

November 5, 2021

# *Fall Virtual*

Virtual Session

HOUSE of  
DELEGATES

Reference Materials



**APhA**

American Pharmacists Association



## MEMORANDUM

TO: Delegates and Alternate Delegates to the APhA Virtual Special Session House of Delegates  
FROM: Melissa Duke, Speaker of the APhA House of Delegates  
RE: Delegate Reference Materials and Important Information

Congratulations on your appointment as a Delegate or Alternate Delegate to the APhA Virtual Session of the House! I appreciate your willingness to serve the profession and your interest in the policy development process. Within this booklet, you will find the House agenda, committee reports and background information to help you prepare for your important role in the House.

Included within your Delegate Reference Materials, you will find:

- Fall Virtual Session Agenda
- 2021-2022 APhA House Rules Review Committee Report
- 2021-2022 APhA Policy Review Committee Report
- 2021-2022 Referred New Business Item
- [Online Policy Manual](#)

### ***Policy-Related Webinars Available***

If you were unavailable to participate in any of the committee-related webinars, I encourage you to visit, [HOD Learn page](#) to view an archived version of the webinars related to the House Rules Review Committee Report, the Policy Review Committee Report and the Referred New Business Item. These webinars will present you with additional background information related to the subjects and provide insight into the questions raised by your fellow Delegates. Please identify the numbered policy you wish to have further discussion on in either report, as you will be asked to share these during the Friday November 5, 2021 fall virtual Session so having a list prepared, if applicable, will increase efficiency of the House.

If you are new to the House of Delegates, or if you just desire a refresher course on the rules and procedures of the APhA House, I encourage you to view the [Delegate Orientation Webinar recording](#).

### **Login Information to the Virtual House Session:**

- **Registered Delegates** will receive specific login information directly from GoToWebinar (Not APhA HOD Staff) to attend the House session where voting will occur 24-48 hrs. to the event.
- **Alternate Delegates/Delegation Coordinators**, may listen only as a registered observer through this [Observer Link](#). After registering, you will receive a confirmation email containing information about joining the webinar. Should you have any questions on processes please send questions to [hod@aphanet.org](mailto:hod@aphanet.org)

Thank you again for your interest and service to the Fall Virtual Special Session of House of Delegates! If you have any questions about House activities, please visit <https://www.pharmacist.com/hod> or contact APhA staff at [hod@aphanet.org](mailto:hod@aphanet.org).

Sincerely,

A handwritten signature in black ink, appearing to read 'M. Duke', followed by a long horizontal flourish.

*Melissa Skelton Duke, PharmD, MS, BCPS, FAPhA,  
Speaker of the House of Delegates*

*Staff Liaisons:*

*Scott Knoer, MS, PharmD, FASHP, Secretary of the APhA House of Delegates*

*Mitch Rothholz, Chief of Governance & State Affiliates and Executive Director, APhA Foundation  
([mrothholz@aphanet.org](mailto:mrothholz@aphanet.org))*

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# AGENDA

## Virtual Special Session of the House of Delegates Friday, November 5, 2021

### 1:00pm – 4:00pm ET

1. Call to Order
2. Introduction of Virtual Head Table
3. Review Voting Procedures and Virtual House Process
4. Speaker Update
5. Credentials Report\*
6. Adoption of Agenda and Rules\*
7. Consideration of House Rules Review Committee Report\*
8. Consideration of Policy Review Committee Report\*
9. Consideration of Referred New Business Item\*
10. Housekeeping Announcements
11. Recommendations from APhA Members
12. Closing Announcements
13. Adjournment of the Virtual Session

*Please note: (\*) asterisk indicates potential opportunities to cast votes.*





CONSIDER SERVING YOUR  
ASSOCIATION AND THE PROFESSION!

# CALL FOR CANDIDATES

The House of Delegates Committee on  
Nominations is seeking applications for the  
office of Speaker-elect

The APhA house of delegates will be  
electing its next speaker-elect at  
APhA2022

[SUBMIT YOUR APPLICATION HERE](#)

## General Information for Delegates

<b>DUTIES OF THE HOUSE OF DELEGATES</b>	<p>The APhA House of Delegates performs a major role in developing policy for the Association. With Delegates representing all segments of the profession, the House serves as a forum for discussion of key issues and articulation of positions reflecting input from a broad cross-section of pharmacy.</p> <p>The APhA House of Delegates is charged by the APhA Bylaws to serve as a legislative body in the development of Association policy. Policies adopted by the House guide the Association and its Board of Trustees in matters relating to educational, professional, scientific, and public health policy. These policies help to establish the role of the profession and its relationship with other elements of the contemporary health care system and set the objectives and future agenda of APhA in the continuous evolution of health care.</p>
<b>COMPOSITION OF THE HOUSE OF DELEGATES</b>	<p>The approximately 400-member APhA House of Delegates is composed of delegates representing state pharmacy associations, recognized national and federal organizations, APhA's Academies and Board of Trustees, former APhA Presidents, and former Speakers of the APhA House. Each state-affiliated organization appoints two Delegates, plus one additional Delegate for each 200 APhA Members residing in the state.</p> <p>Recognized national organizations and recognized Federal organizations appoint two Delegates each. Each of the Association's three Academies appoints 28 Delegates. Every member of the current APhA Board is a Delegate. Every Delegate must be an APhA member.</p> <p>Delegates are appointed to serve a term of one year, June 1-May 31 of the following year. As a result, the appointment date for submitting delegates is June 1.</p> <p>In 2013, APhA amended its Bylaws (Article IV, Section 2) to increase member engagement in the Association's policy development process of the House of Delegates; delegations that have one or more seats unfilled during both House sessions for 3 consecutive years, shall have those seats removed from their delegate allocation. While the initial delegate allocations outlined in the APhA Bylaws will always stand, the actual number of delegate seats for each delegation may vary from year-to-year based on this change to the Bylaws (Article VI, Section 2, G).</p>
<b>CERTIFICATION OF DELEGATES</b>	<p>Organizations will be able to certify Alternate Delegates as Delegates upon notification to the Secretary of the APhA House of Delegates as late as 1:00PM on, Monday the day of the last House session. No Alternate Delegates will be seated after the Final Session of the House commences. The Secretary will announce the number of Delegates in attendance and whether a quorum has been reached based on the electronic system or roll call cards. Delegates who arrive after the quorum announcement should check in with APhA staff at the registration table.</p>
<b>OFFICERS OF THE HOUSE OF DELEGATES</b>	<p>The APhA Bylaws provide that the officers of the APhA House of Delegates shall be the Speaker, the Speaker-elect, and the Secretary. The Speaker and Speaker-elect are elected by the House. The Bylaws provide that the Executive Vice President of APhA shall serve as Secretary. The position of Speaker spans three years: the first year as Speaker-elect (a non-Trustee position) and the subsequent two years as Speaker and Trustee. Elections for Speaker-elect are held on even-numbered years. The Speaker, Speaker-elect, and the Secretary of the House are members of the APhA House of Delegates and, as such, may claim the floor and are entitled to vote.</p>

