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**November 6, 2020**  
**Virtual House of Delegates**  
***Report of House Actions***

Joey Mattingly, Speaker of the House  
Melissa Duke, Speaker-elect  
Scott Knoer, Secretary  
Joe Fink, Parliamentarian

**Actions of the November 6, 2020, House of Delegates—Special Session  
American Pharmacists Association  
Conducted Virtually**

The House of Delegates met virtually on November 6, 2020, from 1:00 pm–4:00 pm ET.

Secretary Scott Knoer reported, as part of the credentials report, that at the time of the report, 231 delegates were present for the meeting of the House out of 244 delegates registered for the session. This represented a quorum. The final number of delegates participating in the session was 276 out of 381 eligible delegates.

Speaker Mattingly provided an update on House activities since the last session held virtually in March 2020. He recognized and thanked the thousands of health care professionals worldwide who are working tirelessly to combat the pandemic and asked for a moment of silence to reflect on the efforts of colleagues, including those who are fighting to overcome the virus, and those whom we have lost. He welcomed APhA CEO and Executive Vice President Scott Knoer to the House as Secretary and acknowledged the dedication and hard work of the APhA staff team to serve members and advance the organization’s mission. Speaker Mattingly reviewed several examples of how the House’s contemporary adopted policies guided staff in addressing issues, such as pharmacists’ role in the pandemic, the quality and safety of pharmaceutical and other products, the U.S. Supreme Court case of *Rutledge v Pharmaceutical Care Management Association*, and the work of the APhA Task Force on Structural Racism in Pharmacy.

The following policies and recommendations were adopted by the APhA House of Delegates and are now official APhA policy.

**APhA House Rules Review Process**

Chair of the House Rules Review Committee (HRRC) Tim Tucker presented the HRRC Report. The House ultimately adopted the HRRC Report as presented, with one modification to House Rule 13 (New Business) to increase the size of the Committee to 7–10 delegates. The House initially adopted the report as presented without Rule 13 for consideration of the amendment to increase the committee size to 7–10 members from just 7 members in the original language. Upon approval of the Report, Rule Numbers 4, 5, 6, 9, 14, and 16 were then applied to processes starting with this virtual House session. Other rules will begin to apply to processes starting with the next session of the House.

The following recommended modifications of House procedures and operations were approved (approved additions are underlined and deletions are struck through). Note: Rule Numbers 7, 10, and 11 are included in this report for background, and no amendments were recommended for these three items.

***Rule 1 Delegate Appointment***

All delegates, except APhA Membership Organization delegates, shall be appointed no later than June 1 of each year and will continue to function in that role until May 31 of the following year. APhA Membership Organizations have the flexibility to appoint their delegates based upon their existing processes with a delegate appointment deadline of no later than August 1, or these seats will also be subject to Speaker appointment as described in Rule 23 of the APhA House Rules of Procedure. APhA’s student Academy delegates must be appointed no later than November 30.

## ***Rule 2 Unfilled Delegate Seats***

Unfilled delegate seats of any delegation, as defined by APhA Bylaws Article VI, Section 2, Subsection G, shall become inactive if unfilled during in-person Annual Meeting and virtual both House sessions for three consecutive House cycles (March–March) years. This historical information shall be reported annually to the House Rules Review Committee and the APhA Board of Trustees, in addition to being made available to the representative of any delegation being impacted. The Speaker may issue exceptions to this rule in response to extenuating circumstances, in consultation with the House Rules Review Committee. Delegates Delegation Coordinators shall be notified 60 days prior to the inactivation of delegate seats and may petition the Secretary of the House for reappointment of any inactive seats.

## ***Rule 3 Speaker Appointment of Unfilled Delegate Seats***

Per APhA Bylaws Article VI, Section 2, subsection A.i, the Speaker may appoint delegates to unfilled delegate seats of Affiliated State Organizations (ASO). The Speaker will give preference to appointing delegates who served the delegation in previous House sessions. The Speaker must select an individual who resides or works within the state represented by the ASO and for which they will represent in the House. This process also applies to delegations who have an inactive delegate seat per APhA Bylaws Article VI, Section 2, Subsection G. The Speaker will make a reasonable attempt to notify the ASO executive staff of the Speaker appointment. In the event the ASO has a preferred individual to serve in the House after the Speaker has made the appointment, then the ASO's choice will take precedence if it is received not less than 30 days prior to any the first House session. All individuals appointed under this rule will be seated with their ASO's delegation, irrespective of whether the ASO or the Speaker appointed them into the seat.

