



**Actions of the 2017 American Pharmacists Association House of Delegates
San Francisco, California
March 24–27, 2017**

The following policies were adopted by the 2017 American Pharmacists Association (APhA) House of Delegates and are now official APhA policy.

Patient Access to Pharmacist-Prescribed Medications

1. APhA asserts that pharmacists' patient care services and related prescribing by pharmacists help improve patient access to care, patient outcomes, and community health, and they align with coordinated, team-based care.
2. APhA supports increased patient access to care through pharmacist prescriptive authority models.
3. APhA opposes requirements and restrictions that impede patient access to pharmacist-prescribed medications and related services.
4. APhA urges prescribing pharmacists to coordinate care with patients' other health care providers through appropriate documentation, communication, and referral.
5. APhA advocates that medications and services associated with prescribing by pharmacists must be covered and compensated in the same manner as for other prescribers.
6. APhA supports the right of patients to receive pharmacist-prescribed medications at the pharmacy of their choice.

Pharmacists' Role within Value-Based Payment Models

1. APhA supports value-based payment models that include pharmacists as essential health care team members and that promote coordinated care, improved health outcomes, and lower total costs of health care.
2. APhA encourages the development and implementation of meaningful, consistent process-based and outcomes-based quality measures that allow attribution of pharmacist impact within value-based payment models.
3. APhA advocates for mechanisms that recognize and compensate pharmacists for their contributions toward meeting goals of quality and total costs of care in value-based payment models, separate and distinct from the full product and dispensing cost reimbursement.

4. APhA advocates that pharmacists must have real-time access to and exchange of electronic health record data within value-based payment models in order to achieve optimal health and medication-related outcomes.
5. APhA supports education, training, and resources that help pharmacists transform and integrate their practices with value-based payment models and programs.

Pharmacy Performance Networks

1. APhA supports performance networks that improve patient care and health outcomes, reduce costs, use pharmacists as an integral part of the health care team, and include evidence-based quality measures.
2. APhA urges collaboration between pharmacists and payers to develop distinct, transparent, fair, and equitable payment strategies for achieving performance measures associated with providing pharmacists' patient care services that are separate from the reimbursement methods used for product fulfillment.
3. APhA advocates for prospective notification of evidence-based quality measures that will be used by a performance network to assess provider and practice performance. Furthermore, updates on provider and practice performance against these measures should be provided in a timely and regular manner.
4. APhA supports pharmacists' professional autonomy to determine processes that improve performance on evidence-based quality measures.

Adopted New Business Items

The following items of New Business were adopted by the 2017 APhA House of Delegates and are now official APhA policy.

Equal Rights and Opportunities for Pharmacy Personnel (modifies original policy language of 2012, 1989 Equal Opportunity for Pharmacists)

APhA reaffirms its unequivocal support of equal opportunities for employment and advancement, compensation, and organizational leadership positions. APhA opposes discrimination based on gender, gender identity or expression, race, color, religion, national origin, age, disability, genetic information, sexual orientation, or any other category protected by federal or state law.

Drug Disposal Program Involvement (the title has been modified from the original, Drug Disposal)

APhA urges pharmacists to expand patient access to secure, convenient, and ecologically responsible drug disposal options, in accordance with the Secure and Responsible Drug Disposal Act of 2010, by implementing disposal programs they deem appropriate for their individual practice sites, patient care settings, and business models in an effort to reduce the amount of dispensed but unused prescription drug product available for diversion and misuse.

Indication on Prescription Labels and Medication Safety (the title has been modified from the original, On-Label Indication and Medication Safety)

APhA supports pharmacists' authority to include a medication's purpose on prescription labels, on the basis of professional knowledge, judgment, and patient preference, using vocabulary that is appropriate for their unique practice sites and that addresses the needs of their specific patient populations.

Support for Clinically Validated Blood Pressure Measurement Devices

1. APhA supports the use of manual and automated blood pressure measurement devices that are clinically validated initially and then undergo routine calibration to ensure accurate results.
2. APhA supports regulations and peer-reviewed clinical validation testing for automated blood pressure measurement devices.
3. APhA promotes public awareness of accuracy of automated blood pressure measurement devices.

