Actions of the March 15, 2021 Virtual House of Delegates
American Pharmacists Association
Conducted Virtually via GoToWebinar meeting platform

The House of Delegates met virtually on March 15, 2021, from 1:00 pm–4:18 pm ET.

Secretary Scott Knoer reported, as part of the credentials report, that at the time of the report, 258 delegates were present for the meeting of the House out of 280 delegates registered for the session. This represented a quorum. The final number of delegates participating in the session was 327 out of 384 eligible delegates.

Speaker of the House of Delegates Joey Mattingly began by recognizing the American College of Veterinary Pharmacists (ACVP) as the newest Delegation to the APhA House of Delegates, as approved by the APhA Board of Trustees during their November 2020 Board of Trustees meeting. Speaker Mattingly then provided a brief Speaker's report and reviewed the results of the electronic ballot process conducted prior to this session prior to facilitating discussion on multiple reports.

Speaker Mattingly reported that 288 delegates out of a total of 384 eligible delegates completed the pre-session electronic ballot. The following table provides the complete ballot returns and the percentage approval was calculated by dividing the "Yes" votes by the total ballots submitted. Reports or policy statements that received a 50% or greater percentage approval were considered adopted by the House. Of note, Topic 3, Statements 3 and 4 did not pass via the ballot process. Speaker Mattingly noted the multiple open hearings conducted prior to this March 15 House session and reviewed the process to reconsider a policy statement or new business item.

Results of APhA 2021 March House of Delegates Electronic Ballot - 288 total ballots submitted					
Item	**Yes**	**Percentage Approval**	**No**	**Abstain**	**STATUS**
2020-2021 House Rules Review Committee Report	278	96.53	9	1	Approved
2020-2021 Policy Review Committee Report	284	98.61	4	0	Approved; Items to pull from Report for further discussion = **8, 16, 23, 27, 30, 42**
Topic 1, Statement 1	278	96.53	9	1	Adopted
Topic 1, Statement 2	269	93.40	17	2	Adopted
Topic 1, Statement 3*	261	90.63	24	3	Adopted
Topic 1, Statement 4*	270	93.75	17	1	Adopted
Topic 1, Statement 5	283	98.26	4	1	Adopted
Topic 1, Statement 6	271	94.10	12	5	Adopted
Topic 1, Statement 7*	269	93.40	17	2	Adopted
Topic 1, Statement 8	274	95.14	9	5	Adopted
Topic 2, Statement 1	284	98.61	4	0	Adopted
Topic 2, Statement 2	284	98.61	3	1	Adopted
Topic 2, Statement 3	283	98.26	4	1	Adopted
Topic 2, Statement 4*	286	99.31	2	0	Adopted
Topic 2, Statement 5*	282	97.92	3	3	Adopted
Topic 2, Statement 6*	267	92.71	18	3	Adopted
Topic 2, Statement 7	278	96.53	9	1	Adopted
Topic 2, Statement 8*	287	99.65	1	0	Adopted
Topic 2, Statement 9	282	97.92	4	2	Adopted

Results of APhA 2021 March House of Delegates Electronic Ballot - 288 total ballots submitted					
NB 1, Statement 1	277	96.18	6	5	Adopted
NB 1, Statement 2	266	92.36	17	5	Adopted
NB 1, Statement 3	267	92.71	14	7	Adopted
NB 1, Statement 4	247	85.76	29	12	Adopted
NB 1, Statement 5	262	90.97	16	10	Adopted
NB1, Statement 6	266	92.36	16	6	Adopted
NB 2, Statement 1	257	89.24	18	13	Adopted
NB 3, Statement 1	261	90.63	20	7	Adopted
NB 3, Statement 2	252	87.50	26	10	Adopted
NB 3, Statement 3	143	49.65	132	13	Failed
NB 3, Statement 4	140	48.61	130	18	Failed
NB 3, Statement 5	223	77.43	54	11	Adopted
NB 4, Statement 1	281	97.57	6	1	Adopted
NB 4, Statement 2	259	89.93	25	4	Adopted
NB 4, Statement 3	246	85.42	41	1	Adopted
NB 4, Statement 4	278	96.53	10	0	Adopted
NB 5, Statement 1	150	52.08	120	18	Adopted
NB 6, Statement 1	179	62.15	90	19	Adopted
NB 7, Statement 1	260	90.28	20	8	Adopted
NB 7, Statement 2	268	93.06	13	7	Adopted
NB 7, Statement 3	250	86.81	27	11	Adopted
NB 7, Statement 4	262	90.97	19	7	Adopted
NB 7, Statement 5	253	87.85	27	8	Adopted
NB 8, Statement 1	210	72.92	67	11	Adopted
NB 8, Statement 2	226	78.47	49	13	Adopted
NB 8, Statement 3	218	75.69	57	13	Adopted

