Actions of the 2018 American Pharmacists Association House of Delegates
Nashville, Tennessee
March 16–19, 2018

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The following policies were adopted by the 2018 American Pharmacists Association (APhA) House of Delegates and are now official APhA policy.

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 that negatively impact 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.

Use of Genomic Data within Pharmacy Practice

1. APhA emphasizes genomics as an essential aspect of pharmacy practice.
2. APhA recognizes pharmacists as the health care professional best suited to provide medication-related consults and services based on a patient's genomic information. All pharmacists involved in the care of the patient should have access to relevant genomic information.
3. APhA supports processes to protect patient data confidentiality and opposes unethical utilization of genomic data.

4. APhA demands payers include pharmacists as eligible providers for covered genomic interpretation and related services to support sustainable models that optimize patient care and outcomes.
5. APhA urges pharmacy management system vendors to include functionality that uses established and adopted electronic health record standards for the exchange, storage, utilization, and documentation of clinically actionable genetic variations and actions taken by the pharmacist in the provision of patient care.
6. APhA recommends pharmacists and pharmaceutical scientists lead the collaborative development of evidence-based practice guidelines for pharmacogenomics and related services.
7. APhA recommends the inclusion of pharmacists and pharmaceutical scientists in the collaborative development of pharmacogenomics clinical support tools and resources.
8. APhA encourages pharmacists to use their professional judgment and published guidelines and resources when providing access to testing or utilizing direct to consumer genomic test results in their patient care services.
9. APhA urges schools and colleges of pharmacy to include clinical application of genomics as a required element of the Doctor of Pharmacy curriculum.
10. APhA encourages the creation of continuing professional development and postgraduate education and training programs for pharmacists in genomics and its clinical application to meet varying practice needs.
11. APhA encourages the funding of pharmacist-led research examining the cost effectiveness of care models that utilize pharmacists providing genomic services.

Proactive Immunization Assessment and Immunization Information Systems

1. APhA supports mandatory requirements for ALL immunization providers to report pertinent immunization data into Immunization Information Systems (IIS).
2. APhA calls for government entities to fund enrollment and engagement of all immunization providers in Immunization Information Systems (IIS). This engagement should support lifetime tracking of immunizations for patients.
3. APhA supports nationwide integration of Immunization Information Systems (IIS) that incorporate federal, state, and local databases for the purpose of providing health care professionals with accurate and timely information to assist in clinical decision making related to immunization services.
4. APhA advocates that all appropriate health care personnel involved in the patient care process have timely access to Immunization Information Systems (IIS) and other pertinent data sources to support proactive patient assessment and delivery of immunization services while maintaining confidentiality.
5. APhA urges pharmacy management system vendors to include functionality that uses established and adopted electronic health record standards for the bidirectional exchange of data with Immunization Information Systems (IIS).

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Adopted New Business Items

The following items of New Business were adopted by the 2018 APhA House of Delegates and are now official APhA policy.

Pharmacy Schools' Curriculum and Contemporary Pharmacy Needs *(replaces the original statement 1 of 2005, 1990 Pharmacy Schools' Curriculum and Contemporary Pharmacy Needs)*

APhA supports adopting and maintaining continuous quality improvement processes at the national and school/college level to identify differences between contemporary pharmacy practice and curriculum offerings, and to providing information and resources to encourage up-to-date curricula.

Revisions to the Medication and Medical Device Classification System *(replaces the original statements 1, 2, 4, 5, 6, and 7 of 2013 Revisions to the Medication Classification System and updates the title to add Medical Device)*

1. APhA supports the Food and Drug Administration's (FDA's) efforts to revise the drug and medical device classification paradigms for prescription and nonprescription medications and medical devices to allow greater access to certain medications and medical devices under conditions of safe use while maintaining patients' relationships with their pharmacists and other health care providers.
2. APhA supports the implementation or modification of state laws and regulations to facilitate pharmacists' implementation and provision of services related to a revised drug and medical device classification system.
4. APhA affirms that pharmacists are qualified to provide clinical interventions on medications and medical devices under FDA's approved conditions of safe use.
5. APhA urges manufacturers, FDA, and other stakeholders to include pharmacists' input in the development and adoption of technology and standardized processes for services related to medications and medical devices under FDA's defined conditions of safe use.
6. APhA supports the utilization of best practices, treatment algorithms, and clinical judgment of pharmacists and other health care providers to guide the evaluation and management of care delivery related to medications and medical devices under FDA's approved conditions of safe use.
7. APhA encourages the inclusion of medications, medical devices, and their associated services provided under FDA's defined conditions of safe use within health benefit coverage.

