



Open Hearing on March 2023 House Session Materials

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Delegates

For Every Pharmacist. For All of Pharmacy.

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Webinar Information

- Dial-in and use access code and audio pin on your control panel to limit audio issues and background noise during the webinar.
- Submit your comments/questions during the webinar using the chat box on your control panel or email HOD@aphanet.org
- Select “raise hand” button to request to speak and you will be recognized by the moderators as time permits.
- Note: all comments/questions received will be considered by the Policy Reference Committee and New Business Review Committee
- This webinar is being recorded for future access on the House of Delegates webpage, www.pharmacist.com/apha-house-delegates

Webinar Information

- Webinar scheduled for 60 minutes
 - 5-10 minutes for overview
 - 20 minutes per Report
 - Policy Reference Committee
 - New Business Review Committee
 - 10 minutes for questions/ general information
- Moderators will clarify issues, but will not engage in debate



Recommendations of the 2022-23 Policy Reference Committee

Policy Reference Committee

Loren Kirk, Chair

Brooke Kulusich

Nicholas Capote

Charlie Mollie

Dalton Fabian

Frank North

Heather Free

Lucy West

Policy Reference Committee Recommendations

- The committee met twice in December and January, following two Proposed Policy Statement Open Hearings
- Recommendations
 - Adopt as written
 - Topic #1 – Workplace Conditions – 3 statements
 - Topic #2 – Just Culture Approach to Patient Safety – 5 statements
 - Topic #3 – Site of Care Patient Steerage – all 2 statements
 - Adopt as amended
 - Topic #1 – Workplace Conditions – 4 statements
 - Topic #2 – Just Culture Approach to Patient Safety – 1 statement

Recommendations of the Policy Reference Committee

TOPIC #1

Workplace Conditions

For Every Pharmacist. For All of Pharmacy.

Workplace Conditions (7 statements)

The APhA Policy Reference Committee recommends adoption of the following as written.

1. APhA calls for employers to provide fair, realistic, and equitable workplace conditions for pharmacy personnel that promotes a safe, healthy, and sustainable working environment.

[Refer to Workplace Conditions Summary of Discussion Items 1–9]

The Policy Reference Committee noted that terms such as “fair”, “realistic” and “sustainable” are defined and expanded on in the Policy Committee’s summary of discussion.

Workplace Conditions (7 statements)

The APhA Policy Reference Committee recommends adoption of the following as amended.

2. APhA urges all entities that impact pharmacy personnel workplace conditions to adopt ~~the APhA/National Alliance of State Pharmacy Associations (NASPA)~~ Pharmacists Fundamental Responsibilities and Rights.

[Refer to Workplace Conditions Summary of Discussion Items 1–2, 10–12]

The Policy Reference Committee recommends the edit above, to properly capture the Pharmacists Fundamental Responsibilities and Rights. For added context on who constitutes a relevant “entity”, delegates may refer to Summary of Discussion points 11 and 12 of the Workplace Conditions Section of the Policy Reference Committee Report.

Workplace Conditions (7 statements)

The APhA Policy Reference Committee recommends adoption of the following as amended.

3. APhA urges employers to develop and empower pharmacy personnel to use flexible practice management models based on available staffing, expertise, and resources that balance workloads ~~and facilitate improved focus to~~ minimize distractions.

[Refer to Workplace Conditions Summary of Discussion Items 1–2, 13–22]

The Policy Reference Committee recommends the edit above, to be concise.

Workplace Conditions (7 statements)

The APhA Policy Reference Committee recommends adoption of the following as amended.

4. APhA advocates for employers to provide workplace onboarding and training for pharmacy personnel to ~~promote optimal~~ optimize employee performance and satisfaction.

[Refer to Workplace Conditions Summary of Discussion Items 1–2, 23–26]

The Policy Reference Committee recommends the edit above, to be more concise. The committee also reaffirms the intended meaning of this statement to encourage onboarding and training for employees as a method of increasing employee satisfaction and performance.

Workplace Conditions (7 statements)

The APhA Policy Reference Committee recommends adoption of the following as amended.

5. APhA encourages pharmacy personnel, starting with leaders, to model and ~~promote~~ **facilitate** individualized healthy working behaviors that improve well-being and to encourage and empower colleagues to do the same.

[Refer to Workplace Conditions Summary of Discussion Items 1–2, 23–26]

The Policy Reference Committee accepts the recommended edit above, noting that “facilitate” may be the more appropriate verb. The committee considered whether to expand this statement to address patient safety outcomes, however opted to narrow the overall scope of this policy topic to pharmacists’ wellbeing.

Workplace Conditions (7 statements)

The APhA Policy Reference Committee recommends adoption of the following as written.

6. APhA opposes the sole use of productivity and fiscal measures for employee performance evaluations.

[Refer to Workplace Conditions Summary of Discussion Items 1–2, 31–34]

The Policy Reference Committee considered a recommendation to include alternative performance measures in the statement besides “productivity and fiscal measures”, however the committee determined further specificity is not warranted to achieve the intended meaning.

Workplace Conditions (7 statements)

The APhA Policy Reference Committee recommends adoption of the following as written.

7. APhA calls for employers to take an active role in the development and use of behavioral performance competencies in performance evaluations.

