2023 House of Delegates
Policy Review Committee Report

- Policies related to newly adopted policy from the 2022 APhA House of Delegates
- Review of adopted policies related to the Scope of Practice of other health care professional organizations

Committee Members

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This report is disseminated for consideration by the APhA House of Delegates and does not represent the position of the Association. Only those statements adopted by the House are considered official Association policy.

Overall Charge and Duties

The Policy Review Committee is charged each year to review any (1) policy that has not been reviewed or revised in the past 10 years; (2) policy related to statements adopted in the most recent House session (from March 2022); and (3) contemporary issues, if applicable, as identified by the Speaker.

Based on these charges, the Committee reviewed 65 total policies. As of April 2022, all policies within the APhA policy manual have been reviewed or revised since 2012 resulting in zero policies with a need for review according to the first Committee charge. Thirty-eight policies (Items 1-32, 60-65) were related to newly adopted policy from the March 2022 session. Lastly, based on feedback from Delegates, the Speaker of the House charged the Committee to review all APhA policies for potential statements that may impact the scope of practice of non-pharmacist health care professionals. Upon conducting this review, twenty-seven policies (Items 33-59) were related to this contemporary review.

Charge 1: 0 Recommendations
Charge 2: 38 Recommendations
Charge 3: 27 Recommendations

The Committee met three times via web conference call to conduct its work and provides the following recommendations.

Recommendation to Retain

1. The Committee recommends RETAINING the following policy statement as written.

2004, 1991 Updating of State Pharmacy Practice Acts

1. APhA recommends and supports enactment of state pharmacy practice act revisions enabling pharmacists to achieve the full scope of APhA's Mission Statement for the Pharmacy Profession.
2. APhA supports standards of pharmacy practice reflecting the APhA Mission Statement for the Pharmacy Profession.

(Am Pharm. NS31(6):28; June 1991) (JAPhA. NS44(5):551; September/October 2004) (Reviewed 2007) (Reviewed 2012) (Reviewed 2017)

Comments: The Policy Review Committee recommends RETAINING the above policy statements and further recommends that additional review be considered in conjunction with an ongoing review process of the Mission of Pharmacy policy statement.

2. The Committee recommends RETAINING the following policy statement as written.

2002 National Framework for Practice Regulation

1. APhA supports state-based systems to regulate pharmacy and pharmacist practice.
2. APhA encourages states to provide pharmacy boards with
   (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 supports efforts of state boards of pharmacy to adopt uniform standards and definitions of pharmacy and pharmacist practice.
4. APhA encourages state boards of pharmacy to recognize and facilitate innovations in pharmacy and pharmacist practice.
(JAPhA. NS2(5)(suppl 1):563; September/October 2002) (Reviewed 2007) (Reviewed 2008) (Reviewed 2013) (Reviewed 2015) (Reviewed 2020)

3. The Committee recommends RETAINING the following policy statement as written.

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)

4. The Committee recommends RETAINING the following policy statement as written.

1991 Pharmaceutical Care and the Provision of Cognitive Services with Technologies

1. APhA supports the utilization of technologies to enhance the pharmacist's ability to provide pharmaceutical care.
2. APhA believes that the use of technologies should not replace the pharmacist/patient relationship.
3. APhA emphasizes that maximizing patient benefit from technologies depends on the pharmacist/patient relationship.
4. APhA affirms that the utilization of technologies by pharmacists shall not compromise the patient's right to confidentiality.
(Am Pharm. NS32(6):515; June 1991) (Reviewed 2001) (Reviewed 2007) (Reviewed 2009) (Reviewed 2013) (Reviewed 2014) (Reviewed 2019)

5. The Committee recommends RETAINING the following policy statement as written.

2015, 1994 Confidentiality of Computer-generated Patient Records

APhA, in cooperation with the National Council of Prescription Drug Programs, Inc. (NCPDP) and similar groups, shall encourage the development and implementation of uniform,

prescription, computer software standards to prevent unauthorized access to confidential patient records.
(Am Pharm. NS34(6):60; June 1994) (Reviewed 2005) (Reviewed 2009) (Reviewed 2010) (JAPhA. 55(4):375; July/August 2015)

6. The Committee recommends RETAINING the following policy statement as written.

2015 Interoperability of Communications Among Health Care Providers to Improve Quality of Patient Care

1. APhA supports the establishment of secure, portable, and interoperable electronic patient health care records.
2. APhA supports the engagement of pharmacists with other stakeholders in the development and implementation of multidirectional electronic communication systems to improve patient safety, enhance quality care, facilitate care transitions, increase efficiency, and reduce waste.
3. APhA advocates for the inclusion of pharmacists in the establishment and enhancement of electronic health care information technologies and systems that must be interoperable, HIPAA compliant, integrated with claims processing, updated in a timely fashion, allow for data analysis, and do not place disproportionate financial burden on any one health care provider or stakeholder.
4. APhA advocates for pharmacists and other health care providers to have access to view, download, and transmit electronic health records. Information shared among providers using a health information exchange should utilize a standardized secure interface based on recognized international health record standards for the transmission of health information.
5. APhA supports the integration of federal, state, and territory health information exchanges into an accessible, standardized, nationwide system.
6. APhA opposes business practices and policies that obstruct the electronic access and exchange of patient health information because these practices compromise patient safety and the provision of optimal patient care.
7. APhA advocates for the development of systems that facilitate and support electronic communication between pharmacists and prescribers concerning patient adherence, medication discontinuation, and other clinical factors that support quality care transitions.
8. APhA supports the development of education and training programs for pharmacists, student pharmacists, and other health care professionals on the appropriate use of electronic health records to reduce errors and improve the quality and safety of patient care.
9. APhA supports the creation and non-punitive application of a standardized, interoperable system for voluntary reporting of errors associated with the use of electronic health care information technologies and systems to enable aggregation of protected data and develop recommendations for improved quality.

(JAPhA. N55(4):364; July/August 2015) (Reviewed 2019)

7. The Committee recommends RETAINING the following policy statement as written.

2007 Privacy of Pharmacists' Personal Information

1. APhA supports protecting pharmacist, student pharmacist, and pharmacy technician personal information (e.g. home address, telephone, and personal email address).
2. APhA opposes legislative or regulatory requirements that mandate the publication of pharmacist, student pharmacist and pharmacy technician personal information (e.g. home address, telephone, and personal email address).

