APhA Academy of Student Pharmacists
2023 House of Delegates

APhA2023

REPORT OF THE APhA-ASP HOUSE OF DELEGATES

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PROPOSED RESOLUTIONS & BACKGROUND STATEMENTS

2023.1 - Call for Further Mental Health Research to Improve Patient Care

APhA-ASP advocates for peer-reviewed research on mental health challenges in pharmacists, student pharmacists, and pharmacy personnel to identify gaps in supportive resources and the potential impact of these gaps on patient care.

2023.1 Background:

According to the National Institute of Mental Health, there were an estimated 52.9 million adults aged 18 or older in the United States diagnosed with a mental health challenge in the year 2020[1]. This number represents 21% of adults in the US. Now in the COVID-19 era, mental health challenges among healthcare providers and medical professionals have moved to the forefront of discussion. Research shows stress, anxiety, and other outcomes of diminished mental health cause more errors and poorer performance overall among healthcare workers[2]. Google Search trends for certain mental health buzzwords have increased substantially in the last 20 years, with rates over ten times higher than before the pandemic[3]. Mental health is defined as “a person’s condition with regard to their psychological and emotional well-being” by the Oxford Dictionary. Mental health affects how one thinks, acts, and feels daily, as well as how we cope with stressors and respond to pressures of everyday life. Individuals suffering with mental health challenges can have poor academic performance, decreased retention of information, and lack of socialization ability. Due to long hours, stressful situations, and emotional labor, many pharmacists, student pharmacists and pharmacy personnel have symptoms of burnout, which leads to a decline in psychological health and work performance. In a 2022 systematic review and pooled prevalence on burnout in pharmacists, it was found that more than half of pharmacists (51%) were experiencing burnout [4] This potentially puts patients

at risk due to the correlation between increased workload among healthcare workers and mental health decline.

For a little over a year, APhA has collected data through an anonymous and confidential survey called the Pharmacy Workplace and Well-Being Reporting survey, or "PWWR" for short.[5], Pharmacy personnel submit their experiences in the workplace so that issues and trends can be identified. With this survey, APhA is trailblazing necessary and essential research on specific factors in the workplace that contribute to the well-being of pharmacists, student pharmacists, and pharmacy technicians, but now that results and data are coming in from these surveys, it is time that we request further research on how specifically these workplace factors and their negative effects impact the healthcare professional's ability to care for patients, and what gaps there are in supportive resources that could help fix these issues. At a federal level, there are limited provisions for employees facing mental health challenges. One of the only examples is the Family Medical Leave Act of 1933, which only allows for unpaid, job-protected time off, only with health conditions requiring hospitalization or continued care or treatment [6]. Several states however, including California, Idaho, Illinois, Maine, Massachusetts, Ohio, Oregon, and Virginia, have established mental health support and resources for their employees like the Healthy Workplaces Healthy Families Act of 2014 in California (AB 1522)[7]. The specifics of these requirements vary by state but can include education and training, access to employee assistance programs (EAPs), accommodations to support those in need of additional care, and more. Current research supports the usage of these accommodations, as increasing access and emphasis on mental health in the healthcare setting for clinicians has been shown to increase productivity and improve patient outcomes as well as job satisfaction[8]. Mental health training and education for healthcare workers has been shown to improve the accuracy of diagnosis in patients with mental health challenges which leads to improved patient satisfaction and help reach patient treatment goals at a faster rate[9]. Peer-reviewed research is seen as the 'gold standard' for scientific publications and research[10], as the process is extensive and meticulous and yields high-quality and professional publications.

Recognition of mental health challenges among medical professionals is a movement that has gained traction only in more recent times in the profession of pharmacy. As a result, there is little to no information on the effect of mental health challenges in the pharmacy profession itself. In order to make meaningful and long-lasting change, the resolutions created to target this crisis need to come from an informed perspective. By conducting research on the mental health challenges facing pharmacists, student pharmacists, and pharmacy personnel, the APhA and APhA-ASP will be better able to advocate for the needs of the profession and develop solutions supported by sound science, and, ultimately, improving the mental health of pharmacy practitioners will improve the care of patients.

2023.1 References:

1. U.S. Department of Health and Human Services. (2022). *Mental illness*. National Institute of Mental Health. Retrieved January 8, 2023, from https://www.nimh.nih.gov/health/statistics/mental-illness

2. Korkmaz, Sevda et al. “The anxiety levels, quality of sleep and life and problem-solving skills in healthcare workers employed in COVID-19 services.” *Journal of clinical neuroscience : official journal of the Neurosurgical Society of Australasia* vol. 80 (2020): 131-136. doi:10.1016/j.jocn.2020.07.073
3. Anne Merritt, MD. “Suicide Prevention Resources on Google Search.” *Google*, Google, 20 July 2022, https://blog.google/products/search/suicide-prevention-resources-on-google-search/.
4. Dee, Jodie et al. “A systematic review and pooled prevalence of burnout in pharmacists.” *International journal of clinical pharmacy*, 1–10. 29 Nov. 2022, doi:10.1007/s11096-022-01520-6
5. American Pharmacists Association. (2022). *Welcome To Pharmacy Workplace And Well-Being Reporting (PWWR)*. APhA. Retrieved January 8, 2023, from https://www.pharmacist.com/Advocacy/Well-Being-and-Resiliency/pwwr
6. *The Family and Medical Leave Act of 1993*, U.S. Dept. of Labor, Employment Standards Administration, Wage and Hour Division, 2009.
7. Dir. “Healthy Workplace Healthy Family Act of 2014 (AB 1522).” *State of California Department of Industrial Relations*, State of California, 2014, https://www.dir.ca.gov/dlse/ab1522.html#:~:text=An%20employee%20who%2C%20on%20or,entitled%20to%20paid%20sick%20leave.
8. Søvold, Lene E et al. “Prioritizing the Mental Health and Well-Being of Healthcare Workers: An Urgent Global Public Health Priority.” *Frontiers in public health* vol. 9 679397. 7 May. 2021, doi:10.3389/fpubh.2021.679397
9. Marabito, Maria. “Mental Health Training for Clinicians Reduces Stigma, Improves Diagnostic Accuracy.” *Healio*, Healio, 22 Nov. 2021, https://www.healio.com/news/primary-care/20211122/mental-health-training-for-clinicians-reduces-stigma-improves-diagnostic-accuracy.
10. Mayden, Kelley D. “Peer Review: Publication's Gold Standard.” *Journal of the advanced practitioner in oncology* vol. 3,2 (2012): 117-22.

