

2024 House of Delegates

Report of the Policy Review Committee

- *Policies related to newly adopted policy from the 2023 APhA House of Delegates*
- *Current adopted policies containing the word “furnished”*
- *Current adopted policies containing “Regulatory” language*
- *Current adopted policies related to “People-Centric” language*

Committee Members

Jennifer Adams, Chair
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Ex Officio

Brandi Hamilton, 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.

Overall Charge and Duties

The Policy Review Committee is charged each year to review any (1) policy that has not been reviewed or revised in the past 10 years; (2) policy related to statements adopted in the most recent House session (from March 2023); and (3) contemporary issues, if applicable, as identified by the Speaker.

Based on these charges, the Committee reviewed 122 total policies. As of April 2023, all policies within the APhA policy manual have been reviewed or revised since 2013 resulting in zero policies with a need for review according to the first Committee charge. As part of the second committee charge, thirty-seven policies were related to newly adopted policy from the March 2023 session. As part of the third committee charge, the Speaker of the House also charged the Committee to review and standardize all APhA policy containing the word “furnish” (3 policies were identified), policies needing amendments related to “Regulatory” language (63 policies were identified), and policies needing amendments related to “People-Centric” language (18 policies were identified).

The Committee met nine times via web conference call to conduct its work and provides the following recommendations. The report is organized roughly in order of the three charges and also by recommendation type.

Charge 1: 0 Items

Charge 2: Recommendations 1-37

Charge 3: Recommendations 38-122

Recommendations to Retain: 27 (Items 1-27)

Recommendations to Amend: 94 (Items 28-36 and 38--122)

Recommendations to Archive: 1 (Item 37)

Recommendations to Retain

1. The Committee Recommends RETAINING the following policy statement as written. 2021 Diversity, Equity, Inclusion, and Belonging

1. APhA denounces all forms of racism.
2. APhA affirms that racism is a social determinant of health that contributes to persistent health inequities.
3. APhA urges the entire pharmacy community to actively work to dismantle racism.
4. APhA urges the integration of anti-racism education within pharmacy curricula, post-graduate training, and continuing education requirements.
5. APhA urges pharmacy leaders, decision-makers, and employers to create sustainable opportunities, incentives, and initiatives in education, research, and practice to address racism.

6. APhA urges pharmacy leaders, decision-makers, and employers to routinely and systematically evaluate organizational policies and programs for their impact on racial inequities.

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

2. The Committee Recommends RETAINING the following policy statement as written. 2019 Increasing Awareness and Accountability to End Harassment, Intimidation, Abuse of Power, Position or Authority in Pharmacy Practice

1. APhA calls on all national and state pharmacy organizations, colleges/schools of pharmacy, and other stakeholders to support the development of a profession-wide effort to address harassment, intimidation, and abuse of power or position.

2. APhA supports the development of a profession-wide guideline on reporting harassment, intimidation, or abuse of power or position in their pharmacy education and training, professional practice, or volunteer service to pharmacy organizations.

3. APhA recommends all pharmacy organizations incorporate harassment, intimidation, and abuse training in their member professional development and education activities.

(JAPhA. 61(4):e15-e16; July/August 2021)

3. The Committee Recommends RETAINING the following policy statement as written. 2019 Pharmacist and Pharmacy Personnel Safety and Well-Being

1. APhA calls for employers to develop policies and resources to support pharmacy personnel's ability to retreat or withdraw, without retaliation, from interactions that threaten their safety and well-being.

2. APhA encourages the development or utilization of educational programs and resources by the Association, employers, and other institutions to prepare pharmacy personnel to respond to situations that threaten their safety and well-being.

(JAPhA. 59(4):e17; July/August 2019) (Reviewed 2021)

4. The Committee Recommends RETAINING the following policy statement as written. 2019 Pharmacists' Role in Mental Health and Emotional Well-Being

1. APhA encourages all health care personnel to receive training and provide services to identify, assist, and refer people at risk for, or currently experiencing, a mental health crisis.

2. APhA encourages employers and policy makers to provide the support, resources, culture, and authority necessary for all pharmacy personnel to engage and assist individuals regarding mental health and emotional well-being.

3. APhA supports integration of a mental health assessment as a vital component of pharmacist-provided patient care services.

(JAPhA. 59(4):e16; July/August 2019)

**5. The Committee Recommends RETAINING the following policy statement as written.
2019 Qualification Standards for Pharmacists**

APhA adamantly opposes the basic education requirement within the Office of Personnel Management's Classification and Qualifications –General Schedule Qualification Standard – Pharmacy Series, 0660, requiring a Doctor of Pharmacy degree as the minimum qualifications to practice pharmacy that are inconsistent with pharmacist licensure requirements by state boards of pharmacy.

(JAPhA. 59(4):e17; July/August 2019)

**6. The Committee Recommends RETAINING the following policy statement as written.
2017 Pharmacy Performance Networks**

1. APhA supports performance networks that improve patient care and health outcomes, reduce costs, use pharmacists as an integral part of the health care team, and include evidence-based quality measures.
2. APhA urges collaboration between pharmacists and payers to develop distinct, transparent, fair, and equitable payment strategies for achieving performance measures associated with providing pharmacists' patient care services that are separate from the reimbursement methods used for product fulfillment.
3. APhA advocates for prospective notification of evidence-based quality measures that will be used by a performance network to assess provider and practice performance. Furthermore, updates on provider and practice performance against these measures should be provided in a timely and regular manner.
4. APhA supports pharmacists' professional autonomy to determine processes that improve performance on evidence-based quality measures.

(JAPhA. 57(4):441; July/August 2017) (Reviewed 2019)

**7. 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. NS 29(7):464; July 1989) (Reviewed 2001) (Reviewed 2007) (JAPhA. NS52(4):459; July/August 2012) (JAPhA. 57(4):441; July/August 2017) (Reviewed 2022)

**8. The Committee Recommends RETAINING the following policy statement as written.
2012, 2001, 1969 Pharmacist Workforce Census**

1. APhA recognizes the need for an ongoing census of pharmacists to establish and track changes in workforce demographics and practice characteristics.

2. APhA urges the federal government or other stakeholders to establish funding mechanisms to conduct an ongoing census of pharmacists to establish and track changes in workforce demographics and practice characteristics.

(JAPhA. NS9:361; July 1969) (JAPhA. NS41(5)(suppl 1):S9; September/October 2001) (Reviewed 2007) (JAPhA. NS52(4):458; July/August 2012) (Reviewed 2017)

9. The Committee Recommends RETAINING the following policy statement as written.
2001 Employee Benefits

2. APhA encourages employers to offer benefit packages that provide dependent-care benefits, including, but not limited to, flexible spending accounts, voucher systems, referral services, on-site dependent care, and negotiated discounts for use of day care facilities, to improve workforce conditions.

(JAPhA. NS(5)(suppl 1):S10; September/October 2001)(Reviewed 2007) (Reviewed 2012) (Reviewed 2017) (Reviewed 2019)

10. The Committee Recommends RETAINING the following policy statement as written.
2015 Interoperability of Communications Among Health Care Providers to Improve Quality of Patient Care

1. APhA supports the establishment of secure, portable, and interoperable electronic patient health care records.

2. APhA supports the engagement of pharmacists with other stakeholders in the development and implementation of multidirectional electronic communication systems to improve patient safety, enhance quality care, facilitate care transitions, increase efficiency, and reduce waste.

3. APhA advocates for the inclusion of pharmacists in the establishment and enhancement of electronic health care information technologies and systems that must be interoperable, HIPAA compliant, integrated with claims processing, updated in a timely fashion, allow for data analysis, and do not place disproportionate financial burden on any one health care provider or stakeholder.

4. APhA advocates for pharmacists and other health care providers to have access to view, download and transmit electronic health records. Information shared among providers using a health information exchange should utilize a standardized secure interface based on recognized international health record standards for the transmission of health information.

5. APhA supports the integration of federal, state, and territory health information exchanges into an accessible, standardized, nationwide system.

6. APhA opposes business practices and policies that obstruct the electronic access and exchange of patient health information because these practices compromise patient safety and the provision of optimal patient care.

7. APhA advocates for the development of systems that facilitate and support electronic communication between pharmacists and prescribers concerning patient adherence, medication discontinuation, and other clinical factors that support quality care transitions.

8. APhA supports the development of education and training programs for pharmacists, student pharmacists, and other health care professionals on the appropriate use of electronic health records to reduce errors and improve the quality and safety of patient care.
9. APhA supports the creation and non-punitive application of a standardized, interoperable system for voluntary reporting of errors associated with the use of electronic health care information technologies and systems to enable aggregation of protected data and develop recommendations for improved quality.
(JAPhA. N55(4):364; July/August 2015) (Reviewed 2019)

**11. The Committee Recommends RETAINING the following policy statement as written.
2012 Medication Verification**

APhA encourages including a description of a medication's appearance on the pharmacy label or receipt as a means of reducing medication errors and distribution of counterfeit medications.

(JAPhA. NS52(4): 458; July/August 2012) (Reviewed 2017) (Reviewed 2018)

**12. The Committee Recommends RETAINING the following policy statement as written.
2022 Procurement Strategies and Patient Steerage**

1. APhA opposes mandated procurement strategies that restrict patients' and providers' ability to choose treatment options and that compromise patient safety and quality of care.
2. APhA calls for procurement strategies and care models that lower total costs, do not restrict or delay care, and ensure continuity of care.

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

**13. The Committee Recommends RETAINING the following policy statement as written.
2019 Consolidation Within Health Care**

1. APhA advocates that health care mergers and acquisitions must preserve the pharmacist-patient relationship.
2. APhA supports optimizing the role of pharmacists in the provision of team-based care following health care mergers and acquisitions in order to:
 - (a) enhance patient experience and safety;
 - (b) improve population health;
 - (c) reduce health care costs; and
 - (d) improve the work life of health care providers.
3. APhA asserts that the scope of review by federal agencies must have a focus on the impact of health care mergers and acquisitions on patient access and the provision of care to ensure optimal patient outcomes. Therefore, APhA calls for
 - (a) reform of the pre-health care mergers and acquisitions process;
 - (b) implementation of an ongoing post-health care mergers and acquisitions evaluation process to preserve patient choice and access to established patient-pharmacist relationships, and

- (c) continuous transparent dialogue among stakeholders throughout the process.
- 4. APhA calls for the Federal Trade Commission (FTC) to develop a task force to monitor health care mergers and acquisitions activity.
(JAPhA. 59(4):e16; July/August 2019) (Reviewed 2021)

14. 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 ensure 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) (Reviewed 2022)

15. The Committee Recommends RETAINING the following policy statement as written.
2017 Patient Access to Pharmacist-Prescribed Medications

- 1. APhA asserts that pharmacists' patient care services and related prescribing by pharmacists help improve patient access to care, patient outcomes, and community health, and they align with coordinated, team-based care.
- 2. APhA supports increased patient access to care through pharmacist prescriptive authority models.
- 3. APhA opposes requirements and restrictions that impede patient access to pharmacist-prescribed medications and related services.
- 4. APhA urges prescribing pharmacists to coordinate care with patients' other health care providers through appropriate documentation, communication, and referral.
- 5. APhA advocates that medications and services associated with prescribing by pharmacists must be covered and compensated in the same manner as for other prescribers.
- 6. APhA supports the right of patients to receive pharmacist-prescribed medications at the pharmacy of their choice.
(JAPhA. 57(4):442; July/August 2017) (Reviewed 2019) (Reviewed 2020) (Reviewed 2021)

16. The Committee Recommends RETAINING the following policy statement as written.
2004, 1990 Freedom to Choose

1. APhA supports the patient's freedom to choose a provider of health care services and a provider's right to be offered participation in governmental or other third-party programs under equal terms and conditions.
2. APhA opposes government or other third-party programs that impose financial disincentives or penalties that inhibit the patient's freedom to choose a provider or health care services.
3. APhA supports that patients who must rely upon governmentally financed or administered programs are entitled to the same high quality of pharmaceutical services as are provided to the population as a whole.
(Am Pharm. NS30(6):45; June 1990) (JAPhA. NS44(5):551; September/October 2004) (Reviewed 2010) (Reviewed 2015) (Reviewed 2018) (Reviewed 2021)

**17. The Committee Recommends RETAINING the following policy statement as written.
2022, 2004, 1988 Pharmacists' Relationship to Veterinarians**

APhA encourages pharmacists, 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) (Amended 2022)

**18. The Committee Recommends RETAINING the following policy statement as written.
2021 Definition of Patient**

APhA calls for the adoption, by pharmacy organizations and regulatory and professional entities, of the expanded definition for patient to include human or non-human species.

