

November 6, 2020

Fall Virtual

Special Session
of the
**HOUSE of
DELEGATES**

Reference Materials





MEMORANDUM

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

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

Included within your Delegate Reference Materials, you will find:

- Special Session Agenda
- 2020-2021 APhA House Rules Review Committee Report
- 2020-2021 APhA Policy Review Committee Report – Part 2
- [Online Policy Manual](#)

Policy-Related Webinars Available

If you were unavailable to participate in any of the committee-related webinars, I encourage you to visit <http://pharmacist.com/learn-about-0> to view an archived version of the webinars related to the House Rules Review Committee Report and Part 2 of the Policy Review Committee Report. These webinars will present you with additional background information related to the subjects and provide insight into the questions raised by your fellow Delegates. Please identify the numbered policy you wish to have further discussion on in either report, as you will be asked to share these during the Friday November 6, 2020 Special Session so having a list prepared, if applicable, will increase efficiency of the House.

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

Only HOD registered Delegate members of the Association will receive specific login information directly from GoToWebinar (Not APhA HOD Staff) 48 hours prior to the event where voting will occur.

Alternate Delegates and Delegation Coordinators who wish to view in listen only mode may register for the Special Session as an observer through this [Special Session Observer Registration](#) link. Should you have any questions on processes please send questions to hod@aphanet.org

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

Sincerely,



*Joey Mattingly, PhD, PharmD, MBA
APhA Speaker of the House of Delegates*

CC: Melissa Skelton Duke, PharmD, MS, BCPS, FAPhA, Speaker-elect of the APhA House of Delegates

Staff Liaisons:

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

*Mitch Rothholz, Chief of Governance & State Affiliates and Executive Director, APhA Foundation
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AGENDA

Virtual Special Session of the House of Delegates November 6, 2020

1:00pm – 4:00pm

1. Call to Order
2. Introduction of Virtual Head Table
3. Review Voting Procedures and Virtual House Process
4. Speaker Update
5. Credentials Report*
6. Adoption of Agenda and Rules*
7. Consideration of House Rules Review Committee Report*
8. Consideration of Policy Review Committee Report – Part 2*
 - Policy review conducted on proposed amendments to 2020 adopted policy statements
9. Consideration of any Urgent New Business Items – Time Permitting*
10. Housekeeping Announcements
11. Recommendations from APhA Members
12. Closing Announcements
13. Adjournment of the Special Session

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



APhA

House of Delegates

General Information for Delegates

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

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

<p>HOUSE OF DELEGATES COMMITTEE ON NOMINATIONS</p>	<p>The House of Delegates Committee on Nominations is charged to nominate candidates for the office of Speaker-elect of the House of Delegates each even-numbered year.</p> <ul style="list-style-type: none"> • The Committee is appointed by the immediate former (non-incumbent) Speaker of the House and is comprised of 5 members. • The Committee only slates 2 candidates, but additional nominations may be made from the floor of the House. Candidates for Speaker-elect must be current Delegates to the APhA House. • The Committee presents its report, including the slate of candidates, during the First Session of the House. Each candidate is given 2 minutes to introduce him/herself to the Delegates. • At the Final Session of the APhA House, each candidate is given 3 minutes to address the APhA House. The election for the office of Speaker-elect is conducted electronically at the Final Session of the APhA House of Delegates.
<p>COMMITTEE OF CANVASSERS</p>	<p>The Committee of Canvassers is charged to observe the administration of the electronic voting process for the election of Speaker-elect during the Final Session of the APhA House. APhA members are appointed each even-numbered year to perform the responsibilities of this position.</p>
<p>SUBMISSION OF NEW BUSINESS ITEMS</p>	<p>Items of New Business must be submitted to the Speaker of the House no later than 30 days before the start of the First Session of the House of Delegates.</p> <p>An urgent item can be considered, without a suspension of the House rules, if presented to the Speaker, with necessary background information, at least 24 hours prior to the beginning of the first session of the House. Urgent items are defined as matters, which due to the nature of their content must be considered by the House outside of normal policy procedures. The submission of urgent new business items will be determined at the discretion of House leadership.</p>
<p>DISTRIBUTION OF MATERIALS IN THE HOUSE OF DELEGATES</p>	<p>Materials may only be distributed in the APhA House of Delegates with the approval of the Secretary of the APhA House of Delegates. Individuals seeking to distribute material in the APhA House must submit a sample to the APhA House of Delegates Office prior to the start of the House Session. Materials to be distributed must relate to subjects and activities that are proposed for House action or information.</p>
<p>HOUSE OF DELEGATES RULES OF ORDER</p>	<p>The rules contained in <i>Robert's Rules of Order Newly Revised</i> govern the deliberations of the APhA House of Delegates in all cases in which they are applicable and not in conflict with special APhA House Rules or Bylaws. The Speaker of the APhA House appoints a Parliamentarian whose principal duty is to advise the Speaker. It is proper for the Parliamentarian to state his opinion to the APhA House of Delegates only when requested to do so by the Speaker. A parliamentary procedure reference guide is provided with the Delegate materials.</p>
<p>ACCESS TO THE FLOOR OF THE HOUSE OF DELEGATES</p>	<p>Each Delegate has the right to speak and vote on every issue before the APhA House of Delegates. The Speaker shall announce at the opening session of each House meeting the procedure he/she will follow in recognizing requests from the floor. During the APhA House sessions, the procedure for seeking recognition by the Speaker will be for the Delegate to approach a floor microphone and, when recognized by the Speaker, to state his/her name and delegation affiliation. Only Delegates or individuals recognized by the Speaker shall have access to the microphone.</p>
<p>AVAILABILITY OF REPORTS</p>	<p>The final report of the APhA Policy Committee will be sent electronically to members and hard copies can be obtained at the House of Delegates Office beginning at 8:00AM on Monday. The final report of the APhA New Business Review Committee will also be sent electronically to members and hard copies can be obtained at the House of Delegates Office beginning 8:00AM on Sunday.</p>
<p>VOTING PROCEDURES</p>	<p>Voting will occur via voice vote or by electronic tabulation. For action on Association policy and items of New Business, votes will be cast using voice votes. If the Speaker is unable to determine the outcome of the voice vote, or a Delegate calls for a vote count, the electronic voting system will be used. Actual vote numbers will be utilized versus percentages to determine vote outcomes. Voting for the election of Speaker-elect will occur using the electronic voting system.</p>

