



APhA

AMERICAN PHARMACISTS ASSOCIATION

2020 House of Delegates

Report of the Policy Review Committee

Policies last reviewed ten years ago in 2009

Policies related to newly adopted policy from the 2019 APhA House of Delegates

Committee Members

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

POLICY STATEMENTS TO BE RETAINED

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

2004, 1990 – Freedom to Choose

1. APhA supports the patient's freedom to choose
2. 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.
3. 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.
4. 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)

2. The Committee recommends RETAINING 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 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, postgraduate 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)

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

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

In concert with the American Public Health Association's (APHA) 2006 policy statement, "The Role of the Pharmacist in Public Health," APhA encourages collaboration with APHA and other public health organizations to increase pharmacists' participation in initiatives designed to meet global, national, regional, state, local, and community health goals.

(JAPhA NS51(4) 482;July/August 2011)(Reviewed 2012)(Reviewed 2016)

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

2018 – Pharmacists Electronic Referral Tracking

1. APhA supports the development of electronic systems that enhance and simplify the ability of pharmacists in all practice settings to receive, send, and track referrals between all members of the health care team, including other pharmacists, irrespective of the health care system, model, or network in which the patient participates.
2. APhA supports the interoperability and integration of referral tracking systems with electronic health records so patients can receive the benefit of optimally coordinated care from all members of the health care team.

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

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

2019, 2018 – Gluten Content and Labeling in Medications

1. APhA supports labeling of all prescription and nonprescription products, as well as dietary supplement products, to indicate the presence of gluten.
2. APhA encourages manufacturers to formulate drug products without use of wheat, barley, rye or their derivatives whenever possible.
3. APhA supports additional research on the effects of gluten intolerance and celiac malabsorption, particularly as it relates to medication absorption.
4. APhA supports pharmacist education regarding celiac disease and non-celiac gluten sensitivity.
5. APhA encourages the development of analytical methods that can accurately detect lower levels of gluten than the current standard (20 ppm) and for the establishment of evidence-based gluten-free standards for the labeling of foods, excipients, dietary supplements, and prescription and nonprescription products.

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

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

2012, 2004, 1992 – Drug Product Packaging

1. APhA supports the role of the pharmacist to select appropriate drug product packaging.
2. APhA supports the pharmaceutical industry's performance of compatibility and stability testing of drug products in officially defined containers to assist pharmacist selection of appropriate drug product packaging.
3. APhA supports the value of unit-of-use packaging to enhance patient care, but recognizes that product and patient needs may preclude its use.
4. APhA encourages the pharmaceutical industry to ensure that all unit-of-use packaging will accommodate a standard pharmacy label.

(Am Pharm NS32(6):515 June 1992) (JAPhA NS44(5): 551 September/October 2004) (Reviewed 2006) (Reviewed 2007) (JAPhA NS52(4) 458 July/August 2012) (Reviewed 2013) (Reviewed 2017)

7. The Committee recommends **RETAINING** 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 which 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 unhesitantly bring to the attention of their employers all matters which 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 denite 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 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 pharmacists associations and national specialty associations to use their good offices, whenever invited, to resolve specific issues which may arise.
3. Assisting state pharmacists associations and national specialty associations to use their good offices, whenever invited, to resolve specific issues which may arise.
4. Assisting state pharmacists associations and national specialty associations to develop procedures for mediation or arbitration of disputes which may arise between employers and employed pharmacists so that pharmacists can call on their profession for such assistance when required.
5. Increasing its activities directed towards educating the profession about the mutual employment responsibilities of employers and employed pharmacists.
6. Developing benefits programs wherever possible to assist employers in providing employed pharmacists with economic security.
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)

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

2004, 1977 – Pharmacy Practice: Professional Judgment

1. APhA supports a pharmacist’s right, regardless of place or style of practice, to exercise individual professional judgment and complete authority for those individual professional responsibilities assumed.
2. APhA supports decision-making processes that ensure the opportunity for input by all pharmacists affected by the decisions.

(JAPhA NS17:463 July 1977) (JAPhA NS44(5):551 September/October 2004) (Reviewed 2007)(Reviewed 2012)(Reviewed 2017)

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

2004, 1994 – Sexual Harassment in the Workplace

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

(AmPharm NS34(6):55 June 1994) (Reviewed 2001) (JAPhA NS44(5):551 September/October 2004) (Reviewed 2010) (Reviewed 2015)

Comments: The Policy Review Committee recommends RETAINING these policy statements but had detailed discussion regarding statement 4 and believes that based on recent events, the “Sexual Harassment Prevention and Grievance Procedures” document may need to be reviewed and updated. The Committee wishes to retain this policy statement and add the underlined language noting where the “Sexual Harassment Prevention and Grievance Procedures” document is stored and referenced in the APhA Policy and Procedures Manual.