*= statement as Amended by Policy Reference Committee

The following statements and actions of the March 15, 2021 APhA House of Delegate are in the order they were taken and additionally include the policy statements adopted through the electronic ballot process.

APhA House Rules Review Process

After thorough consideration, and in conjunction with the feedback received from Delegates, members, leaders, and staff via surveys, live discussions, and other mechanisms, regarding the activities of the House of Delegates over the past year, the HRRC unanimously recommended the following recommendations be accepted by the APhA House of Delegates. No additional changes to the House Rules of Procedure were recommended by the Committee within this report. The following recommendations were accepted by the House of Delegates via the electronic ballot process.

- Fall Virtual House Session
    - The Committee discussed the purpose and process for conducting a Fall Virtual House session on an annual basis and recommends one be implemented into House activities. The Committee believed that no additional rule changes are currently necessary to implement a Fall Virtual House Session.
    - The Committee agreed that a Fall Virtual House Session may benefit the overall work of the House to streamline activities during an in-person session in March at the Annual Meeting. Potential items to consider taking action on during a Fall Virtual House Session include the Policy Committee and Policy Review Committee Reports, but other items could be added into the agenda by the Speaker in accordance with House Rules of Procedure.

- The Committee discussed the need for open hearings to occur prior to any Fall Virtual House session, like what was conducted in the Fall of 2020 and further discussed implementing an electronic form to capture feedback, not formal votes, on items to be debated during the House session. For example, the Committee discussed using a Likert scale assessment for each policy statement to obtain a numeric approval/disapproval rating on specific statements and allow for open comments to be submitted on each item. This ballot would not be a formal vote on any item but would serve to capture feedback and the general feelings of the delegates on any given item. This de-identified information would be reported directly to the delegates as it was submitted for consideration prior to a Fall Virtual House Session. Further deliberation on the format of this ballot is recommended to be reviewed by future House Rules Review Committees.
- The Committee also noted a November timeframe would work well for a Virtual House Session. The Committee discussed a modified time frame for consideration by the Speaker and APhA Staff outlining potential adjustments to the development of Policy and Policy Review Committee reports to allowing for adequate review time and open discussion via open hearings for delegates.

- Open Hearing Webinars
  - Due to the virtual nature of the March 2021 session, the Committee discussed the importance of the discussion webinars that take place prior to any House Session. The committee recommends all webinars reviewing content for consideration at a House session be renamed as an "Open Hearing" to model what is done during in-person Annual Meeting House events. This intent is to increase engagement in these events as formal activities of the House of Delegates.

- Overall Electronic Ballot Considerations
  - The Committee reviewed the electronic ballot process that was conducted in preparation for the March 20, 2020 virtual House session including feedback from delegates, Former Speakers, and leaders. The response to the electronic ballot was robust considering the timeframe requested for delegate response and the Committee recommends continued evaluation of an electronic ballot process by future Rules Review Committees.
  - The Committee specifically noted some confusion from Delegate feedback regarding ballot voting options and the process to submit amendments. For any electronic ballot, the Committee recommends clear instructions on the formal process to submit an amendment be communicated with delegates and if possible, contained within the electronic ballot.
  - The Committee also recommends conducting a webinar session to outline the results of any ballot that was conducted. This session would present the official process for how the ballots were tabulated, the end results from the ballot, and address any questions on the process to reconsider items within a ballot or submit amendments.