[Refer to Workplace Conditions Summary of Discussion Items 1–2, 31–34]

The Policy Reference Committee considered a recommendation to elaborate on behavioral competencies in the proposed statement, and determined this could potentially limit the intended meaning. Examples of behavioral competencies as noted in the summary of discussion, include empathy, active listening, effective communication, and personal responsibility.

Workplace Conditions (7 statements)

1. APhA calls for employers to provide fair, realistic, and equitable workplace conditions for pharmacy personnel that promotes a safe, healthy, and sustainable working environment.
2. APhA urges all entities that impact pharmacy personnel workplace conditions to adopt ~~the APhA/National Alliance of State Pharmacy Associations (NASPA)~~ Pharmacists Fundamental Responsibilities and Rights.
3. APhA urges employers to develop and empower pharmacy personnel to use flexible practice management models based on available staffing, expertise, and resources that balance workloads ~~and facilitate improved focus~~ to minimize distractions.
4. APhA advocates for employers to provide workplace onboarding and training for pharmacy personnel to ~~promote optimal~~ optimize employee performance and satisfaction.
5. APhA encourages pharmacy personnel, starting with leaders, to model and ~~promote~~ facilitate individualized healthy working behaviors that improve well-being and to encourage and empower colleagues to do the same.
6. APhA opposes the sole use of productivity and fiscal measures for employee performance evaluations.
7. APhA calls for employers to take an active role in the development and use of behavioral performance competencies in performance evaluations.

Recommendations of the Policy Reference Committee

TOPIC #2

Just Culture Approach to Patient Safety

Just Culture Approach to Patient Safety (6 statements)

The APhA Policy Reference Committee recommends adoption of the following as written.

1. APhA calls for employers to adopt and implement just culture principles to improve patient safety and support pharmacy personnel.

[Refer to Just Culture Approach to Patient Safety Summary of Discussion Items 1–3]

The Policy and Policy Reference Committee broadly defined just culture as a system in which errors are not attributed to an individual's mistakes, but rather to the totality of a structured environment, system, and workflow. The committee also noted that second victim syndrome is captured by the call to "support pharmacy personnel", and thus no further revisions warranted.

Just Culture Approach to Patient Safety (6 statements)

The APhA Policy Reference Committee recommends adoption of the following as written.

2. APhA encourages transparency between employers and employees by sharing deidentified medication error and near-miss data and trends as well as actions taken to promote continuous quality improvement.

[Refer to Just Culture Approach to Patient Safety Summary of Discussion Items 1–2, 4–6]

The Policy Reference Committee considered a recommendation to specify that actions taken to promote continuous quality improvement are “non-punitive”, however noted this may be redundant in the context of just culture principles. Furthermore, non-punitive mechanisms are already addressed in the following statement related to boards of pharmacy.

Just Culture Approach to Patient Safety (6 statements)

The APhA Policy Reference Committee recommends adoption of the following as written.

3. APhA urges the adoption of non-disciplinary and non-punitive mechanisms for use by boards of pharmacy to promote just culture when addressing people, systems, and processes involved in medication errors.

[Refer to Just Culture Approach to Patient Safety Summary of Discussion Items 1–2, 7-16]

The Policy Reference Committee recommended no further action or revisions of this proposed policy statement.

Just Culture Approach to Patient Safety (6 statements)

The APhA Policy Reference Committee recommends adoption of the following as amended.

4. APhA encourages national and state associations to advocate for legislation ~~in all states~~ to provide protections to individuals utilizing error reporting systems to promote just culture.

[Refer to Just Culture Approach to Patient Safety Summary of Discussion Items 1–2, 12, 17–18]

The Policy Reference Committee reviewed a delegate comment, which expressed concern over implications of negligence by encouraging national and state associations to advocate for such legislation. The committee noted just culture principles are distinct from protecting negligence. The committee recommends to strike “in all state”, to better capture intended meaning of individual stakeholder advocating for their respective legislation.

Just Culture Approach to Patient Safety (6 statements)

The APhA Policy Reference Committee recommends adoption of the following as written.

5. APhA encourages the creation of a mechanism for an industrywide effort to engage in confidential and transparent sharing of learnings and root cause findings helpful in reducing the risk of medication errors.

[Refer to Just Culture Approach to Patient Safety Summary of Discussion Items 1–2, 12, 19]

The Policy Reference Committee reviewed a recommendation received to model such mechanisms on existing national standards for medicine or nursing and determined that no further action was warranted at this time, based on limited operational scope of policy.

Just Culture Approach to Patient Safety (6 statements)

The APhA Policy Reference Committee recommends adoption of the following as written.

6. APhA supports the development of just culture education and training in the curriculum of all schools and colleges of pharmacy, postgraduate training, and continuing professional development programs.

[Refer to Just Culture Approach to Patient Safety Summary of Discussion Items 1–2, 20]

The Policy Reference Committee noted a delegate comment, that there may be an opportunity to engage patient advocacy groups in discussions of just culture education and training.