2023.2 – Upholding and Awareness of Antitrust Laws

1. APhA-ASP calls upon federal agencies to use their authority to strictly apply antitrust laws which exist to limit excessive market power and anticompetitive conduct to ensure patient access to affordable medical goods and pharmacy services.
2. APhA-ASP encourages APhA and other pharmacy organizations to provide public and healthcare professional education on the impact of mergers within healthcare.

2023.2 Background Statement

Background Definitions:
Market power is defined by the department of justice as the ability to price at a supracompetative level; meaning price is no longer a reflection of supply and demand and is controlled by one or a few entities in a highly concentrated market.

Anticompetitive **conduct** means unlawful behavior that could serve as the basis for a civil action for violation of federal or state antitrust laws, including but not limited to monopolization and attempted monopolization.

Antitrust enforcements are primarily based off two laws:

- Clayton act: prevents mergers of companies that would lead to less market competition
- Sherman Antitrust act: makes it a crime to monopolize interstate commerce

Market concentration changes are quantified using Herfindahl-Hirschman Index, or HHI. A score of less than 1500 indicates an unconcentrated market while a score above 2500 indicates a highly concentrated market. The department of justice states a merger resulting in an HHI increase of more than 100 points warrants scrutiny. An HHI increase of more than 200 points is considered indicative of enhanced market power. These are often utilized by the Federal trade commission and department of justice as evidence to enforce antitrust laws.

A merger is defined as an agreement that unites two existing entities, for example, health care companies, into one new entity. Mergers exist as a way for companies to expand their reach, grow into new segments, and gain market share.[1] When companies merge, employers and patients have less options and are forced into accepting costs, working conditions, and service. Mergers often lead to lower quality, fewer choices, and higher medication errors for patients. In 2006, the Institute of Medicine estimated that such mistakes harmed at least 1.5 million Americans each year. [2]

Independent pharmacies that cannot turn a profit are often bought by larger chain pharmacies. This heavily impacts rural and underserved areas where the only accessible access to health care comes from the independent pharmacy in town, and mergers only add to this loss. Since 2003, 1,231 of the nation's 7,624 independent rural pharmacies closed, leaving 630 communities with no accessible pharmacy.[3] Merging of large chain companies will inevitably continue to knock small chain/independents out and leave some vulnerable groups without care.

[4] With fewer pharmacies overall, patients are then forced to go to pharmacies further away. Research has shown this results in many patients stop no longer picking up their medications and suffering health consequences.[5] The University of Ilinois College of Pharmacy conducted a three-year research project on pharmacy closures in Chicago's West and South Sides, which are primarily home to low-income Black and Latinx communities. The research confirmed that vulnerable patients suffer significant health consequences when local pharmacies go out of business. They found that closures are associated with significant declines in older patients who take essential medications for heart disease and other conditions.[5]

Public and professional education about mergers and the laws surrounding them can benefit both employers and patients by empowering these groups to make more informed decisions and conduct more advocacy. This can ultimately leave these groups with lower costs, better working conditions, and more choices. Public education includes providing information to the general public by informing them on how mergers and violators of antitrust laws directly affect them. Providing this will insure they are informed as to who they are choosing to fill their prescriptions with. This information could be shared through their current pharmacies, primary care providers, community town halls, or on popular media outlets. If companies that infringe on antitrust laws do not receive public or financial support, it will likely deter them from engaging in risky behavior due to minimal gain.

Professional education includes educating pharmacists and other healthcare professionals on the impact of mergers and how it directly affects them and their patients. The use of mergers within pharmacy decreases accountability and allows for money seeking from manufacturer and insurers due in part to pharmacy benefit managers. These companies generate more revenue and higher profits than the insurers. For example, Aetna reported revenue of $60.5 billion and profits of $1.9 billion in 2017. In the same year, CVS's pharmacy benefit manager business alone generated $130.6 billion in revenue and profits of $4.8 billion. When insurers and pharmacy benefit managers combine, insurers may start adjusting their strategies to pursue pharmacy-benefit-manager-type profits, instead of the other way around.[6]

Overall, mergers can lead to negative consequences for pharmacy staff and patients. Pharmacists and pharmacy personnel may be forced to work for companies that don't prioritize patient care. There may be reduced business relationships between medical clinics and pharmacies which can lead to patients with less access to medication and medication knowledge. Information on mergers can be integrated into continuing professional education (CPE) and pharmacy education curricula to make healthcare professionals aware and knowledgeable on this issue affecting the profession.

2023.2 References:

1. Hargrave, M. (2022, September 23). *Merger: Definition, how it works with types and examples*. Investopedia. Retrieved January 20, 2023, from https://www.investopedia.com/terms/m/merger.asp

2. Gabler, E. (2020, January 31). *How chaos at chain pharmacies is putting patients at risk*. The New York Times. Retrieved February 5, 2023, from https://www.nytimes.com/2020/01/31/health/pharmacists-medication-errors.html
3. Hawryluk, M. (2021, November 18). *How rural communities are losing their pharmacies*. Kaiser Health News. Retrieved January 20, 2023, from https://khn.org/news/article/last-drugstore-how-rural-communities-lose-independent pharmacies/
4. *Competition, consolidation, and evolution in the pharmacy market*. Commonwealth Fund. (2021, August 12). Retrieved January 20, 2023, from https://www.commonwealthfund.org/publications/issue-briefs/2021/aug/competition-consolidation-evolution-pharmacy-market
5. O'Malley, L. (2021, February 8). *Pharmacy deserts worsen health disparities for vulnerable communities*. INSIGHT Into Diversity. Retrieved February 5, 2023, from https://www.insightintodiversity.com/pharmacy-deserts-worsen-health-disparities-for-vulnerable-communities/
6. Skerrett, P. (2018, May 31). *Mergers between health insurers and pharmacy benefit managers could be bad for your health*. STAT. Retrieved February 5, 2023, from https://www.statnews.com/2018/06/01/mergers-health-insurers-pharmacy-benefit-managers/