## ***Rule 4 Delegates and Voting***

At the first each session of a meeting of the House of Delegates, the Secretary shall report the number of accredited authorized delegates who shall then compose the House of Delegates. Each delegate shall be entitled to one (1) vote. No delegate shall act as proxy of another delegate nor as delegate for more than one (1) association or organization. During in-person House sessions, a member registered as an alternate may, upon proper clearance by the Secretary of the House Credentials Committee, be transferred from alternate to delegate at any time during the continuance of business. meetings. During virtual House sessions, a member registered as an alternate may, upon proper clearance by the Secretary of the House, be transferred from alternate to delegate if the request is provided at least 24 hours prior to the scheduled virtual session meeting time. Only authorized delegates shall have access to voting technology during House sessions.

## ***Rule 5 Delegate Identification***

Each delegate is required to wear a delegate ribbon attached to the convention name badge while seated in a an in-person session of the House of Delegates. Only authorized delegates will receive access to the virtual platform to vote during virtual House sessions and must display their first and last name within the virtual platform. Any APhA member will be allowed access to observe any House session whether in person or virtual.

## ***Rule 6 Consideration of Committee Reports***

The order for consideration of Committee Reports and recommendations in any House of Delegates session agenda shall be determined by the Speaker in consultation with the Secretary of the House. The House shall receive any Committee Reports prior to Committee open forums or webinars and any session where debate on a Committee Report would

~~occur. The Policy Reference Committee and New Business Review Committee shall consider delegate input received through open forums, webinars, and other communication means and will develop recommendations for consideration by the House on each whole-numbered statement or recommendation, and consider the recommendations of each Association Policy Committee on each whole-number section of a Policy Committee report during the first session of the APhA House of Delegates at each Association Annual Meeting. During House sessions, the Committee chair will recommend adoption of policy statements and recommendations and preside over the debate. Action on the report will be governed by Robert's Rules of Order (current edition).~~

Debate in ~~any the first~~ session of the House ~~may will~~ be time limited, ~~as designated by the Speaker~~. If the Speaker, the Committee chair, or any delegates feel additional debate on the policy statement is warranted, the item may be carried over to an open hearing ~~or a future session of the House, at which the Policy Reference Committee will preside~~. The remaining items requiring action will be brought back ~~for final consideration at the next House session as "Unfinished Business."~~ ~~to the final session of the House of Delegates for action. The Policy Reference Committee may recommend adoption, referral, rejection, or amendments to the original Policy Committee report.~~ Action requires a majority vote.

#### *Rule 7 Privilege of the Floor*

Only delegates may introduce business on the floor of the House of Delegates. Any individual that is duly recognized by the Speaker and/or the House may have the privilege of the floor in order to address the delegates during a session of the House of Delegates. Any individual may present testimony during an open hearing.

#### *Rule 8 Nomination and Election of Speaker-elect*

The House of Delegates Committee on Nominations shall consist of five delegates, including the Chair, and shall be appointed by the Immediate Past (nonincumbent) Speaker of the House of Delegates, and that Committee shall meet preceding the ~~House session at which election-related activities shall occur first session of the House of Delegates at the Association Annual Meeting~~ to select candidates for the office of Speaker-elect of the House of Delegates.

Elections for Speaker-elect will occur every even-numbered year. Only two candidates for the office of Speaker-elect of the House of Delegates shall be nominated by the Committee on Nominations, and this report shall be presented ~~prior to the House session at which election-related activities shall occur at the first session of the House of Delegates~~. No member of the Committee on Nominations shall be nominated by that Committee. All candidates examined by the Committee shall be notified of the results as soon as possible after the nominees have been selected by the Committee on Nominations.