<b>DELEGATE ORIENTATION</b>	Delegates and Alternate Delegates who are new to the policy process or want a refresher course on the rules and procedures of the APhA House of Delegates may review a posted webinar on the House website.
<b>APhA HOUSE RULES REVIEW COMMITTEE</b>	<p>The House Rules Review Committee is charged to review and establish rules and procedures for the conduct of business at each House session.</p> <p>The Committee meets via conference call at least twice a year:</p> <ul style="list-style-type: none"> <li>• Within 30 days after the conclusion of the Final Session of the House, to review and approve language of adopted House policy and to discuss observations of House operations for potential improvement.</li> <li>• To review and approve the House of Delegates Schedule, make recommendations regarding the proceedings of the House, and to issue a Final Report to the APhA House of Delegates.</li> </ul> <p>The Committee is comprised of 6 APhA members from diverse pharmacy practice backgrounds and is appointed prior to the beginning of the First Session of the House. The Committee's term concludes prior to the First Session of the House the following year.</p>
<b>APhA POLICY COMMITTEE</b>	<p>The Policy Committee is charged with analyzing specific topics assigned by the Board of Trustees and proposing policy on those topics for consideration by the House of Delegates.</p> <ul style="list-style-type: none"> <li>• Committee members meet in virtually, to develop policy statements.</li> <li>• Committee members prepare a report of policy recommendations for presentation to the APhA House of Delegates.</li> <li>• The Committee is comprised of 7-10 APhA members from diverse pharmacy practice backgrounds.</li> </ul>
<b>APhA POLICY REFERENCE COMMITTEE</b>	<p>The APhA Policy Reference Committee is charged with providing greater participation in the policy development process and ensuring objective consideration of APhA member comments.</p> <ul style="list-style-type: none"> <li>• Committee members listen to Delegate comments during the First Session of the House of Delegates and during the Policy Committee Open Hearing at the APhA Annual Meeting. Following the Open Hearing, Committee members meet in an executive session to review comments and propose modifications to the original Policy Committee report language. The Committee then issues its final report during the Final Session of the House of Delegates.</li> <li>• The Committee is comprised of the Chair of the Policy Committee, two other members of the Policy Committee, and three or four new members.</li> </ul>
<b>APhA POLICY REVIEW COMMITTEE</b>	<p>The APhA Policy Review Committee is charged to ensure that adopted policy is relevant and reflects the opinion of the contemporary pharmacy community.</p> <ul style="list-style-type: none"> <li>• The Committee meets via conference call to determine whether adopted policy statements should be amended, retained, archived, or rescinded. The Committee can propose New Business Items for those statements needing an amendment. <ul style="list-style-type: none"> <li>○ The Committee reviews adopted policy statements according to the schedule outlined in the House of Delegates Rules of Procedure.</li> <li>○ The Committee reviews adopted policy related to the policy topics assigned to APhA's Policy Committee.</li> </ul> </li> <li>• The Policy Review Committee is comprised of 7-10 APhA members from diverse pharmacy practice backgrounds.</li> </ul>
<b>APhA NEW BUSINESS REVIEW COMMITTEE</b>	<p>The New Business Review Committee is charged to review proposed policy submitted by Delegates and recommend action on those items.</p> <ul style="list-style-type: none"> <li>• Committee members participate in the New Business Review Committee Open Hearing at the Annual Meeting and meet in an executive session to finalize their report to the House.</li> <li>• The Committee is comprised of 7 APhA members from diverse pharmacy practice backgrounds.</li> </ul>

<b>HOUSE OF DELEGATES COMMITTEE ON NOMINATIONS</b>	<p>The House of Delegates Committee on Nominations is charged to nominate candidates for the office of Speaker-elect of the House of Delegates each even-numbered year.</p> <ul style="list-style-type: none"> <li>• The Committee is appointed by the immediate former (non-incumbent) Speaker of the House and is comprised of 5 members.</li> <li>• The Committee only slates 2 candidates, but additional nominations may be made from the floor of the House. Candidates for Speaker-elect must be current Delegates to the APhA House.</li> <li>• The Committee presents its report, including the slate of candidates, during the First Session of the House. Each candidate is given 2 minutes to introduce him/herself to the Delegates.</li> <li>• At the Final Session of the APhA House, each candidate is given 3 minutes to address the APhA House. The election for the office of Speaker-elect is conducted electronically at the Final Session of the APhA House of Delegates.</li> </ul>
<b>COMMITTEE OF CANVASSERS</b>	<p>The Committee of Canvassers is charged to observe the administration of the electronic voting process for the election of Speaker-elect during the Final Session of the APhA House. APhA members are appointed each even-numbered year to perform the responsibilities of this position.</p>
<b>SUBMISSION OF NEW BUSINESS ITEMS</b>	<p>Items of New Business must be submitted to the Speaker of the House no later than 30 days before the start of the First Session of the House of Delegates.</p> <p>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 normal policy procedures. The submission of urgent new business items will be determined at the discretion of House leadership.</p>
<b>DISTRIBUTION OF MATERIALS IN THE HOUSE OF DELEGATES</b>	<p>Materials may only be distributed in the APhA House of Delegates with the approval of the Secretary of the APhA House of Delegates. Individuals seeking to distribute material in the APhA House must submit a sample to the APhA House of Delegates Office prior to the start of the House Session. Materials to be distributed must relate to subjects and activities that are proposed for House action or information.</p>
<b>HOUSE OF DELEGATES RULES OF ORDER</b>	<p>The rules contained in <i>Robert's Rules of Order Newly Revised</i> govern the deliberations of the APhA House of Delegates in all cases in which they are applicable and not in conflict with special APhA House Rules or Bylaws. The Speaker of the APhA House appoints a Parliamentarian whose principal duty is to advise the Speaker. It is proper for the Parliamentarian to state his opinion to the APhA House of Delegates only when requested to do so by the Speaker. A parliamentary procedure reference guide is provided with the Delegate materials.</p>
<b>ACCESS TO THE FLOOR OF THE HOUSE OF DELEGATES</b>	<p>Each Delegate has the right to speak and vote on every issue before the APhA House of Delegates. The Speaker shall announce at the opening session of each House meeting the procedure he/she will follow in recognizing requests from the floor. During the APhA House sessions, the procedure for seeking recognition by the Speaker will be for the Delegate to approach a floor microphone and, when recognized by the Speaker, to state his/her name and delegation affiliation. Only Delegates or individuals recognized by the Speaker shall have access to the microphone.</p>
<b>AVAILABILITY OF REPORTS</b>	<p>The final report of the APhA Policy Committee will be sent electronically to members and hard copies can be obtained at the House of Delegates Office beginning at 8:00AM on Monday. The final report of the APhA New Business Review Committee will also be sent electronically to members and hard copies can be obtained at the House of Delegates Office beginning 8:00AM on Sunday.</p>
<b>VOTING PROCEDURES</b>	<p>Voting will occur via voice vote or by electronic tabulation. For action on Association policy and items of New Business, votes will be cast using voice votes. If the Speaker is unable to determine the outcome of the voice vote, or a Delegate calls for a vote count, the electronic voting system will be used. Actual vote numbers will be utilized versus percentages to determine vote outcomes. Voting for the election of Speaker-elect will occur using the electronic voting system.</p>



# **American Pharmacists Association**

## **House of Delegates**

### **Rules of Procedure**

*Approved November 6, 2020*

*The following information reflects the final language adopted by the APhA House of Delegates during its special session held virtually on November 6, 2020.*

#### ***Rule 1 Delegate Appointment***

All delegates, except APhA Membership Organization delegates, shall be appointed no later than June 1 of each year and will continue to function in that role until May 31 of the following year. APhA Membership Organizations have the flexibility to appoint their delegates based upon their existing processes with a delegate appointment deadline of no later than August 1, or these seats will also be subject to Speaker appointment as described in Rule 3 of the APhA House Rules of Procedure. APhA's student Academy delegates must be appointed no later than November 30.

#### ***Rule 2 Unfilled Delegate Seats***

Unfilled delegate seats of any delegation, as defined by APhA Bylaws Article VI, Section 2, Subsection G, shall become inactive if unfilled during in-person Annual Meeting and virtual House sessions for three consecutive House cycles (March–March). This historical information shall be reported annually to the House Rules Review Committee and the APhA Board of Trustees, in addition to being made available to the representative of any delegation being impacted. The Speaker may issue exceptions to this rule in response to extenuating circumstances, in consultation with the House Rules Review Committee. Delegation Coordinators shall be notified 60 days prior to the inactivation of delegate seats and may petition the Secretary of the House for reappointment of any inactive seats.

#### ***Rule 3 Speaker Appointment of Unfilled Delegate Seats***

Per APhA Bylaws Article VI, Section 2, subsection A.i, the Speaker may appoint delegates to unfilled delegate seats of Affiliated State Organizations (ASO). The Speaker will give preference to appointing delegates who served the delegation in previous House sessions. The Speaker must select an individual who resides or works within the state represented by the ASO and for which they will represent in the House. This process also applies to delegations who have an inactive delegate seat per APhA Bylaws Article VI, Section 2, Subsection G. The Speaker will make a reasonable attempt to notify the ASO executive staff of the Speaker appointment. In the event the ASO has a preferred individual to serve in the House after the Speaker has made the appointment, then the ASO's choice will take precedence if it is received not less than 30 days prior to any House session. All individuals appointed under this rule will be seated with their ASO's delegation, irrespective of whether the ASO or the Speaker appointed them into the seat.

#### ***Rule 4 Delegates and Voting***

At each session of the House of Delegates, the Secretary shall report the number of authorized delegates who shall then compose the House of Delegates. Each delegate shall be entitled to one (1) vote. No delegate shall act as proxy of another delegate nor as delegate for more than one (1) association or organization. During in-person House sessions, a member registered as an alternate may, upon proper clearance by the Secretary of the House, be transferred from alternate to delegate at any time during the continuance of business. During virtual House sessions, a member registered as an alternate may, upon proper clearance by the Secretary of the House, be transferred from alternate to delegate if the request is provided at least 24 hours prior to the

scheduled virtual session meeting time. Only authorized delegates shall have access to voting technology during House sessions.

***Rule 5 Delegate Identification***

Each delegate is required to wear a delegate ribbon attached to the convention name badge while seated in an in-person session of the House of Delegates. Only authorized delegates will receive access to the virtual platform to vote during virtual House sessions and must display their first and last name within the virtual platform. Any APhA member will be allowed access to observe any House session whether in person or virtual.

