Report of the 2019 APhA-ASP Resolutions Committee
Appendix A
2019 Proposed Resolution Ranking & Feedback
TRANSPARENCY AND ACCESSIBILITY OF PROPOSED RESOLUTIONS

The following recommendations were made during the fall 2013 APhA-ASP Midyear Regional Meetings to the APhA-ASP Resolutions Committee:

Location: Region 3 MRM in Birmingham, AL – Sunday, November 3, 2013
Action: Improve/Amend APhA-ASP Policy Process

RIII.4 - Resolution Process Transparency and Accessibility
APhA-ASP strongly encourages an increase in the transparency and accessibility of the policy process.

1. APhA-ASP supports creating official methods for constructive comments and feedback to be made available for chapters following the decisions and actions of the Resolutions Committee, which could aid chapters in the development of future resolutions.

2. APhA-ASP affirms that all chapters across the country should have access to all proposed resolutions and aforementioned feedback to further encourage communication and transparency between regions and their policy ideas.

FEEDBACK TO REGIONS

While reviewing each of the proposed resolutions, the APhA-ASP Resolutions Committee developed a ranked list of policy proposals, and after 3 rounds of discussion, the Committee developed a consensus on the top issues. Within the full list of proposed resolutions, the Committee has provided a reason code as well as a percentage of where the resolution ranked within the overall list.

Reason Codes:
1 – Proposed Resolution is a great idea and received serious consideration and discussion.
2 – Proposed Resolution is a good idea, but not a priority for APhA-ASP at this time.
3 – Proposed Resolution is too similar to existing active and/or inactive resolutions.
4 – Proposed Resolution is too specific or too narrow of scope for APhA-ASP to address nationally.
5 – Proposed Resolution was not viewed as priority due to existing initiatives related to that issue.
6 – Proposed Resolution is in conflict with current APhA or APhA-ASP policy.

Percentage Rank:
A – Proposed Resolution ranked within the top 1% - 20% of all proposals.
B – Proposed Resolution ranked within the 21% - 40% of all proposals.
C – Proposed Resolution ranked within the 41% - 60% of all proposals.
D – Proposed Resolution ranked within the 61% - 80% of all proposals.
E – Proposed Resolution ranked within the bottom 81% - 100% of all proposals.
During the deliberations of the APhA-ASP Resolutions Committee Meetings, the Committee needs a way to organize proposed resolutions based upon the current APhA-ASP Policy Book by issue, and then also group similar ideas passed among all of the Midyear Regional Meeting Closing Business Sessions. The following method has been developed to organize and rank the proposed resolutions.

**Example of (Past) Issue:**

\[27.RII.3\] = ISSUE NUMBER XX, REGION 2, PASSED POLICY #3

**Recycling and Use of Energy Efficient Practices**
APhA-ASP proposes that the practice of pharmacy be carried out under environmentally conscious conditions, unless such conditions would be detrimental to the health and safety of patients. This includes but is not limited to the use of renewable resources, the practices of recycling, proper storage and disposal of harmful substances, and the use of energy efficient practices and procedures.

**Issue Number:**

\[27.\] = “ISSUE NUMBER”

*Please note that there may be multiple proposed policies under a specific issue number. Rankings are provided for the “issue number” only and not a specific proposed policy."

**Roman Numerals:**

RI = REGION 1  RII = REGION 2  RIII = REGION 3  RIV = REGION 4  RV = REGION 5  RVI = REGION 6  RVII = REGION 7  RVIII = REGION 8

**Passed Policy:**

\[3.\] = “PASSED POLICY”

*The order in which the proposed resolutions were passed during the Closing Business Session at the MRM.*

**Policy Book:**

**IV. CURRICULUM**

**IV e. CURRICULUM - SPECIFIC COURSES**

*Corresponds to the policy heading found in the APhA-ASP Policy Book. Please review the policy book as you are reviewing the proposed policies.*

**Rank & Percentage:**

Examples: 1/A or 5/E

*See the above Feedback to Regions section of this document.*
II. COLLABORATIVE AGREEMENTS
   a. COLLABORATION WITH PHARMACY ORGANIZATIONS

1.R7.1 – Elective Courses on Prescriptive Authority
APhA-ASP encourages colleges of pharmacy to offer elective courses to assist student pharmacists in becoming independent prescribers upon entering the workforce. 1/D

