APhA2019
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Actions of the 2019 American Pharmacists Association House of Delegates
Seattle, Washington
March 22–25, 2019

The following policies were adopted by the 2019 American Pharmacists Association (APhA) House of Delegates and are now official APhA policy.

Consolidation within Health Care

1. APhA advocates that health care mergers and acquisitions must preserve the pharmacist–patient relationship.
2. APhA supports optimizing the role of pharmacists in the provision of team-based care following health care mergers and acquisitions in order to:
   - Enhance patient experience and safety,
   - Improve population health,
   - Reduce health care costs, and
   - Improve the work life of health care providers.
3. APhA asserts that the scope of review by federal agencies must have a focus on the impact of health care mergers and acquisitions on patient access and the provision of care to ensure optimal patient outcomes. Therefore, APhA calls for:
   - Reform of the pre–health care mergers and acquisitions process;
   - Implementation of an ongoing post–health care mergers and acquisitions evaluation process to preserve patient choice and access to established patient–pharmacist relationships; and
   - Continuous transparent dialogue among stakeholders throughout the process.
4. APhA calls for the Federal Trade Commission (FTC) to develop a task force to monitor health care mergers and acquisitions activity.

Pharmacists' Role in Mental Health and Emotional Well-Being

1. APhA encourages all health care personnel to receive training and provide services to identify, assist, and refer people at risk for, or currently experiencing, a mental health crisis.
2. APhA encourages employers and policy makers to provide the support, resources, culture, and authority necessary for all pharmacy personnel to engage and assist individuals regarding mental health and emotional well-being.
3. APhA supports integration of a mental health assessment as a vital component of pharmacist-provided patient care services.

Referral System for the Pharmacy Profession

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

Adopted New Business Items

The following items of New Business were adopted by the 2019 APhA House of Delegates and are now official APhA policy.

Gluten Content and Labeling in Medications *(replaces the original statement 1 of 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.

Gluten Content and Labeling in Medications *(adds an additional statement to 2018 Gluten Content and Labeling in Medications policy statements)*

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.

Unit-of-Use Packaging *(replaces the original statements 1, 2, and 3 of 2006, 2003 Unit-of-Use Packaging)*

1. APhA supports development, distribution, and use of unit-of-use packaging as the pharmaceutical industry standard to enhance patient safety, patient adherence, drug distribution efficiencies, and Drug Supply Chain Security Act (DSCSA) regulations.
2. APhA encourages collaboration with the pharmaceutical industry, repackagers, third-party payers, and appropriate federal agencies to effect the changes necessary for the adoption of unit-of-use packaging as the industry standard.
3. APhA supports the enactment of legislation and regulations to permit pharmacists to modify prescribed quantities to correspond with commercially available unit-of-use packages.

Creating Safe Work and Learning Environments for Student Pharmacists, Pharmacists, and Pharmacy Technicians

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

Pharmacist and Pharmacy Personnel Safety and Well-Being

1. APhA calls for employers to develop policies and resources to support pharmacy personnel's ability to retreat or withdraw, without retaliation, from interactions that threaten their safety and well-being.
2. APhA encourages the development or utilization of educational programs and resources by the Association, employers, and other institutions to prepare pharmacy personnel to respond to situations that threaten their safety and well-being.

Qualification Standards for Pharmacists

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

Collaborative Practice Agreements *(added to the original 1997 Collaborative Practice Agreements, beginning after existing policy statement 1 and changing the existing policy statement 2 to be 7)*

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.

Expanding Technician Roles

1. APhA encourages state boards of pharmacy to develop regulations allowing expanded pharmacy technician roles that allow both technicians and pharmacists to practice at the top of their training and license or certification.

2. APhA supports state board of pharmacy regulations that standardize and set minimum didactic and experiential standards for technicians to allow for functioning in expanded roles.

Patient-Centered Care of People Who Inject Nonmedically Sanctioned Psychotropic or Psychoactive Substances

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

Policy Review Process

As part of the continuing review of existing policy, the 2019 APhA House of Delegates adopted the Policy Review Committee Report, thereby retaining, archiving, amending, or rescinding existing APhA policy on a range of topics.

The 2019 APhA House of Delegates RETAINED the following statements:

2014 Use of Social Media

1. APhA encourages the use of social media in ways that advance patient care and uphold pharmacists as trusted and accessible health care providers.
2. APhA supports the use of social media as a mechanism for the delivery of patient-specific care in a platform that allows for appropriate patient and provider protections and access to necessary health care information.
3. APhA supports the inclusion of social media education, including but not limited to appropriate use and professionalism, as a component of pharmacy education and continuing professional development.
4. APhA affirms that the patient's right to privacy and confidentiality shall not be compromised through the use of social media.
5. APhA urges pharmacists and student pharmacists to self-monitor their social media presence for professionalism and that posted clinical information is accurate and appropriate.
6. APhA advocates for continued development and utilization of social media by pharmacists and other health care professionals during public health emergencies.

2005, 1997 Complementary ~~/~~ and Alternative Medications/Integrative Health

1. APhA supports pharmacists using professional judgment to make informed decisions regarding the appropriateness of use or the sale of complementary and alternative medicines.
2. APhA shall assist pharmacists and student pharmacists in becoming knowledgeable about complementary and alternative medications to facilitate the counseling of patients regarding effectiveness, proper use, indications, safety and possible interactions.

2001 Credentialing and Pharmaceutical Care

1. APhA should continue to assist in the unification of the profession and the development of a national strategy by its continued support of the Council on Credentialing in Pharmacy as the body responsible for the leadership, standards, public information and coordination of the professions voluntary credentialing programs.
2. APhA, in conjunction and cooperation with the Council on Credentialing and other national associations, should provide competence-based material and testing via technology, such as the APhA Web site and state association Web sites, to further the professions self-assessment.
3. APhA, in conjunction and cooperation with the Council on Credentialing and other national associations, should develop the necessary products and programs to educate the public, insurers, and health professionals on credentialing and make them available to state associations at cost.
4. APhA supports the development, on a continuing basis, of programs such as Project ImPACT, which provide the opportunity to promote the profession and its impact on clinical, economic, and humanistic patient outcomes.