Just Culture Approach to Patient Safety (6 statements)

1. APhA calls for employers to adopt and implement just culture principles to improve patient safety and support pharmacy personnel.
2. APhA encourages transparency between employers and employees by sharing deidentified medication error and near-miss data and trends as well as actions taken to promote continuous quality improvement.
3. APhA urges the adoption of non-disciplinary and non-punitive mechanisms for use by boards of pharmacy to promote just culture when addressing people, systems, and processes involved in medication errors.
4. APhA encourages national and state associations to advocate for legislation ~~in all states~~ to provide protections to individuals utilizing error reporting systems to promote just culture.
5. APhA encourages the creation of a mechanism for an industrywide effort to engage in confidential and transparent sharing of learnings and root cause findings helpful in reducing the risk of medication errors.
6. APhA supports the development of just culture education and training in the curriculum of all schools and colleges of pharmacy, postgraduate training, and continuing professional development programs.

Recommendations of the Policy Reference Committee

TOPIC #3

Site of Care Patient Steerage

Site of Care Patient Steerage (2 statements)

The APhA Policy Reference Committee recommends adoption of the following as written.

1. APhA calls for the elimination of payer-driven medication administration policies and provisions that restrict access points, interfere with shared provider–patient decision-making, cause delays in care, or otherwise adversely impact the patient.

[Refer to Site of Care Patient Steerage Summary of Discussion Items 1–10]

The Policy Reference Committee outlined that this policy topic overall centers around two ideas: the elimination of payer-driven mandates for patients to certain sites of care and addressing a current gap in the involved business models. The committee emphasized that while these proposed policy statements have an origin connecting back to the 2022 Procurement Strategies and Patient Steerage policies, the issues around site of care steerage are broader and can stand alone as a separate policy topic within the APhA policy manual.

Site of Care Patient Steerage (2 statements)

The APhA Policy Reference Committee recommends adoption of the following as written.

1. APhA asserts that care coordination services associated with provider-administered medications are essential to safe and effective medication use and calls for the development of broadly applicable compensation mechanisms for these essential services.

[Refer to Site of Care Patient Steerage Summary of Discussion Items 1–5, 9–17]

The Policy Reference Committee reviewed a delegate recommendation to consider the impacts that high-cost medications and limited insurance coverage have on patient steerage. However the committee determined this was out of the scope of the specific focus here to site of care patient steerage.

Site of Care Patient Steerage (2 statements)

1. APhA calls for the elimination of payer-driven medication administration policies and provisions that restrict access points, interfere with shared provider–patient decision-making, cause delays in care, or otherwise adversely impact the patient.
2. APhA asserts that care coordination services associated with provider-administered medications are essential to safe and effective medication use and calls for the development of broadly applicable compensation mechanisms for these essential services.



Recommendations of the 2022-23 Policy Reference Committee

TIME FOR DISCUSSION



Recommendations of the 2022-23 New Business Review Committee

New Business Review Committee

Matthew Lacroix, Chair

Brian Hose

Ally Dering-Anderson

Matthew Kirchoff

Sarah Derr

John Pieper

Shane Garrettson

Traci Poole

Mary Gurney

NBI #1: Development of veterinary pharmacy curricula in schools and colleges of pharmacy and pharmacy technology

Introduced by: Brenda Jensen, Gigi Davidson, Natalie Young, on behalf of ACVP

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

1. APhA encourages schools and colleges of pharmacy and pharmacy technology to develop ~~curriculums~~ curricular opportunities for student pharmacists that educate pharmacists, student pharmacists, and pharmacy technicians to attain competencies in the principles of veterinary pharmacotherapy.

The NBRC recommends amendment of the proposed policy statement, noting that the development of “curricula” in principles of veterinary pharmacology may be more prescriptive and restrictive than intended. “Curricular opportunities” reflect the overall intent and principles for this policy.

NBI #1: Development of veterinary pharmacy curricula in schools and colleges of pharmacy and pharmacy technology

Introduced by: Brenda Jensen, Gigi Davidson, Natalie Young, on behalf of ACVP

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

2. APhA encourages training of pharmacists and pharmacy technicians in the principles of veterinary pharmacotherapy.

The NBRC recommends addition of a second statement, to capture experiential education and training for pharmacy personnel in the principles of veterinary pharmacy.

NBI #2: Uncompensated Care Mandates in Pharmacy

Introduced by: Randy McDonough, Magaly Rodriguez de Bittner, Stephen Carroll on behalf of the APhA Board of Trustees

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

1. APhA ~~expects~~ calls for appropriate payment ~~that all government, manufacturer, and payor policies for the provision of patient care, medical products and supplies, and related administrative services, appropriately recognize the role of pharmacists and pharmacies, and have adequate funding and accompanying mechanisms for reimbursement~~ for all mandated pharmacist and pharmacy-provided services.

The NBRC recommends amendment of the proposed policy statement to maintain brevity, while also capturing the original intent to target payment for mandated pharmacist services. The committee also notes that “calls on” may be a stronger verb for this subject and intended audience.

NBI #2: Uncompensated Care Mandates in Pharmacy

Introduced by: Randy McDonough, Magaly Rodriguez de Bittner, Stephen Carroll on behalf of the APhA Board of Trustees

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

2. APhA ~~calls for expects that all government entities, manufacturers, and~~ payors incorporate to be transparent and ~~perform~~ comprehensive cost analyses ~~associated~~ with the implementation of new programs ~~in establishing reimbursements for requiring~~ pharmacist-provided patient care services., ~~medical products and supplies, and related administrative services.~~

The NBRC recommends amendment in the interest of brevity, while still capturing the original intent of advocating for cost analyses to determine appropriate payment for pharmacist services.