(JAPhA. 61(4):e16; July/August 2021)

**19. The Committee Recommends RETAINING the following policy statement as written.
2009 Disparities in Health Care**

APhA supports elimination of disparities in health care delivery.

(JAPhA. NS49(4):493; July/August 2009) (Reviewed 2013) (Reviewed 2018) (Reviewed 2020) (Reviewed 2022)

**20. The Committee Recommends RETAINING the following policy statement as written.
2015 Prenatal and Perinatal Care and Maternal Health**

APhA supports pharmacists, in collaboration with the health care team, providing adequate and comprehensive prenatal and perinatal care for overall maternal and newborn health and wellness.

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

**21. The Committee Recommends RETAINING the following policy statement as written.
2013 Ensuring Access to Pharmacists' Services**

1. Pharmacists are health care providers who must be recognized and compensated by payers for their professional services.
 2. APhA actively supports the adoption of standardized processes for the provision, documentation, and claims submission of pharmacists' services.
 3. APhA supports pharmacists' ability to bill payers and be compensated for their services consistent with the processes of other health care providers.
 4. APhA supports recognition by payers that compensable pharmacist services range from generalized to focused activities intended to improve health outcomes based on individual patient needs.
 5. APhA advocates for the development and implementation of a standardized process for verification of pharmacists' credentials as a means to foster compensation for pharmacist services and reduce administrative redundancy.
 6. APhA advocates for pharmacists' access and contribution to clinical and claims data to support treatment, payment, and health care operations.
 7. APhA actively supports the integration of pharmacists' service level and outcome data with other health care provider and claims data.
- (JAPhA. 53(4):365; July/August 2013) (Reviewed 2018) (Reviewed 2019) (Reviewed 2021)

**22. The Committee Recommends RETAINING the following policy statement as written.
2013 Pharmacists Providing Primary Care Services**

APhA advocates for the recognition and utilization of pharmacists as providers to address gaps in primary care.

(JAPhA. 53(4):365; July/August 2013) (Reviewed 2018) (Reviewed 2019) (Reviewed 2020)

**23. The Committee Recommends RETAINING the following policy statement as written.
2001 Syringe Disposal**

APhA supports collaboration with other interested health care organizations, public and environmental health groups, waste management groups, syringe manufacturers, health insurers, and patient advocacy groups to develop and promote safer systems and procedures for the disposal of used needles and syringes by patients outside of health care facilities.

(JAPhA. NS41(5)(suppl 1):S9; September/October 2001) (Reviewed 2007) (Reviewed 2012) (Reviewed 2017) (Reviewed 2020)

**24. The Committee Recommends RETAINING the following policy statement as written.
1979 Consideration of the Equal Rights Amendment**

APhA supports efforts to ensure equal rights of all persons.

(AmPharm. NS19(7):60; June 1979) (Reviewed 2009) (Reviewed 2014) (Reviewed 2018) (Reviewed 2022)

25. The Committee Recommends RETAINING the following policy statement as written.
2022 Data to Advance Health Equity

APhA urges pharmacists to use patient-specific data and social determinants of health to address health inequities and drive decision-making in practice and advocacy.

(JAPhA. 62(4):941; July 2022)

26. The Committee Recommends RETAINING the following policy statement as written.
2021 People First Language

APhA encourages the use of people first language in all written and oral forms of communication.

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

27. The Committee Recommends RETAINING the following policy statement as written.
2021 Social Determinants of Health

1. APhA supports the integration of social determinants of health screening as a vital component of pharmacy services.
2. APhA urges the integration of social determinants of health education within pharmacy curricula, post-graduate training, and continuing education requirements.
3. APhA supports incentivizing community engaged research, driven by meaningful partnerships and shared decision-making with community members.
4. APhA urges pharmacists to create opportunities for community engagement to best meet the needs of the patients they serve.
5. APhA encourages the integration of community health workers in pharmacy practice to provide culturally sensitive care, address health disparities, and promote health equity.

(JAPhA. 61(4):e16; July/August 2021)

Recommendations to Amend

28. The Committee Recommends AMENDING 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 that 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 ~~personnel 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 have a negative impact on patient safety.
6. APhA opposes retaliation against pharmacy ~~staff~~ personnel for reporting workplace issues that may negatively impact patient safety.

(JAPhA. 58(4):355; July/August 2018) (Reviewed 2020) (Reviewed 2021) (Reviewed 2022)

Comments: The Policy Review Committee recommends AMENDING statements #2, 4 and 6 for clarity and brevity, to align with the new “2023 Workplace Conditions” policy. These proposed amendments are also intended to be inclusive of all pharmacy personnel.

29. The Committee Recommends AMENDING the following policy statement as written. 2013, 2001, 1994 Stakeholder Responsibilities in Appropriate Medication Use ~~Pharmacist-Patient-Prescriber-Payer Responsibilities in Appropriate Drug Use~~

1. Recognizing pharmacists work in all facets of the medication use system and have varying responsibilities, APhA advocates pharmacist responsibilities align with the Joint Commission of Pharmacy Practitioners (JCPP) Pharmacist Patient Care Process and the Oath of a Pharmacist.
2. Recognizing patients are the focus of the medication use system, APhA advocates patients and caregivers assume responsibility for their health and well-being, actively engage in their care plan, communicate with health professionals, and learn more about their options for accessing care and associated costs for products and services.
3. Recognizing prescribers play a vital role in the medication use system, APhA advocates prescribers engage with patients and caregivers, in the assessment, development and

implementation of the patient care plan. APhA also advocates that prescribers communicate, engage, and provide necessary information for pharmacists to engage in the care plan to ensure optimal patient care.

4. Recognizing payers' role in the medication use system, APhA advocates payers fairly design coverage benefits for products and services utilizing patient, pharmacist, and prescriber input to optimize health outcomes. Additionally, APhA advocates payers assume responsibility for providing efficient, clear, and uniform communication, as well as administrative and payment processes that are adaptable for advances in care.

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

~~(a) Pharmacists' Responsibilities~~

- ~~• Serve as a drug information resource;~~
- ~~• Provide primary care;~~
- ~~• Collaborate with the prescriber and patient in the design of cost-effective treatment regimens that produce beneficial outcomes;~~
- ~~• Identify formulary or generic products as a means to reduce costs;~~
- ~~• Intervene on behalf of the patient to identify alternate therapies;~~
- ~~• Educate the patient about the treatment regimen and expectations, and verify the patient's understanding;~~
- ~~• Identify, prevent, resolve, and report drug-related problems;~~
- ~~• Document and communicate pharmaceutical care activities;~~
- ~~• Monitor drug therapy in collaboration with the patient and prescriber to ensure compliance and assess therapeutic outcomes;~~
- ~~• Maintain an accurate and efficient drug distribution system; and~~
- ~~• Maintain proficiency through continuing education.~~

~~(b) Patients' Responsibilities~~

- ~~• Assume a responsibility for wellness;~~
- ~~• Understand the coverage policies of their benefit plan;~~
- ~~• Share complete information with providers, including demographics and payment mechanism(s);~~
 - ~~• Share complete information regarding medical history, lifestyle, diet, use of prescription and over-the-counter medications, and other substances;~~
- ~~• Participate in the design of the treatment regimen;~~
- ~~• Understand the treatment regimen and expected outcomes;~~
- ~~• Adhere to the treatment regimen; and~~
- ~~• Alert prescribers and pharmacists to possible drug-related problems or changes in health status.~~

~~(c) Prescribers' Responsibilities~~

- ~~• Assess and diagnose the patient;~~
- ~~• Share pertinent information in collaboration with the pharmacist and patient in the design of cost-effective treatment regimens that produce beneficial outcomes;~~

- ~~Clearly communicate the treatment plan and its intended outcomes to the patient directly or in collaboration with the pharmacist;~~
- ~~Remain alert to the possible occurrence of drug related problems and initiate needed changes in therapy;~~
- ~~Collaborate with the patient and the pharmacist in drug therapy monitoring; and~~
- ~~Maintain proficiency through continuing medical education.~~
- (d) ~~Payers' Responsibilities~~
 - ~~Determine the objectives and desired benefits of pharmacy service;~~
 - ~~Design the coverage with patient and provider input using products and services to produce beneficial outcomes;~~
 - ~~Contract with providers on the basis of outcomes and efficient use of resources;~~
 - ~~Adopt efficient, clear, and uniform administrative processes;~~
 - ~~Communicate requirements of compensation for levels of care;~~
 - ~~Educate patients and providers about current eligibility and benefit information;~~
 - ~~Expediently process payments; and~~
 - ~~Be responsive to advances in contemporary practice.~~

(Am Pharm. NS34(6):57; June 1994) (JAPhA NS41(5)(suppl 1):S9; September/October 2001) (Reviewed 2008) (Reviewed 2010) (Reviewed 2011) (Reviewed 2012) (JAPhA. 53(4):367; July/August 2013) (Reviewed 2018)

Comments: The Policy Review Committee recommends AMENDING the existing policy language to make it more contemporary with current standards of pharmacy practice. The committee also felt that consolidating the current policy language would make it more concise in line with the original intent.

30. The Committee Recommends AMENDING the following policy statement as written. 2012, 2007, 1970 Employment Standards Policy Statement

The employment relationship between pharmacists and their employers must start with the principle that pharmacists have a professional, inherent right to practice in a manner that will engender self-respect in pursuit of their professional and economic objectives.

It is the policy of APhA to further the following basic employment standards:

1. Employers are obligated to respect the professional status, privileges, and responsibilities of employed pharmacists.
2. Employers are obligated to provide working conditions that enhance the ability of employed pharmacists to utilize their full professional capacity in providing patient care service to the public.

