

**American Pharmacists Association
House of Delegates – March 18-21, 2022**

NEW BUSINESS

(To be submitted and introduced by Delegates only)

Introduced by: Andrew Bzowyckj, Grace Baek, Gigi Davidson
(Name)

2/15/2022
(Date)

APhA Policy Review Committee
(Organization)

Subject: 2007 PHARMACY PERSONNEL IMMUNIZATION RATES

Motion: To amend the following policy statement as shown:

2007 Pharmacy Personnel Immunization Rates

3. APhA encourages federal, state, and local public health officials to recognize pharmacists, student pharmacists, pharmacy technicians, and pharmacy support staff among the highest priority groups as essential healthcare workers as first responders (e.g. physicians, nurses, police, etc.) and prioritize pharmacists to receive medications and immunizations during pandemics and/or other disaster preparedness and emergency response situations.

Background:

The full existing policy 2007 Pharmacy Personnel Immunization Rate is provided here for reference. This new business item is only intended to amend statement 3 as outlined in the motion above, while leaving the other two statements as they are currently written. The original language of statement 3 can also be found within the following existing policy.

2007 Pharmacy Personnel Immunization Rates – (CURRENT/ACTIVE POLICY BEING AMENDED IN THIS PROPOSAL)

1. APhA supports efforts to increase immunization rates of healthcare 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 public health officials to recognize pharmacists as first responders (e.g. physicians, nurses, police, etc.) and prioritize pharmacists to receive medications and immunizations.

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

This policy was referred to the 2021-22 APhA Policy Review Committee for review as a result of the 2021 APhA House of Delegates passing the policy statement “2021 Continuity of Care and the Role of Pharmacists During Public Health and Other Emergencies”. The committee discussed this policy (originally passed in 2007) through the context of the ongoing COVID-19 pandemic and identified a need to contemporize the language within statement 3 for the following 4 reasons (described below). The work of drafting the actual amendment was taken on by a subset of committee members, although all committee members had an opportunity to comment throughout the process. Please bear in mind that all three of these policy statements are currently active APhA policy that was passed in 2007 and subsequently reviewed in 2009, 2014, 2019, and 2021. We are not recommending any amendments to the first two statements; rather, they are included in this amendment simply for context. If this amendment does not pass, the original wording of the policy “2007 Pharmacy Personnel Immunization Rates” will remain as active APhA Policy.

- I. Broadening the policy’s scope to also include student pharmacists, pharmacy technicians, and pharmacy support staff:
 - a. As previously written, the policy only advocated for pharmacists to be prioritized for receiving medications and immunizations in emergency situations such as a pandemic. However, as we all witnessed during the COVID-19 pandemic, the pharmacy cannot function without all of the team members being in good health and working together. It is not possible to care for all of the patients relying on us for care (regardless of setting) if only pharmacists are protected and authorized to work in the pharmacy.
2. Emphasizing our roles as “essential healthcare workers”
 - a. During the COVID-19 pandemic, the National Academies of Science, Engineering, and Medicine advised a four-phased allocation framework for the vaccine – with Phase 1a covering front-line health workers,

workers who provide healthcare-facility services...who also risk exposure to bodily fluids or aerosols, and first responders.¹ Note how “first responders” is listed entirely separately from the other two health-related groups, including front-line and behind-the-scenes healthcare workers. The term “first responder” is often used by states as a term specifically designated for fire/emergency medical services or law enforcement, not pharmacists or healthcare personnel.²⁻⁵

- b. The Advisory Committee on Immunization Practices (ACIP) defined health care personnel as “paid and unpaid persons serving in health care settings who have the potential for direct or indirect exposure to patients or infectious materials.”⁶ ACIP goes on further to state “Health care personnel comprise clinical staff members, including nursing or medical assistants and support staff members (e.g., those who work in food, environmental, and administrative services). Jurisdictions might consider first offering vaccine to health care personnel whose duties require proximity (within 6 feet) to other persons. If vaccine supply remains constrained, additional factors might be considered for subprioritization.”⁶
- c. For all of the work our profession has done to advocate for pharmacists as healthcare providers and the pharmacy as a patient care setting, it seems counterproductive to have this policy continue to depict us as anything other than essential healthcare workers. There is also an abundance of other active APhA Policies describing the important role of pharmacists in emergency preparedness, emergency response, national defense, health mobilization, and public health emergencies (referenced below), so the committee felt the reference to “first responders” here was not essential for maintaining that sentiment in active APhA policy.