Direct and Indirect Remuneration Fees

APhA opposes retroactive direct and indirect remuneration (DIR) fees and supports initiatives to prohibit such fees on pharmacies.

Efforts to Reduce the Stigma Associated with Mental Health Disorders or Diseases

1. APhA encourages all stakeholders to develop and adopt evidence-based approaches to educate the public and all health care professionals to reduce the stigma associated with mental health diagnoses.
2. APhA supports the increased utilization of pharmacists and student pharmacists with appropriate training to actively participate in the care of patients with mental health diagnoses as members of interprofessional health care teams in all practice settings.
3. APhA supports the expansion of mental health education and training in the curriculum of all schools and colleges of pharmacy, postgraduate training, and within continuing professional development programs.
4. APhA supports the development of education and resources to address health care professional resiliency and burnout.

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Gluten Content and Labeling in Medications

1. APhA supports labeling of all prescription and over the counter medications that indicates the presence of gluten.
2. APhA encourages manufacturers to formulate drug products without use of wheat, barley, rye, or their derivatives whenever possible.
3. APhA supports additional research on the effects of gluten intolerance and celiac malabsorption, particularly as it relates to medication absorption.
4. APhA supports pharmacist education regarding celiac disease and nonceliac gluten sensitivity.

Pharmacists Electronic Referral Tracking

1. APhA supports the development of electronic systems that enhance and simplify the ability of pharmacists in all practice settings to receive, send, and track referrals between all members of the health care team, including other pharmacists, irrespective of the health care system, model, or network in which the patient participates.
2. APhA supports the interoperability and integration of referral tracking systems with electronic health records so patients can receive the benefit of optimally coordinated care from all members of the health care team.

Policy Review Process

As part of the continuing review of existing policy, the 2018 APhA House of Delegates adopted the Policy Review Committee Report, thereby retaining, archiving, amending, or rescinding existing APhA policy on a range of topics.

The 2018 APhA House of Delegates RETAINED the following statements:

2002, 1984 Depiction of Pharmacists in Public

APhA supports the development of guidelines or standards to enhance the depiction of the pharmacy profession in all public media.

(Am Pharm NS24(7):60 July 1984) (JAPhA NS42(5: Suppl. 1:S62 September/October 2002) (Reviewed 2006)(Reviewed 2011) (Reviewed 2016)

2003, 2000 Emergency Contraception

APhA supports the voluntary involvement of pharmacists, in collaboration with other health care providers, in emergency contraceptive programs that include patient evaluation, patient education, and direct provision of emergency contraceptive medications.

(JAPhA NS40(5):Suppl.1:S8 September/October 2000) (JAPhA NS43(5):Suppl. 1:S58 September/October 2003) (Reviewed 2006) (Reviewed 2008) (Reviewed 2009)(Reviewed 2014)

2013 Revisions to the Medication Classification System

1. APhA supports the Food and Drug Administration’s (FDA’s) efforts to revise the drug classification paradigms for prescription and nonprescription medications to allow greater access to certain medications under conditions of safe use while maintaining patients’ relationships with their pharmacists and other health care providers.

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2. APhA supports the implementation or modification of state laws to facilitate pharmacists' implementation and provision of services related to a revised drug classification system.
3. APhA supports a patient care delivery model built on coordination and communication between pharmacists and other health care team members in the evaluation and management of care delivery.
4. APhA affirms that pharmacists are qualified to provide clinical interventions on medications under FDA's approved conditions of safe use.
5. APhA urges manufacturers, FDA, and other stakeholders to include pharmacists' input in the development and adoption of technology and standardized processes for services related to medications under FDA's defined conditions of safe use.
6. APhA supports the utilization of best practices, treatment algorithms, and clinical judgment of pharmacists and other health care providers to guide the evaluation and management of care delivery related to medications under FDA's approved conditions of safe use.
7. APhA encourages the inclusion of medications and services provided under FDA's defined conditions of safe use within health benefit coverage.
8. APhA supports compensation of pharmacists and other health care professionals for the provision of services related to FDA's defined conditions of safe use programs.
(JAPhA 53(4): 365 July/August 2013)

2006 Drug Classification System

1. APhA supports restructuring the current drug classification system and drug approval process. Evidence should drive the restructuring beyond the current prescription and nonprescription classes to ensure appropriate access to medications and pharmacist services and improve medication use and outcomes.
2. APhA encourages pharmacists to exercise their professional judgment to manage access to nonprescription medications and dietary supplements to facilitate patient/caregiver interaction with their pharmacist.
(JAPhA NS46(5):561 September/October 2006)(Reviewed 2011)(Reviewed 2013)

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.
(JAPhA NS8:362 July 1968) (JAPhA NS44(5):551 September/October 2004) (Reviewed 2006)(Reviewed 2011)(Reviewed 2016)

2004 Protecting the Integrity of the Medication Supply

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.
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.
(JAPhA NS44(5):551 September/October 2004)(Reviewed 2006)(Reviewed 2007)(Reviewed 2012)(Reviewed 2013)

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2012 Counterfeit Medication and Unit-of-use Packaging

APhA encourages the continued development, distribution, and use of unit-of-use packaging as the industry standard to enhance patient safety, patient adherence, and efficiencies in drug distribution, and to reduce potential for counterfeiting.

