American Pharmacists Association

Actions of the 2023 American Pharmacists Association House of Delegates
Phoenix, AZ
March 24 – 27, 2023

Newly Adopted Policy Statements

The following policies originated from the 2022–23 Policy Committee, were reviewed by the 2022–23 Policy Reference Committee, and were adopted via a consent agenda process by the 2023 APhA House of Delegates. These statements are now official APhA policy.

2023 Workplace Conditions

1. APhA calls for employers to provide fair, realistic, and equitable workplace conditions for pharmacy personnel that promote a safe, healthy, and sustainable working environment.
2. APhA urges all entities that impact pharmacy personnel workplace conditions to adopt the 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 to minimize distractions.
4. APhA advocates for employers to provide workplace onboarding and training for pharmacy personnel to optimize employee performance and satisfaction.
5. APhA encourages pharmacy personnel, starting with leaders, to model and 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 and employees to collaborate in the development and use of behavioral performance competencies in performance evaluations.

2023 Just Culture Approach to Patient Safety

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 integration of non-disciplinary and non-punitive mechanisms for use by boards of pharmacy to promote just culture principles when addressing people, systems, and processes involved in medication errors.
4. APhA encourages national and state associations to advocate for legislation 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 integration of just culture principles in PharmD and pharmacy technician education, postgraduate training, and continuing professional development programs.

2023 Site of Care Patient Steerage

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.

The following policies originated from submitted new business items, were reviewed by the 2022–23 New Business Review Committee, and were adopted by the 2023 APhA House of Delegates. These statements are now official APhA policy.

2023 Development of Veterinary Pharmacy Education Opportunities in Schools and Colleges of Pharmacy and Pharmacy Technician Training

1. APhA encourages schools and colleges of pharmacy and pharmacy technician training programs to facilitate educational opportunities for student pharmacists, and student pharmacy technicians in the principles of veterinary pharmacotherapy.
2. APhA encourages the availability of professional development opportunities in the principles of veterinary pharmacotherapy for pharmacists, student pharmacists, and pharmacy technicians.

2023 Uncompensated Care Mandates in Pharmacy

1. APhA calls for commensurate compensation for the provision of compulsory or mandated pharmacy services that include all products, supplies, labor, expertise, and administrative fees based on transparent economic analyses of existing and future services.

2023 Access to Comprehensive Reproductive Health Care

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

2023 Employer Responsibilities Related to Comprehensive Reproductive Health Care Access

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

2023 Pharmacist Representation on Medical Staff

1. APhA advocates for pharmacists to be included as members of medical staffs and eligible to vote on the bylaws, standards, rules, regulations, and policies that govern those institutions' medical staffs.
2. APhA supports pharmacists, as part of the medical staff, have parity in their opportunity to be credentialed and privileged as independent medical providers.

2023 Greenhouse Gas Emissions

1. APhA urges 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.

2023 Access to Essential Medicines

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

2023 Enforcing Antidiscrimination in the Dispensing of Medications

1. APhA affirms that discrimination and stigma should not impact a patient's ability to obtain medications.

2023 Pharmacy Shortage Areas

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

2023 Transgender and Nonbinary Health Care

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 people.
2. APhA encourages equity in care for transgender and nonbinary individuals through:
    a. Continuing education on the pharmacist's role in transgender care, gender-affirming therapy, and health disparities in transgender and nonbinary 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.

Amendment of Existing Policy

Through its new business process, the House amended existing policy, *2016, 1990 Legalization or Decriminalization of Illicit Drugs*. The previous policy statement #1 was retained. The existing policy statement #2 was archived and is no longer an active APhA policy (shown below as statement #4). The previous statement #3 (shown as statement #5 below) was amended as written. Two new statements were added, shown below as statements #2 and #3. Note: amendments are in red font and deletions are struck through and proposed additions are underlined.

