
**Actions of the 2015 APhA House of Delegates**
**San Diego, California**
**March 27-30, 2015**

The following policies were adopted by the 2015 APhA House of Delegates and are now official Association policy:

***Interoperability of Communications among Health Care Providers to Improve Quality of Patient Care***

1. APhA supports the establishment of secure, portable, and interoperable electronic patient health care records.
2. APhA supports the engagement of pharmacists with other stakeholders in the development and implementation of multidirectional electronic communication systems to improve patient safety, enhance quality care, facilitate care transitions, increase efficiency, and reduce waste.
3. APhA advocates for the inclusion of pharmacists in the establishment and enhancement of electronic health care information technologies and systems that must be interoperable, HIPAA compliant, integrated with claims processing, updated in a timely fashion, allow for data analysis, and do not place disproportionate financial burden on any one health care provider or stakeholder.
4. APhA advocates for pharmacists and other health care providers to have access to view, download and transmit electronic health records. Information shared among providers using a health information exchange should utilize a standardized secure interface based on recognized international health record standards for the transmission of health information.
5. APhA supports the integration of federal, state, and territory health information exchanges into an accessible, standardized, nationwide system.
6. APhA opposes business practices and policies that obstruct the electronic access and exchange of patient health information because these practices compromise patient safety and the provision of optimal patient care.
7. APhA advocates for the development of systems that facilitate and support electronic communication between pharmacists and prescribers concerning patient adherence, medication discontinuation, and other clinical factors that support quality care transitions.
8. APhA supports the development of education and training programs for pharmacists, student pharmacists, and other health care professionals on the appropriate use of electronic health records to reduce errors and improve the quality and safety of patient care.
9. APhA supports the creation and non-punitive application of a standardized, interoperable system for voluntary reporting of errors associated with the use of electronic health care information technologies and systems to enable aggregation of protected data and develop recommendations for improved quality.

***Integrated Nationwide Prescription Drug Monitoring Program***

1. APhA supports nationwide integration of prescription drug monitoring programs (PDMP) that incorporate federal, state, and territory databases for the purpose of providing health care professionals with accurate and real-time information to assist in clinical decision making when providing patient care services related to controlled substances.
2. APhA supports pharmacist involvement in the development of uniform standards for an integrated nationwide prescription drug monitoring program (PDMP) that includes the definition of authorized registered users, documentation, reporting requirements, system response time, security of information, minimum reporting data sets, and standard transaction format.
3. APhA supports mandatory prescription drug monitoring program (PDMP) enrollment by all health care providers, mandatory reporting by all those who dispense controlled substances, and appropriate system query by registrants during the patient care process related to controlled substances.
4. APhA advocates for the development of seamless workflow integration systems that would enable consistent use of a nationwide prescription drug monitoring program (PDMP) by registrants to facilitate prospective drug review as part of the patient care process related to controlled substances.
5. APhA advocates for continuous, sustainable federal funding sources for practitioners and system operators to utilize and maintain a standardized integrated and real-time nationwide prescription drug monitoring program (PDMP).
6. APhA supports the use of interprofessional advisory boards, that include pharmacists, to coordinate collaborative efforts for
    a. compiling, analyzing, and using prescription drug monitoring program (PDMP) data trends related to controlled substance misuse, abuse, and/or fraud;
    b. providing focused provider education and patient referral to treatment programs; and
    c. supporting research activities on the impact of PDMPs.
7. APhA supports education and training for registrants about a nationwide prescription drug monitoring program (PDMP) to ensure proper data integrity, use, and confidentiality.

***Role of the Pharmacist in the Care of Patients Using Cannabis***

1. APhA supports regulatory changes to further facilitate clinical research related to the clinical efficacy and safety associated with the use of cannabis and its various components.
2. APhA encourages health care provider education related to the clinical efficacy, safety, and management of patients using cannabis and its various components.
3. APhA advocates that the pharmacist collect and document information in the pharmacy patient profile about patient use of cannabis and its various components and provide appropriate patient counseling.
4. APhA supports pharmacist participation in furnishing cannabis and its various components when scientific data support the legitimate medical use of the products and delivery mechanisms, and federal, state, or territory laws or regulations permit pharmacists to furnish them.
5. APhA opposes pharmacist involvement in furnishing cannabis and its various components for recreational use.

***Adopted New Business Items***

The following items of New Business were adopted by the 2015 APhA House of Delegates and are now official Association policy:

***Pharmacist Participation in Executions***

The American Pharmacists Association discourages pharmacist participation in executions on the basis that such activities are fundamentally contrary to the role of pharmacists as providers of health care.

***Disaster Preparedness***

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

***Pharmacists Role in Promoting Medication Adherence***

1. APhA supports pharmacists leading the process of assessing and improving patient medication adherence in collaboration with the health care team.
2. APhA advocates for pharmacists taking leadership roles in working with administrators, health care professionals, payers, patients and other stakeholders to design processes, systems, and technology that promote interoperability and care coordination across settings to improve medication adherence.
3. APhA advocates for the profession of pharmacy to continually study, evaluate, and disseminate evidence-based methods to improve medication adherence.
4. APhA advocates for raising awareness about the issue of medication non-adherence and the importance of engaging patients in their treatment.
5. APhA supports education of the public, employee benefit managers, third-party payers, and other health care decision makers regarding the value and cost-effectiveness of the role of the pharmacist in improving medication adherence.