Additional Resources:
https://www.justice.gov/atr/monopoly-power-and-market-power-antitrust-law

https://www.lawinsider.com/dictionary/anticompetitive-conduct#:~:text=Anticompetitive%20conduct%20means%20unlawful%20behavior,to%20monopolization%20and%20attempted%20monopolization.

https://www.justice.gov/atr/monopoly-power-and-market-power-antitrust-law

https://www.justice.gov/atr/horizontal-merger-guidelines-08192010#5c

2023.3 – Reproductive Health

1. APhA-ASP supports protecting patients' reproductive health care rights and advocates for equitable access to reproductive health services.
2. APhA-ASP calls for the implementation of programs to educate pharmacists and student pharmacists on abortifacient and contraceptive medications, including but not limited to applicable State and Federal laws, safe abortion care practices, and patient access to reproductive health services.
3. APhA-ASP advocates for laws and regulations to enable pharmacists to prescribe contraceptives, resulting in increased patient access to healthcare.

2023.3 Background Statement

Reproductive health is an area of medicine that focuses on the treatment of conditions that may affect the physical and emotional well-being of all persons, especially those who can become pregnant.[1] This includes contraception, pregnancy and childbirth, sexual health, and preventative care. With the 2022 overturning of Roe v. Wade affecting a total of 66 health clinics in 14 states within the Southern and Midwestern regions, pharmacists are among the health leaders who reproductive health rulings have impacted.[2] Patients that can become pregnant are no longer given the right to choose what is most beneficial for the betterment of their health and well-being which has resulted in the increase in demand for medications and services that prevent pregnancies, or ones that induce abortion. May 2022 showcased this when internet searches on abortion medication in the United States escalated by 162% reaching a record high in the days following speculations surrounding Roe v. Wade. The searches reflected questions about the safety and efficacy of abortion medication, and how to acquire them in case access was prohibited.[3] The effects of a lack of reproductive health support can result in inadequate care, unsafe medical practices, and a potential for harmful health outcomes. As exhibited by COVID-19 pandemic challenges, pharmacists are highly accessible, therapeutically educated, appropriately trained, and are at the forefront of healthcare needs, having the ability to bridge the gap for patients in need of reproductive health services.

As of January 3rd, 2023, the Food and Drug Administration (FDA) has expanded abortion medication access by allowing community pharmacies to dispense abortion medication such as mifepristone within the pharmacy and by mail order. Patients will be required to have a prescription in order for a pharmacy to dispense it, only as long as that participating pharmacy has agreed to the expansion and has been certified by completing a Pharmacy Agreement Form.[4] This furthers the need for pharmacist's and student pharmacist's education on reproductive medications, state and federal laws, safe abortion care practices, and patient access to proper reproductive services. Education implementation is necessary based on the increase in customer demands, and public demand for these medications in order to ensure proper care.

APhA-ASP Resolution Statement 2006.3, *Professional Right to Refuse*, must also be mentioned. This resolution recognizes a pharmacist's and student pharmacist's right to refuse to

dispense medication or provide a service for various reasons including, but not limited to, conscientious objection and clinical judgment. Resolution Statement 2006.3 also supports the establishment of systems that protect the patient's right to obtain legally prescribed and therapeutically appropriate treatment while reasonably accommodating the pharmacist's or student pharmacist's right to refuse. In addition, it opposes the legislation, regulation, and other policies that comprise a pharmacist's and student pharmacist's right to refuse.[5] APhA-ASP reaffirms this resolution statement and supports healthcare practitioners' ability to step out of the way without stepping in the way of patient care.

The use of emergency contraceptives and the demand for regularly prescribed hormonal contraceptives have skyrocketed with a market size of $7.9 billion in 2021 increasing to $8.3 billion in 2022. This amount is projected to increase to around 4.7% in the next 7 years.[6] Limitations to reproductive healthcare access can stem from increased distance or transportation issues, poor appointment availability, cost, lack of privacy, inadequate insurance coverage, or insufficient patient knowledge, which have the potential to affect many patients but especially disproportionately affecting underserved populations. The number of contraceptive providers per person ranks near the bottom in states like Florida, New York, Alabama, and Texas, widening the space between patients, and proper healthcare with more than 19 million women in the United States living in contraceptive deserts.[7] This has led to a rise in the want for pharmacists to prescribe contraceptives especially since many Americans are not within appropriate access to other healthcare providers. Not only does this affect the population, but it affects the economy as well.[8] Contraceptive medications have clinical implications beyond unwanted pregnancies. These medications are also used to treat polycystic ovarian syndrome (PCOS), menorrhagia, endometriosis, and dysmenorrhea, which can all impact the daily quality of life and patient well-being if left untreated.[9] A July 2022 study by the *Journal of the American Pharmacists Association*, evaluated the amount of access the United States population has to community pharmacies such as outpatient pharmacies, health centers, chain, and independent pharmacies, primary care clinics, and specialty pharmacies. In this study, it was discovered that 9 out of 10 Americans live close to a community pharmacy, 88.9% live within 5 miles, 96.5% live within 10 miles and 48.1% live within 1 mile of a community pharmacy.[10] Overall, pharmacists are an essential healthcare resource and are available to prescribe contraceptive medication. This expansion of pharmacists' scope of practice and professional development is necessary for the advancement of medicine. Currently, there are 22 states that allow pharmacists to prescribe contraceptives without a collaborative practice agreement. Oregon is a great example of the positive effects the jurisdiction has warranted. In Oregon's first 2 years of its jurisdiction, the policy helped save the state $1.6 million and prevented 51 unintended pregnancies.[11]

Recent reproductive health decisions on the federal and state level, as well as the challenges of the pandemic, have impacted the scope of practice of pharmacy and patient access to healthcare. Pharmacists are greatly underutilized and with their expertise, they will be able to continue to bridge the gap surrounding reproductive health. Pharmacists are an essential part of the healthcare team and as leaders, they take an oath to embrace and advocate changes that will improve patient care.[12] More work must be established to guarantee the implementation of reproductive health education for pharmacists and student pharmacists as well as the

integration of pharmacist contraception prescribing authority into standard practice to overcome barriers to service.[13] Pharmacists and student pharmacists will continue to advocate for the ability to practice at the highest level of their license and provide quality care for the patients they serve.

