Mister Speaker-elect, mister Secretary, mister Parliamentarian, and delegates, thank you for giving me the opportunity to serve this House as your Speaker. It seems like only yesterday when I was being sworn in as your speaker, and here we are at the end of my two-year term. Perhaps it is natural then for one to be a bit nostalgic, yet we realize and recognize that the work that we are doing in this policy making body of our profession is significant and the progress we are making is in the right direction.

Last year this House passed policy that in my opinion may have been the most consequential of our existence. Only time will truly tell, but all of us in this House wrestled mightily with the realization that pharmacists are challenged with the ability to practice in environments that promote optimal patient care, safety, and provider well-being – whether it be community, health system or other practice settings. Rather than being able to truly care for our patients, many of our colleagues have felt hopeless and helpless in a world where economics, politics and metrics have impacted their ability to exercise professional care. Payers have been reluctant at best, and often resistant, to compensating pharmacists for their non-dispensing services that data shows make a difference in patient outcomes. Some of these reimbursement and quality policy decisions have raised questions and are being scrutinized at the federal and state legislative levels. We all went into the profession of pharmacy to make a difference to the patients and communities we serve. For the profession to move forward, we must acknowledge the truths, bring the issues to the table and develop sound policy that will help the profession advance as valued members of the health care team.
Beyond the realities of today’s practice environment, there exists a hopeful world of opportunity. Pharmacists – in fact many of you – are making a difference and taking advantage of new opportunities. We have pharmacists who are innovating; practices that are changing; communities that are engaging; and even regular stories of physicians who are advocating for pharmacists! Legislators in states like Ohio, Washington, Tennessee, California, Oregon, Idaho, Arizona and many others are recognizing our value. So, in many ways, what last year seemed like the grimmest of circumstances has resulted in big changes in our profession and some positive steps in the right direction.

And so, in light of all of this change and all of these pressures, and in recognition of the opportunity in front of us, this House last year passed a series of policy statements about Well-being and Resiliency among pharmacists. Our profession has taken this call seriously. APhA’s Board of Trustees has made a significant commitment to expanding our work directly related to pharmacist professional well-being; many of our sister organizations who are seated in this House have invested substantial resources in helping their members directly address pharmacist well-being; and our profession has come together like never before to push for state and national recognition of pharmacists as providers, for payment, for pharmacists services, and in some cases for pharmacists to take on expanding patient care roles to meet the primary healthcare needs of communities. Ladies and gentlemen, less you think the work of this House is in vain, it is not! Your emotion, your passion, your determination has been the spark to light a fire of awareness and action across our great profession. While there is still much work to do, my hope is that you see the tangible outcomes of a profession united on policy and working together to ensure patients have access to the vital care of their pharmacist. To commemorate this policy activity of the House, I’ve had stress capsules printed with the APhA2019 logo and the staff are going to hand those out to each of you at the conclusion of my remarks. Hopefully this will remind you of the good work of this body.

Moving beyond policy, I do also want to say a few words about process. At last year’s House of Delegates, we began a discussion about how this House could become more efficient and responsive to the rapid changes occurring in healthcare. The focus of this discussion was whether it is time for this House, whose delegates are now appointed for year-round service, should be able to convene as situations
warrant, by electronic means similar to the way our colleagues in medicine conduct urgent business outside of an annual meeting. I draw your attention to the House Rules Review Committee Report, which outlines a series of changes to the APhA Bylaws removing barriers and creating opportunities for this House to convene electronically. These changes have been approved by the APhA Board of Trustees and will appear on the ballot that opens today for ratification of the membership. This is an historic moment for our House and our organization as we attempt to contemporize and adapt to our changing world.

While mentioned before, I want to recognize and congratulate the Hematologic and Oncologic Pharmacists Association (HOPA) and the College of Psychiatric and Neurologic Pharmacists (CPNP) for their presence in this House. Their delegates will bring valuable perspectives to the debate and policy of this House, and our profession is grateful for their collaboration and service.

Finally, I would like to take a moment of personal privilege. APhA in Seattle holds a very special place in my heart. It was exactly 25 years ago at the APhA meeting in Seattle in 1994 that I was installed as the national president-elect of APhA-ASP. And it is here in Seattle that I’ll be installed at the end of this meeting as APhA’s president-elect. For me, service to this organization has been an honor and privilege. At times the work has been difficult, but it has always been a joy. Getting to work with all of you, many for that entire span of time, has been one of the highlights of my career.

Again, thank you for allowing me to serve you these past two years as your Speaker.