



APhA

AMERICAN PHARMACISTS ASSOCIATION

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

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

Committee Members

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

1. ACCOUNTABILITY OF PHARMACISTS: STATEMENT 1

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

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

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

2. ACCOUNTABILITY OF PHARMACISTS: STATEMENT 2

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

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

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

3. ACCOUNTABILITY OF PHARMACISTS: STATEMENT 4

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

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

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

4. ACCOUNTABILITY OF PHARMACISTS: STATEMENT 5

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

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

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

5. SPECIALTY PHARMACY AND SPECIALIZED PHARMACY SERVICES: STATEMENT 1

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

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

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

6. SPECIALTY PHARMACY AND SPECIALIZED PHARMACY SERVICES: STATEMENT 2

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

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

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

7. SPECIALTY PHARMACY AND SPECIALIZED PHARMACY SERVICES: STATEMENT 3

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

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

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

8. SPECIALTY PHARMACY AND SPECIALIZED PHARMACY SERVICES: STATEMENT 4

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

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

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

9. SPECIALTY PHARMACY AND SPECIALIZED PHARMACY SERVICES: STATEMENT 5

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

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

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

10. SPECIALTY PHARMACY AND SPECIALIZED PHARMACY SERVICES: STATEMENT 6

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

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

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

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

11. SPECIALTY PHARMACY AND SPECIALIZED PHARMACY SERVICES: STATEMENT 7

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

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

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

12. E-PRESCRIBING STANDARDIZATION

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

maintaining it due to its importance for overall advocacy efforts related to expanding patient access to pharmacist services.

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

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

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

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

18. INTEGRATED NATIONWIDE PRESCRIBING DRUG MONITORING PROGRAM

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

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

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

19. COORDINATION OF THE PHARMACY AND MEDICAL BENEFIT

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

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

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

20. PHARMACY TECHNCIANS ROLE IN IMMUNIZATION ADMINISTRATION – STATEMENT 1

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

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

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

21. PHARMACY TECHNCIANS ROLE IN IMMUNIZATION ADMINISTRATION – STATEMENT 2

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

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

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

22. PHARMACY TECHNCIANS ROLE IN IMMUNIZATION ADMINISTRATION – STATEMENT 3

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

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

Rationale: The Committee recommends maintaining the existing policy statement.

23. PHARMACY TECHNICIANS ROLE IN IMMUNIZATION ADMINISTRATION – STATEMENT 4

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

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

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

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

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

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

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

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

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

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

Rationale: The Committee recommends amending the statement by replacing “medication” with “medicine” to better align with current practice terminology. Additionally, the phrase “such as pharmacists” was removed because pharmacists are healthcare professionals and the Committee believed the repetition was unnecessary. The Committee discussed the removal of “use of evidence-

based medicine” because of the assumption that all treatments should be evidence-based. However, this was left in the statement to highlight that treating opioid use disorders is evidence-based. The Committee also agreed to maintain “in and out of the workplace” in the statement to illustrate the social support systems that are also needed when treating opioid use disorder.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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