***Rule 6 Consideration of Committee Reports***

The order for consideration of Committee Reports and recommendations in any House of Delegates session agenda shall be determined by the Speaker in consultation with the Secretary of the House. The House shall receive any Committee Reports prior to Committee open forums or webinars and any session where debate on a Committee Report would occur. The Policy Reference Committee and New Business Review Committee shall consider delegate input received through open forums, webinars, and other communication means and will develop recommendations for consideration by the House on each whole-numbered statement or recommendation. During House sessions, the Committee chair will recommend adoption of policy statements and recommendations and preside over the debate. Action on the report will be governed by Robert's Rules of Order (current edition).

Debate in any session of the House may be time limited, as designated by the Speaker. If the Speaker, the Committee chair, or any delegates feel additional debate on the policy statement is warranted, the item may be carried over to an open hearing or a future session of the House. The remaining items requiring action will be brought back for final consideration at the next House session as "Unfinished Business."

***Rule 7 Privilege of the Floor***

Only delegates may introduce business on the floor of the House of Delegates. Any individual that is duly recognized by the Speaker and/or the House may have the privilege of the floor in order to address the delegates during a session of the House of Delegates. Any individual may present testimony during an open hearing.

***Rule 8 Nomination and Election of Speaker-elect***

The House of Delegates Committee on Nominations shall consist of five delegates, including the Chair, and shall be appointed by the Immediate Past (nonincumbent) Speaker of the House of Delegates, and that Committee shall meet preceding the House session at which election-related activities shall occur to select candidates for the office of Speaker-elect of the House of Delegates.

Elections for Speaker-elect will occur every even-numbered year. Only two candidates for the office of Speaker-elect of the House of Delegates shall be nominated by the Committee on Nominations, and this report shall be presented prior to the House session at which election-related activities shall occur. No member of the Committee on Nominations shall be nominated by that Committee. All candidates examined by the Committee shall be notified of the results as soon as possible after the nominees have been selected by the Committee on Nominations.

Nominations may then be made from the floor by any delegate immediately following the

presentation of the Report of the Committee on Nominations. Candidates must have been interviewed by the House of Delegates Committee on Nominations to be eligible to be nominated from the floor after the announcements of the slate.

All candidates must be an APhA member as defined in Article III, Section 2, of the APhA Bylaws, and a seated delegate in the House of Delegates. During in-person House sessions, candidates will be introduced and permitted to speak to the House for no more than two (2) minutes following announcements of the slate of candidates. Candidates will then be permitted to address the House for a maximum of three (3) minutes at the House session at which election-related activities shall occur. Candidates shall be listed in alphabetical order on the ballot, regardless of whether they were slated by the Committee on Nominations or nominated from the floor of the House. A majority vote of delegates present and voting is required for election. If no majority is obtained on the first ballot, a second ballot shall be cast for the two candidates who received the largest vote on the first ballot. If electronic voting mechanisms are available, then the election shall be conducted utilizing the technology, with the results not publicly displayed. During extenuating circumstances where a vote for Speaker-elect cannot occur during an in-person House session, the Speaker and Secretary of the House, in consultation with the House Rules Review Committee, may recommend alternative methods to collect vote tallies.

If a vacancy occurs in the office of Speaker, the vacancy process detailed in Article VI, Section 5, of the APhA Bylaws shall be followed.

#### ***Rule 9 Amendments to Resolutions***

All amendments to Committee recommendations or New Business Item Statements shall be submitted in writing, handwritten or provided electronically, to the Secretary through a designated process confirmed by the Speaker for each House session. There are no secondary amendments or “friendly” amendments. The Speaker will rule any delegates out of order who express a desire to make a secondary amendment or “friendly” amendment.

#### ***Rule 10 Rules of Order***

The procedures of the House of Delegates shall be governed by the latest edition of Robert’s Rules of Order, provided they are consistent with the APhA Bylaws and the House of Delegates Rules of Procedure.

#### ***Rule 11 Amendments to House of Delegates Rules of Procedure***

Every proposed amendment of these rules shall be submitted in writing and will require a two-thirds vote for passage. A motion to suspend the rules shall require an affirmative vote of two-thirds of the total number of delegates present and voting.

#### ***Rule 12 Grammar/Punctuation Corrections***

The House shall allow the APhA Speaker and staff to the APhA House to make grammar and punctuation corrections to adopted House policy immediately after the conclusion of any House session. To ensure that these corrections do not inadvertently change the meaning of the adopted policy statement, the current sitting APhA House Rules Review Committee will review and approve the corrected statements.

#### ***Rule 13 New Business***

The New Business Review Committee shall consist of 7–10 delegates, including the Chair, and are appointed by the Speaker. The Committee members should be present for open forum sessions held in person or virtually. After reviewing feedback provided from APhA members,

the Committee will meet in executive session to develop recommendations on assigned New Business Items.

New Business Items are due to the Speaker of the House no later than 30 days before the start of any House session where regular action on New Business Items (not urgent items) are scheduled to take place.

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 any House session. Urgent items are defined as matters that, 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 of any approved urgent items to be considered by the House as soon as is possible by the Speaker. Approved urgent items shall be considered with other New Business Items and discussed during the New Business Open Hearing, if one is scheduled to take place. Appropriate action will be recommended by the New Business Review Committee in the same manner as other New Business Items. Urgent items denied consideration 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 and should be included only as background information.

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.

New Business Items can be considered at a virtual session of the House of Delegates at the discretion of the Speaker, in accordance with these rules of procedure. Debate on new business items in a virtual session will be time limited. At the Speaker's discretion, proposed New Business items may be referred to the next session of the House for further deliberation.

***Rule 14 Policy Review Committee***

The Policy Review Committee shall consist of 7–10 delegates, including the Chair, and are appointed by the Speaker. The Committee members should be present for open forum sessions held in person or virtually. The Policy Review Committee shall meet annually and review any policy that has (1) not been reviewed or revised in the past 10 years; (2) policy related to statements adopted in the most recent House session; and (3) if applicable, contemporary issues identified by the Speaker.

The House shall receive and consider the recommendations of the House Policy Review Committee to archive, rescind, retain, or amend existing policy. A singular motion to archive, rescind, retain, or amend all such existing policy, with limited debate, shall be in order. Items identified by the Policy Review Committee as needing amendment shall be reviewed by the Committee and Speaker of the House to determine that the amendment does not change the intent of the original policy and included in a separate section of the Policy Review Committee report provided to delegates. Any substantive amendments or those that change the intent of the original policy should be submitted by the Policy Review Committee to the New Business Review Committee for consideration.

If the Policy Review Committee Report is considered in a virtual House of Delegates session, the debate will be time limited. At the Speaker's discretion, recommendations of the Policy Review Committee may be referred to the next House session for further deliberation.

***Rule 15 Policy Reference Committee***

The House of Delegates Policy Reference Committee shall consist of the chair of the Policy Committee, two or three members of the Policy Committee, and three or four new members appointed by the Speaker of the House. Members of the Committee must be delegates and should be present for open forum sessions held in person or virtually. The Policy Reference Committee shall consider delegate comments received through open forums, webinars, and other communication means and meet in executive session to issue their report and recommendations prior to the House session where those recommendations would be considered by the House.

***Rule 16 Virtual House of Delegates***

As defined by APhA Bylaws Article VI, Section 7, the House of Delegates, at the discretion of the Speaker, may conduct electronic meetings prior to the regular meeting of the House, in accordance with these House Rules of Procedure. The Secretary of the House must notify delegates at least 30 days prior to any virtual session.