American Pharmacists Association
House of Delegates
Rules of Procedure
Updated March 2019

The following information reflects the final language adopted by the 2019 APhA House of Delegates.

Rule 1 Delegate Appointment

All delegates, except APhA Membership Organization delegates, shall be appointed no later than June 1 of each year and will continue to function in that role until May 31 of the following year. APhA Membership Organizations have the flexibility to appoint their delegates based upon their existing processes with a delegate appointment deadline of no later than August 1 or these seats will also be subject to Speaker appointment as described in Rule 2 of the APhA House Rules of Procedure. APhA's student Academy delegates must be appointed no later than November 30.

Rule 2 Unfilled Delegate Seats

Unfilled delegate seats of any delegation as defined by APhA Bylaws Article VI, Section 2, Subsection G, shall become inactive if unfilled during both House sessions for 3 consecutive years. This historical information shall be reported annually to the House Rules Review Committee and the APhA Board of Trustees, in addition to being made available to the representative of any delegation being impacted. Delegates shall be notified 60 days prior to the inactivation of delegate seats and may petition the Secretary of the House for reappointment of any inactive seats.

Rule 3 Speaker Appointment of Unfilled Delegate Seats

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

Rule 4 Delegates and Voting

At the first session of a meeting of the House of Delegates, the Secretary shall report the number of accredited delegates who shall then compose the House of Delegates. Each delegate shall be entitled to one (1) vote. No delegate shall act as proxy of another delegate nor as delegate for more than one (1) association or organization. A member registered as an alternate may, upon proper clearance by the Credentials Committee, be transferred from alternate to delegate at any time during the continuance of business meetings.

Rule 5 Delegate Identification

Each delegate is required to wear a delegate ribbon attached to the convention name badge while seated in a session of the House of Delegates.

Rule 6 Consideration of Committee Reports

The House shall receive and consider the recommendations of each Association Policy Committee on each whole-number section of a Policy Committee report during the first session of the APhA House of Delegates at each Association Annual Meeting. The Committee chair will recommend adoption of policy statements and preside over the debate. Action on the report will be governed by Robert's Rules of Order (current edition).

Debate in the first session of the House will be time limited. If the Speaker, the Committee chair, or any delegates feel additional debate on the policy statement is warranted, the item may be carried over to an open hearing at which the Policy Reference Committee will preside. The remaining items requiring action will be brought back to the final session of the House of Delegates for action. The Policy Reference Committee may recommend adoption, referral, rejection, or amendments to the original Policy Committee report. Action requires a majority vote.

Rule 7 Privilege of the Floor

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

Rule 8 Nomination and Election of Speaker-elect

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

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

Nominations may then be made from the floor at the first session of the House of Delegates by any delegate immediately following the presentation of the Report of the Committee on Nominations. Candidates nominated from the floor must submit biographical data to the Secretary of the House not less than 24 hours prior to the start of the final session of the House of Delegates in order to qualify as a candidate.

All candidates must be an APhA Member as defined in Article III, Section 2, of the APhA Bylaws, and a seated delegate in the House of Delegates. Candidates will be introduced at the first session of the House of Delegates and permitted to speak to the House for no more than two (2) minutes. Candidates will then be permitted to address the House for a maximum of three (3) minutes at the second session prior to voting on the candidates by the House. Candidates shall be listed in alphabetical order on the ballot regardless of whether they were slated by the Committee on Nominations or nominated from the floor of the House. A majority vote of delegates present and voting is required for election. If no majority is obtained on the first ballot, a second ballot shall be cast for the two candidates who received the largest vote on the first ballot. If electronic voting mechanisms are available, then the election shall be conducted utilizing the technology, with the results not publicly displayed.

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

Rule 9 Amendments to Resolutions

All amendments to Policy Committee recommendations or New Business Resolutions shall be submitted in writing to the Secretary on a form provided to Delegates. There are no secondary amendments or “friendly” amendments. The Speaker will rule any Delegates out of order who express a desire to make a secondary amendment or “friendly” amendment.

Rule 10 Rules of Order

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

Rule 11 Amendments to House of Delegates Rules

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

Rule 12 Grammar/Punctuation Corrections

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

Rule 13 New Business

Items of New Business are due to the Speaker of the House no later than 30 days before the start of the first House of Delegates session.