NBI #3: Access to Reproductive Health Care Services

Introduced by: Veronica Vernon, on behalf of the APhA Task Force on Reproductive Health Care Access

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

1. APhA supports equitable patient access to evidence-based comprehensive reproductive health care, including, but not limited to, the management of pregnancy loss, ectopic pregnancy, infertility, pregnancy termination, ~~sterilization, and~~ contraception, and permanent contraception.

The NBRC recommends “permanent contraception”, to utilize most current reproductive health care terminology. The feedback to incorporate such language was raised by delegates during webinars.

NBI #3: Access to Reproductive Health Care Services

Introduced by: Veronica Vernon, on behalf of the APhA Task Force on Reproductive Health Care Access

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

2. APhA recognizes patient autonomy in choosing reproductive health care services and the essential role of all health care professionals in facilitating access and advancing informed decision making.

NBI #3: Access to Reproductive Health Care Services

Introduced by: Veronica Vernon, on behalf of the APhA Task Force on Reproductive Health Care Access

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

3. APhA supports evidence-based legislation that ensures patient access to comprehensive reproductive health care services.

NBI #3: Access to Reproductive Health Care Services

Introduced by: Veronica Vernon, on behalf of the APhA Task Force on Reproductive Health Care Access

The APhA New Business Review Committee recommends adoption of the following as New Business Item #3 Whole Numbered Statement #4 as written.

4. APhA opposes legal actions against pharmacies, pharmacists, and pharmacy personnel that provide patient access to, or information regarding, reproductive health care services that are within pharmacist scope of practice.

The committee recommends integrating the statement originally presented via New Business Item #4 Statement #1, as an additional statement #4 to New Business Item #3, per delegate feedback during the Open Forums on APhA2023 New Business Items. This recommendation comes in consultation with the original New Business Item authors, to simplify the presentation of these policy statements relating to similar content. Additionally, based on feedback from open forums, the committee recommends the addition of “or information regarding”, to capture the full of scope of reproductive health care services which are within pharmacists’ scope of practice.

NBI #4: Pharmacist Protection to Reproductive Health Care Access

Introduced by: Veronica Vernon, on behalf of the APhA Task Force on Reproductive Health Care Access

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

- ~~1. APhA opposes legal actions against pharmacies, pharmacists, and pharmacy personnel that provide patient access to, or information regarding, reproductive health care services that are within pharmacist scope of practice.~~

The committee recommends integrating the statement originally presented via New Business Item #4 Statement #1, as an additional statement #4 to New Business Item #3, per delegate feedback during the Open Forums on APhA2023 New Business Items. Therefore, in order to execute this recommendation to integrate the statement to New Business Item #3, the committee must reject New Business Item #4 as a standalone motion. This recommendation comes in consultation with the original New Business Item authors, to simplify the presentation of these policy statements relating to similar content.

NBI #5: Employer Responsibilities Regarding Comprehensive Reproductive Health Care Access

Introduced by: Veronica Vernon, on behalf of the APhA Task Force on Reproductive Health Care Access

The APhA New Business Review Committee recommends adoption of New Business Item #5 Whole Numbered Statement #1 as written.

1. APhA advocates for employers to provide coverage and access to comprehensive reproductive health care services.

NBI #5: Employer Responsibilities Regarding Comprehensive Reproductive Health Care Access

Introduced by: Veronica Vernon, on behalf of the APhA Task Force on Reproductive Health Care Access

The APhA New Business Review Committee recommends adoption of New Business Item #5 Whole Numbered Statement #2 as written.

2. APhA demands that pharmacists and pharmacy personnel receive accommodations before, during and after pregnancy, including but not limited to sufficient time and space for breaks, opportunities to sit while working, and access to food and water between breaks.

NBI #6: Pharmacist Representation on Medical Staff

Introduced by: Hillary Duvivier, on behalf of the United States Public Health Service

The APhA New Business Review Committee recommends adoption of New Business Item #6 Whole Numbered Statement #1 as amended.

1. APhA advocates for pharmacists to be included as members of ~~the~~ medical staffs and ~~to be~~ eligible to vote on ~~the~~ bylaws, standards, rules, regulations, and policies that govern ~~the~~ those institutions' medical staffs.

The NBRC recommends amendment, with the intent to maintain broad language that captures medical staff across all practice settings.

NBI #6: Pharmacist Representation on Medical Staff

Introduced by: Hillary Duvivier, on behalf of the United States Public Health Service

The APhA New Business Review Committee recommends adoption of New Business Item #6 Whole Numbered Statement #2 as amended.

2. APhA supports ~~that~~ pharmacists, as part of the medical staff, have parity in their opportunity to be credentialed and privileged as independent medical providers.

The NBRC recommends amendment to remove “that”, from a grammatic perspective.