2023, 2016, 1990 Legalization or Decriminalization of Illicit Drugs

1. APhA opposes legalization of the possession, sale, distribution, or use of illicit drug substances for non-medical uses.
2. APhA supports decriminalization of the personal possession or personal use of illicit drug substances ~~and~~ or paraphernalia.
3. APhA supports voluntary pathways for the treatment and rehabilitation of individuals who ~~are~~ have been 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 or illicit drug manufacturing, ~~and drug diversion,~~ whenever alternate pathways are inappropriate as determined by the courts.

The following proposed policy statements were referred to the APhA Board of Trustees for further review. These statements are not official APhA policy, and future action on these items will be determined by the APhA Board of Trustees.

Transgender and Nonbinary Health Care

APhA advocates for intentional engagement of transgender and nonbinary communities in clinical research.

Protection of Patients, Pharmacists, and Pharmacies

1. APhA supports the right of patients to obtain approved nonprescription and legally prescribed medications in pharmacies.
2. APhA supports the professional role and responsibility of pharmacists in dispensing and providing medication administration services for approved nonprescription and legally prescribed medications.
3. In situations in which a pharmacist exercises conscientious refusal in declining to dispense an approved nonprescription or legally prescribed medication, APhA urges owners/employers of pharmacists to identify arrangements through which patients will have access to these medications.
4. APhA opposes disciplinary action against a pharmacist who for reason of conscientious refusal declines to dispense an approved nonprescription or legally prescribed medication.
5. In policy statements and communications regarding issues that may result in some pharmacists exercising conscientious refusal, APhA and its House of Delegates should consider including a statement that recognizes a pharmacist's right to exercise conscientious refusal.

Policy Review Process

As part of the continuing review of existing policy, the 2023 APhA House of Delegates adopted the Policy Review Committee Report, thereby retaining, archiving, amending, or rescinding existing APhA policy on a range of topics.

The 2023 APhA House of Delegates RETAINED the following statements, per the recommendation of the Policy Review Committee:

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) (Reviewed 2023)

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) (Reviewed 2023)

2017, 2012 Contemporary Pharmacy Practice

1. APhA asserts that pharmacists should have the authority and support to practice to the full extent of their education, training, and experience in delivering patient care in all practice settings and activities.
2. APhA supports continuing efforts toward establishing a consistent and accurate perception of the contemporary role and practice of pharmacists by the general public, patients, and all persons and institutions engaged in health care policy, administration, payment, and delivery.
3. APhA supports continued collaboration with stakeholders to facilitate adoption of standardized practice acts, appropriate related laws, and regulations that reflect contemporary pharmacy practice.
4. APhA supports the establishment of multistate pharmacist licensure agreements to address the evolving needs of the pharmacy profession and pharmacist-provided patient care.
5. APhA urges the continued development of consensus documents, in collaboration with medical associations and other stakeholders, that recognize and support pharmacists'

roles in patient care as health care providers.

6. APhA urges universal recognition of pharmacists as health care providers and compensation based on the level of patient care provided using standardized and future health care payment models.

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

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) (Reviewed 2023)

2015, 1994 Confidentiality of Computer-generated Patient Records

1. 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) (Reviewed 2023)

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) (Reviewed 2023)

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) (Reviewed 2023)

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) (Reviewed 2023)

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) (Reviewed 2023)

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) (Reviewed 2023)

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) (Reviewed 2023)

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) (Reviewed 2023)

2013 Pharmacists Providing Primary Care Services

1. 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) (Reviewed 2023)

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) (Reviewed 2023)

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) (Reviewed 2023)

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) (Reviewed 2023)

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) (Reviewed 2023)

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) (Reviewed 2023)

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) (Reviewed 2023)

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

1. 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) (Reviewed 2023)

1978 Post-Marketing Requirements (Restricted Distribution)

1. 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) (Reviewed 2023)

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) (Reviewed 2023)

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) (Reviewed 2023)

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) (Reviewed 2023)

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) (Reviewed 2023)

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. 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) (Reviewed 2023)

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) (Reviewed 2023)

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) (Reviewed 2023)

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) (Reviewed 2023)

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) (Reviewed 2023)