***Prenatal and Perinatal Care and Maternal Health***

APhA supports pharmacists, in collaboration with the health care team, providing adequate and comprehensive prenatal and perinatal care for overall maternal and newborn health and wellness.

***Antimicrobial Stewardship***

1. APhA supports the role of pharmacists in antimicrobial stewardship in all practice settings.
2. APhA supports pharmacists working in collaboration with others to lead the development and implementation of antimicrobial stewardship programs and initiatives.
3. APhA supports pharmacists advising prescribers and educating patients on the appropriate use of antimicrobials.

***Policy Review Process***

As part of the continuing review of existing policy, the 2015 APhA House of Delegates adopted Parts 1 and 2 of the Policy Review Committee Report, thereby retaining, archiving, or rescinding existing Association policy on a range of topics.

The 2015 APhA House of Delegates RETAINED the following statements as shown below:

***2010 Transfer Incentives***

APhA advocates the elimination of coupons, rebates, discounts, and other incentives provided to patients that promote the transfer of prescriptions between competitors.
(JAPhA NS40(4):471 July/August 2010) (Reviewed 2015)

***1991 Biotechnology***

APhA encourages the development of appropriate educational materials and guidelines to assist pharmacists in addressing the ethical issues associated with the appropriate use of biotechnology-based products.
(Am Pharm NS31(6):29 June 1991) (Reviewed 2004) (Reviewed 2007) (Reviewed 2010) (Reviewed 2015)

***2005, 1988 Pharmaceutical Biotechnology Products***

APhA recognizes the urgent need for education and training of pharmacists and student pharmacists relative to the therapeutic and diagnostic use of pharmaceutical biotechnology products. APhA, therefore, supports the continuing development and implementation of such education and training.
(Am Pharm NS28(6):394 June 1988) (JAPhA NS45(5):559 September/October 2005)(Reviewed 2006) (Reviewed 2007) (Reviewed 2010) (Reviewed 2015)

***2005, 2000 Pharmacogenomics***

1. Recognizing the benefits and risks of pharmacogenomics and applications of this technology, APhA supports further research and assessment of the clinical, economic, and humanistic impact of pharmacogenomics on the health care system. This includes collaboration with other health care and consumer organizations for information sharing and development of pharmaceutical care processes involving these therapies. Pharmacogenomics is defined as the application of genomic technology in drug development and therapy.
2. APhA supports ongoing vigilance by all individuals and organizations with access to genetic information to maintain the confidentiality of the information.
3. APhA supports the development of educational materials to train and educate pharmacists, student pharmacists, pharmacy technicians, and consumers regarding pharmacogenomics.

(JAPhA NS40(5):Suppl.1:S8 September/October 2000) (JAPhA NS45(5):555 September/October 2005) (Reviewed 2009) (Reviewed 2010) (Reviewed 2015)

***2010 Pharmacogenomics/Personalized Medicine***

1. APhA supports evidence-based personalized medicine, defined as the use of a person's clinical, genetic, genomic, and environmental information to select a medication or its dose, to choose a therapy, or to recommend preventive measures, as a means to improve patient safety and optimize health outcomes.
2. APhA promotes pharmacists as health care providers in the collection, use, interpretation, and application of pharmacogenomic data to optimize health outcomes.
3. APhA supports the development and implementation of programs, tools, and clinical guidelines that facilitate the translation and application of pharmacogenomic data into clinical practice.
4. APhA supports the inclusion of pharmacogenomic analysis in the drug development/approval and postmarketing surveillance processes.

(JAPhA NS50(4):471 July/August 2010) (Reviewed 2015)

***2006, 2004, 1978 Dispensing Criteria***

APhA supports vigorous enforcement of laws to ensure that all those who sell or dispense prescription and non-prescription drugs comply with legal criteria.

(Am Pharm. NS18(8):42 July 1978) (JAPhA NS44(5):551 September/October 2004) (JAPhA NS46(5):562 September/October 2006) (Reviewed 2015)

***1986 Use of Performance-enhancing Drugs by Athletes***

1. APhA is opposed to the use of performance-enhancing drugs by athletes.
2. APhA should educate the public on the dangers of the use of performance enhancing drugs by athletes.
3. APhA encourages enforcement of laws related to the use of performance-enhancing drugs by athletes.

