

2019–2020 APhA New Business Item Statements

NBI #1 - E-Prescribing Standardization

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

NBI #2 - Community-based Pharmacists as Providers of Care

1. APhA advocates for the identification of medical conditions that may be safely and effectively treated by community-based pharmacists.
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 may be safely and effectively treated by community-based pharmacists.
3. APhA strongly advocates for laws and regulations that allow pharmacists to identify and manage medical conditions that may be safely and effectively treated by community-based pharmacists.
4. APhA strongly advocates for appropriate remuneration for the assessment and treatment of medical conditions that may be safely and effectively treated by community-based pharmacists from government and private payors to ensure sustainability and access for patients.
5. APhA supports research to examine the outcomes of services that focus on medical conditions that may be safely and effectively treated by community-based pharmacists.

NBI #3 - Integrated Nationwide Prescription Drug Monitoring Program

AMEND Current Statement #1:

1. APhA ~~supports~~ 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.

ADD a new statement #8:

8. APhA opposes laws and regulations that may place an onerous burden on pharmacies by mandating system query prior to dispensing a controlled substance.

NBI #4 - Coordination of the Pharmacy and Medical Benefit

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 healthcare costs and preserves patients' right to choose providers for the pharmacy and medical benefits.

NBI #5 - Unity and Strength of the National Pharmacy Practitioner Organizations

APhA should initiate discussions/negotiations with other national pharmacy practitioner organizations (to include but not be limited to ASHP, NCPA, ASCP, ACCP and ACA) for the purpose of considering mergers, acquisitions, and/or the establishment of a collaborative/federated organizational structure to represent and promote the interests of pharmacy practitioners and the profession of pharmacy.

NBI #6 - Pharmacy Technicians Role in Immunization Administration

1. APhA urges state boards of pharmacy and state legislative bodies to authorize immunization administration by qualified pharmacy technicians as a technical function that may be delegated by immunizing pharmacists.
2. APhA supports the development of standardized training in immunization administration and continuing education opportunities for immunizing pharmacy technicians.
3. APhA supports pharmacists individual discretion in delegating immunization administration to qualified pharmacy technicians with the requisite education, training, and experience.
4. APhA supports voluntary participation by pharmacy technicians in the training and provision of immunization administration.
5. APhA supports the role of pharmacists as the healthcare professional providing clinical patient assessment, decision making, and patient counseling for all immunizations administered by a pharmacy technician.

NBI #7 - Transfer of Schedule III-V prescriptions for Purposes of Initial Fill as well as Refill

APhA supports 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.

NBI #8 - Increasing Access to and Advocacy for Medications for Opioid Use Disorder (MOUD)

1. APhA supports the use of evidence-based medication 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.
2. APhA encourages pharmacies to maintain an inventory of medications of public health importance, particularly medications for opioid use disorder, to ensure access for patients.
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 payor's lowest cost-sharing tier.

NBI #9 - HIV testing in Pregnant Women

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

NBI #10 - Digital Health Integration in Pharmacy

1. APhA supports education about digital health technologies and integration in pharmacy practice, in pharmacy school curricula, and for the pharmacy workforce.
2. APhA supports inclusion of pharmacists in the design and development of digital health technologies.
3. APhA supports that digital health technologies be interoperable with and integrated into pharmacy management systems and electronic health records.
4. APhA supports pharmacists applying digital health technologies to optimize patient care outcomes.

NBI #11 - Providing Affordable and Comprehensive Pharmacy Services to the Underserved

1. APhA supports the expansion and increased sources of funding for pharmacies and pharmacy services that serve the needs of underserved populations to provide better health outcomes and lower healthcare costs for underserved populations.
2. APhA supports charitable pharmacies and pharmacy services that ensure the quality, safety, drug storage, and integrity of the drug product and supply chain, in accordance with applicable law.

NBI #12 - Non-execution Related Use of Pharmaceuticals in Correctional Facilities

1. APhA opposes drug manufacturer's refusal to supply certain drugs to correctional health services units 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.
2. APhA advocates for inmates to have an opportunity, equal to that of non-inmates, to access medications that correctional providers deem medically necessary for appropriate and humane health care treatment.
3. APhA advocates for correctional providers to have equal opportunity (as non-correctional providers) to access, prescribe, and procure pharmaceuticals deemed necessary for medical treatment of inmates.
4. APhA calls upon drug manufacturers to immediately:
 - a. stop advancing political agendas at the expense of inmates' health care.
 - b. allow inmates an equal opportunity (as non-inmates) to access drugs that correctional providers deem necessary for appropriate and humane medical treatment.
 - c. supply correctional health care providers and correctional facilities' health service units with equal access (as non-correctional providers and facilities) to prescribe and procure pharmaceuticals necessary for provision of appropriate and humane health care services.
 - d. stop refusing to provide correctional facilities' health service providers and correctional facilities' health care units with the same access (and ability to prescribe) to medically-necessary pharmaceuticals as it allows non-correctional providers and facilities.