2013 Actions of the APhA House of Delegates
Los Angeles, California
March 1–4, 2013

The following policies were adopted by the 2013 APhA House of Delegates and are now official Association policy:

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.

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.

**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.

**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.
Adopted New Business Item
The following item of New Business was adopted by the 2013 APhA House of Delegates and is now official Association policy:

Pharmacists Providing Primary Care Services
APhA advocates for the recognition and utilization of pharmacists as providers to address gaps in primary care.

Policy Review Process
As part of the continuing review of existing policy, the 2013 APhA House of Delegates adopted Parts 1 and 2 of the Policy Review Committee Report, thereby retaining, amending, or archiving existing Association policy on a range of topics.

The 2013 House retained the following statements as shown below:

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 pharmacists’ provision of pharmaceutical care.

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.
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)

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)*

**2005-1990 Expansion and Recognition of Internships, Externships, and Clerkships**

1. APhA encourages schools and colleges of pharmacy to establish and maintain experiential education programs in nontraditional areas of practice.


**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.


**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)*

**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)*
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.

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.

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.

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.

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.
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 ongoing 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.


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.


2009 **Disparities in Health Care**
APhA supports elimination of disparities in health care delivery.

(APhA NS49(4):493 July/August 2009)

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.

(APhA NS46(5):561 September/October 2006) (Reviewed 2011)

2009 **Health Information Technology**
1. APhA supports the delivery of informatics education within pharmacy schools and continuing education programs to improve patient care, understand interoperability among systems, understand where to find information, increase productivity, and 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 definition, 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.

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

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 pharmacists 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)

1991 Pharmaceutical Care and the Provision of Cognitive Services With Technologies

1. APhA supports the utilization of technologies to enhance the pharmacist's ability to provide pharmaceutical care.

2. APhA believes that the use of technologies should not replace the pharmacist/patient relationship.

3. APhA emphasizes that maximizing patient benefit from technologies depends on the pharmacist/patient relationship.

4. APhA affirms that the utilization of technologies by pharmacists shall not compromise the patient’s right to confidentiality.


Updated Title: 2012-1987 Pharmacists’ Authority to Select Medications

[Original Title: Pharmacist Prescribing]

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.


1989 Pharmacy-Based Screening and Monitoring Services

APhA supports projects that demonstrate and evaluate various pharmacy-based screening and monitoring services.


2004-1978 Roles in Health Care for Pharmacists

1. APhA shall develop and maintain new methods and procedures whereby pharmacists can increase their ability and expand their opportunities to provide health care services.

2. APhA supports legislative and judicial action that confirms pharmacists’ professional rights to perform those functions consistent with APhA's definition of pharmacy practice and that are necessary to fulfill pharmacists’ professional responsibilities to patients they serve.


2012-2003 The Pharmacist’s Role in Laboratory Monitoring and Health Screening

1. APhA supports pharmacist involvement in appropriate laboratory testing and health screening, including pharmacists directly conducting the activity, supervising such activity, ordering and interpreting such tests, and communicating such test results.

2. APhA supports revision of relevant laws and regulations to facilitate pharmacist involvement in appropriate laboratory testing and health screening as essential components of patient care.

3. APhA encourages research to further demonstrate the value of pharmacist involvement in laboratory testing and health screening services.
4. APhA supports public and private sector compensation for pharmacist involvement in laboratory testing and health screening services.

5. APhA supports training and education of pharmacists and student pharmacists to direct, perform, and interpret appropriate laboratory testing and health screening services. Such education and training should include proficiency testing, quality control, and quality assurance.

6. APhA encourages collaboration and research with other health care providers to ensure appropriate interpretation and use of laboratory monitoring and health screening results.


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.


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 pharmaceutical 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.


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.

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)*

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.
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)*

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.


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.


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.

The 2013 House amended the following statements as shown below:

*** Note: New language is underlined, and deleted language is struck-through. ***

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, MTM and pharmacy primary 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)

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)

2008 Reuse of Devices Intended for “Single-Use”
APhA opposes the reuse of devices intended for “single use” in the screening and management diagnosis and treatment 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)

2008-1987 Sale of Home-Use Diagnostic and Monitoring Products
1. APhA supports recognizing the need to protect the health of the American people through proper instruction in the safe and effective use of the more complex home-use diagnostic and monitoring products.
2. APhA supports the promotion of recognizing that the pharmacist is a widely available and qualified health care professional to advise patients in the use of the more complex home-use diagnostic and monitoring products.


1995 Pharmacists’ Role in the Development and Implementation of Disease Evidence-Based Clinical Guidelines
1. APhA advocates direct involvement of pharmacists in the development, evaluation, and implementation of disease evidence-based clinical guidelines. Well-designed guidelines promote an interdisciplinary team approach to patient care that utilizes pharmacists’ expertise in optimizing patient outcomes.

10
2. APhA believes that disease 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 disease evidence-based practice guidelines in all practice settings.

4. APhA advocates the use by pharmacists, in all practice settings, of disease 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.

(Pharmacists Providing Health Care Services)

**Updated Title: 1978**

Pharmacists Providing Health Care Services

[Original Title: Pharmacists and Ambulatory Patients]

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


**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 medication therapy management and other clinical services 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.

(APhA NS 49(4):49�July/August 2009)

**Updated Title: 1980 Medication Selection by Pharmacists**

[Original Title: Prescribing 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 distinctively educated. APhA recognizes that the pharmacist is the expert on drugs and drug therapy on the health care team and supports a prescribing medication selection role for the pharmacist, based on the specific diagnosis of a qualified health care practitioner.


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

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

**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.

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.

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.

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;
• Expediously process payments; and
• Be responsive to advances in contemporary practice.

APhA House Rules Review Committee


The report is available on request from the Speaker of the House at hod@aphanet.org.