(Am Pharm NS26(6):420 June 1986) (Reviewed 2003) (Reviewed 2006) (Reviewed 2015)

***2010 Discontinuation of the Sale of Tobacco Products in Pharmacies and Facilities that Include Pharmacies***

1. APhA urges pharmacies and facilities that include pharmacies to discontinue the sale of tobacco products.
2. APhA urges the federal government and state governments to limit participation in government-funded prescription programs to pharmacies that do not sell tobacco products.
3. APhA urges state boards of pharmacy to discontinue issuing and renewing licenses to pharmacies that sell tobacco products and to pharmacies that are in facilities that sell tobacco products.
4. APhA urges colleges of pharmacy to only use pharmacies that do not sell tobacco products as experience sites for their students.
5. APhA urges the Accreditation Council for Pharmacy Education (ACPE) to adopt the position that college-administered pharmacy experience programs should only use pharmacies that do not sell tobacco products.
6. APhA urges pharmacists and student pharmacists who are seeking employment opportunities to first consider positions in pharmacies that do not sell tobacco products.

(JAPhA NS40(4):471 July/August 2010) (Reviewed 2015)

***1982 Innovative Approaches to Combating Pharmacy Crime***

1. APhA encourages federal government agencies to provide mechanisms for supporting experimental, drug-dependence, treatment programs based on principles of maintenance and/or detoxification.
2. APhA supports the development of a comprehensive educational program on drug use and misuse, starting with children in primary grades (kindergarten-Grade 5).

(Am Pharm NS22(7):32 July 1982) (Reviewed 2003) (Reviewed 2006) (Reviewed 2010) (Reviewed 2015)

***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.

(JAPhA NS10:347 June 1970) (JAPhA NS44(5):551 September/October 2004) (Reviewed 2006) (Reviewed 2010) (Reviewed 2015)

***2010 Introductory Pharmacy Practice Experience***

APhA supports a collaborative effort amongst stakeholders (e.g., professional pharmacy organizations, deans, faculty, preceptors, and student pharmacists) to develop and implement a nationally defined set of competencies to assess the successful completion of introductory pharmacy practice experiences (IPPEs). APhA believes that these competencies should reflect the professional knowledge, attitudes, and skills necessary for entry into advanced pharmacy practice experiences (APPEs).

(JAPhA NS40(4):471 July/August 2010) (Reviewed 2015)

### *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 healthcare system.
6. APhA supports the elimination of hand-written prescriptions or medication orders.

(JAPhA NS49(4):492 July/August 2009) (Reviewed 2010) (Reviewed 2015)

### *2004, 1994 Sexual Harassment in the Workplace*

1. APhA supports the principle that all work environments and educational settings be free of sexual harassment.
2. APhA recommends all pharmacy practice environments and educational settings have a written policy on sexual harassment prevention and grievance procedures.
3. APhA recommends that every owner/employer in facilities where pharmacists work institute a sexual harassment awareness education and training program for all employees.
4. APhA supports the wide distribution of the model guidelines on "Sexual Harassment Prevention and Grievance Procedures."

(AmPharm NS34(6):55 June 1994) (Reviewed 2001) (JAPhA NS44(5):551 September/October 2004)(Reviewed 2010) (Reviewed 2015)

### *1989 Ethics and Technology*

APhA, in recognition of pharmacists' professional and ethical responsibility to society, endorses the consideration of ethical principles in the design, conduct, and application of scientific research.

(Am Pharm NS29(1):76 January 1989) (Reviewed 2004) (Reviewed 2010) (Reviewed 2015)

### *2004, 1998 Pharmacist Conscience Clause*

1. APhA recognizes the individual pharmacist's right to exercise conscientious refusal and supports the establishment of systems to ensure patient's access to legally prescribed therapy without compromising the pharmacist's right of conscientious refusal.
2. APhA shall appoint a council on an as needed basis to serve as a resource for the profession in addressing and understanding ethical issues.

(JAPhA 38(4):417 July/August 1998)(JAPhA NS44(5):551 September/October 2004)(Reviewed 2010) (Reviewed 2015)

### *2004, 1985 Pharmacist Involvement in Execution by Lethal Injection*

1. APhA opposes the use of the term "drug" for chemicals when used in lethal injections.
2. APhA opposes laws and regulations which mandate or prohibit the participation of pharmacists in the process of execution by lethal injection.

(Am Pharm NS25(5):51 May 1985) (JAPhA NS44(5):551 September/October 2004) (Reviewed 2010) (Reviewed 2015)

***2004, 1997 Physician Assisted Suicide***

1. APhA supports informed decision-making based upon the professional judgment of pharmacists, rather than endorsing a particular moral stance on the issue of physician-assisted suicide.
2. APhA opposes laws and regulations which mandate or prohibit the participation of pharmacists in physician-assisted suicide.