3. APhA encourages state boards of pharmacy to remove from their websites personal addresses, phone numbers, email, and other non-business contact information of pharmacists, student pharmacists, and pharmacy technicians.
(JAPhA. NS45(5):580; September-October 2007) (Reviewed 2012) (Reviewed 2017)

8. The Committee recommends RETAINING the following policy statement as written.

2010 Personal Health Records

1. APhA supports patient utilization of personal health records, defined as records of health-related information managed, shared, and controlled by the individual, to facilitate self-management and communication across the continuum of care.
2. APhA urges both public and private entities to identify and include pharmacists and other stakeholders in the development of personal health record systems and the adoption of standards, including but not limited to terminology, security, documentation, and coding of data contained within personal health records.
3. APhA supports the development, implementation, and maintenance of personal health record systems that are accessible and searchable by pharmacists and other health care providers, interoperable and portable across health information systems, customizable to the needs of the patient, and able to differentiate information provided by a health care provider and the patient.
4. APhA supports pharmacists taking the leadership role in educating the public about the importance of maintaining current and accurate medication-related information within personal health records.
(JAPhA. NS40(4):471; July/August 2010) (Reviewed 2013) (Reviewed 2014) (Reviewed 2015) (Reviewed 2019)

9. The Committee recommends RETAINING the following policy statement as written.

2004 Automation and Technology in Pharmacy Practice

1. APhA supports the use of automation and technology in pharmacy practice, with pharmacists maintaining oversight of these systems.
2. APhA recommends that pharmacists and other pharmacy personnel implement policies and procedures addressing the use of technology and automation to ensure safety, accuracy, security, data integrity, and patient confidentiality.
3. APhA supports initial and ongoing system-specific education and training of all affected personnel when automation and technology are utilized in the workplace.
4. APhA shall work with all relevant parties to facilitate the appropriate use of automation and technology in pharmacy practice.
(JAPhA. NS44(5):551; September/October 2004) (Reviewed 2006) (Reviewed 2008) (Reviewed 2013) (Reviewed 2014) (Reviewed 2015) (Reviewed 2019)

10. The Committee recommends RETAINING the following policy statement as written.

2004, 1978 Roles in Health Care for Pharmacists

1. APhA shall develop and maintain new methods and procedures whereby pharmacists can increase their ability and expand their opportunities to provide health care services.
2. APhA supports legislative and judicial action that confirms pharmacists' professional rights to perform those functions consistent with APhA's definition of pharmacy practice and that are necessary to fulfill pharmacists' professional responsibilities to patients they serve.
(Am Pharm. NS18(8):42; July 1978) (JAPhA. NS44(5):551; September/October 2004) (Reviewed 2007) (Reviewed 2011) (Reviewed 2012) (Reviewed 2013) (Reviewed 2018) (Reviewed 2020) (Reviewed 2021)

11. The Committee recommends RETAINING the following policy statement as written.

2012, 1981 Pharmacist Training in Nutrition

1. APhA advocates that all pharmacists become knowledgeable about the subject of nutrition.
2. APhA encourages schools and colleges of pharmacy as well as providers of continuing pharmacy education to offer education and training on the subject of nutrition.

(Am Pharm. NS21(5):40; May 1981) (Reviewed 2003) (Reviewed 2006) (Reviewed 2007) (JAPhA. NS52(4):458; July/August 2012) (Reviewed 2017)

12. The Committee recommends RETAINING the following policy statement as written.

2020 Community-Based Pharmacists as Providers of Care

1. APhA advocates for the identification of medical conditions that may be safely and effectively treated by community-based pharmacists.
2. APhA encourages the training and education of pharmacists and student pharmacists regarding identification, treatment, monitoring, documentation, follow-up, and referral for medical conditions treated by community-based pharmacists
3. APhA advocates for laws and regulations that allow pharmacists to identify and manage medical conditions treated by community-based pharmacists.
4. APhA advocates for appropriate remuneration for the assessment and treatment of medical conditions treated by community-based pharmacists from government and private payers to ensure sustainability and access for patients.
5. APhA supports research to examine the outcomes of services that focus on medical conditions treated by community-based pharmacists.

(JAPhA. 60(5):e10; September/October 2020)

13. The Committee recommends RETAINING the following policy statement as written.

2013 Pharmacists Providing Primary Care Services

APhA advocates for the recognition and utilization of pharmacists as providers to address gaps in primary care.

(JAPhA. 53(4):365; July/August 2013) (Reviewing 2018) (Reviewed 2019) (Reviewed 2020)

14. The Committee recommends RETAINING the following policy statement as written.

2021 Social Determinants of Health

1. APhA supports the integration of social determinants of health screening as a vital component of pharmacy services.
2. APhA urges the integration of social determinants of health education within pharmacy curricula, post-graduate training, and continuing education requirements.
3. APhA supports incentivizing community engaged research, driven by meaningful partnerships and shared decision-making with community members.
4. APhA urges pharmacists to create opportunities for community engagement to best meet the needs of the patients they serve.
5. APhA encourages the integration of community health workers in pharmacy practice to provide culturally sensitive care, address health disparities, and promote health equity.

(JAPhA. 61(4):e16; July/August 2021)

15. The Committee recommends RETAINING the following policy statement as written.

2021 Anti-Racism in Pharmacy

1. APhA denounces all forms of racism.
2. APhA affirms that racism is a social determinant of health that contributes to persistent health inequities.
3. APhA urges the entire pharmacy community to actively work to dismantle racism.
4. APhA urges the integration of anti-racism education within pharmacy curricula, post-graduate training, and continuing education requirements.
5. APhA urges pharmacy leaders, decision-makers, and employers to create sustainable opportunities, incentives, and initiatives in education, research, and practice to address racism.
6. APhA urges pharmacy leaders, decision-makers, and employers to routinely and systematically evaluate organizational policies and programs for their impact on racial inequities.

(JAPhA. 61(4):e15; July/August 2021)

16. The Committee recommends RETAINING the following policy statement as written.

2019 Consolidation Within Health Care

1. APhA advocates that health care mergers and acquisitions must preserve the pharmacist–patient relationship.
2. APhA supports optimizing the role of pharmacists in the provision of team-based care following health care mergers and acquisitions in order to:
    (a) enhance patient experience and safety;
    (b) improve population health;
    (c) reduce health care costs; and
    (d) improve the work life of health care providers.
3. APhA asserts that the scope of review by federal agencies must have a focus on the impact of health care mergers and acquisitions on patient access and the provision of care to ensure optimal patient outcomes. Therefore, APhA calls for:
    (a) reform of the pre–health care mergers and acquisitions process;
    (b) implementation of an ongoing post–health care mergers and acquisitions evaluation process to preserve patient choice and access to established patient–pharmacist relationships; and
    (c) continuous transparent dialogue among stakeholders throughout the process.
4. APhA calls for the Federal Trade Commission (FTC) to develop a task force to monitor health care mergers and acquisitions activity.