II. COLLABORATIVE AGREEMENTS
   b. COLLABORATION WITH OTHER HEALTH PROFESSIONALS

2.R2.15 – Pharmacist-Administered Rapid Strep Testing with Prescriptive Authority
APhA-ASP supports community pharmacists performing rapid strep tests and dispensing appropriate antibiotic therapy in collaboration with primary care providers. 3/A

3. R3.16 – Increased access to Medication Assisted Therapy (MAT) for patients with Opioid Use Disorder (OUD) in rural areas
   1. APhA-ASP supports the expansion of clinics that provide MAT to rural areas.
   2. APhA-ASP encourages federal and state legislature to allow pharmacists to have a collaborative practice agreement with MAT certified providers.
   3. APhA-ASP encourages pharmacists and student pharmacists to provide education on MAT to patients and providers in rural areas. 4/B

4.R6.6 – Collaboration of Clinical Pharmacists and the FDA on Therapy Modification Transition
APhA-ASP encourages clinical pharmacists to collaborate with the U.S. Food and Drug Administration on providing recommendations to clinicians on therapy management and substitutions for successful transition during potential drug shortages. 3/C

5.R6.9 – Physician-Pharmacist Prescribing Process
APhA-ASP proposes the change in the prescribing process where clinicians prescribe a specific non-control drug class based on the diagnosis, while the pharmacist determines which medication to use within the chosen drug class. The pharmacist will determine the dose and the most cost-effective drug for the patient based on the patient’s medication history, background, and APhA Pharmacy Patient Care Process which includes collect, assess, plan, implement, follow up: monitor and evaluate, making the prescribing process a more team-based approach. Chronic disease state, excluding opioid prescriptions, will be the focus of this prescribing change. 7/D

6.R8.19 – MTM Collaboration with other health care providers
APhA-ASP encourages the recommendation to other health care providers prescribing medications for MTM patients to refer patients with 10 or more medications to a face-to-face or phone interview with their preferred pharmacists or student pharmacists. 2/B
III. CHEMICAL DEPENDENCY & HABIT FORMING SUBSTANCES

III d. ABUSE OF HABIT FORMING SUBSTANCES

7.R4.7 – Opioid Alternatives
APhA-ASP supports pharmacist and student pharmacist involvement in recommendations regarding education related to opioid alternatives to help decrease and prevent substance abuse. Thereby moving beyond substance abuse education to decrease the quantity of patients exposed to opioid medications initially by working in accord with other healthcare professionals including but not limited to: dentists, NPs, PCPs, and their corresponding students. 3/C

8.R8.14 – Controlled Substance Diversion Prevention Program within Inpatient Health Care Facilities
APhA-ASP supports the robust implementation of controlled substance diversion prevention programs within health systems to identify medication diversion, correct areas of non-compliance, and protect patient safety. 1/A

IV. CURRICULUM

IV a. CURRICULUM - DISEASES / DISEASE STATE MANAGEMENT

9.R2.5 – Increased Incorporation of latest pharmacy practice and point of care testing into the PharmD Curriculum
APhA-ASP strongly encourages accredited schools of pharmacy to incorporate point of care testing and other primary care activities into the PharmD curriculum. 1/C

10.R2.11 – Increased training in addiction and substance abuse treatments such as counseling, correct prescribing patterns, and methods to improve recovery
APhA-ASP encourages all schools/colleges of pharmacy to incorporate a training course specific to educating all student pharmacists in addiction counseling, medication assisted recovery, and alternate methods to improve recovery outcomes. 1/B

11.R2.18 – Mental Health Education in Pharmacy Schools
APhA-ASP encourages implementation of mandatory mental health education programs in pharmacy schools to help students personally and therefore be more capable of treating other patients with poor mental health in the future. 1/D

11.R5.2 – Student behavioral health
APhA-ASP encourages the development and implementation of behavioral health resources and services for student pharmacists to build supportive environments and help them lead healthier lives. 1/D

12.R3.9 – Antimicrobial Stewardship Curriculum Requirement
APhA-ASP supports a mandatory, rather than elective, course of Antimicrobial Stewardship be incorporated within the didactic pharmacy curriculum nationwide. 2/A

13.R3.13 – Equipping Pharmacy Professionals to Mitigate the Public Health Impact of Neonatal Abstinence Syndrome (NAS)
APhA-ASP encourages schools and colleges of pharmacy, technician certification programs, professional associations, and state boards of pharmacy to provide or promote education and training regarding neonatal abstinence syndrome (NAS). 4/C

14.R3.19 – Curricular Training Regarding Pharmacist-Provided Hormonal Contraceptives
APhA-ASP encourages the inclusion of training regarding pharmacist-provided hormonal contraceptives in the pharmacy school curriculum. 1/E
IV. CURRICULUM
   IV c. CURRICULUM - EMERGENCY PREPAREDNESS