(JAPhA NS37(4):459 July/August 1997) (JAPhA NS44(5):551 September/October 2004) (Reviewed 2010) (Reviewed 2015)

***2004, 1980 IRS Drug Deduction***

APhA supports amendment of the federal and state personal income tax laws to permit all personal expenditures for medicines and drugs to be totally deductible and exempt from any exclusionary limits.
(Am Pharm NS20(7):61 July 1980) (JAPhA NS44(5):551 September/October 2004) (Reviewed 2010) (Reviewed 2015)

***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.
(Am Pharm NS25(5):51 May 1985) (Reviewed 2001) (Reviewed 2004) (Reviewed 2010) (Reviewed 2015)

***2004, 1994 Small Business Set-Asides***

APhA encourages all federal agencies (such as the Office of Personnel Management) to eliminate inconsistencies in federal contracts which in any way affect community pharmacies operating as small businesses.
(Am Pharm NS34(6):60 June 1994)(JAPhA NS44(5):551 September/October 2004)(Reviewed 2010) (Reviewed 2015)

***2004, 1990 Freedom to Choose***

1. APhA supports the patient's freedom to choose a provider of health care services and a provider's right to be offered participation in governmental or other third-party programs under equal terms and conditions.
2. APhA opposes government or other third-party programs that impose financial disincentives or penalties that inhibit the patient's freedom to choose a provider or health care services.
3. APhA supports that patients who must rely upon governmentally-financed or administered programs are entitled to the same high quality of pharmaceutical services as are provided to the population as a whole.

(Am Pharm NS30(6):45 June 1990) (JAPhA NS44(5):551 September/October 2004) (Reviewed 2010) (Reviewed 2015)

***2004, 1964 Community Health Councils***

APhA encourages pharmacists' active participation in health care organizations within their communities to assist in the public health efforts of community health and foster better community understanding of the profession of pharmacy.
(JAPhA NS4:428 August 1964) (JAPhA NS44(5):551 September/October 2004) (Reviewed 2010) (Reviewed 2015)

***2004, 1970 Consumer Organizations***

APhA, as well as state and local pharmacy organizations, shall continue to establish liaisons with the growing number of consumer groups, attend their meetings, and seek to be included on their programs.
(JAPhA NS10:350 June 1970) (JAPhA NS44(5):551 September/October 2004)(Reviewed 2010) (Reviewed 2015)

***2004, 1988 Pharmacists' Relationship to Veterinarians***

APhA encourages pharmacists and student pharmacists to become more knowledgeable about veterinary drugs and their usage.
(Am Pharm NS28(6):395 June 1988) (JAPhA NS44(5):551 September/October 2004)(Reviewed 2010) (Reviewed 2015)

***2004, 1970 Disclosure of Ingredients in Drug Products***

APhA supports legislation or regulation to require a full disclosure of therapeutically inactive, as well as active ingredients of all drug products.
(JAPhA NS10:357 June 1970) (JAPhA NS44(5):551 September/October 2004)(Reviewed 2010) (Reviewed 2015)

***2004, 1980 Identification of Prescription Drug Products***

APhA supports a federal legislative or regulatory requirement that a name, trademark, number, or code be included on the drug dosage form.

(Am Pharm NS20(7):62 July 1980)(JAPhA NS44(5):551 September/October 2004)(Reviewed 2010) (Reviewed 2015)

***2004, 1969 Manufacturer's Name Included on Labels***

APhA supports legislation that would require the name of the actual manufacturer of the dosage forms on all drug products.

(JAPhA NS9:361 July 1969) (JAPhA NS44(5):551 September/October 2004) (Reviewed 2010) (Reviewed 2015)

***2004, 1975 National Drug Code: Uniform Identification Numbers***

APhA supports modification of the National Drug Code system to provide uniform identification numbers for the same drug entity, dosage form, strength, and quantity in addition to a manufacturer's identification number.

(JAPhA NS15:332 June 1975)(JAPhA NS44(5):551 September/October 2004)(Reviewed 2010) (Reviewed 2015)

***2004, 1968 Standardized Manufacturers' Control Numbers***

APhA encourages manufacturers to adopt a standardized system of control numbers which meets the following guidelines:

1. The number should be legible.
2. The numbers should be placed in a standard position on the label.
3. The date of manufacture should be obvious from the control number.
4. The number should be on both the carton and the original container.

(JAPhA NS8:380 July 1968) (JAPhA NS44(5):551 September/October 2004) (Reviewed 2010) (Reviewed 2015)

***2008 Boards of Pharmacy: Consumer Representation***

APhA encourages state pharmaceutical associations to actively seek appointment of lay representation of the public to their respective boards of pharmacy and other health profession licensing and regulatory agencies.

(JAPhA NS12:281 June 1972) (Reviewed 2004) (Reviewed 2010) (Reviewed 2015)

***2004, 1977 Licensing Boards: Inspection of Pharmacies***

1. APhA supports that all non-criminal inspections of pharmacies shall be under the direct control of each state board of pharmacy.
2. APhA recommends that state boards of pharmacy require that all pharmacy inspectors be licensed pharmacists who regularly update their knowledge of pharmacy practice.
3. APhA encourages NABP to develop and maintain uniform guidelines and standards for non-criminal inspections of pharmacies.

(JAPhA NS17:456 July 1977) (JAPhA NS44(5):551 September/October 2004) (Reviewed 2009) (Reviewed 2010) (Reviewed 2015)

***1980 Reciprocity***

APhA supports systems of reciprocity which recognize a current license issued by any state and eliminate the requirement for pharmacists to maintain active practice licenses in the states of initial licensure.