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) (Reviewed 2023)

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) (Reviewed 2023)

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) (Reviewed 2023)

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) (Reviewed 2023)

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) (Reviewed 2023)

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) (Reviewed 2023)

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) (Reviewed 2023)

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) (Reviewed 2023)

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) (Reviewed 2023)

1981 Investigational New Drug (IND) Studies

1. 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) (Reviewed 2023)

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) (Reviewed 2023)

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**)** (Reviewed 2023)

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) (Reviewed 2023)

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) (Reviewed 2023)

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) (Reviewed 2023)

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) (Reviewed 2023)

2021 People First Language

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

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

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) (Reviewed 2023)

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) (Reviewed 2023)

2019, 2010 Pharmacogenomics/Personalized Medicine

1. 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) (Reviewed 2023)

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) (Reviewed 2023)

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) (Reviewed 2023)

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

1. 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) (Reviewed 2023)

1985 Regulation of Mobile Facilities

1. 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) (Reviewed 2023)

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) (Reviewed 2023)

2001 Syringe Disposal

1. 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) (Reviewed 2023)

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) (Reviewed 2023)

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) (Reviewed 2023)

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) (Reviewed 2023)

The 2023 APhA House of Delegates AMENDED the following statements, per the recommendation of the Policy Review Committee:

2016 Medications for Substance Use Disorders Medication-Assisted Treatment

1. 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) (Amended 2023)

The 2023 APhA House of Delegates ARCHIVED the following statements, per the recommendation of the Policy Review Committee:

2013, 1978 Pharmacists Providing Health Care Services

1. 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)

2013, 1980 Medication Selection by Pharmacists

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

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

2003, 1992 The Pharmacist's Role in Therapeutic Outcomes

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

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

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)

1999 Sale of Sterile Syringes

1. 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)

APhA House Rules Review Process

The APhA House of Delegates adopted the report of the 2022-2023 APhA House Rules Review Committee, as presented. The following recommendations, guidance, and modifications to the APhA House Rules of Procedure and operations were approved (approved additions are underlined and deletions are ~~struck through~~.)

Recommendations to the APhA House of Delegates

After thorough consideration, and in conjunction with the feedback received from Delegates, members, leaders, and staff regarding the activities of the House of Delegates the HRRC unanimously supports the following recommendations for acceptance by the APhA House of Delegates.

- Unfilled Delegate Seats
    - The Committee reviewed the current history of unfilled delegate seats per a standard annual review process following March House sessions. The Committee noted the continued impact of the COVID-19 pandemic on delegations and delegates. Similar to what was approved in 2020, the Committee agreed to not inactivate any delegate seats due to the pandemic and external strains put on delegates that may have prevented them from attending House of Delegates related sessions.
    - Any existing inactivated delegate seats prior to March 2020 will remain in effect and delegation coordinators are able to follow the existing processes to reactivate those seats upon request. Additionally, the Committee reviewed and confirmed that no updates are needed to the process for requesting reactivation of an inactivated delegate seat.
- Urgent New Business Item Process
    - Access to language and background information of urgent new business items was an issue observed in the March 2022 House sessions. Only a handful of delegates had access to background information prior to discussion of the urgent new business item. This created inequities among delegations and limited the ability for quality debate on the subject matter.
    - The Committee discussed ways to address this issue and agreed that when two house sessions are scheduled to handle regular business of the then no action should be taken on urgent new business items during the first session of the House. Existing House Rule 13 already outlines how urgent new business items are to be handled when a new business open hearing is scheduled to take place.
        - *"Approved urgent items shall be considered with other New Business Items and discussed during the New Business Open Hearing, if one is scheduled to take place.*

Appropriate action will be recommended by the New Business Review Committee in the same manner as other New Business Items."