2023.3 References:

1. *Women's Health: MedlinePlus Medical Encyclopedia*. MedlinePlus. Retrieved January 12, 2023, from https://medlineplus.gov/ency/article/007458.htm#:~:text=Women's%20health%20refers%20to%20the,physical%20and%20emotional%20well%2Dbeing
2. Simmons-Duffin, S. (2022, October 6). *66 clinics stopped providing abortions in the 100 days since Roe Fell*. NPR. Retrieved January 12, 2023, from https://www.npr.org/sections/health-shots/2022/10/06/1127105378/66-clinics-stopped-providing-abortions-in-the-100-days-since-roe-fell
3. Christensen, J. (2022, June 30). *Internet searches for medication abortion reached record highs after Supreme Court leak*. CNN. Retrieved January 24, 2023, from https://www.cnn.com/2022/06/30/health/medication-abortion-internet-searches-study/index.html
4. Belluck, P. (2023, January 3). *Abortion pills can now be offered at retail pharmacies, F.D.A. says*. The New York Times. Retrieved January 12, 2023, from https://www.nytimes.com/2023/01/03/health/abortion-pill-cvs-walgreens-pharmacies.html
5. *APhA-ASP adopted resolutions - American Pharmacists Association*. APhA-ASP. Retrieved January 12, 2023, from https://www.pharmacist.com/Portals/0/PDFS/ASP/APhA-ASP%20Adopted%20Resolutions%20-%20Updated%20October%202019.pdf?ver=JhDURYnaNpLayhsYzvm-Q%3D%3D
6. *G. V. R. (n.d.). U.S. contraceptive market size & share report, 2030. U.S. Contraceptive Market Size & Share Report, 2030. Retrieved January 24, 2023, from https://www.grandviewresearch.com/industry-analysis/us-contraceptive-market*
7. *Contraceptive deserts*. 2023 | Power to Decide. Retrieved January 12, 2023, from https://powertodecide.org/what-we-do/access/contraceptive-deserts#:~:text=Living%20in%20a%20contraceptive%20desert,the%20full%20range%20of%20methods
8. Sonfield, A., & Kost, K. (2022, August 24). *Public costs from unintended pregnancies and the role of public insurance programs in paying for pregnancy-related care: National and state estimates for 2010*. Guttmacher Institute. Retrieved January 12, 2023, from https://www.guttmacher.org/report/public-costs-unintended-pregnancies-and-role-public-insurance-programs-paying-pregnancy
9. H. G. (2022, August 11). *Birth control pills: Medical uses*. Center for Young Women's Health. Retrieved January 12, 2023, from https://youngwomenshealth.org/2011/10/18/medical-uses-of-the-birth-control-pill/

10. Berenbrok, L. A., Tang, S., & Gabriel, N. (2022, July 12). *Journal of the American Pharmacists Association*. Define_me. Retrieved January 12, 2023, from https://www.japha.org/article/S1544-3191(22)00233-3/fulltext
11. President, J. C. V., Cusick, J., President, V., Shepherd, Director, M., Shepherd, M., Director, ., Director, E. L. A., Lofgren, E., Director, A., Jones, K. B., Buchanan, M. J., Spitzer, E., Manser, K., Williamson, M. W., Khattar, R., & Christianson, A. (2023, January 9). *Advancing contraception access in states through expanded pharmacist prescribing*. Center for American Progress. Retrieved January 24, 2023, from https://www.americanprogress.org/article/advancing-contraception-access-in-states-through-expanded-pharmacist-prescribing/
12. AACP Board of Directors., &, APhA Board of Trustees. (2021, November). *Oath of a Pharmacist*. Oath of a pharmacist. Retrieved January 12, 2023, from https://www.pharmacist.com/About/Oath-of-a-Pharmacist
13. Pelaccio, K., Bright, D., Dillaway, H., & O'Connell, M. B. (2022, October 28). *Birth control use and access including pharmacist-prescribed contraception services during COVID-19*. MDPI. Retrieved January 12, 2023, from https://www.mdpi.com/2226-4787/10/6/142/htm

2023.4 – Opioid Education within Pharmacy Curriculum

APhA-ASP encourages all schools and colleges of pharmacy to enhance didactic and experiential education on opioid counseling in order to build student confidence, promote patient interactions, decrease stigma, and improve safe opioid usage.

2023.4 Background Statement

The American Association of Colleges of Pharmacy (AACP) has a database in which schools and colleges of pharmacy can upload their opioid-related activities. Opioid-related activities include education, research, service, practice, advocacy and assess the efforts of schools and colleges of pharmacy in addressing the opioid crisis. Evaluation of the database found that nearly two-thirds of schools and colleges of pharmacy reported limited involvement in skills-based education, research[1]. The 108 schools reporting to the database were split into "highly engaged" and "limited engagement" categories. With "highly engaged" schools and colleges being more likely to report opioid-related research.

It was found that skills-based education was a minority in opioid related activities that were reported by schools, with 40.5% of "highly engaged" and 13% of "limited engagement" schools offering hands-on naloxone training, clinical case scenarios, and standardized patient counseling sessions. There is not only a lack of training in the majority of schools and colleges of pharmacy, but an inconsistency in how the education is provided by schools across the United States.