(Am Pharm NS20(7):76 July 1980) (Reviewed 2004) (Reviewed 2010) (Reviewed 2015)

***1985 Regulation of Mobile Facilities***

APhA supports enactment of state and federal laws and regulations which would govern the dispensing and issuing of legend drugs from mobile facilities.

(Am Pharm NS25(5):51 May 1985) (Reviewed 2004) (Reviewed 2010) (Reviewed 2015)

***2004, 1996 Technician Licensure and Registration***

APhA recognizes the following definitions with regards to technician licensure and registration:

(a) Licensure: The process by which an agency of government grants permission an individual to engage in a given occupation upon finding that the applicant has attained the minimal degree of competency necessary to ensure that the public health, safety, and welfare will be reasonably well protected. Within pharmacy, a pharmacist is licensed by a State Board of Pharmacy.

(b) Registration: The process of making a list or being enrolled in an existing list.

(JAPhA NS36(6):396 June 1996)(Reviewed 2001)(JAPhA NS44(5):551 September/October 2004)(Reviewed 2008) (Reviewed 2010) (Reviewed 2015)

***2004, 1984 Center for Human Organ Acquisition***

1. APhA supports activities that would increase voluntary human organ donations.
2. APhA encourages all pharmacists to consider becoming organ donors themselves, and to inform and encourage their patients to participate in organ donor programs.
3. APhA strongly urges all pharmacists, especially those in emergency room and intensive/critical care settings, to sensitize the other health care team members to the basic need for asking if a patient is an organ donor as part of the admission.

(Am Pharm NS24(7):61 July 1984) (JAPhA NS44(5):551 September/October 2004) (Reviewed 2010) (Reviewed 2015)

***2004, 1986 Rationing of Expensive Health Care Services***

1. APhA supports programs that will actively market the cost-effective benefits of comprehensive pharmacy services to patients and payers.
2. APhA supports the utilization of management tools to assist the pharmacist in maximizing available revenues in an environment of expensive and/or scarce health services and funding.

(Am Pharm NS26(6):420 June 1986) (JAPhA NS44(5):551 September/October 2004) (Reviewed 2010) (Reviewed 2015)

***1981 Investigational New Drug (IND) Studies***

APhA encourages investigators and sponsors who are conducting IND studies to utilize the professional services of pharmacists in carrying out such studies.

(Am Pharm NS2(5):40 July 1981) (Reviewed 2004) (Reviewed 2009) (Reviewed 2010) (Reviewed 2015)

***1990 Reimbursement of Pharmacy Services Associated with Drugs Undergoing Assessment***

1. APhA recognizes that investigational new drugs (IND) play a significant role in the delivery of innovative drug therapy approaches and as adjunctive aids in various diagnostics testing modalities.
2. APhA supports coverage by government and other third-party payers for pharmacy services associated with the use of drugs undergoing assessment.

(Am Pharm NS30(6):46 June 1990) (Reviewed 2004) (Reviewed 2009) (Reviewed 2010) (Reviewed 2015)

***2004, 1980 Therapeutic Orphans***

APhA supports the adoption of policies in the new drug application (NDA) process that, beyond the pre-market, clinical testing, would result in post-marketing, clinical testing of the drug for important new clinical uses or population groups. Post-marketing studies may also be preferable for other indications where circumstances may require a lengthy gathering of data due to limitations in numbers of clinical cases, and for which initial marketing approval for the major indication(s) or population groups should not be delayed.

(Am Pharm NS20(7):73 July 1980) (JAPhA NS44(5):551 September/October 2004) (Reviewed 2010) (Reviewed 2015)

### *1994 Off-label Use of FDA-approved Products*

1. APhA advocates the collaboration of pharmacists, other health care professionals, industry, and the FDA in developing procedures to evaluate off-label use of FDA-approved products.
2. APhA encourages industry and government cooperation to streamline approval of beneficial off-label therapeutic or diagnostic use of FDA-approved products.
3. APhA advocates removal of restrictions on reimbursement of pharmaceutical services and FDA-approved products when, in the judgment of the pharmacist, those products are for medically acceptable, off-label uses.

(Am Pharm NS34(6):56 June 1994)(Reviewed 2004) (Reviewed 2010) (Reviewed 2015)

### *2004, 1981 Needed Drugs of Limited Commercial Value (Orphan Drugs)*

1. APhA supports incentives to manufacturers, private foundations, academic and public institutions, and others for the development, manufacture, and distribution of needed drugs (including biological) and drug dosage forms of limited commercial value.
2. APhA supports the federal government bearing the responsibility to make orphan drugs and drug dosage forms available when incentives alone fail to achieve the availability of needed drugs (including biologicals) of limited commercial value.

(Am Pharm NS21(5):41 May 1981) (JAPhA NS44(5):551 September/October 2004) (Reviewed 2010) (Reviewed 2015)

### *2002, 1991, 1977 Pharmacist/Patient Communication*

1a. Patients have the right to be informed participants in decisions related to their personal health care.

1b. Pharmacists have a professional obligation to contribute to the education of patients to help achieve optimal drug therapy.