- Electronic Ballots specifically for Voting
  - The Committee had further discussion on what should constitute adoption of a motion through an electronic ballot process. The Committee agreed that a quorum of delegates, in accordance with House Rules of Procedure and APhA Bylaws, need to participate in the ballot vote. Additionally, the Committee recommends that any motion receiving a two-thirds majority of yes votes out of all ballots

delivered to delegates would constitute the threshold for approval of a motion. The Committee believes a two-thirds majority would provide delegates a greater comfort level of broad support within the House on any given item, as opposed to a simple majority. This threshold is also recommended for continued review by future Rules Review Committees and House leadership.

- The ballot vote options were also discussed, and the Committee recommends very clear instructions on the resulting action for each option in the ballot. The options of yes, no, abstain, and an open comment section are recommended to be provided on each item as appropriate. Furthermore, the Committee believes the open comment section should not serve as the formal method to submit an amendment and recommends continued evaluation of electronic submission of amendments. The comment section could additionally serve as a source of feedback for a review committee to consider (e.g., Policy Reference Committee, New Business Review Committee) in preparation of a report.

- Virtual House Format Considerations
  - The Committee acknowledged some limitations within the currently selected platform, GoToWebinar, and recommends staff continue to evaluate other platforms. The Committee specifically noted areas of additional functionality to consider would include ways for delegates to communicate with each other through a chat box function (not just directly to the Speaker) or to show select emotes on the screen, similar to what can currently be done in a Facebook Live session. The intent is to provide a broader connection among delegates and to capture the feelings of the House in a visual format that would mimic claps or cheers that typically occur during an in-person House session.
  - The committee also reviewed feedback from delegations who had difficulty communicating during the House session and recommends APhA staff to develop tips for delegate communication through text, apps, or other software programs. Individual delegates and delegations would then decide what works best to facilitate communication during a House session for themselves.
  - The Committee discussed the usage of webcams for the Speaker or other members of the head table during House sessions and encouraged the Speaker of the House and other House Officers to consider activating their webcam when speaking, only if doing so would not create any connectivity issues leading to interruption of the House session.

- House Communications
  - The Committee discussed the formatting and structure of House communications and recommends email communication with more focused content as opposed to a long list of items to review, whenever possible.

Unfinished Business

Speaker Mattingly then addressed three items of unfinished business from the November 6, 2020 House of Delegates session. These three items did not have action taken on them by the House and were recommendations introduced by the Policy Review Committee. Since no action was taken previously, these three items were forwarded to the March 15, 2021 House session as unfinished business. After discussion by delegates, the following recommendations were adopted with any new language shown as underlined text and any removed language shown with ~~strikethrough text~~

25. INCREASING ACCESS TO AND ADVOCACY FOR MEDICATIONS FOR OPIOID USE DISORDER (MOUD): STATEMENT 1

1. APhA supports the use of evidence-based **medicine** ~~**medication**~~ as first-line treatment for opioid use disorder for patients, including healthcare professionals, ~~**such as pharmacists,**~~ in and out of the workplace, for as long as needed to treat their disease.

26. INCREASING ACCESS TO AND ADVOCACY FOR MEDICATIONS FOR OPIOID USE DISORDER (MOUD): STATEMENT 2

2. APhA encourages pharmacies to maintain an inventory of medications ~~**of public health importance, particularly medications**~~ **used in treatment of** ~~**for**~~ opioid use disorder~~,~~ to ensure access for patients.

27. INCREASING ACCESS TO AND ADVOCACY FOR MEDICATIONS FOR OPIOID USE DISORDER (MOUD): STATEMENT 3

3. APhA encourages pharmacists and payers to ensure patients have equitable access to, and coverage for, at least one medication from each class of medications used in the treatment of opioid use disorder. ~~**, such as making medications available on the payer's lowest cost-sharing tier.**~~

Adopted Policy Topic Statements

The Policy Reference Committee proposed no recommendations to reconsider any items related to the following two topics and delegates furthermore did not reconsider any additional items for debate during the March 15, 2021 House of Delegates session. All recommendations from the policy reference committee were adopted via the electronic ballot and the following policies were adopted by the 2021 APhA House of Delegates and are now official APhA policy.

