

Policies Adopted by the 2024 APhA House of Delegates

The following policies were adopted by the 2024 American Pharmacists Association (APhA) House of Delegates, which took place March 22–25, 2024, in Orlando, FL. These items are now official APhA policy.

2024 Artificial Intelligence Use in Pharmacy Practice

1. APhA opposes the replacement of a pharmacist’s professional judgment or patient’s access to their pharmacist with artificial intelligence.
2. APhA calls on the profession of pharmacy and all related organizations to proactively assess and respond to the evolving role of artificial intelligence in pharmacy practice and workforce dynamics.
3. APhA encourages judicious use of artificial intelligence by pharmacists and pharmacy personnel as a tool to elevate pharmacy practice and enhance patient care.
4. APhA advocates for the integration of pharmacists into the development, design, validation, implementation, and maintenance of artificial intelligence solutions.
5. APhA calls on regulatory bodies, employers, and other relevant parties to develop laws, regulations, and policies as applicable for artificial intelligence to ensure patient safety, privacy, public awareness, and public protection.
6. APhA calls on those providing artificial intelligence solutions to implement processes that identify and mitigate bias and misinformation in artificial intelligence.
7. APhA advocates for education providers to facilitate, and pharmacy personnel to seek out, education and training on the lawful, ethical, and clinical use of artificial intelligence.

2024 Cybersecurity in Pharmacy

1. APhA advocates for implementation and maintenance of cybersecurity systems, safeguards, and response mechanisms to mitigate risk and minimize harm or disruption for all pharmacies and related parties who manage or access electronic health and business information.
2. APhA advocates for all pharmacies and related business entities responsible for electronic health and business information to have cyber liability insurance or an equivalent self-funded plan to protect all relevant parties in the event of a cyberattack and data breach.
3. APhA advocates for education providers to facilitate, and pharmacy personnel to seek out, education and training on cybersecurity laws, regulations, and best practices.

2024 Community Pharmacy Methadone Dispensing for Opioid Use Disorder

1. APhA supports changes in laws, regulations, and policies to permit DEA-registered and trained opioid treatment program clinicians and other providers the ability to prescribe methadone for opioid use disorder and refer patients for additional services as needed.
2. APhA supports changes in laws, regulations, and policies to permit community pharmacy dispensing of methadone for opioid use disorder and appropriate compensation for these services.
3. APhA supports partnerships and collaborations to increase patient access to opioid treatment programs (OTPs) and clinicians.
4. APhA advocates for interprofessional education on laws, regulations, and policies regarding office-based prescribing and community pharmacy dispensing of methadone in curricula, postgraduate training, and continuing professional development programs of all health professions.

2024 Pharmacists Roles in Sexually Transmitted Infection Prevention & Treatment in Underserved Patients

1. APhA affirms that pharmacists play a vital role in improving outcomes in patients with or at risk of Sexually Transmitted Infections (STIs).
2. APhA supports the pharmacist's role in the development of education and resources for individuals with Sexually Transmitted Infections (STIs), Expedited Partner Therapy (EPT), Pre-Exposure Prophylaxis (PrEP), and Post-Exposure Prophylaxis (PEP) in order to increase awareness and access.
3. APhA advocates for revision of state practice acts to permit pharmacists to independently prescribe for individuals with Sexually Transmitted Infections (STIs), Expedited Partner Therapy (EPT), Pre-Exposure Prophylaxis (PrEP), and Post-Exposure Prophylaxis (PEP) therapy.

2024 Access to Radiopharmaceuticals

1. APhA advocates for laws, regulations, and policies that increase patient access to radiopharmaceuticals.

Amendment of Existing Policy

Through its new business process, the House amended existing policy, resulting in the following updated language presented below.

2024, 2015 Disaster Preparedness

1. APhA encourages pharmacist involvement in surveillance, mitigation, preparedness, planning, response, and recovery related to natural, technological, or human-caused incidents.

2024, 2012, 2009 Collective Bargaining (Statement 1 Amended)

1. APhA affirms the United Nations' Universal Declaration of Human Rights that collective bargaining is a fundamental human right.
2. APhA supports pharmacists' participation in organizations that promote the discretion or professional prerogatives exercised by pharmacists in their practice, including the provision of patient care.
3. APhA supports the rights of pharmacists to negotiate with their respective employers

2024, 2020, 2015 Integrated Nationwide Prescription Drug Monitoring Program (Statement 6 Amended)