15.R1.5 – Required Opioid Reversal Agent Training for Student Pharmacists
1. APHA-ASP recommends the training and certification of opioid reversal agents by all student pharmacists prior to completion of their pharmacy program.
2. APHA-ASP recommends that all schools of pharmacy offer opioid reversal agent training and certification within the pharmacy school curriculum. 1/C

IV. CURRICULUM
   IV e. CURRICULUM - SPECIFIC COURSES

16.R2.12 – Education on Pharmacy Industry
APhA-ASP encourages schools and colleges of pharmacy to expand upon the standard curriculum in an effort to include more education on pharmaceutical industry, the drug development process, and industry fellowships within their curriculum by offering additional electives to cover these topics. 4/A

17.R3.1 – Naloxone Training for Student Pharmacists
APhA-ASP recommends the inclusion of naloxone administration counseling training and education into the didactic, introductory pharmacy practice curricula of all schools of pharmacy. 1/C

18.R3.7 – Expansion of Pharmacy Into Veterinary Care
1. APHA encourages pharmacy programs to expand and include educational opportunities in veterinary care by including veterinary pharmacology and therapeutics in pharmacy curriculum to help prepare student pharmacists in the field of clinical veterinary pharmaceutical care, community practice, and research in animal models.
2. APHA encourages pharmacists and student pharmacists who are interested in veterinary care to pursue and expand the profession of pharmacy into the field of veterinary medicine. 2/E

19.R2.7 – Medical Marijuana Education
APhA-ASP encourages the incorporation of medical marijuana into the therapeutic education of student pharmacists to provide adequate knowledge of medical cannabis use, interactions, and dispensing practices to reflect the changing opinion on the medical benefits of marijuana derived APIs so that practicing pharmacists will be more able to evaluate the use of medical cannabis in a patient’s medical profile. 1/A

19.R3.11 – Medical Marijuana Education
As use of medical marijuana increases in the United States, APHA-ASP encourages educational institutions to incorporate increased education regarding safety concerning, but not limited to, pharmacologic effects, disease state management, special populations, and concomitant use with other medications. 1/A

19.R4.12 – Medical Marijuana Curriculum
APhA-ASP encourages pharmacy schools to include information about medicinal marijuana in the curriculum for pharmacy students. 1/A

19.R5.7 – Marijuana Products - Pharmacotherapeutics Education and Research
1. APHA-ASP recommends the implementation and standardization of education pertaining to medical and recreational marijuana as well as approved cannabis derived medications to increase pharmacist and student pharmacist knowledge contributable to multidisciplinary teams.
2. APHA-ASP supports continued research, development, and implementation of clinical guidelines regarding the use and interactions of medicinal and recreational marijuana as well as approved cannabis derived medications to improve patient care.
3. APHA-ASP recommends the development of continuing education materials for pharmacists and student pharmacists to improve competency of medical and recreational marijuana as well as approved cannabis derived medications. 1/A
20.R3.21 – Training to Recognize Human Trafficking Victims
1. APhA-ASP encourages state boards of pharmacy, state pharmacy associations, health-systems, and relevant employers to offer training (i.e. Continuing Education) to pharmacists on recognizing human trafficking victims.
2. APhA-ASP encourages schools of pharmacy to offer training to student pharmacists on recognizing human trafficking victims. 1/E

21.R6.11 – Sports Medicine
APhA-ASP encourages schools and colleges of pharmacy to offer general education providing an adequate level of training in sports medicine and doping prevention. 4/A

VI. DEGREES

22.R2.2 – Additional Bachelor’s Degree
APhA-ASP recommends that student pharmacists enrolled in a six year PharmD program are awarded a bachelor’s degree after four years of schooling. 4/E

IX. POST GRADUATE EDUCATION / CONTINUING EDUCATION

23.R1.3 – Interpersonal Violence Trainings
APhA-ASP encourages all pharmacy entities to develop a strategy and/or training plan for addressing suspected or confirmed cases of intimate partner and domestic violence in patients. 2/A

24.R2.3 – HIV and STI Patient Consultation
APhA-ASP encourages pharmacists and student pharmacists to receive the appropriate training in order to effectively educate and consult patients who have an STI or HIV/AIDS. 2/E

25.R3.22 – Barriers of Health Disparities
APhA-ASP encourages the implementation of a seminar addressing the barriers to healthcare and health disparities that are commonly seen. The purpose of which is to educate Pharmacists on their roles in overcoming those barriers and the resources available to provide better patient care and decrease health disparities. 2/D