(JAPhA. 59(4):e16; July/August 2019) (Reviewed 2021)

17. The Committee recommends RETAINING the following policy statement as written.

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):441; July/August 2017) (Reviewed 2019) (Reviewed 2020) (Reviewed 2021)

18. The Committee recommends RETAINING the following policy statement as written.

2019 Referral System for the Pharmacy Profession

1. APhA supports referrals of patients to pharmacists, among pharmacists, or between pharmacists and other health care providers to promote optimal patient outcomes.
2. APhA supports referrals to and by pharmacists that ensure timely patient access to quality services and promote patient freedom of choice.
3. APhA advocates for pharmacists' engagement in referral systems that are aligned with those of other health care providers and facilitate collaboration and information sharing to ensure continuity of care.
4. APhA supports attribution and equitable payment to pharmacists providing patient care services as a result of a referral.
5. APhA promotes the pharmacist's professional responsibility to uphold ethical and legal standards of care in referral practices.
6. APhA reaffirms its support of development, adoption, and use of policies and procedures by pharmacists to manage potential conflicts of interest in practice, including in referral systems.
(JAPhA. 59(4):e16; July/August 2019)

19. The Committee recommends RETAINING the following policy statement as written.

2004, 1990 Freedom to Choose

1. APhA supports the patient's freedom to choose a provider of health care services and a provider's right to be offered participation in governmental or other third-party programs under equal terms and conditions.
2. APhA opposes government or other third-party programs that impose financial disincentives or penalties that inhibit the patient's freedom to choose a provider or health care services.
3. APhA supports that patients who must rely upon governmentally-financed or administered programs are entitled to the same high quality of pharmaceutical services as are provided to the population as a whole.
(Am Pharm. NS30(6):45; June 1990) (JAPhA. NS44(5):551; September/October 2004) (Reviewed 2010) (Reviewed 2015) (Reviewed 2018) (Reviewed 2021)

20. The Committee recommends RETAINING the following policy statement as written.

1989 Impact of Drug Distribution Systems on Integrity and Stability of Drug Products

APhA encourages the development and use of quality-control procedures by all persons or entities involved in the distribution and dispensing of drug products. Such procedures should assure drug product integrity and stability in accordance with official compendia standards.
(Am Pharm. NS29(7):464; July 1989) (Reviewed 2004) (Reviewed 2006) (Reviewed 2007) (Reviewed 2012) (Reviewed 2017)

21. The Committee recommends RETAINING the following policy statement as written.

1978 Post-Marketing Requirements (Restricted Distribution)

APhA opposes any legislation that would grant FDA authority to restrict the channels of drug distribution for any prescription drug as a condition for approval for marketing the drug under approved labeling.

(Am Pharm. NS18(8):30; July 1978) (Reviewed 2004) (Reviewed 2006) (Reviewed 2011) (Reviewed 2016) (Reviewed 2021)

22. The Committee recommends RETAINING the following policy statement as written.

2020 Accountability of Pharmacists

1. APhA affirms pharmacists' professional accountability within their role in all practice settings.
2. APhA advocates that pharmacists be granted and accept authority, autonomy, and accountability for patient-centric actions to improve health and medication outcomes, in coordination with other health professionals, as appropriate.
3. APhA reaffirms 2017 Pharmacists' Role Within Value-based Payment Models and supports continued expansion of interprofessional patient care models that leverage pharmacists as accountable members of the health care team.
4. APhA advocates for sustainable payment and attribution models to support pharmacists as accountable patient care providers.
5. APhA supports continued expansion of resources and health information infrastructures that empower pharmacists as accountable health care providers.
6. APhA supports the enhancement of comprehensive and affordable professional liability insurance coverage that aligns with evolving pharmacist accountability and responsibility.

JAPhA. 60(5):e9; September/October 2020)

23. The Committee recommends RETAINING the following policy statement as written.

2013, 2009 Independent Practice of Pharmacists

1. APhA recommends that health plans and payers contract with and appropriately compensate individual pharmacist providers for the level of care rendered without requiring the pharmacist to be associated with a pharmacy.
2. APhA supports adoption of state laws and rules pertaining to the independent practice of pharmacists when those laws and rules are consistent with APhA policy.
3. APhA, recognizing the positive impact that pharmacists can have in meeting unmet needs and managing medical conditions, supports the adoption of laws and regulations and the creation of payment mechanisms for appropriately trained pharmacists to autonomously provide patient care services, including prescribing, as part of the health care team.

(JAPhA. NS49(4):492; July/August 2009) (Reviewed 2012) (JAPhA. 53(4):366; July/August 2013) (Reviewed 2018)

24. The Committee recommends RETAINING the following policy statement as written.

2011, 2002, 1996 Health Mobilization

APhA should continue to:

1. emphasize its support for programs on disaster preparedness that involve the services of pharmacists (e.g., Medical Reserve Corps) and emergency responder registration networks [e.g., Emergency System for Advance Registration of Volunteer Health Professions (ESAR-VHP)];
2. improve and expand established channels of communication between pharmacists; local, state and national pharmacy associations, boards and colleges of pharmacy and allied health

professions;
3. maintain its present liaison with the Office of the Assistant Secretary for Preparedness and Response (ASPR) of the Department of Health and Human Services and continue to seek Office of Emergency Management (OEM) assistance through professional service contracts to further develop pharmacy's activities in all phases of preparation before disasters; and
4. Encourage routine inspection of drug stockpiles and disaster kits by state boards of pharmacy.
(JAPhA. NS6:328; June 1996) (JAPhA. NS42(5)(suppl 1):S62; September/October 2002) (Reviewed 2006) (JAPhA NS51(4):483; July/August 2011) (Reviewed 2016)