An urgent item can be considered, without a suspension of the House rules, if presented to the Speaker, with necessary background information, at least 24 hours prior to the beginning of the first session of the House. Urgent items are defined as matters that, due to the nature of their content, must be considered by the House outside of the normal policy processes. The House leadership (Speaker, Speaker-elect [when present], and Secretary) will evaluate submitted urgent items based on the timely and impactful nature of the presented item and determine if the urgent item is to be approved as new business. The House shall then be informed during the first House session of any approved urgent items to be considered by the House. Approved urgent items shall be included with other New Business Items and discussed during the New Business Open Hearing. Appropriate action will then be recommended by the New Business Review Committee in the same manner as other New Business Items and acted upon during the second House session. Urgent items denied consideration by House Officers may still be addressed by the House with a suspension of House rules at the House Session where New Business will be acted upon.

Delegates wishing to amend existing APhA policy on topics not covered within the Policy Committee or Policy Review Committee agenda may submit proposed policy statements through the New Business Review Process. Restatements of existing policy are discouraged.

The New Business Review Committee’s report to the House of Delegates shall include one of the following recommended actions for each New Business Item considered:

- (a) Adoption of the New Business Item
- (b) Rejection of the New Business Item
- (c) Referral of the New Business Item
- (d) Adoption of the New Business Item as amended by the committee
- (e) No action

Rule 13 New Business (continued)

The New Business Review Committee's recommendations will be addressed by the House of Delegates in the following order:

1. New Items submitted by the Policy Review Committee
2. General New Business Items
3. Urgent New Business Items

If the New Business Review Committee recommends no action on a New Business Item, the Speaker of the House shall place the New Business Item before the House of Delegates for consideration and action. Each whole-numbered statement within the New Business Item shall be considered separately. Consideration of the New Business Item in its entirety requires suspension of House rules.

Rule 14 Policy Review Committee

The House shall receive and consider the recommendations of the House Policy Review Committee to archive, rescind, retain, or amend existing policy at each Annual Meeting of the Association. A singular motion to archive, rescind, retain, or amend, all such existing policy, with limited debate, shall be in order. Items identified by the Policy Review Committee as needing amendment shall be reviewed by the Committee and Speaker of the House to determine that the amendment does not change the intent of the original policy and included in a separate section of the Policy Review Committee report provided to Delegates at the Annual Meeting. Any substantive amendments or those that change the intent of the original policy should be submitted by the Policy Review Committee to the New Business Review Committee for consideration. The Policy Review Committee shall meet annually and review any policy that has (1) not been reviewed or revised in the past 10 years; (2) policy related to statements adopted in the most recent House session; and (3) if applicable, contemporary issues identified by the Speaker.

Rule 15 Policy Reference Committee

The House of Delegates Policy Reference Committee shall consist of the chair of the Policy Committee, two members of the Policy Committee, and three or four new members appointed by the Speaker of the House of Delegates. The Policy Reference Committee will hear comments during the first session of the House of Delegates and the Open Hearing of the Policy Committee at the APhA Annual Meeting and issue the Final Report of the House of Delegates.

Parliamentary Procedures At A Glance

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



APhA

AMERICAN PHARMACISTS ASSOCIATION

2020-21 House of Delegates
Report of the House Rules Review Committee

Committee Members

Tim Tucker, Chair
Jennifer Adams
Brooke Clark
Evan Colmenares
Alison Knutson

Ex Officio Members

Joey Mattingly, Speaker of the House
Melissa Duke, Speaker-elect

2020-2021
APhA House Rules Review Committee Report

The 2020-2021 APhA House Rules Review Committee (HRRC) consists of the following APhA members and long-time Delegates:

Tim Tucker, Chair
Huntingdon, TN

Jennifer Adams
Meridian, ID

Brooke Clark
Tempe, AZ

Evan Colmenares
Durham, NC

Alison Knutson
Eagan, MN

Overall Charge and Duties

The House Rules Review Committee is appointed each year to review and establish rules and procedures for the conduct of business at each House session (Adopted 1995). The APhA Speaker may assign year-specific charges to the Committee as warranted.

Review of the APhA House of Delegates Rules of Procedure

The HRRC met via conference call on April 28, 2020, May 15, 2020, and September 14, 2020 and made the following recommendations.

After thorough consideration, and in conjunction with the feedback received from Delegates, members, and staff, the HRRC unanimously recommends the following revisions to the APhA House of Delegates Rules of Procedure. Note: proposed amendments are in red font and deletions are ~~struck through~~ and proposed additions are underlined. To clarify, rules 7, 10, and 11 are included in this report for background and no amendments are recommended for these three items.

Rule 1 Delegate Appointment

All delegates, except APhA Membership Organization delegates, shall be appointed no later than June 1 of each year and will continue to function in that role until May 31 of the following year. APhA Membership Organizations have the flexibility to appoint their delegates based upon their existing processes with a delegate appointment deadline of no later than August 1 or these seats will also be subject to Speaker appointment as described in Rule **23** of the APhA House Rules of Procedure. APhA's student Academy delegates must be appointed no later than November 30.

Rationale: Updating the referenced rule number to three instead of two.

Rule 2 Unfilled Delegate Seats

Unfilled delegate seats of any delegation as defined by APhA Bylaws Article VI, Section 2, Subsection G, shall become inactive if unfilled during **in-person Annual Meeting and virtual both** House sessions for 3 consecutive **House cycles (March – March) years**. This historical information shall be reported annually to the House Rules Review Committee and the APhA Board of Trustees, in addition to being made available to the representative of any delegation being impacted. **The Speaker may issue exceptions to this rule in response to extenuating circumstances in consultation with the House Rules Review Committee. Delegates** **Delegation Coordinators** shall be notified 60 days prior to the inactivation of delegate seats and may petition the Secretary of the House for reappointment of any inactive seats.