NBI #7: Greenhouse Gas Emissions

Introduced by: Briana Rider, on behalf of the United States Public Health Service

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

1. APhA urges ~~stakeholders within the pharmaceutical supply chain to reduce their greenhouse gas emissions~~ implementation of strategies throughout the pharmaceutical product lifecycle (e.g., research, development, manufacturing, marketing, distribution, dispensing, use, and disposal) to achieve net zero emissions by 2050.

The NBRC recommends amendment, to broaden the scope of gas emissions beyond greenhouse gases, while also providing a target reduction for stakeholders to strive for. This comes as a result of delegate questions and feedback during the webinar sessions.

NBI #8: Access to Essential Medicines as a Fundamental Right

Introduced by: Briana Rider, on behalf of the United States Public Health Service

The APhA New Business Review Committee recommends adoption of New Business Item #8 Whole Numbered Statement #1 as amended.

1. APhA ~~encourages~~ advocates regulation, policies and legislation that recognize access to quality and affordable essential medicines as a fundamental human right.

The NBRC recommends an amendment to the proposed policy statement, to strengthen the intended purpose of the proposed policy, and clarify the relevant stakeholders.

NBI #9: Enforcing Antidiscrimination of Medications

Introduced by: Briana Rider, on behalf of the United States Public Health Service

The APhA New Business Review Committee recommends adoption of New Business Item #9 Whole Numbered Statement #1 as amended.

1. APhA ~~affirms its support of~~ advocates for patients ~~obtaining~~ to obtain medications from pharmacies, free from discrimination.

The NBRC recommends condensing the two originally proposed policy statements into one, so as not to be repetitive nor dilute the overall intent.

NBI #9: Enforcing Antidiscrimination of Medications

Introduced by: Briana Rider, on behalf of the United States Public Health Service

The APhA New Business Review Committee recommends rejection of New Business Item #9 Whole Numbered Statement #2 as written.

~~2. APhA opposes discrimination on the basis of disability, pregnancy or related conditions.~~

The NBRC recommends condensing the two originally proposed policy statements into one, so as not to dilute the overall intent; thus, a second statement is not needed after the first statement.

NBI #10: Pharmacy Shortage Areas

Introduced by: Cory Holland, on behalf of APhA-APPM Public Health SIG

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

1. APhA recognizes geographic proximity and transportation to pharmacies as key determinants in equitable access to medications, vaccines, and patient care services.

NBI #10: Pharmacy Shortage Areas

Introduced by: Cory Holland, on behalf of APhA-APPM Public Health SIG

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

2. APhA calls for laws, regulations, and policies that reduce pharmacy shortage areas and ensure equitable access to essential services.

NBI #10: Pharmacy Shortage Areas

Introduced by: Cory Holland, on behalf of APhA-APPM Public Health SIG

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

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.

NBI #11: Legalization or Decriminalization of Illicit Drugs

Introduced by: Adrienne Simmons on behalf of herself

The APhA New Business Review Committee recommends adoption of New Business Item #11 Statement #2 as written within the 2016, 1990 *Legalization or Decriminalization of Illicit Drugs*.

2. APhA supports decriminalization of the possession or use of illicit drug substances or paraphernalia.

The author(s) of New Business Item #11 proposed amendments to the existing 2016, 1990 Legalization of Decriminalization of Illicit Drugs APhA policy, with the rationale to reflect modern language and practices in the fields of drug criminalization and illicit drugs. These recommendations include retainment of the original statement #1, addition of new statements #2 and #3, removal of statement #4, and amendment to language already included in existing policy shown as Statement #5. The committee recommends adoption of the New Business Item authors' recommendations for Statements #2, #3, and #4 (indicated in black text), and recommends removing Statement #5 statement altogether, instead of amending (indicated in red text).

NBI #11: Legalization or Decriminalization of Illicit Drugs

Introduced by: Adrienne Simmons on behalf of herself

The APhA New Business Review Committee recommends adoption of New Business Item #11 Statement #3 as written within the 2016, 1990 *Legalization or Decriminalization of Illicit Drugs*.

3. APhA supports voluntary pathways for the treatment and rehabilitation of individuals who are charged with the possession or use of illicit drug substances and who have substance use or other related medical disorders.

The author(s) of New Business Item #11 proposed amendments to the existing 2016, 1990 Legalization of Decriminalization of Illicit Drugs APhA policy, with the rationale to reflect modern language and practices in the fields of drug criminalization and illicit drugs. These recommendations include retainment of the original statement #1, addition of new statements #2 and #3, removal of statement #4, and amendment to language already included in existing policy shown as Statement #5. The committee recommends adoption of the New Business Item authors' recommendations for Statements #2, #3, and #4 (indicated in black text), and recommends removing Statement #5 statement altogether, instead of amending (indicated in red text).

NBI #11: Legalization or Decriminalization of Illicit Drugs

Introduced by: Adrienne Simmons on behalf of herself

The APhA New Business Review Committee recommends **adoption** of New Business Item #11 Statement #4 **as written** within the 2016, 1990 *Legalization or Decriminalization of Illicit Drugs*.