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.

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.

Adopted New Business Items

The New Business Review Committee recommended to reconsider new business item 3 – statement 4 and delegates additionally reconsidered new business item 5 for potential amendment and debate. New business item 3 – statement 4 was reconsidered and delegates officially voted to refer this statement and the new business review committee's suggested amendment to the Joint Policy Standing Committee and Board of Trustees for further review. New business item 5 was reconsidered and amended. The remaining items of new business were all adopted via the electronic ballot process and the following policies are now official APhA policy.

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.

People First Language

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

Increasing Awareness and Accountability to End Harassment, Intimidation, Abuse of Power, Position or Authority in Pharmacy Practice *(final statement 3 listed below is the original statement 5 of the proposed new business item. Proposed statement 3 was not adopted via ballot and proposed statement 4 was referred to the Joint Policy Advisory Committee and APhA Board of Trustees for further action)*

1. APhA calls on all national and state pharmacy organizations, colleges/schools of pharmacy, and other stakeholders to support the development of a profession-wide effort to address harassment, intimidation, and abuse of power or position.
2. APhA supports the development of a profession-wide guideline on reporting harassment, intimidation, or abuse of power or position in their pharmacy education and training, professional practice, or volunteer service to pharmacy organizations.
3. APhA recommends all pharmacy organizations incorporate harassment, intimidation, and abuse training in their member professional development and education activities.

Increasing Access to and Affordability of Naloxone

1. APhA supports policies and practices that increase the availability of naloxone.
2. APhA supports the availability of naloxone as both a prescription and non-prescription medication.
3. APhA encourages pharmacists and payers to ensure equitable access to and affordability of at least one naloxone formulation regardless of prescription status.
4. APhA encourages payers to provide fair reimbursement to dispensers of naloxone.

Unity and Strength of the National Pharmacy Practitioner Organizations *(Adopted as amended during debate)*

APhA supports the initiation of a collaborative/federated organizational structure that brings pharmacy organizations together. This model will unify pharmacy's voice in healthcare and regulatory settings, improve operational efficiencies, conserve limited resources, and will preserve individual organizational identities and traditions all for the benefit of the profession of pharmacy.

Definition of Patient
APhA calls for the adoption, by pharmacy organizations and regulatory and professional entities, of the expanded definition for patient to include human or non-human species.

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.

Promoting Financial Preparedness for Student Pharmacists, Applicants, and Recent Graduates
APhA encourages schools and colleges of pharmacy to provide financial literacy resources for student pharmacists and applicants to assess the potential financial burden associated with pursuing a PharmD and entry into the profession by:
- Offering instruction on financial literacy (including but not limited to personal finance and loan repayment) as part of a required course or elective in their curriculum; and
- Providing student pharmacists and potential applicants the comprehensive costs of pursuing a pharmacy education at their respective institutions along with financial aid costs and options; and
- Providing student pharmacists and potential applicants with initial and periodic updates of the professional employment outlook.

New business statement referred for further action
***Increasing Awareness and Accountability to End Harassment, Intimidation, Abuse of Power, Position or Authority in Pharmacy Practice* – Original Proposed Statement 4**
APhA recommends that any individual who has been engaged in, or who falsely attests that they have never been involved in, any instances of harassment, intimidation or abuse be excluded from consideration any award, leadership position (including voluntary positions), fellowship recognition, editorial board position, faculty/preceptor, or postgraduate training faculty/director position.

Policy Review Process
As part of the continuing review of existing policy, the 2021 APhA House of delegates adopted the report of the Policy Review Committee via the electronic ballot process, thereby retaining, archiving, amending, or rescinding existing APhA policy on a range of topics. Six recommendations were not adopted via the electronic ballot process and will be assigned to the 2021-2022 Policy Review Committee for further review.

The 2021 APhA House of Delegates RETAINED the following statements:

2004 Protecting the Integrity of the Medication Supply *(Statements 1 and 2 of this policy are now archived)*

3. APhA supports public education about the risk of using medications whose production, distribution, or sale does not comply with U.S. federal and state laws and regulations.
4. APhA urges pharmacists and other health care professionals to report suspected counterfeit products to the Food and Drug Administration.

