

To be completed by the Office of the
Secretary of the House of Delegates

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American Pharmacist Association
House of Delegates - Seattle, Washington

NEW BUSINESS

(To be submitted and introduced by Delegates only)

Introduced by: Jeff Neigh
(Name)

19 Feb 19
(Date)

Federal Caucus
(Organization)

Subject: Qualification Standards for Pharmacists

Motion: Move that APhA adopt the following policy statements:

1. APhA supports qualification standards for pharmacist designation that are consistent with licensure standards issued by the National Association of Boards of Pharmacy (NABP).

2. APhA opposes non-licensing agencies developing minimum qualifications to practice pharmacy that are inconsistent with licensure standards issued by the National Association of Boards of Pharmacy (NABP).

Background:

Title 5 U.S.C. 3308 permits the establishment of minimum educational requirements only when the U.S. Office of Personnel Management (OPM) has determined that the work cannot be performed by persons who do not possess the prescribed minimum education. In September 2017, OPM issued a new qualification standard for Pharmacist, GS-0660. The new standard lists the basic educational requirements as a Doctor of Pharmacy (PharmD). In setting this PharmD requirement, it appears that OPM has determined pharmacist work cannot be performed by persons without this degree. All states allow BS Pharm pharmacists to gain licensure and practice pharmacy within the state. That means that it is the opinion of all state legislatures that BS Pharm pharmacists can practice pharmacy safely and effectively within the state.

The BS Pharm degree was awarded up to 2005 and was recognized as the prerequisite to practice as a pharmacist. It is only since 2006 that the PharmD became the only entry-level degree awarded. From 1975-2005, there were over 158,000 BS Pharm degrees awarded. The minimum educational requirements set by OPM automatically disqualified over 158,000 BS Pharm degree pharmacists that have not subsequently gone on to obtain their PharmD degree from entering the federal government workforce. This is a discriminatory practice not seen in the non-federal sector. This educational requirement from OPM generates legal concerns and creates a monumental challenge in building and maintaining a sufficient pharmacist workforce in the Department of Defense in supporting our warfighting efforts and taking care of our veterans.

All efforts to engage with OPM to rescind this qualification standard have been unproductive.

The highlighted statements within the three current adopted policy topics (referenced below) specifically relate to this issue and the additional background information provided.

Current APhA Policy & Bylaws:

2002 National Framework for Practice Regulation

1. APhA supports state-based systems to regulate pharmacy and pharmacist practice.

2. APhA encourages states to provide pharmacy boards with the following: (a) adequate resources; (b) independent authority, including autonomy from other agencies; and (c) assistance in meeting their mission to protect the public health and safety of consumers.

3. APhA supports efforts of state boards of pharmacy to adopt uniform standards and definitions of pharmacy and pharmacist practice.

4. APhA encourages state boards of pharmacy to recognize and facilitate innovations in pharmacy and pharmacist practice.

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

2001,1990 Regulatory Infringements on Professional Practice

1. APhA, in cooperation with other national pharmacy organizations, shall take a leadership role in the establishment and maintenance of standards of practice for existing and emerging areas in the profession of pharmacy.

2. APhA encourages a cooperative process in the development, enforcement, and review of rules and regulations by agencies that affect any aspect of pharmacy practice, and this process must utilize the expertise of affected pharmacist specialists and their organizations.

3. APhA supports the right of pharmacists to exercise professional judgment in the implementation of standards of practice in their practice settings.

(Am Pharm NS30(6):45 June 1990) (JAPhA NS4(5)Suppl.1:S7 September/October, 2001)(Reviewed 2007)(Reviewed 2012)(Reviewed 2017)

2004,1978 Roles in Health Care for Pharmacists

1. APhA shall develop and maintain new methods and procedures whereby pharmacists can increase their ability and expand their opportunities to provide health care services.

2. APhA supports legislative and judicial action that confirms pharmacists' professional rights to perform those functions consistent with APhA's definition of pharmacy practice and that are necessary to fulfill pharmacists' professional responsibilities to patients they serve.

(Am Pharm NS18(8):42 July 1978)(JAPhA NS44(5):551 September/October 2004)(Reviewed 2007)(Reviewed 2011)(Reviewed 2012)(Reviewed 2013)(Reviewed 2018)

New Business Items are due to the Speaker of the House by **February 20, 2019** (30 days prior to the start of the first House session). Consideration of urgent items can be presented with a suspension of the House Rules at the session where New Business will be acted upon. Please submit New Business Items to the Speaker of the House via email at hod@aphanet.org.