2007 Pharmacy Personnel Immunization Rates

1. APhA supports efforts to increase immunization rates of healthcare professionals, for the purposes of protecting patients, and urges all pharmacy personnel to receive all immunizations recommended by the Centers for Disease Control (CDC) for healthcare workers.
2. APhA encourages employers to provide necessary immunizations to all pharmacy personnel.
3. APhA encourages federal, state, and local public health officials to recognize pharmacists as first responders (like physicians, nurses, police, etc.) and prioritize pharmacists to receive medications and immunizations.

2005, 2004, 1999 Telemedicine/Telehealth/Telepharmacy

1. APhA supports the pharmacist as the only appropriate provider of telepharmacy services, a component of telehealth, for which compensation should be provided. Telepharmacy is defined as the provision of pharmaceutical care to patients through the use of telecommunications and information technologies.
2. APhA shall assist pharmacists and student pharmacists in becoming knowledgeable about telepharmacy and telehealth.
3. APhA shall participate in the ongoing development of the telehealth infrastructure, including but not limited to regulations, standards development, security guidelines, information systems, and compensation.

4. APhA acknowledges that state boards of pharmacy are primarily responsible for the regulation of the practice of telepharmacy, encourages appropriate regulatory action that facilitates the practice of telepharmacy and maintains appropriate guidelines to protect the public health and patient confidentiality.

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.

2005, 2002 Health Literacy

1. APhA encourages pharmacists and student pharmacists to increase their awareness of health literacy. Health literacy is the degree to which people can obtain, process, and understand basic health information and services they need to make appropriate health decisions.
2. APhA encourages pharmacists and student pharmacists to assess patients' health literacy and then implement appropriate communications and education.
3. APhA encourages the review of all patient information for health literacy appropriateness.

2014 Audits of Health Care Practices

1. APhA recognizes that audits of health care practices, when used appropriately, may improve patient care and deter fraud, waste, and abuse.
2. APhA advocates for the use of standardized and efficient audit procedures with transparent criteria clearly communicated by the payor and readily accessible to providers in advance.
3. APhA advocates that audit processes should result in minimal disruption to practice work flow, minimal financial burden, and no impact on patient care.
4. APhA urges timely notification and scheduling of claims audits to minimize disruption of patient care delivery.
5. APhA supports the inclusion of education as a component of the audit process to improve documentation of services, meet payor requirements, and enhance the quality of care delivery.
6. APhA opposes incentive-based auditor compensation and the use of statistical methodologies, such as sample extrapolation, for determining the recoupment of funds from health care providers or health care organizations.
7. APhA advocates that audit reports include complete information listing audit discrepancies and appropriate guidelines for documenting and appealing these findings.
8. APhA advocates that pharmacy audits be performed in a professional manner by a pharmacist or certified pharmacy technician.

2005 Compounding with Multicomponent Vehicles

1. APhA encourages companies that offer multi-component vehicles for compounding to list all ingredients and to restrict claims about the vehicles to the structure and function of the ingredients in those vehicles unless clinical evidence exists to support more specific claims.
2. When claims are made by companies for systemic delivery of active ingredients in multi-component vehicles, APhA encourages pharmacists to secure bioavailability data in support of such claim.

2000 Medication Use in Schools

APhA recognizes the role of pharmacists in improving the use of medications in schools and supports pharmacist activities to work with teachers, school nurses, parents, school administrators and other personnel to improve medication use in this environment. APhA recommends that pharmacists be involved in the development of guidelines for medication use in schools.

2005, 1993 HIV Testing

1. APhA opposes mandatory HIV testing of pharmacists, student pharmacists, and pharmacy personnel.
2. APhA supports voluntary and confidential 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 HIV-positive health care professionals and students.

2002 Homeopathy

1. APhA supports the demonstration of safety and efficacy of homeopathic products from adequate, well-designed scientific studies before pharmacists advocate or sell homeopathic products.
2. APhA recognizes patient autonomy regarding the use of homeopathic products. Pharmacists should educate patients who choose to use homeopathic products.
3. APhA supports the modification of the Food, Drug and Cosmetic Act to require that homeopathic manufacturers provide evidence of efficacy and safety for all products, including products currently in the marketplace.

2005, 1987 Catastrophic Illness: Coverage for Pharmacist Services Included

1. APhA supports comprehensive, catastrophic illness insurance coverage that recognizes the essential need for pharmaceutical products and pharmacist services in all patient care environments, including the home.
2. APhA encourages inclusion of pharmacist services and the most efficient and readily accessible system of drug delivery in any insurance coverage for catastrophic illness that may be enacted.

2005, 1990 Reimbursement for Unapproved (Off-label) Uses of FDA-Approved Drug Products

APhA supports coverage of FDA-approved drugs and pharmacist services connected with the delivery of such drugs by government and other third-party payers when used rationally for indications other than those specified in the product labeling.

1995 Integrated Risk/Capitation Payment Systems

1. APhA should provide pharmacists with tools to evaluate compensation for their pharmaceutical care services through mechanisms based on concepts other than fee-for-service.
2. APhA must facilitate both economic and clinical research on cost-to-outcomes benefits of pharmaceutical care services under integrated risk/capitated health care systems.
3. APhA affirms the principle that any pharmacist or pharmacy that adheres to a programs quality standards and agrees to accept its compensation plan shall be able to participate in an integrated risk/capitated system or network.

