

American Pharmacists Association House of Delegates – March 22-25, 2024 To be completed by the Office of the Secretary of the House of Delegates

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NEW BUSINESS

(To be submitted and introduced by Delegates only)

Introduced by: <u>Wendy Mobley-Bukstein</u>

(Name)

01/17/2024

APhA-APPM Delegation

(Date)

(Organization)

Subject: Contemporary Pharmacy Practice

Motion: To adopt the following policy statements as amended and part of the existing 2017, 2012

Contemporary Pharmacy Practice policy

2017, 2012 Contemporary Pharmacy Practice

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

(JAPhA. NS52(4):457; July/August 2012) (Reviewed 2016) (JAPhA. 57(4):441; July/August 2017) (Reviewed 2019) (Reviewed 2021) (Reviewed 2022) (Reviewed 2023)

Background:

In matters related to pharmacy practice and patient care, the Government Affairs (GA) staff at APhA is often consulted regarding the education, training, knowledge and credentials that a pharmacist must possess to provide adequate patient care services. When combing through APhA policy, it is cited many times that a pharmacist must possess education, training and knowledge in order to provide patient care services but it is not called out specifically that an individual who has graduated from an accredited pharmacy program and who maintains a professional license in a recognized US state or territory and keeps this license current through continuing professional development or continuing education is sufficiently trained to provide patient care services. Amending the Contemporary Pharmacy Practice policy as proposed above is intended to create stronger wording to assist the GA staff in their daily business. All six statements of the existing 2017, 2012 Contemporary Pharmacy Practice policy are provided below for reference.

Current APhA Policy & Bylaws:

2017, 2012

Contemporary Pharmacy Practice

- 1. 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.
- 2. APhA supports continuing efforts toward establishing a consistent and accurate perception of the contemporary role and practice of pharmacists by the general public, patients, and all persons and institutions engaged in health care policy, administration, payment, and delivery.
- 3. APhA supports continued collaboration with stakeholders to facilitate adoption of standardized practice acts, appropriate related laws, and regulations that reflect contemporary pharmacy practice.
- 4. APhA supports the establishment of multistate pharmacist licensure agreements to address the evolving needs of the pharmacy profession and pharmacist-provided patient care.
- 5. APhA urges the continued development of consensus documents, in collaboration with medical associations and other stakeholders, that recognize and support pharmacists' roles in patient care as health care providers.
- 6. APhA urges universal recognition of pharmacists as health care providers and compensation based on the level of patient care provided using standardized and future health care payment models.

(JAPhA. NS52(4):457; July/August 2012) (Reviewed 2016) (JAPhA. 57(4):441; July/August 2017) (Reviewed 2019) (Reviewed 2021) (Reviewed 2022)

Continuing Professional Development, 2005

I. APhA supports continuing professional development, a self-directed, individualized, systematic approach to life-long learning, to support pharmacist's efforts to maintain professional competence in their practice.

2. APhA should work with appropriate organizations to provide self-assessment and plan development tools. APhA shall help identify and facilitate access to quality educational programs.

3. Employers should foster and support pharmacist participation in continuing professional development.

4. Continuing professional development is a learning process that requires full participation to achieve desired individual outcomes. To facilitate that participation, each pharmacist controls disclosure of their individual assessments and outcomes.

(JAPhA. NS45(5):554; September/October 2005) (Reviewed 2006) (Reviewed 2009) (Reviewed 2014) (Reviewed 2019)

Continued Competence Assessment Examination, 2003, 1997

I. APhA should develop, in cooperation with other state and national associations, a voluntary process for self-assessing pharmaceutical care competence.

2. APhA opposes regulatory bodies utilizing continuing competence examinations as a requirement for renewal of a pharmacist's license.

3. APhA supports programs that measure and evaluate pharmacist competence based on established valid standards. (JAPhA. NS37(4):460; July/August 1997) (JAPhA. NS43(5)(suppl 1):558; September/October 2003) (Reviewed 2005) (Reviewed 2006) (Reviewed 2008) (

Standards of Care Regulatory Model for State Pharmacy Practice Acts, 2022

I. APhA requests that state boards of pharmacy and legislative bodies regulate pharmacy practice using a standard of care regulatory model similar to other health professions' regulatory models, thereby allowing pharmacists to practice at the level consistent with their individual education, training, experience, and practice setting.

2. To support implementation of a standard of care regulatory model, APhA reaffirms 2002 policy that encourages states to provide pharmacy boards with the following: (a) adequate resources; (b) independent authority, including autonomy from other agencies; and (c) assistance in meeting their mission to protect the public health and safety of consumers.

3. APhA encourages NABP as well as state and national pharmacy associations to support and collaborate with state boards of pharmacy in adopting and implementing a standard of care regulatory model.

4. APhA and other pharmacy stakeholders should provide educational programs, information, and resources regarding the standard of care regulatory model and its impact on pharmacy practice.

(JAPhA. 62(4):941; July 2022)

2011) (Reviewed 2016)

Multi-State Practice of Pharmacy, 2021

I. APhA affirms that pharmacists are trained to provide patient care, and have the ability to address patient needs, regardless of geographic location.

2. APhA advocates for the continued development of uniform laws and regulations that facilitate pharmacists', student pharmacists', and pharmacy technicians' timely ability to practice in multiple states to meet practice and patient care needs.

3. APhA supports individual pharmacists' and student pharmacists' authority to provide patient care services across state lines whether in person or remotely.

4. APhA supports consistent and efficient centralized processes across all states for obtaining and maintaining pharmacist, pharmacy intern, and pharmacy technician licensure and/or registration.

5. APhA urges state boards of pharmacy to reduce administratively and financially burdensome requirements for licensure while continuing to uphold patient safety.

6. APhA encourages the evaluation of current law exam requirements for obtaining and maintaining initial state licensure, as well as licensure in additional states, to enhance uniformity and reduce duplicative requirements.

7. APhA urges state boards of pharmacy and the National Association of Boards of Pharmacy (NABP) to involve a member of the board of pharmacy and a practicing pharmacist in the review and updating of state jurisprudence licensing exam questions.

8. APhA calls for development of profession-wide consensus on licensing requirements for pharmacists and pharmacy personnel to support contemporary pharmacy practice.

(JAPhA. 61(4):e14-e15;July/August 2021) (Reviewed 2023)

**Phone numbers will only be used by the New Business Review Committee in case there are questions for the delegate who submitted the New Business Item content.

New Business Items are due to the Speaker of the House by **January 22, 2024** (60 days prior to the start of the first House session). Consideration of urgent items can be presented with a suspension of the House Rules at the session where New Business will be acted upon. Please submit New Business Items to the Speaker of the House via email at <u>hod@aphanet.org</u>.