Original Motion: to **archive** the following policy statement

4. ~~APhA supports the use of drug courts or other evidence-based mechanisms--when appropriate as determined by the courts to provide alternate pathways within the legal criminal justice system for the treatment and rehabilitation of individuals who are charged with drug-related offenses and who have substance use or other related medical disorders.~~

The author(s) of New Business Item #11 proposed amendments to the existing 2016, 1990 Legalization of Decriminalization of Illicit Drugs APhA policy, with the rationale to reflect modern language and practices in the fields of drug criminalization and illicit drugs. These recommendations include retainment of the original statement #1, addition of new statements #2 and #3, removal of statement #4, and amendment to language already included in existing policy shown as Statement #5. The committee recommends adoption of the New Business Item authors' recommendations for Statements #2, #3, and #4 (indicated in black text), and recommends removing Statement #5 statement altogether, instead of amending (indicated in red text).

NBI #11: Legalization or Decriminalization of Illicit Drugs

Introduced by: Adrienne Simmons on behalf of herself

Original Motion by NBI Authors (Statement #5) to amend statement as written

5. APhA supports criminal penalties for persons convicted of ~~drug-related crimes, including but not limited to~~ drug trafficking, drug manufacturing, ~~and~~ or drug diversion, whenever alternate pathways are inappropriate as determined by the courts.

Recommendation from the New Business Review Committee (Statement #5)

- ~~5. APhA supports criminal penalties for persons convicted of drug-related crimes, including but not limited to drug trafficking, drug manufacturing, and or drug diversion, whenever alternate pathways are inappropriate as determined by the courts.~~

The author(s) of New Business Item #11 proposed amendments to the existing 2016, 1990 Legalization of Decriminalization of Illicit Drugs APhA policy, with the rationale to reflect modern language and practices in the fields of drug criminalization and illicit drugs. The committee recommends removing Statement #5 statement altogether, instead of amending (indicated in red text), based on feedback received related to criminal penalties.

NBI #11: Legalization or Decriminalization of Illicit Drugs

Introduced by: Adrienne Simmons on behalf of herself

2. APhA supports decriminalization of the possession or use of illicit drug substances or paraphernalia.
3. APhA supports voluntary pathways for the treatment and rehabilitation of individuals who are charged with the possession or use of illicit drug substances and who have substance use or other related medical disorders.
4. ~~APhA supports the use of drug courts or other evidence-based mechanisms--when appropriate as determined by the courts--to provide alternate pathways within the legal criminal justice system for the treatment and rehabilitation of individuals who are charged with drug-related offenses and who have substance use or other related medical disorders.~~
5. ~~APhA supports criminal penalties for persons convicted of drug-related crimes, including but not limited to drug trafficking, drug manufacturing, and or drug diversion, whenever alternate pathways are inappropriate as determined by the courts.~~

NBI #12: Transgender and Nonbinary Health Care

Introduced by: Ronald Levinson, on behalf of APhA-ASP

The APhA New Business Review Committee recommends adoption of New Business Item #12 Whole Numbered Statement #1 as amended.

1. APhA supports the enactment by state and federal legislatures to establish laws and policies to end discriminatory practices that limit access to care for transgender and nonbinary ~~(TNB)~~ people.

The NBRC recommends amendment of all three statements of NBI #12 to remove acronyms so that each individual policy statement may stand alone.

NBI #12: Transgender and Nonbinary Health Care

Introduced by: Ronald Levinson, on behalf of APhA-ASP

The APhA New Business Review Committee recommends adoption of New Business Item #12 Whole Numbered Statement #2 as amended.

2. APhA advocates for intentional recruitment ~~inclusion~~ of the transgender and nonbinary ~~TNB community~~ individuals in clinical research.

The NBRC recommends amendment of all three statements of NBI #12 to remove acronyms so that each individual policy statement may stand alone. The committee recommends “intentional recruitment” over inclusion, to more accurately convey the intent of seeking transgender and nonbinary individual representation in studies.

NBI #12: Transgender and Nonbinary Health Care

Introduced by: Ronald Levinson, on behalf of APhA-ASP

The APhA New Business Review Committee recommends adoption of New Business Item #12 Whole Numbered Statement #3 as amended.

3. APhA encourages equity in care for transgender and nonbinary ~~TNB~~ individuals through:
 - a) ~~Offering accredited~~ Continuing education on the pharmacist's role in transgender care, gender-affirming therapy, and health disparities in transgender and nonbinary ~~TNB~~ patients.
 - b) Systematic integration and utilization of affirmed name and pronouns, gender identity, and anatomical inventory.
 - c) Availability and implementation of education and resources related to gender-diverse care for all persons employed in health care settings.

The NBRC recommends amendment of all three statements of NBI #12 to remove acronyms so that each individual policy statement may stand alone.