2004,1970 Licensure/Registration of Drug Manufacturers

APhA supports the requirements that all drug manufacturers must obtain a federal license or registration, conditioned upon an inspection of the manufacturer's facilities, before manufacturing is begun.

2011,2004,1995 Product Recall Policy

1. APhA supports:
   a) the use of contemporary communications technologies to enhance communication of recall information to all relevant parties,
   b) developing and promoting strategies to identify and communicate with patients who may have received recalled products, when appropriate,
   c) identifying compensation mechanisms for resources expended in responding to recalls, and
   d) maintaining the FDA recall program, which ensures that appropriate promptness of action can be taken based on the depth and severity of the recall.

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.

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.

2009 Pharmacist's Role in Patient Safety

1. It is APhA's position that patient safety initiatives must include pharmacists in leadership roles.
2. APhA encourages dissemination of best practices derived from nationally aggregated reporting data systems to pharmacists for the purpose of improving the medication use process and making informed decisions that directly impact patient safety and quality.
3. APhA encourages the profession of pharmacy to continually review and evaluate ways to enhance training, curricula, continuing education and accountability of pharmacists to improve patient safety.
4. APhA encourages risk management and post-marketing surveillance programs to be standardized and include infrastructures and compensation necessary to allow pharmacists to support these patient safety programs.
5. APhA supports the creation of voluntary, standardized and interoperable reporting systems for patient safety events to minimize barriers to pharmacist participation and to enable aggregation of data and improve quality of medication use systems. The system should be free, voluntary, non-punitive, easily accessible, and user friendly for all providers within the health care system.
6. APhA supports the elimination of hand-written prescriptions or medication orders.

2002 Professional Practice Regulation

1. APhA encourages the revision of pharmacy laws to assign the responsibility and accountability to the pharmacy license holder for the operations of the pharmacy, including but not limited to quality improvement, staffing, inventory, and financial activities. Further, APhA supports the responsibility and accountability of the pharmacist for dispensing of the pharmaceutical product and for the provision of pharmaceutical care services.
2. APhA encourages the pharmacy license holder to provide adequate resources and support for pharmacists to meet their professional responsibilities, and for pharmacists to utilize the resources and support appropriately and efficiently. APhA encourages state boards of pharmacy to hold pharmacy license holders accountable for failure to provide such adequate resources and support.

1994 Product Licensing Agreements and Restricted Distribution

APhA opposes any manufacturer-provider relationship which involves product licensing agreements and/or restricted distribution arrangements which infringe on pharmacists' rights to provide pharmaceuticals and pharmaceutical care to their patients

1978 Post-Marketing Requirements (Restricted Distribution)
APhA opposes any legislation that would grant FDA authority to restrict the channels of drug distribution for any prescription drug as a condition for approval for marketing the drug under approved labeling**.**

2004,1966 Distribution Programs: Circumvention of the Pharmacist
APhA opposes distribution programs and policies by manufacturers, governmental agencies, and voluntary health groups which circumvent the pharmacist and promote the dispensing of prescription, legend drugs by non-pharmacists. These programs and policies should, in the public interest, be eliminated.

2004,1968 Manufacturers' Pricing Policies
APhA supports pharmaceutical industry adoption of a "transparent pricing" system which would eliminate hidden discounts, free goods, and other subtle economic devices.

1985 Reduction of Federal Laws and Regulations (Paperwork Burden)
APhA supports the reduction and simplification of laws, regulations, and record-keeping requirements which affect pharmacy practice and are not beneficial in protecting the public welfare.

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.

2016 Point-of-Care Testing
1. APhA recognizes the value of pharmacist-provided, point-of-care testing and related clinical services, and it promotes the provision of those tests and services in accordance with the Joint Commission of Pharmacy Practitioners Pharmacists' Patient Care Process.
2. APhA advocates for laws, regulations, and policies that enable pharmacist-provided, point-of-care testing and related clinical services that are consistent with the pharmacists' role in team-based care.
3. APhA opposes laws, regulations, and policies that create barriers to the tests that have been waived by the Clinical Laboratory Improvement Amendments (CLIA) and that are administered and interpreted by pharmacists.
4. APhA encourages use of educational programming and resources to facilitate practice implementation of pharmacist provided, point-of-care testing and related clinical services.