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

2001 – Stress and Conflict in the Workplace

APhA encourages employers to provide pharmacists with the tools required to manage stress and conflict within the workplace.

(JAPhA NS41(5):Suppl.1:S9 September/October, 2001) (Reviewed 2007)(Reviewed 2012)(Reviewed 2017)

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

2012, 1999 – Collective Bargaining/Unionization

1. APhA supports pharmacists’ participation in organizations that promote the discretion or professional prerogatives exercised by pharmacists in their practice, including the provision of patient care.
2. APhA supports the rights of pharmacists to negotiate with their respective employers for working conditions that will foster compliance with the standards of patient care as established by the profession.

(JAPhA 39(4): 447 July/August 1999) (Reviewed 2001) (Reviewed 2007) (JAPhA NS52(4) 458 July/August 2012)(Reviewed 2017)

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

2018 – Pharmacist Workplace Environment and Patient Safety

1. APhA supports staffing models that promote safe provision of patient care services and access to medications.
2. APhA encourages the adoption of patient centered quality and performance measures that align with safe delivery of patient care services and opposes the setting and use of operational quotas or time-oriented metrics that negatively impact patient care and safety.
3. APhA denounces any policies or practices of third party administrators, processors, and payers that contribute to a workplace environment, which negatively impacts patient safety. APhA calls upon public and private policy makers to establish provider payment policies that support the safe provision of medications and delivery of effective patient care.
4. APhA urges pharmacy practice employers to establish collaborative mechanisms that engage the pharmacist in charge of each practice, pharmacists, pharmacy technicians, and pharmacy staff in addressing workplace issues that may have an impact on patient safety.
5. APhA urges employers to collaborate with the pharmacy staff to regularly and systematically examine and resolve workplace issues that may negatively have an impact on patient safety.
6. APhA opposes retaliation against pharmacy staff for reporting workplace issues that may negatively impact patient safety.

(JAPhA 58(4):355 July/August 2018)

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

2002 – National Framework for Practice Regulation

1. APhA supports state-based systems to regulate pharmacy and pharmacist practice.
2. APhA encourages states to provide pharmacy boards with the following: (a) adequate resources; (b) independent authority, including autonomy from other agencies; and (c) assistance in meeting their mission to protect the public health and safety of consumers.
3. APhA supports efforts of state boards of pharmacy to adopt uniform standards and definitions of pharmacy and pharmacist practice.
4. APhA encourages state boards of pharmacy to recognize and facilitate innovations in pharmacy and pharmacist practice.

(JAPhA NS2(5):Suppl. 1: 563 September/October 2002) (Reviewed 2007)(Reviewed 2008)(Reviewed 2013)(Reviewed 2015)

14. The Committee recommends RETAINING 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 regulations 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)(Review 2012)(Reviewed 2013)(Reviewed 2018)

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

2004, 1978 – Roles in Health Care for Pharmacists

1. APhA shall develop and maintain new methods and procedures whereby pharmacists can increase their ability and expand their opportunities to provide health care services.
2. APhA supports legislative and judicial action that confirms pharmacists' professional rights to perform those functions consistent with APhA's definition of pharmacy practice and that are necessary to fulfill pharmacists' professional responsibilities to patients they serve.

(Am Pharm NS18(8):42 July 1978)(JAPhA NS44(5):551 September/October 2004)(Reviewed 2007)(Reviewed 2011)(Reviewed

16. The Committee recommends RETAINING 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 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 that limit collaborative practice agreements to specific patients.
5. APhA supports state laws that allow for pharmacists' prescriptive authority.
6. APhA supports state collaborative practice laws 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)

Comments: The Policy Review Committee recommends RETAINING these policy statements overall. The Committee specifically reviewed the similarities between statements #1 and #2 and believed that removal of the repetitive language would change the original intent of statement 1 and noted that each of the statements stand alone.

17. 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): 441 July/August 2017)

18. The Committee recommends RETAINING 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 regulations 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)

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

2012, 2005, 1992 – The Role of Pharmacists in Public Health Awareness

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

(Am Pharm NS32(6):515 June 1992) (Reviewed 2005) (Reviewed 2009)(Reviewed 2010) (JAPhA NS52(4) 460 July/August 2012)(Reviewed 2017)

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

2005, 1993 – Human Immunodeficiency Virus (HIV) Testing

1. APhA opposes mandatory Human Immunodeficiency Virus (HIV) testing of pharmacists, student pharmacists, and pharmacy personnel.
2. APhA supports voluntary and confidential Human Immunodeficiency Virus (HIV) testing of pharmacists, student pharmacists, and pharmacy personnel, to facilitate early detection and disease intervention.
3. APhA supports training designed to foster compliance with infection control procedures outlined in current Centers for Disease Control and Prevention (CDC) guidelines for universal precautions and OSHA standards for blood-borne pathogens.
4. APhA encourages the development of support networks to assist Human Immunodeficiency Virus (HIV) positive health care professionals and students.

