American Pharmacists Association
For Every Pharmacist. For All of Pharmacy.

American Pharmacists Association
House of Delegates – March 22-25, 2024

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NEW BUSINESS
(To be submitted and introduced by Delegates only)

Introduced by: Mahwish Yousaf
(Name)

January 5, 2024 **(Date)**

APhA-APPM, on behalf of the Care of Underserved Patients SIG **(Organization)**

Subject: Pharmacist's roles in sexually transmitted infections prevention and treatment in underserved patients

Motion: To adopt the following policy statements 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.
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.
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.

Background:

Expedited partner therapy (EPT) for chlamydia or gonorrhea treatment, HIV pre-exposure prophylaxis (PrEP), and post-exposure prophylaxis (PEP) services play a critical role in public health. Expanding access to these services through pharmacists could have a profound impact on reducing the spread of sexually transmitted infections (STIs), preventing HIV infections, and improving overall community health.

The CDC states more than 2.5 million cases of chlamydia, gonorrhea, and syphilis were reported in 2021. This statistic likely underestimates the prevalence of STIs due to reallocation of healthcare personnel and resources to addressing SARS-CoV-2 immunization and treatment.[1] Sexually transmitted infection and HIV disproportionately impact underserved and vulnerable communities, including men who have sex with men (MSM), men who have sex with partners of unknown sex (MSU), racial and ethnic minorities, and youth age 15-24 years old.[1] The prevalence of HIV infections among economically disadvantaged patients living in urban areas is more than 5% compared to less than 1% in the general U.S. population. [2] While PrEP is underutilized nationally, prescribing disparities exist based on patient gender, race, and ethnicity.[3] Underserved patient populations, by definition, receive fewer health care services because of barriers to services, lack of familiarity with the healthcare system, or a shortage of healthcare providers.

An expansion of PrEP and PEP education and services through pharmacist providers aligns with the National HIV/AIDS Strategy (NHAS) 2022-2025 to increase the capacity of the healthcare workforce to expand preventative interventions aimed at reducing the spread of HIV.[4] Pharmacists are trained to provide evidence-based care, ensuring that patients receive the most effective treatments. Models of services coordinated by or including pharmacists in the care team, have been shown to improve uptake, adherence, and outcomes among patients at higher risk for acquiring HIV.[3,5,6] One such study evaluated initial PrEP prescriptions, dispensations, and attrition of care among patients experiencing homelessness. Statistically significant improvements in patient assistance programs and primary medication adherence were noted with the addition of a clinical pharmacist who manages a PrEP service—including prescribing-- under a collaborative practice agreement to the care team.[7]

Pharmacists play a critical role in addressing misinformation and serving as a public health resource for patients. Therefore, pharmacists should play an active role in the development of education and resources, particularly on EPT, PrEP, and PEP to increase awareness and access in underserved patient populations. A survey of youth participants aged 14-24 years old showed that most participants (86%) were unaware of EPT as a treatment option for STI. Notably, the 7% of respondents who opposed EPT believed it was the their sexual partner's health was not the respondent's responsibility and the partner's responsibility alone, illustrating the global importance of STI prevention and screening education.[8] In a study assessing persistence among patient receiving PrEP at a pharmacist-led clinic, a majority of patients who successfully started PrEP cited the pharmacist's knowledge, caring attitude, and assistance in obtaining the necessary prescription as key factors in taking PrEP. Cost was a limiting factor for primary non-adherence. Patients self-reported that misconceptions and misinformation about PrEP negatively impacted persistence.[5] There remains a need for pharmacists in the development of education and resources regarding PrEP, PEP and EPT to bridge this gap.

Pharmacists are arguably the most accessible healthcare providers, seeing their patients 1.5-10 times more often than a primary care physician.[9] The role of the pharmacist has grown beyond dispensing medications to include the provision of services that focus on the use of cost effective medications, medication adherence, immunization administration, and—in some cases—managing care from testing to treatment.[10] Pharmacists are well positioned to provide EPT, PrEP, and PEP services. In regular practice, pharmacists dispense medication, work with patients to ensure adherence, address adverse effects that may arise, and educate patients

about non-pharmacologic interventions. Pharmacists are trained to address many of the barriers that prevent the initiation of and persistence with PrEP. Pharmacists can currently recommend PrEP, PEP, or that partners seek treatment, but legislative barriers exist that prevent pharmacists providing immediate assistance. Legal nuances surrounding prescription requirements impeded the success of EPT as a public health strategy. While EPT is intended to promote partner treatment, traditional prescription requirements include patient information (e.g. name, address), the need for medical evaluation prior to prescribing, and direct prescription for an individual patient. Laws related to EPT vary significantly from state to state. In a regional survey of New England pharmacists, only half of pharmacists were familiar with laws governing EPT and aware of the resources available to them through their respective state boards of pharmacy. While a majority of pharmacists agree that pharmacists play a critical role, concern regarding liability and legality of EPT hinder patient access to care.[11] These issues are not a geographically limited issue. Revision of laws to permit pharmacists to provide immediate access to EPT, PrEP, and PEP therapy is critical in addressing these public health issues.