Rationale: These edits incorporate the tracking of unfilled delegate seats into virtual House sessions to match the current process being conducted for in-person Annual Meeting House sessions. A clause was added to allow the Speaker of the House to issue exceptions during extenuating circumstances (e.g. natural disasters preventing attendance at House sessions). Additionally, “delegates” is being changed to “delegation coordinators” as the communication provided from APhA staff goes to whomever is tasked with assigned a delegation’s delegates and not the delegates themselves.

Rule 3 Speaker Appointment of Unfilled Delegate Seats

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

Rationale: The modification of “the first” to “any” will allow this rule to apply to in-person or virtual House sessions. The process for receiving any notifications or appointments from ASO’s will not change regardless of the type of House session that is being held.

Rule 4 Delegates and Voting

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

Rationale: “Credentials Committee” is being updated to “Secretary of the House” to match current operations as the operations of the former Credentials Committee were transferred to the Secretary of the House. The rest of the additions are to incorporate virtual House sessions into this rule. Any changes from alternate to delegate must be provided to APhA Staff within 24 hours of the virtual House session.

Rule 5 Delegate Identification

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

Rationale: This rule has been modified to reflect the wearing of Delegate ribbons during in-person sessions only and clarification that only authorized delegates will receive access to any virtual platform technology. The last sentence is being added to clarify that any APhA member can observe any House session, but will not have access to vote, whether it is in-person or virtual.

Rule 6 Consideration of Committee Reports

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

Debate in **any the first** session of the House **may will** be time limited, **as designated by the Speaker.** If the Speaker, the Committee chair, or any delegates feel additional debate on the policy statement is warranted, the item may be carried over to an open hearing **or a future session of the House, at which the Policy Reference Committee will preside.** The remaining items requiring action will be brought back **for final consideration at the next House session as “Unfinished Business”.** ~~**to the final session of the House of Delegates for action. The Policy Reference Committee may recommend adoption, referral, rejection, or amendments to the original Policy Committee report. Action requires a majority vote.**~~

Rationale: Modifications to this rule clarify the Speaker’s role in setting an agenda for any House session and provide guidance on how to address items of business from various Committees in an efficient manner, whether during an in-person or virtual House session.

Rule 7 Privilege of the Floor

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

Rule 8 Nomination and Election of Speaker-elect

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

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

Nominations may then be made from the floor **at the first session of the House of Delegates** by any delegate immediately following the presentation of the Report of the Committee on Nominations. Candidates **must have been interviewed by the House of Delegates Committee on Nominations to be eligible to be** nominated from the floor **must submit biographical data to the Secretary of the House not less than 24 hours after the announcements of the slate, prior to the start of the final session of the House of Delegates in order to qualify as a candidate.**

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

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

Rationale: This language is being modified to incorporate the potential role of virtual House sessions as related to Speaker-elect voting processes. Additionally, in the event that an in-person vote for speaker-elect cannot occur, as seen in 2020, a clause has been recommended to allow the Speaker and Secretary of the House to work with the House Rules Review Committee to establish alternative methods to conduct voting in a secure manner.

Rule 9 Amendments to Resolutions

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

Rationale: This rule is being modified to reflect any Committee recommendation or statement that could have an amendment submitted and also notes that the process for submitting amendments will be defined by the Speaker at the beginning of each House session as virtual and in-person House sessions will have different processes for submitting amendments.

Rule 10 Rules of Order

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

Rule 11 Amendments to House of Delegates Rules of Procedure

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

Rule 12 Grammar/Punctuation Corrections

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

Rationale: This rule is being modified to broaden without question where this rule applies. Changing “the” to “any” implies that these changes could occur after in-person or virtual sessions.

Rule 13 New Business

The New Business Review Committee shall consist of 7 delegates, including the Chair, and are appointed by the Speaker. The Committee members should be present for open forum sessions held in-person or virtually. After reviewing feedback provided from APhA members, the Committee will meet in executive session to develop recommendations on assigned New Business Items.

New Business Items are due to the Speaker of the House no later than 30 days before the start of

any the first House of Delegates session where regular action on New Business items (not urgent items) are scheduled to take place.

An urgent item can be considered, without a suspension of the House rules, if presented to the Speaker, with necessary background information, at least 24 hours prior to the beginning of **the first session of the any House session.** Urgent items are defined as matters that, due to the nature of their content, must be considered by the House outside of the normal policy processes. The House leadership (Speaker, Speaker-elect [when present], and Secretary) will evaluate submitted urgent items based on the timely and impactful nature of the presented item and determine if the urgent item is to be approved as New Business. The House shall then be informed **during the first House session** of any approved urgent items to be considered by the House **as soon as is possible by the Speaker.** Approved urgent items shall be **included considered** with other New Business Items and discussed during the New Business Open Hearing **if one is scheduled to take place.** Appropriate action will **then** be recommended by the New Business Review Committee in the same manner as other New Business Items **and acted upon during the second House session.** Urgent items denied consideration by House Officers may still be addressed by the House with a suspension of House rules at the House session where New Business will be acted upon.