(JAPhA NS52(4) 458 July/August 2012)(Reviewed 2013)

2012, 2004, 1992 Drug Product Packaging

1. APhA supports the role of the pharmacist to select appropriate drug product packaging.
2. APhA supports the pharmaceutical industry's performance of compatibility and stability testing of drug products in officially defined containers to assist pharmacist selection of appropriate drug product packaging.
3. APhA supports the value of unit-of-use packaging to enhance patient care, but recognizes that product and patient needs may preclude its use.
4. APhA encourages the pharmaceutical industry to ensure that all unit-of-use packaging will accommodate a standard pharmacy label.

(Am Pharm NS32(6):515 June 1992) (JAPhA NS44(5): 551 September/October 2004) (Reviewed 2006) (Reviewed 2007) (JAPhA NS52(4) 458 July/August 2012)(Reviewed 2013)

2006, 2003 Unit-of-Use Packaging

1. APhA encourages the continued development, distribution, and use of unit-of-use packaging as the industry standard to enhance patient safety, patient compliance, and efficiencies in drug distribution.
2. APhA shall collaborate with the pharmaceutical industry, third-party payers, and appropriate federal agencies to effect the changes necessary for the adoption of unit-of-use packaging as the industry standard.
3. APhA encourages the enactment of legislation and regulations to permit pharmacists to modify prescribed quantities to correspond with commercially available unit-of-use packages.

(JAPhA NS43(5:)Suppl.1:S57 September/October 2003) (JAPhA NS46(5):562 September/October 2006) (Reviewed 2007)(Reviewed 2012)(Reviewed 2013)

2012 Medication Verification

APhA encourages including a description of a medication's appearance on the pharmacy label or receipt as a means of reducing medication errors and distribution of counterfeit medications.

(JAPhA NS52(4) 458 July/August 2012)(Reviewed 2017)

2008 Experiential Education

2. APhA encourages the American Association of Colleges of Pharmacy (AACP), in collaboration with state boards of pharmacy, practitioner organizations, and other stakeholders, to develop national standardization among schools and colleges of pharmacy to improve the quality of student pharmacists' experiential education. This standardization should be adopted by all schools and colleges of pharmacy and should include the following:

(a) a preceptor training program;

(b) a model instrument for preceptors to evaluate student pharmacist performance in required pharmacy practice experiences;

(c) a set of quality indicators for each required pharmacy practice experience; and

(d) a report of quality indicator outcomes made available to all schools and colleges of pharmacy, faculty, and current and prospective students.

3. APhA urges schools and colleges of pharmacy to dedicate adequate and equitable financial and human resources to experiential education.
(JAPhA NS48(4):470 July August 2008)(Reviewed 2013)

2013, 2008 Pharmacy Practice-based Research Networks

1. APhA supports establishment of pharmacy practice-based research networks (PBRNs) to strengthen the evidence base in support of pharmacists' patient care services.
2. APhA encourages collaborations among stakeholders to determine the minimal infrastructure and resources needed to develop and implement local, regional, and nationwide networks for performing pharmacy practice-based research.
3. APhA encourages pharmacy residency programs to actively participate in pharmacy PBRNs (practice-based research networks).

(JAPhA NS48(4):471 July/August 2008) (JAPhA 53(4) 366 July/August 2013)

2005, 1990 Pharmacy Schools' Curriculum and Contemporary Pharmacy Needs

1. APhA will work with schools and colleges of pharmacy and pharmacy organizations to address differences between contemporary pharmacy practice and curriculum offerings.
2. APhA encourages pharmacists to cooperate with schools and colleges of pharmacy by participating as preceptors and permitting their practices to be used as experiential sites.

(Am Pharm NS30(6):45 June 1990)(Reviewed 2001) (Reviewed 2003)(JAPhA NS45(5):560 September/October 2005)(Reviewed 2006)(Reviewed 2008)(Reviewed 2013)

2005 Regulation of Student Pharmacists' Practice Experience

1. APhA encourages state boards of pharmacy to use the title "student pharmacist" to identify all students enrolled in their professional years of pharmacy education in an Accreditation Council for Pharmacy Education (ACPE) accredited program.
2. APhA encourages state boards of pharmacy to permit a student pharmacist to perform the duties of a pharmacist within the applicable state's scope of practice under a pharmacist's supervision. Preceptors shall consider the experience and education of student pharmacists when providing pharmacy practice opportunities.