1. APhA advocates for nationwide integration and uniformity of prescription drug monitoring programs (PDMP) that incorporate federal, state, and territory databases for the purpose of providing health care professionals with accurate and real-time information to assist in clinical decision making when providing patient care services related to controlled substances.
2. APhA supports pharmacist involvement in the development of uniform standards for an integrated nationwide prescription drug monitoring program (PDMP) that includes the definition of authorized registered users, documentation, reporting requirements, system response time, security of information, minimum reporting data sets, and standard transaction format.
3. APhA supports mandatory prescription drug monitoring program (PDMP) enrollment by all health care providers, mandatory reporting by all those who dispense controlled substances, and appropriate system query by registrants during the patient care process related to controlled substances.
4. APhA advocates for the development of seamless workflow integration systems that would enable consistent use of a nationwide prescription drug monitoring program (PDMP) by

registrants to facilitate prospective drug review as part of the patient care process related to controlled substances.

5. APhA advocates for continuous, sustainable federal funding sources for practitioners and system operators to utilize and maintain a standardized integrated and real-time nationwide prescription drug monitoring program (PDMP).
6. APhA supports the use of interprofessional advisory boards, that include pharmacists, to coordinate collaborative efforts for (a) compiling, analyzing, and using prescription drug monitoring program (PDMP) data trends to identify misuse of controlled substances and/or fraud; (b) providing focused provider education and patient referral to treatment programs; and (c) supporting research activities on the impact of PDMPs.
7. APhA supports education and training for registrants about a nationwide prescription drug monitoring program (PDMP) to ensure proper data integrity, use, and confidentiality.

2024, 2019, 2016 Substance Use Disorder (Statement 1 Amended)

1. APhA supports laws, regulations, policies, and private sector efforts that include pharmacists' input and that will balance patients' need for access to medications for legitimate medical purposes with the need to prevent the diversion and misuse of medications.
2. APhA supports consumer sales limits of nonprescription drug products, such as methamphetamine precursors, that may be illegally converted into drugs for illicit use.
3. APhA encourages education of all personnel involved in the distribution chain of nonprescription products so they understand the potential for certain products, such as methamphetamine precursors, to be illegally converted into drugs for illicit use. APhA supports comprehensive substance use disorder education, prevention, treatment, and recovery programs.
4. APhA supports public and private initiatives to fund treatment and prevention of substance use disorders.
5. APhA supports stringent enforcement of criminal laws against individuals who engage in drug trafficking.

2024, 2014 Controlled Substances and Other Medications with the Potential for Abuse and Use of Opioid Reversal Agents (Statements 1–5 Amended)

1. APhA supports education for pharmacists and student pharmacists to address issues of pain management, palliative care, appropriate use of opioid reversal agents in opioid-associated emergencies, drug diversion, and substance use 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 and/or diversion.

3. APhA supports pharmacists' access to and use of prescription monitoring programs to identify and prevent drug misuse and/or diversion.
4. APhA supports the development and implementation of state and federal laws, regulations, and policies that permit pharmacists to independently prescribe opioid reversal agents to prevent deaths due to opioid-associated emergencies.
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 deaths due to opioid-associated emergencies.

2024, 2019 Patient-Centered Care of People Who Inject Non-Medically Sanctioned Psychotropic or Psychoactive Substances (Statements 1–5 Amended)

1. APhA encourages state legislatures and boards of pharmacy to revise laws and regulations to support the patient-centered care of people who use non-medically sanctioned psychotropic or psychoactive substances.
2. To reduce the consequences of stigma associated with 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 use 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 use non-medically 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 reversal agents, and medications for opioid use disorder.
5. APhA urges pharmacists to refer people who use non-medically sanctioned psychotropic or psychoactive substances to specialists in mental health, infectious diseases, and substance use disorder treatment; to housing, vocational, harm reduction, and recovery support services; and to safe consumption facilities and syringe service programs.

2024, 2017, 2012 Contemporary Pharmacy Practice (Statements 1–2 Amended)

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.
2. APhA opposes burdensome legal and regulatory requirements beyond continuing professional development for the provision of patient care services.
3. 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.
4. APhA supports continued collaboration with stakeholders to facilitate adoption of standardized practice acts, appropriate related laws, and regulations that reflect contemporary pharmacy practice.
5. APhA supports the establishment of multistate pharmacist licensure agreements to address the evolving needs of the pharmacy profession and pharmacist-provided patient care.
6. 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.
7. 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.

Referral of Existing Policy

As a result of debate by the House, the following policy was referred for review by the 2024–2025 APhA Policy Review Committee.

2003, 1971 Security: Pharmacists' Responsibility

1. APhA encourages pharmacists to voluntarily remove all proprietary drug products with potential for use in a manner other than prescribed or adverse drug interactions from general sales areas and to make their dispensing the personal responsibility of the pharmacist.