business Review Committee recommends adoption of New Business Item #11 Statement #2 as written.**

2. APhA opposes burdensome legal and regulatory requirements beyond continuing professional development for the provision of patient care services.