There is currently a lack of standardization of education in schools and colleges of pharmacy, which limits pharmacist preparedness. Student pharmacists lack confidence their ability to counsel patients on opioid use. A 2019 study showed student pharmacists rate their confidence and readiness to counsel patients on opioid risks a 3 on a 5-point scale [2] . This includes knowledge to appropriately counsel patients on opioid dependence, addiction, and opioid risk[1]. An October 20222 study showed favorable and improving attitudes in student pharmacists regarding patient opioid use. While there is a lack of confidence, student pharmacists' motivation, attitudes, and perceptions of the opioid epidemic are favored[3].

Pharmacists are the most accessible healthcare providers for patients throughout the community[13]. Having a pharmacist that is properly educated and trained to practice during the opioid epidemic is crucial to patient success and safety. The 2022 CDC Clinical Practice Guidelines for Prescribing Opioid for Pain includes recommendations of counseling patients on benefits, risks, and opioid alternatives before initiating therapy[14]. The lack of training in opioid risk conversations can lead to patient harm. A study reported that 12.5% of patients picking up an opioid were told by a pharmacist that the medication was an opioid and counseled on physical dependency and use risks[16]. The same study interviewed pharmacists and found the expressed need for more training and resources for facilitative opioid use conversations with patients.

In acknowledging the need, some schools and colleges of pharmacy have researched implementation of didactic and lab sessions to increase opioid education in their curriculum. The didactic objectives were to help student pharmacists understand the need to educate patients about opioid risks and safety and identify strategies to initiate a conversation with patients about opioid risks and safety[4]. The lab portion consisted of various communication strategies for open and explicit opioid risk and safety conversations with patients. Results of the newly integrated didactic and lab session elevated confidence of student pharmacists on opioids from a 3 to 3.8 on a 5-point scale[4]. A successful intervention in opioid related curriculum was achieved and can serve as evidence of student pharmacist benefit.

The Accreditation Council for Pharmacy Education (ACPE) is recognized as the primary organization that establishes the merits of and accreditation for professional programs in pharmacy by the U.S. department of education. ACPE's measure by which programs are assessed includes a focus on determining how well professional programs meet or exceed the current ACPE standards. These standards are developed by ACPE through engagement with key stakeholders to provide a pulse for what should be expected for graduates from colleges and schools of pharmacy. Standards are best described as the "minimum requirements of programs", as well as representative of the expectations from both state boards of pharmacy and the U.S. Department of Education.[10] Reviewing ACPE's published standards on pharmacy education outcomes highlights two critical areas that pertain to this resolution statement, the first being "Standard 2: Essentials for Practice and Care" and the second being "Standard 3: Approach to Practice and Care". These two standards as described in ACPE's standards document condense down to a focus on student pharmacists being able to have the basic skills to identify, plan, problem-solve, communicate, and educate on health-related problems with patients. As previously mentioned, student-pharmacists lack the confidence and knowledge to provide patients with the necessary and critical information that they'll need to not only be successful in their treatment of pain but more important on how to be safe in using the medication (opioid).

One study presented in the Journal of the American Pharmacists Association in 2019 highlighted survey findings from a site-proctor of 79 pharmacies within the mostly urban areas of the state of Massachusetts. The study presented information related to the confidence, knowledge, and preparedness of pharmacist to conduct naloxone and overdose training or counseling to patients. From the survey two areas were brought up for concern based on their findings, both related to patient counseling on overdose management. "Approximately half of pharmacists could not articular what one should do after an opioid overdose" and "Only 17% of pharmacists offered that one should administer a second dose of naloxone if the person having an overdose has not started to breathe on their own". Providing critical information related to opioid overdose management and safe use to patients and their families is a critical step within the dispensing process, especially in relation to the opioid epidemic. Pharmacist in Kentucky, similarly have were presented with a survey looking at their preparedness to counsel on naloxone and overdose identification management. Researchers conducted a multivariate analysis to better determine the relationship between education on patients about overdoses

and risk individuals and willingness to dispense naloxone was conducted with an increase of 1 confidence interval being associated with a 1.6-fold increase in willingness to dispense naloxone. Conclusions in both articles from these two states suggest the role that pharmacy schools can play in improving the readiness and willingness of future pharmacists in counseling and dispensing of a naloxone.

For student pharmacists to be and feel prepared to care for patients with as complex of an issue as opioid use disorder the current standards are currently unsuccessful in their design to capture some of the previously mentioned “gaps in education” as part of how to handle opioid epidemic.[1] This is not to say that the opioid epidemic has not gone unnoticed in academia - one of the largest professional organizations representing facility and students interest in academia, the AACP, has also worked to develop specific *curriculum guidelines* pertaining to substance use disorder which includes a variety of products/substances, including but not limited to, alcohol, nicotine, anabolic steroids, and opioids.[12]

As AACP has outlined in these four guideline statements students should receive education from a curriculum that focuses on supporting not only a basic understanding substance use disorders or how to manage it, but also to have a foundation on how to interact with patients being affected by addiction. Guidelines 8 and 9 call out specific attention that should be given on this by asking students to be able to demonstrate both counseling skills (communication) and the ability to provide “support for the ongoing recovery of addicted individuals…”. By teaching and creating experiences in the classroom and didactic environment colleges and schools of pharmacy may better help students to begin to not only meet these guidelines but also better prepare them to handle the challenges facing healthcare providers. Pharmacy, and therefore, student pharmacists continue to face a widespread opioid epidemic both in the community and health system settings. However, as discussed previously these guidelines are still just suggestions and can be looked at as a “best practices” model for colleges or schools to mix and match different components within their curriculum design. In order for pharmacy to prepare its graduates for the present and future of practice these guideline statements, from AACP, need to become more than just “best practices” but gain the support and attention that should be expected to be included in all curriculum design.