3. Contextualizing the policy statement

- a. As previously written, the policy was vague regarding the context to which it should be applied. Therefore, the committee added the clause “during pandemics and/or other disaster preparedness and emergency response situations” at the end of the policy statement to clarify the context.

4. Prioritization of pharmacy personnel

- a. There are many essential healthcare workers who are deserving of medications and immunizations in these situations. This proposed broader wording advocates for pharmacy personnel to be “among the highest priority groups” which includes more contemporary

language than the original wording of “prioritize pharmacists”. As we saw with COVID-19, a lot of people were prioritized as “Phase 1” for vaccines, but even within that prioritization, came the sub-prioritization of Phases 1-4 (or sometimes more!).¹

Sources:

1. First responders, front-line healthcare workers will get COVID-19 vaccine first. US Pharmacist. October 14, 2020. <https://www.uspharmacist.com/article/first-responders-frontline-healthcare-workers-will-get-covid-19-vaccine-first>
2. New Hampshire Department of Safety. First-responder COVID19 vaccine prioritization overview. https://prd.blogs.nh.gov/dos/hsem/?page_id=10850
3. Texas Department of Insurance. First responder FAQ. <https://www.tdi.texas.gov/wc/employee/firstresp.html>
4. Florida Statute. Chapter 112, Section 1815. <https://m.flsenate.gov/statutes/112.1815>
5. California Government Code. Chapter 68, Section 8562. https://leginfo.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB1945
6. Dooling K, McClung N, Chamberland M, et al. The Advisory Committee on Immunization Practices' Interim Recommendation for Allocating Initial Supplies of COVID-19 Vaccine – United States, 2020. MMWR. 2020;69(49):1857-1859. <https://www.cdc.gov/mmwr/volumes/69/wr/mm6949e1.htm>

Current APhA Policy & Bylaws:

2007 Pharmacy Personnel Immunization Rates – (CURRENT/ACTIVE POLICY BEING AMENDED IN THIS PROPOSAL)

1. APhA supports efforts to increase immunization rates of healthcare 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 public health officials to recognize pharmacists as first responders (e.g. physicians, nurses, police, etc.) and prioritize pharmacists to receive medications and immunizations. (*JAPhA NS45(5):580 September/October 2007*) (*Reviewed 2009*)(*Reviewed 2014*)(*Reviewed 2019*)

2011, 2002, 1996 Health Mobilization

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)]; 26
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)

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

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

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

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. To cooperate with all responsible agencies and departments of the federal government.
2. To 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. To 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. To 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.
5. To 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)

2005,2002 Emergency Preparedness

APhA supports the continuing efforts of the Joint Commission of Pharmacy Practitioners working group on emergency preparedness and response to network with the Office of Homeland Security and with any other relevant governmental and/or military agency. (JAPhA NS42(5): Suppl. 1:S61 September/October 2002)(JAPhA NS45(5):559 September/October 2005)(Reviewed 2006)(Reviewed 2009)(Reviewed 2014)

1979 Dispensing and/or Administration of Legend Drugs in Emergency Situations

1. APhA supports making insect sting kits and other, life-saving, emergency, treatment kits available for lawful dispensing by pharmacists without a prescription order, based on the pharmacist's professional judgment.
2. APhA supports permitting pharmacists to lawfully dispense and administer legend drugs in emergency situations, without an order from a licensed prescriber, provided that
 - (a) There is an assessment on the part of the pharmacist and the patient that the drug is needed immediately to preserve

the well-being of the patient, and;

(b) The normal legal means for obtaining authorization to dispense the drug must not be immediately available, such as in cases where the patient's physician is not available, and;

(c) The quantity of the drug, which can be dispensed in an emergency situation, is enough so that the emergency situation can subside and the patient can be sustained for the immediate emergency, as determined by the pharmacist's professional judgment.

3. APhA supports expansion of state Good Samaritan Acts to provide pharmacists immunity from professional liability for dispensing in emergency situations without order from a licensed prescriber.
4. APhA supports permitting pharmacists to lawfully dispense and/or administer legend drugs without an order from a licensed prescriber during disaster situations.

(Am Pharm NS19(7):68 June 1979) (Reviewed 2002) (Reviewed 2006) (Revised 2007)(Reviewed 2012)(Reviewed 2012)(Reviewed 2017)

****Phone numbers will only be used by the New Business Review Committee in case there are questions for the delegate who submitted the New Business Item Content.**

New Business Items are due to the Speaker of the House by **February 16, 2022** (30 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.