25. The Committee recommends RETAINING the following policy statement as written.

2021 Continuity of Care and the Role of Pharmacists During Public Health and Other Emergencies

1. APhA asserts that pharmacists, student pharmacists, pharmacy technicians, and pharmacy support staff are essential members of the healthcare team and should be actively engaged and supported in surveillance, mitigation, preparedness, planning, response, recovery, and countermeasure activities related to public health and other emergencies.
2. APhA reaffirms the 2016 policy on the Role of the Pharmacist in National Defense, and calls for the active and coordinated engagement of all pharmacists in public health and other emergency planning and response activities.
3. APhA advocates for the timely removal of regulatory restrictions, practice limitations, and financial barriers during public health and other emergencies to meet immediate patient care needs.
4. APhA urges regulatory bodies and government agencies to recognize pharmacists' training and ability to evaluate patient needs, provide care, and appropriately refer patients during public health and other emergencies.
5. APhA advocates for pharmacists' authority to ensure patient access to care through the prescribing, dispensing, and administering of medications, as well as provision of other patient care services during times of public health and other emergencies.
6. APhA calls for processes to ensure that any willing and able pharmacy and pharmacy practitioner is not excluded from providing pharmacist patient care services during public health and other emergencies.
7. APhA calls on public and private payers to establish and implement payment policies that compensate pharmacists providing patient care services, including during public health and other emergencies, within their recognized authority.
8. APhA advocates for the inclusion of pharmacists as essential members in the planning, development, and implementation of alternate care sites or delivery models during public health and other emergencies.
9. APhA reaffirms the 2015 Interoperability of Communications Among Health Care Providers to Improve Quality of Care and encourages pharmacists, as members of the healthcare team, to communicate care decisions made during public health and other emergencies with other members of the healthcare team to ensure continuity of care.
(JAPhA. 61(4):e15; July/August 2021)

26. The Committee recommends RETAINING the following policy statement as written.

2016, 2011, 2002, 1963 Role of the Pharmacist in National Defense

APhA endorses the position that the pharmacist, as a member of the health care team, has the ethical responsibility to assume a role in disaster preparedness and emergency care operations. These responsibilities include the following:

1. Pharmacists, by their education and training as medication experts, should be involved intimately in all elements of the procurement, storage, handling, compounding, and dispensing of drugs and supplies in planning for as well as during any national emergency.
2. Pharmacists, by their education in anatomy, physiology, and pharmacology, are readily adaptable to assist in the emergency medical treatment of patients and for training the public in medical self-help.
3. Pharmacists, by their constant contact with the members of the health team, as well as a significant portion of their communities, provide the potential for coordinating preparedness measures, and establishing meaningful standby emergency operational plans.

In view of these responsibilities, it shall be the further policy of APhA to:

1. Cooperate with all responsible agencies and departments of the federal government;
2. Provide leadership and guidance for the profession of pharmacy by properly assuming its role with other health profession organizations at the national level (e.g., American Medical Association, American Hospital Association, American Dental Association, American Nurses Association, and American Veterinary Medical Association);
3. Assist and cooperate with all national specialty pharmaceutical organizations to provide assistance and coordination in civil defense matters relevant to their area of concern;
4. Encourage and assist the state and local pharmacy associations in their efforts to cooperate with the state and local governments as well as the state and local health profession organizations in order that the pharmacist may assume their proper place in civil defense operations; and
5. Provide leadership and guidance so that individual pharmacists can contribute their services to civil defense and disaster planning, training, and operations in a manner consistent with their position as a member of the health team.

(JAPhA. NS3:330; June 1963) (JAPhA. NS42(5)(suppl 1):S62; September/October 2002) (Reviewed 2006) (Reviewed 2010) (JAPhA. NS51(4): 483; July/August 2011) (JAPhA. 56(4):379; July/August 2016) (Reviewed 2021)

27. The Committee recommends RETAINING the following policy statement as written.

1979 Dispensing and/or Administration of Legend Drugs in Emergency Situations

1. APhA supports making insect sting kits and other, life-saving, emergency, treatment kits available for lawful dispensing by pharmacists without a prescription order, based on the pharmacist's professional judgment.
2. APhA supports permitting pharmacists to lawfully dispense and administer legend drugs in emergency situations, without an order from a licensed prescriber, provided that:
   (a) there is an assessment on the part of the pharmacist and the patient that the drug is needed immediately to preserve the well-being of the patient; and
   (b) the normal legal means for obtaining authorization to dispense the drug must not be immediately available, such as in cases where the patient's physician is not available; and
   (c) the quantity of the drug, that can be dispensed in an emergency situation, is enough so that the emergency situation can subside, and the patient can be sustained for the

immediate emergency, as determined by the pharmacist's professional judgment.
3. APhA supports expansion of state Good Samaritan Acts to provide pharmacists immunity from professional liability for dispensing in emergency situations without order from a licensed prescriber.
4. APhA supports permitting pharmacists to lawfully dispense and/or administer legend drugs without an order from a licensed prescriber during disaster situations.
(Am Pharm. NS19(7):68; June 1979) (Reviewed 2002) (Reviewed 2006) (Revised 2007) (Reviewed 2012) (Reviewed 2012) (Reviewed 2017) (Reviewed 2021)

28. The Committee recommends RETAINING the following policy statement as written.

2004, 1998 Pharmacist Conscience Clause

1. APhA recognizes the individual pharmacist's right to exercise conscientious refusal and supports the establishment of systems to ensure patient's access to legally prescribed therapy without compromising the pharmacist's right of conscientious refusal.
2. APhA shall appoint a council on an as needed basis to serve as a resource for the profession in addressing and understanding ethical issues.
(JAPhA. 38(4):417; July/August 1998) (JAPhA. NS44(5):551; September/October 2004) (Reviewed 2010) (Reviewed 2015)

29. The Committee recommends RETAINING the following policy statement as written.

2011 Potential Conflicts of Interest in Pharmacy Practice

1. APhA reaffirms that as health care professionals, pharmacists are expected to act in the best interest of patients when making clinical recommendations.
2. APhA supports pharmacists using evidence-based practices to guide decisions that lead to the delivery of optimal patient care.
3. APhA supports pharmacist development, adoption, and use of policies and procedures to manage potential conflicts of interest in practice.
4. APhA should develop core principles that guide pharmacists in developing and using policies and procedures for identifying and managing potential conflicts of interest.
(JAPhA. NS51(4): 482; July/August 2011) (Reviewed 2016)

30. The Committee recommends RETAINING the following policy statement as written.

2009 Non-FDA-Approved Drugs and Patient Safety

1. APhA calls for education and collaboration among health professional organizations, federal agencies, and other stakeholders to ensure that all manufacturer, distributor, and repackaged marketed prescription drugs used in patient care have been FDA-approved as safe and effective.
2. APhA supports initiatives aimed at closing regulatory and distribution-system loopholes that facilitate market entry of new prescription drugs products without FDA approval.
3. APhA encourages health professionals to consider FDA approval status of prescription drug products when making decisions about prescribing, dispensing, substitution, purchasing, formulary development, and in the development of pharmacy/medical education programs and drug information compendia.
(JAPhA. NS49(4):492; July/August 2009) (Reviewed 2014) (Reviewed 2019)

31. The Committee recommends RETAINING the following policy statement as written.

2001, 1990 Regulatory Infringements on Professional Practice

1. APhA, in cooperation with other national pharmacy organizations, shall take a leadership role in the establishment and maintenance of standards of practice for existing and emerging areas in the profession of pharmacy.
2. APhA encourages a cooperative process in the development, enforcement, and review of rules and regulations by agencies that affect any aspect of pharmacy practice, and this process must utilize the expertise of affected pharmacist specialists and their organizations.
3. APhA supports the right of pharmacists to exercise professional judgment in the implementation of standards of practice in their practice settings.

