



**2011 Actions of the APhA House of Delegates
Seattle, Washington
March 25–28, 2011**

The following policies were adopted by the 2011 APhA House of Delegates and are now official Association policy:

Potential Conflicts of Interest in Pharmacy Practice

1. APhA reaffirms that as health care professionals, pharmacists are expected to act in the best interest of patients when making clinical recommendations.
2. APhA supports pharmacists using evidence-based practices to guide decisions that lead to the delivery of optimal patient care.
3. APhA supports pharmacist development, adoption, and use of policies and procedures to manage potential conflicts of interest in practice.
4. APhA should develop core principles that guide pharmacists in developing and using policies and procedures for identifying and managing potential conflicts of interest.

Pharmacist's Role in Health Care Reform

1. APhA affirms that pharmacists are the medication experts whose accessibility uniquely positions them to increase access to and improve quality of health care while decreasing overall costs.
2. APhA asserts that pharmacists must be recognized as the essential and accountable patient care provider on the health care team responsible for optimizing outcomes through medication therapy management (MTM).
3. APhA asserts the following:
 - a. Medication Therapy Management Services: Definition and Program Criteria is the standard definition of MTM that must be recognized by all stakeholders.
 - b. Medication Therapy Management in Pharmacy Practice: Core Elements of an MTM Service Model, as adopted by the profession of pharmacy, shall serve as the foundational MTM service model.
4. APhA asserts that pharmacists must be included as essential patient care providers and compensated as such in every health care model, including but not limited to, the medical home and accountable care organizations.
5. APhA actively promotes the outcomes-based studies, pilot programs, demonstration projects, and other activities that document and reconfirm pharmacists' impact on patient health and well-being, process of care delivery, and overall health care costs.

6. APhA supports the development and delivery of interprofessional education programs that facilitate team-based delivery of care.
7. APhA strongly recommends that a comprehensive medication review conducted at least annually by pharmacists should be standard practice and a required component of health benefit programs for all patients.

Pharmacy Practice Accreditation

1. APhA should lead the creation of consensus-based, pharmacy profession–developed accreditation standards and methods of evaluation to optimize the quality and safety of patient care and promote best practices.
 2. APhA urges that accrediting bodies use profession-developed standards for pharmacy.
 3. APhA supports only those pharmacy accreditation processes that are voluntary, transparent, consensus-based, reasonably executable, and affordable, while avoiding duplication and barriers to patient care.
 4. APhA opposes mandatory pharmacy accreditation.
 5. APhA shall assume the leadership role among stakeholders on the design and implementation of an appropriate process for any new pharmacy accrediting program.
 6. APhA supports the appropriate use of data gathered from pharmacy practice monitoring processes to facilitate the advancement of pharmacy practice and quality of patient care.
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Adopted New Business Items:

The following items of New Business were adopted by the 2011 APhA House of Delegates and are now official Association policy:

New Business Item #1 – Requiring Influenza Vaccination for All Pharmacy Personnel

APhA supports an annual influenza vaccination as a condition of employment, training, or volunteering within an organization that provides pharmacy services or operates a pharmacy or pharmacy department (unless a valid medical or religious reason precludes vaccination).

New Business Item #3 – Pharmacists as Providers Under the Social Security Act

APhA supports changes to the Social Security Act to allow pharmacists to be recognized and paid as providers of patient care services, including but not limited to medication therapy management.

New Business Item #4 – The Role and Contributions of the Pharmacist in Public Health

In concert with the American Public Health Association’s (APHA) 2006 policy statement, “*The Role of the Pharmacist in Public Health*,” APhA encourages collaboration with APHA and other public health organizations to increase pharmacists’ participation in initiatives designed to meet global, national, regional, state, local, and community health goals.

Referred New Business Items:

The following items of New Business was considered by the House and referred. It is not official APhA policy.