# Parliamentary Procedures At A Glance

<i>To Do This:</i>	<i>You Say This:</i>	<i>Must you interrupt speaker?</i>	<i>Must you be seconded?</i>	<i>Debatable?</i>	<i>Amendable?</i>	<i>Vote Required</i>
Introduce business (primary motion)	"I move that..."	No	Yes	Yes	Yes	Majority
Amend a motion	"I move that this motion be amended by..."	No	Yes	Yes	Yes	Majority
End debate	"I move the previous question."	No	Yes	No	No	Two-thirds
Request information	"Point of information."	Yes	No (urgent)	No	No	No vote
Verify a voice vote	"I call for division of the House."	No	No	No	No	No vote
Complain about noise, room temperature, smoking	"Question of privilege."	Yes	No	No	No	Chair decides
Object to procedure or to a personal affront	"Point of order."	Yes	No	No	No	Chair decides
Lay aside an issue temporarily because of emergency	"I move to lay on the table ..."	No	Yes	No	No	Majority
Take up a matter previously tabled	"I move to take from the table..."	No	Yes	No	No	Majority
Consider something out of scheduled order	"I move to suspend the rules to consider..."	No	Yes	No	No	Two-thirds
Vote on a ruling by the Chair	"I appeal the decision."	Yes	Yes	Yes	No	Majority
Postpone consideration of something	"I move we postpone this matter until..."	No	Yes	Yes	Yes	Majority
Reconsider something already disposed of	"I move to reconsider the vote on issue X..."	Yes	Yes	Yes	No	Majority
Have something studied further	"I move to refer this to..."	No	Yes	Yes	Yes	Majority



# APhA

**American Pharmacists Association**

*For Every Pharmacist. For All of Pharmacy.*

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## **2021-22 House of Delegates**

### ***Report of the House Rules Review Committee***

#### **Committee Members**

Cynthia Boyle, Chair

Lauren Bode

Matthew Lacroix

Ann McManis

Frank North

Rajan Vaidya

*Ex Officio Members*

Melissa Duke, Speaker of the House

## 2021-2022

# APhA House Rules Review Committee Report

The 2021-2022 APhA House Rules Review Committee (HRRC) consists of the following APhA members and long-time Delegates:

**Cynthia Boyle, Chair**  
*Reisterstown, MD*

**Susie Bartlemay**  
*Millington, TN*

**Lauren Bode**  
*Saint Albans, VT*

**Matthew Lacroix**  
*West Warwick, RI*

**Ann D. McManis**  
*Tampa, FL*

**Frank North**  
*Houston, TX*

**Rajan Vaidya**  
*Sacramento, CA*

### Overall Charge and Duties

The HRRC is appointed each year to review and establish rules and procedures for the conduct of business at each House session (Adopted 1995). The APhA Speaker may assign year-specific charges to the Committee as warranted. Acceptance of this report will record these recommendations in the actions of the House Session and be retained for future reference by the Speaker, APhA staff, and members.

The HRRC met via web conference call on April 29, 2021, May 14, 2021, and June 7, 2021 and made the following recommendations.

### Recommendations to the APhA House of Delegates

After thorough consideration, and in conjunction with the feedback received from Delegates, members, leaders, and staff via surveys, live discussions, and other mechanisms regarding the activities of the House of Delegates over the past year, the HRRC unanimously supports the following recommendations for acceptance by the APhA House of Delegates.

- Unfilled Delegate Seats
  - The Committee reviewed the current history of unfilled delegate seats and noted the continued impact of the COVID-19 pandemic on delegations and delegates. Replicating what was approved in 2020, the Committee agreed to not inactivate any delegate seats for the next appointment cycle. The committee cited the pandemic and external strains put on delegates that may have prevented them from attending House of Delegates related sessions.
  - Any existing inactivated delegate seats prior to 2020 remain in effect. The Committee reviewed the process for requesting reactivation of an inactivated delegate seat and determined no changes were necessary at this time.
- Guidance to Speaker for a Fall 2021 Virtual House of Delegates Session

- The Committee recognized the compressed timeframe for discussion during the March 15, 2021, Virtual House of Delegates session and noted multiple items being referred to the Policy Review Committee and the Board of Trustees for further review and action. These activities, along with prior discussions by the House of Delegates, led the Committee to recommend that the Speaker of the House conduct a Fall Virtual House of Delegates session in accordance with the APhA Bylaws and existing House Rules of Procedure.
- The Committee suggests that action be taken on completed committee reports such as this Committee's report, the Policy Review Committee Report, and any other agenda items that may be appropriate. (Rule 6 APhA House Rules of Procedure).
- The Committee also discussed one purpose for conducting a Fall House session would be to accomplish some of the work of the House of Delegates to allow for more time to conduct debate on proposed policy language from the APhA Policy Committee and any new business item statements considered during a Spring session of the House of Delegates in conjunction with the APhA2022 Annual Meeting (March 2022).
- Unfinished Business & Referred Business Items
  - The Committee reviewed *Rule 6 – Consideration of Committee Reports* as it related to “Unfinished Business”. The Committee noted that an increase in Unfinished Business items from recent House sessions was primarily due to the use of a virtual format in lieu of being able to conduct an in-person House session to complete agenda items. The Committee reviewed the purpose of Unfinished Business and possible improvements for consideration of Unfinished Business items.
  - The Committee discussed and agreed that the purpose of Unfinished Business items is to ensure adequate discussion occurs on specific items or statements. As noted previously, this was observed during virtual sessions where debate was time limited and additional delegates may have had comments on items.
  - The Committee discussed potential confusion regarding the process for handling unfinished business and proposes additional guidance and a new rule to outline the best processes for handling Unfinished Business moving forward.
  - A new proposed House Rule 17 – Unfinished Business & Referred Business items, outlined later in this report, defines that the Speaker of the House must clearly identify to whom (e.g., Board of Trustees or Committee) or what (e.g., open hearing or next House session) any unfinished business item would be assigned for further discussion or debate. The Committee agreed that the Speaker of the House should have the authority to identify the assignment of an unfinished business item if not dictated within a motion from a Delegate during the House proceedings.
  - Per Robert's Rules of Order, an item can be referred to a separate body through a specific motion from a Delegate and may or may not dictate to whom or where the item will be further reviewed. If not dictated within the motion, the Speaker should maintain the authority to identify the assignment of this referred item.
  - Additionally, the content related to Unfinished Business is being proposed for removal from Rule 6 and integration into the new Rule 17 to ensure Unfinished Business is contained within a single rule in the APhA House Rules of Procedure.

(See the proposed Rule 17 in the last section of this report.) The Speaker should also report any updates on unfinished business within the next Speaker's Report at the next House session.

- The Committee further discussed that the Speaker of the House should maintain the ability to develop the agenda for any House session in consultation with the Secretary of the House, as currently defined in *Rule 6 – Consideration of Committee Reports*. No further changes are recommended to the first paragraph of *Rule 6 – Consideration of Committee Reports*.
- Policy Review Committee
  - The Committee discussed the role of the Policy Review Committee and specifically its ability to amend existing policy statements. The Committee agreed that the Policy Review Committee should still be able to update organization titles or update terminology. However, content related amendments should remain outside the scope of the Policy Review Committee.
  - The Committee agreed that pertinent historical issues during the development of a policy statement may not be fully understood by a Policy Review Committee and caution should be taken when considering amendments beyond basic terminology.
  - The Committee agreed that the Policy Review Committee's report should still be introduced as a consent agenda and allow for a Delegate to pull any item from the report for further discussion.
- Use of a Ballot to Accomplish House Business
  - The Committee reviewed the use of ballots to accomplish House business in advance of Virtual House of Delegates sessions in 2020 and 2021. The Committee noted the necessity to use a ballot to complete action of the House, in advance of limited discussion time within the virtual session. However, there was confusion about the use of motions to reconsider ballot votes and about what became formal adopted policy from the ballot votes since these actions took place outside a formal House session.
  - Due to this feedback from Delegates, the Committee agreed that any ballot should not constitute final action of the House of Delegates, but instead could be used to develop a consent agenda for formal adoption during regular House business. The Committee noted the Policy Review Committee report is currently handled through a consent agenda and Robert's Rules of Order already defines the process for handling consent agendas.
  - The Committee agreed that an electronic ballot can be used and sent to current appointed delegates on any items to be discussed during a House session. The electronic ballot vote would not constitute formal adoption. Instead the results would define a consent agenda for formal adoption during a House session. Motions within an electronic ballot must obtain a supermajority approval vote of 75%. The Committee intends to establish a more robust approval vote percent beyond a simple majority vote to ensure delegate confidence in the consent agenda report.
  - The committee noted that any item not receiving a supermajority approval vote of 75% would be added to the regular agenda in an order as recommended by the Speaker of the House.