26.R3.24 – Mental Health First Aid Certification
APhA-ASP views certification of all pharmacists and pharmacy students to in mental health first aid certification through Mental Health First Aid USA as a professional obligation to our patients. 2/B

27.R7.4 – Suicide Prevention Education
APhA-ASP advocates for pharmacists and student pharmacists to complete accredited suicide prevention education to facilitate better patient care in all healthcare settings. 2/D

X. LEGISLATIVE RECOMMENDATIONS / POLITICAL ACTION

X a. LEG REC / POLITICAL ACTION – CALL FOR LEGISLATION / REGULATION

28.R1.6 – Prescription Monitoring
APhA-ASP proposes that PDMPs be implemented on a federal level with the anticipation of assisting with the opioid crisis. 2/C

28.R3.20 – Combat Medication Misuse and Abuse Through a Uniform Federal Prescription Drug Monitoring Program
1. APhA-ASP encourages the federal government and all state governments to mandate the use of a uniform prescription drug monitoring program that accommodates and enables interstate data sharing.
2. APhA-ASP encourages all prescribers and pharmacists to consult the prescription drug monitoring program before prescribing or dispensing any schedule I-IV medication. 2/C
28.R8.16 – Prescription State Monitoring Program Student Pharmacy Access
APhA-ASP encourages that current state PDMP’s allow student pharmacist registration and access to complete intern work that may require review of controlled medications for patient care. 2/C

29.R1.9 – Mandatory Meningitis B Vaccination
APhA-ASP encourages institutions of higher education, especially those who provide campus housing, to require mandatory vaccination against serogroup B meningococcal as a condition to enrollment. 4/C

30.R2.9 – Rapid Antigen and Point-of-Care Services
1. APhA-ASP encourages all states to adopt legislative and regulatory changes that provide pharmacists, with appropriate training, the authority to conduct rapid antigen detection testing (RADT) for patients in the outpatient setting with suspected group A streptococcal pharyngitis and influenza.
2. APhA-ASP encourages all states to adopt legislative and regulatory changes that provide pharmacists, with appropriate training, the authority to initiate antimicrobial therapy to patients who test positive to RADT for either group A streptococcal (GAS) infections or influenza in accordance with applicable guidelines and pursuant to a collaborative practice agreement in the states where a CPA is required. 3/B

31.R2.17 – Granting prescribing rights for smoking cessation medications to pharmacists in West Virginia
APhA-ASP supports granting pharmacists in West Virginia prescriber status for smoking cessation products to patients aged 18 years and older. Smoking cessation products include, but are not limited to, nicotine replacement therapies, Zyban®, and Chantix®. 4/C

32.R3.17 – Specific Condition Treatment Protocols for Medicinal Marijuana
1. APhA-ASP encourages all states to engage in opportunities to increase awareness and evaluate the need of a pharmacist as it grants much-needed medical credibility to the dispensary environment and effectuates an individualized patient care process.
2. APhA-ASP advocates for the creation of a national self-reporting system for medicinal marijuana certified patients to improve patient care.
3. APhA-ASP encourages states to evaluate the needs of certified patients and settle how pharmacists can collaborate toward the creation of specific condition treatment protocols.
4. APhA-ASP opposes the practice of dispensaries where the patients choose, without professional-directed guidance, the cannabis product which “best suits their medical needs” from among a list with pharmacological-challenged names. 2/A

33.R4.1 – Dispensing of Pharmaceutic and Therapeutic Substitution
APhA-ASP encourages state boards of pharmacy to allow pharmacists to dispense therapeutic and pharmaceutical substitutions without authorization from the doctor who wrote the prescription, if it is due to a medication backorder or patient formulary requirement. It is then their duty to inform the doctor of a therapeutic substitution for medical records. 1/D

34.R4.6 – Pharmacy Benefit Manager (PBM) Practices (2012.4)
Addition to 2012.4 –
3. APhA-ASP opposes any actions by pharmacy benefit managers to prevent the funds used to pay a prescription copayment from being applied to a patient’s deductible or out of pocket maximum, either when a copay assistance card is used or when a patient pays for the medication out of pocket. 4/A