(Am Pharm. NS30(6):45; June 1990) (JAPhA. NS4(5)(suppl 1):S7; September/October, 2001) (Reviewed 2007) (Reviewed 2012) (Reviewed 2017) (Reviewed 2020)

32. The Committee recommends RETAINING the following policy statement as written.

2014 Controlled Substances and Other Medications with the Potential for Abuse and Use of Opioid Reversal Agents

1. APhA supports education for pharmacists and student pharmacists to address issues of pain management, palliative care, appropriate use of opioid reversal agents in overdose, drug diversion, and substance-related and addictive disorders.
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, and/or diversion.
3. APhA supports pharmacists' access to and use of prescription monitoring programs to identify and prevent drug misuse, abuse, and/or diversion.
4. APhA supports the development and implementation of state and federal laws and regulations that permit pharmacists to furnish opioid reversal agents to prevent opioid-related deaths due to overdose.
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 opioid-related deaths due to overdose.

(JAPhA. 54(4):358; July/August 2014) (Reviewed 2015) (Reviewed 2018) (Reviewed 2021)

33. The Committee recommends RETAINING the following policy statement as written.

2014 Care Transitions

1. APhA supports pharmacists leading medication management activities during care transitions to ensure safe and effective medication use.
2. APhA supports the integral role of pharmacists during care transitions for improving quality of patient-centered care and reducing overall costs to the health care system.
3. APhA strongly encourages collaboration and shared accountability among patients, family members, caregivers, pharmacists, and other health care providers during care transitions.
4. APhA supports the development and utilization of standardized processes that facilitate real-time, bidirectional communication of protected health information during care transitions.
5. APhA supports that documentation of health outcomes is an essential component of any care transition program to demonstrate value and ensure continuous quality improvement.

6. APhA supports financially viable payment models that recognize the value of pharmacists' services, including, but not limited to, those provided during care transitions.
7. APhA strongly urges the development and implementation of multidisciplinary, interprofessional, and team-based training for health care professionals and students to improve the quality and consistency of care transition services.
8. APhA urges the collaboration and partnership of community pharmacies with health care systems, institutions, and other entities involved in care transitions.
(JAPhA. 54(4):357; July/August 2014) (Reviewed 2019)

34. The Committee recommends RETAINING the following policy statement as written.

2004, 1984 Center for Human Organ Acquisition

1. APhA supports activities that would increase voluntary human organ donations.
2. APhA encourages all pharmacists to consider becoming organ donors themselves, and to inform and encourage their patients to participate in organ donor programs.
3. APhA strongly urges all pharmacists, especially those in emergency room and intensive/critical care settings, to sensitize the other health care team members to the basic need for asking if a patient is an organ donor as part of the admission.
(Am Pharm. NS24(7):61; July 1984) (JAPhA. NS44(5):551; September/October 2004) (Reviewed 2010) (Reviewed 2015)

35. The Committee recommends RETAINING the following policy statement as written.

2021 Continuity of Care and the Role of Pharmacists During Public Health and Other Emergencies

1. APhA asserts that pharmacists, student pharmacists, pharmacy technicians, and pharmacy support staff are essential members of the healthcare team and should be actively engaged and supported in surveillance, mitigation, preparedness, planning, response, recovery, and countermeasure activities related to public health and other emergencies.
2. APhA reaffirms the 2016 policy on the Role of the Pharmacist in National Defense, and calls for the active and coordinated engagement of all pharmacists in public health and other emergency planning and response activities.
3. APhA advocates for the timely removal of regulatory restrictions, practice limitations, and financial barriers during public health and other emergencies to meet immediate patient care needs.
4. APhA urges regulatory bodies and government agencies to recognize pharmacists' training and ability to evaluate patient needs, provide care, and appropriately refer patients during public health and other emergencies.
5. APhA advocates for pharmacists' authority to ensure patient access to care through the prescribing, dispensing, and administering of medications, as well as provision of other patient care services during times of public health and other emergencies.
6. APhA calls for processes to ensure that any willing and able pharmacy and pharmacy practitioner is not excluded from providing pharmacist patient care services during public health and other emergencies.
7. APhA calls on public and private payers to establish and implement payment policies that compensate pharmacists providing patient care services, including during public health and other emergencies, within their recognized authority.

8. APhA advocates for the inclusion of pharmacists as essential members in the planning, development, and implementation of alternate care sites or delivery models during public health and other emergencies.
9. APhA reaffirms the 2015 Interoperability of Communications Among Health Care Providers to Improve Quality of Care and encourages pharmacists, as members of the healthcare team, to communicate care decisions made during public health and other emergencies with other members of the healthcare team to ensure continuity of care.
(JAPhA. 61(4):e15; July/August 2021)

36. The Committee recommends RETAINING the following policy statement as written.

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)

37. The Committee recommends RETAINING the following policy statement as written.

2022 Data Security in Pharmacy Practice

1. APhA advocates that all organizations and healthcare providers adopt best practices in data security to ensure ongoing protection of patient data from loss, alteration, and all forms of cybercrime.
2. APhA recommends that organizations understand the flow of information, both internally and externally, to apply and maintain reasonable and appropriate administrative, technical, and physical safeguards to protect the privacy and identity of their patients.
3. APhA calls on organizations to provide ongoing employee education and training regarding patient data protection, best practices, and cybersecurity standards.
(JAPhA. 62(4):941; July 2022)

38. The Committee recommends RETAINING the following policy statement as written.

2022 Data Use and Access Rights in Pharmacy Practice

1. APhA supports organization and patient care provider rights to use patient data for improvement of patient and public health outcomes and enhancement of patient care delivery processes in accordance with ethical practices and industry standards regarding data privacy and transparency.