New Business Item #5 – State Legalization of Medical Marijuana and the Need for Federal Changes in Law

(To amend the APhA 1980 Medicinal Use of Marijuana)

1. APhA supports research by properly qualified investigators operating under the investigational new drug (IND) process to explore fully the potential medicinal uses of marijuana and its constituents or derivatives.
2. APhA urges that marijuana’s status as a federal Schedule I controlled substance be changed to Schedule II by the DEA and reviewed by the FDA with the goal of facilitating the conduct of clinical research and development of cannabinoid-based medicines, and alternate delivery methods.
3. APhA supports that when such evidence exists, pharmacists be involved in distributing this medication in the same legislative manner that they currently distribute narcotic and/or controlled drugs.
4. APhA supports pharmacists’ involvement in dispensing standardized medical marijuana if provided within the context of appropriately structured clinical trials or protocols and that medical marijuana should be regulated by good manufacturing practices to ensure quality, safety and standardizations of the drug.
5. This should not be viewed as an endorsement of state-based medical cannabis programs, the legalization of marijuana, or that scientific evidence on the therapeutic use of cannabis meets the current standards for a prescription drug product.
- 2-6. APhA opposes state by state, ~~marijuana specific, or other drug specific~~ legislation intended to circumvent the federal laws and regulations pertaining to:
 - a) marketing approval of new drugs based on demonstrated safety and efficacy; or
 - b) control restrictions relating to those substances having a recognized hazard of abuse.

POLICY REVIEW PROCESS

As part of the continuing review of existing policy, the 2011 APhA House of Delegates retained, amended, and archived existing policy on a range of topics.

The House amended the following statements:

2002/1996

Health Mobilization

APhA should continue to:

1. Emphasize its support for programs on disaster preparedness which involve the services of pharmacists (e.g., Medical Reserve Corps) and emergency responder registration networks [e.g., Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP)].
2. Improve and expand established channels of communication between pharmacists; local, state and national ~~pharmaceutical~~ pharmacy associations; boards and colleges of pharmacy and allied health professions.

3. Maintain its present liaison with the ~~Office of Emergency Preparedness~~ Office of the Assistant Secretary for Preparedness and Response (ASPR) of the Department of Health and Human Services and continue to seek ~~Division of Health Mobilization (DHM)~~ Office of Preparedness and Emergency Operations (OPEO) assistance through professional service contracts to further develop pharmacy's activities in all phases of preparation before disasters.
4. Encourage routine inspection of drug stockpiles and disaster kits by state boards of pharmacy.

(JAPhA NS6:328. June, 1966) (JAPhA NS42(5) Suppl. 1:562. September/October 2002) (Reviewed 2006)

2002/1963

Role of the Pharmacist in National Defense

APhA endorses the position that the pharmacist, as a member of the health care team, has the ethical responsibility to assume a role in disaster preparedness and emergency care operations. These responsibilities include:

1. Pharmacists, by their education and training as medication experts, should be involved intimately in all elements of the procurement, storage, handling, compounding, and dispensing of drugs and supplies in planning for as well as during any national emergency.
2. Pharmacists, by their education in anatomy, physiology, and pharmacology, are readily adaptable to assist in the emergency medical treatment of patients and for training the public in medical self-help.
3. Pharmacists, by their constant contact with the members of the health team, as well as a significant portion of their communities, provide the potential for coordinating preparedness measures, and establishing meaningful standby emergency operational plans.

In view of these responsibilities, it shall be the further policy of APhA:

1. To cooperate with all responsible agencies and departments of the federal government, ~~(including the Department of Health and Human Services Office of Emergency Preparedness and the office of civil defense, Department of Defense).~~
2. To provide leadership and guidance for the profession of pharmacy by properly assuming its role with other health profession organizations at the national level (including American Medical Association, American Hospital Association, American Dental Association, American Nurses Association, and American Veterinary Medical Association).
3. To assist and cooperate with all national specialty pharmaceutical organizations to provide assistance and coordination in civil defense matters relevant to their area of concern.
4. To encourage and assist the state and local pharmaceutical associations in their efforts to cooperate with the state and local governments as well as the state and local health profession organizations in order that the pharmacist may assume his proper place in civil defense operations.
5. To provide leadership and guidance so that individual pharmacists can contribute their services to civil defense and disaster planning, training, and

operations in a manner consistent with his position as a member of the health team.

(JAPhA NS3:330 June 1963) (JAPhA NS42(5): Suppl. 1:562 September/October 2002) (Reviewed 2006)

2005/2002 Funding for Pharmacist Recovery Programs

APhA supports and encourages a cooperative effort among state and national pharmacy associations, state boards of pharmacy, and state legislative bodies to authorize, develop, implement and maintain mechanisms for the comprehensive funding of state recovery programs for pharmacists, student pharmacists and pharmacy technicians.