35.R4.11 – Prescription Substitution Authority
APhA-ASP encourages allowing pharmacists to perform prescription changes, such as strength changes for when medications go on backorder or changes in medication formulation due to patient preference or inability to swallow capsules or tablets. This will ensure patients are able to obtain necessary medications ensuring continuity of care and well-being. 4/A
36.R4.17 – Rescheduling of Cannabis spp. From Schedule I to Schedule II
APhA-ASP encourages legislators to support federal reclassification of Cannabis from Schedule I to Schedule II drug under the Controlled Substance Act (CSA) in order to facilitate research needed to assess further medical potential, establish safety profiles, and strengthen the practice of evidence-based medicine. 2/E

37.R4.19 – Women’s Reproductive Health
APhA-ASP supports legislation that allows pharmacists to modify and renew prescriptions on women’s contraceptive medications, such as birth control medications. 4/C

38.R4.20 – State Pursuance of Provider Status
APhA-ASP reaffirms and amends resolution 1999.2 to encourage State Pharmacy Organizations to individually pursue provider status, and to recognize pharmacists under state Medicaid programs to better serve all patients. 3/B

APhA-ASP supports a national drug interaction software database to be in the public domain for all pharmacies to access in order for the patient’s new and previously prescribed medication interactions to be accurately and quickly assessed for the clinical judgement of a health care provider. 2/B

40.R7.5 – Consumer Drug Take-Back Receptacles
APhA-ASP reaffirms APhA-ASP Resolution 2012.3 by recommending that each community pharmacy have a Consumer Drug Take-Back (CDTB) receptacle that is DEA approved in order to facilitate the proper disposal of expired, unused, or unneeded medications. 3/B

40.R6.10 – Universal Drug Take Back
APhA-ASP encourages all community Pharmacies to become authorized collectors of unused pharmaceutical products and controlled substances by administering mail-back programs and/or maintaining collection receptacles in accordance with DEA regulations. 3/B

41.R8.6 – Clinical Indication on Prescription Orders
Require that a clinical indication (e.g. diagnosis, problem or therapeutic objective) be present on prescription orders and all the indication be placed on the pharmacy dispensing labels at the discretion of the patient
APhA-ASP encourages legislation mandating that a clinical indication or its equivalent such as a diagnosis, problem or therapeutic objective be required on all prescription orders and provide patients with the option to have this information included on their pharmacy dispensing labels to enhance patient understanding of, and adherence to, their medications and improve pharmacists’ ability to make more informed clinical decisions. 1/C

42.R8.18 – Limits on Opioid Prescribing
APhA-ASP supports legislation limiting day supply of initial opioid prescriptions for acute pain, with provisions to allow extended prescriptions for patients with chronic or terminal illnesses to receive appropriate pain management. Extended prescriptions for qualified patients should comply with CDC prescribing guidelines and DEA prescribing limits for scheduled drugs. 4/D

XI. OTC PRODUCTS

43.R4.21 – Additional Labelling Requirements for Dietary Supplements
APhA-ASP encourages the expansion of DSHEA to include enforceable regulations regarding the inclusion of the following on dietary supplement product labels:
1. The statement “This supplement may interact with medication that you may be taking. Visit www.fda.gov/food/dietarysupplements for more information.”
2. A symbolic indicator of contraindication in pregnancy.
3. The statement “Excessive supplement consumption may cause serious adverse effects.”
4. The statement “To report adverse events, visit www.safetyreporting.hhs.gov.” 2/B
XIII. PATIENT EDUCATION

44.R6.12 – Opioid Education and Disposal
APhA-ASP recommends mandatory inclusion of opioid educational pamphlets and point of care disposal solutions with every newly dispensed opioid prescription. 2/B

XVI. PHARMACEUTICAL CARE / PATIENT CARE

45.R1.7 – Community pharmacy implementation and reading of tuberculosis (TB) skin test
APhA-ASP supports the expansion of community pharmacy point-of-care testing to include diagnostic tuberculosis (TB) screening and consultation for eligible patients with uncomplicated symptoms of TB. 1/B

45.R8.12 – Tuberculosis Testing and Assessment
APhA-ASP recommends granting pharmacists the prescriptive authority to administer and assess tuberculin skin tests (TSTs). Assuming the preceding is fulfilled, appropriate education and training should be incorporated into the curricula of all colleges of pharmacy nationwide. 1/B

46.R1.11 – Pharmacist Therapeutic Substitution Rights
APhA-ASP supports the substitution of therapeutically equivalent medications pursuant to the FDA’s Approved Drug Products with Therapeutic Equivalence Evaluations without prior approval from prescriber. 1/A

47.R2.10 – Naloxone on College Campuses
APhA-ASP encourages availability of Naloxone in college campus residence halls for use by BLS/CPR trained resident assistants for emergent opioid overdose reversal. 1/A