2005 Public Access to Clinical Trials Data

APhA supports access by healthcare professionals and the public to all clinical trial data derived from scientifically valid studies. APhA supports the establishment of a single, independent, publicly accessible clinical trials database that includes but is not limited to the following components:

(a) includes all studies, pre and post drug approval, throughout the research period (whether completed, in-progress or discontinued)

(b) clearly stat

(c) includes an interpretative statement by an independent review body regarding the purpose of the study, methodology and outcomes to assist the public in understanding the posted information in a timely manner

(d) includes warnings to the public regarding inappropriate or incomplete use of the data in making clinical decisions in absence of an interpretive statement

(e) the sponsor and any supporting company, organization, or partnered institution of each clinical trial listed shall be clearly identified. (This includes Clinical Research Organizations, Academic Research Organizations, Site Management Organizations or any other group that is responsible other than the investigator's research site.)

2005, 1986, 1981 Use of Animals in Drug Research

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

1989 Scientist Manpower

1. APhA supports efforts to increase the number of pharmacists pursuing graduate education and research in the pharmaceutical sciences, including, but not limited to:
   (a) Dissemination of information to create awareness about graduate programs and career opportunities.
   (b) Pursuit of increased government, industry, and foundation funding.
   I Encouragement of innovative recruitment programs and curricula to facilitate career development.

1987 Impact of National Institutes of Health (NIH) Budget on Future Research

APhA recognizes the fundamental role of biomedical research in the profession of pharmacy and actively supports continued and predictable funding of NIH research.

1986 Positive Controls Versus Placebo Controls in Testing New Drugs

APhA recognizes the importance of and the need for placebo-controlled trials in testing new drugs. In addition, APhA supports the use of alternative study designs (such as positive controls), as well as innovative methodologies where they appear to be appropriate and useful.

1984 Freedom of Scientific Information

1. APhA supports the principle of the free dissemination and exchange of scientific information with only the following exceptions:
   (a) prior mutual confidentiality agreement between sponsor and researcher,
   (b) material that is essential to national security, and
   I legitimate trade secrets and/or proprietary information.

1981 Modification of Patent Periods

APhA supports modifications of patent periods for prescription drugs and drug products that would create reasonable incentives for needed research on new drugs and drug products.

2002, 1986 ~~"Quack" Therapy~~ Medication Claims Associated with Foods

APhA encourages efforts that would require the listing of all active ingredients of a food promoted as a drug or drug product in written promotional and advertising material.

1988 Vitamins, Minerals, and Other Nutritional Supplement Usage

1. APhA advocates programs which address the public health implications of the misuse and/or abuse of vitamins, minerals, and other nutritional supplements.
2. APhA encourages pharmacists to provide health education regarding unsubstantiated and/or misleading health claims as they apply to vitamins, minerals, and other nutritional supplements.

1981 ~~Federal Regulation~~ Restriction of Salt Content in Processed Foods

APhA encourages manufacturers of processed foods to voluntarily reduce the salt (sodium chloride) added to their products and to use the minimum amount of salt necessary in the manufacturing process.

1980 Food Labeling

APhA supports requirements for disclosure in the labeling of processed food and the identity and, whenever appropriate, the quantity of ingredients, such as those preservatives, artificial colors and flavors, salts, sugars, and other substances that represent a potential risk to the health or therapy of a portion of the general population.

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.

2002, 1991, 1977 Pharmacist/Patient Communication

1. APhA acknowledges:
   (a) Patients have the right to be informed participants in decisions related to their personal health care.
   (b) Pharmacists have a professional obligation to contribute to the education of patients to help achieve optimal drug therapy.
   (c) Pharmacists should provide drug related information to their patients (or patients' agent) by face-to-face oral consultation, supplemented by written or printed material, or any other means or combination of means that is best suited to an individual patient's needs for specific information.
2. APhA acknowledges that the pharmacist is responsible for initiating pharmacist/patient dialogue and assessing the patient's ability to comprehend and communicate so as to optimize the patient's understanding of and compliance with drug therapy.
3. APhA encourages the research and development of ancillary communication aids and techniques to maximize patient understanding of medication and its proper use.

2001 ~~Work Schedules~~ Employee Benefits

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

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.

1993 Patient Counseling Environment

APhA encourages the development and use of responsible and effective design of pharmacy facilities to allow for convenient, comfortable, and private pharmacist-patient communications.

1983 Patient ~~Medication~~ Counseling and Information Program

1. APhA shall strongly and actively encourage pharmacists to be available for and provide patient consultation, including written drug information, when requested or professionally appropriate.
2. APhA supports patient information programs that include reference to seeking medication information from pharmacists and does not endorse programs which, by ignoring the professional capabilities of pharmacists, may limit the patient's ability to receive needed drug information and consultation.
3. APhA encourages the research and development of ancillary communication aids and techniques to maximize patient understanding of medication and its proper use.

2017, 2012 Contemporary Pharmacy Practice

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

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.

2010 Pharmacogenomics/Personalized Medicine

4. APhA supports the inclusion of pharmacogenomics analysis in the drug development/approval and postmarketing surveillance processes.

2010 Personal Health Records

1. APhA supports patient utilization of personal health records, defined as records of health-related information managed, shared, and controlled by the individual, to facilitate self-management and communication across the continuum of care.
2. APhA urges both public and private entities to identify and include pharmacists and other stakeholders in the development of personal health record systems and the adoption of standards, including but not limited to terminology, security, documentation, and coding of data contained within personal health records.
3. APhA supports the development, implementation, and maintenance of personal health record systems that are accessible and searchable by pharmacists and other health care providers, interoperable and portable across health information systems, customizable to the needs of the patient, and able to differentiate information provided by a health care provider and the patient.
4. APhA supports pharmacists taking the leadership role in educating the public about the importance of maintaining current and accurate medication-related information within personal health records.

2015, 1993 Patient Information

1. APhA shall facilitate the development, dissemination, and use of an information system that documents the components of comprehensive medication management services.
2. APhA encourages development of quality assurance standards that guarantee the integrity and accuracy of information included in proprietary and non-proprietary information systems.