3. Employers are obligated to provide employed pharmacists opportunities to increase their professional knowledge and experience.
4. Employers are obligated to fairly compensate employed pharmacists commensurate with their duties and performances. Such compensation should include benefits generally available to other professionals including, but not limited to, vacation, sick leave, insurance plans, and retirement programs.
5. Employed pharmacists are obligated to use their best efforts to further the services offered to the public by their employers.
6. Employed pharmacists are obligated to ~~unhesitatingly~~ bring to the attention of their employers all matters that will assist the employers in maintaining professional standards and successful practices.
7. Employed pharmacists are obligated, when negotiating compensation, to consider not only prevailing economic conditions in their community, but also their economic position relative to other health care professionals.
8. Employed pharmacists are obligated to recognize that their responsibility includes not depriving the public of their patient care services by striking in support of their economic demands or those of others.
9. Both employers and employed pharmacists are obligated to reach and maintain definite understandings with regards to their respective economic rights and duties by resolving employment issues fairly, promptly, and in good faith.

It is the policy of APhA to support these basic employment standards by:

1. Encouraging and assisting state ~~and national pharmacists associations and national specialty~~ associations to establish broadly representative bodies to study the subject of professional and economic relations and to establish locally responsive guidelines to assist employers and employed pharmacists in developing satisfactory employment relationships.
2. Encouraging and assisting state ~~and national pharmacists~~ pharmacy associations ~~and national specialty associations~~ to use their good offices, whenever invited, to resolve specific issues that may arise.
- ~~3. Assisting state pharmacists associations and national specialty associations to use their good offices, whenever invited, to resolve specific issues that may arise.~~
- ~~3~~ 4. Assisting state pharmacists associations and national specialty associations to develop procedures for mediation or arbitration of disputes that may arise between employers and employed pharmacists so that pharmacists can call on their profession for such assistance when required.
- ~~4~~ 5. Increasing its activities directed towards educating the profession about the mutual employment responsibilities of employers and employed pharmacists.
- ~~5~~ 6. Developing benefits programs wherever possible to assist employers in providing employed pharmacists with economic security.

~~6 7.~~ Continuously reminding pharmacists that the future development and status of pharmacy as a health profession rests in their willingness and ability to maintain control of their profession.

(JAPhA. NS10:363; June 1970) (Reviewed 2001) (JAPhA. NS45(5):580; September-October 2007) (JAPhA. NS52(4): 458; July/August 2012) (Reviewed 2017) (Reviewed 2018) (Reviewed 2020)

Comments: The Policy Review Committee recommends AMENDING the policy statement to condense existing statements #2 and #3 of the second half of this policy to remove redundant language and clarify the original intent.

31. The Committee Recommends AMENDING the following policy statement as written.
2001 Administrative Contributions to Medication Errors

1. APhA encourages implementation of a standard pharmacy benefit card ~~prescription drug card~~ to improve the dispensing process and encourages the use of technology in this implementation.
2. APhA supports the use of technology to facilitate record-keeping of patient prescription information for third-party audit purposes and regulatory compliance.
3. APhA supports education of the public regarding the responsibility to be informed consumers of their pharmacy benefits provided through third-party plans.
4. APhA encourages third-party plans to provide pharmacies all information necessary for benefits administration in a timely organized manner or to provide access to the information through the Internet or similar technologies at no cost to the pharmacy.
5. APhA supports clear communication during the pharmacy claims adjudication process ~~supports the distinction of plan management messages (e.g., days' supply limitations or formulary management) from drug utilization review messages (e.g., drug-drug interactions)~~. APhA supports the communication of all plan management options available ~~(e.g., approved formulary alternatives)~~ from the claims processor to the pharmacist.
6. APhA supports the development and use of systems to communicate in-pharmacy drug utilization review messages with online claims processing systems to eliminate redundant and/or repetitive messages.
7. APhA encourages the transmission of pre-adjudication drug utilization review messages (i.e., drug utilization review communication between the prescriber and claims processor) to the pharmacist.
8. APhA supports efforts to:
 - (a) improve on-line drug utilization review messages by the establishment of evidence-based criteria to prevent drug-related conflicts that have the potential for causing serious harm; and
 - (b) eliminate drug utilization review messages that have questionable or inconsequential impact on patient outcomes.

(JAPhA. NS4(5)(suppl 1):57; September/October 2001) (Reviewed 2003) (Reviewed 2007) (Reviewed 2009) (Reviewed 2014) (Reviewed 2019)

Comments: The Policy Review Committee recommends AMENDING the term “prescription drug card” in Statement #1 to with “pharmacy benefit card”, as this term is more contemporary and inclusive. The Committee further recommends modifications to Statement #5 to update standards of practice to encompass the full adjudication process.

32. The Committee Recommends AMENDING the following policy statement as written.
2011 Requiring Influenza Vaccination for All Pharmacy Personnel

APhA supports ~~an annual influenza vaccination~~ vaccinations, as recommended by the Centers for Disease Control and Prevention, as a condition of employment, training, or volunteering within an organization that provides pharmacy services or operates a pharmacy or pharmacy department (unless a valid medical or religious reason precludes vaccination).

(JAPhA. NS51(4):482; July/August 2011) (Reviewed 2012) (Reviewed 2017)

Comments: The committee recommends AMENDING existing policy to broaden the scope beyond influenza to any recommended vaccination, including annual vaccines or vaccine series. The Committee considered multiple sources of vaccine recommendations, (e.g., CDC, ACIP, FDA) and determined the CDC recommendations would be most current and applicable. The committee's intent is that this proposed language as written would be inclusive of the CDC's regular Morbidity and Mortality Weekly Report (MMWR) updates, which are often published between meetings of the ACIP. While FDA is part of the vaccine approval process, it would not serve as the final source for guidance on vaccine recommendations intended for this policy.

33. The Committee Recommends AMENDING the following policy statement as written.
2000 Medication Errors

1. APhA, ~~as the national professional society of pharmacists~~, will work to ensure pharmacy is the profession responsible for providing leadership in developing a safe, error-free medication use process.
2. APhA supports continuation and expansion of medication error reporting programs.
3. ~~Medication error reporting programs should be non-punitive in nature and allow appropriate anonymity to facilitate error reporting and development of solutions to eliminate error.~~
4. APhA supports identifying the system-based causes of errors and building systems to support safe medication practice.

(JAPhA. NS(9):40; September/October 2000) (Reviewed 2007) (Reviewed 2009) (Reviewed 2014) (Reviewed 2019)

Comments: The Policy Review Committee recommended AMENDING policy statement #1 to remove unnecessary language. The Committee also recommended striking statement #3, noting this language is covered within the "2023 Just Culture Approach in Pharmacy" policy.

34. The Committee Recommends AMENDING the following policy statement as written.
2012, 2005, 1992 The Role of Pharmacists Pharmacy Personnel in Public Health Awareness

1. APhA recognizes the unique role and accessibility of pharmacy personnel pharmacist in public health.
2. APhA encourages pharmacy personnel pharmacists to provide services, education, and information on public health issues.
3. APhA encourages the development of public health programs for use by pharmacy personnel pharmacists and student pharmacists.
4. APhA should provide necessary information and materials for pharmacy personnel and student pharmacists and pharmacists to carry out their role in disseminating public health information.
5. APhA encourages organizations to include pharmacy personnel pharmacists and student pharmacists in the development of public health programs.

(Am Pharm. NS32(6):515; June 1992) (JAPhA. 45(5):556; September/October 2005) (Reviewed 2009) (Reviewed 2010) (JAPhA. NS52(4):460; July/August 2012) (Reviewed 2017) (Reviewed 2020)

Comments: The Policy Review Committee recommended AMENDING the terms “Pharmacists” and, “student pharmacists” throughout the current existing policy, to be replaced with “Pharmacy personnel”. This change would standardize the individual statements to be inclusive of pharmacy technicians and all other pharmacy personnel.

35. The Committee Recommends AMENDING the following policy statement as written.
2017 Drug Disposal Program Involvement

APhA urges pharmacists to expand patient access to secure, convenient, and environmentally ecologically responsible drug disposal options, in accordance with the Secure and Responsible Drug Disposal Act of 2010, by implementing disposal programs they deem appropriate for their individual practice sites, patient care settings, and business models in an effort to reduce the amount of dispensed but unused prescription drug product available for diversion and misuse.

(JAPhA. 57(4):441; July/August 2017)

Comments: The Policy Review Committee recommends AMENDING the current existing policy to more accurately convey the policy intent by replacing the word “ecologically” with “environmentally”.

36. The Committee Recommends AMENDING the following policy statement as written.
2007, 1992 Recycling of Pharmaceutical Packaging

APhA supports ~~aggressive~~ research and development of pharmaceutical packaging disposal by pharmacists, pharmaceutical manufacturers, waste product managers, and other ~~stakeholders appropriate parties of mechanisms~~ to increase recycling ~~of non-hazardous, pharmaceutical, packaging materials, to~~ reduce unnecessary waste ~~in pharmaceutical product packaging~~, and ~~to~~ minimize the opportunity for counterfeiters to use discarded packaging.

(Am Pharm. NS32(6):516; June 1992) (Reviewed 2004) (JAPhA. NS45(5):580; September/October 2007) (Reviewed 2012) (Reviewed 2017)

Comments The Policy Review Committee recommends AMENDING the current existing policy to strike the word “aggressive”, as it is not clear what is meant by aggressive research or how it would be implemented. The committee further recommended broadening policy language to be more inclusive of all opportunities for reducing unnecessary waste.

Recommendation to Archive

37. The Committee Recommends ARCHIVING the following policy statement as written.
2001 Medication Error Reporting

1. APhA strongly encourages participation in error reporting at the organizational (pharmacy/institution) level and in other established state and national reporting programs.
2. APhA encourages direct error reporting by the individual(s) involved in the incident to ensure that the most relevant and detailed information is available for evaluation of the incident and for systems improvement.
3. Error reporting programs should regularly analyze and report information about the leading types and causes of errors reported to their system so that practitioners can utilize this information for systems enhancements and quality improvement.
4. APhA encourages state boards of pharmacy and other responsible entities to consider pharmacists participation in reporting of errors as a mitigating factor in determining any legal or disciplinary action related to the incident.

(JAPhA. NS4(5)(suppl 1):S8; September/October 2001) (Reviewed 2007) (Reviewed 2009) (Reviewed 2014) (Reviewed 2019)

Comments: The Policy Review Committee recommends ARCHIVING current existing policy as the newly adopted “2023 Just Culture Approach in Pharmacy” policy is contemporary and more effectively addresses medication error reporting and pharmacist protection.

Policy Statements Using the Word “Furnish”

The Committee was charged with amending policy language containing the word “furnish”, in favor of more contemporary language to capture pharmacists' ability to independently prescribe and dispense medications without dependence of a collaborative practice agreement.

38. The Committee Recommends AMENDING 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 independently prescribe 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):358; July/August 2014) (Reviewed 2015) (Reviewed 2018) (Reviewed 2021) (Reviewed 2022)

39. The Committee Recommends AMENDING 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 independently prescribed 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) (Reviewed 2022)

40. The Committee Recommends AMENDING the following policy statement as written. **2015 Role of the Pharmacist in the Care of Patients Using Cannabis**

1. APhA supports regulatory changes to further facilitate clinical research related to the clinical efficacy and safety associated with the use of cannabis and its various components.
2. APhA encourages health care provider education related to the clinical efficacy, safety, and management of patients using cannabis and its various components.