1c. Pharmacist should provide drug related information to their patients (or patients' agent) by face-to-face oral consultation, supplemented by written or printed material, or any other means or combination of means that is best suited to an individual patient's needs for specific information.

2. APhA acknowledges that the pharmacist is responsible for initiating pharmacist/patient dialogue and assessing the patient's ability to comprehend and communicate so as to optimize the patient's understanding of and compliance with drug therapy.
3. APhA encourages the research and development of ancillary communication aids and techniques to maximize patient understanding of medication and its proper use.

(JAPhA NS17:464 July 1977) (Am Pharm NS3(16):28 June 1991) (JAPhA NS2(5):Suppl. 1:563 September/October 2002) (Reviewed 2006) (Reviewed 2010) (Reviewed 2015)

### *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).

(JAPhA NS48(4):471 July/August 2008) (Reviewed 2010) (Reviewed 2015)

***2004, 1980 Development of the Cost Effectiveness of Clinical Pharmacy Services***

APhA encourages development and maintenance of programs, tools, and data useful in assessing the cost effective nature and benefits of patients oriented services within all areas of pharmacy practice.
(Am Pharm NS20(7):77 July 1980) (JAPhA NS44(5):551 September/October 2004) (Reviewed 2007) (Reviewed 2010) (Reviewed 2015)

***2004, 1978 Drug Information***

APhA supports the profession of pharmacy having the primary responsibility to foster the development of an organized system for the accumulation and dissemination of drug information and knowledge.
(Am Pharm NS18(8):42 July 1978) (JAPhA NS44(5):551 September/October 2004) (Reviewed 2007) (Reviewed 2010) (Reviewed 2015)

***1988 Drug Usage Evaluation (DUE)***

1. APhA supports drug usage evaluation (DUE) as one element of a quality assurance program for medication use.
2. APhA advocates that DUE must address enhancement of the quality of care as well as the control of costs.
3. APhA advocates pharmacists' participation along with other health care providers and consumers in the development, implementation, and administration of DUE programs.
4. APhA encourages further development of data collection systems to improve the extent and accuracy of DUE programs.
5. APhA maintains that the primary emphasis of DUE intervention should be educational with the goal of positive behavior modification.

(Am Pharm NS28(6):394 June 1988) (Reviewed 2004) (Reviewed 2010) (Reviewed 2015)

***2004, 1989 Drug Use Control by Pharmacists for All Prescription Drugs***

1. APhA supports the authority and responsibility of pharmacists in the management and control of all approved and investigational drug products.
2. APhA encourages corporate, government, and health-care organizations to recognize and utilize the unique expertise of the pharmacist in the management and control of all approved and investigational drug products.

(Am Pharm NS29(1):66 January 1989) (JAPhA NS44(5):551 September/October 2004) (Reviewed 2010) (Reviewed 2015)

***1991 Mission of Pharmacy Practice***

APhA affirms that the mission of pharmacy practice is to serve society as the profession responsible for the appropriate use of medications, devices, and services to achieve optimal therapeutic and outcomes.
(Am Pharm NS31(6):29 June 1991) (Reviewed 2004) (Reviewed 2010) (Reviewed 2015)

***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.
(Am Pharm NS23(6):52 June 1983) (Reviewed 2004) (Reviewed 2010) (Reviewed 2015)

***2004, 1967 Poison Control, Information, and Treatment: Pharmacists' Responsibilities***

APhA recommends that pharmacists take a more active role in poison prevention and establishing poison information, poison treatment, and poison control centers where none exists.
(JAPhA NS7:323 June 1967) (JAPhA NS44(5):551 September/October 2004) (Reviewed 2010) (Reviewed 2015)

***2004, 1968 Poison Control, Information, and Treatment: Pharmacists' Responsibility***

1. APhA encourages pharmacists to familiarize themselves with the available resources on poisons and toxicology.
2. APhA encourages pharmacists to become familiar with the poison control, information and treatment center in their localities.

(JAPhA NS8:383 July 1968) (JAPhA NS44(5):551 September/October 2004) (Reviewed 2010) (Reviewed 2015)

***1988 Post-marketing Surveillance***

1. APhA supports and encourages the active participation of pharmacists in initiating, organizing, and maintaining post-marketing surveillance programs including, but not limited to, adverse drug reaction reporting and drug product problem reporting for drugs and other health care products.
2. APhA recognizes post-marketing surveillance as a process that systematically and comprehensively monitors the patterns of use and the harmful or beneficial effects (whether expected or unexpected) of prescription and non-prescription drugs and other health care products as they are used in the general population. The ultimate purpose of post-marketing surveillance is to develop and systematically disseminate information that can be used to provide safe and cost-effective drug therapy.
3. APhA supports the development of educational programs to foster the active involvement of pharmacy practitioners and students in post-marketing surveillance programs.
4. APhA encourages public and private collaboration in the funding and development of post-marketing surveillance methodologies and programs.
5. APhA encourages FDA and the pharmaceutical industry to actively involve pharmacists in spontaneous adverse reaction reporting systems and to provide appropriate and timely feedback on collected data.