(JAPhA NS45(5):554 September/October 2005)(Reviewed 2006)(Reviewed 2008)(Reviewed 2009)(Reviewed 2013)

2013, 2008 Residency Training for Pharmacists

1. APhA urges continued growth in the number of accredited pharmacy residency positions in all practice settings to better meet the future health care needs of the nation.
2. APhA encourages active involvement of schools and colleges of pharmacy in the development and advancement of accredited pharmacy practice residency programs.
3. APhA advocates for the allocation of adequate funding for accredited pharmacy residencies in all practice settings by governmental and other entities.
4. APhA supports postgraduate training for new PharmD graduates.
5. APhA supports accreditation of all pharmacy residency programs by federally recognized accrediting bodies to ensure quality training experiences.

(JAPhA NS48(4):470 July/August 2008) (JAPhA 53(4):366 July/August 2013)

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2012, 2007, 1970 Employment Standards Policy Statement

The employment relationship between pharmacists and their employers must start with the principle that pharmacists have a professional, inherent right to practice in a manner which will engender self-respect in pursuit of their professional and economic objectives.

It is the policy of APhA to further the following basic employment standards:

1. Employers are obligated to respect the professional status, privileges, and responsibilities of employed pharmacists.
2. Employers are obligated to provide working conditions that enhance the ability of employed pharmacists to utilize their full professional capacity in providing patient care service to the public.
3. Employers are obligated to provide employed pharmacists opportunities to increase their professional knowledge and experience.
4. Employers are obligated to fairly compensate employed pharmacists commensurate with their duties and performances. Such compensation should include benefits generally available to other professionals including, but not limited to, vacation, sick leave, insurance plans, and retirement programs.
5. Employed pharmacists are obligated to use their best efforts to further the services offered to the public by their employers.
6. Employed pharmacists are obligated to unhesitantly bring to the attention of their employers all matters which will assist the employers in maintaining professional standards and successful practices.
7. Employed pharmacists are obligated, when negotiating compensation, to consider not only prevailing economic conditions in their community, but also their economic position relative to other health care professionals.
8. Employed pharmacists are obligated to recognize that their responsibility includes not depriving the public of their patient care services by striking in support of their economic demands or those of others.
9. Both employers and employed pharmacists are obligated to reach and maintain definite understandings with regards to their respective economic rights and duties by resolving employment issues fairly, promptly, and in good faith.

It is the policy of APhA to support these basic employment standards by:

1. Encouraging and assisting state pharmacists associations and national specialty associations to establish broadly representative bodies to study the subject of professional and economic relations and to establish locally responsive guidelines to assist employers and employed pharmacists in developing satisfactory employment relationships.
2. Encouraging and assisting state pharmacists associations and national specialty associations to use their good offices, whenever invited, to resolve specific issues which may arise.
3. Assisting state pharmacists associations and national specialty associations to use their good offices, whenever invited, to resolve specific issues which may arise.
4. Assisting state pharmacists associations and national specialty associations to develop procedures for mediation or arbitration of disputes which may arise between employers and employed pharmacists so that pharmacists can call on their profession for such assistance when required.
5. Increasing its activities directed towards educating the profession about the mutual employment responsibilities of employers and employed pharmacists.

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6. Developing benefits programs wherever possible to assist employers in providing employed pharmacists with economic security.
7. Continuously reminding pharmacists that the future development and status of pharmacy as a health profession rests in their willingness and ability to maintain control of their profession.
(JAPhA NS10:363 June 1970) (Reviewed 2001) (JAPhA NS45(5):580 September-October 2007)(JAPhA NS52(4) 458 July/August 2012)(Reviewed 2017)

2013, 2009 Independent Practice of Pharmacists
1. APhA recommends that health plans and payers contract with and appropriately compensate individual pharmacist providers for the level of care rendered without requiring the pharmacist to be associated with a pharmacy.
2. APhA supports adoption of state laws and rules pertaining to the independent practice of pharmacists when those laws and rules are consistent with APhA policy.
3. APhA, recognizing the positive impact that pharmacists can have in meeting unmet needs and managing medical conditions, supports the adoption of laws and regulations and the creation of payment mechanisms for appropriately trained pharmacists to autonomously provide patient care services, including prescribing, as part of the health care team.
(JAPhANS 49(4):492 July/August 2009)(Reviewed 2012)(JAPhA 53(4):366 July/August 2013)