Student pharmacists are aware and eager to be prepared to handle the opioid epidemic that remains a key struggle for many communities across the country. Professional organizations are and have prepared some of the groundwork to train students in high quality activities and/or in their foundational knowledge surrounding the topic. But the lack of specific and consistent training also exists throughout many colleges and schools of pharmacy leaving many students ill prepared to intervene, educate, and problem-solve with patients and families. Underscoring this is the lack of compliance requirements on the part of curricula-design and education. If colleges and schools of pharmacy are to improve the training and confidence of student pharmacists in approaching the opioid crisis, then ACPE must provide structured requirements. Ultimately, it is evident that there is a lack of opioid education and a deficiency in preparing student pharmacists to practice in the opioid crisis. Calling on the Accreditation Council for Pharmacy Education allows implementation of definitive opioid education to address the necessity of

additional education and training to increase student pharmacist confidence with practicing in the opioid crisis.

2023.4 References:

1. Patterson, Julie A., et al. “Patterns of School and College of Pharmacy Engagement in Addressing the Opioid Crisis.” *Currents in Pharmacy Teaching and Learning*, vol. 14, no. 10, 2022, pp. 1215–1221., https://doi.org/10.1016/j.cptl.2022.09.007.
2. Thakur, Tanvee, et al. “Evaluating Pharmacy Student Consultations with Standardized Patients on Opioid Medication Use and Opioid-Specific Risks.” *American Journal of Pharmaceutical Education*, vol. 83, no. 10, 2019, p. 7494., https://doi.org/10.5688/ajpe7494.
3. Murnane, Kevin S., et al. “Student Pharmacists' Attitudes, Perceptions, and Knowledge Regarding Opioid Use, Misuse, and Overdose: Four Years of Data.” *Currents in Pharmacy Teaching and Learning*, vol. 14, no. 10, 2022, pp. 1222–1228., https://doi.org/10.1016/j.cptl.2022.09.012.
4. Thakur, Tanvee, et al. “Student Pharmacist Opioid Risk Consultations: A Pre-Post Educational Intervention Study.” *International Journal of Pharmacy Practice*, vol. 30, no. 3, 2022, pp. 279–283., https://doi.org/10.1093/ijpp/riac024.
5. Krista L. Donohoe, Archana Raghavan, Thuy T. Tran, Fawaz M. Alotaibi, Kacie E. Powers and Laura M. Frankart. *American Journal of Pharmaceutical Education* September 2019, 83 (7) 6988; DOI: https://doi.org/10.5688/ajpe6988
6. Skrabal, Maryann Z., et al. “A Multi-Site Qualitative Study Examining Pharmacy Student Perspectives on the Opioid Crisis.” *American Journal of Pharmaceutical Education*, vol. 85, no. 7, 2021, p. 8515., https://doi.org/10.5688/ajpe8515.
7. “Understanding Drug Overdoses and Deaths.” *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 14 Feb. 2022, https://www.cdc.gov/drugoverdose/epidemic/index.html.
8. “Opioid-Related Activities.” *AACP*, https://www.aacp.org/opioid.
9. American Association of Colleges of Pharmcy. *Substance Abuse: The Pharmacy Educator’s Role in Prevention ... - AACP*. https://www.aacp.org/sites/default/files/Curricular%20Guidelines%20for%20Pharmacy%20-%20Substance%20Abuse%20and%20Addictive%20Disease.pdf.
10. ACPE. "Policies and Procedures for ACPE Accreditation of Professional Degree Programs ." June 2022. January 2023.
11. EDUCATION, ACCREDITATION COUNCIL FOR PHARMACY. "ACPE Standards ." 2 February 2016. January 2023.
12. Edward M. DeSimone, Julie C. Kissack, , David M. Scott, and Brandon J. Patterson. "AACP." 1991. Curricular Guidelines for Pharmacy: Substances Abuse and Addictive Disease . January 2023.
13. Manolakis, P. G., & Skelton, J. B. (2010). Pharmacists' contributions to primary care in the United States collaborating to address unmet patient care needs: The emerging role for pharmacists to address the shortage of primary care providers. *American Journal of Pharmaceutical Education*, *74*(10). https://doi.org/10.5688/aj7410s7

14. Dowell, D., Ragan, K. R., Jones, C. M., Baldwin, G. T., & Chou, R. (2022). CDC Clinical Practice Guideline for prescribing opioids for pain — United States, 2022. *MMWR. Recommendations and Reports*, *71*(3), 1–95. https://doi.org/10.15585/mmwr.rr7103a1
15. Thakur, T., & Chewning, B. (2020). Using role theory to explore pharmacist role conflict in opioid risks communication. *Research in Social and Administrative Pharmacy*, *16*(8), 1121–1126. https://doi.org/10.1016/j.sapharm.2019.11.012

2023.5 – Safe Staffing Practices and Elimination of Quotas and Performance Metrics in Pharmacies

1. APhA-ASP advocates for the implementation of staffing measures across all pharmacy practice settings that are appropriate for that institution in order to optimize patient care and safety.
2. APhA-ASP supports the elimination of quotas and performance metrics that have a negative impact on the safety and well-being of patients, pharmacists, student pharmacists, pharmacy technicians, and other pharmacy personnel.
3. APhA-ASP advocates for the National Association of Boards of Pharmacy to establish adequate staffing guidelines for state boards of pharmacy to refer to when developing state-specific staffing requirements.
4. APhA-ASP advocates for state boards of pharmacy to develop requirements that hold pharmacies within their jurisdiction accountable for implementing and maintaining adequate staffing levels at each practice site.