2013 Pharmacists Providing Primary Care Services

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

1995 Continuum of Patient Care

1. APhA advocates and will facilitate pharmacists' participation in the continuum of patient care. The continuum of patient care is characterized by the interdisciplinary care provided a patient through a series of organized, connected events or activities independent of time and practice site, in order to optimize desired therapeutic outcomes.
2. APhA will facilitate pharmacists' participation in the continuum of patient care by:
   (a) Achieving recognition for the pharmacist as a primary care provider;
   (b) Securing access for pharmacists to patient information systems, including creation of the necessary software for the purpose of record maintenance of cognitive services provided by pharmacists;
   (c) Developing means and methods to establish and enable pharmacists' direct participation in the continuum of patient care.

2017 Pharmacy Performance Networks

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

2005, 1981 Third-party Reimbursement Legislation

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

2004, 1970 Disclosure of Ingredients in Drug Products

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

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.

2014 Care Transitions

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

2006 Continuity of Care

1. APhA supports the pharmacist as the most appropriate member of the health care team responsible for reconciling medication use when patients move between practice settings within the continuum of care.
2. APhA supports the development and use, in practice, of a standardized, portable, accessible, HIPAA compliant, and secure Electronic Health Record (EHR) to facilitate continuity of care across all practice settings. The EHR shall include the clinical data elements necessary to support the performance of medication reconciliation.
3. APhA supports patient access to pharmacists with specialized skills and expertise. The patient's pharmacist should make patient referrals where appropriate.

2009 Non-FDA-Approved Drugs and Patient Safety

1. The American Pharmacists Association calls for education and collaboration among health professional organizations, federal agencies, and other stakeholders to ensure that all manufacturer, distributor, and repackager marketed prescription drugs used in patient care have been FDA-approved as safe and effective.
2. APhA supports initiatives aimed at closing regulatory and distribution-system loopholes that facilitate market entry of new prescription drugs products without FDA approval.
3. APhA encourages health professionals to consider FDA approval status of prescription drug products when making decisions about prescribing, dispensing, substitution, purchasing, formulary development, and in the development of pharmacy/medical education programs and drug information compendia.

2001 Administrative Contributions to Medication Errors

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

1991 Emerging Technologies

1. APhA supports programs to monitor the development of emerging technologies and their impact on the delivery of pharmaceutical care.
2. APhA supports education of pharmacists regarding emerging technology including their development and impact on the delivery of pharmaceutical care.
3. APhA supports the inclusion of pharmacists in the development and application of the emerging technologies in the delivery of pharmaceutical care.

1991 Pharmaceutical Care and the Provision of Cognitive Services with Technologies

1. APhA supports the utilization of technologies to enhance the pharmacist's ability to provide pharmaceutical care.
2. APhA believes that the use of technologies should not replace the pharmacist/patient relationship.
3. APhA emphasizes that maximizing patient benefit from technologies depends on the pharmacist/patient relationship.
4. APhA affirms that the utilization of technologies by pharmacists shall not compromise the patient's right to confidentiality.

2005, 1993 Documentation

1. APhA encourages development of systems that document review of patient therapy, the type and intensity of services provided, and the result or outcome of the services.
2. APhA believes that systems of payment and documentation must be compatible with contemporary computer systems used by providers and payers and should emphasize administrative efficiency.

1994 Implications of On-line Prospective DUR on the Application of Pharmacists' Scientific and Clinical Judgments

1. APhA recognizes that effective drug utilization review (prospective, concurrent, retrospective), as a component of pharmaceutical care, depends upon complete and accurate patient information.
2. APhA advocates eliminating the economic and operational obstacles pharmacists encounter when conducting drug utilization review for optimal patient care.
3. APhA supports utilization of universal and comprehensive standards for On-line Realtime Drug Utilization Review (ORDUR).
4. APhA encourages the development of a standardized method of electronic transfer of patient medical data between all health professionals involved in the care of a patient.

2004 Automation and Technology in Pharmacy Practice

1. APhA supports the use of automation and technology in pharmacy practice, with pharmacists maintaining oversight of these systems.
2. APhA recommends that pharmacists and other pharmacy personnel implement policies and procedures addressing the use of technology and automation to ensure safety, accuracy, security, data integrity, and patient confidentiality.
3. APhA supports initial and ongoing system-specific education and training of all affected personnel when automation and technology are utilized in the workplace.
4. APhA shall work with all relevant parties to facilitate the appropriate use of automation and technology in pharmacy practice.

2015 Interoperability of Communications Among Health Care Providers to Improve Quality of Patient Care

1. APhA supports the establishment of secure, portable, and interoperable electronic patient health care records.
2. APhA supports the engagement of pharmacists with other stakeholders in the development and implementation of multidirectional electronic communication systems to improve patient safety, enhance quality care, facilitate care transitions, increase efficiency, and reduce waste.
3. APhA advocates for the inclusion of pharmacists in the establishment and enhancement of electronic health care information technologies and systems that must be interoperable, HIPAA compliant, integrated with claims processing, updated in a timely fashion, allow for data analysis, and do not place disproportionate financial burden on any one health care provider or stakeholder.
4. APhA advocates for pharmacists and other health care providers to have access to view, download and transmit electronic health records. Information shared among providers using a health information exchange should utilize a standardized secure interface based on recognized international health record standards for the transmission of health information.

5. APhA supports the integration of federal, state, and territory health information exchanges into an accessible, standardized, nationwide system.
6. APhA opposes business practices and policies that obstruct the electronic access and exchange of patient health information because these practices compromise patient safety and the provision of optimal patient care.
7. APhA advocates for the development of systems that facilitate and support electronic communication between pharmacists and prescribers concerning patient adherence, medication discontinuation, and other clinical factors that support quality care transitions.
8. APhA supports the development of education and training programs for pharmacists, student pharmacists, and other health care professionals on the appropriate use of electronic health records to reduce errors and improve the quality and safety of patient care.
9. APhA supports the creation and non-punitive application of a standardized, interoperable system for voluntary reporting of errors associated with the use of electronic health care information technologies and systems to enable aggregation of protected data and develop recommendations for improved quality.