48.R3.4 – Pharmacogenomics Counseling
APhA-ASP encourages pharmacists to counsel patients on pharmacogenomics and the results of such tests, particularly in a community setting. 3/B

49.R3.6 – Penicillin Skin Testing
APhA-ASP encourages pharmacists and student pharmacists to be proactive in maintaining accurate allergy histories for each of their patients. For patients with unconfirmed penicillin allergy, penicillin skin testing is recommended to determine true allergy status. With access to a rapid response team, pharmacists should be permitted to provide and administer penicillin skin tests. 1/D

49.R5.8 – Pharmacist-Managed Penicillin Allergy Testing
1. APhA-ASP encourages legislation that would allow for pharmacist-managed, penicillin allergy skin testing for Type I IgE mediated reactions.
2. APhA-ASP supports training and education for pharmacists and student pharmacists to conduct penicillin allergy skin testing within inpatient settings.
3. APhA-ASP encourages development of pharmacist-managed penicillin allergy skin testing in inpatient settings as a means of continued antibiotic stewardship. 1/D

50.R3.18 – Needle Exchange Programs in Medically Underserved Communities
1. APhA-ASP encourages the implementation of pharmacist-led needle exchange programs in response to the opioid crisis, specifically in community pharmacies within medically underserved areas.
2. APhA-ASP recommends focused research on the effectiveness of needle exchange programs in the community pharmacy setting. 3/B
51.R4.10 – Asthma Rescue Medication Access in Schools
To be added to 2000.3 - Personal Possession of MDIs by Students –
APhA-ASP encourages educational institutions to allow primary and secondary students to have personal possession of their "rescue" medications including, but not limited to, metered dose inhalers (MDIs) at all times provided the students have written authorization from a healthcare provider.
APhA-ASP supports legislation which protects the rights of students with asthma, provided they have proper medical documentation, to carry rescue medications on their person and self-administer rescue medications, including but not limited to meter dose inhalers, in educational institutions. 2/E

52.R4.16 – Genetic Testing in Chronic Pain
APhA-ASP encourages the use of genetic testing in developing personalized medication therapies for treatment of chronic pain conditions. 4/A

53.R5.1 – Chronic Prescription Opioid Taper Program
APhA-ASP supports a proactive opioid taper program between providers, pharmacists, and patients offering access to the tools and resources necessary to assist willing patients in tapering off inappropriate chronic opioid use. 2/E

54.R5.5 – Efforts to Reduce Mental Health Stigma
To be added to 2017.3 - Efforts to Reduce Mental Health Stigma –
1. APhA-ASP encourages all stakeholders to develop and adopt evidence-based approaches in order to educate and reduce stigma surrounding mental health conditions to improve treatment for persons with mental illness.
2. APhA-ASP supports the increased utilization of pharmacists and student pharmacists, with appropriate training, to actively participate in psychiatric interprofessional health care teams in all practice settings.
3. APhA-ASP supports the inclusion and expansion of mental health education and training in the curriculum of all schools and colleges of pharmacy and postgraduate opportunities.
4. APhA-ASP encourages pharmacists and student pharmacists to obtain and maintain certification in Mental Health First Aid USA while actively engaged in the practice of pharmacy.
5. APhA-ASP encourages the National Association of Boards of Pharmacy to provide continuing pharmacy education (CPE) credit to pharmacists and pharmacy technicians for participating in the training. 4/A

54.R6.14 – Mental Health Patient Care Project
APhA-ASP encourages chapters to make mental health a patient care project to promote awareness within the respective campuses and communities. 1/A

54.R8.3 – APhA-ASP shall support a new patient care project on mental health.
APhA-ASP encourages pharmacists and student pharmacists to actively participate in education and patient care related to mental health. 1/A

54.R8.8 – Mental health program development
APhA-ASP strongly encourages the development of a depression awareness training and burnout identification program for students, faculty and practitioners at each campus or facility. 1/A

55.R7.6 – Certification for Rapid HIV Testing
1. APhA-ASP encourages pharmacists and student pharmacists to pursue education and training to perform rapid fingerstick HIV testing.
2. APhA-ASP encourages community pharmacies to incorporate HIV testing and systems for PrEP referral or prescribing under local collaborative agreements. 2/E