(Am Pharm NS33(7):54 July 1993) (JPhA NS45(5):556 September/October 2005) (Reviewed 2009)(Reviewed 2014)

Comments: The Policy Review Committee recommends **RETAINING** these policy statements but has noted grammatical changes in this report for transparency to the House. Per APhA House rules, APhA staff can make grammatical edits to policy statements so the inclusion of these is just a note to capture the discussion of the committee. The Committee recommended spelling out Human Immunodeficiency Virus (HIV) in statements 1, 2, and 3 and removing the comma after “personnel” in statement 2.

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

1996 – Human Immunodeficiency Virus (HIV) Testing in Pregnant Women

APhA encourages pharmacists to provide pharmaceutical care to women, including education about the availability and benefits of Human Immunodeficiency Virus (HIV) testing in pregnancy to decrease the risk of HIV transmission to unborn children. APhA encourages pharmacists to provide education about the availability and benefits of HIV testing in pregnancy.

(Am Pharm NS36(6):395 June 1996) (Reviewed 2005) (Reviewed 2009)(Reviewed 2014)

Comments: The Policy Review Committee recommends **RETAINING** this policy statement but has noted grammatical changes in this report for transparency to the House. Per APhA House rules, APhA staff can make grammatical edits to policy statements so the inclusion of these is just a note to capture the discussion of the committee. The Committee recommended spelling out Human Immunodeficiency Virus (HIV) when it is mentioned the first time in the statement and changing the comma after “children” to a period.

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

1999 – Sale of Sterile Syringes

APhA encourages state legislatures and boards of pharmacy to revise laws and regulations to permit the unrestricted sale or distribution of sterile syringes and needles by or with the knowledge of a pharmacist in an effort to decrease the transmission of blood-borne diseases.

(JPhA 39(4): 447 July/August 1999)(Reviewed 2003)(Reviewed 2006)(Reviewed 2008)(Reviewed 2009)(Reviewed 2014)

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)

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

2005, 2003, 1996 – Pharmacists' 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) pharmacists administering vaccines to vulnerable patients.
2. APhA encourages the availability of all vaccines to all pharmacies in order to meet public health needs.
3. APhA supports the compensation of pharmacists for the administration of immunizations and the reimbursement for vaccine distribution.
4. APhA should facilitate the development of programs that educate pharmacists about their role in immunizations in public 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)

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

1987 – Encouraging Availability and Use of Vaccines

1. APhA encourages the continued availability of vaccines to meet public health needs.
2. APhA supports the development of programs that educate the public about the role of immunizations in public health.
3. APhA supports the reimbursement by public and private third-party payers for immunizations.

(Am Pharm NS27(6):424 June 1987) (Reviewed 2005)(Reviewed 2009)(Reviewed 2012)(Reviewed 2014)

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

2019, 2016 – Substance Use Disorder

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

4. APhA supports public and private initiatives to fund treatment and prevention of substance use disorders.
5. APhA supports stringent enforcement of criminal laws against individuals who engage in drug trafficking.

(JAPhA 56(4); 369 July/August 2016)

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

2016 – Opioid Overdose Prevention

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

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

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

2014 – Controlled Substances and Other Medications with the Potential for Abuse and Use of Opioid Reversal Agents

1. APhA supports education for pharmacists and student pharmacists to address issues of pain management, palliative care, appropriate use of opioid reversal agents in overdose, drug diversion, and substance-related and addictive disorders.
2. APhA supports recognition of pharmacists as the health care providers who must exercise professional judgment in the assessment of a patient's conditions to fulfill corresponding responsibility for the use of controlled substances and other medications with the potential for misuse, abuse, and/or diversion.
3. APhA supports pharmacists' access to and use of prescription monitoring programs to identify and prevent drug misuse, abuse, and/or diversion.
4. APhA supports the development and implementation of state and federal laws and regulations that permit pharmacists to furnish opioid reversal agents to prevent opioid-related deaths due to overdose.
5. APhA supports the pharmacist's role in selecting appropriate therapy and dosing and initiating and providing education about the proper use of opioid reversal agents to prevent opioid-related deaths due to overdose.