3. APhA advocates that the pharmacist collect and document information in the pharmacy patient profile about patient use of cannabis and its various components and provide appropriate patient counseling.
 4. APhA supports pharmacist participation in ~~furnishing~~ independently prescribing cannabis and its various components when scientific data support the legitimate medical use of the products and delivery mechanisms, and federal, state, or territory laws or regulations permit pharmacists to ~~furnish~~ independently prescribe them.
 5. APhA opposes pharmacist involvement in ~~furnishing~~ independently prescribing cannabis and its various components for recreational use.
- (JAPhA. N55(4):365; July/August 2015)

Policy Statements related to “Regulatory” Language.

The Committee was charged with reviewing the entire policy manual to standardize policy language that related to laws, regulation, or policies.

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

2016, 1997 Use of the Word “Pharmacy” in Unlicensed Environments

APhA supports the establishment and enforcement of laws, regulations, and policies through Boards of Pharmacy that restrict the use of the words “pharmacy”, “drug store”, “apothecary” or any other words or symbols of similar meaning or signage and business names to entities in which the practice of pharmacy is conducted.

(JAPhA. NS37:460; July/August 1997) (Reviewed 2002) (Reviewed 2006) (Reviewed 2011) (JAPhA. 56(4): 380; July/August 2016)

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

1999 Direct-to-Consumer Advertising of Medications

1. APhA supports laws, regulations, and policies ~~legislative and regulatory activities~~ permitting direct-to-consumer advertising concerning medical or health conditions treatable by prescription or nonprescription drug products. These advertisements must conform to existing laws, regulations, and policies that ensure complete, comprehensive, and understandable information that informs consumers of potential benefits and risks of the product.
2. APhA opposes false or misleading advertising for prescription or nonprescription drugs or any promotional efforts that encourage indiscriminate use of medication.
3. APhA supports the availability of accurate information to consumers about medication use and recognizes the responsibility of pharmacists to provide appropriate responses to consumer inquiries stimulated by direct-to-consumer advertising as a compensated pharmaceutical service. In addition, APhA recommends that health care professionals, including but not limited to pharmacists, receive new product information on direct-to-consumer advertising campaigns prior to this information being made available to consumers

(JAPhA. 39(4):447; July/August 1999) (Reviewed 2004) (Reviewed 2006) (Reviewed 2011) (Reviewed 2016)

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

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

1. APhA asserts that pharmacists, student pharmacists, pharmacy technicians, and pharmacy support staff are essential members of the healthcare team and should be actively engaged and supported in surveillance, mitigation, preparedness, planning, response, recovery, and countermeasure activities related to public health and other emergencies.

2. APhA reaffirms the 2016 policy on the Role of the Pharmacist in National Defense, and calls for the active and coordinated engagement of all pharmacists in public health and other emergency planning and response activities.
 3. APhA advocates for the timely removal of legal, regulatory, and policy restrictions; practice limitations; and financial barriers during public health and other emergencies to meet immediate patient care needs.
 4. APhA urges regulatory bodies and government agencies to recognize pharmacists' training and ability to evaluate patient needs, provide care, and appropriately refer patients during public health and other emergencies.
 5. APhA advocates for pharmacists' authority to ensure patient access to care through the prescribing, dispensing, and administering of medications, as well as provision of other patient care services during times of public health and other emergencies.
 6. APhA calls for processes to ensure that any willing and able pharmacy and pharmacy practitioner is not excluded from providing pharmacist patient care services during public health and other emergencies.
 7. APhA calls on public and private payers to establish and implement payment policies that compensate pharmacists providing patient care services, including during public health and other emergencies, within their recognized authority.
 8. APhA advocates for the inclusion of pharmacists as essential members in the planning, development, and implementation of alternate care sites or delivery models during public health and other emergencies.
 9. APhA reaffirms the 2015 Interoperability of Communications Among Health Care Providers to Improve Quality of Care and encourages pharmacists, as members of the healthcare team, to communicate care decisions made during public health and other emergencies with other members of the healthcare team to ensure continuity of care.
- JAPhA. 61(4):e15; July/August 2021) (Reviewed 2023)

44. The Committee Recommends AMENDING the following policy statement as written. 2020, 2010 E-prescribing Standardization

1. APhA supports the standardization of user interfaces to improve quality and reduce errors unique to e-prescribing.
2. APhA supports reporting mechanisms and research efforts to evaluate the effectiveness, safety, and quality of e-prescribing systems, computerized prescriber order entry (CPOE) systems, and the e-prescriptions that they produce, in order to improve health information technology systems and, ultimately, patient care.
3. APhA supports the development of financial incentives for pharmacists and prescribers to provide high quality e-prescribing activities.
4. APhA supports the inclusion of pharmacists in quality improvement and meaningful use activities related to the use of e-prescribing and other health information technology that would positively impact patient health outcomes.
5. APhA supports laws, ~~and~~ regulations, and policies that require e-prescribing of controlled substances to reduce fraudulent prescriptions.

Comments This policy statement was also part of the Committee's second charge. The Committee had no changes and recommended to retain the existing language as it related to those newly adopted policies from the March 2023 House of Delegates. The Committee recommends amending Statement 5 however, as part of their third charge to standardize language throughout the policy manual.

45. The Committee Recommends AMENDING the following policy statement as written.
2021 Multi-state Practice of Pharmacy

1. APhA affirms that pharmacists are trained to provide patient care, and have the ability to address patient needs, regardless of geographic location.
2. APhA advocates for the continued development of uniform laws, ~~and~~ regulations and policies that facilitate pharmacists', student pharmacists', and pharmacy technicians' timely ability to practice in multiple states to meet practice and patient care needs.
3. APhA supports individual pharmacists' and student pharmacists' authority to provide patient care services across state lines whether in person or remotely.
4. APhA supports consistent and efficient centralized processes across all states for obtaining and maintaining pharmacist, pharmacy intern, and pharmacy technician licensure and/or registration.
5. APhA urges state boards of pharmacy to reduce administratively and financially burdensome requirements for licensure while continuing to uphold patient safety.
6. APhA encourages the evaluation of current law exam requirements for obtaining and maintaining initial state licensure, as well as licensure in additional states, to enhance uniformity and reduce duplicative requirements.
7. APhA urges state boards of pharmacy and the National Association of Boards of Pharmacy (NABP) to involve a member of the board of pharmacy and a practicing pharmacist in the review and updating of state jurisprudence licensing exam questions.
8. APhA calls for development of profession-wide consensus on licensing requirements for pharmacists and pharmacy personnel to support contemporary pharmacy practice.

(JAPhA. 61(4):e14-e15; July/August 2021) (Reviewed 2023)

46. The Committee Recommends AMENDING the following policy statement as written.
2020 Protecting Pharmaceuticals as a Strategic Asset

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

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

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

**47. The Committee Recommends AMENDING the following policy statement as written.
2018, 2013 Revisions to the Medication Classification System**

1. APhA supports the Food and Drug Administration's (FDA) 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, and policies 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) (Reviewed 2022)

**48. The Committee Recommends AMENDING the following policy statement as written.
2006 2004, 1978 Dispensing Criteria**

APhA supports vigorous enforcement of laws, regulations, and policies to ensure that all those who sell or dispense prescription and non-prescription drugs comply with legal criteria.

(Am Pharm. NS18(8):42; July 1978) (JAPhA. NS44(5):551; September/October 2004) (JAPhA. NS46(5):562; September/October 2006) (Reviewed 2015)

**49. The Committee Recommends AMENDING the following policy statement as written.
2005, 1998 Administration of Medications**

1. APhA recognizes and supports pharmacist administration of prescription and non-prescription drugs as a component of pharmacy practice.
2. APhA supports the development of educational programs and practice guidelines for student pharmacists and practitioners for the administration of prescription and non-prescription drugs.
3. APhA supports pharmacist compensation for administration of prescription and non-prescription drugs and services related to such administration.
4. APhA urges adoption of ~~state laws, and~~ regulations, and policies authorizing pharmacist administration of prescription and non-prescription drugs.

(JAPhA. 38(4):417; July/August 1998) (JAPhA. NS45(5):559; September/October 2005) (Reviewed 2006)(Reviewed 2011) (Reviewed 2012) (Reviewed 2017) (Reviewed 2020)

**50. The Committee Recommends AMENDING the following policy statement as written.
1979 Out-of-State Prescription Orders**

APhA supports the repeal of state laws, regulations, and policies that prohibit the dispensing of an otherwise legal prescription order, issued by a prescriber licensed in another state.

(Am Pharm. NS19(7):67; June 1979) (Reviewed 2004) (Reviewed 2006) (Reviewed 2011) (Reviewed 2016)

51. The Committee Recommends AMENDING the following policy statement as written.
1980 Medicinal Use of Marijuana

1. APhA supports research by properly qualified investigators operating under the investigational new drug (IND) process to explore fully the potential medicinal uses of marijuana and its constituents or derivatives.
 2. APhA opposes state by state, marijuana specific, or other drug specific legislation intended to circumvent the federal laws, regulations, and policies pertaining to:
 - (a) marketing approval of new drugs based on demonstrated safety and efficacy, or
 - (b) controlling restrictions relating to those substances having a recognized hazard of abuse.
- (Am Pharm. NS20(7):71; July 1980) (Reviewed 2003) (Reviewed 2006) (Reviewed 2011) (Reviewed 2015)

52. The Committee Recommends AMENDING the following policy statement as written.
1986 Use of Performance-Enhancing Drugs by Athletes

1. APhA is opposed to the use of performance-enhancing drugs by athletes.
 2. APhA should educate the public on the dangers of the use of performance-enhancing drugs by athletes.
 3. APhA encourages enforcement of laws, regulations, and policies related to the use of performance-enhancing drugs by athletes.
- (Am Pharm. NS26(6):420; June 1986) (Reviewed 2003) (Reviewed 2006) (Reviewed 2015)

53. The Committee Recommends AMENDING the following policy statement as written.
2021 Increasing Access to and Affordability of Naloxone

1. APhA supports laws, regulations, policies and practices that increase the availability of naloxone.
 2. APhA supports the availability of naloxone as both a prescription and non-prescription medication.
 3. APhA encourages pharmacists and payers to ensure equitable access to and affordability of at least one naloxone formulation regardless of prescription status.
 4. APhA encourages payers to provide fair reimbursement to dispensers of naloxone.
- (JAPhA. 61(4):e16; July/August)

54. The Committee Recommends AMENDING the following policy statement as written.
2005, 1998 Administration of Medications

1. APhA recognizes and supports pharmacist administration of prescription and non-prescription drugs as a component of pharmacy practice.
2. APhA supports the development of educational programs and practice guidelines for student pharmacists and practitioners for the administration of prescription and non-prescription drugs.

3. APhA supports pharmacist compensation for administration of prescription and non-prescription drugs and services related to such administration.

4. APhA urges adoption of ~~state~~ laws, ~~and~~ regulations, and policies authorizing pharmacist administration of prescription and non-prescription drugs.

(JAPhA. 38(4):417; July/August 1998) (JAPhA. NS45(5):559; September/October 2005) (Reviewed 2006)(Reviewed 2011) (Reviewed 2012) (Reviewed 2017) (Reviewed 2020)

55. The Committee Recommends AMENDING the following policy statement as written.
2014 Controlled Substances and other Medications with the Potential for Access 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 and policies that permit pharmacists to furnish opioid reversal agents to prevent opioid-related deaths due to overdose.

