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**American Pharmacists Association
House of Delegates – March 22-25, 2024**

NEW BUSINESS

(To be submitted and introduced by Delegates only)

Introduced by: Briana Rider
(Name)

2024 January 14 U.S. Public Health Service (USPHS) Commissioned Corps, Federal Caucus
(Date) (Organization)

Subject: Disaster Preparedness

Motion: To adopt the following policy statement as amended and part of the existing 2015 Disaster Preparedness policy

Disaster Preparedness, 2015

- I. APhA encourages pharmacist involvement in surveillance, mitigation, preparedness, planning, response, and recovery related to natural, technological, or human-caused incidents ~~terrorism and infectious diseases.~~

Background:

In 2001, this policy, originally titled “Biological Terrorism, Infectious Diseases, and Pharmacy” was limited to bioterrorism preparedness planning. In 2015, the policy statement was revised, as written in the current APhA policy manual, and adopted as a New Business Item by the House; the 2001 policy was archived. The 2015 revision titled “Disaster Preparedness” included terrorism more broadly, expanded to include infectious diseases, and recognized pharmacists’ role beyond planning, to include surveillance, mitigation, response, and recovery.

Pharmacists may be involved in all types of natural, technological, and human-caused incidents (e.g., wildfire, flood, hazardous materials spills, nuclear accidents, aircraft accidents, terrorist attacks, civil unrest,

earthquakes, hurricanes, tornadoes, tsunamis) throughout the entire lifecycle of the incident (e.g., surveillance, mitigation, preparedness, planning, response, recovery). However, existing APhA policies on pharmacists' roles in emergency and disaster management are more narrowly focused on terrorism, infectious diseases, emergencies (e.g., public health), and national defense. The proposed amendment seeks to be more inclusive of the types of incidents that pharmacists surveil and mitigate against, prepare and plan for, respond to, and recover from. Natural, technological, and human-caused incidents are inclusive of terrorism and infectious diseases. Thus, the proposed amendment would broaden the existing policy statement.

The Federal Emergency Management Agency (FEMA) defines the terms natural, technological, and human-caused hazards. Natural hazards are defined as environmental phenomena that are related to weather patterns and/or physical characteristics of an area. The National Risk Index includes eighteen natural hazards (e.g., earthquakes, tornado, hurricane, wildfire, winter weather). Technological hazards originate from technological or industrial accidents, infrastructure failures, or certain human activities (accidents). Human-caused hazards rise from deliberate, intentional human actions to threaten or harm the well-being of others (e.g., terrorism).

While terrorism is solely a human-caused incident, infectious diseases can result from natural (e.g., outbreak of natural origin), technological (e.g., accidental release from a laboratory), or human-caused (e.g., weaponized for biological warfare/terrorism) incidents.

FEMA defines disaster as “an occurrence of a natural catastrophe, technological accident, or human-caused event that has resulted in severe property damage, deaths, and/or multiple injuries”. Thus, the proposed amendment is appropriate for the subject of the policy – Disaster Preparedness – and would create a more comprehensive policy.

References:

- <https://hazards.fema.gov/nri/natural-hazards>
- <https://training.fema.gov/programs/emischool/el361/toolkit/glossary.htm#E>

Current APhA Policy & Bylaws:

Disaster Preparedness, 2015

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

(JAPhA. N55(4):365; July/August 2015) (Reviewed 2021)

Uncompensated Care Mandates in Pharmacy, 2023

- I. APhA calls for commensurate compensation for the provision of compulsory or mandated pharmacy services that include all products, supplies, labor, expertise, and administrative fees based on transparent economic analyses of existing and future services.

(JAPhA. 63(4):1266; July/August 2023)

Pharmacy Personnel Immunization Rates, 2022, 2007

- I. APhA supports efforts to increase immunization rates of health care professionals, for the purposes of protecting patients and urges all pharmacy personnel to receive all immunizations recommended by the Centers for Disease Control (CDC) for healthcare workers.
2. APhA encourages employers to provide necessary immunizations to all pharmacy personnel.
3. APhA encourages federal, state, and local officials and agencies to recognize pharmacists, student pharmacists, pharmacy technicians, and pharmacy support staff as among the highest priority groups to receive medications, vaccinations, and other protective measures as essential healthcare workers.

(JAPhA. NS45(5):580; September/October 2007) (Reviewed 2009) (Reviewed 2014) (Reviewed 2019)

(JAPhA. 62(4):942; July 2022)

Use of Social Media, 2022, 2014

- I. APhA encourages the use of social media in ways that advance patient care and uphold pharmacists as trusted and accessible health care providers.

2. APhA supports the use of social media as a mechanism for the delivery of patient-specific care in a platform that allows for appropriate patient and provider protections and access to necessary health care information.
3. APhA supports the inclusion of social media education, including but not limited to appropriate use and professionalism, as a component of pharmacy education and continuing professional development.
4. APhA affirms that the patient's right to privacy and confidentiality shall not be compromised through the use of social media.
5. APhA urges pharmacists, pharmacy technicians and student pharmacists to self-monitor their social media presence for professionalism and that posted clinical information is accurate and appropriate.
6. APhA advocates for continued development and utilization of social media by pharmacists and other health care professionals during public health emergencies.