Delegates wishing to amend existing APhA policy on topics not covered within the Policy Committee or Policy Review Committee agenda may submit proposed policy statements through the New Business Review Process. Restatements of existing policy are discouraged **and should be included only as background information.**

The New Business Review Committee's report to the House of Delegates shall include one of the following recommended actions for each New Business Item considered:

- (a) Adoption of the New Business Item
- (b) Rejection of the New Business Item
- (c) Referral of the New Business Item
- (d) Adoption of the New Business Item as amended by the committee
- (e) No action

The New Business Review Committee's recommendations will be addressed by the House of Delegates in the following order:

1. New Items submitted by the Policy Review Committee
2. General New Business Items
3. Urgent New Business Items

If the New Business Review Committee recommends no action on a New Business Item, the Speaker of the House shall place the New Business Item before the House of Delegates for consideration and action. Each whole-numbered statement within the New Business Item shall be considered separately. Consideration of the New Business Item in its entirety requires suspension of House rules.

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

Rationale: New Business Items should primarily be considered during in-person House sessions, but the modifications to this rule allow for urgent and regular new business items to be considered during virtual sessions at the discretion of the Speaker. Additionally, the composition of the committee is being formally included, similar to the rule on the Committee on Nominations, to maintain continuity from year to year.

Rule 14 Policy Review Committee

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

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

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

Rationale: The composition of the committee is being formally included, similar to the rule on the Committee on Nominations, to maintain continuity from year to year. Additionally, the statement noting the charges of the committee and how often they meet has been added to the first paragraph for better flow of the rule. The other modifications to this rule apply to the addition of virtual House sessions.

Rule 15 Policy Reference Committee

The House of Delegates Policy Reference Committee shall consist of the chair of the Policy Committee, two ~~to three~~ members of the Policy Committee, and three or four new members appointed by the Speaker of the House ~~of Delegates~~. **Members of the Committee must be delegates and should be present for open forum sessions held in-person or virtually.** The Policy Reference Committee **shall consider Delegate comments received through open forums, webinars, and other communication means and meet in executive session to will hear comments during the first session of the House of Delegates and the Open Hearing of the Policy Committee at the Association Annual Meeting and** issue their **report and recommendations prior to the House session where those recommendations would be considered by the House.** ~~Final Report of the House of Delegates.~~

Rationale: The composition of the committee is being updated to even out perspective

from the Policy Committee compared to new members on the committee. The other modifications to this rule apply to the addition of virtual House sessions.

Rule 16 Virtual House of Delegates

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



APhA

AMERICAN PHARMACISTS ASSOCIATION

2020-21 House of Delegates *Part 2 - Report of the Policy Review Committee*

Consideration of submitted amendments to newly adopted policy from the March 20, 2020 Special Session of the APhA House of Delegates

Committee Members

Nicholas Dorich, Chair
Julie Akers
Deepak Bhatia
Betsy Elswick
Christopher Kotschevar
Loren Kirk
Jeffrey Neigh
Farah Towfic

Ex Officio

Joey Mattingly, Speaker of the House
Melissa Duke, Speaker-elect 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.

1. ACCOUNTABILITY OF PHARMACISTS: STATEMENT 1

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

1. APhA affirms pharmacists' professional accountability **within their role** in all practice settings.

Rationale: The Committee discussed amending the statement to add "within their role." The Committee believed inclusion of "within their role" should be added to allow for potential legal protection as the pharmacist's role is more defined in a specific practice setting. The Committee considered added "patient's healthcare team" instead of "in all practice settings but was not included due to the number of pharmacists that provide care and who are not directly on a healthcare team.

2. ACCOUNTABILITY OF PHARMACISTS: STATEMENT 2

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

2. APhA advocates that pharmacists be granted and accept authority, autonomy, and accountability for patient-centric actions to improve health and medication outcomes, in coordination with other health professionals, as appropriate.

Rationale: The Committee considered the use of the word "collaboration" instead of the original term "coordination." The Committee agreed to not recommend an amendment to this statement because they believed "coordination" is a stronger word indicating that pharmacists can take the lead in some situations and in certain practice settings pharmacists do not need to collaborate in all decision-making. The Committee also agreed to retain the terms "as appropriate" because there are instances in which more than one person is responsible for health and medication outcomes, so this statement only applies in appropriate situations.

3. ACCOUNTABILITY OF PHARMACISTS: STATEMENT 4

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

4. APhA advocates for sustainable payment and attribution models to support pharmacists as accountable patient care providers.

Rationale: The Committee agreed to maintain existing statement language as adopted. The Committee discussed adding "in all practice settings" at the end of the statements but did not believe it was necessary it is implied within the existing statement.

4. ACCOUNTABILITY OF PHARMACISTS: STATEMENT 5

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

5. APhA supports continued expansion of resources and health information infrastructures that empower pharmacists as accountable health care providers.

Rationale: The Committee agreed to maintain existing statement language as adopted. The Committee discussed adding “in all practice settings” at the end of the statements but did not believe it was necessary it is implied within the existing statement.

5. SPECIALTY PHARMACY AND SPECIALIZED PHARMACY SERVICES: STATEMENT 1

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

1. APhA recognizes that certain complex medications require more specialized care and resources. **Further,** ~~and~~ APhA asserts that delineation of medications as specialty versus non-specialty, and associated payer and manufacturer practices, **may** introduce ~~a risk of~~ continuity of care disruption, patient access issues, and financial inequities.

Rationale: The Committee discussed splitting the original statement into two separate sentences to enhance readability. The Committee also decided to remove the word “risk” from the statement to improve clarity in the overall statement as there was confusion surrounding which part the “risk” related to.