Nominations may then be made from the floor ~~at the first session of the House of Delegates~~ by any delegate immediately following the presentation of the Report of the Committee on Nominations. Candidates ~~must have been interviewed by the House of Delegates Committee on Nominations to be eligible to be~~ nominated from the floor ~~must submit biographical data to the Secretary of the House not less than 24 hours after the announcements of the slate, prior to the start of the final session of the House of Delegates in order to qualify as a candidate.~~

All candidates must be an APhA member as defined in Article III, Section 2, of the APhA Bylaws, and a seated delegate in the House of Delegates. **During in-person House sessions,**

candidates will be introduced ~~at the first session of the House of Delegates~~ and permitted to speak to the House for no more than two (2) minutes ~~following announcements of the slate of candidates~~. Candidates will then be permitted to address the House for a maximum of three (3) minutes at the ~~House session at which election-related activities shall occur second session prior to voting on the candidates by the House~~. Candidates shall be listed in alphabetical order on the ballot, regardless of whether they were slated by the Committee on Nominations or nominated from the floor of the House. A majority vote of delegates present and voting is required for election. If no majority is obtained on the first ballot, a second ballot shall be cast for the two candidates who received the largest vote on the first ballot. If electronic voting mechanisms are available, then the election shall be conducted utilizing the technology, with the results not publicly displayed. ~~During extenuating circumstances where a vote for Speaker-elect cannot occur during an in-person House session, the Speaker and Secretary of the House, in consultation with the House Rules Review Committee, may recommend alternative methods to collect vote tallies.~~

If a vacancy occurs in the office of Speaker, the vacancy process detailed in Article VI, Section 5, of the APhA Bylaws shall be followed.

#### ***Rule 9 Amendments to Resolutions***

All amendments to ~~Policy~~ Committee recommendations or New Business ~~Item Statements~~ **Resolutions** shall be submitted in writing, ~~handwritten or provided electronically,~~ to the Secretary ~~through a designated process confirmed by the Speaker for each House session, on a form provided to delegates.~~ There are no secondary amendments or “friendly” amendments. The Speaker will rule any delegates out of order who express a desire to make a secondary amendment or “friendly” amendment.

#### ***Rule 10 Rules of Order***

The procedures of the House of Delegates shall be governed by the latest edition of Robert’s Rules of Order, provided they are consistent with the APhA Bylaws and the House of Delegates Rules of Procedure.

#### ***Rule 11 Amendments to House of Delegates Rules of Procedure***

Every proposed amendment of these rules shall be submitted in writing and will require a two-thirds vote for passage. A motion to suspend the rules shall require an affirmative vote of two-thirds of the total number of delegates present and voting.

#### ***Rule 12 Grammar/Punctuation Corrections***

The House shall allow the APhA Speaker and staff to the APhA House to make grammar and punctuation corrections to adopted House policy immediately after the conclusion of ~~the any~~ House session. To ensure that these corrections do not inadvertently change the meaning of the adopted policy statement, the current sitting APhA House Rules Review Committee will review and approve the corrected statements.

#### ***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 30 days before the start of ~~any the first~~ House of Delegates 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 ~~the first session of the 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 ~~during the first House session~~ of any approved urgent items to be considered by the House as soon as is possible by the Speaker. Approved urgent items shall be included considered with other New Business Items and discussed during the New Business Open Hearing, if one is scheduled to take place. Appropriate action will ~~then~~ be recommended by the New Business Review Committee in the same manner as other New Business Items ~~and acted upon during the second House session~~. 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 shall be considered separately. 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.

#### ***Rule 14 Policy Review Committee***

**The Policy 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.** The Policy Review Committee shall meet annually and review any policy that has (1) not been reviewed or revised in the past 10 years; (2) policy related to statements adopted in the most recent House session; and (3) if applicable, contemporary issues identified by the Speaker.

The House shall receive and consider the recommendations of the House Policy Review Committee to archive, rescind, retain, or amend existing policy **at each Association Annual Meeting.** A singular motion to archive, rescind, retain, or amend all such existing policy, with limited debate, shall be in order. Items identified by the Policy Review Committee as needing amendment shall be reviewed by the Committee and Speaker of the House to determine that the amendment does not change the intent of the original policy and included in a separate section of the Policy Review Committee report provided to delegates **at the Annual Meeting.** Any substantive amendments or those that change the intent of the original policy should be submitted by the Policy Review Committee to the New Business Review Committee for consideration.