(JAPhA. 54(4):357; July/August 2014) (Reviewed 2019) (Amended 2022)

Continuity of Care and the Role of Pharmacists During Public Health and Other Emergencies, 2021

1. APhA asserts that pharmacists, student pharmacists, pharmacy technicians, and pharmacy support staff are essential members of the healthcare team and should be actively engaged and supported in surveillance, mitigation, preparedness, planning, response, recovery, and countermeasure activities related to public health and other emergencies.
2. APhA reaffirms the 2016 policy on the Role of the Pharmacist in National Defense, and calls for the active and coordinated engagement of all pharmacists in public health and other emergency planning and response activities.
3. APhA advocates for the timely removal of regulatory restrictions, practice limitations, and financial barriers during public health and other emergencies to meet immediate patient care needs.
4. APhA urges regulatory bodies and government agencies to recognize pharmacists' training and ability to evaluate patient needs, provide care, and appropriately refer patients during public health and other emergencies.

5. APhA advocates for pharmacists' authority to ensure patient access to care through the prescribing, dispensing, and administering of medications, as well as provision of other patient care services during times of public health and other emergencies.
6. APhA calls for processes to ensure that any willing and able pharmacy and pharmacy practitioner is not excluded from providing pharmacist patient care services during public health and other emergencies.
7. APhA calls on public and private payers to establish and implement payment policies that compensate pharmacists providing patient care services, including during public health and other emergencies, within their recognized authority.
8. APhA advocates for the inclusion of pharmacists as essential members in the planning, development, and implementation of alternate care sites or delivery models during public health and other emergencies.
9. APhA reaffirms the 2015 Interoperability of Communications Among Health Care Providers to Improve Quality of Care and encourages pharmacists, as members of the healthcare team, to communicate care decisions made during public health and other emergencies with other members of the healthcare team to ensure continuity of care.

(JPhA. 61(4):e15; July/August 2021)

Multi-State Practice of Pharmacy, 2021

1. APhA affirms that pharmacists are trained to provide patient care, and have the ability to address patient needs, regardless of geographic location.
2. APhA advocates for the continued development of uniform laws and regulations that facilitate pharmacists', student pharmacists', and pharmacy technicians' timely ability to practice in multiple states to meet practice and patient care needs.
3. APhA supports individual pharmacists' and student pharmacists' authority to provide patient care services across state lines whether in person or remotely.
4. APhA supports consistent and efficient centralized processes across all states for obtaining and maintaining pharmacist, pharmacy intern, and pharmacy technician licensure and/or registration.

5. APhA urges state boards of pharmacy to reduce administratively and financially burdensome requirements for licensure while continuing to uphold patient safety.
6. APhA encourages the evaluation of current law exam requirements for obtaining and maintaining initial state licensure, as well as licensure in additional states, to enhance uniformity and reduce duplicative requirements.
7. APhA urges state boards of pharmacy and the National Association of Boards of Pharmacy (NABP) to involve a member of the board of pharmacy and a practicing pharmacist in the review and updating of state jurisprudence licensing exam questions.
8. APhA calls for development of profession-wide consensus on licensing requirements for pharmacists and pharmacy personnel to support contemporary pharmacy practice.

(JAPhA. 61(4):e14–e15; July/August 2021)

Pharmaceutical Safety and Access During Emergencies, 2020

1. APhA urges government authorities to hold pharmaceutical manufacturers, wholesalers, pharmacies, and other pharmaceutical supply distributors and providers accountable to state and federal price gouging laws in selling those items to patients, pharmacies, hospitals, and other health care providers during times of local, state, or national emergency.
2. APhA urges government authorities to aggressively enforce laws and regulations against adulterated products and false and misleading claims by entities offering to sell pharmaceutical and medical products to health care providers and consumers.

(JAPhA. 60(5):e11; September/October 2020)

Protecting Pharmaceuticals as a Strategic Asset, 2020

1. APhA asserts that the quality and safety of pharmaceutical and other medical products and the global pharmaceutical and medical product supply chain are essential to the United States national security and public health.
2. APhA advocates for pharmacist engagement in the development and implementation of national and global strategies to ensure the availability, quality, and safety of pharmaceutical and other medical products.