  - Existing House Rule 13 does not address what should occur when a new business open hearing is not scheduled nor when only a single session of the House is scheduled. The Committee recommends that any urgent new business item have adequate time for review by delegates of background material prior to debate on any item.
  - The Committee recognizes the issue of addressing an urgent item in a timely fashion while balancing time for review of background materials. In addition to existing House Rule 6 where the Speaker develops the agenda for all House session in consultation with the Secretary, the Committee recommends the Speaker of the House integrate time for Delegate review for urgent new business items.
  - The Committee recommends an addition to House Rule 13 to emphasize the need for adequate time for review of urgent new business items.
- Motion to Refer
  - The Committee observed an abundance of referrals during the March 2022 House session. Additionally, there were multiple items where additional delegates were still present at microphones to participate in debate. In these instances, the motion to refer, per Robert's Rules if approved overrides continued debate.
  - The Committee recommends the Speaker of the House have the ability to facilitate further discussion on an item based on the flow of the House session.
- State Caucus Support / expansion efforts
  - The committee recommends APhA staff develop additional opportunities for delegations to caucus during the annual meeting or during virtual house sessions. The committee discussed virtual opportunities to caucus and to expand onsite caucus opportunities for delegations that may need support to facilitate an opportunity to connect with other delegates. One idea to consider is to develop broader caucus events that may not be delegation specific, but rather have a regional focus or just an opportunity to discuss policy topics further.
- Guidance to Speaker for a Fall 2022 Virtual House of Delegates session
  - The Committee discussed the need for earlier engagement in the policy development process but cautioned that virtual engagement is not the same as in-person engagement. The impact of COVID-19 on the House processes warranted usage of the virtual house to handle referred business in the Fall of 2020 and 2021.
  - The committee agreed that a strong rationale for convening a virtual house session needs to be in place with a focus on addressing a specific topic or timely issue that cannot wait for discussion during in-person sessions at the APhA annual meeting. Additionally, the subject matter should be of the nature that will allow for effective debate in a virtual House setting.
  - The committee continues to recommend the Speaker have the prerogative to determine the agenda of a virtual house session, but encourages additional guidance be obtained from former leaders or the house rules review committee, if available, to develop a recommendation to conduct a virtual house. The committee noted that this is the process that has been used to-date to develop an agenda and schedule a virtual house session.
  - The Committee discussed the timing of a virtual house and noted that there will never be a single day or time that will work for all delegates. Additionally, the committee is not recommending an annual virtual house at this time due to the reasons mentioned in previous notes where some subjects may not be best handled in a virtual house format.

    - The Committee recommends incorporation of additional virtual feedback options similar to open hearings be considered by the Speaker and staff to solicit feedback on timely issues that may need further development. This model would provide a feedback process similar to existing House committee reports and provide an additional virtual engagement opportunity for delegates.
- Policy Review Committee
    - The Committee reviewed the processes for the Policy Review Committee and noted a gap in the rules related to reviewing existing policies by topic with the purpose of ensuring uniformity across related policy statements or for the purpose of amending to contemporary language.
    - The Committee noted that the Speaker does have the authority to assign topics to the Policy Review Committee, but acknowledged that the Policy Review Committee, by design, does not engage subject matter experts and instead engages delegates with a policy process background and broad subject matter knowledge of pharmacy.
    - The Committee identified two methods for addressing this issue. The first would be through the new business item process. A delegate would introduce amendments to existing language. Should multiple amendments be necessary to different statements and policy topics then the new business item should be handled as a consent agenda where delegates can vote on all of the individual recommendations as a block, instead of as individual votes. This would allow delegates to pull any statement or recommendation within the new business item out for separate debate. To facilitate this, an additional change to House Rule 13 is recommended by the Committee and is outlined in the next section of this report.
    - The second method would be facilitated by the Speaker of the House through existing House Rule 14. The Speaker may engage a separate group of subject matter experts or delegates to review a subset of existing policies to provide proposed recommendations that are referred to the current Policy Review Committee. The Policy Review Committee would then review these recommendations as contemporary issues assigned to them by the Speaker and make a formal recommendation for consideration by the House.
- Consent Agenda Process
    - The committee reviewed the consent agenda process used in advance of the March 2022 House sessions and noted the guidance is not codified with the House rules, but rather has been in operation through guidance provided by prior House Rules Review Committees.
    - The committee recommends continuation of existing guidance to conduct an electronic poll in advance of an in-person March House session to encompass policy recommendations from committees. The Committee specifically noted the success in streamlining processes by using this format to handle business of the 2021-2022 Policy Reference Committee, which allowed for discussion of policy implementation to occur during the 2022 APhA Annual Meeting and Exposition open hearing session for the policy reference committee.
    - The committee further recommends including recommendations of the New Business Review Committee be incorporated into the electronic poll process and handled through the consent agenda process for the March 2023 House sessions.
    - In order to ensure clarity on the electronic poll and consent agenda processes the Speaker, Committee Chairs, and APhA staff should continue to provide clear guidance during webinars. Additionally, clear guidance should be provided during ongoing and