2023.5 Background Statement:

Described as a profession with "high stress and low tolerance for error," pharmacists have experienced a drastic increase in the number of responsibilities since the start of the pandemic.[1] In addition to filling hundreds of prescriptions daily, taking phone calls, and counseling patients, pharmacists are now also responsible for administering and handling large volumes of COVID-19 vaccines, conducting COVID-19 testing, and administering subcutaneous, intramuscular, and oral COVID-19 therapeutics.[2,3]

While pharmacists have been willing to take on these new responsibilities, long-term sustainability is severely impaired when pharmacists are expected to take on these additional tasks without the adequate support that ensures patient safety and quality of care. Furthermore, the implementation of metrics and quotas that pharmacists must reach only serves to aggravate the current staffing problem, jeopardize patient safety, and hinder pharmacists and their staff from providing high-quality care.[4,5,6]

On September 27, 2021, the state of California signed Senate Bill 362 into law, effectively eliminating the use of quotas in various pharmacy settings as a way to gauge pharmacist productivity.[7] A quota, per the legislation, is defined as a numerical value or formula measuring the number of prescriptions filled, number of services rendered to patients, number of programs offered to patients, and amount of revenue obtained by the pharmacy.

Consequences of the implementation of such quotas range from increased likelihood of medication errors to inhibition of patient consultations. Medication errors, one of the nation's leading causes of death, can often be prevented through adequate staffing and proper patient consultations. Preventable medication errors are also reported to cost the US nearly $21 billion annually and affect over seven million patients.[8] APhA-ASP does not seek to remove procedures that evaluate the competency of pharmacists and pharmacy personnel in providing

care to a patient. The primary objective of eliminating quotas and metrics is to diminish the risk to patient safety and well-being, as well as pharmacist and staff well-being.[9]

A report containing two months of prescription data (from January to March of 2003) submitted to insurance companies from 672 pharmacies in 18 metropolitan regions was reviewed in a study conducted by the University of Arizona College of Pharmacy. The report found an average of 32.1 potentially harmful drug interactions out of the 1,375 prescriptions filled each week. On average, only 1.2 pharmacists were on duty for each hour of operation. Each pharmacist reported filling 14.1 prescriptions per hour. Most notably, the study reported a three percent increased risk of a medication error that could lead to potentially harmful drug-drug interactions with each additional prescription filled per hour.[10] This statistic is especially concerning when applied to the responses collected from a 2020 survey conducted by the State of Ohio Board of Pharmacy.

In 2020, a study was conducted in the State of Ohio Board of Pharmacy surveying pharmacists regarding their workload and working conditions. Of the 4,159 pharmacists who responded to the survey, nearly half did not feel that their practice setting had enough pharmacists to ensure safe patient care.[11] More than half do not believe that their practice setting has enough pharmacy technicians. Two thousand forty-six respondents reported that the current workload to staff ratio in their practice setting does not allow them to provide safe and effective care for their patients; and nearly 60% of the respondents reported feeling pressured to meet certain metrics and standards, hindering their ability to ensure patient safety when providing care. Furthermore, most respondents reported not being given the opportunity to take breaks throughout their workday. With 2,161 respondents reportedly working between eight to 9.9 hours on average and 1,493 respondents working between 10 to 12.9 hours on average, the lack of intermittent breaks for pharmacists working eight to upwards of 13 hours a shift impacts the pharmacists' ability to maintain consistency and precision, and in turn, jeopardizes patients' safety. With pharmacy staff processing anywhere between eleven to 75 prescriptions per hour, it is critical that enough pharmacists and technicians are on duty to ensure that patients get the correct medication promptly, with adequate and proper medication consultation. The prescription count per hour does not include consultations, vaccines, phone calls, operating cash registers, and all other duties that fall on the shoulder of the pharmacy staff. Most concerning, nearly half reported not feeling safe voicing their concerns to their employer. Pharmacists and pharmacy staff should be able to carry out their duties as healthcare professionals and report legitimate concerns to employers without fear of retaliation. Withholding information pertinent to the safety and quality of the healthcare provided at a particular practice site is dangerous for both the pharmacy and its patients.

High rates of burnout in pharmacies have been present since before the pandemic. Paired with the increase in responsibilities brought by the pandemic and staffing shortages, pharmacies not adequately staffed are at risk of committing more medication errors that could have been avoided with optimal staffing levels. The high volume of patients and staffing shortages result in pharmacists already burnt out picking up additional shifts – lowering productivity and quality of care and further jeopardizing both the patient and their own well-being.[12]

With the unmet need for adequate staffing and increased levels of burnout, pharmacists have been leaving the profession in masses, particularly throughout 2022 and 2023, which has consequently been limiting access to patient care.[13, 14] Major chain pharmacies are unable to fill the pharmacist vacancies. As a result, these corporations have had to decrease pharmacy hours and close stores, further limiting access to patient care.[15,16] Throughout February 2023, popular media sources have cited several chain pharmacies claiming that they cannot fill these vacancies due to a national pharmacist shortage. However, according to national pharmacy organizations, such as NCPA and APhA, there is no shortage of pharmacists. Rather, there is a shortage of pharmacists willing to work under the high stress environments perpetuated by understaffed and under resourced pharmacies.[17]

The increasing severity of pharmacist and pharmacy personnel burnout and workload issues has prompted the National Association of Boards of Pharmacy (NABP), whose mission includes supporting patient and prescription safety as well as assisting member boards in protecting public health, to assemble a task force charged specifically with investigating pharmacy workplace safety and well-being, as well as the effects these factors have on the quality of care delivered to the patient. A joint analysis was also recently released by APhA and the National Alliance of State Pharmacy Associations evaluating state-based workplace survey responses from 4,482 pharmacists practicing in 17 different settings across the US. Not only do the results from the survey reinforce the case for staffing reform and elimination of quotas and metrics, they also illustrate that staffing shortages and the implementation of quotas and metrics are only two of many factors impacting the quality of patient care.[18] In addition to their findings from 2021, the report also highlights concerning statistics that date back to the 2019 National Pharmacy Workload Survey, in which 71% of pharmacists reported their workload was high or extremely high.

To ensure both patient and pharmacy personnel safety and well-being, APhA-ASP advocates for the NABP to review current guidelines and set forth new, updated guidelines on safe staffing levels for state boards of pharmacy to reference when setting state-specific staffing requirements. Staffing requirements within a specific state and the consequences associated with violating one or more of the requirements should fall under the jurisdiction of state boards of pharmacy.