3. APhA calls for the development, implementation, and oversight of enhanced and transparent processes, standards, and information that ensure quality and safety of all pharmaceutical ingredients and manufacturing processes.
4. APhA calls on the federal government to penalize entities who create barriers that threaten the availability, quality, and safety of United States pharmaceutical and other medical product supplies.
5. APhA calls for the development of redundancy and risk mitigation strategies in the manufacturing process to ensure reliable and consistent availability of safe and high-quality pharmaceutical and other medical products.
6. APhA advocates for regulatory and market incentives that bolster the availability, quality, and safety of pharmaceutical and other medical products.
7. APhA calls for greater transparency, accuracy, and timeliness of information and notification to health care professionals regarding drug shortages, product quality and manufacturing issues, supply disruption, and recalls.
8. APhA encourages pharmacy providers, health systems, and payers to develop coordinated response plans, including the use of therapeutic alternatives, to mitigate the impact of drug shortages and supply disruptions.
9. APhA supports federal legislation that engages pharmacists, other health professionals, and manufacturers in developing a United States-specific essential medicines list and provides funding mechanisms to ensure consistent availability of these products.
10. APhA recommends the use of pharmacists in the delivery of public messages, through media and other communication channels, regarding pharmaceutical supply and quality issues.

(JAPhA. 60(5):e9; September/October 2020)

Protecting Pharmacy Personnel During Public Health Crisis, 2020

1. APhA strongly urges all employers of pharmacists and pharmacy personnel, and the settings in which they practice, to implement protection and control measures and procedures, per consensus recommendations when available, and access to protective gear and cleaning supplies that ensure the safety of pharmacy personnel and that of their family members and the public.

2. APhA urges federal and state government officials, manufacturers, distributors, and health system administrators to recognize pharmacists and pharmacy personnel as "front-line providers" who should receive appropriate personal protective equipment and other resources to protect their personal safety and support their ability to continue to provide patient care.

(JAPhA. 60(5):e11; September/October 2020)

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

APhA endorses the position that the pharmacist, as a member of the health care team, has the ethical responsibility to assume a role in disaster preparedness and emergency care operations. In view of these responsibilities, it shall be the policy of APhA,

1. Cooperate with all responsible agencies and departments of the federal government;
2. Provide leadership and guidance for the profession of pharmacy by properly assuming its role with other health profession organizations at the national level (e.g., American Medical Association, American Hospital Association, American Dental Association, American Nurses Association, and American Veterinary Medical Association);
3. Assist and cooperate with all national specialty pharmaceutical organizations to provide assistance and coordination in civil defense matters relevant to their area of concern;
4. Encourage and assist the state and local pharmacy associations in their efforts to cooperate with the state and local governments as well as the state and local health profession organizations in order that the pharmacist may assume their proper place in civil defense operations; and
5. Provide leadership and guidance so that individual pharmacists can contribute their services to civil defense and disaster planning, training, and operations in a manner consistent with their position as a member of the health team.

(JAPhA. NS3:330; June 1963) (JAPhA. NS42(5)(suppl 1):S62; September/October 2002) (Reviewed 2006) (Reviewed 2010) (JAPhA. NS51(4):483; July/August 2011) (JAPhA. 56(4):379; July/August 2016) (Reviewed 2021)

Health Mobilization, 2011, 2002, 1996

APhA should continue to,

1. Emphasize its support for programs on disaster preparedness that involve the services of pharmacists (e.g., Medical Reserve Corps) and emergency responder registration networks [e.g., Emergency System for Advance Registration of Volunteer Health Professions (ESAR-VHP)];
2. Improve and expand established channels of communication between pharmacists; local, state, and national pharmacy associations; boards and colleges of pharmacy; and allied health professions;
3. Maintain its present liaison with the Office of the Assistant Secretary for Preparedness and Response (ASPR) of the Department of Health and Human Services and continue to seek Office of Emergency Management (OEM) assistance through professional service contracts to further develop pharmacy's activities in all phases of preparation before disasters; and
4. Encourage routine inspection of drug stockpiles and disaster kits by state boards of pharmacy.

(JAPhA. NS6:328; June 1996) (JAPhA. NS42(5)(suppl 1):S62; September/October 2002) (Reviewed 2006) (JAPhA NS51(4):483; July/August 2011) (Reviewed 2016) (Reviewed 2022)

Model Disaster Plan for Pharmacists, 2006, 2002, 1971

1. The committee recommends that APhA develop a disaster plan for the guidance of pharmacy organizations in responding to the needs of pharmacists who experience losses from disasters and that this model plan be disseminated to state associations for their reference.
2. The committee recommends that APhA cooperate with associations representing pharmaceutical manufacturers, wholesale distributors, and others in the pharmaceutical supply system in developing a mechanism to facilitate the communication of information about the losses incurred by pharmacists as a result of disasters. Those firms that make it a practice to replace uninsured losses of inventories of their products could do so promptly and efficiently so that normal pharmaceutical services to the affected community are resumed as soon as possible.

(JAPhA. NS11:256; May 1971) (JAPhA. NS42(5)(suppl 1):S62; September/October 2002) (JAPhA. NS46(5):562; September/October 2006) (Reviewed 2011) (Reviewed 2016)

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New Business Items are due to the Speaker of the House by **January 22, 2024** (60 days prior to the start of the first House session). Consideration of urgent items can be presented with a suspension of the House Rules at the session where New Business will be acted upon. Please submit New Business Items to the Speaker of the House via email at hod@aphanet.org.