(Am Pharm NS28(6):396 June 1988) (Reviewed 2004) (Reviewed 2009)(Reviewed 2010) (Reviewed 2015)

***1998 Access and Contribution to Health Records***

1. APhA urges the integration of pharmacy-based patient data into patient health records to facilitate the delivery of integrated care.
2. APhA recognizes pharmacists' need for patient health care data and information and supports their access and contribution to patient health records.
3. APhA supports public policies that protect the patient's privacy yet preserve access to personal health data for research when the patient has consented to such research or when the patient's identity is protected.
4. APhA encourages interdisciplinary discussion regarding accountability and oversight for appropriate use of health information.

(JAPhA 38(4): 417 July/August 1998)(Reviewed 2005) (Reviewed 2009) (Reviewed 2010) (Reviewed 2013) (Reviewed 2015)

***2004 Automation and Technology in Pharmacy Practice***

1. APhA supports the use of automation and technology in pharmacy practice, with pharmacists maintaining oversight of these systems.
2. APhA recommends that pharmacists and other pharmacy personnel implement policies and procedures addressing the use of technology and automation to ensure safety, accuracy, security, data integrity and patient confidentiality.
3. APhA supports initial and on-going system-specific education and training of all affected personnel when automation and technology are utilized in the workplace.
4. APhA shall work with all relevant parties to facilitate the appropriate use of automation and technology in pharmacy practice.

(JAPhA NS44(5):551 September/October 2004) (Reviewed 2006) (Reviewed 2008) (Reviewed 2013) (Reviewed 2015)

### *2010 E-prescribing Standardization*

1. APhA supports the standardization of user interfaces to improve quality and reduce errors unique to e-prescribing.
2. APhA supports reporting mechanisms and research efforts to evaluate the effectiveness, safety, and quality of e-prescribing systems, computerized prescriber order entry (CPOE) systems, and the e-prescriptions that they produce, in order to improve health information technology systems and, ultimately, patient care.
3. APhA supports the development of financial incentives for pharmacists and prescribers to provide high quality e-prescribing activities.
4. APhA supports the inclusion of pharmacists in quality improvement and meaningful use activities related to the use of e-prescribing and other health information technology that would positively impact patient health outcomes.

(JAPhA NS40(4):471 July/August 2010) (Reviewed 2015)

### *2010 Personal Health Records*

1. APhA supports patient utilization of personal health records, defined as records of health-related information managed, shared, and controlled by the individual, to facilitate self-management and communication across the continuum of care.
2. APhA urges both public and private entities to identify and include pharmacists and other stakeholders in the development of personal health record systems and the adoption of standards, including but not limited to terminology, security, documentation, and coding of data contained within personal health records.
3. APhA supports the development, implementation, and maintenance of personal health record systems that are accessible and searchable by pharmacists and other health care providers, interoperable and portable across health information systems, customizable to the needs of the patient, and able to differentiate information provided by a health care provider and the patient.
4. APhA supports pharmacist taking the leadership role in educating the public about the importance of maintaining current and accurate medication-related information within personal health records.

(JAPhA NS40(4):471 July/August 2010) (Reviewed 2013) (Reviewed 2015)

### *2009 Health Information Technology*

1. APhA supports the delivery of informatics education within pharmacy schools and continuing education programs to improve patient care, to understand interoperability among systems, to understand where to find information, to increase productivity, and to improve the ability to measure and report the value of pharmacists in the health care system.
2. APhA urges that pharmacists have read/write access to electronic health record data for the purposes of improving patient care and medication use outcomes.
3. APhA encourages inclusion of pharmacists in the defining, development and implementation of health information technologies for the purpose of improving the quality of patient-centric health care.
4. APhA urges public and private entities to include pharmacist representatives in the creation of standards, the certification of systems, and the integration of medication use systems with health information technology.

(JAPhA NS49(4):492 July/August 2009) (Reviewed 2010) (Reviewed 2013) (Reviewed 2015)

### *2001 Automation and Technical Assistance*

APhA supports the use of automation for prescription preparation and supports technical and personnel assistance for performing administrative duties and facilitating pharmacist's provision of pharmaceutical care.

(JAPhA NS41(5): Suppl 1:58 September/October, 2001) (Reviewed 2004) (Reviewed 2007) (Reviewed 2008) (Reviewed 2013) (Reviewed 2015)

***2003 Prior Authorization***

1. APhA opposes prior authorization programs that create barriers to patient care.
2. Patients, prescribers, and pharmacists should have ready access to the coverage conditions for medications or devices requiring prior authorization.
3. Prescription drug benefit plan sponsors and administrators should actively seek and integrate the input of network pharmacists in the design and operation of prior authorization programs.
4. APhA supports prior authorization programs that allow pharmacists to provide the necessary information to determine appropriate patient care.
5. APhA expects prescription drug benefit plan sponsors to compensate pharmacy providers who complete third-party payer authorization procedures. Compensation should be in addition to dispensing fee arrangements.
6. APhA should work with relevant groups to improve prior authorization design and decrease prescription processing inefficiencies.