New Business Review Committee

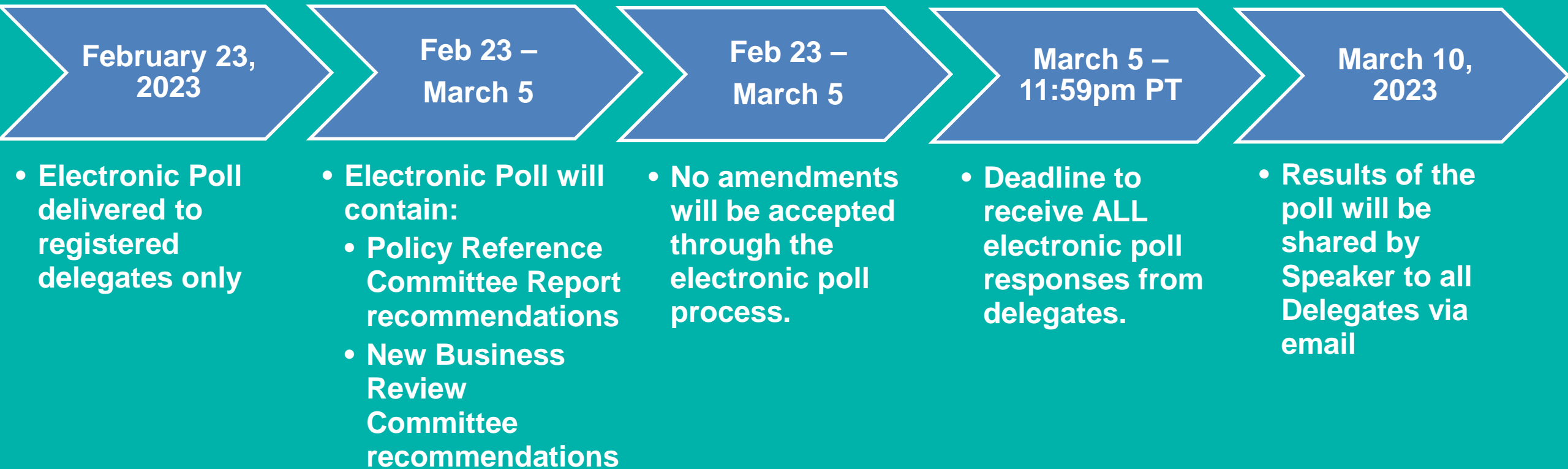
**TIME FOR
DISCUSSION**

NBI	Title	Author(s)
1	Development of Veterinary Curriculum	ACVP
2	Uncompensated Care Mandates in Pharmacy	Board of Trustees
3	Patient Access to Reproductive Health Care Services	Reproductive Health Care Task Force
4	Pharmacist Protection	Reproductive Health Care Task Force
5	Employer Responsibilities	Reproductive Health Care Task Force
6	Pharmacist Representation on Medical Staff	USPHS
7	Greenhouse Gas Emissions	USPHS
8	Access to Essential Medicines	USPHS
9	Enforcing Antidiscrimination in the Dispensing of Medications	USPHS
10	Pharmacy Shortage Areas	Public Health SIG
11	Drug Decriminalization	Adrienne Simmons
12	Transgender and Nonbinary Care	APhA-ASP

Electronic Poll Process

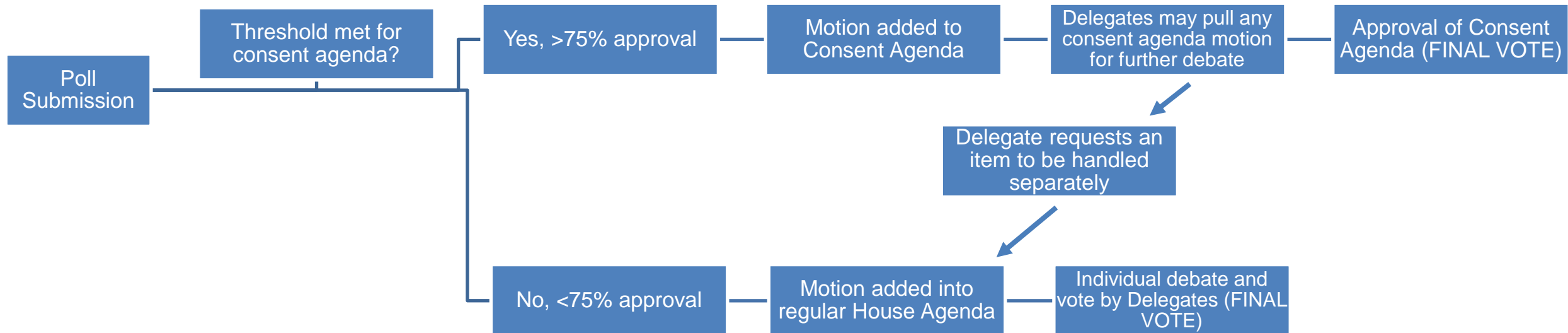
- Consent Agenda Process
 - Delegates submit responses on individual motions through an electronic poll
 - Motions that receive **at least 75%** approval are added into a consent agenda
 - Consent agenda is handled with a singular motion
 - Delegates can pull any item from the consent agenda for separate debate and voting without debate
 - Motions that receive **less than 75%** approval are added into the regular House agenda for individual action