5. APhA supports patients taking active roles in the management of their health, including their ability to request and obtain pharmacist-provided, point-of-care tests and related clinical services.
6. APhA advocates for access to, coverage of, and payment for both pharmacist-provided, point-of-care tests and any related clinical services.

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.

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.

2017 Pharmacists' Role Within Value-based Payment Models

1. APhA supports value-based payment models that include pharmacists as essential health care team members and that promote coordinated care, improved health outcomes, and lower total costs of health care.
2. APhA encourages the development and implementation of meaningful, consistent process-based and outcomes-based quality measures that allow attribution of pharmacist impact within value-based payment models.
3. APhA advocates for mechanisms that recognize and compensate pharmacists for their contributions toward meeting goals of quality and total costs of care in value-based payment models, separate and distinct from the full product and dispensing cost reimbursement.
4. APhA advocates that pharmacists must have real-time access to and exchange of electronic health record data within value-based payment models in order to achieve optimal health and medication-related outcomes.

5. APhA supports education, training, and resources that help pharmacists transform and integrate their practices with value-based payment models and programs.

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:
   • Enhance patient experience and safety,
   • Improve population health,
   • Reduce health care costs, and
   • 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:
   - Reform of the pre–health care mergers and acquisitions process;
   - Implementation of an ongoing post–health care mergers and acquisitions evaluation process to preserve patient choice and access to established patient–pharmacist relationships; and
   - 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.

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;
8. Reform in the professional liability system, including caps on non-economic damages, attorneys' fees, and other measures;
9. Representation on the controlling board of each plan by an active health care practitioner from each discipline within the scope of the plan; and
10. Recognition of the pharmacist's role in delivering primary health care services.

2013 Ensuring Access to Pharmacists' Services

1. Pharmacists are health care providers who must be recognized and compensated by payers for their professional services.
2. APhA actively supports the adoption of standardized processes for the provision, documentation, and claims submission of pharmacists' services.
3. APhA supports pharmacists' ability to bill payers and be compensated for their services consistent with the processes of other health care providers.
4. APhA supports recognition by payers that compensable pharmacist services range from generalized to focused activities intended to improve health outcomes based on individual patient needs.
5. APhA advocates for the development and implementation of a standardized process for verification of pharmacists' credentials as a means to foster compensation for pharmacist services and reduce administrative redundancy.
6. APhA advocates for pharmacists' access and contribution to clinical and claims data to support treatment, payment, and health care operations.
7. APhA actively supports the integration of pharmacists' service level and outcome data with other health care provider and claims data.

2017 Pharmacy Technician Education, Training, and Development

1. APhA supports the following minimum requirements for all new pharmacy technicians:
   a. Successful completion of an accredited or state-approved education and training program.
   b. Certification by the Pharmacy Technician Certification Board (PTCB)
2. APhA supports state board of pharmacy regulations that require pharmacy technicians to meet minimum standards of education, training, certification, and recertification. APhA encourages state boards of pharmacy to develop a phase-in process for current pharmacy technicians.
   APhA also encourages boards of pharmacy to delineate between pharmacy technicians and student pharmacists for the purposes of education, training, certification, and recertification.
3. APhA recognizes the important contribution and role of pharmacy technicians in assisting pharmacists and student pharmacists with the delivery of patient care.
4. APhA supports the development of resources and programs that promote the recruitment and retention of qualified pharmacy technicians.
5. APhA supports the development of continuing pharmacy education programs that enhance and support the continued professional development of pharmacy technicians.
6. APhA encourages the development of compensation models for pharmacy technicians that promote sustainable career opportunities.