56.R8.7 – Universal Electronic Health Record
APhA-ASP supports the develop and implementation of a secure universal or standardized electronic health record. The electronic health record should be voluntary and easily assessable to all relevant healthcare stakeholders to ensure continuity of care for patients. The electronic health record should include, but not be limited to patient’s medical history, physical examinations, medication list, medication fill history, allergies, insurance information (if applicable), and informed consent form. 3/E
57.R8.15 – Medicinal Use of Cannabidiol
APhA-ASP supports the use of cannabidiol in pediatric patients suffering from severe seizure disorders (i.e. Lennox-Gastaut Syndrome and Dravet Syndrome) given sufficient clinical evidence showing a favorable benefit-risk profile. 1/E

XVII. PHARMACY SUPPORT PERSONNEL

58.R5.3 – Veterinarian Access to PDMP
1. APhA-ASP recommends direct access of veterinarians to all aspects of the Prescription Drug Monitoring Program (PDMP) to report medications dispensed by the clinic and to investigate suspicious owner behavior.
2. APhA-ASP encourages consistent pharmacy documentation of animal profiles to ensure accurate transfer to the PDMP. 2/D

59.R7.3 – Technicians Immunization Authority
APhA-ASP supports pharmacy technicians becoming certified in APhA immunization training and start immunizing, to allow pharmacist more time for clinical decision making. 1/E

XVIII. SAFETY

60.R5.E – Increased Access to Opioid Reversal Agents
To be added to 2015.4 - Increased Access to Opioid Reversal Agents –
1. APhA-ASP supports state and federal legislation to increase access to opioid reversal agents.
2. APhA-ASP encourages pharmacists and student pharmacists to provide public education about opioid reversal agents, including proper administration in situations of opioid-related drug overdose.
3. APhA-ASP encourages all open-door pharmacies to stock opioid reversal agents behind the counter.
4. APhA-ASP strongly encourages pharmacists and student pharmacists to recommend/prescribe and counsel patients on opioid antagonist therapy. Especially for patients on chronic opioid therapy, patients with a prior history of abuse, patients concomitantly prescribed benzodiazepines, and pediatric patients.
5. APhA-ASP supports pharmacists and student pharmacists to inform patients using opioid medications that they can partially fill their prescription under Federal Law. 1/E

60.R6.1 – Naloxone Education Protocol
APhA-ASP reaffirms Resolutions 2014.2 and 2015.4 and encourages pharmacies to work in tandem with local first responders to provide naloxone and training for using the naloxone to first responders, as well as lay persons who are interested in possessing naloxone. This training should include, but is not limited to: recognizing an overdose, responding to an overdose, and administering naloxone. 1/E

60.R4.2 – Narcan Availability to Non-medical Emergency Personnel
APhA-ASP encourages the training and dispensing of Narcan and/or naloxone products to non-medical emergency personnel. 1/E

XIX. WORKPLACE ISSUES

61.R1.12 – Implementing smoking cessation products in the pharmacy
APhA-ASP encourages smoking cessation aid products to be placed near the pharmacist in community pharmacy stores. 2/B

62.R2.6 – Sales and Promotion of Recreational Electronic-Cigarettes
APhA-ASP encourages pharmacists and student pharmacists to actively advocate against the recreational sales and promotion of electronic cigarettes within community pharmacy establishments due to the growing body of scientific research pointing to its detrimental health effects and risks. 1/A
63.R3.10 – Point of Care Testing ([addition to] APhA-ASP Resolution 2015.3)
1. APhA-ASP supports the incorporation of point of care testing education and training throughout the pharmacy curriculum to train student pharmacists on appropriate administration of tests and management of results, including but not limited to, relevant counseling, documentation, reporting, and follow-up.
2. APhA-ASP encourages all public health stakeholders and agencies to promote patient awareness of pharmacist–provided point of care testing and related clinical services for the purpose of improving community surveillance of disease prevalence. 3/C

64.R3.14 – Ensuring Access and Availability of Levonorgestrel Emergency Contraceptives
1. APhA-ASP recommends levonorgestrel emergency contraceptives must be stocked in a patient accessible OTC location to allow for purchase during store business hours.
2. APhA-ASP encourages uniform package labeling for all oral emergency contraceptives clearly stating accessibility regulations.
3. APhA-ASP encourages additional education and training for pharmacy staff specifically regarding emergency contraceptives and their availability, to reduce misinformation and potential denial of access. 2/B

65.R3.23 – Pharmacist staffing
APhA-ASP encourages community pharmacies to have pharmacist overlap to provide adequate time for increasing clinical services and improving patient safety. 4/E