- The Speaker can recognize any Delegate who requests that a specific item to be removed from the consent agenda for further debate. Should an item be removed from the consent agenda, it would be added to the regular agenda in an order as recommended by the Speaker of the House.
- The House will then take action on the consent agenda to formally adopt these motions prior to moving into the regular agenda items.
- The Committee recommends that any ballot be issued at least 10 days prior to the House session in which the consent agenda results would be considered. Further, any results of a ballot should be provided 48 to 72 hours in advance of the House session in which they will be considered. The Committee also recommends, where feasible, open hearings on ballot results to ensure clarity of the process and final agenda for any House session.
- The Committee discussed this process in detail and recommends the guidance and process provided in this report be approved by the House of Delegates for interim use by staff. Feedback on this process should be gathered by APhA staff and provided to future House Rules Review Committees to consider of an official rule for adoption into the APhA House Rules of Procedure.
- Virtual House Processes
  - The Committee further reviewed the processes for conducting virtual sessions of the House of Delegates and noted feedback regarding a need for increased transparency in how individuals “stand at the microphone” during a Virtual House session. Additionally, feedback regarding an open chat feature for the entire House and the ability to see all Delegates’ webcams were suggested.
  - The Committee recommends further evaluation of technology platforms to consider adding these features into regular operations and noted the current limitations of the platform that has been used to date (i.e., GotoWebinar).
- New Business Item Development
  - The Committee reviewed the existing process for considering New Business Item statements and recommends increasing the deadline for submission of new business items from 30 days (per Rule 13 of APhA House Rules of Procedure) to 60 days.
  - Over the past 3-5 years there have been an increase in the number of New Business Items proposed for consideration by the House. Therefore, there has been limited time for in-depth review and debate of proposed items due to an increase in the number of items being considered within a 30-day timespan prior to the House session.
  - The Committee has proposed a change to Rule 13 of the House Rules of Procedure to modify the deadline for submission of New Business Items to create additional time for content review by Delegates, the New Business Review Committee, and APhA staff. Specific changes are outlined in the last section of this report.
- Consideration of Urgent New Business Items
  - Per Rule 13 of the APhA House Rules of Procedure, urgent new business items are considered following the Policy Review Committee’s proposed New Business items and other general new business items.

- The Committee agreed that selection of the order for addressing urgent new business items in the meeting agenda should be left to the Speaker's discretion in accordance with Rule 6 of the APhA House Rules of Procedure.
- The Committee supports timely consideration of urgent business items as appropriate, based on determination of the Speaker of the House in consultation with the Secretary of the House.
- Rights of the Speaker to limit debate
  - The Committee noted the increased use of time limited debate by the Speaker in Virtual House sessions in 2020 and 2021 to accomplish the approved agenda.
  - The Committee discussed the Speaker's authority to limit debate and noted that Robert's Rules of Order allows for time limited debate to be outlined in the approved agenda. Additionally, a motion for time limited debate can be approved by Delegates.
  - Historically, the Committee noted that the Speaker has controlled the timing of debate through clear communication throughout House sessions.
  - The Committee noted that through Robert's Rules of Order, the House can always move to extend the time for debate. Likewise, this motion can be voted down by Delegates if further debate is not desired.
  - The Committee recommends the Speaker allow additional time for debate for-or-against an item that does not duplicate prior statements made by delegates. The intent is to hear all unique points in support of or opposition to an item during the debate. The Committee suggests consideration of microphones labeled as "for" and "against" similar to how delegates have identified their stance via the question panel during Virtual House sessions. In this manner the Speaker will be better able to allow for equal consideration of both sides during an in-person House session.
  - Additionally, the Committee recommends Delegates state only new opinions, comments, or perspectives as opposed to restating statements made by a previous delegate.
- General House Operations
  - The Committee recommends all deadlines for House surveys, ballots, or forms be set in the Pacific time zone and recommends APhA staff have the authority to set the specific deadline time as different House processes require different specific time deadlines.
  - The Committee affirmed that the most current version of Robert's Rules of Order should be used to conduct House business, in accordance with Rule 6 of the APhA House Rules of Procedure. The Committee also recommends that the Speaker clarify during each House session what version is being used as a courtesy to Delegates.
  - The Committee discussed that the APhA House Rules of Procedure allows for the Speaker or APhA staff to provide grammar and/or punctuation edits to adopted APhA policy. (Rule 12) It was noted that these edits are reviewed and approved by the House Rules Review Committee and are typically provided to the Policy Review Committee which reports to Delegates on at least an annual basis.

## *APhA House of Delegates Rules of Procedure*

After thorough consideration, and in conjunction with the feedback received from Delegates, members, and staff, the HRRC unanimously recommends the following revisions to the APhA House of Delegates Rules of Procedure. Note: proposed amendments are in red font and deletions are ~~struck through~~ and proposed additions are underlined.

### **Rule 6 Consideration of Committee Reports**

The order for consideration of Committee Reports and recommendations in any House of Delegates session agenda shall be determined by the Speaker in consultation with the Secretary of the House. The House shall receive any Committee Reports prior to Committee open forums or webinars and any session where debate on a Committee Report would occur. The Policy Reference Committee and New Business Review Committee shall consider delegate input received through open forums, webinars, and other communication means and will develop recommendations for consideration by the House on each whole-numbered statement or recommendation. During House sessions, the Committee chair will recommend adoption of policy statements and recommendations and preside over the debate. Action on the report will be governed by Robert's Rules of Order (current edition).

~~Debate in any session of the House may be time limited, as designated by the Speaker. If the Speaker, the Committee chair, or any delegates feel additional debate on the policy statement is warranted, the item may be carried over to an open hearing or a future session of the House. The remaining items requiring action will be brought back for final consideration at the next House session as "Unfinished Business."~~

### **Rule 13 New Business**

New Business Items are due to the Speaker of the House no later than ~~30~~ 60 days before the start of any House session where regular action on New Business Items (not urgent items) are scheduled to take place.

### **New Rule 17 Unfinished and Referred Business Items**

Debate in any session of the House may be time limited, as designated by the Speaker. If the Speaker, the Committee chair, or any Delegates feel additional debate on the policy statement is warranted, the item may be carried over to an open hearing or a future session of the House. The remaining items requiring action will be brought back for final consideration at the next House session as "Unfinished Business."

Upon confirmation of an "Unfinished Business Item", the Speaker must clearly identify within the "Actions of the House Report" how Unfinished Business Items will receive further action. Unless defined within a motion from a Delegate, the Speaker, in consultation with the Secretary of the House, has the authority to assign "Unfinished Business Items" to an appropriate House Committee, the Board of Trustees, or a future session of House business for further action.

An update on "Unfinished Business Items" or any "Referred Business Items" from any prior House session should be provided by the Speaker at future House sessions until action has been taken by the House or no further action is recommended on the item.



## **2022 House of Delegates**

### ***Report of the Policy Review Committee***

*Policies related to newly adopted policy from the 2021 APhA House of Delegates*  
*Policies Assigned by Speaker from APhA2021 March House Session*

#### **Committee Members**

Andrew Bzowyckyj, Chair  
Grace Baek  
Gigi Davidson  
Bin Deng  
Jason Gaines  
Rawan A. Latif  
May Woo

#### ***Ex Officio***

Missy Skelton Duke, Speaker of the House

*This report is disseminated for consideration by the APhA House of Delegates and does not represent the position of the Association. Only those statements adopted by the House are considered official Association policy.*

## POLICY STATEMENTS TO BE RETAINED

1. The Committee recommends **RETAINING** the following policy statement as written.

### **2017, 2012 Contemporary Pharmacy Practice**

1. APhA asserts that pharmacists should have the authority and support to practice to the full extent of their education, training, and experience in delivering patient care in all practice settings and activities.
2. APhA supports continuing efforts toward establishing a consistent and accurate perception of the contemporary role and practice of pharmacists by the general public, patients, and all persons and institutions engaged in health care policy, administration, payment, and delivery.
3. APhA supports continued collaboration with stakeholders to facilitate adoption of standardized practice acts, appropriate related laws, and regulations that reflect contemporary pharmacy practice.
4. APhA supports the establishment of multistate pharmacist licensure agreements to address the evolving needs of the pharmacy profession and pharmacist-provided patient care.
5. APhA urges the continued development of consensus documents, in collaboration with medical associations and other stakeholders, that recognize and support pharmacists' roles in patient care as health care providers.
6. APhA urges universal recognition of pharmacists as health care providers and compensation based on the level of patient care provided using standardized and future health care payment models.

*(JAPhA NS52(4) 457 July/August 2012)(Reviewed 2016)(JAPhA 57(4): 441 July/August 2017)(Reviewed 2019)*

2. The Committee recommends **RETAINING** the following policy statement as written.

### **2004, 1991 Updating of State Pharmacy Practice Acts**

1. APhA recommends and supports enactment of state pharmacy practice act revisions enabling pharmacists to achieve the full scope of APhA's Mission Statement for the Pharmacy Profession.
2. APhA supports standards of pharmacy practice reflecting the APhA Mission Statement for the Pharmacy Profession.

*(Am Pharm NS31(6):28 June 1991) (JAPhA NS44(5):551 September/October 2004) (Reviewed 2007)(Reviewed 2012)(Reviewed 2017)*



3. The Committee recommends **RETAINING** the following policy statement as written.

**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)*

**Comments:** This item is included in both the **RETAINING** and **ARCHIVING** sections of this report. This policy currently has two distinct sections and Policy Review Committee recommends **RETAINING** the second section including these 5 statements as they continue to be relevant and are not included in any newly adopted policy. The Policy Review Committee further recommends **ARCHIVING** statements 1, 2, and 3 in the original first section as the committee believes this is now covered under newly adopted policy **2021 Continuity of Care and the Role of Pharmacists During Public Health and Other Emergencies**. The first section including 3 statements are shown in the **ARCHIVING** section of this report.