2. APhA urges ongoing transparent, accessible, and comprehensible disclosure to patients by all HIPAA-covered and noncovered entities as to how personally identifiable information may be utilized.
3. APhA calls for all entities with access to patient health data, including those with digital applications, to be required to adhere to established standards for patient data use.
4. APhA supports the right of patients to have full and timely access to their personal health data from all entities.
(JAPhA. 62(4):941; July 2022)

39. The Committee recommends RETAINING the following policy statement as written.

2015 Interoperability of Communications Among Health Care Providers to Improve Quality of Patient Care

1. APhA supports the establishment of secure, portable, and interoperable electronic patient health care records.
2. APhA supports the engagement of pharmacists with other stakeholders in the development and implementation of multidirectional electronic communication systems to improve patient safety, enhance quality care, facilitate care transitions, increase efficiency, and reduce waste.
3. APhA advocates for the inclusion of pharmacists in the establishment and enhancement of electronic health care information technologies and systems that must be interoperable, HIPAA compliant, integrated with claims processing, updated in a timely fashion, allow for data analysis, and do not place disproportionate financial burden on any one health care provider or stakeholder.
4. APhA advocates for pharmacists and other health care providers to have access to view, download and transmit electronic health records. Information shared among providers using a health information exchange should utilize a standardized secure interface based on recognized international health record standards for the transmission of health information.
5. APhA supports the integration of federal, state, and territory health information exchanges into an accessible, standardized, nationwide system.
6. APhA opposes business practices and policies that obstruct the electronic access and exchange of patient health information because these practices compromise patient safety and the provision of optimal patient care.
7. APhA advocates for the development of systems that facilitate and support electronic communication between pharmacists and prescribers concerning patient adherence, medication discontinuation, and other clinical factors that support quality care transitions.
8. APhA supports the development of education and training programs for pharmacists, student pharmacists, and other health care professionals on the appropriate use of electronic health records to reduce errors and improve the quality and safety of patient care.
9. APhA supports the creation and non-punitive application of a standardized, interoperable system for voluntary reporting of errors associated with the use of electronic health care information technologies and systems to enable aggregation of protected data and develop recommendations for improved quality.
(JAPhA. N55(4):364; July/August 2015) (Reviewed 2019)

40. The Committee recommends RETAINING the following policy statement as written.

1981 Investigational New Drug (IND) Studies

APhA encourages investigators and sponsors who are conducting IND studies to utilize the professional services of pharmacists in carrying out such studies.

(Am Pharm. NS2(5):40; July 1981) (Reviewed 2004) (Reviewed 2009) (Reviewed 2010) (Reviewed 2015)

41. The Committee recommends RETAINING the following policy statement as written.

2021 Multi-State Practice of Pharmacy

1. 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)

42. The Committee recommends RETAINING the following policy statement as written.

2002 National Framework for Practice Regulation

1. APhA supports state-based systems to regulate pharmacy and pharmacist practice.
2. APhA encourages states to provide pharmacy boards with
 (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 supports efforts of state boards of pharmacy to adopt uniform standards and definitions of pharmacy and pharmacist practice.
4. APhA encourages state boards of pharmacy to recognize and facilitate innovations in pharmacy and pharmacist practice.

(JAPhA. NS2(5)(suppl 1):563; September/October 2002) (Reviewed 2007) (Reviewed 2008) (Reviewed 2013) (Reviewed 2015) (Reviewed 2020)

43. The Committee recommends RETAINING the following policy statement as written.

2020 Non-execution-Related Use of Pharmaceuticals in Correctional Facilities

1. APhA opposes drug manufacturers' refusal to supply certain drugs to correctional health services units necessary to provide medical treatment of inmates.
2. APhA advocates for inmates to have an opportunity, equal to that of non-inmates, to access medications that correctional healthcare providers deem medically necessary for appropriate and humane health care treatment.
3. APhA advocates for correctional healthcare providers to have opportunity, equal to that of non-correctional healthcare providers, to access, prescribe, and procure pharmaceuticals deemed necessary for medical treatment of inmates.

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

44. The Committee recommends RETAINING the following policy statement as written.

1994 Off-Label Use of FDA-Approved Products

1. APhA advocates the collaboration of pharmacists, other health care professionals, industry, and the FDA in developing procedures to evaluate off-label use of FDA-approved products.
2. APhA encourages industry and government cooperation to streamline approval of beneficial off-label therapeutic or diagnostic use of FDA-approved products.
3. APhA advocates removal of restrictions on reimbursement of pharmaceutical services and FDA-approved products when, in the judgment of the pharmacist, those products are for medically acceptable, off-label uses.

(Am Pharm. NS34(6):56; June 1994) (Reviewed 2004) (Reviewed 2010) (Reviewed 2015)

45. The Committee recommends RETAINING the following policy statement as written.

2005 Patient Safety

1. Patient safety is influenced by patients, caregivers, health care providers, and health care systems. APhA recognizes that improving patient safety requires a comprehensive, continuous, and collaborative approach to health care.
2. APhA should promote public and provider awareness of and encourage participation in patient safety initiatives.
3. APhA supports research on a more effective, proactive, and integrated health care system focused on improving patient safety. APhA encourages implementation of appropriate recommendations from that research.

(JAPhA. NS45(5):554; September/October 2005) (Reviewed 2009) (Reviewed 2011) (Reviewed 2016) (Reviewed 2019) (Reviewed 2020)

Comments: The Policy Review Committee recommends RETAINING this statement as it discusses collaboration in patient safety and does not infringe on the scope of practice of other health care professionals.

46. The Committee recommends RETAINING the following policy statement as written.

2019 Patient-Centered Care of People Who Inject Non-Medically Sanctioned Psychotropic or Psychoactive Substances

1. APhA encourages state legislatures and boards of pharmacy to revise laws and regulations to support the patient-centered care of people who inject non-medically sanctioned psychotropic or psychoactive substances.
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.
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 inject non-medically sanctioned psychotropic or psychoactive substances.
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 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.
5. APhA urges pharmacists to refer people who inject non–medically sanctioned psychotropic or psychoactive substances to specialists in mental health, infectious diseases, and addiction treatment; to housing, vocational, harm reduction, and recovery support services; and to overdose prevention sites and syringe service programs.

(JAPhA. 59(4):e17; July/August 2019) (Reviewed 2021) (Reviewed 2022)

47. The Committee recommends RETAINING the following policy statement as written.

2021 People First Language

APhA encourages the use of people first language in all written and oral forms of communication.