66.R4.5 – Advocating for proper drug information education for pharmacist regarding prescription drug interactions with medical marijuana.
APhA-ASP supports education on drug information regarding possible contraindications, drug-to-drug interactions, and adverse drug effects seen with medical marijuana and prescription medications. 1/D

67.R4.9 – Pharmacist services in correctional facilities
APhA-ASP supports the utilization of pharmacists in all levels of correctional facilities. 1/D

68.R4.15 – Ensuring Therapeutic Outcomes
APhA-ASP supports legislation requiring that the dispensing pharmacy follow-up after the initiation of any new therapy to provide patient education, assess adherence, monitor efficacy, and ensure therapeutic efficacy. 2/A

69.R4.18 – Inclusion of indication on prescriptions and prescription labels
APhA-ASP recommends that all prescriptions, written for medications treating chronic conditions, include the indication on the prescription as well as the prescription label. 1/C

70.R6.3 – Patient Care
APhA-ASP encourages pharmacists and student pharmacists to take advantage of educational resources that teach basic sign language so pharmacists and student pharmacists can better serve patients who are deaf or hearing impaired. These educational resources should be included as required learning for all accredited pharmacy institutions. 1/D

71.R6.4 – Closed Care Areas within Community Pharmacies
APhA-ASP supports legislation requiring newly built and redesigned community pharmacies, that wish to provide clinical services, to have a screening room incorporated into the design of the building. 4/C

72.R6.5 – Improving Pharmacist’s Working Hours
APhA-ASP recommends scheduling pharmacists a minimum of twelve hours between two consecutive shifts. 4/D
73.R6.13 – Identifying Burnout Related Patient Safety Hazards
APhA-ASP recommends that employers of pharmacists, pharmacy interns, and pharmacy technicians:
1. Have all pharmacy personnel be clinically assessed for stress-related job burnout on an annual basis.
2. Have pharmacy personnel be clinically assessed for stress-related job burnout each time they are involved in a medication error as a part of a root cause analysis (RCA).
3. Implement measures to identify when stress-related job burnout in the workplace is caused by working conditions-related issues. 2/E

73.R8.11 – Pharmacist Burnout
APhA-ASP encourages development and implementation of programs targeted at preventing provider burnout within the pharmacy profession. 2/E

74.R8.17 – Patient Medication Profile Protocol in Inpatient Pharmacies
APhA-ASP encourages inpatient pharmacy staff to obtain medication lists when high-risk patients are hospitalized to ensure patient safety and reduce medication errors. 1/B

XX. MEDIA

75.R3.2 – Empowering patients by providing health information via social media.
1. APhA-ASP encourages the use of social media platforms to accurately and reliably educate patients about their health.
2. APhA-ASP supports the recognition of pharmacists as respected sources of healthcare information on social media.
3. APhA-ASP promotes the use of infographics, surveys, and campaigns to disseminate health information to patients via social media. 3/D

76.R6.8 – Adapting To A Growing Online Patient Base
APhA-ASP encourages the implementation of higher standards regarding counseling and drug information over medications received by patients who primarily use online pharmacies. 1/D

XXI. INSURANCE

77.R2.1 – MTM reimbursement for high risk Medicaid patients
APhA-ASP supports reimbursement for pharmacists for Medication Therapy Management (MTM) performed on patients on Medicaid who are at High-Risk for hospitalization. 2/D

78.R2.8 – Pharmacy Benefit Manager
APhA-ASP strongly opposes the use of spread pricing pharmacy reimbursement models. 1/C

78.R6.2 – PBM Education
APhA-ASP supports the efforts of the state and national APhA organizations to provide talking points to pharmacists and student pharmacists about the activities of PBMs. 1/C

78.R8.10 – PBM Transparency
APhA-ASP encourages accessible Pharmacy Benefit Manager transparency concerning pricing structures, rebates, reimbursement and medication billing, and placing a limit on the profit a PBM can make from prescription drug discounts. 1/C

79.R3.12 – Restriction of Mandated Mail-Order
APhA-ASP supports the restriction of mandated mail-order pharmacy participation by all pharmacy benefit managers and insurance companies. 1/C
80.R6.15 – Prior Authorization Standardization
APhA-ASP supports standardization of prior authorization across all insurance companies and federal insurance agencies to streamline and increase efficiency. 1/E

81.R7.2 – Increasing Barrier Contraceptive Accessibility via Insurance Billing
Insurance billing for barrier contraceptives of both male and female varieties. A form similar to that of immunizations or oral contraceptives is to be filled out by the patient with preference of barrier contraceptive type. The form then takes the place of a doctor’s written prescription for the purpose of insurance billing. 2/E