4. The Committee recommends **RETAINING** the following policy statement as written.

**2011,2002,1996 Health Mobilization**

APhA should continue to:

1. Emphasize its support for programs on disaster preparedness which 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.
4. Encourage routine inspection of drug stockpiles and disaster kits by state boards of pharmacy.

*(JAPhA N)S6:328. June, 1966) (JAPhA NS42(5) Suppl. 1:S62. September/October 2002) (Reviewed 2006) (JAPhA NS51(4) 483;July/August 2011)(Reviewed 2016)*

5. **The Committee recommends RETAINING the following policy statement as written.**

**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)*

6. **The Committee recommends RETAINING the following policy statement as written.**

**2011 The Role and Contributions of the Pharmacist in Public Health**

In concert with the American Public Health Association's (APHA) 2006 policy statement, "The Role of the Pharmacist in Public Health," APhA encourages collaboration with APHA

and other public health organizations to increase pharmacists' participation in initiatives designed to meet global, national, regional, state, local, and community health goals.  
(JAPhA NS51(4) 482;July/August 2011)(Reviewed 2012)(Reviewed 2016)

7. The Committee recommends **RETAINING** the following policy statement as written.

**2007 Pharmacy Personnel Immunization Rates**

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 (like 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)

**Comments:** The Policy Review Committee recommends **RETAINING** these three statements and plans to submit a new business item for the March 2022 House of Delegates session to incorporate a broader group of individuals to be included within this statement. The Committee discussed that there are more than just pharmacists serving on the front lines such as student pharmacists, pharmacy technicians, and pharmacy support staff that should be acknowledged. Additionally, the Committee would like to highlight that these groups be recognized among the highest priority groups. The Committee considered amending this statement within this report, but felt it was a change to the original intent and as such will submit a new business item for broader review of their recommended amendments through that separate process.

8. The Committee recommends **RETAINING** the following policy statement as written.

**2007 WHO Policy on Infectious Diseases**

1. APhA supports the World Health Organization's (WHO's) requirements for accurate and expeditious reporting of infectious diseases from all countries, including unrestricted sharing of infectious substance samples with WHO.
2. APhA supports access to affordable vaccines in all countries.

(JAPhA NS45(5):580 September-October 2007)(Reviewed 2012)(Reviewed 2017)

9. The Committee recommends **RETAINING** the following policy statement as written.

**2017, 2012, 1989 Equal Rights and Opportunities for Pharmacy Personnel**

APhA reaffirms its unequivocal support of equal opportunities for employment and advancement, compensation, and organizational leadership positions. APhA opposes discrimination based on sex, gender identity or expression, race, color, religion, national

origin, age, disability, genetic information, sexual orientation, or any other category protected by federal or state law.

*(Am Pharm 29(7):464 July 1989) (Reviewed 2001) (Reviewed 2007)(JAPhA 52(4) 459 July/August 2012)(JAPhA 57(4): 441 July/August 2017)*

10. The Committee recommends RETAINING the following policy statement as written

**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 association; 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 31(6):28 June 1991) (Reviewed 2001) (Reviewed 2007) (JAPhA 52(4) 459 July/August 2012)(Reviewed 2017)(Reviewed 2018)*

11. The Committee recommends RETAINING the following policy statement as written.

**1979 Consideration of the Equal Rights Amendment**

APhA supports efforts to assure equal rights of all persons.

*(AmPharm 19(7):60 June 1979) (Reviewed 2009)(Reviewed 2014)(Reviewed 2018)*

12. The Committee recommends RETAINING the following policy statement as written.

**2009 Disparities in Healthcare**

APhA supports elimination of disparities in health care delivery.

*(JAPhA 49(4):493 July/August 2009)(Reviewed 2013)(Reviewed 2018)*

13. The Committee recommends RETAINING the following policy statement as written.

**2006 Cultural Health Beliefs and Medication Use**

1. APhA supports culturally sensitive outreach efforts to increase mutual understanding of the risks and other issues of using prescription medications without a prescription order or using unapproved products.
2. APhA supports expanding culturally competent health care services in all communities.

*(JAPhA 46(5):561 September/October 2006) (Reviewed 2009)(Reviewed 2014)(Reviewed 2019)*

14. The Committee recommends **RETAINING** the following policy statement as written.

**2005 Cultural Competence**

1. Recognizing the diverse patient population served by our profession and the impact of cultural diversity on patient safety and medication use outcomes, APhA encourages pharmacists to continually strive to achieve and develop cultural awareness, sensitivity, and cultural competence.
2. APhA shall facilitate access to resources that assist pharmacists and student pharmacists in achieving and maintaining cultural competence relevant to their practice.

*(JAPhA 45(5):554 September/October 2005) (Reviewed 2006)(Reviewed 2011)(Reviewed 2016)*

15. The Committee recommends **RETAINING** the following policy statement as written.

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

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

*(AmPharm 34(6):55 June 1994)(Reviewed 2001)(JAPhA 44(5):551 September/October 2004)(Reviewed 2010)(Reviewed 2015)*

16. The Committee recommends **RETAINING** the following policy statement as written.

**2011 Potential Conflicts of Interest in Pharmacy Practice**

1. APhA reaffirms that as health care professionals, pharmacists are expected to act in the best interest of patients when making clinical recommendations
2. APhA supports pharmacists using evidence-based practices to guide decisions that lead to the delivery of optimal patient care.
3. APhA supports pharmacist development, adoption, and use of policies and procedures to manage potential conflicts of interest in practice.
4. APhA should develop core principles that guide pharmacists in developing and using policies and procedures for identifying and managing potential conflicts of interest.

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

17. The Committee recommends RETAINING the following policy statement as written.

**2019 Patient-Centered Care of People Who Inject Non-Medically Sanctioned Psychotropic or Psychoactive Substances**

1. APhA encourages state legislatures and boards of pharmacy to revise laws and regulations to support the patient-centered care of people who inject non-medically sanctioned psychotropic or psychoactive substances.
2. To reduce the consequences of stigma associated with injection drug use, APhA supports the expansion of interprofessional harm reduction education in the curriculum of schools and colleges of pharmacy, postgraduate training, and continuing professional development programs.
3. APhA encourages pharmacists to initiate, sustain, and integrate evidence-based harm reduction principles and programs into their practice to optimize the health of people who inject non-medically sanctioned psychotropic or psychoactive substances.
4. APhA supports pharmacists' roles to provide and promote consistent, unrestricted, and immediate access to evidence-based, mortality- and morbidity-reducing interventions to enhance the health of people who inject nonmedically sanctioned psychotropic or psychoactive substances and their communities, including: sterile syringes, needles, and other safe injection equipment, syringe disposal, fentanyl test strips, immunizations, condoms, wound care supplies, pre- and post-exposure prophylaxis medications for human immunodeficiency virus (HIV), point-of-care testing for HIV and hepatitis C virus (HCV), opioid overdose reversal medications, and medications for opioid use disorder.
5. APhA urges pharmacists to refer people who inject non-medically sanctioned psychotropic or psychoactive substances to specialists in mental health, infectious diseases, and addiction treatment; to housing, vocational, harm reduction, and recovery support services; and to overdose prevention sites and syringe service programs.

*(JAPhA 59(4):e17/July/August 2019)*

18. The Committee recommends RETAINING the following policy statement as written.

**2016 Medication-Assisted Treatment**

APhA supports expanding access to Medication Assisted Treatment (MAT), including but not limited to pharmacist-administered injection services for treatment and maintenance of substance use disorders that are based on a valid prescription.

*(JAPhA 56(4); 370 July/August 2016)*

19. The Committee recommends RETAINING the following policy statement as written.

**1983 Stocking a Complete Inventory of Pharmaceutical Product**

APhA supports the rights and responsibilities of individual pharmacists to determine their inventory and dispensing practices based on patient need, practice economics, practice security, and professional judgment.

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

20. The Committee recommends **RETAINING** the following policy statement as written.

**2005, 1977 Government-Financed Reimbursement**

1. APhA supports only those government-operated or -financed, third-party prescription programs which ensures that participating pharmacists receive individualized, equitable compensation for professional services and reimbursement for products provided under the program.
2. APhA regards equitable compensation under any government-operated or -financed, third party prescription programs as requiring payments equivalent to a participating pharmacist's prevailing charges to the self-paying public for comparable services and products, plus additional, documented, direct and indirect costs which are generated by participation in the program.
3. APhA supports those government-operated or -financed, third-party prescription programs which base compensation for professional services on professional fees and reimbursement for products provided on actual cost, with the provision of a specific exception to this policy in those instances when equity in professional compensation cannot otherwise be attained.