(JAPhA NS42(5):Suppl. 1:561 September/October 2002) (JAPhA NS45(5):559 September/October 2005) (Reviewed 2006)

2004/1995 Product Recall Policy

APhA supports:

- (a) the use of contemporary telecommunications technologies to enhance communication of recall information to all relevant parties,
- (b) developing and promoting strategies to identify and communicate with patients who may have received recalled products, when appropriate,
- (c) identifying compensation mechanisms for resources expended in responding to recalls, and
- (d) maintaining the FDA recall program, which ensures that appropriate promptness of action can be taken based on the depth and severity of the recall.

(Am Pharm NS35(6):38 June 1995) (JAPhA NS44(5):551 September/October 2004) (Reviewed 2006)

2003 Distance Education in First Professional Pharmacy Degree Programs

1. Distance education components of first professional pharmacy degree programs must be constructed in a way to assure socialization into the profession and understanding the ethos and essence of the profession, as such development is primarily derived through practical experience and interaction with faculty, colleagues and patients.
2. APhA expects the American Council on Pharmaceutical Education Accreditation Council for Pharmacy Education to develop, maintain, and enforce applicable standards to ensure students trained in distance education programs achieve the same educational and professional competencies as students in on-site programs.

(JAPhA NS43(5):Suppl.1:556 September/October 2003) (Reviewed 2006)

1995 Adequacy of Directions for Use on Prescriptions and Prescription Orders

1. APhA recommends that all professions with prescriptive authority address the issue of prescribers' responsibility for specific instructions to the pharmacist and the patient in all written and verbal prescription orders.
2. APhA affirms the pharmacist's responsibility, as the patient's advocate, to obtain and communicate adequate directions for use of medications.

(Am Pharm NS35(6):37 June 1995) (Reviewed 2006)

2004/1963 Health Practitioners and Pharmacists: Relationships and Compensation

APhA opposes any method which provides an inappropriate sharing of compensation between the prescriber and dispenser.

(JAPhA NS3:298 June 1963) (JAPhA NS44(5):551 September/October 2004)

1966

Fluoridation of Water Supplies

APhA reaffirms its 1954 position in support of appropriate fluoridation of water supplies and encourage pharmacists to assist in implementing such programs in their local communities.

(JAPhA NS6:293 June 1966) (Reviewed 2005)

1994

APhA's Role in the Development and Support of New Payment Systems

1. APhA should continue its work with pharmacy benefits' managers and other private and public payers to develop innovative pharmacy benefit designs and compensation strategies for pharmacists' services.
2. APhA may will endorse benefit design concepts that recognize and compensate pharmacists for their caregiving cognitive services to maximize therapeutic outcomes.

(Am Pharm NS34(6):58 June 1994) (Reviewed 2005)

1995

Measuring the Quality of ~~Pharmaceutical~~ Patient Care

1. APhA believes that quality assessment measures must evaluate the accessibility, acceptability, and technical quality of pharmacy services, as well as the patient-centered and economic outcomes of pharmaceutical patient care. These measures must consider the perspectives of patients, pharmacists, ~~payers~~ and other health care providers.
2. APhA believes quality assessment measures of pharmaceutical patient care should be tested for validity and reliability in various pharmacy practice settings prior to widespread application.
3. APhA should develop tools and/or programs that enable pharmacists to apply quality assessment measures to their delivery of pharmaceutical patient care.
4. APhA should promote efforts to educate patients, pharmacists, other health care providers, payers, policy makers, and other interested parties on the appropriate use of quality assessment measures to evaluate and improve the delivery of pharmaceutical patient care.

(Am Pharm NS35(6):37 June 1995) (Reviewed 2006 – Statement 1 archived in 2006)

The 2011 APhA House of Delegates retained and archived policy statements on a range of issues based on current policy and environment. A compilation of the 2011 retained and archived policy is available upon request from the Speaker of the House at hod@aphanet.org.

APhA House Rules Review Committee

The 2011 APhA House of Delegates adopted the report of the 2010–2011 APhA House Rules Review Committee making modifications to House operations. The report is posted at www.pharmacist.com/hod and is available upon request from the APhA Speaker of the House at hod@aphanet.org.