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):358; July/August 2014) (Reviewed 2015)(Reviewed 2018) (Reviewed 2021) (Reviewed 2022) (Reviewed 2023)

56. The Committee Recommends AMENDING the following policy statement as written.
2012 Drug Supply Shortages and Patient Care

1. APhA supports the immediate reporting by manufacturers to the U.S. Food and Drug Administration (FDA) of disruptions that may impact the market supply of medically necessary drug products to prevent, mitigate, or resolve drug shortage issues and supports the authority for FDA to impose penalties for failing to report.

2. APhA supports revising current laws, ~~and~~ regulations, and policies that restrict the FDA's ability to provide timely communication to pharmacists, other health care providers, health systems, and professional associations regarding potential or real drug shortages.
3. APhA encourages the FDA, the Drug Enforcement Administration (DEA), and other stakeholders to collaborate in order to minimize barriers (e.g., aggregate production quotas, annual assessment of needs, unapproved drug initiatives) that contribute to or exacerbate drug shortages.
4. APhA should actively support legislation to hasten the development of an efficient regulatory process to approve therapeutically equivalent generic versions of biologic drug products.
5. APhA encourages pharmacists and other health care providers to assist in maintaining continuity of care during drug shortage situations by
 - (a) creating a practice site drug shortage plan as well as policies and procedures;
 - (b) using reputable drug shortage management and information resources in decision making;
 - (c) communicating with patients and coordinating with other health care providers;
 - (d) avoiding excessive ordering and stockpiling of drugs;
 - (e) acquiring drugs from reputable distributors; and
 - (f) heightening their awareness of the potential for counterfeit or adulterated drugs entering the drug distribution system.
6. APhA encourages accrediting and regulatory agencies and the pharmaceutical science and manufacturing communities to evaluate policies/procedures related to the establishment and use of drug expiration dates and any impact those policies/procedures may have on drug shortages.
7. APhA encourages the active investigation and appropriate prosecution of entities that engage in price gouging and profiteering of medically necessary drug products in response to drug shortages.

(JAPhA. NS52(4): 457; July/August 2012) (Reviewed 2017) (Reviewed 2021)

57. The Committee Recommends AMENDING the following policy statement as written.
2004, 1966 Distribution Programs: Circumvention of the Pharmacist

APhA opposes distribution programs, laws, regulations, and policies by manufacturers, governmental agencies, and voluntary health groups that circumvent the pharmacist and promote the dispensing of prescription, legend drugs by non-pharmacists. These programs and policies should, in the public interest, be eliminated.

(JAPhA. NS6:293; June 1966) (JAPhA. NS44(5):551; September/October 2004) (Reviewed 2006) (Reviewed 2011) (Reviewed 2016) (Reviewed 2021)

58. The Committee Recommends AMENDING the following policy statement as written.
2004 Protecting the Integrity of the Medication Supply

3. APhA supports public education about the risk of using medications whose production, distribution, or sale does not comply with U.S. federal and state laws, regulations, and policies.

4. APhA urges pharmacists and other health care professionals to report suspected counterfeit products to the Food and Drug Administration.

(JAPhA. NS6:293; June 1966) (JAPhA. NS44(5):551; September/October 2004) (Reviewed 2006) (Reviewed 2011) (Reviewed 2016) (Reviewed 2021)

59. The Committee Recommends AMENDING the following policy statement as written.
1978 Post-Marketing Requirements (Restricted Distribution)

APhA opposes any ~~legislation~~ laws, regulations, and policies that would grant FDA authority to restrict the channels of drug distribution for any prescription drug as a condition for approval for marketing the drug under approved labeling.

(Am Pharm. NS18(8):30; July 1978) (Reviewed 2004) (Reviewed 2006) (Reviewed 2011) (Reviewed 2016) (Reviewed 2021) (Reviewed 2023)

Comments This policy statement was also part of the Committee's second charge. The Committee had no changes and recommended to retain the existing language as it related to those newly adopted policies from the March 2023 House of Delegates. The Committee recommends amending Statement 5 however, as part of their third charge to standardize language throughout the policy manual.

60. The Committee Recommends AMENDING the following policy statement as written.
2019, 2006, 2003 Unit-of-Use Packaging

1. APhA supports development, distribution, and use of unit-of-use packaging as the pharmaceutical industry standard to enhance patient safety, patient adherence, drug distribution efficiencies, and Drug Supply Chain Security Act (DSCSA) regulations.

2. APhA encourages collaboration with the pharmaceutical industry, repackagers, third-party payers, and appropriate federal agencies to effect the changes necessary for the adoption of unit-of-use packaging as the industry standard.

3. APhA supports the enactment of ~~legislation and regulations~~ laws, regulations, and policies to permit pharmacists to modify prescribed quantities to correspond with commercially available unit-of-use packages.

(JAPhA. NS43(5:)(suppl 1):S57; September/October 2003) (JAPhA. NS46(5):562; September/October 2006) (Reviewed 2007) (Reviewed 2012) (Reviewed 2013) (Reviewed 2018) (JAPhA. 59(4):e17; July/August 2019) (Reviewed 2020)

61. The Committee Recommends AMENDING the following policy statement as written.
2004, 1971 Anti-Substitution Laws: Pharmacists' Responsibility

APhA supports state substitution laws, regulations, and policies that emphasize pharmacists' professional responsibility for determining, on the basis of available evidence, including professional literature, clinical studies, drug recalls, manufacturer reputation and other pertinent factors, that the drug products they dispense are therapeutically effective. (JAPhA. NS11:260; May 1971) (JAPhA. NS 44(5):551; September/October 2004) (Reviewed 2006) (Reviewed 2011) (Reviewed 2016) (Reviewed 2017)

62. The Committee Recommends AMENDING the following policy statement as written.
2017, 1982 Legislative Restrictions on Clinical Judgment

APhA opposes the enactment of legislation laws, regulations, and policies that would act to restrict the clinical judgments of medical practitioners and other health professionals. (Am Pharm. NS22(7):32; July 1982) (Reviewed 2004) (Reviewed 2006) (Reviewed 2007) (Reviewed 2012) (JAPhA. 57(4):441; July/August 2017)

63. The Committee Recommends AMENDING the following policy statement as written.
2009 Non-FDA-Approved Drugs and Patient Safety

1. APhA calls for education and collaboration among health professional organizations, federal agencies, and other stakeholders to ensure that all manufacturer, distributor, and repackaged marketed prescription drugs used in patient care have been FDA-approved as safe and effective.
2. APhA supports initiatives aimed at closing legislative, regulatory, policy and distribution-system loopholes that facilitate market entry of new prescription drugs products without FDA approval.
3. APhA encourages health professionals to consider FDA approval status of prescription drug products when making decisions about prescribing, dispensing, substitution, purchasing, formulary development, and in the development of pharmacy/medical education programs and drug information compendia. (JAPhA. NS49(4):492; July/August 2009) (Reviewed 2014) (Reviewed 2019) (Reviewed 2023)

64. The Committee Recommends AMENDING the following policy statement as written.
2023 Just Culture Approach to Patient Safety

1. APhA calls for employers to adopt and implement just culture principles to improve patient safety and support pharmacy personnel.
2. APhA encourages transparency between employers and employees by sharing deidentified medication error and near-miss data and trends as well as actions taken to promote continuous quality improvement.
3. APhA urges the integration of non-disciplinary and non-punitive mechanisms for use by boards of pharmacy to promote just culture principles when addressing people, systems, and processes involved in medication errors.

4. APhA encourages national and state associations to advocate for laws, regulations, and policies ~~legislation~~ to provide protections to individuals utilizing error reporting systems to promote just culture.
 5. APhA encourages the creation of a mechanism for an industrywide effort to engage in confidential and transparent sharing of learnings and root cause findings helpful in reducing the risk of medication errors.
 6. APhA supports the integration of just culture principles in PharmD and pharmacy technician education, postgraduate training, and continuing professional development programs.
- (JAPhA. 63(4):1265; July/August 2023)

65. The Committee Recommends AMENDING the following policy statement as written.
2020 Community-Based Pharmacists as Providers of Care

1. APhA advocates for the identification of medical conditions that may be safely and effectively treated by community-based pharmacists.
 2. APhA encourages the training and education of pharmacists and student pharmacists regarding identification, treatment, monitoring, documentation, follow-up, and referral for medical conditions treated by community-based pharmacists
 3. APhA advocates for ~~laws and regulations~~ laws, regulations, and policies that allow pharmacists to identify and manage medical conditions treated by community-based pharmacists.
 4. APhA advocates for appropriate remuneration for the assessment and treatment of medical conditions treated by community-based pharmacists from government and private payers to ensure sustainability and access for patients.
 5. APhA supports research to examine the outcomes of services that focus on medical conditions treated by community-based pharmacists.
- (JAPhA. 60(5):e10; September/October 2020) (Reviewed 2023)

Comments This policy statement was also part of the Committee’s second charge. The Committee had no changes and recommended to retain the existing language as it related to those newly adopted policies from the March 2023 House of Delegates. The Committee recommends amending Statement 5 however, as part of their third charge to standardize language throughout the policy manual.

66. The Committee Recommends AMENDING 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 and appropriate related laws, regulations, and policies 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) (Reviewed 2021) (Reviewed 2022) (Reviewed 2023)

67. The Committee Recommends AMENDING the following policy statement as written.
2014 The Use and Sale of Electronic Cigarettes (e-cigarettes)

1. APhA opposes the sale of e-cigarettes and other vaporized nicotine products in pharmacies until such time that scientific data support the health and environmental safety of these products.

2. APhA opposes the use of e-cigarettes and other vaporized nicotine products in areas subject to current clean air laws, regulations, and policies for combustible tobacco products until such time that scientific data support the health and environmental safety of these products.

3. APhA urges pharmacists to become more knowledgeable about e-cigarettes and other vaporized nicotine products.

(JAPhA. 54(4): 358; July/August 2014) (Reviewed 2019)

68. The Committee Recommends AMENDING the following policy statement as written.
2013, 2009 Independent Practice of Pharmacists

1. APhA recommends that health plans and payers contract with and appropriately compensate individual pharmacist providers for the level of care rendered without requiring the pharmacist to be associated with a pharmacy.

2. APhA supports adoption of state laws, regulations and policies pertaining to the independent practice of pharmacists when those laws, regulations and policies and rules are consistent with APhA policy.

3. APhA, recognizing the positive impact that pharmacists can have in meeting unmet needs and managing medical conditions, supports the adoption of laws, regulations, and policies and the creation of payment mechanisms for appropriately trained pharmacists to

autonomously provide patient care services, including prescribing, as part of the health care team.

(JAPhA. NS49(4):492; July/August 2009) (Reviewed 2012) (JAPhA. 53(4):366; July/August 2013) (Reviewed 2018) (Reviewed 2023)

69. The Committee Recommends AMENDING 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 that negatively impacts patient safety. APhA calls upon public and private policy makers to establish provider payment laws, regulations, and 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 have a negative 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) (Reviewed 2021) (Reviewed 2022)

70. The Committee Recommends AMENDING the following policy statement as written.
2013 Medication Take-Back/Disposal Programs

1. APhA encourages pharmacist involvement in the planning and coordination of medication take-back programs for the purpose of disposal.
2. APhA supports increasing public awareness regarding medication take-back programs for the purpose of disposal.
3. APhA urges public and private stakeholders, including local, state, and federal agencies, to coordinate and create uniform, standardized laws, regulations and policies, including issues related to liability and sustainable funding sources, for the proper and safe disposal of unused medications.