6. SPECIALTY PHARMACY AND SPECIALIZED PHARMACY SERVICES: STATEMENT 2

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

2. APhA supports pharmacists and pharmacies ~~that choosing choose~~ to specialize or incorporate specialty pharmacy services into their practice ~~and provide enhanced patient care and other services~~ to optimize patient outcomes.

Rationale: The Committee discussed the removal of either “choosing to specialize” or “incorporate specialty pharmacy services” as both phrases were potentially repetitive. The Committee decided to leave both phrases in the statement because a pharmacist or pharmacy could specialize in a disease state and not use specialty pharmacy services, so both are needed. The Committee decided to remove “and provide enhanced patient care and other services” because this phrase may make it seem that pharmacies who do not provide these specialized services are not optimizing patient outcomes.

7. SPECIALTY PHARMACY AND SPECIALIZED PHARMACY SERVICES: STATEMENT 3

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

3. APhA opposes payer policies and practices that limit patient choice of ~~qualified~~ pharmacy providers, disrupt continuity of care, or compromise patient safety through the creation of specialty drug lists, and restrictive specialty pharmacy networks.

Rationale: The Committee recommends removing “qualified” because it hints at a need or requirement of credentialing and the Committee did not want to develop additional barriers for pharmacists to provide care.

8. SPECIALTY PHARMACY AND SPECIALIZED PHARMACY SERVICES: STATEMENT 4

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

4. APhA opposes manufacturer distribution and related business practices that restrict patient or ~~and~~ pharmacy access to medications, medical products, and patient care services.

Rationale: The Committee recommends switching “and” to “or” for grammatical purposes. The Committee also discussed including the phrase “except when patient safety might be impacted by such measures” to reduce the loopholes that potentially exist within the statement, but decided it was not necessary to maintain the original intent of the statement.

9. SPECIALTY PHARMACY AND SPECIALIZED PHARMACY SERVICES: STATEMENT 5

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

5. APhA advocates for the adoption of pharmacy profession-developed, harmonized practice standards for specialized pharmacy practices, and specialty pharmacy services and products.

Rationale: The Committee recommends maintaining existing language and discussed the importance of the term “harmonized.”

10. SPECIALTY PHARMACY AND SPECIALIZED PHARMACY SERVICES: STATEMENT 6

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

6. APhA encourages increased availability and use of ~~clinical practice~~, data integration, patient financial assistance, and other resources to inform clinical practice and support the provision of specialized pharmacy practices and specialty pharmacy services.

Rationale: The Committee recommends removing “clinical practice” and adding “inform clinical practice and”. The Committee discussed how “clinical practice” was related to clinical practice guidelines but, since not all disease states have clinical practice guidelines, the word “guidelines” was omitted in the original statement. The Committee discussed how the term “clinical practice” is not a commonly used in this context, as a result sentence was restructured by adding “inform clinical practice and.” The

Committee agreed to retain both “specialized pharmacy practices” and “specialty pharmacy services” as both have unique meanings.

11. SPECIALTY PHARMACY AND SPECIALIZED PHARMACY SERVICES: STATEMENT 7

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

7. APhA supports the availability of education and training for pharmacists and student pharmacists related to specialized pharmacy practices and specialty pharmacy services.

Rationale: The Committee considered amendments to focus the statement on specialty pharmaceuticals but decided to maintain the original statement to more closely match other existing policy and retain the original intent.

12. E-PRESCRIBING STANDARDIZATION

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

- 5 APhA supports laws and regulations that require e-prescribing of controlled substances to reduce ~~eliminate many types of~~ fraudulent prescriptions.

Rationale: The Committee recommends replacing “eliminate many types of” with “reduce” as this single statement would not completely eliminate fraudulent prescriptions and while elimination is the goal, “reduce” was believed to better fit this statement.

13. COMMUNITY-BASED PHARMACISTS AS PROVIDERS OF CARE – STATEMENT 1

The Committee recommends **RESCINDING** the following policy statement as written.

1. APhA advocates for the identification of medical conditions that may be safely and effectively treated by community-based pharmacists.

Rationale: The Committee recommends rescinding this policy statement as written. The Committee considered multiple proposed amendment. The Committee agreed that some of the proposed amendments would modify the statement into existing APhA policy statements and change the original intent entirely. Therefore, the Committee believes that rescinding the policy statement is the cleanest way to address Delegate comments and concerns about limiting pharmacy practice to a defined list of medical conditions.

14. COMMUNITY-BASED PHARMACISTS AS PROVIDERS OF CARE – STATEMENT 2

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

2. APhA encourages the training and education of pharmacists and student pharmacists regarding identification, treatment, monitoring, documentation, follow-up, and referral for medical conditions that are ~~may be safely and effectively~~ treated by community-based pharmacists.

Rationale: The Committee recommends removing “safely and effectively” as it is assumed that pharmacists will practice in a safe and effective matter. Additionally, the Committee discussed the removal of “community-based”, but believed this wording was important for this statement. The Committee considered an amendment to include “standing orders or statewide protocols” but agreed to not recommend this inclusion as it limits the scenarios this statement may effect.

15. COMMUNITY-BASED PHARMACISTS AS PROVIDERS OF CARE – STATEMENT 3

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

3. APhA **strongly** advocates for laws and regulations that allow pharmacists to identify and manage medical conditions that are ~~may be safely and effectively~~ treated by community-based pharmacists.

Rationale: The Committee recommends removing the word “strongly” and the terminology “safely and effectively.” The Committee believed “safely and effectively” is implied in the nature of practicing pharmacy and not necessary in the statement. The Committee recommends removal of “strongly” because the difference between advocating and strongly advocating is hard to distinguished and streamlines the statement.