*(JAPhA NS17:452 July 1977) (JAPhA NS45(5):558 September/October 2005) (Reviewed 2009)(Reviewed 2011)(Reviewed 2012)(Reviewed 2017)*

21. The Committee recommends **RETAINING** the following policy statement as written.

**2005, 1981 Third-party Reimbursement Legislation**

APhA supports enactment of legislation requiring that third-party program reimbursement to pharmacists be at least equal to the pharmacists prevailing charges to the self-paying public for comparable services and products, plus additional documented direct and indirect costs, which are generated by participating in the program.

*(Am Pharm NS21(5):40 May 1981) (JAPhA NS45(5):558 September/October 2005) (Reviewed 2009)(Reviewed 2014)(Reviewed 2019)*

22. The Committee recommends **RETAINING** the following policy statement as written.

**2016 Opioid Overdose Prevention**

1. APhA supports access to third-party (non-patient recipient) prescriptions for opioid reversal agents that are furnished by pharmacists.
2. APhA affirms that third-party (non-patient recipient) prescriptions should be reimbursed by public and private payers.

*(JAPhA 56(4); 370 July/August 2016)(Reviewed 2020)*



23. The Committee recommends **RETAINING** the following policy statement as written.

**2019, 2016 Substance Use Disorder**

1. APhA supports legislative, regulatory, and private sector efforts that include pharmacists' input and that will balance patient/consumers' need for access to medications for legitimate medical purposes with the need to prevent the diversion, misuse, and abuse of medications.
2. APhA supports consumer sales limits of nonprescription drug products, such as methamphetamine precursors, that may be illegally converted into drugs for illicit use.
3. APhA encourages education of all personnel involved in the distribution chain of nonprescription products so they understand the potential for certain products, such as methamphetamine precursors, to be illegally converted into drugs for illicit use. APhA supports comprehensive substance use disorder education, prevention, treatment, and recovery programs.
4. APhA supports public and private initiatives to fund treatment and prevention of substance use disorders.
5. APhA supports stringent enforcement of criminal laws against individuals who engage in drug trafficking.

*(JAPhA 56(4); 369 July/August 2016)(JAPhA 59(4) e28 July/August 2019)*

24. The Committee recommends **RETAINING** the following policy statement as written.

**2019 Referral System for the Pharmacy Profession**

1. APhA supports referrals of patients to pharmacists, among pharmacists, or between pharmacists and other health care providers to promote optimal patient outcomes.
2. APhA supports referrals to and by pharmacists that ensure timely patient access to quality services and promote patient freedom of choice.
3. APhA advocates for pharmacists' engagement in referral systems that are aligned with those of other health care providers and facilitate collaboration and information sharing to assure continuity of care.
4. APhA supports attribution and equitable payment to pharmacists providing patient care services as a result of a referral.
5. APhA promotes the pharmacist's professional responsibility to uphold ethical and legal standards of care in referral practices.
6. APhA reaffirms its support of development, adoption, and use of policies and procedures by pharmacists to manage potential conflicts of interest in practice, including in referral systems.

*(JAPhA 59(4):e16 July/August 2019)*

25. The Committee recommends **RETAINING** the following policy statement as written.

**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.
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)(Reviewed 2018)*

**26. The Committee recommends RETAINING the following policy statement as written**

**1993 Pharmacists' Services**

1. APhA supports development of pharmacy payment systems that include reimbursement of the cost of any medication or device provided; the cost of preparing the medication or device; the costs of administrative services; return on capital investment; and payment for both the dispensing-related and non-dispensing-pharmacy services.
2. APhA believes that appropriate incentives for the pharmacist providing care should be part of any payment system.

*(Am Pharm NS33(7):53 July 1993) (Reviewed 2005) (Reviewed 2007) (Reviewed 2009) (Reviewed 2010)(Reviewed 2011)(Reviewed 2012)(Reviewed 2017)*

**27. The Committee recommends RETAINING the following policy statement as written**

**2018 Direct and Indirect Remuneration Fees**

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

*(JAPhA 58(4):356 July/August 2018)*

**28. The Committee recommends RETAINING the following policy statement as written**

**2018 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, which negatively impacts 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.

*(JAPhA 58(4):355 July/August 2018)(Reviewed 2020)*

**29. The Committee recommends RETAINING the following policy statement as written.**

**2018, 2013 Revisions to the Medication Classification System**

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.

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 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.

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)(JAPhA 58(4):356 July/August 2018)

30. The Committee recommends **RETAINING** the following policy statement as written.

**1989 Pharmacists as Principal Investigators in Clinical Drug Research**

1. APhA urges the sponsors of drug research to permit pharmacists to serve as principal investigators.
2. APhA encourages state and federal agencies to eliminate regulatory and policy obstacles that prohibit pharmacists from being investigators, including principal investigators, in drug research or sponsors of Investigational New Drug Applications, Investigational Device Evaluations, and Animal Investigational New Drug Applications.

(Am Pharm NS29(7):465 July 1989) (Reviewed 2005) (Reviewed 2009) (Reviewed 2014)(Reviewed 2019)

31. The Committee recommends **RETAINING** the following policy statement as written.

**2020 Providing Affordable and Comprehensive Pharmacy Services to the Underserved**

1. APhA supports the expansion and increased sources of funding for pharmacies and pharmacy services that serve the needs of underserved populations to provide better health outcomes and lower health care costs for underserved populations.
2. APhA supports charitable pharmacies and pharmacy services that ensure the quality, safety, drug storage, and integrity of the drug product and supply chain, in accordance with applicable law.

(JAPhA 2020 60(5) e11)

32. The Committee recommends **RETAINING** the following policy statement as written.

**2019, 1990 Federal Funding to Evaluate the Impact of Health Care Policies**

1. APhA supports the study of economic, scientific, and social issues related to health care, particularly pharmaceutical services.
2. APhA urges the federal government to establish funding mechanisms for objective research to assess the impact of public policy on the health care system, particularly pharmaceutical services.
3. APhA urges that all federally-funded research addressing public policy pertaining to pharmaceutical services incorporate input from the pharmacy profession.

(Am Pharm NS30(6):46 June 1990) (Reviewed 2005) (Reviewed 2009)(Reviewed 2014)(JAPhA 59(4) e28 July/August 2019)

33. The Committee recommends **RETAINING** the following policy statement as written

**2016, 2011 Pharmacists as Providers Under the Social Security Act**

APhA supports changes to the Social Security Act to allow pharmacists to be recognized and paid as providers of patient care services.

*(JAPhA NS51(4) 482; July/August 2011)(JAPhA 56(4); 379 July/August 2016)*

34. The Committee recommends **RETAINING** the following policy statement as written.

**2014 Care Transitions**

1. APhA supports pharmacists leading medication management activities during care transitions to ensure safe and effective medication use.
2. APhA supports the integral role of pharmacists during care transitions for improving quality of patient-centered care and reducing overall costs to the health care system.
3. APhA strongly encourages collaboration and shared accountability among patients, family members, caregivers, pharmacists, and other health care providers during care transitions.
4. APhA supports the development and utilization of standardized processes that facilitate real-time, bidirectional communication of protected health information during care transitions.
5. APhA supports that documentation of health outcomes is an essential component of any care transition program to demonstrate value and ensure continuous quality improvement.
6. APhA supports financially viable payment models that recognize the value of pharmacists' services, including, but not limited to, those provided during care transitions.
7. APhA strongly urges the development and implementation of multidisciplinary, interprofessional, and team-based training for health care professionals and students to improve the quality and consistency of care transition services.
8. APhA urges the collaboration and partnership of community pharmacies with health care systems, institutions, and other entities involved in care transitions.

*(JAPhA 54(4) 357 July/August 2014)(Reviewed 2019)*

35. The Committee recommends **RETAINING** the following policy statement as written.

**1991 Doctor of Pharmacy Attainment through Non-traditional Mechanisms**

1. APhA encourages schools and colleges of pharmacy to consider, in their strategic planning process, offering non-traditional, post-baccalaureate, Doctor of Pharmacy degree programs. Issues to be considered in such planning should include at least the following: (a) entry requirements; (b) educational and financial resources; and (c) competency evaluation for course credit.
2. APhA recommends that non-traditional, Doctor of Pharmacy degree programs have competency outcomes for graduates equal to those in traditional programs.

*(Am Pharm NS31(6):28 June 1991)(Reviewed 2003)(Reviewed 2006)(Reviewed 2011)(Reviewed 2016)*

36. The Committee recommends RETAINING the following policy statement as written.

**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)(Reviewed 2018)*

**Comments:** The Policy Review Committee recommends RETAINING this statement within this report and further recommends that the APhA Board of Trustees consider additional processes for reviewing or updating this statement.