(JAPhA 54(4) July/August 2014)(Reviewed 2015)(Reviewed 2018)

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

2016 – Medication-Assisted Treatment

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

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

30. The Committee recommends **RETAINING** 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 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)

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

2016 – Point-of-Care Testing

1. APhA recognizes the value of pharmacist-provided, point-of-care testing and related clinical services, and it promotes the provision of those tests and services in accordance with the Joint Commission of Pharmacy Practitioners Pharmacists' Patient Care Process.
2. APhA advocates for laws, regulations, and policies that enable pharmacist-provided, point-of-care testing and related clinical services that are consistent with the pharmacists' role in team-based care.
3. APhA opposes laws, regulations, and policies that create barriers to the tests that have been waived by the Clinical Laboratory Improvement Amendments (CLIA) and that are administered and interpreted by pharmacists.
4. APhA encourages use of educational programming and resources to facilitate practice implementation of pharmacist- provided, point-of-care testing and related clinical services.
5. APhA supports patients taking active roles in the management of their health, including their ability to request and obtain pharmacist-provided, point-of-care tests and related clinical services.
6. APhA advocates for access to, coverage of, and payment for both pharmacist-provided, point-of-care tests and any related clinical services.

(JPhA 56(4); 369 July/August 2016)(Reviewed 2018)

32. 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)(Reviewing 2018)

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

2005, 1972 – Prevention and Control of Sexual Transmitted Infections

1. APhA calls upon all producers of prophylactic devices to include in or on their packaging adequate instructions for use so as to better ensure the effectiveness of the devices in the prevention of sexually transmitted infections.
2. APhA urges pharmacists to make more readily available to the public educational materials, prophylactic devices, and adequate instructions for use in combating sexually transmitted infections.

(JAPhA NS12:304 June 1972) (JAPhA NS45(5):557 September/October 2005) (Reviewed 2009)(Reviewed 2014)

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

2009 – Disparities in Healthcare

APhA supports elimination of disparities in health care delivery.

(JAPhA NS49(4):493 July/August 2009)(Reviewed 2013)(Reviewed 2018)

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

2006 – Cultural Health Beliefs and Medication Use

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

(JAPhA NS46(5):561 September/October 2006) (Reviewed 2009)(Reviewed 2014)

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

2005 – Patient Safety

1. Patient safety is influenced by patients, caregivers, health care providers, and health care systems. APhA recognizes that improving patient safety requires a comprehensive, continuous, and collaborative approach to health care.
2. APhA should promote public and provider awareness of and encourage participation in patient safety initiatives.
3. APhA supports research on a more effective, proactive, and integrated health care system focused on improving patient safety. APhA encourages implementation of appropriate recommendations from that research.

(JAPhA NS45(5):554 September/October 2005) (Reviewed 2009)(Reviewed 2011)(Reviewed 2016)

POLICY STATEMENTS TO BE ARCHIVED

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

2012 – Counterfeit Medication and Unit-of-Use Packaging

APhA encourages the continued development, distribution, and use of unit-of-use packaging as the industry standard to enhance patient safety, patient adherence, and efficiencies in drug distribution, and to reduce potential for counterfeiting.

(JAPhA NS52(4) 458 July/August 2012)(Reviewed 2013)(Reviewed 2017)

Comments: The Policy Review Committee recommends ARCHIVING this policy statement as the newly amended **2019,2006,2003 Unit-of-Use Packaging** policy language encompasses the intent of this 2012 policy and the Committee believes the new 2019 language is stronger overall.

38. The Committee recommend ARCHIVING the following policy statement as written.

2005, 1990 – Needle/Syringe Exchange Programs in the Prevention of the Spread of Human Immunodeficiency Virus (HIV) and Other Infections

1. APhA supports distribution of educational materials on the risks of sharing needles/syringes with respect to the spread of human immunodeficiency virus (HIV) and other blood-borne infectious diseases.
3. APhA supports needle/syringe exchange programs when part of a comprehensive approach in the prevention of the spread of HIV and other blood-borne infections.

(Am Pharm NS30(6):45 June 1990) (JAPhA NS45(5):556 September/October 2005) (Reviewed 2009)(Reviewed 2014)(Reviewed 2019)

Comments: The Policy Review Committee recommends ARCHIVING these policy statements as Committee believes the newly adopted policy **2019 Patient-Centered Care of People Who Inject Nonmedically Sanctioned Psychotropic or Psychoactive Substances** encompasses the intent of these statements and is more up to date.

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

1982 – Innovative Approaches to Combating Pharmacy Crime

1. APhA encourages federal government agencies to provide mechanisms for supporting experimental, drug- dependence, treatment programs based on principles of maintenance and/or detoxification.
2. APhA supports the development of a comprehensive educational program on drug use and misuse, starting with children in primary grades (kindergarten-Grade 5).

(Am Pharm NS22(7):32 July 1982) (Reviewed 2003) (Reviewed 2006) (Reviewed 2010) (Reviewed 2015)

Comments: The Policy Review Committee recommends ARCHIVING these policy statements as statement 1 is now covered in the newly adopted policy **2019 Patient-Centered Care of People Who Inject Nonmedically Sanctioned Psychotropic or Psychoactive Substances**. The Committee is not opposed to additional programming related to the topic area, but believes the items called or in these two policy statements have been developed and implemented through existing programs like the Generation Rx programming and other existing policy supports the continuation of this programming.