2008 Internet Access by Pharmacists
APhA supports ready access to Internet resources by pharmacists at their practice sites to facilitate delivery of patient care and to support professional development.
(JAPhA NS 48(4):471 July/August 2008)(Reviewed 2013)

2013 Medication Take-Back/Disposal Programs
1. APhA encourages pharmacist involvement in the planning and coordination of medication take-back programs for the purpose of disposal.
2. APhA supports increasing public awareness regarding medication take-back programs for the purpose of disposal.
3. APhA urges public and private stakeholders, including local, state, and federal agencies, to coordinate and create uniform, standardized regulations, including issues related to liability and sustainable funding sources, for the proper and safe disposal of unused medications.
4. APhA recommends ongoing medication take-back and disposal programs.
(JAPhA 53(4): 365 July/August 2013)

1990 Proper Handling & Disposal of Hazardous Pharmaceuticals & Associated Supplies & Materials
1. APhA supports the proper handling and disposal of hazardous, pharmaceutical products and associated supplies and materials by health professionals and by patients to whom such products, supplies, and materials are provided.
2. APhA supports involvement with representatives from other health professional organizations, industry, and government to develop recommendations for the proper handling and disposal of hazardous pharmaceuticals and associated supplies and materials.
3. APhA supports the development of educational programs for health professionals and patients on the proper handling and disposal of hazardous pharmaceuticals and associated supplies and materials.
(Am Pharm NS30(6):45 June 1990) (Reviewed 2004) (Reviewed 2007)(Reviewed 2012)(Reviewed 2017)

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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.

(JAPhA 53(4): 365 July/August 2013)

2013 Pharmacists Providing Primary Care Services

APhA advocates for the recognition and utilization of pharmacists as providers to address gaps in primary care.

(JAPhA 53(4): 365 July/August 2013)

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)

1987 Compensation for Cognitive Services

1. APhA recognizes that pharmacists provide to patients cognitive services (i.e., services requiring professional judgment) that may or may not be related to the dispensing or sale of a product.
2. APhA supports compensation of pharmacists for providing cognitive services (i.e., services requiring professional judgment) that may or may not be related to the dispensing or sale of a product.

(Am Pharm NS27(6):422 June 1987)(Reviewed 2005) (Reviewed 2009)(Reviewed 2011)(Reviewed 2013)

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.

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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.
(JAPhA NS51(4) 482;July/August 2011)(Reviewed 2016)

1985 Registration of Facilities Involved in the Storage and Issuing of Legend Drugs to Patients
APhA supports enactment of state and federal laws and regulations that would require registration with the state boards of pharmacy of all facilities involved in the storage and issuing of legend drugs to patients, provided that such registration does not restrict the pharmacist from providing professional services independent of a facility.
(Am Pharm NS25(5):51 May 1985) (Reviewed 2004)(Reviewed 2010)(Reviewed 2012)(Reviewed 2013)

2008, 2001 Regulatory Compliance/Regulatory Burden
APhA supports measures that protect the patient, public, and employees from pharmacy conditions that pose a threat to health.
(JAPhA NS41(5)Suppl.1:S9 September/October 2001)(JAPhA NS48(4):470 July/August 2008)(Reviewed 2013)

2004, 1978 State Boards of Pharmacy/Inspections
1. APhA supports inspections of pharmacies and peer review of pharmacists that promote high-quality pharmaceutical service and thereby serve to improve public health.
2. APhA opposes the use of criminal investigative techniques during routine noncriminal pharmacy inspections.
3. APhA supports regulation and inspection by boards of pharmacy of all facilities within a state at which drugs are dispensed, stored, or offered for sale in the same manner as pharmacies.
(Am Pharm NS18(8):36 July 1978) (JAPhA NS44(5):551 September/October 2004) (Reviewed 2008)(Reviewed 2013)

2004, 1996 Technician Licensure and Registration
1. 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)

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.

(JPhA 56(4); 369 July/August 2016)

2013, 2008 Re-use of devices intended for "Single-Use"

APhA opposes the reuse of devices intended for "single use" in the screening and management of patients consistent with the Centers for Disease Control and Prevention (CDC) and Occupational Safety and Health Administration (OSHA) guidelines.

(JAPhA NS48(4):471 July/August 2008) (JAPhA 53(4):366 July/August 2013)

2009 Disparities in Healthcare

APhA supports elimination of disparities in the health care delivery.