As seen in a statement released by the Missouri State Board of Pharmacy on December 12, 2021, state boards may conduct their own investigation into pharmacies with working conditions they have identified as a potential threat to patient safety.[19] Subsequent disciplinary actions may be carried out by the state boards of pharmacy, which may include the suspension or revocation of a site's permit or referral to the state Attorney General's office. Details of specific staffing provisions and penalties associated with the violation of provisions will be at the discretion of each state board of pharmacy.

2023.5 References:

1. Rollins J. Front-line fatigue: Pharmacists hit with overwhelming workload, shortages and sometimes an angry public. Deseret News. https://www.deseret.com/utah/2021/11/7/22765406/pharmacists-hit-with-overwhelming-workload-shortages-angry-public-covid-misinformation. Published November 8, 2021. Accessed February 16, 2022.
2. Ninth Amendment to Declaration Under the Public Readiness and Emergency Preparedness Act for Medical Countermeasures Against COVID-19. Federal Register. https://www.federalregister.gov/documents/2021/09/14/2021-19790/ninth-amendment-to-declaration-under-the-public-readiness-and-emergency-preparedness-act-for-medical. Published September 14, 2021. Accessed February 16, 2022.
3. Tenth Amendment to Declaration Under the Public Readiness and Emergency Preparedness Act for Medical Countermeasures Against COVID-19. Federal Register. https://www.federalregister.gov/documents/2022/01/07/2022-00151/tenth-amendment-to-declaration-under-the-public-readiness-and-emergency-preparedness-act-for-medical. Published January 7, 2022. Accessed February 16, 2022.
4. Gabler E. How Chaos at Chain Pharmacies is Putting Patients at Risk. The New York Times. https://www.nytimes.com/2020/01/31/health/pharmacists-medication-errors.html. Published January 31, 2020. Accessed February 16, 2022.
5. Does Performance Metrics system raise prescription error risks? Matthew L Sharp. https://mattsharplaw.com/news/does-performance-metrics-system-raise-prescription-error-risks/. Published March 25, 2020. Accessed February 16, 2022.
6. Levin & Perconti. Are Performance Metrics Contributing to Pharmacy Error? Illinois Medical Malpractice Blog. https://medicalmalpractice.levinperconti.com/are_performance_metrics_contri/. Published February 25, 2015. Accessed February 16, 2022.
7. SB-362 Chain community pharmacies: quotas. California Legislative Information. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220SB362. Published September 27, 2021. Accessed February 16, 2022.
8. da Silva BA, Krishnamurthy M. The alarming reality of medication error: A patient case and review of Pennsylvania and National Data. *Journal of Community Hospital Internal Medicine Perspectives*. 2016;6(4):31758. doi:10.3402/jchimp.v6.31758
9. James KL, Barlow D, Hiom S, Roberts D, Whittlesea C. Development and use of the critical incident technique in evaluating causes of dispensing incidents. OUP Academic. https://academic.oup.com/ijpp/article/16/4/239/6130581. Published February 18, 2010. Accessed February 16, 2022.
10. Malone DC, Abarca J, Skrepnek GH, et al. Pharmacist workload and pharmacy characteristics associated with the dispensing of potentially clinically important drug-drug interactions. *Med Care*. 2007;45(5):456-462. doi:10.1097/01.mlr.0000257839.83765.07
11. Pharmacist Workload Advisory Survey - pharmacy.ohio.gov. https://pharmacy.ohio.gov/Documents/Pubs/Reports/PharmacistWorkloadSurvey/Pharmacist%20Workload%20Advisory%20Survey%20Presentation%20-%2010.14.2021.pdf. Published April 20, 2021. Accessed February 16, 2022.

12. Adams K. 6 execs share the dangers of Pharmacy Burnout. Becker's Hospital Review. https://www.beckershospitalreview.com/pharmacy/6-execs-share-the-dangers-of-pharmacy-burnout.html. Published October 15, 2021. Accessed February 16, 2022.
13. Haggan, M. Why pharmacists are leaving the profession. AJP. Published June 16, 2022. Accessed February 9, 2023. https://ajp.com.au/news/why-pharmacists-are-leaving-the-profession/
14. Rios, L. “They’re literally making us sick”: Pharmacy workers describe conditions that sparked US walkouts. World Socialist Web Site. Accessed February 9, 2023. https://www.wsws.org/en/articles/2021/12/23/cvsp-d23.html
15. Tellez A. A Pharmacist Shortage Has Caused CVS, Walgreens And Walmart To Cut Pharmacy Hours—Here’s What We Know. Forbes. Accessed February 9, 2023. https://www.forbes.com/sites/anthonytellez/2023/01/30/a-pharmacist-shortage-has-caused-cvs-walgreens-and-walmart-to-cut-pharmacy-hours-heres-what-we-know/?sh=1941d2eb4ecf
16. Berman, A. Many Alaska pharmacies are understaffed, leading to sporadic hours and patients turned away. Anchorage Daily News. Accessed February 9, 2023. https://www.adn.com/alaska-news/2022/09/17/many-alaska-pharmacies-are-understaffed-leading-to-sporadic-hours-and-patients-turned-away/
17. Staff B. Pharmacy Associations Weigh in on So-Called Staff Shortages. www.uspharmacist.com. Accessed February 9, 2023. https://www.uspharmacist.com/article/pharmacy-associations-weigh-in-on-socalled-staff-shortages
18. Negatu J. Apha and NASPA applauds NABP statement on Pharmacist's Fundamental Responsibilities and Rights. American Pharmacists Association. https://pharmacist.com/APhA-Press-Releases/apha-and-naspa-applauds-nabp-statement-on-pharmacists-fundamental-responsibilities-and-rights. Published January 14, 2022. Accessed February 16, 2022.
19. Missouri Board Newsletter. *Missouri Division of Professional Registration*. https://pr.mo.gov/pharmacists-newsandalerts.asp#newsletters. Published December 21, 2021.