**If the Policy Review Committee Report is considered in a virtual House of Delegates session, the debate will be time limited. At the Speaker's discretion, recommendations of the Policy Review Committee may be referred to the House session for further deliberation.**

#### ***Rule 15 Policy Reference Committee***

The House of Delegates Policy Reference Committee shall consist of the chair of the Policy Committee, two **or three** members of the Policy Committee, and three or four new members appointed by the Speaker of the House **of Delegates.** **Members of the Committee must be delegates and should be present for open forum sessions held in person or virtually.** The Policy Reference Committee **shall consider delegate comments received through open forums, webinars, and other communication means and meet in executive session to will hear comments during the first session of the House of Delegates and the Open Hearing of the Policy Committee at the Association Annual Meeting and** issue their **report and recommendations prior to the House session where those recommendations would be considered by the House. Final Report of the House of Delegates.**

#### ***Rule 16 Virtual House of Delegates***

**As defined by APhA Bylaws Article VI, Section 7, the House of Delegates, at the discretion of the Speaker, may conduct electronic meetings prior to the regular meeting of the House, in accordance with these House Rules of Procedure. The Secretary of the House must notify delegates at least 30 days prior to any virtual session.**

## **APhA Policy Review Process**

Chair of the Policy Review Committee (PRC) Nick Dorich presented the report to the House. The House approved the full report without items 7, 14, 15, 16, 17, 25, 26, and 27, as requested by delegates for consideration separately by the House. The House acted on items 7, 14, 15, 16, and 17 during this session of the House. Items 25, 26, and 27 were not acted upon by the House and were carried over for further action during the next session of the House in March 2021.

The House approved the following recommendations from the Policy Review Committee (additions are underlined, and deletions are struck through):

### **1. ACCOUNTABILITY OF PHARMACISTS: STATEMENT 1**

The Committee recommends AMENDING the following policy statement as written.

1. APhA affirms pharmacists' professional accountability within their role in all practice settings.

### **2. ACCOUNTABILITY OF PHARMACISTS: STATEMENT 2**

The Committee recommends RETAINING the following policy statement as written.

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. ACCOUNTABILITY OF PHARMACISTS: STATEMENT 4**

The Committee recommends RETAINING the following policy statement as written.

4. APhA advocates for sustainable payment and attribution models to support pharmacists as accountable patient care providers.

### **4. ACCOUNTABILITY OF PHARMACISTS: STATEMENT 5**

The Committee recommends RETAINING the following policy statement as written.

5. APhA supports continued expansion of resources and health information infrastructures that empower pharmacists as accountable health care providers.

### **5. SPECIALTY PHARMACY AND SPECIALIZED PHARMACY SERVICES: STATEMENT 1**

The Committee recommends AMENDING the following policy statement as written.

1. APhA recognizes that certain complex medications require more specialized care and resources. Further, ; and APhA asserts that delineation of medications as specialty versus nonspecialty, and associated payer and manufacturer practices, may introduce s ~~risk of~~ continuity of care disruption, patient access issues, and financial inequities.

### **6. SPECIALTY PHARMACY AND SPECIALIZED PHARMACY SERVICES: STATEMENT 2**

The Committee recommends AMENDING the following policy statement as written.

2. APhA supports pharmacists and pharmacies ~~that choosing choose~~ to specialize or incorporate specialty pharmacy services into their practice ~~and provide enhanced patient care and other services~~ to optimize patient outcomes.

## **8. SPECIALTY PHARMACY AND SPECIALIZED PHARMACY SERVICES: STATEMENT 4**

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

4. APhA opposes manufacturer distribution and related business practices that restrict patient **or and** pharmacy access to medications, medical products, and patient care services.

## **9. SPECIALTY PHARMACY AND SPECIALIZED PHARMACY SERVICES: STATEMENT 5**

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

5. APhA advocates for the adoption of pharmacy profession-developed, harmonized practice standards for specialized pharmacy practices, and specialty pharmacy services and products.

## **10. SPECIALTY PHARMACY AND SPECIALIZED PHARMACY SERVICES: STATEMENT 6**

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

6. APhA encourages increased availability and use of **clinical practice**, data integration, patient financial assistance, and other resources to **inform clinical practice and** support the provision of specialized pharmacy practices and specialty pharmacy services.