(JAPhA NS49(4):493 July/August 2009)(Reviewed 2013)

2012, 1991 Recruitment of a Diverse Population into Pharmacy

1. APhA supports a vigorous long term program for the recruitment of a diverse population of student pharmacists into the pharmacy profession.
2. APhA encourages the development and regular updating of comprehensive recruitment materials, directed toward diversity and inclusion, that address such issues as pharmacy career opportunities, financial aid, and educational prerequisites, and that highlight professional diverse role models.
3. APhA encourages national, state, and local associations; schools; students; and industry to create a network of pharmacists who would serve as role models for a diverse population of student pharmacists.
4. APhA supports the development of guidelines that assist schools of pharmacy in implementing diversity and inclusion initiatives into student pharmacist recruitment programs.

(Am Pharm NS31(6):28 June 1991) (Reviewed 2001) (Reviewed 2007) (JAPhA NS52(4) 459 July/August 2012)(Reviewed 2017)

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.

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

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.
(Am Pharm NS31(6):29 June 1991) (Reviewed 2004) (Reviewed 2010) (Reviewed 2015)

2013, 1995 Pharmacists' Role in the Development and Implementation of Evidence-Based Clinical Guidelines

1. APhA advocates direct involvement of pharmacists in the development, evaluation, and implementation of evidence-based clinical guidelines. Well-designed guidelines promote an interdisciplinary team approach to patient care that utilizes pharmacists' expertise in optimizing patient outcomes.
2. APhA believes that evidence-based clinical guidelines should promote optimal patient care built on the best available scientific data. These guidelines should be developed using an interdisciplinary approach and should be evaluated regularly to ensure that they reflect current practice standards.
3. APhA should promote educational programs, products, and services that facilitate the participation of pharmacists in the development, evaluation, and implementation of evidence-based practice guidelines in all practice settings.
4. APhA advocates the use by pharmacists, in all practice settings, of evidence-based practice guidelines for pharmaceutical care built on the best scientific data to optimize patient outcomes. These guidelines should be developed using an interdisciplinary approach and should be evaluated regularly to ensure that they reflect current practice standards.
(Am Pharm NS35(6):37 June 1995) (Reviewed 2003) (Reviewed 2008)(JAPhA53(4):366 July/August2013)

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.
(Am Pharm NS18(8):42 July 1978)(JAPhA NS44(5):551 September/October 2004)(Reviewed 2007)(Reviewed 2011)(Reviewed 2012)(Reviewed 2013)

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2013, 1980 Medication Selection by Pharmacists

APhA supports the concept of a team approach to health care in which health care professionals perform those functions for which they are educated. APhA recognizes that the pharmacist is the expert on drugs and drug therapy on the health care team and supports a medication selection role for the pharmacist, based on the specific diagnosis of a qualified health care practitioner.

(Am Pharm NS20(7):62 July 1980) (Reviewed 2003) (Reviewed 2007) (Reviewed 2008) (Reviewed 2009)(Reviewed 2011)(Reviewed 2012)(JAPhA 53(4):366 July/August 2013)

2012, 2002, 1964 Health Education: Selection of Pharmacist

APhA supports education of consumers about the importance of selecting their personal pharmacist to assist them in the proper use of all medications and medical devices.

JAPhA NS4:429 August 1964) (JAPhA NS42(5):Suppl. 1:S62 September/October 2002) (Reviewed 2007)(JAPhA NS52(4) 459 July/August 2012)(Reviewed 2017) (

2010, 2001 Prescription Order Requirements

1. APhA supports the use of technology to facilitate the transmission of prescription order information from the prescriber to the pharmacist of the patient’s choice at no additional cost to the pharmacy.
2. APhA supports the use of technology where appropriate standards for patient confidentiality and prescriber and pharmacist verification are established.
3. APhA supports the transmission of complete prescriber information on or with the prescription order that enables the pharmacist to readily identify and facilitate communication with the prescriber.
4. APhA supports the use of specific instructions with prescription orders. Use of potentially confusing terminology (such as “as directed”, unclear use of Latin phrases, confusing abbreviations, etc.) should be avoided.
5. APhA supports the inclusion of the diagnosis or indication for use for which the medication is ordered on or with the transmission of the prescription order by use of standard diagnosis codes or within the directions for use. APhA further supports the inclusion of patient-specific information on or with the prescription order where appropriate.
6. APhA supports public education about the benefits and risks of technological advances in pharmacy practice.

(JAPhA NS41(5):Suppl.1:S8 September/October 2001) (Reviewed 2007)(Reviewed 2009)(Reviewed 2010)(Reviewed 2012)(Reviewed 2017)

2005, 1971 Cigarette Sales in Pharmacies

1. APhA recommends that tobacco products not be sold in pharmacies.
2. APhA recommends that state and local pharmacist associations develop similar policy statements for their membership and increase their involvement in public educational programs regarding the health hazards of smoking.
3. APhA recommends that individual pharmacists give particular attention to educating young people on the health hazards of smoking.
4. APhA recommends that APhA-ASP develop projects aimed at educating young people on the health hazards of smoking, such as visiting schools and conducting health education programs.