4. APhA recommends ongoing medication take-back and disposal programs.
(JAPhA. 53(4):365; July/August 2013) (Reviewed 2018)

**71. The Committee Recommends AMENDING the following policy statement as written.
2004, 1985 Pharmacist Involvement in Execution by Lethal Injection**

1. APhA opposes the use of the term “drug” for chemicals when used in lethal injections.
2. APhA opposes laws, regulations, and policies that mandate or prohibit the participation of pharmacists in the process of execution by lethal injection.
(Am Pharm. NS25(5):51; May 1985) (JAPhA. NS44(5):551; September/October 2004) (Reviewed 2010) (Reviewed 2015)

**72. The Committee Recommends AMENDING the following policy statement as written.
2004, 1997 Physician-Assisted Suicide**

1. APhA supports informed decision-making based upon the professional judgment of pharmacists, rather than endorsing a particular moral stance on the issue of physician-assisted suicide.
2. APhA opposes laws, regulations, and policies that mandate or prohibit the participation of pharmacists in physician-assisted suicide.
(JAPhA. NS37(4):459; July/August 1997) (JAPhA. NS44(5):551; September/October 2004) (Reviewed 2010) (Reviewed 2015)

**73. The Committee Recommends AMENDING the following policy statement as written.
2004, 1980 Internal Revenue Service Drug Deduction**

APhA supports amendment of ~~the federal and state~~ personal income tax laws, regulations, and policies to permit all personal expenditures for medicines and drugs to be totally deductible and exempt from any exclusionary limits.
(Am Pharm. NS20(7):61; July 1980) (JAPhA. NS44(5):551; September/October 2004) (Reviewed 2010) (Reviewed 2015)

**74. The Committee Recommends AMENDING the following policy statement as written.
1985 Reduction of Federal Laws and Regulations (Paperwork Burden)**

APhA supports the reduction and simplification of laws, regulations, and policies for record-keeping requirements that affect pharmacy practice and are not beneficial in protecting the public welfare.
(Am Pharm. NS25(5):51; May 1985) (Reviewed 2001) (Reviewed 2004) (Reviewed 2010) (Reviewed 2015)(Reviewed 2021)

**75. The Committee Recommends AMENDING the following policy statement as written.
2023 Access to Comprehensive Reproductive Health Care**

1. APhA supports equitable patient access to evidence-based comprehensive reproductive health care, including, but not limited to, the management of pregnancy loss, ectopic pregnancy, infertility, pregnancy termination, contraception, and permanent contraception.

2. APhA recognizes patient autonomy in choosing reproductive health care services and the essential role of all health care professionals in facilitating access and advancing informed decision making.
 3. APhA supports evidence-based ~~legislation~~ laws, regulations, and policies that ensures patient access to comprehensive reproductive health care services.
 4. APhA opposes legal actions against pharmacies, pharmacists, and pharmacy personnel that provide patient access to, or information regarding, reproductive health care services that are within pharmacist scope of practice.
- (JAPhA. 63(4):1266; July/August 2023)

76. The Committee Recommends AMENDING 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 pharmacist-provided care services that serve the needs of underserved populations to provide better health outcomes and lower healthcare costs.
 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 laws, regulations, and policies.
- (JAPhA. 60(5):e11; September/October 2020) (Reviewed 2022)

Comments This policy statement was also part of the Committee's second charge. The Committee had no changes and recommended to retain the existing language as it related to those newly adopted policies from the March 2023 House of Delegates. The Committee recommends amending Statement 5 however, as part of their third charge to standardize language throughout the policy manual.

77. The Committee Recommends AMENDING the following policy statement as written.
2016, 1994 Pharmacy Services Benefits in Health Care Reform

APhA supports reform of the U.S. health care system and believes that any reform at the state or national level must provide for the following.

1. Universal coverage for pharmacy service benefits that include both medications and pharmacists' services;
2. Specific provisions for the access to and payment for pharmacists' patient care services;
3. A single set of pricing rules, eliminating class-of-trade distinctions, for medications, medication delivery systems, and other equipment so that no payer, patient, or provider is disadvantaged by cost shifting;
4. The right for every American to choose his/her own provider of medications and pharmacists' services and for all pharmacists to participate in the health plans of their choice under equally applied terms and conditions;
5. Quality assurance mechanisms to improve and substantiate the effectiveness of medications and health services;

6. Information and administrative systems designed to enhance patient care, eliminate needless bureaucracy, and provide patients and providers price and quality information needed to make informed patient-care decisions;
 7. Relief from antitrust laws, and regulations, and policies to enable pharmacists to establish systems that balance provider needs relative to corporate and governmental interests;
 8. Reform in the professional liability system, including caps on non-economic damages, attorneys' fees, and other measures;
 9. Representation on the controlling board of each plan by an active health care practitioner from each discipline within the scope of the plan; and
 10. Recognition of the pharmacist's role in delivering primary health care services.
- (Am Pharm. NS34(6):58; June 1994) (Reviewed 2004) (Reviewed 2010) (Reviewed 2011) (JAPhA. 56(4):379; July/August 2016) (Reviewed 2018) (Reviewed 2021)

Comments This policy statement was also part of the Committee's second charge. The Committee had no changes and recommended to retain the existing language as it related to those newly adopted policies from the March 2023 House of Delegates. The Committee recommends amending Statement 5 however, as part of their third charge to standardize language throughout the policy manual.

78. The Committee Recommends AMENDING the following policy statement as written.
2005, 2004, 1999 Telemedicine/Telehealth/Telepharmacy

1. APhA supports the pharmacist as the only appropriate provider of telepharmacy services, a component of telehealth, for which compensation should be provided. Telepharmacy is defined as the provision of pharmaceutical care to patients through the use of telecommunications and information technologies.
 2. APhA shall assist pharmacists and student pharmacists in becoming knowledgeable about telepharmacy and telehealth.
 3. APhA shall participate in the ongoing development of the telehealth infrastructure, including but not limited to laws, regulations, policies, standards development, security guidelines, information systems, and compensation.
 4. APhA acknowledges that state boards of pharmacy are primarily responsible for the regulation of the practice of telepharmacy, encourages appropriate laws, regulations, and policies ~~regulatory action~~ that facilitates the practice of telepharmacy and maintains appropriate guidelines to protect the public health and patient confidentiality.
- (JAPhA. 39(4):447; July/August 1999) (JAPhA. NS44(5):551; September/October 2004) (JAPhA. NS45(5):559; September/October 2005) (Reviewed 2009) (Reviewed 2012) (Reviewed 2014) (Reviewed 2019)

79. The Committee Recommends AMENDING the following policy statement as written.
2019, 1997 Collaborative Practice Agreements

1. APhA supports the establishment of collaborative practice agreements between pharmacists and other health care professionals designed to optimize patient care outcomes.

2. APhA supports the establishment of collaborative practice agreements between one or multiple pharmacists and one or multiple prescribers or entities.
3. APhA supports state laws, regulations, and policies that do not require a referral or a prior provider–patient relationship as a prerequisite to access services provided under a collaborative practice agreement.
4. APhA opposes state laws, regulations, and policies that limit collaborative practice agreements to specific patients.
5. APhA supports state laws, regulations, and policies that allow for pharmacists’ prescriptive authority.
6. APhA supports state collaborative practice laws, regulations, and policies that allow all licensed pharmacists, in all practice settings, to establish collaborative practice agreements with other health care professionals or entities.
7. APhA shall promote the establishment and dissemination of guidelines and information to pharmacists and other health care professionals to facilitate the development of collaborative practice agreements.

(JAPhA. NS37(4):459; July/August 1997) (Reviewed 2003) (Reviewed 2007) (Reviewed 2009) (Reviewed 2011) (Reviewed 2012) (Reviewed 2017) (JAPhA. 59(4):e17; July/August 2019) (Reviewed 2020)

**80. The Committee Recommends AMENDING the following policy statement as written.
1967 State and Local Boards of Health**

Because of the broad implications of the pharmacist’s role in public health, the committee recommends that pharmacists and pharmacy associations seek to have the state laws, regulations, and policies amended to require that a pharmacist serve on the state and local boards of health. One part of this effort should be an increased interest on the part of the pharmacist in his local health boards and commissions.

(JAPhA. NS7:324; June 1967) (Reviewed 2002) (Reviewed 2007) (Reviewed 2012) (Reviewed 2017)

**81. The Committee Recommends AMENDING the following policy statement as written.
2004, 1980 Identification of Prescription Drug Products**

APhA supports a federal ~~legislative or regulatory~~ requirement that a name, trademark, number, or code be included on the drug dosage form.

(Am Pharm. NS20(7):62; July 1980) (JAPhA. NS44(5):551; September/October 2004) (Reviewed 2010) (Reviewed 2015)

**82. The Committee Recommends AMENDING the following policy statement as written.
2004, 1969 Manufacturer’s Name Included on Labels**

APhA supports ~~legislation that would require~~ requirements for the name of the actual manufacturer of the dosage forms on all drug products.

(JAPhA. NS9:361; July 1969) (JAPhA. NS44(5):551; September/October 2004) (Reviewed 2010) (Reviewed 2015)

83. The Committee Recommends AMENDING the following policy statement as written.
2004, 1970 Disclosure of Ingredients in Drug Products

APhA supports ~~legislation or regulation to require requirements for a~~ full disclosure of therapeutically inactive, as well as active ingredients of all drug products.

(JAPhA. NS10:357; June 1970) (JAPhA. NS44(5):551; September/October 2004) (Reviewed 2010) (Reviewed 2015) (Reviewed 2019)

84. The Committee Recommends AMENDING the following policy statement as written.
2017 Pharmacy Technician Education, Training, and Development

1. APhA supports the following minimum requirements for all new pharmacy technicians:
 - (a) Successful completion of an accredited or state-approved education and training program.
 - (b) Certification by the Pharmacy Technician Certification Board (PTCB).
2. APhA supports state board of pharmacy laws, regulations, and policies that require pharmacy technicians to meet minimum standards of education, training, certification, and recertification. APhA encourages state boards of pharmacy to develop a phase-in process for current pharmacy technicians. APhA also encourages boards of pharmacy to delineate between pharmacy technicians and student pharmacists for the purposes of education, training, certification, and recertification.
3. APhA recognizes the important contribution and role of pharmacy technicians in assisting pharmacists and student pharmacists with the delivery of patient care.
4. APhA supports the development of resources and programs that promote the recruitment and retention of qualified pharmacy technicians.
5. APhA supports the development of continuing pharmacy education programs that enhance and support the continued professional development of pharmacy technicians.
6. APhA encourages the development of compensation models for pharmacy technicians that promote sustainable career opportunities.

(JAPhA. 57(4):442; July/August 2017) (Reviewed 2021)

85. The Committee Recommends AMENDING the following policy statement as written.
2012 Registration of Facilities

APhA supports ~~state and federal~~ laws, and regulations, and policies that require registration with the state boards of pharmacy of all facilities involved in the storage, wholesale distribution, and issuance of legend drugs to patients, provided that such registration does not restrict the pharmacists from providing professional services independent of a facility.