2009 Health Information Technology

1. APhA supports the delivery of informatics education within pharmacy schools and continuing education programs to improve patient care, understand interoperability among systems, understand where to find information, increase productivity, and improve the ability to measure and report the value of pharmacists in the health care system.
2. APhA urges that pharmacists have read/write access to electronic health record data for the purposes of improving patient care and medication use outcomes.
3. APhA encourages inclusion of pharmacists in the definition, development, and implementation of health information technologies for the purpose of improving the quality of patient-centric health care.
4. APhA urges public and private entities to include pharmacist representatives in the creation of standards, the certification of systems, and the integration of medication use systems with health information technology.

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.

Comments: The Policy Review Committee recommends RETAINING this policy statement and further recommends that staff place this statement next to the **2005, 1990 Needle/Syringe Exchange Programs in the Prevention of the Spread of Human Immunodeficiency Virus (HIV) and Other Infections** policy statements in the APhA policy manual as opposed to having it placed in the order of the year. This is recommended to emphasize the similar topics and ensure they are viewed together.

1996 HIV Testing in Pregnant Women

APhA encourages pharmacists to provide pharmaceutical care to women, including education about the availability and benefits of 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.

2009 Pharmacist's Role in Patient Safety

1. It is APhA's position that patient safety initiatives must include pharmacists in leadership roles.
2. APhA encourages dissemination of best practices derived from nationally aggregated reporting data systems to pharmacists for the purpose of improving the medication use process and making informed decisions that directly impact patient safety and quality.
3. APhA encourages the profession of pharmacy to continually review and evaluate ways to enhance training, curricula, continuing education and accountability of pharmacists to improve patient safety.
4. APhA encourages risk management and post-marketing surveillance programs to be standardized and include infrastructures and compensation necessary to allow pharmacists to support these patient safety programs.
5. APhA supports the creation of voluntary, standardized and interoperable reporting systems for patient safety events to minimize barriers to pharmacist participation and to enable aggregation of data and improve quality of medication use systems. The system should be free, voluntary, non-punitive, easily accessible, and user friendly for all providers within the healthcare system.
6. APhA supports the elimination of hand-written prescriptions or medication orders.

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.

2001 Medication Error Reporting

1. APhA strongly encourages participation in error reporting at the organizational (pharmacy/institution) level and in other established state and national reporting programs.
2. APhA encourages direct error reporting by the individual(s) involved in the incident to ensure that the most relevant and detailed information is available for evaluation of the incident and for systems improvement.
3. Error reporting programs should regularly analyze and report information about the leading types and causes of errors reported to their system so that practitioners can utilize this information for systems enhancements and quality improvement.

4. APhA encourages state boards of pharmacy and other responsible entities to consider pharmacists participation in reporting of errors as a mitigating factor in determining any legal or disciplinary action related to the incident.

2000 Medication Errors

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

2005, 1985 Pharmacists and Home Health Care

1. APhA supports establishment of pharmacist consulting services for home care.
2. Medicaid and other third-party programs should recognize the consulting role of the pharmacist in reducing the misuse of drugs and maximizing their therapeutic effectiveness through fair and equitable reimbursement for consulting functions which is not tied to the provision of medications.
3. Medicaid and other third-party programs also should reimburse pharmacists for innovative packaging and services that will maximize adherence, increase the opportunity for drug utilization review, and better meet the informational needs of the patient and the care giver.

2013 Ensuring Access to Pharmacists' Services

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

2005, 1970 Medicare, Medicaid, and Other Third-Party Payment Programs

1. APhA advocates a professional fee system of reimbursement in Medicare and Medicaid and other third-party payment programs which would recognize variations in services provided and costs incurred by individual pharmacies.
2. APhA supports maintaining close liaison with proponents of national health insurance programs to ensure that pharmacy will have an opportunity to make its views known in the development of such proposals.

2005, 1969 Medicare: Reimbursement Procedures

APhA should educate pharmacists on aspects of reimbursement procedures and concepts associated with Medicare.

1969 Medicare Task Force: Policy Guidelines

1. The following guidelines supplement those adopted by APhA in 1967
   (a) Provide for beneficiary contribution toward program financing.
   (b) Provide for government reimbursement of claims directly to the pharmacist.
   (c) Compensate pharmacists by means of a professional fee commensurate with the level of professional service performed in addition to making reimbursement for the cost of the drugs.
   (d) Establish a per-prescription, fixed amount (co-payment) which must be paid by the beneficiary when obtaining drugs.
   (e) To assure patients of receiving safe and effective drugs, establish a list of reimbursable amounts for each drug based on a nationally available product of acceptable quality and cost.
   (f) Include all drugs having therapeutic use, whether for chronic or acute conditions.
   (g) Include all persons eligible for Part B Medicare coverage.

1967 Drugs Provided Under Social Security Act: Guidelines for Pharmaceutical Service

1. Since it is probable or likely that APhA may have to consider and act upon some proposals in the area of drug costs before the next annual meeting, we recommend that APhA Board of Trustees be guided by whether the proposals:
   (a) Permit pharmacists to select and dispense a quality drug product;
   (b) Establish some mechanism to assist pharmacists in selecting quality, drug products under the cost and other criteria established;
   (c) Permit the use of any available drug product when unique medical circumstances so require;
   (d) Establish a reasonable remuneration base for pharmacists rendering services under the program;
   (e) Guarantee recipients free choice of pharmacy; and
   (f) Limit the reimbursement for pharmacists' services to those provided by duly licensed pharmacists.