Current APhA Policy & Bylaws:

2022 Data to Advance Health Equity

1. APhA urges pharmacists to use patient-specific data and social determinants of health to address health inequities and drive decision-making in practice and advocacy. *(JAPhA. 62(4): 941; July 2022)*

2017 Patient Access to Pharmacist-Prescribed Medications

1. APhA asserts that pharmacists' patient care services and related prescribing by pharmacists help improve patient access to care, patient outcomes, and community health, and they align with coordinated, team-based care.
2. APhA supports increased patient access to care through pharmacist prescriptive authority models.
3. APhA opposes requirements and restrictions that impede patient access to pharmacist-prescribed medications and related services.
4. APhA urges prescribing pharmacists to coordinate care with patients' other health care providers through appropriate documentation, communication, and referral.
5. APhA advocates that medications and services associated with prescribing by pharmacists must be covered and compensated in the same manner as for other prescribers.
6. APhA supports the right of patients to receive pharmacist-prescribed medications at the pharmacy of their choice.

(JAPhA. 57(4):442; July/August 2017) (Reviewed 2019) (Reviewed 2020) (Reviewed 2021)

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)

2009 Disparities in Health Care

1. APhA supports elimination of disparities in health care delivery.
   (JAPhA. NS49(4):493; July/August 2009) (Reviewed 2013) (Reviewed 2018) (Reviewed 2020) (Reviewed 2022)

1995 Continuum of Patient Care

1. APhA advocates and will facilitate pharmacists' participation in the continuum of patient care. The continuum of patient care is characterized by the interdisciplinary care provided a patient through a series of organized, connected events or activities independent of time and practice site, in order to optimize desired therapeutic outcomes.
2. APhA will facilitate pharmacists' participation in the continuum of patient care by (a) achieving recognition for the pharmacist as a primary care provider; (b) securing access for pharmacists to patient information systems, including creation of the necessary software for the purpose of record maintenance of cognitive services provided by pharmacists; and (c) developing means and methods to establish and enable pharmacists' direct participation in the continuum of patient care.

(Am Pharm. NS35(6):36 June; 1995) (Reviewed 2004) (Reviewed 2006) (Reviewed 2011) (Reviewed 2016) (Reviewed 2019)

2013, 1980 Medication Selection by Pharmacists

1. APhA supports the concept of a team approach to health care in which health care professionals perform those functions for which they are educated. APhA recognizes that the pharmacist is the expert on drugs and drug therapy on the health care team and supports a medication selection role for the pharmacist, based on the specific diagnosis of a qualified health care practitioner.

   (Am Pharm. NS20(7):62; July 1980) (Reviewed 2003) (Reviewed 2007) (Reviewed 2008) (Reviewed 2009)(Reviewed 2011) (Reviewed 2012) (JAPhA. 53(4):366; July/August 2013) (Reviewed 2018)

2003, 1992 The Pharmacist's Role in Therapeutic Outcomes

1. APhA affirms that achieving optimal therapeutic outcomes for each patient is a shared responsibility of the health care team.

2. APhA recognizes that a primary responsibility of the pharmacist in achieving optimal therapeutic outcomes is to take an active role in the development and implementation of a therapeutic plan and in the appropriate monitoring of each patient.

   (Am Pharm. NS32(6):515; June 1992) (JAPhA. NS43(5)(suppl 1):S57; September/October 2003) (Reviewed 2007) (Reviewed 2009) (Reviewed 2010) (Reviewed 2011)(Reviewed 2016) (Reviewed 2016)

2012, 2005, 1992 The Role of Pharmacists in Public Health Awareness

1. APhA recognizes the unique role and accessibility of pharmacists in public health.
2. APhA encourages pharmacists to provide services, education, and information on public health issues.
3. APhA encourages the development of public health programs for use by pharmacists and student pharmacists.
4. APhA should provide necessary information and materials for student pharmacists and pharmacists to carry out their role in disseminating public health information.
5. APhA encourages organizations to include pharmacists and student pharmacists in the development of public health programs.

   (Am Pharm. NS32(6):515; June 1992) (JAPhA. 45(5):556; September/October 2005) (Reviewed 2009) (Reviewed 2010) (JAPhA. NS52(4):460; July/August 2012) (Reviewed 2017) (Reviewed 2020)

2023 Pharmacy Shortage Areas

1. APhA recognizes geographic proximity and transportation to pharmacies as key determinants in equitable access to medications, vaccines, and patient care services.
2. APhA calls for laws, regulations, and policies that reduce pharmacy shortage areas and ensure equitable access to essential services.
3. APhA supports the development of financial incentives to establish physical pharmacy locations in pharmacy shortage areas and to prevent the closure of pharmacies in underserved areas.
   (JAPhA. 63(4):1266; July/August 2023)

2020 Providing Affordable and Comprehensive Pharmacy Services to the Underserved

1. APhA supports the expansion and increased sources of funding for pharmacies and pharmacist-provided care services that serve the needs of underserved populations to provide better health outcomes and lower healthcare costs.
2. APhA supports charitable pharmacies and pharmacy services that ensure the quality, safety, drug storage, and integrity of the drug product and supply chain, in accordance with applicable law.

(JAPhA. 60(5):e11; September/October 2020) (Reviewed 2022)

****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 hod@aphanet.org.