## **11. SPECIALTY PHARMACY AND SPECIALIZED PHARMACY SERVICES: STATEMENT 7**

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

7. APhA supports the availability of education and training for pharmacists and student pharmacists related to specialized pharmacy practices and specialty pharmacy services.

## **12. E-PRESCRIBING STANDARDIZATION: STATEMENT 5**

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

5. APhA supports laws and regulations that require e-prescribing of controlled substances to **reduce eliminate many types of** fraudulent prescriptions.

## **13. COMMUNITY-BASED PHARMACISTS AS PROVIDERS OF CARE: STATEMENT 1**

The Committee recommends **RESCINDING** the following policy statement as written.

1. APhA advocates for the identification of medical conditions that may be safely and effectively treated by community-based pharmacists.

## **18. INTEGRATED NATIONWIDE PRESCRIBING DRUG MONITORING PROGRAM: STATEMENT 1**

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

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.

## **19. COORDINATION OF THE PHARMACY AND MEDICAL BENEFIT**

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

APhA supports coordination of patients' comprehensive pharmacy and medical benefits that allows for provision of and compensation for pharmacists' patient care services; aligns incentives to optimize patient outcomes; streamlines administrative processes; reduces overall health care costs; and preserves patients' right to choose providers **under their for the** pharmacy and medical benefits.

## **20. PHARMACY TECHNICIANS' ROLE IN IMMUNIZATION ADMINISTRATION: STATEMENT 1**

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

1. APhA supports the development of standardized training in immunization administration and continuing education opportunities for immunizing pharmacy technicians.

## **21. PHARMACY TECHNICIANS' ROLE IN IMMUNIZATION ADMINISTRATION: STATEMENT 2**

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

2. APhA supports **immunizing** pharmacists' individual discretion in delegating immunization administration to **qualified** pharmacy technicians with the requisite education, training, and experience.

## **22. PHARMACY TECHNICIANS' ROLE IN IMMUNIZATION ADMINISTRATION: STATEMENT 3**

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

3. APhA supports voluntary participation by pharmacy technicians in the training and provision of immunization administration.

## **23. PHARMACY TECHNICIANS' ROLE IN IMMUNIZATION ADMINISTRATION: STATEMENT 4**

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

4. APhA supports the role of **immunizing** pharmacists as the healthcare professional providing clinical patient assessment, decision making, and patient counseling **for all when delegating** immunizations **administered by to** a pharmacy technician.

## **24. TRANSFER OF SCHEDULE III–V PRESCRIPTIONS FOR PURPOSES OF INITIAL FILL AS WELL AS REFILL**

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

APhA supports **regulations that would allow pharmacies to transfer prescriptions for controlled substances for the purposes of an initial fill that the DEA update and amend Section IX (Valid Prescription Requirements) of the DEA's Manual and relevant administration rules concerning that a pharmacy can only transfer for "the purpose of a refill dispensing between pharmacies" to also include for the purposes of an initial fill.**

## **28. HUMAN IMMUNODEFICIENCY VIRUS (HIV) TESTING IN WOMEN**

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

APhA encourages pharmacists to provide pharmaceutical care ~~for to~~ women, including education about the availability and benefits of opt-out **Human Immunodeficiency Virus (HIV)** testing in prenatal and perinatal care, to decrease the risk of HIV transmission to unborn children and between partners. APhA encourages pharmacists to provide education about the availability and benefits of opt-out HIV testing in prenatal and perinatal care, including offering and/or performing testing to the patients and their partners.

## **29. PROVIDING AFFORDABLE AND COMPREHENSIVE PHARMACY SERVICES TO THE UNDERSERVED: STATEMENT 1**

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

1. APhA supports the expansion and increased sources of funding for pharmacies and **pharmacy pharmacist-provided care** services that serve the needs of underserved populations to provide better health outcomes and lower healthcare costs ~~for underserved populations~~.

## **30. NON-EXECUTION-RELATED USE OF PHARMACEUTICALS IN CORRECTIONAL FACILITIES: STATEMENT 1**

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

1. APhA opposes drug manufacturers' refusal to supply certain drugs to correctional health services units **necessary to provide for the purpose of** medical treatment of inmates.  
~~APhA recognizes that this means of political advocacy prevents humane medical care from being provided to inmates.~~

## **31. NON-EXECUTION-RELATED USE OF PHARMACEUTICALS IN CORRECTIONAL FACILITIES: STATEMENT 2**

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

- 2 APhA advocates for inmates to have an opportunity, equal to that of noninmates, to access medications that correctional **healthcare** providers deem medically necessary for appropriate and humane health care treatment.