(JAPhA. NS52(4):458; July/August 2012) (Reviewed 2017)

86. The Committee Recommends AMENDING the following policy statement as written.
1985 Registration of Facilities Involved in the Storage and Issuing of Legend Drugs to Patients

APhA supports enactment of ~~state and federal~~ laws, regulations, and policies that would require registration with the state boards of pharmacy of all facilities involved in the storage and issuing of legend drugs to patients, provided that such registration does not restrict the pharmacist from providing professional services independent of a facility.

(Am Pharm. NS25(5):51 May; 1985) (Reviewed 2004) (Reviewed 2010) (Reviewed 2012) (Reviewed 2013) (Reviewed 2018) (Reviewed 2023)

87. The Committee Recommends AMENDING the following policy statement as written.
1985 Regulation of Mobile Facilities

APhA supports enactment of ~~state and federal~~ laws, regulations and policies which would govern the dispensing and issuing of legend drugs from mobile facilities.

(Am Pharm. NS25(5):51; May 1985) (Reviewed 2004) (Reviewed 2010) (Reviewed 2015) (Reviewed 2023)

88. The Committee Recommends AMENDING the following policy statement as written.
2002 Professional Practice Regulation

1. APhA encourages the revision of pharmacy laws, regulations, and policies to assign the responsibility and accountability to the pharmacy license holder for the operations of the pharmacy, including but not limited to quality improvement, staffing, inventory, and financial activities. Further, APhA supports the responsibility and accountability of the pharmacist for dispensing of the pharmaceutical product and for the provision of pharmaceutical care services.

2. APhA encourages the pharmacy license holder to provide adequate resources and support for pharmacists to meet their professional responsibilities, and for pharmacists to utilize the resources and support appropriately and efficiently. APhA encourages state boards of pharmacy to hold pharmacy license holders accountable for failure to provide such adequate resources and support.

(JAPhA. NS42(5)(suppl 1):S60; September/October 2002) (Reviewed 2007) (Reviewed 2008) (Reviewed 2011) (Reviewed 2016) (Reviewed 2021)

89. The Committee Recommends AMENDING the following policy statement as written.
2007 Privacy of Pharmacists' Personal Information

1. APhA supports protecting pharmacist, student pharmacist, and pharmacy technician personal information (e.g. home address, telephone, and personal email address).

2. APhA opposes ~~legislative or regulatory~~ legal, regulatory, and policy requirements that mandate the publication of pharmacist, student pharmacist and pharmacy technician personal information (e.g., home address, telephone, and personal email address).

3. APhA encourages state boards of pharmacy to remove from their websites personal addresses, phone numbers, email, and other non-business contact information of pharmacists, student pharmacists, and pharmacy technicians.

(JAPhA. NS45(5):580; September-October 2007) (Reviewed 2012) (Reviewed 2017) (Reviewed 2023)

90. The Committee Recommends AMENDING the following policy statement as written.
2017 Support for Clinically Validated Blood Pressure Measurement Devices

1. APhA supports the use of manual and automated blood pressure measurement devices that are clinically validated initially and then undergo routine calibration to ensure accurate results.
2. APhA supports laws, regulations, policies, and peer-reviewed clinical validation testing for automated blood pressure measurement devices.
3. APhA promotes public awareness of accuracy of automated blood pressure measurement devices.

(JAPhA. 57(4):442; July/August 2017)

91. The Committee Recommends AMENDING the following policy statement as written.
2022 Pharmacists' Application of Professional Judgment

1. APhA supports pharmacists, as licensed health care professionals, in their use of professional judgment throughout the course of their practice to act in the best interest of patients.
2. APhA asserts that a pharmacist's independent medication review and use of professional judgment in the medication distribution process is essential to patient safety.
3. APhA opposes ~~state and federal~~ laws, regulations, and policies that limit a pharmacist's responsibility to exercise professional judgment in the best interest of patients.
4. APhA calls for civil, criminal, and professional liability protections for pharmacists and pharmacies if the pharmacist's responsibility to use professional judgment is limited by ~~state or federal~~ laws, regulations, and policies.

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

92. The Committee Recommends AMENDING the following policy statement as written.
2012, 2003 The Pharmacist's Role in Laboratory Monitoring and Health Screening

1. APhA supports pharmacist involvement in appropriate laboratory testing and health screening, including pharmacists directly conducting the activity, supervising such activity, ordering and interpreting such tests, and communicating such tests results.
2. APhA supports revision of relevant laws, regulations, and policies to facilitate pharmacist involvement in appropriate laboratory testing and health screening as essential components of patient care.
3. APhA encourages research to further demonstrate the value of pharmacist involvement in laboratory testing and health screening services.
4. APhA supports public and private sector compensation for pharmacist involvement in laboratory testing and health screening services.
5. APhA supports training and education of pharmacists and student pharmacists to direct, perform, and interpret appropriate laboratory testing and health screening services. Such education and training should include proficiency testing, quality control, and quality assurance.

6. APhA encourages collaboration and research with other health care providers to ensure appropriate interpretation and use of laboratory monitoring and health screening results. (JAPhA. NS43(5)(suppl 1):S58; September/October 2003) (Reviewed 2007) (Reviewed 2009) (Reviewed 2010) (JAPhA. NS52(4):460; July/August 2012) (Reviewed 2013) (Reviewing 2016) (Reviewed 2017) (Reviewed 2023)

93. The Committee Recommends AMENDING the following policy statement as written.
1971 Prescription Department Security

The committee recommends that APhA support ~~state legislation~~ laws, regulations, and policies to require that a prescription department must be secured whenever the pharmacist or persons authorized by the pharmacist are not present. (JAPhA. NS11:267; May 1971) (Reviewed 2006) (Reviewed 2011) (Reviewed 2016)

94. The Committee Recommends AMENDING the following policy statement as written.
2001, 1990 Regulatory Infringements on Professional Practice

1. APhA, in cooperation with other national pharmacy organizations, shall take a leadership role in the establishment and maintenance of standards of practice for existing and emerging areas in the profession of pharmacy.
2. APhA encourages a cooperative process in the development, enforcement, and review of ~~rules and~~ laws, regulations, and policies by agencies that affect any aspect of pharmacy practice, and this process must utilize the expertise of affected pharmacist specialists and their organizations.
3. APhA supports the right of pharmacists to exercise professional judgment in the implementation of standards of practice in their practice settings. (Am Pharm. NS30(6):45; June 1990) (JAPhA. NS4(5)(suppl 1):S7; September/October, 2001) (Reviewed 2007) (Reviewed 2012) (Reviewed 2017) (Reviewed 2020) (Reviewed 2023)

95. The Committee Recommends AMENDING the following policy statement as written.
2012, 2005, 1969 Medicare and Patient Care Service

1. APhA believes that Health care, including the essential component of patient care services, should be made available to as many people as possible in our society through the most economical system compatible with an acceptable standard of quality.
2. APhA should support the Part B mechanism which is the voluntary supplementary medical insurance program financed equally by beneficiaries and the government.
3. APhA should oppose laws, regulations, and policies that would restrict the Medicare drug benefit to specific, chronic diseases.
4. APhA should support the inclusion of patient care services under Medicare or any other federal financing mechanism, providing the program is designed to help persons who need it most and is administratively efficient and economical. (JAPhA. NS9:363; July 1969) (JAPhA. NS45(5):558; September/October 2005) (Reviewed 2009) (JAPhA. NS52(4):460; July/August 2012) (Reviewed 2017) (Reviewed 2018)

96. The Committee Recommends AMENDING the following policy statement as written.
1975 Periodic Adjustments of Professional Fees in Federal Programs

It is essential that federal laws, regulations, and policies governing pharmacist professional fees in federally-supported, health care programs require review and equitable adjustments on a regularized, periodic basis.

(JAPhA. NS15:330; June 1975) (Reviewed 2005) (Reviewed 2009) (Reviewed 2014) (Reviewed 2019)

97. The Committee Recommends AMENDING the following policy statement as written.

1984 Exemption from the Employee Retirement Income Security Act (ERISA)

APhA seeks introduction of laws, regulations, and policies exempting state, third-party, and prescription programs ~~legislation~~ from preemption by ERISA.

(Am Pharm. NS24(7):61; July 1984) (Reviewed 2005) (Reviewed 2009) (Reviewed 2014) (Reviewed 2019)

98. The Committee Recommends AMENDING the following policy statement as written.

1981 Third-party Reimbursement Legislation

APhA supports enactment of laws, regulations, and policies 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) (Reviewed 2005) (Reviewed 2009) (Reviewed 2014) (Reviewed 2019) (Reviewed 2021) (Reviewed 2022)

99. The Committee Recommends AMENDING the following policy statement as written.

2005, 1986, 1981 Use of Animals in Drug Research

1. APhA recognizes that animal experiments continue to be an essential, and indeed irreplaceable, component of biomedical research and testing.
2. When animals must be used for biomedical research and testing, APhA strongly supports humane treatment and adequate ~~regulation~~ laws, regulations, and policies, controls, and enforcement of appropriate measures relating to animal procurement, transportation, housing, care, and treatment.
3. APhA encourages the further development of methods of biomedical research and testing which do not require the use of animals.
4. APhA opposes ~~legislative provisions~~ laws, regulations, and policies that would penalize the properly controlled and conducted use of animals for biomedical research and testing.

(Am Pharm. NS21(5):41; May 1981) (Am Pharm. NS26(6):420; June 1986) (JAPhA. NS45(5):559; September/October 2005) (Reviewed 2009) (Reviewed 2014) (Reviewed 2019)

100. The Committee Recommends AMENDING 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 laws, regulations, and policies 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) (Reviewed 2022)

**101. The Committee Recommends AMENDING the following policy statement as written.
1980 Nuclear Pharmacy Regulations**

1. APhA supports the concept of state boards of pharmacy retaining their authority to regulate all aspects of professional pharmacy practice including nuclear pharmacy practice.

2. APhA urges state boards of pharmacy to promptly adopt appropriate laws, regulations, and policies for the practice of nuclear pharmacy, using the NABP Model Regulations for the Licensure of Nuclear Pharmacies as a model.

(Am Pharm. NS20:69; July 1980) (Reviewed 2006) (Reviewed 2011) (Reviewed 2016)

**102. The Committee Recommends AMENDING the following policy statement as written.
2018 Efforts to Reduce the Stigma Associated with Mental Health Disorders or Diseases**

1. APhA encourages all stakeholders to develop and adopt evidence-based approaches to educate the public and all health care professionals to reduce the stigma associated with mental health diagnoses.

2. APhA supports the increased utilization of pharmacists and student pharmacists with appropriate training to actively participate in the care of patients with mental health conditions diagnoses as members of interprofessional health care teams in all practice settings.

3. APhA supports the expansion of mental health education and training in the curriculum of all schools and colleges of pharmacy, post-graduate training, and within continuing professional development programs.

4. APhA supports the development of education and resources to address health care professional resiliency and burnout.

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

**103. The Committee Recommends AMENDING the following policy statement as written.
2020 Transfer of Schedule III–V Prescriptions for Purposes of Initial Fill as Well as Refill**

APhA supports laws, regulations, and policies that would allow pharmacies to transfer prescriptions for controlled substances for the purposes of an initial fill.

(JAPhA. 60(5):e10; September/October 2020)

Policy Statements related to “People-centric” Language.

The Committee was charged with reviewing the entire policy manual to standardize policy language from a “People Centric” perspective.