2005, 1975 Periodic Adjustments of Professional Fees in Federal Programs

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

1997 Standards for Pharmacy-based Immunization Advocacy

(Note: Guidelines approved by the APhA Board of Trustees in May, 1997; noted in Appendix.)

APhA should adopt and disseminate standards for immunization advocacy and delivery by pharmacists.

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.

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.

1996 Exclusion of Alcohol and Tobacco Sales in Pharmacy Practice Settings

APhA opposes the sale of tobacco products and non-medicinal alcoholic beverages in pharmacies.

2001, 1971 National Health Insurance (NHI)

1. APhA endorses the concept of national health insurance as one means by the health care system:
   (a) A national health insurance plan must recognize that high quality health care is a right of every citizen regardless of his economic or social status.
   (b) A national health insurance plan must, as a point of departure, provide a health care delivery system which will correct the inadequacies in the delivery of health care.
   (c) A national health insurance plan must allow for maximum utilization of pharmacists in health care roles.
   (d) Group practices established under national health insurance must permit pharmacists participation on an equitable basis and not merely as employees of physician-controlled groups.
   (e) A national health insurance plan should, to the extent feasible, utilize existing community pharmacies as health care facilities.

1977 National Health Insurance: Pharmaceutical Service Benefit

1. National Health Insurance pharmaceutical service benefit must include acceptable methods for ensuring equitable reimbursement to pharmacists for products and services which are to be provided under the program.
2. Reimbursement to pharmacists for dispensed medication and devices under a NHI plan should be based on professional fees for professional services, plus reimbursement for the actual cost of any drug product or device provided.
3. A NHI, pharmaceutical service benefit must optimize administrative efficiency and minimize administrative costs.

2005 Continuing Professional Development

1. APhA supports continuing professional development, a self-directed, individualized, systematic approach to life-long learning, to support pharmacist's efforts to maintain professional competence in their practice.
2. APhA should work with appropriate organizations to provide self-assessment and plan development tools. APhA shall help identify and facilitate access to quality educational programs.
3. APhA encourages employers to foster and support pharmacist participation in continuing professional development.
4. Continuing professional development is a learning process that requires full participation to achieve desired individual outcomes. To facilitate that participation, each pharmacist controls disclosure of their individual assessments and outcomes.

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.

2005, 1985 Exemption from the Employee Retirement Income Security Act (ERISA)

APhA seeks introduction of legislation exempting state, third-party, and prescription program legislation from preemption by ERISA.

1989 Pharmacists as Principal Investigators in Clinical Drug Research

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

2014 The Use and Sale of Electronic Cigarettes (e-cigarettes)

1. APhA opposes the sale of e-cigarettes and other vaporized nicotine products in pharmacies until such time that scientific data support the health and environmental safety of these products.
2. APhA opposes the use of e-cigarettes and other vaporized nicotine products in areas subject to current clean air regulations for combustible tobacco products until such time that scientific data support the health and environmental safety of these products.
3. APhA urges pharmacists to become more knowledgeable about e-cigarettes and other vaporized nicotine products.

2005, 1990 Needle/Syringe Exchange Programs in the Prevention of ~~the Spread of~~ Blood-Borne Infectious Diseases ~~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.

The 2019 APhA House of Delegates AMENDED the following statements, shown underlined and struck through:

1990 Federal Funding to Evaluate the Impact of Health Care Policies

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

2005, 1990 Use of Representative Populations in Clinical Studies

1. APhA supports the use of representative populations in clinical studies, including, but not limited to protected populations such as ~~the use of~~ women, minorities, the elderly, transgender individuals, and children when appropriate.
2. APhA encourages the development of research techniques which would identify possible problems not readily detected in adult clinical investigations to aid in the safe and effective evaluation of drugs in children.

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 patient-consumer education of consequences of methamphetamine use, misuse, and abuse.~~ 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.

The 2019 APhA House of Delegates ARCHIVED the following statements:

2016, 2003, 1987 Substance Use Disorder Education

APhA supports comprehensive substance use disorder education, prevention, treatment, and recovery programs.

2005, 2002 Emergency Preparedness

APhA supports the continuing efforts of the Joint Commission of Pharmacy Practitioners working group on emergency preparedness and response to network with the Office of Homeland Security and with any other relevant governmental and/or military agency.

2014, 2005, 1986 Pharmacists' Responsibilities in Community Medication Awareness Programs

1. APhA supports the development of comprehensive educational programs on the proper use and safe and environmentally responsible disposal of prescription and nonprescription medication.
2. Pharmacists should take a major educational responsibility in proactive programs which optimize therapeutic outcomes and minimize risks from inappropriate medication use.

1987 Future of Pharmacy

1. APhA supports programs which plan for the future of pharmacy.
2. APhA supports programs which encourage innovations in the practice of pharmacy in a changing health care environment.
3. APhA supports programs which reflect a positive image of pharmacists.

1966 APhA Study Proposal

APhA should expand its research programs and plans to help the profession find solutions to its problems, discover new opportunities for service, and improve its present practices.

2012, 2007, 2001, 1995 Impact of the Pharmacists' Working Conditions on Public Safety

1. APhA recognizes that the quality of a pharmacist's work-life affects public safety and that a working environment conducive to providing effective patient care is essential.

2. APhA opposes the practice of imposing minimum numbers of prescriptions which pharmacists are to dispense in a given period of time. Further, APhA opposes employment practices that evaluate a pharmacist's performance on the basis of set quotas of work performed.
3. APhA opposes employment practices that limit a pharmacist's ability to provide effective patient care.

2001 ~~Work Schedules~~ Employee Benefits

1. APhA supports a work environment in which innovative work schedules are available to pharmacists and encourages employers to allow meal breaks and rest periods.