16. COMMUNITY-BASED PHARMACISTS AS PROVIDERS OF CARE – STATEMENT 4

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

4. APhA **strongly** advocates for appropriate remuneration for the assessment and treatment of medical conditions that are ~~may be safely and effectively~~ treated by community-based pharmacists from government and private payers to ensure sustainability and access for patients.

Rationale: The Committee recommends removing the word “strongly” and the terminology “may be safely and effectively.” The Committee believed “safely and effectively” is implied in the nature of practicing pharmacy and not necessary in the statement. The Committee recommends removal of “strongly” because the difference between advocating and strongly advocating is hard to distinguished and streamlines the statement. The Committee also discussed removing “to ensure sustainability and access for patients” because in some areas access is not a concern, but the committee recommends maintaining it due to its importance for overall advocacy efforts related to expanding patient access to pharmacist services.

17. COMMUNITY-BASED PHARMACISTS AS PROVIDERS OF CARE – STATEMENT 5

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

5. APhA supports research to examine the outcomes of services that focus on medical conditions that ~~are~~ **may be safely and effectively** treated by community-based pharmacists.

Rationale: The Committee recommends removing the terminology “safely and effectively.” The Committee believed “safely and effectively” is implied in the nature of practicing pharmacy and not necessary in the statement.

18. INTEGRATED NATIONWIDE PRESCRIBING DRUG MONITORING PROGRAM

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

1. APhA advocates for nationwide integration and uniformity of prescription drug monitoring programs (PDMP) that incorporate federal, state, and territory databases for the purpose of providing health care professionals with accurate and real-time information to assist in clinical decision making when providing patient care services related to controlled substances.

Rationale: The Committee discussed the removal of “related to controlled substances” as some information logged in a PDMP in some states are not specifically a controlled substance or related to a controlled substance. The Committee recommends leaving “related to controlled substances” because the phrase appears in other parts of the existing **2015 Integrated Nationwide Prescription Drug Monitoring Program** policy and the committee cannot currently change the language in the other parts. The Committee further recommends review and consideration of removal of “related to controlled substances” by a future Policy Review Committee.

19. COORDINATION OF THE PHARMACY AND MEDICAL BENEFIT

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

APhA supports coordination of patients’ comprehensive pharmacy and medical benefits that allows for provision of and compensation for pharmacists’ patient care services; aligns incentives to optimize patient outcomes; streamlines administrative processes; reduces overall health care costs and preserves patients’ right to choose providers under their ~~for the~~ pharmacy and medical benefits.

Rationale: The Committee recommends removal of the words “for the” and addition of “under their” to help clarify the overall statement.

20. PHARMACY TECHNCIANS ROLE IN IMMUNIZATION ADMINISTRATION – STATEMENT 1

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

1. APhA supports the development of standardized training in immunization administration and continuing education opportunities for immunizing pharmacy technicians.

Rationale: The Committee considered an amendment to include the original statement 1 of this new business item as introduced but believed it would not be clear and the proper process for consideration of original policy statement would be through the new business item process. The Committee therefore recommends maintaining the existing language of this policy statement.

21. PHARMACY TECHNCIANS ROLE IN IMMUNIZATION ADMINISTRATION – STATEMENT 2

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

2. APhA supports **immunizing** pharmacist’s individual discretion in delegating immunization administration to ~~qualified~~ pharmacy technicians with the requisite education, training, and experience.

Rationale: The Committee recommends adding “immunizing” as several states have this language in statute and the intent of this statement was that if a pharmacist is not trained to immunize then they should not be delegating this task to a pharmacy technician. The Committee recommends removal of the word “qualified” related to pharmacy technician because the qualifications are listed in the statement already.

22. PHARMACY TECHNCIANS ROLE IN IMMUNIZATION ADMINISTRATION – STATEMENT 3

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

3. APhA supports voluntary participation by pharmacy technicians in the training and provision of immunization administration.

Rationale: The Committee recommends maintaining the existing policy statement.

23. PHARMACY TECHNCIANS ROLE IN IMMUNIZATION ADMINISTRATION – STATEMENT 4

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

4. APhA supports the role of **immunizing** pharmacists as the healthcare professional providing clinical patient assessment, decision making, and patient counseling ~~for all~~ when delegating immunizations administration ~~ered by to~~ a pharmacy technician.

Rationale: The Committee recommends adding “immunizing” as several states have this language in statute and the intent of this statement was that if a pharmacist is not trained to immunize then they should not be delegating this task to a pharmacy technician. Additionally, the Committee altered verb tense and wording related to delegating and administration to improve clarity.

24. Transfer of Schedule III-V prescriptions for Purposes of Initial Fill as well as Refill

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

1. APhA supports regulations that would allow pharmacies to transfer prescriptions for controlled substances for the purposes of an initial fill ~~that the DEA update and amend Section IX (Valid Prescription Requirements) of the DEA’s Manual and relevant administration rules concerning that a pharmacy can only transfer for “the purpose of a refill dispensing between pharmacies” to also include for the purposes of an initial fill.~~

Rationale: The Committee discussed multiple amendments to this statement and recommends clarifying the statement by making it read “APhA supports regulations that would allow pharmacies to transfer prescriptions for controlled substances for the purposes of an initial fill.” The Committee reviewed the original new business item content that introduced this topic and it was noted that the DEA is in the process of updating the previously mentioned section in their manual and also noted that the modified language would now also apply to state laws along with any DEA regulations.