104. The Committee Recommends AMENDING the following policy statement as written.
2019 Creating Safe Work and Learning Environments for Student Pharmacists, Pharmacists, and Pharmacy Technicians

1. APhA strongly believes that all pharmacists, student pharmacists, and pharmacy technicians should be safe in their work and learning environments and be free from firearm-related violence.
2. APhA strongly recommends that technician training programs, schools and colleges of pharmacy, postgraduate training programs, and employers should develop programs to increase readiness in the event of an active shooter.
3. APhA strongly believes pharmacists, student pharmacists, and pharmacy technicians should be trained to recognize and refer patients at high risk of violence to themselves or others.
4. APhA encourages pharmacists, student pharmacists, and pharmacy technicians who are ~~victims~~ survivors of firearm-related violence to seek the help of counselors and other trained mental health professionals.

(JAPhA. 59(4):e17; July/August 2019)

105. The Committee Recommends AMENDING the following policy statement as written.
2020 Non-execution-Related Use of Pharmaceuticals in Correctional Facilities

1. APhA opposes drug manufacturers' refusal to supply certain drugs to correctional health services units necessary to provide medical treatment of those who are incarcerated inmates.

(JAPhA. 60(5):e11; September/October 2020) (Reviewed 2023)

106. The Committee Recommends AMENDING the following policy statement as written.
1972 Boards of Pharmacy: Consumer Representation

APhA encourages state pharmaceutical associations to actively seek appointment of ~~lay representation of the~~ public members to their respective boards of pharmacy and other health profession licensing and regulatory agencies.

(JAPhA. NS12:281; June 1972) (Reviewed 2004) (Reviewed 2010) (Reviewed 2015)

107. The Committee Recommends AMENDING the following policy statement as written.
1988 Drug Usage Evaluation (DUE)

1. APhA supports drug usage evaluation (DUE) as one element of a quality assurance program for medication use.

2. APhA advocates that DUE must address enhancement of the quality of care as well as the control of costs.
 3. APhA advocates pharmacists' participation along with other health care providers and ~~consumers~~ patients or caregivers in the development, implementation, and administration of DUE programs.
 4. APhA encourages further development of data collection systems to improve the extent and accuracy of DUE programs.
 5. APhA maintains that the primary emphasis of DUE intervention should be educational with the goal of positive behavior modification.
- (Am Pharm. NS28(6):394; June 1988) (Reviewed 2004) (Reviewed 2010) (Reviewed 2015)

108. The Committee Recommends AMENDING the following policy statement as written. 2020 Increasing Access to and Advocacy for Medications for Opioid Use Disorder– (MOUD)

1. APhA supports the use of evidence-based medicine as first-line treatment for patients with opioid-use disorder ~~for patients~~, including healthcare professionals in and out of the workplace, for as long as needed to treat their disease.
- (JAPhA. 60(5):e11; September/October 2020)

109. The Committee Recommends AMENDING the following policy statement as written. 2012, 2002, 1964 Health Education: Selection of Pharmacist

APhA supports education of ~~consumers~~ patients or caregivers about the importance of selecting their personal pharmacist to assist them in the proper use of all medications and medical devices.

(JAPhA. NS4:429; August 1964) (JAPhA. NS42(5)(suppl 1):S62; September/October 2002) (Reviewed 2007) (JAPhA. NS52(4):459; July/August 2012) (Reviewed 2017) (Reviewed 2018)

110. The Committee Recommends AMENDING the following policy statement as written. 2005, 2003, 1996 Pharmacist's Role in Immunizations

1. APhA encourages pharmacists to take an active role in achieving the goals of the Healthy People program regarding immunizations through

- (a) advocacy;
- (b) contracting with other health care professionals; or
- (c) administering vaccines to patients facing barriers to health

(JAPhA. NS36(6):395; June 1996) (JAPhA. NS43(5)(suppl 1):S57; September/October 2003) (JAPhA. NS45(5):556; September/October 2005) (Reviewed 2007) (Reviewed 2009) (Reviewed 2012) (Reviewed 2014) (Reviewed 2019) (Reviewed 2020) (Reviewed 2021)

111. The Committee Recommends AMENDING the following policy statement as written. 2019, 2005, 1990 Use of Representative Populations in Clinical Studies

1. APhA supports the use of representative populations in clinical studies, including, but not limited to protected populations such as women, persons who are underrepresented

or historically marginalized, minorities, the older adults elderly, persons who are transgender and gender-diverse individuals, and children when appropriate.
(Am Pharm. NS30(6):46; June 1990) (JAPhA. NS45(5):559; September/October 2005) (Reviewed 2009)
(Reviewed 2014) (JAPhA. 59(4):e28; July/August 2019)

Comments This policy statement was also part of the Committee's second charge. The Committee had no changes and recommended to retain the existing language as it related to those newly adopted policies from the March 2023 House of Delegates. The Committee recommends amending Statement 5 however, as part of their third charge to standardize language throughout the policy manual.

112. The Committee Recommends AMENDING the following policy statement as written. 2016 Biologic, Biosimilar, and Interchangeable Biologic Drug Products

1. APhA urges the development of programs laws, regulations, and policies that facilitate patient access to and affordability of biologic products.
2. APhA urges the Food and Drug Administration (FDA) to expedite the development of standards and pathways that will evaluate the interchangeability of biologic products.
3. APhA recognizes the Food and Drug Administration's (FDA) Purple Book as an authoritative reference about biologic product interchangeability within the United States.
4. APhA opposes interchangeable biologic product substitution processes that require authorization, recordkeeping, or reporting beyond generic product substitution processes.
5. APhA encourages scientific justification for extrapolation of indications for biologic products to ensure patient safety and optimal therapeutic outcomes.
(JAPhA. 56(4):369; July/August 2016)

113. The Committee Recommends AMENDING the following policy statement as written. 2020 Pharmaceutical Safety and Access During Emergencies

1. APhA urges government authorities to hold pharmaceutical manufacturers, wholesalers, pharmacies, and other pharmaceutical supply distributors and providers accountable to state and federal price gouging laws, regulations and policies in selling those items to patients, pharmacies, hospitals, and other health care providers during times of local, state, or national emergency.
2. APhA urges government authorities to aggressively enforce laws and regulations against adulterated products and false and misleading claims by entities offering to sell pharmaceutical and medical products to health care providers and consumers.
(JAPhA. 60(5):e11; September/October 2020)

114. The Committee Recommends AMENDING the following policy statement as written.
2015 Role of the Pharmacist in the Care of Patients Using Cannabis

1. APhA supports legal, regulatory, and policy changes to further facilitate clinical research related to the clinical efficacy and safety associated with the use of cannabis and its various components.
2. APhA encourages health care provider education related to the clinical efficacy, safety, and management of patients using cannabis and its various components.
3. APhA advocates that the pharmacist collect and document information in the pharmacy patient profile about patient use of cannabis and its various components and provide appropriate patient counseling.
4. APhA supports pharmacist participation in furnishing cannabis and its various components when scientific data support the legitimate medical use of the products and delivery mechanisms, and federal, state, or territory laws or regulations permit pharmacists to furnish them.
5. APhA opposes pharmacist involvement in furnishing cannabis and its various components for recreational use.

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

115. The Committee Recommends AMENDING 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, regulations, and policies 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) (Reviewed 2021) (Reviewed 2022) (Reviewed 2023)

116. The Committee Recommends AMENDING the following policy statement as written. 2023 Access to Essential Medicines

APhA advocates for laws, regulations, and policies ~~and legislation~~ that recognize access to quality and affordable essential medicines as a fundamental human right. (JAPhA. 63(4):1266; July/August 2023)

117. The Committee Recommends AMENDING the following policy statement as written. 2019 Pharmacist and Pharmacy Personnel Safety and Well-Being

1. APhA calls for employers to develop policies and resources-procedures to support pharmacy personnel's ability to retreat or withdraw, without retaliation, from interactions that threaten their safety and well-being.
2. APhA encourages the development or utilization of educational programs and resources by the Association, employers, and other institutions to prepare pharmacy personnel to respond to situations that threaten their safety and well-being. (JAPhA. 59(4):e17; July/August 2019) (Reviewed 2021)

118. The Committee Recommends AMENDING the following policy statement as written. 2000 Regulation of Dietary Supplements

1. APhA shall work with Congress to modify the Dietary Supplement Health and Education Act or enact other laws, regulation, or policies ~~legislation~~ to require that dietary supplement manufacturers provide evidence of efficacy and safety for all products, including products currently in the marketplace.
2. APhA supports the establishment and implementation of clear and effective enforcement policies to remove promptly unsafe or ineffective dietary supplement products from the marketplace.
3. APhA shall work with the FDA to improve dietary supplement product labeling to ensure full disclosure of all product components and their source with associated strengths and recommendations for use in specific patient populations.
4. APhA supports the development and enforcement of dietary supplement good manufacturing practices (GMPs) and compliance with USP/NF standards to ensure quality, safe, contaminant-free products.

5. APhA encourages health care professionals, manufacturers, and consumers to report adverse health events associated with dietary supplements. APhA encourages the FDA to create a database with this information and make it available to all interested parties. (JAPhA. NS1(9):40; September/October 2000) (Reviewed 2005) (Reviewed 2007) (Reviewed 2012) (Reviewed 2017)

119. The Committee Recommends AMENDING the following policy statement as written. 2019 Expanding Technician Roles

1. APhA encourages state boards of pharmacy to develop laws, regulations, and policies allowing expanded pharmacy technician roles that allow both technicians and pharmacists to practice at the top of their training and license or certification.
2. APhA supports state board of pharmacy regulations that standardize and set minimum didactic and experiential standards for technicians to allow for functioning in expanded roles.

(JAPhA. 59(4):e17; July/August 2019)

120. The Committee Recommends AMENDING the following policy statement as written. 2019, 2016 Substance Use Disorder

APhA supports ~~legislative, regulatory~~ laws, regulations, policies, 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.

(JAPhA. 56(4):369; July/August 2016) (JAPhA. 59(4): e28; July/August 2019) (Reviewed 2022)

121. The Committee Recommends AMENDING the following policy statement as written. 1972 Boards of Pharmacy: Consumer Representation

APhA encourages state pharmaceutical associations to actively seek appointment of ~~lay representation of the~~ public members to their respective boards of pharmacy and other health profession licensing and regulatory agencies.

(JAPhA. NS12:281; June 1972) (Reviewed 2004) (Reviewed 2010) (Reviewed 2015)

Policy Statements related to both “People-centric” language and “regulatory” language.

The following statement contains amendments related to both “people-centric” and “regulatory” language subject matter. To avoid repetition, the amendments are combined in this statement.

122. The Committee Recommends AMENDING the following policy statement as written. **2023 Transgender and Nonbinary Health Care**

1. APhA supports the enactment ~~by state and federal legislatures to establish of~~ laws, regulations, and policies to end discriminatory practices that limit access to care for persons who are transgender ~~or and gender-diverse nonbinary people~~.
 2. APhA encourages equity in care for persons who are transgender ~~or and gender-diverse nonbinary individuals~~ through:
 - a. Continuing education on the pharmacist’s role in transgender care, gender-affirming therapy, and health disparities in patients who are transgender ~~or gender-diverse nonbinary patients~~.
 - b. Systematic integration and utilization of affirmed name and pronouns, gender identity, and anatomical inventory.
 - c. Availability and implementation of education and resources related to gender-diverse care for all persons employed in health care settings.
- (JAPhA. 63(4):1266; July/August 2023)