2010 Pharmacogenomics/Personalized Medicine

1. APhA supports evidence-based personalized medicine, defined as the use of a person's clinical, genetic, genomic, and environmental information to select a medication or its dose, to choose a therapy, or to recommend preventive measures, as a means to improve patient safety and optimize health outcomes.
2. APhA promotes pharmacists as health care providers in the collection, use, interpretation, and application of pharmacogenomics data to optimize health outcomes.
3. APhA supports the development and implementation of programs, tools, and clinical guidelines that facilitate the translation and application of pharmacogenomics data into clinical practice.

2005, 2000 Pharmacogenomics

1. Recognizing the benefits and risks of pharmacogenomics and applications of this technology, APhA supports further research and assessment of the clinical, economic, and humanistic impact of pharmacogenomics on the health care system. This includes collaboration with other health care and consumer organizations for information sharing and development of pharmaceutical care processes involving these therapies. Pharmacogenomics is defined as the application of genomic technology in drug development and therapy.
2. APhA supports ongoing vigilance by all individuals and organizations with access to genetic information to maintain the confidentiality of the information.
3. APhA supports the development of educational materials to train and educate pharmacists, student pharmacists, pharmacy technicians, and consumers regarding pharmacogenomics.

2004, 1965 Mental Health Programs

APhA supports pharmacists' participation in the development and implementation of all aspects of mental health programs so that the special needs and problems of the mentally ill can be effectively met.

2003 Drug Addiction/Chemical Dependency Education

APhA urges pharmacists and student pharmacistsy ~~students~~ to become educated in the recognition and treatment of drug addiction and chemical dependency.

2005, 1993 HIV/AIDS Education

1. APhA encourages pharmacists and student pharmacists to become more knowledgeable about HIV/AIDS.
2. APhA supports the development of cooperative efforts among health care organizations and agencies to facilitate the collection, evaluation, and distribution of information on HIV/AIDS.
3. APhA supports the development of educational programs for pharmacists and student pharmacists that would enable them to assume a service role in the prevention and treatment of HIV/AIDS.

1994 Preventing Dispensing-Related Problems

1. APhA encourages the development of practice guidelines to identify, resolve, and prevent dispensing-related problems.
2. APhA supports the development of electronic systems that confidentially collect information to record dispensing-related problems.
3. APhA believes that pharmacists have a professional responsibility to document and report dispensing-related problems in an ongoing effort to improve the quality of the drug distribution system.
4. APhA will assume a leadership role in the gathering, analysis, and interpretation of the aggregate data regarding dispensing-related problems, and the dissemination of the results, which will enable pharmacists to further improve medication distribution.

2005, 1968 Cigarette Sales in Pharmacies

APhA recommends that pharmacists not allow smoking in their prescription departments.

2014 The Use and Sale of Electronic Cigarettes (e-cigarettes)

4. APhA urges the FDA to require the full disclosure of all ingredients in e-cigarettes and other vaporized nicotine products in both the pre-use and vapor states.

2005, 1990 Needle/Syringe Exchange Programs in the Prevention of ~~the Spread of~~ Blood-Borne Infectious Diseases ~~Human Immunodeficiency Virus (HIV) and Other Infections~~

2. APhA supports the objective gathering and analysis of data and information about the effectiveness of pilot needle/syringe exchange programs in preventing the spread of HIV and other blood-borne infectious diseases.

APhA House Rules Review Process

The 2019 APhA House of Delegates adopted the report of the 2018–2019 APhA House Rules Review Committee. The following recommendations modifications of House procedures and operations were approved (approved additions are underlined and deletions are ~~struck through~~).

Recommendations to the APhA House of Delegates

- Order of House Rules of Procedure
    - The HRRC has recommended the addition of three new rules for consideration by the House of Delegates. These three rules are explained in more detail under their specific subject header in section 3 of this report.
    - With the proposed addition of three new rules, the HRRC considered the overall order of the existing rules of procedure and proposes a modified order in section 5 of this report.
    - The modified order reflects House of Delegates calendar year of activities beginning with Delegate appointments followed by specific rules related to conducting the House of Delegates followed by committee specific rules.
- Delegate Appointment
    - The HRRC reviewed the process and procedures conducted for communicating and compiling appointments made by delegations. It was noted that there were multiple deadlines for delegate appointments between separate types of delegations.
    - The HRRC has proposed a new rule to the House Rules of Procedure (see section 5, rule 1) to outline the timeframes of respective delegation appointments.
    - The HRRC discussed the importance for delegates to be educated on the topics being discussed by the House of Delegates and that education and feedback activities begin in the August and September timeframe. The APhA-Academy of Student Pharmacists appointment process is separated due to their existing process being finalized in early November.
- Unfilled Delegate Seats
    - The HRRC reviewed the report of unfilled delegate seats prepared by APhA staff. In accordance with APhA Bylaws, staff began tracking the number of unfilled seats in 2014 and staff began enacting procedures for inactivating delegate seats leading up to the 2017 House session. The HRRC, recommends adoption of a proposed new rule (see new rule 2 in section 5 of this report) to define the HRRC's role in reviewing this report annually.
    - The HRRC reviewed the process for confirming delegate appointments by individual delegations and noted the continued need for active delegates. The HRRC reviewed existing APhA Bylaws on this subject and submitted edits for consideration by the APhA Board of Trustees regarding the Speaker ability to appoint individuals into unfilled delegate seats after a certain timeframe once the appointment deadline has passed.
    - Proposed new rule 3, in Section 5 of this report, outlines the Speaker's role in filling unfilled delegate seats with the intent to maintain an active House of Delegates. It was noted during the HRRC's discussions that some Affiliated State Organizations are unable to appoint delegates by the timeframe or not at all, due to staff turnover or lack of resources for staff to manage this activity at the State level.
    - The HRRC developed proposed new rule 3 with the intent to leave the final decision up to the Affiliated State Organization should they be able to appoint their own delegates and the Speaker of the House will only assist in appointing delegates in interim nature.
    - The HRRC reviewed existing procedures for communications out to Delegations regarding an inactivated delegate seat. The HRRC also reviewed the process for reactivating a delegate seat and recommends that all seats should be eligible for reactivation at any time during the year.