2018 Pharmacist Workplace Environment and Patient Safety

1. APhA supports staffing models that promote safe provision of patient care services and access to medications.
2. APhA encourages the adoption of patient centered quality and performance measures that align with safe delivery of patient care services and opposes the setting and use of operational quotas or time-oriented metrics that negatively impact patient care and safety.
3. APhA denounces any policies or practices of third-party administrators, processors, and payers that contribute to a workplace environment, which negatively impacts patient safety. APhA calls upon public and private policy makers to establish provider payment policies that support the safe provision of medications and delivery of effective patient care.

4. APhA urges pharmacy practice employers to establish collaborative mechanisms that engage the pharmacist in charge of each practice, pharmacists, pharmacy technicians, and pharmacy staff in addressing workplace issues that may have an impact on patient safety.
5. APhA urges employers to collaborate with the pharmacy staff to regularly and systematically examine and resolve workplace issues that may negatively have an impact on patient safety.
6. APhA opposes retaliation against pharmacy staff for reporting workplace issues that may negatively impact patient safety.

2005,2003,1996 Pharmacists' Role in Immunizations

1. APhA encourages pharmacists to take an active role in achieving the goals of the Healthy People program regarding immunizations through:
   (a) advocacy,
   (b) contracting with other health care professionals, or
   (c) pharmacists administering vaccines to vulnerable patients.
2. APhA encourages the availability of all vaccines to all pharmacies in order to meet public health needs.
3. APhA supports the compensation of pharmacists for the administration of immunizations and the reimbursement for vaccine distribution.
4. APhA should facilitate the development of programs that educate pharmacists about their role in immunizations in public health.

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

2016 Medication-Assisted Treatment
APhA supports expanding access to Medication 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.

1983 Stocking a Complete Inventory of Pharmaceutical Product
APhA supports the rights and responsibilities of individual pharmacists to determine their inventory and dispensing practices based on patient need, practice economics, practice security, and professional judgment.

2005,1977 Government-Financed Reimbursement
1. APhA supports only those government-operated or -financed, third-party prescription programs which ensures that participating pharmacists receive individualized, equitable compensation for professional services and reimbursement for products provided under the program.
2. APhA regards equitable compensation under any government-operated or -financed, third party prescription programs as requiring payments equivalent to a participating pharmacist's prevailing charges to the self-paying public for comparable services and products, plus additional, documented, direct and indirect costs which are generated by participation in the program.
3. APhA supports those government-operated or -financed, third-party prescription programs which base compensation for professional services on professional fees and reimbursement for products provided on actual cost, with the provision of a specific exception to this policy in those instances when equity in professional compensation cannot otherwise be attained.

2005,1981 Third-party Reimbursement Legislation
APhA supports enactment of legislation requiring that third-party program reimbursement to pharmacists be at least equal to the pharmacists prevailing charges to the self-paying public for comparable services and products, plus additional documented direct and indirect costs, which are generated by participating in the program.

2005,1993 HIV Testing
1. APhA opposes mandatory HIV testing of pharmacists, student pharmacists, and pharmacy personnel.
2. APhA supports voluntary and confidential HIV testing of pharmacists, student pharmacists, and pharmacy personnel, to facilitate early detection and disease intervention.
3. APhA supports training designed to foster compliance with infection control procedures outlined in current Centers for Disease Control and Prevention (CDC) guidelines for universal precautions and OSHA standards for blood-borne pathogens.
4. APhA encourages the development of support networks to assist HIV-positive health care professionals and students

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.

2019 Pharmacist and Pharmacy Personnel Safety and Well-Being

1. APhA calls for employers to develop policies and resources to support pharmacy personnel's ability to retreat or withdraw, without retaliation, from interactions that threaten their safety and well-being.
2. APhA encourages the development or utilization of educational programs and resources by the Association, employers, and other institutions to prepare pharmacy personnel to respond to situations that threaten their safety and well-being.

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

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

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

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

1. To cooperate with all responsible agencies and departments of the federal government.
2. To 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. To 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. To 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 his proper place in civil defense operations.
5. To 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.

2015 Disaster Preparedness

APhA encourages pharmacist involvement in surveillance, mitigation, preparedness, planning, response, and recovery related to terrorism and infectious diseases.

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, which 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 situation.