25. INCREASING ACCESS TO AND ADVOCACY FOR MEDICATIONS FOR OPIOID USE DISORDER (MOUD) – STATEMENT 1

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

1. APhA supports the use of evidence-based ~~medicine medication~~ as first-line treatment for opioid use disorder for patients, including healthcare professionals, ~~such as pharmacists,~~ in and out of the workplace, for as long as needed to treat their disease.

Rationale: The Committee recommends amending the statement by replacing “medication” with “medicine” to better align with current practice terminology. Additionally, the phrase “such as pharmacists” was removed because pharmacists are healthcare professionals and the Committee believed the repetition was unnecessary. The Committee discussed the removal of “use of evidence-based medicine” because of the assumption that all treatments should be evidence-based. However, this was left in the statement to highlight that treating opioid use disorders is evidence-based. The Committee also agreed to maintain “in and out of the workplace” in the statement to illustrate the

social support systems that are also needed when treating opioid use disorder.

26. INCREASING ACCESS TO AND ADVOCACY FOR MEDICATIONS FOR OPIOID USE DISORDER (MOUD) – STATEMENT 2

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

- 2 APhA encourages pharmacies to maintain an inventory of medications ~~of public health importance, particularly medications~~ used in treatment of ~~for~~ opioid use disorder, to ensure access for patients.

Rationale: The Committee decided to remove “of public health importance” because there is not a specific list of medications that are identified as “of public health importance” that currently exists and instead added “used in treatment of” to improve the readability of the rest of the statement.

27. INCREASING ACCESS TO AND ADVOCACY FOR MEDICATIONS FOR OPIOID USE DISORDER (MOUD) – STATEMENT 3

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

- 3 APhA encourages pharmacists and payers ensure patients have equitable access to and coverage for at least one medication from each class of medications used in the treatment of opioid use disorder. ~~, such as making medications available on the payer’s lowest cost sharing tier.~~

Rationale: The Committee discussed the removal of the phrase “such as making medications available on the payer’s lowest cost sharing tier.” The phrase was removed to develop a clearer focus for the statement to ensure coverage of medications why not requesting they be on the lowest cost sharing tier. The Committee also discussed the removal of “at least one” and “from each class of medications,” however removing these phrases could create potential loopholes for payers so the phrases remained.

28. HUMAN IMMUNODEFICIENCY VIRUS (HIV) TESTING IN WOMEN *(replaces the original statement from 1996 HIV Testing in Pregnant Women and removes the word “Pregnant” from the topic title.)*

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

APhA encourages pharmacists to provide pharmaceutical care ~~for to~~ women, including education about the availability and benefits of opt-out Human Immunodeficiency Virus (HIV) testing in prenatal and perinatal care, to decrease the risk of HIV transmission to unborn children and between partners. APhA encourages pharmacists to provide education about the availability and benefits of opt-out HIV testing in prenatal and perinatal care, including offering and/or performing testing to the patients and their partners.

Rationale: The Committee considered multiple amendments to the statement language and decided to maintain existing language in order to maintain the emphasis on women as the target for this policy. Two grammatical changes are also recommended.

29. PROVIDING AFFORDABLE AND COMPREHENSIVE PHARMACY SERVICES TO THE UNDERSERVED – STATEMENT 1

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

1. APhA supports the expansion and increased sources of funding for pharmacies and ~~pharmacy~~ **pharmacist-provided care** services that serve the needs of underserved populations to provide better health outcomes and lower healthcare costs ~~for underserved populations.~~

Rationale: The Committee recommends two amendments to clarify the overall statement. Changing “pharmacy” to “pharmacist-provided care” better clarifies the funding related to pharmacist services. Additionally, the Committee removed “underserved populations” at the end of the statement as it was repetitive.

30. NON-EXECUTION RELATED USE OF PHARMACEUTICALS IN CORRECTIONAL FACILITIES – STATEMENT 1

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

1. APhA opposes drug manufacturers’ refusal to supply certain drugs to correctional health services units **necessary to provide** ~~for the purpose of~~ medical treatment of inmates. **APhA recognizes that this means of political advocacy prevents humane medical care from being provided to inmates.**

Rationale: The Committee recommends amending this statement to remove the second sentence and adjust some language. The Committee acknowledged how the second sentence could increase the publicity of the statement for advocacy purposes, but decided to remove it as this is more so background information and doesn’t have a clear action as the first sentence does. The Committee recommends changing “for the purpose of” to “necessary to provide” to add clarity to the overall statement.

31. NON-EXECUTION RELATED USE OF PHARMACEUTICALS IN CORRECTIONAL FACILITIES – STATEMENT 2

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

- 2 APhA advocates for inmates to have an opportunity, equal to that of non-inmates, to access medications that correctional **healthcare** providers deem medically necessary for appropriate and humane health care treatment.

Rationale: The Committee recommends adding “healthcare” before “providers” to limit who the statement applies to as “correctional providers” was very broad.

32. NON-EXECUTION RELATED USE OF PHARMACEUTICALS IN CORRECTIONAL FACILITIES – STATEMENT 3

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

3. APhA advocates for correctional healthcare providers to have ~~equal~~ opportunity, equal (as to non-correctional healthcare providers), to access, prescribe, and procure pharmaceuticals deemed necessary for medical treatment of inmates.

Rationale: The Committee recommends the addition of “healthcare” in this statement to add clarity as to whom the statement is referencing. Additionally, the Committee recommends adjusting the placement of “equal” to enhance readability of statement.