(JAPhA. 61(4):e15; July/August 2021)

48. The Committee recommends RETAINING the following policy statement as written.

2011 Pharmacist's Role in Health Care Reform

1. APhA affirms that pharmacists are the medication experts whose accessibility uniquely positions them to increase access to and improve quality of health care while decreasing overall costs.
2. APhA asserts that pharmacists must be recognized as the essential and accountable patient care provider on the health care team responsible for optimizing outcomes through medication therapy management (MTM).
3. APhA asserts the following:

(a) Medication Therapy Management Services: Definition and Program Criteria is the standard definition of MTM that must be recognized by all stakeholders.

(b) Medication Therapy Management in Pharmacy Practice: Core Elements of an MTM Service Model, as adopted by the profession of pharmacy, shall serve as the foundational MTM service model.
4. APhA asserts that pharmacists must be included as essential patient care provider and compensated as such in every health care model, including but not limited to, the medical home and accountable care organizations.
5. APhA actively promotes the outcomes-based studies, pilot programs, demonstration projects, and other activities that document and reconfirm pharmacists' impact on patient health and well-being, process of care delivery, and overall health care costs.
(JAPhA. NS51(4):482; July/August 2011) (Reviewed 2016) (Reviewed 2021)

Comments: The Policy Review Committee recommends RETAINING this statement as it asserts unique pharmacists' qualifications to optimize medication therapy.

49. The Committee recommends RETAINING the following policy statement as written.

1993 Pharmacists' Services

1. APhA supports development of pharmacy payment systems that include reimbursement of the cost of any medication or device provided; the cost of preparing the medication or device; the costs of administrative services; return on capital investment; and payment for both the dispensing-related and non-dispensing-pharmacy services.
2. APhA believes that appropriate incentives for the pharmacist providing care should be part of any payment system.
(Am Pharm. NS33(7):53; July 1993) (Reviewed 2005) (Reviewed 2007) (Reviewed 2009) (Reviewed 2010) (Reviewed 2011) (Reviewed 2012) (Reviewed 2017) (Reviewed 2022)

50. The Committee recommends RETAINING the following policy statement as written.

2019, 2010 Pharmacogenomics/Personalized Medicine

4. APhA supports the inclusion of pharmacogenomic analysis in the drug development/approval and postmarketing surveillance processes.
(JAPhA. NS50(4):471; July/August 2010) (Reviewed 2015) (JAPhA. 59(4):e17; July/August 2019)

51. The Committee recommends RETAINING the following policy statement as written.

2022 2007 Pharmacy Personnel Immunization Rates

1. APhA supports efforts to increase immunization rates of health care professionals, for the purposes of protecting patients and urges all pharmacy personnel to receive all immunizations recommended by the Centers for Disease Control (CDC) for healthcare workers.
2. APhA encourages employers to provide necessary immunizations to all pharmacy personnel.
3. APhA encourages federal, state, and local officials and agencies to recognize pharmacists, student pharmacists, pharmacy technicians, and pharmacy support staff as among the highest priority groups to receive medications, vaccinations, and other protective measures as essential healthcare workers.
(JAPhA. NS45(5):580; September/October 2007) (Reviewed 2009) (Reviewed 2014) (Reviewed 2019) (JAPhA. 62(4):942; July 2022)

52. The Committee recommends RETAINING the following policy statement as written.

2003 Prior Authorization

1. APhA opposes prior authorization programs that create barriers to patient care.
2. Patients, prescribers, and pharmacists should have ready access to the coverage conditions for medications or devices requiring prior authorization.
3. Prescription drug benefit plan sponsors and administrators should actively seek and integrate the input of network pharmacists in the design and operation of prior authorization programs.
4. APhA supports prior authorization programs that allow pharmacists to provide the necessary information to determine appropriate patient care.
5. APhA expects prescription drug benefit plan sponsors to compensate pharmacy providers who complete third-party payer authorization procedures. Compensation should be in addition to dispensing fee arrangements.
6. APhA should work with relevant groups to improve prior authorization design and decrease prescription processing inefficiencies.

(JAPhA. NS43(5)(suppl 1):S58; September/October 2003) (Reviewed 2008) (Reviewed 2013) (Reviewed 2015)

53. The Committee recommends RETAINING the following policy statement as written.

1985 Registration of Facilities Involved in the Storage and Issuing of Legend Drugs to Patients

APhA supports enactment of state and federal laws and regulations that would require registration with the state boards of pharmacy of all facilities involved in the storage and issuing of legend drugs to patients, provided that such registration does not restrict the pharmacist from providing professional services independent of a facility.

(Am Pharm. NS25(5):51 May; 1985) (Reviewed 2004) (Reviewed 2010) (Reviewed 2012) (Reviewed 2013) (Reviewed 2018)

54. The Committee recommends RETAINING the following policy statement as written.

1985 Regulation of Mobile Facilities

APhA supports enactment of state and federal laws and regulations which would govern the dispensing and issuing of legend drugs from mobile facilities.

(Am Pharm. NS25(5):51; May 1985) (Reviewed 2004) (Reviewed 2010) (Reviewed 2015)

55. The Committee recommends RETAINING the following policy statement as written.

2021 Social Determinants of Health

1. APhA supports the integration of social determinants of health screening as a vital component of pharmacy services.
2. APhA urges the integration of social determinants of health education within pharmacy curricula, post-graduate training, and continuing education requirements.
3. APhA supports incentivizing community engaged research, driven by meaningful partnerships and shared decision-making with community members.
4. APhA urges pharmacists to create opportunities for community engagement to best meet the needs of the patients they serve.
5. APhA encourages the integration of community health workers in pharmacy practice to provide culturally sensitive care, address health disparities, and promote health equity.

(JAPhA. 61(4):e16; July/August 2021)

56. The Committee recommends RETAINING the following policy statement as written.

2001 Syringe Disposal

APhA supports collaboration with other interested health care organizations, public and environmental health groups, waste management groups, syringe manufacturers, health insurers, and patient advocacy groups to develop and promote safer systems and procedures for the disposal of used needles and syringes by patients outside of health care facilities.
(JAPhA. NS41(5)(suppl 1):S9; September/October 2001) (Reviewed 2007) (Reviewed 2012) (Reviewed 2017) (Reviewed 2020)