    - The HRRC also discussed the possibility of a mandatory minimum amount of delegate seats and recommends that no minimum exist at this time as long as all seats are able to reactivated if requested through the proper process.
- Electronic Voting
    - The HRRC recommends that the electronic keypads continue to be used as the primary method of voting for votes requiring a 2/3 majority during House proceedings. It is also recommended that the Speaker should have the latitude to allow a voice vote in according with Robert's Rules of Order and there should not be a mandate to always use electronic keypad voting.
    - The HRRC discussed the concept of using phones to cast votes instead of electronic keypads and does not recommend this practice at this time.
- Delegate Education
    - The HRRC reviewed feedback on the House webinar sessions and associated Delegate education materials. The HRRC recommends continuation of the webinar schedule used in preparation for the 2018 House session.
- Committee of the Whole
    - The HRRC discussed delegate recommendations and recommends omitting the occurrence of the committee of the whole in future House sessions beginning in 2019.
- House of Delegate Materials
    - The HRRC recommends that all Delegate materials continue to be provided electronically unless otherwise requested by a Delegate. A limited number of Delegate materials will be available onsite.
- Board of Trustee Speeches
    - The HRRC recommends that APhA staff consider other venues during the APhA Annual Meeting and Exposition for speeches from Board of Trustee candidates. The HRRC agreed to keep time allotted for these speeches in the 2019 House of Delegates agenda.
    - The HRRC encourages APhA staff to provide additional opportunities to hear Board of Trustee candidate information including improved use of the meet the candidate's area, video formats, and organized caucus information.
- Process for Amendment Development During Debate
    - The HRRC reviewed the existing process for developing and submitting an amendment to policy being debated in the House. The HRRC recommends that APhA staff review different options for an electronic format for submitting amendments.
    - The 2019 House sessions will continue to use the paper amendment forms.
- Block Voting
    - The HRRC reviewed the process, through suspension of House Rules, used to combine multiple items for a single vote and recommends continued usage in order to streamline the work of the House, when applicable.
- Delegate Caucus Events
    - The HRRC discussed the engagement of delegates in caucus events and encouraged APhA staff to streamline the process and assist in facilitating broader engagement in caucus events.
- Policy Review Process
    - The HRRC reviewed the existing Policy Review Process and noted the growing task for the Policy Review Committee to review policies on a 4-year review cycle due to the growing number of APhA's Adopted Policies. In addition to any newly adopted policies from the most recent House sessions.
    - The HRRC discussed the intent that policy is developed to stand the test of time and since all current adopted policy has been reviewed multiple times using the 4- year review cycle, moving

to a longer period would reduce the scope of work for the Policy Review Committee while allowing them to focus on the newly adopted policies.
    - Section 5 of this report outlines recommended modifications to adjust current House Rule 10 (Proposed House rule 14) to expand the review time period to 10 years and to reduce the increasing amount of work by the Policy Review Committee in a single year.
- New Business Items
    - The HRRC reviewed comments regarding the length and amount of New Business Items. It was suggested to limit the amount of policies that could be submitted through the New Business Item process or per each respective New Business Item.
    - The HRRC recommends using the existing process described in the House Rules of Procedure for submission and review of all New Business Items during the 2019 House sessions. The HRRC did not want to limit the scope of New Business Items beyond what is outlined in existing rules.
- Virtual House
    - Pursuant to recommendations from the 2017-2018 HRRC, the HRRC discussed the potential for virtual House activities and reviewed the existing APhA Bylaws as a first step to ensure the House would be operating in accordance with Bylaws should virtual sessions be conducted.
    - The HRRC noted that Article VI, Section 7, may inhibit the ability for virtual sessions to take place, as it is currently written. The HRRC submitted proposed modifications to Article VI, Section 7, to the APhA Board of Trustees for consideration of amendments to the Bylaws. These amendments will be voted on during the 2019 voting cycle.
    - The APhA Board of Trustees approved the following modifications to Article VI, Section 7 for review and vote by the APhA membership (proposed deletions are ~~struck through~~ and proposed additions are underlined):
        - The House of Delegates shall hold a regular meeting during the Annual Meeting of this ASSOCIATION, this regular meeting to consist of such sessions and to have an order of business as ~~specified in the official program of the Annual Meeting~~ adopted by the House of Delegates. The House may, at the discretion of the Speaker, convene using electronic means prior to the regular meeting outlined herein provided that the Secretary of the House notifies the delegates at least 30 days prior to convening such session. All House of Delegates Rules of Procedure and these Bylaws apply to all House sessions, whether held electronically or in person. The House of Delegates may hold special meetings at the call of the Speaker with the approval of the Board of Trustees, or upon written or electronic petition of a majority of authorized delegates provided that the Secretary of the House notifies the delegates at least 10 days prior to convening such session. ~~The time and place of~~ Special meetings of the House of Delegates ~~shall~~ may occur electronically or be scheduled in person at a time and location to be established by the Speaker with the approval of the Board of Trustees.
    - The HRRC recommends that APhA continues to conduct research into what options may work for APhA to conduct a virtual house session in addition to any potential new rules of procedure.

Modifications to APhA House Rules of Procedure

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~~1 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~~2 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~~3 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 ~~5~~ 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 ~~6~~ 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 ~~7~~ 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 ~~9~~ 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~~-8~~ 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~~-11~~ 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~~-4~~ 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

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 ~~10~~ 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~~-4~~ years; ~~and~~ (2) policy related to statements adopted in the ~~previous~~ most recent House session; and (3) if applicable, contemporary issues identified by the Speaker.

~~The Speaker may engage the Policy Review Committee to review contemporary issues, where appropriate.~~

Rule 15 ~~12~~ 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.