(JAPhA NS11:270 May 1971) (JAPhA NS45(5):555 September/October 2005) (Reviewed 2009)(Reviewed 2014)

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1999 Promotion of Pharmaceutical Care

1. APhA should continue to promote to the public the concepts and benefits of pharmaceutical care, differentiating pharmaceutical care practice from other pharmacy services.
2. APhA opposes the use of the term "pharmaceutical care" by any individual or entity unless the pharmaceutical care service provided by the individual or entity incorporates the concepts specified in the APhA Principles of Practice for Pharmaceutical Care.

(JAPhA NS39(4):447-48 July/August 1999)(Reviewed 2002) (Reviewed 2008)(Reviewed 2013)

2013, 2001, 1994 Pharmacist-Patient-Prescriber-Payer Responsibilities in Appropriate Drug Use

1. APhA advocates the following guidelines for pharmacist-patient-prescriber-payer responsibilities in appropriate drug use:

(a) Pharmacists' Responsibilities
• Serve as a drug information resource;
• Provide primary care;
• Collaborate with the prescriber and patient in the design of cost-effective treatment regimens that produce beneficial outcomes;
• Identify formulary or generic products as a means to reduce costs;
• Intervene on behalf of the patient to identify alternate therapies;
• Educate the patient about the treatment regimen and expectations, and verify the patient's understanding;
• Identify, prevent, resolve, and report drug-related problems;
• Document and communicate pharmaceutical care activities;
• Monitor drug therapy in collaboration with the patient and prescriber to ensure compliance and assess therapeutic outcomes;
• Maintain an accurate and efficient drug distribution system; and
• Maintain proficiency through continuing education.

(b) Patients' Responsibilities
• Assume a responsibility for wellness;
• Understand the coverage policies of their benefit plan;
• Share complete information with providers, including demographics and payment mechanism(s);
• Share complete information regarding medical history, lifestyle, diet, use of prescription and over-the-counter medications, and other substances;
• Participate in the design of the treatment regimen;
• Understand the treatment regimen and expected outcomes;
• Adhere to the treatment regimen; and
• Alert prescribers and pharmacists to possible drug-related problems or changes in health status.

(c) Prescribers' Responsibilities
• Assess and diagnose the patient;
• Share pertinent information in collaboration with the pharmacist and patient in the design of cost-effective treatment regimens that produce beneficial outcomes;

• Clearly communicate the treatment plan and its intended outcomes to the patient directly or in collaboration with the pharmacist;
• Remain alert to the possible occurrence of drug-related problems and initiate needed changes in therapy;
• Collaborate with the patient and the pharmacist in drug therapy monitoring; and
• Maintain proficiency through continuing medical education.

(d) Payers' Responsibilities
• Determine the objectives and desired benefits of pharmacy service;
• Design the coverage with patient and provider input using products and services to produce beneficial outcomes;
• Contract with providers on the basis of outcomes and efficient use of resources;
• Adopt efficient, clear, and uniform administrative processes;
• Communicate requirements of compensation for levels of care;
• Educate patients and providers about current eligibility and benefit information;
• Expeditiously process payments; and
• Be responsive to advances in contemporary practice.
(Am Pharm NS34(6):57 June 1994)(JAPhA NS41(5):Suppl.1:S9 September/October 2001)(Reviewed 2008)(Reviewed 2010)(Reviewed 2011)(Reviewed 2012)(JAPhA 53(4):367 July/August 2013)

2012, 2005, 1969 Medicare and Patient Care Service

1. APhA believes that Health care, including the essential component of patient care services, should be made available to as many people as possible in our society through the most economical system compatible with an acceptable standard of quality.
2. APhA should support the Part B mechanism which is the voluntary supplementary medical insurance program financed equally by beneficiaries and the government.
3. APhA should oppose legislation which would restrict the Medicare drug benefit to specific, chronic diseases.
4. APhA should support the inclusion of patient care services under Medicare or any other federal financing mechanism, providing the program is designed to help persons who need it most and is administratively efficient and economical.

(JAPhA NS9:363 July 1969) (JAPhA NS45(5):558 September/October 2005) (Reviewed 2009) (JAPhA NS52(4) 460 July/August 2012)(Reviewed 2017)

2005, 1993 Payment System Reform

1. APhA must advocate reform of pharmacy payment systems to enhance the delivery of comprehensive medication-use management services.
2. APhA must assume a leadership role, in cooperation with other pharmacy organizations, patients, other providers of health services, and third-party payers, in developing a payment system reform plan.
3. APhA should encourage universal acceptance of all components of pharmaceutical care and their integration into pharmacy practice to support payment for services.