new caucus events. Special attention should be given to how any delegate can pull an item from the consent agenda for further discussion.

APhA House of Delegates Rules of Procedure

After thorough consideration, and in conjunction with the feedback received from Delegates, members, and staff, the HRRC unanimously recommends the following revisions to the APhA House of Delegates Rules of Procedure. Note: amendments are in red font and deletions are ~~struck through~~ and proposed additions are underlined.

Rule 13 New Business

The New Business Review Committee shall consist of 7–10 delegates, including the Chair, and are appointed by the Speaker. The Committee members should be present for open forum sessions held in person or virtually. After reviewing feedback provided from APhA members, the Committee will meet in executive session to develop recommendations on assigned New Business Items.

New Business Items are due to the Speaker of the House no later than 60 days before the start of any House session where regular action on New Business Items (not urgent items) are scheduled to take place.

An urgent item can be considered, without a suspension of the House rules, if presented to the Speaker, with necessary background information, at least 24 hours prior to the beginning of any House session. Urgent items are defined as matters that, due to the nature of their content, must be considered by the House outside of the normal policy processes. The House leadership (Speaker, Speaker-elect [when present], and Secretary) will evaluate submitted urgent items based on the timely and impactful nature of the presented item and determine if the urgent item is to be approved as New Business. The House shall then be informed of any approved urgent items to be considered by the House as soon as is possible by the Speaker. Approved urgent items shall be considered with other New Business Items and discussed during the New Business Open Hearing, if one is scheduled to take place. No immediate action shall be taken on urgent new business items without prior review of proposed statements and background information by all delegates. Appropriate action will be recommended by the New Business Review Committee in the same manner as other New Business Items. Urgent items denied consideration by House Officers may still be addressed by the House, with a suspension of House rules at the House session where New Business will be acted upon.

Delegates wishing to amend existing APhA policy on topics not covered within the Policy Committee or Policy Review Committee agenda may submit proposed policy statements through the New Business Review Process. Restatements of existing policy are discouraged and should be included only as background information.

The New Business Review Committee's report to the House of Delegates shall include one of the following recommended actions for each New Business Item considered:

(a) Adoption of the New Business Item
(b) Rejection of the New Business Item
(c) Referral of the New Business Item
(d) Adoption of the New Business Item as amended by the committee
(e) No action

The New Business Review Committee's recommendations will be addressed by the House of

Delegates in the following order:

1. New Items submitted by the Policy Review Committee
2. General New Business Items
3. Urgent New Business Items

If the New Business Review Committee recommends no action on a New Business Item, the Speaker of the House shall place the New Business Item before the House of Delegates for consideration and action. Each whole-numbered statement within the New Business Item should ~~shall~~ be considered separately. A consent agenda process may be used to consider multiple recommendations within a single New Business Item, in accordance with Robert's Rules of Order. ~~Consideration of the New Business Item in its entirety requires suspension of House rules.~~

New Business Items can be considered at a virtual session of the House of Delegates at the discretion of the Speaker, in accordance with these rules of procedure. Debate on new business items in a virtual session will be time limited. At the Speaker's discretion, proposed New Business items may be referred to the next session of the House for further deliberation.