37. The Committee recommends RETAINING the following policy statement as written.

**2013,1978 Pharmacists Providing Health Care Services**

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 patients.

*(Am Pharm NS18(8):47 July 1978) (Reviewed 2007) (Reviewed 2008) (JAPhA 53(4):366 July/August 2013)(Reviewed 2016)*

38. The Committee recommends RETAINING the following policy statement as written.

**1985 Pharmaceutical Pricing**

APhA supports a system of equal opportunity with the same terms, conditions, and prices available for all pharmacies.

*(Am Pharm NS25(5):52 May 1985) (Reviewed 2004) (Reviewed 2006)(Reviewed 2011)(Reviewed 2016)*

**Comments:** The Policy Review Committee wanted to note in this report that during its review APhA's Legal Counsel was asked to also review this statement to ensure there are no conflicts with retaining this existing policy. Legal Counsel's assessment was that no conflict exists by retaining this statement.

## POLICY STATEMENTS TO BE ARCHIVED

39. The Committee recommends ARCHIVING the following policy statement as written.

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

These responsibilities include:

1. Pharmacists, by their education and training as medication experts, should be involved intimately in all elements of the procurement, storage, handling, compounding, and dispensing of drugs and supplies in planning for as well as during any national emergency.
2. Pharmacists, by their education in anatomy, physiology, and pharmacology, are readily adaptable to assist in the emergency medical treatment of patients and for training the public in medical self-help.
3. Pharmacists, by their constant contact with the members of the health team, as well as a significant portion of their communities, provide the potential for coordinating preparedness measures, and establishing meaningful standby emergency operational plans.

*(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)*

**Comments:** This item is included in both the RETAINING and ARCHIVING sections of this report. This policy currently has two distinct sections and Policy Review Committee recommends ARCHIVING statements 1, 2, and 3 in the original first section as the committee believes this is now covered under newly adopted policy **2021 Continuity of Care and the Role of Pharmacists During Public Health and Other Emergencies**. The Policy Review Committee further recommends RETAINING the first section including these 5 statements as they continue to be relevant and are not included in any newly adopted policy. The first section including 5 statements to be retained is shown in the RETAINING section of this report.

40. The Committee recommends ARCHIVING the following policy statement as written.

### 2015 Disaster Preparedness

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)*

**Comments:** The Policy Review Committee recommends ARCHIVING this statement as the committee believes this policy is duplicative to statements within the newly adopted **2021 Continuity of Care and the Role of Pharmacists During Public Health and Other Emergencies**.



## POLICY STATEMENTS TO BE AMENDED

41. The Committee recommends AMENDING the following policy statement as written.

### 2014 Use of Social Media

1. 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)*

**Comments:** The Policy Review Committee recommends AMENDING statement #5 to add and include pharmacy technicians within the statement as it relates to professionalism. The Committee noted that technicians are taking on expanded roles within pharmacy practice and should be included as a representative of the profession when it comes to professionalism and accuracy of information posted on social media.

42. The Committee recommends AMENDING the following policy statement as written.

### 2004, 1988 Pharmacists' Relationship to Veterinarians

APhA encourages pharmacists, ~~and~~ student pharmacists, and pharmacy technicians to become more knowledgeable about veterinary drugs and their usage.

*(Am Pharm NS28(6):395 June 1988) (JAPhA NS44(5):551 September/October 2004) (Reviewed 2010) (Reviewed 2015)*

**Comments:** The Policy Review Committee recommends AMENDING this statement to add and include pharmacy technicians within this statement as it relates to knowledge on veterinary medications and their usage. The Committee noted that technicians support the efforts of compounding medications, many of which may be veterinary medications.



43. The Committee recommends AMENDING the following policy statement as written.

**2008 Billing and Documentation of Medication Therapy Management (MTM) Services**

1. APhA encourages the development and use of a system for billing of MTM services that:
  - (a) includes a standardized data set for transmission of billing claims;
  - (b) utilizes a standardized process that is consistent with claim billing by other healthcare providers;
  - (c) utilizes a billing platform that is accepted by the Centers for Medicare and Medicaid Services (CMS) and is compliant with the Health Insurance Portability and Accountability Act (HIPAA)
2. APhA supports the pharmacist's or pharmacy's choice of a documentation system that allows for transmission of any MTM billing claim and interfaces with the billing platform used by the insurer or payer.
3. APhA encourages pharmacists to use the American Medical Association (AMA) Current Procedural Terminology (CPT) codes for billing of MTM services.
4. APhA supports efforts to further develop CPT codes for billing of pharmacists' services, through the work of the Pharmacist Services Technical Advisory Coalition (PSTAC) and Pharmacy e-HIT Collaborative.

(JAPhA NS48(4):471 July/August 2008) (Reviewed 2010) (Reviewed 2015)(Reviewed 2016)

**Comments:** The Policy Review Committee recommends AMENDING statement #4 to add “and Pharmacy e-HIT Collaborative”. The 2020-2021 Policy Review Committee proposed this as a grammatical change and the recommendation was not adopted by the House of Delegates during the March 2021 House of Delegates. The current Policy Review Committee is recommending this as an official amendment to ensure the change is clear to delegates and highlight the rationale for the change. This addition of “and Pharmacy HIT Collaborative” after PSTAC is to reflect the transition of work transferred from the Pharmacist Services Technical Advisory Coalition (PSTAC) into the work of the e-HIT Collaborative. The Committee noted that the PSTAC still has archived content online, but the activities related to PSTAC work (e.g., CPT codes and billing for pharmacist services) are now being completed by the Pharmacy e-HIT Collaborative. Due to the online presence of PSTAC content the Committee did not want to fully remove PSTAC from the policy statement and instead opted to connect its work with the Pharmacy e-HIT Collaborative.



**APhA**

**American Pharmacists Association**

*For Every Pharmacist. For All of Pharmacy.*

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## **2022 House of Delegates** ***Referred New Business Item***

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**American Pharmacists Association  
House of Delegates – November 5, 2021**

**NEW BUSINESS**

**(To be submitted and introduced by Delegates only)**

**Introduced by: Alex C. Varkey, on October 4, 2021, on behalf of the APhA Board of Trustees**

**Subject: Increasing Awareness and Accountability to End Harassment, Intimidation, Abuse  
of Power, Position, or Authority in Pharmacy Practice**

**Motion:**

- I. APhA recommends that all pharmacy organizations develop processes for attestation and evaluation to determine eligibility of individuals considered for any award, recognition, or leadership position consistent with the organization's policy on harassment, intimidation, or abuse of power or position.

**Background:**

In the March 2021 APhA House of Delegates Virtual Session, a New Business Item was submitted and voted upon entitled "Increasing Awareness and Accountability to End Harassment, Intimidation, Abuse of Power, Position, or Authority in Pharmacy Practice". This New Business Item included a total of five statements. The ballot vote by the House of Delegates adopted statements 1., 2., and 5. Following the results of the ballot vote, the authors of this New Business Item collaborated with members of the New Business Review Committee and APhA staff to combine the third and fourth statement into a single policy statement, which was introduced during the virtual House of Delegates session. After discussion and debate, the House of Delegates voted to refer this policy statement to the APhA Board of Trustees for further action.

Following the House of Delegates, the APhA Joint Policy Standing Committee reviewed the referred item and recommended that the Board of Trustees introduce a motion to adopt the statement with recommended amendments. For reference, the amendments that were recommended below include removal of the stricken language in the statement below.

APhA recommends that all pharmacy organizations develop processes for attestation and evaluation, including historical findings and actions taken, to determine eligibility of individuals considered for any award, recognition, or leadership position consistent with the organization's policy on harassment, intimidation, or abuse of power or position.

The APhA Board of Trustees supports the policy statement and the recommendations by the APhA Joint Policy Standing Committee and furthermore, applauds the authors of the policy and the members of the 2021 New Business Review Committee for their hard work in crafting and revising these statements. The APhA Board of Trustees stands steadfast in its commitment to ending all forms of harassment, intimidation, abuse of power or position in all areas of pharmacy practice, including the issuance of awards, recognitions, and leadership positions. This statement is an important component of the work that all pharmacy organizations must do to take a stand against this type of behavior within our profession.

In addition to submitting this referred policy statement as a New Business Item, the APhA Board of Trustees has adopted revised attestation language for professional award, recognition, and leadership position nominations for nominators and candidates. This has already been adopted and implemented within our own association, and this policy statement, if adopted, will serve as a guide for all pharmacy organizations to continue to this effort.

### **Current APhA Policy & Bylaws: N/A**

**\*\*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](mailto:hod@aphanet.org).