57. The Committee recommends RETAINING the following policy statement as written.

2012, 2003 The Pharmacist's Role in Laboratory Monitoring and Health Screening

1. APhA supports pharmacist involvement in appropriate laboratory testing and health screening, including pharmacists directly conducting the activity, supervising such activity, ordering and interpreting such tests, and communicating such tests results.
2. APhA supports revision of relevant laws and regulations to facilitate pharmacist involvement in appropriate laboratory testing and health screening as essential components of patient care
3. APhA encourages research to further demonstrate the value of pharmacist involvement in laboratory testing and health screening services.
4. APhA supports public and private sector compensation for pharmacist involvement in laboratory testing and health screening services.
5. APhA supports training and education of pharmacists and student pharmacists to direct, perform, and interpret appropriate laboratory testing and health screening services. Such education and training should include proficiency testing, quality control, and quality assurance.
6. APhA encourages collaboration and research with other health care providers to ensure appropriate interpretation and use of laboratory monitoring and health screening results.
(JAPhA. NS43(5)(suppl 1):S58; September/October 2003) (Reviewed 2007) (Reviewed 2009) (Reviewed 2010) (JAPhA. NS52(4):460; July/August 2012) (Reviewed 2013) (Reviewing 2016) (Reviewed 2017)

58. The Committee recommends RETAINING the following policy statement as written.

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)

59. The Committee recommends RETAINING the following policy statement as written.

2018 Use of Genomic Data Within Pharmacy Practice

1. APhA emphasizes genomics as an essential aspect of pharmacy practice.
2. APhA recognizes pharmacists as the health care professional best suited to provide medication-related consults and services based on a patient's genomic information. All

pharmacists involved in the care of the patient should have access to relevant genomic information.
3. APhA supports processes to protect patient data confidentiality and opposes unethical utilization of genomic data.
4. APhA demands payers include pharmacists as eligible providers for covered genomic interpretation and related services to support sustainable models that optimize patient care and outcomes.
5. APhA urges pharmacy management system vendors to include functionality that uses established and adopted electronic health record standards for the exchange, storage, utilization, and documentation of clinically actionable genetic variations and actions taken by the pharmacist in the provision of patient care.
6. APhA recommends pharmacists and pharmaceutical scientists lead the collaborative development of evidence-based practice guidelines for pharmacogenomics and related services.
7. APhA recommends the inclusion of pharmacists and pharmaceutical scientists in the collaborative development of pharmacogenomics clinical support tools and resources.
8. APhA encourages pharmacists to use their professional judgment and published guidelines and resources when providing access to testing or utilizing direct-to-consumer genomic test results in their patient care services.
9. APhA urges schools and colleges of pharmacy to include clinical application of genomics as a required element of the Doctor of Pharmacy curriculum.
10. APhA encourages the creation of continuing professional development and post-graduate education and training programs for pharmacists in genomics and its clinical application to meet varying practice needs.
11. APhA encourages the funding of pharmacist-led research examining the cost effectiveness of care models that utilize pharmacists providing genomic services.
(JAPhA. 58(4):355; July/August 2018)

Comments: The Policy Review Committee recommends RETAINING this policy statement as pharmacists are best suited to provide medication-related consultations. Therefore, the Committee believes this does not inappropriately impede on other health care professionals' scope of practice, and this policy statement should remain active.

Recommendation to Archive

60. The Committee recommends ARCHIVING the following policy statement as written.

2013, 1978 Pharmacists Providing Health Care Services

APhA supports the study and development of new methods and procedures whereby pharmacists can increase their ability and expand their opportunities to provide health care services to patients.

(Am Pharm. NS18(8):47; July 1978) (Reviewed 2007) (Reviewed 2008) (JAPhA. 53(4):366; July/August 2013) (Reviewed 2016)

Comments: The Policy Review Committee recommends ARCHIVING the above policy statement as more contemporary policy exists and this statement is duplicative to statement 1 *in 2004, 1978 Roles in Health Care for Pharmacists.*

61. The Committee recommends ARCHIVING the following policy statement as written.

2013, 1980 Medication Selection by Pharmacists

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)

Comments: The Policy Review Committee recommends ARCHIVING the above statement as there is more contemporary policy (*2022 Standard of Care Regulatory Model for State Pharmacy Practice Acts, 2017; 2012 Contemporary Pharmacy Practice; 2022 Pharmacists' Application of Professional Judgment*) that supports a more expansive role of pharmacists that is not limited to only medication selection.

62. The Committee recommends ARCHIVING the following policy statement as written.

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)

Comments: The Policy Review Committee recommends ARCHIVING the above policy statements as there is more contemporary policy (*2020 Community-Based Pharmacists as Providers of Care; 2017 Patient Access to Pharmacist-Prescribed Medications; 2019 Referral System for the Pharmacy Profession; 2020 Accountability of Pharmacists*) that covers the intent of the existing policy.

63. The Committee recommends ARCHIVING the following policy statement as written.

2004, 1977 Pharmacy Practice: Professional Judgment

1. APhA supports a pharmacist's right, regardless of place or style of practice, to exercise individual professional judgment and complete authority for those individual professional responsibilities assumed.
2. APhA supports decision-making processes that ensure the opportunity for input by all pharmacists affected by the decisions.

(JAPhA. NS17:463; July 1977) (JAPhA NS44(5):551; September/October 2004) (Reviewed 2007) (Reviewed 2012) (Reviewed 2017) (Reviewed 2020)

Comments: The Policy Review Committee recommends ARCHIVING the above policy statements as the new *2022 Pharmacists' Application of Professional Judgment* policy is more contemporary and captures the intent of these older policy statements.

64. The Committee recommends ARCHIVING the following policy statement as written.

1999 Sale of Sterile Syringes

APhA encourages state legislatures and boards of pharmacy to revise laws and regulations to permit the unrestricted sale or distribution of sterile syringes and needles by or with the knowledge of a pharmacist in an effort to decrease the transmission of blood-borne diseases.

(JAPhA. 39(4):447; July/August 1999) (Reviewed 2003) (Reviewed 2006) (Reviewed 2008) (Reviewed 2009) (Reviewed 2014) (Reviewed 2019) (Reviewed 2020)

Comments: The Policy Review Committee recommends ARCHIVING the above policy statements as there is more contemporary policy outlined in statements four and five of the 2019 Patient-Centered Care of people Who Inject Nonmedically Sanctioned Psychotropic or Psychotropic Substances policy, that covers the intent of this older policy.

Recommendations to Amend

65. The Committee recommends AMENDING the following policy statement as written.

2016 Medications for Substance Use Disorders Medication-Assisted Treatment

APhA supports expanding access to medications indicated for opioid use disorders (MOUDs) and other substance use disorders, ~~assisted Treatment (MAT)~~ including but not limited to pharmacist-administered injection services for treatment and maintenance of substance use disorders that are based on a valid prescription.

(JAPhA. 56(4):370; July/August 2016) (Reviewed 2021)

Comments: The Policy Review Committee recommends AMENDING the above policy statement to use more contemporary language to describe this class of medications and align with related policy on this topic.