Electronic Poll Process



Use of an Electronic Poll

Process to handle Policy Reference & New Business Review Committee Reports



2023 House of Delegates

First Session of the House

March 24 from 2:45pm – 5:15pm PT

New Business Review Committee Open Hearing

March 25 from 1:00pm – 2:30pm PT

Policy Reference Committee Open Hearing

March 26 from 1:00pm – 3:00pm PT

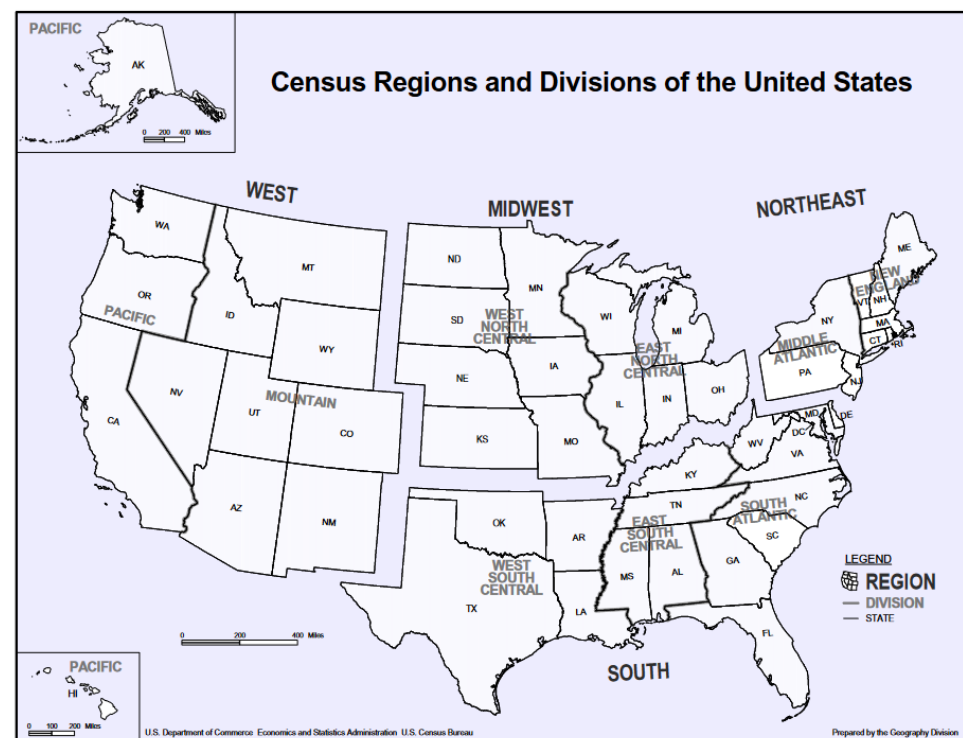
Second Session of the House

March 27 from 1:30pm – 4:30pm PT

State & Local Caucus Opportunities

- WHAT: Caucus Opportunities Divided in Four Regions
- WHEN: Monday, March 27 from 9:45 -10:45am PT
- WHERE:
 - Northeast Caucus Group – 132B
 - Midwest Caucus Group – 222C
 - South Caucus Group – 131C
 - West Caucus Group – 226C

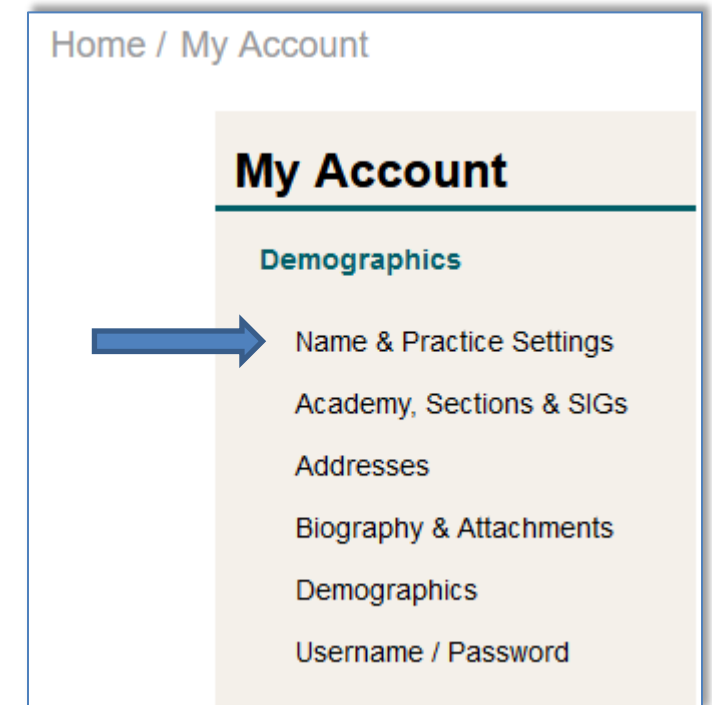
APhA2023



Delegate Networking

To be curated via APhA Member Profiles

Please be sure your “Primary Practice Setting” is up to date!



Ideas for Future Policy Topics

- Are there topics we should consider for the 2024 House of Delegates?
 - These are topics needing more development than through the new business process
 - Tell us now or submit one using the online form here
 - <https://apha.secure-platform.com/a/solicitations/1584/home>
 - Email to hod@aphanet.org



Calling all Volunteers

- Interested in serving on a House committee next year?
 - Submit your background information and interest using the online form here:
 - <https://apha.secure-platform.com/a/solicitations/1716/home>
 - Let us know if you have additional questions on opportunities for engagement at hod@aphanet.org

SCAN ME





Open Hearing on March 2023 House Session Materials

Thank you for your time and attention!

Contact HOD Staff or submit additional
questions or comments at hod@aphanet.org

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