

Item No.: 8  
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**American Pharmacists Association  
House of Delegates – March 24-27, 2023**

**NEW BUSINESS**

**(To be submitted and introduced by Delegates only)**

Introduced by: LCDR Briana Rider  
(Name)

January 23, 2023      United States Public Health Service  
(Date)      (Organization)

**Subject:** Access to Essential Medicines as a Fundamental Human Right

**Motion:** To adopt the following policy statement:

- I. APhA encourages access to quality and affordable essential medicines as a fundamental human right.

**Background:**

At the 2015 United Nations General Assembly, 193 nations (including the United States) adopted the 2030 Agenda for Sustainable Development. The 2030 Agenda for Sustainable Development includes 17 Sustainable Development Goals (SDG) and 169 targets. The SDGs are a universal call to action to end poverty, protect the planet, and ensure that by 2030 all people enjoy peace and prosperity. SDG #3 is to ensure healthy lives and promote well-being for all at all ages. 3.8 sets an ambitious and transformational target of achieving universal health coverage. Access to quality and affordable essential medicines is a fundamental element of the right to universal health coverage and to health – which is a human right. The 1946 Constitution of the World Health Organization (WHO) and the 1948 Universal Declaration of Human Rights both recognize the right to health. Essential medicines are defined by the WHO as “those that satisfy the priority health care needs of a population”. The WHO maintains a list of essential medicines that is updated every two years. The WHO essential medicines list is intended to guide the development or updating of national essential medicines list. The U.S. Food and Drug Administration maintains the U.S.’ list of essential medicines. According to Chan (2017), globally, nearly two billion people cannot access the medicines they need, which results in prolonged

illness in communicable and non-communicable diseases, disability, deaths, and negative economic consequences.

#### References:

- <https://sdgs.un.org/2030agenda>
- <https://www.who.int/publications/i/item/WHO-MHP-HPS-EML-2021.02>
- Chan M. (2017). in Years in Public Health, 2007-2017— Access to Medicines: Making Market Forces Serve the Poor (Geneva, Switzerland: World Health Organization). Available at: [https://cdn.who.int/media/docs/default-source/essential-medicines/fair-price/chapter-medicines.pdf?sfvrsn=adcffc8f\\_4&download=true](https://cdn.who.int/media/docs/default-source/essential-medicines/fair-price/chapter-medicines.pdf?sfvrsn=adcffc8f_4&download=true)
- <https://www.hhrguide.org/2017/06/09/access-to-medicines-and-human-rights/>

### **Current APhA Policy & Bylaws:**

#### **Other Public Health Issues**

2016, 1994 - Pharmacy Services Benefits in Health Care Reform

APhA supports reform of the U.S. health care system and believes that any reform at the state or national level must provide for the following

1. Universal coverage for pharmacy service benefits that include both medications and pharmacists' services;
2. Specific provisions for the access to and payment for pharmacists' patient care services;
3. A single set of pricing rules, eliminating class-of-trade distinctions, for medications, medication delivery systems, and other equipment so that no payer, patient, or provider is disadvantaged by cost shifting;
4. The right for every American to choose his/her own provider of medications and pharmacists' services and for all pharmacists to participate in the health plans of their choice under equally applied terms and conditions;
5. Quality assurance mechanisms to improve and substantiate the effectiveness of medications and health services;
6. Information and administrative systems designed to enhance patient care, eliminate needless bureaucracy, and provide patients and providers price and quality information needed to make informed patient-care decisions;
7. Relief from antitrust laws and regulations to enable pharmacists to establish systems that balance provider needs relative to corporate and governmental interests;

*Am Pharm. NS34(6):58; June 1994) (Reviewed 2004) (Reviewed 2010) (Reviewed 2011) (JAPhA. 56(4):379; July/August 2016) (Reviewed 2018) (Reviewed 2021)*

**\*\*Phone numbers will only be used by the New Business Review Committee in case there are questions for the delegate who submitted the New Business Item Content.**

New Business Items are due to the Speaker of the House by **January 23, 2023** (60 days prior to the start of the first House session). Consideration of urgent items can be presented with a suspension of the House Rules at the session where New Business will be acted upon. Please submit New Business Items to the Speaker of the House via email at [hod@aphanet.org](mailto:hod@aphanet.org).