2012 Drug Supply Shortages and Patient Care

1. APhA supports the immediate reporting by manufacturers to the U.S. Food and Drug Administration (FDA) of disruptions that may impact the market supply of medically necessary drug products to prevent, mitigate, or resolve drug shortage issues and supports the authority for FDA to impose penalties for failing to report.
2. APhA supports revising current laws and regulations that restrict the FDA's ability to provide timely communication to pharmacists, other health care providers, health systems, and professional associations regarding potential or real drug shortages.
3. APhA encourages the FDA, the Drug Enforcement Administration (DEA), and other stakeholders to collaborate in order to minimize barriers (e.g., aggregate production quotas, annual assessment of needs, unapproved drug initiatives) that contribute to or exacerbate drug shortages.
4. APhA should actively support legislation to hasten the development of an efficient regulatory process to approve therapeutically equivalent generic versions of biologic drug products.
5. APhA encourages pharmacists and other health care providers to assist in maintaining continuity of care during drug shortage situations by: (a) creating a practice site drug shortage plan as well as policies and procedures, (b) using reputable drug shortage management and information resources in decision making, (c) communicating with patients and coordinating with other health care providers, (d) avoiding excessive ordering and stockpiling of drugs, (e) acquiring drugs from reputable distributors, and (f) heightening their awareness of the potential for counterfeit or adulterated drugs entering the drug distribution system.
6. APhA encourages accrediting and regulatory agencies and the pharmaceutical science and manufacturing communities to evaluate policies/procedures related to the establishment and use of drug expiration dates and any impact those policies/procedures may have on drug shortages.
7. APhA encourages the active investigation and appropriate prosecution of entities that engage in price gouging and profiteering of medically necessary drug products in response to drug shortages.

The 2021 APhA House of Delegates ARCHIVED the following statements:

2004 Protecting the Integrity of the Medication Supply *(Statements 3 and 4 of this policy are still active APhA policy)*

1. APhA encourages pharmacists to enhance their role in protecting the integrity of the medication supply, including careful consideration of the source and distribution pathways of the medications they dispense.
2. APhA recommends that all individuals and entities of the pharmaceutical supply system, including manufacturers, wholesalers, pharmacies, pharmacists, and others, adopt appropriate technology, tracking mechanisms, business practices, and other initiatives to protect the integrity of the drug supply.

The following statements are assigned for further review by the 2021-2022 Policy Review Committee:

1991 Mission of Pharmacy

APhA affirms that the mission of pharmacy is to serve society as the profession responsible for the appropriate use of medications, devices, and services to achieve optimal therapeutic outcomes.

2013,1978 Pharmacists Providing Health Care Services

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

2008 Billing and Documentation of Medication Therapy Management (MTM) Services

1. APhA encourages the development and use of a system for billing of MTM services that:
   (a) includes a standardized data set for transmission of billing claims;
   (b) utilizes a standardized process that is consistent with claim billing by other healthcare providers;
   (c) utilizes a billing platform that is accepted by the Centers for Medicare and Medicaid Services (CMS) and is compliant with the Health Insurance Portability and Accountability Act (HIPAA)
2. APhA supports the pharmacist's or pharmacy's choice of a documentation system that allows for transmission of any MTM billing claim and interfaces with the billing platform used by the insurer or payer.
3. APhA encourages pharmacists to use the American Medical Association (AMA) Current Procedural Terminology (CPT) codes for billing of MTM services.
4. APhA supports efforts to further develop CPT codes for billing of pharmacists' services, through the work of the Pharmacist Services Technical Advisory Coalition (PSTAC) and Pharmacy HIT Collaborative.

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.

2011 The Role and Contributions of the Pharmacist in Public Health

In concert with the American Public Health Association's (APHA) 2006 policy statement, "The Role of the Pharmacist in Public Health," APhA encourages collaboration with APHA and other public health organizations to increase pharmacists' participation in initiatives designed to meet global, national, regional, state, local, and community health goals.

1985 Pharmaceutical Pricing

APhA supports a system of equal opportunity with the same terms, conditions, and prices available for all pharmacies.

The House then held a brief “recommendation(s) from members” session before a motion to adjourn the was approved at 4:18 pm.