## **32. NON-EXECUTION-RELATED USE OF PHARMACEUTICALS IN CORRECTIONAL FACILITIES: STATEMENT 3**

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

3. APhA advocates for correctional **healthcare** providers to have **equal opportunity, equal as to** noncorrectional **healthcare** providers, to access, prescribe, and procure pharmaceuticals deemed necessary for medical treatment of inmates.

**The following items were pulled from the full report for separate and individual debate by delegates and were approved by the House after consideration of additional amendments.**

## **7. SPECIALTY PHARMACY AND SPECIALIZED PHARMACY SERVICES: STATEMENT 3**

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

3. APhA opposes payer policies and practices that limit patient choice of **qualified** pharmacy providers, disrupt continuity of care, or compromise patient safety through the creation of specialty drug lists and restrictive specialty pharmacy networks.

#### **14. COMMUNITY-BASED PHARMACISTS AS PROVIDERS OF CARE: STATEMENT 2**

The Committee recommends AMENDING the following policy statement as written.

2. APhA encourages the training and education of pharmacists and student pharmacists regarding identification, treatment, monitoring, documentation, follow-up, and referral for medical conditions ~~that are or can be may be safely and effectively~~ treated by community-based pharmacists.

#### **15. COMMUNITY-BASED PHARMACISTS AS PROVIDERS OF CARE: STATEMENT 3**

The Committee recommends AMENDING the following policy statement as written.

3. APhA **strongly** advocates for laws and regulations that allow pharmacists to identify and manage medical conditions ~~that are or can be may be safely and effectively~~ treated by community-based pharmacists.

#### **16. COMMUNITY-BASED PHARMACISTS AS PROVIDERS OF CARE: STATEMENT 4**

The Committee recommends AMENDING the following policy statement as written.

4. APhA **strongly** advocates for appropriate remuneration for the assessment and treatment of medical conditions ~~that are or can be may be safely and effectively~~ treated by community-based pharmacists from government and private payers to ensure sustainability and access for patients.

#### **17. COMMUNITY-BASED PHARMACISTS AS PROVIDERS OF CARE: STATEMENT 5**

The Committee recommends AMENDING the following policy statement as written.

5. APhA supports research to examine the outcomes of services that focus on medical conditions ~~that are or can be may be safely and effectively~~ treated by community-based pharmacists.

### **THE FOLLOWING ITEMS WERE CARRIED OVER FOR CONSIDERATION IN THE MARCH 2021 HOUSE SESSION.**

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

The Committee recommends AMENDING the following policy statement as written.

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.

**Rationale from the Policy Review Committee:** The Committee recommends amending the statement by replacing “medication” with “medicine” to better align with current practice terminology. Additionally, the phrase “such as pharmacists” was removed because pharmacists are health care professionals, and the Committee believed the repetition was unnecessary. The Committee discussed the removal of “use of evidence-based medicine” because of the assumption that all treatments should be evidence-based. However, this was left in the statement to highlight that treating opioid use disorders is evidence-based. The Committee also agreed to maintain “in and out of the workplace” in the statement to illustrate the social support systems that are also needed when treating opioid use disorder.

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

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

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.

**Rationale from the Policy Review Committee:** The Committee decided to remove “of public health importance” because a specific list of medications that are identified as “of public health importance” does not currently exist, and instead added “used in treatment of” to improve the readability of the rest of the statement.

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

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

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.~~

**Rationale from the Policy Review Committee:** The Committee discussed the removal of the phrase “such as making medications available on the payer’s lowest cost-sharing tier.” The phrase was removed to develop a clearer focus for the statement to ensure coverage of medications when not requesting they be on the lowest cost-sharing tier. The Committee also discussed the removal of “at least one” and “from each class of medications”; however, removing these phrases could create potential loopholes for payers, so the phrases remained.

The House then held a brief “recommendation(s) from members” session.

A motion to adjourn the House was approved at 4:00 pm.