(Am Pharm NS33(7):54 July 1993) (Reviewed 2003) (Reviewed 2006)(Reviewed 2011)(Reviewed 2016)

1994 Product and Payment Systems

1. APhA shall work with public and private sectors in developing timely educational processes which assist pharmacists to implement patient care, understand new payment systems, and apply emerging therapeutic advances to achieve desired patient outcomes.
2. APhA supports payment systems that distinguish between compensation for the provision of pharmaceutical care and reimbursement for product distribution.
3. APhA shall participate in the identification, development, and implementation of models for procurement and handling of therapeutic and diagnostic pharmaceutical products and devices which assure the continuous provision of pharmaceutical care by pharmacists.

(Am Pharm NS34(6):56 June 1994) (Reviewed 2005) (Reviewed 2009) (Reviewed 2010)

1979 Consideration of the Equal Rights Amendment

APhA supports efforts to assure equal rights of all persons.

(AmPharm NS19(7):60 June 1979) (Reviewed 2009)(Reviewed 2014)

The 2018 APhA House of Delegates AMENDED the following statements, shown underlined and struck through:

2009 Medication Disposal

1. APhA encourages appropriate public and private partnerships to accept responsibility for the costs of implementing safe medication disposal programs for consumers. Furthermore, APhA urges DEA to permit the safe disposal of controlled substances by consumers or on their behalf.
2. APhA encourages provision of patient-appropriate quantities of medication supplies to minimize unused medications and unnecessary medication disposal.

(JAPhA NS49(4):493 July/August 2009)(Reviewed 2012)(Reviewed 2013)

The 2018 APhA House of Delegates ARCHIVED the following statements:

2005, 1990 Expansion and Recognition of Internship, Externship, and Clerkships

1. APhA encourages schools and colleges of pharmacy to establish and maintain experiential education programs in nontraditional areas of practice.
2. APhA encourages state boards of pharmacy to accept, at least on an hour-for-hour basis, hours of experiential education obtained in nontraditional areas of pharmacy practice as fulfilling internship hour requirements.

(Am Pharm NS30(6):45 June 1990)(Reviewed 2003)(JAPhA NS45(5):560 September/October 2005)(Reviewed 2006)(Reviewed 2008)(Reviewed 2013)

2008 Experiential Education

1. APhA urges state boards of pharmacy, the Accreditation Council for Pharmacy Education (ACPE), the American Association of Colleges of Pharmacy (AACP), and other professional associations; employers; and other stakeholders to collaborate in the development of a blueprint that evaluates, streamlines, and consolidates all student pharmacists' experiential education requirements.

(JAPhA NS48(4):470 July August 2008)(Reviewed 2013)

2008 Pharmacy Technician Education and Training

1. APhA reaffirms the 2005/2001/1996 Control of Distribution System policy, which states that APhA supports pharmacists' authority to control the distribution process and personnel involved and the responsibility for all completed medication orders, regardless of practice setting.
2. APhA supports nationally recognized standards and guidelines for the accreditation of pharmacy technician education and training programs.
3. APhA supports the continued growth of accredited education and training programs that develop qualified pharmacy technicians who will support pharmacists in ensuring patient safety and enhancing patient care.
4. APhA supports the following minimum requirements for all new pharmacy technicians by the year 2015:
(a) successful completion of an accredited education and training program and
(b) certification by the Pharmacy Technician Certification Board (PTCB).
5. APhA supports state board of pharmacy regulations that require pharmacy technicians to meet minimum standards of education, training, and certification. APhA also encourages state boards of pharmacy to develop a phase-in process for current pharmacy technicians.

(JAPhA NS48(4):470 July/August 2008)(Reviewed 2013)

2012, 1987 Pharmacists' Authority to Select Medications

APhA supports authority for pharmacists to select nonprescription and prescription medications as part of pharmacists' responsibilities to design, implement, and monitor drug regimens for patients, in consultation with practitioners when appropriate.

(Am Pharm NS27(6):422 June 1987)(Reviewed 2003) (Reviewed 2007)(Reviewed 2008)(Reviewed 2009)(Reviewed 2011)(JAPhA NS52(4) 460 July/August 2012)(JAPhA 53(4):366 July/August 2013)

APhA House Rules Review Process

The 2018 APhA House of Delegates adopted the report of the 2017–2018 APhA House Rules Review Committee, making the following modifications to House operations (approved additions are underlined and deletions are ~~struck through~~).

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.~~

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 House. Urgent items are defined as matters, which 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. Approved urgent items shall be included with other new business items and discussed during the New Business Open Hearing. 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

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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.

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.

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