(JAPhA NS43(5):Suppl. 1:S58 September/October 2003) (Reviewed 2008) (Reviewed 2013) (Reviewed 2015)

***2002 National Framework for Practice Regulation***

1. APhA supports state-based systems to regulate pharmacy and pharmacist practice.
2. APhA encourages states to provide pharmacy boards with the following: (a) adequate resources; (b) independent authority, including autonomy from other agencies; and (c) assistance in meeting their mission to protect the public health and safety of consumers.
3. APhA supports efforts of state boards of pharmacy to adopt uniform standards and definitions of pharmacy and pharmacist practice.
4. APhA encourages state boards of pharmacy to recognize and facilitate innovations in pharmacy and pharmacist practice.

(JAPhA NS2(5):Suppl. 1: 563 September/October 2002) (Reviewed 2007) (Reviewed 2008) (Reviewed 2013) (Reviewed 2015)

***1980 Medicinal Use of Marijuana***

1. APhA supports research by properly qualified investigators operating under the investigational new drug (IND) process to explore fully the potential medicinal uses of marijuana and its constituents or derivatives.
2. APhA opposes state by state, marijuana specific, or other drug specific legislation intended to circumvent the federal laws and regulations pertaining to (a) marketing approval of new drugs based on demonstrated safety and efficacy, or; (b) control restrictions relating to those substances having a recognized hazard of abuse.

(Am Pharm NS20(7):71 July 1980) (Reviewed 2003) (Reviewed 2006) (Reviewed 2011) (Reviewed 2015)

***2003, 1983 The Use of Controlled Substances in the Treatment of Intractable Pain***

1. APhA supports the continued classification of heroin as a Schedule I controlled substance.
2. APhA supports research by qualified investigators under the Investigational New Drug (IND) process to explore the potential medicinal uses of Schedule I controlled substances and their analogues.
3. APhA supports comprehensive education to maximize the proper use of approved analgesic drugs for treating patients with chronic pain.
4. APhA recognizes that pharmacists receiving controlled substance prescription orders used for analgesia have a responsibility to ensure that the medication has been prescribed for a legitimate medical use and that patients achieve the intended therapeutic outcomes
5. APhA advocates that pharmacists play an important role on the patient care team providing pain control and management.

(Am Pharm NS23(6):52 June 1983)(JAPhA NS43(5):Suppl. 1:S58 September/October 2003)(Reviewed 2006)(Reviewed 2011) (Reviewed 2013) (Reviewed 2015)

***2012 Controlled Substances Regulation and Patient Care***

1. APhA encourages the Drug Enforcement Administration (DEA) and other regulatory agencies to recognize pharmacists as partners that are committed to ensuring that patients in legitimate need of controlled substances are able to receive the medications.
2. APhA supports efforts to modernize and harmonize state and federal controlled substance laws.
3. APhA urges DEA and other regulatory agencies to balance patient care and regulatory issues when developing, interpreting, and enforcing laws and regulations.
4. APhA encourages DEA and other regulatory agencies to recognize the changes occurring in health care delivery and to establish a transparent and inclusive process for the timely updating of laws and regulations.
5. APhA encourages the U.S. Department of Justice to collaborate with professional organizations to identify and reduce:
    (a) the burdens on health care providers,
    (b) the cost of health care delivery, and
    (c) the barriers to patient care in the establishment and enforcement of controlled substance laws.

(JAPhA NS52(4) 457 July/August 2012) (Reviewed 2015)

***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, the appropriate use of opioid reversal agents in overdose and of 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, dosing, initiating and providing education about the proper use of opioid reversal agents to prevent opioid related deaths due to overdose.

(JAPhA 54(4) July/August 2014) (Reviewed 2015)

<u>The 2015 APhA House of Delegates AMENDED the following statements as shown underlined and struck through below:</u>

***1994 Confidentiality of Computer-generated Patient Records***

APhA, in cooperation with the National Council of Prescription Drug Programs, Inc. (NCPDP) <u>and similar groups</u>, shall encourage the development and implementation of uniform, prescription, computer software standards to prevent unauthorized access to confidential patient records.

(Am Pharm NS34(6):60 June 1994) (Reviewed 2005) (Reviewed 2009) (Reviewed 2010)

***1993 Patient Information***

APhA shall facilitate the development, dissemination, and use of an information system that documents the components of comprehensive medication ~~use~~ management services.

APhA encourages development of quality assurance standards that guarantee the integrity and accuracy of information included in proprietary and <u>non-proprietary</u> information systems.

(Am Pharm NS33(7):53 July 1993) (Reviewed 2005) (Reviewed 2009) (Reviewed 2010)

***APhA House Rules Review Process***

The 2015 APhA House of Delegates adopted the report of the 2014–2015 APhA House Rules Review Committee, making the following modifications to House operations (approved additions are shown underlined below).

**Rule 4 – New Business**
Items of New Business are due to the Speaker of the House no later than 30 days before the start of the first House of Delegates session. Consideration of urgent items can be done 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. Re-statements of existing policy are discouraged.

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

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.