Pharmacy Technician Education, Training, and Development

1. APhA supports the following minimum requirements for all new pharmacy technicians:
 - (a) Successful completion of an accredited or state-approved education and training program
 - (b) Certification by the Pharmacy Technician Certification Board (PTCB).
2. APhA supports state board of pharmacy regulations that require pharmacy technicians to meet minimum standards of education, training, certification, and recertification. APhA encourages state boards of pharmacy to develop a phase-in process for current pharmacy technicians. APhA also encourages boards of pharmacy to delineate between pharmacy technicians and student pharmacists for the purposes of education, training, certification, and recertification.
3. APhA recognizes the important contribution and role of pharmacy technicians in assisting pharmacists and student pharmacists with the delivery of patient care.
4. APhA supports the development of resources and programs that promote the recruitment and retention of qualified pharmacy technicians.
5. APhA supports the development of continuing pharmacy education programs that enhance and support the continued professional development of pharmacy technicians.
6. APhA encourages the development of compensation models for pharmacy technicians that promote sustainable career opportunities.

Policy Review Process

As part of the continuing review of existing policy, the 2017 APhA House of Delegates adopted the Policy Review Committee Report, thereby retaining, archiving, amending, or rescinding existing APhA policy on a range of topics.

The 2017 APhA House of Delegates RETAINED the following statements:

2007, 2002, 1968 Directory Listings for Pharmacies

APhA encourages the listing of all pharmacies in telephone, Internet and other directories under "Pharmacies."

(JAPhA NS8:380 July 1968) (JAPhA NS42(5 Suppl 1:S62 September/October 2002)(Reviewed 2006) (JAPhA NS45(5):580 September-October 2007)(Reviewed 2012)(Retained 2016)

2000 Use of the phrase "Community Pharmacy"

APhA supports use of the phrase "community pharmacy" rather than "retail pharmacy."

(JAPhA NS40(5):Suppl. 1:S8 September/October 2000) (Reviewed 2002) (Reviewed 2007)(Reviewed 2012)(Retained 2016)

2012, 2007 Biologic Drug Products

APhA should initiate educational programs for pharmacists and other health care professionals concerning the determination of therapeutic equivalence of generic/biosimilar versions of biologic drug products.

(JAPhA NS40(5):Suppl. 1:58 September/October 2000) (Reviewed 2002) (Reviewed 2007)(Reviewed 2012)(Retained 2016)

2005, 1988 Pharmaceutical Biotechnology Products

APhA recognizes the urgent need for education and training of pharmacists and student pharmacists relative to the therapeutic and diagnostic use of pharmaceutical biotechnology products. APhA, therefore, supports the continuing development and implementation of such education and training.

(Am Pharm NS28(6):394 June 1988) (JAPhA NS45(5):559 September/October 2005)(Reviewed 2006) (Reviewed 2007) (Reviewed 2010)(Reviewed 2015) (Retained 2016)

1991 Biotechnology

APhA encourages the development of appropriate educational materials and guidelines to assist pharmacists in addressing the ethical issues associated with the appropriate use of biotechnology-based products.

(Am Pharm NS31(6):29 June 1991) (Reviewed 2004) (Reviewed 2007) (Reviewed 2010) (Reviewed 2015)(Retained 2016)

2005, 1998 Administration of Medications

1. APhA recognizes and supports pharmacist administration of prescription and non-prescription drugs as a component of pharmacy practice.
2. APhA supports the development of educational programs and practice guidelines for student pharmacists and practitioners for the administration of prescription and non-prescription drugs.
3. APhA supports pharmacist compensation for administration of prescription and non-prescription drugs and services related to such administration
4. APhA urges adoption of state laws and regulations authorizing pharmacist administration of prescription and non-prescription drugs.

(JAPhA 38(4): 417 July/August 1998) (JAPhA NS45(5):559 September/October 2005) (Reviewed 2006)(Reviewed 2011)(Reviewed 2012)(Retained 2016)

1979 Dispensing and/or Administration of Legend Drugs in Emergency Situations

1. APhA supports making insect sting kits and other, life-saving, emergency, treatment kits available for lawful dispensing by pharmacists without a prescription order, based on the pharmacist's professional judgment.
2. APhA supports permitting pharmacists to lawfully dispense and administer legend drugs in emergency situations, without an order from a licensed prescriber, provided that
 - (a) There is an assessment on the part of the pharmacist and the patient that the drug is needed immediately to preserve the well-being of the patient, and;
 - (b) The normal legal means for obtaining authorization to dispense the drug must not be immediately available, such as in cases where the patient's physician is not available, and;
 - (c) The quantity of the drug, which can be dispensed in an emergency situation, is enough so that the emergency situation can subside and the patient can be sustained for the immediate emergency, as determined by the pharmacist's professional judgment.
3. APhA supports expansion of state Good Samaritan Acts to provide pharmacists immunity from professional liability for dispensing in emergency situations without order from a licensed prescriber.
4. APhA supports permitting pharmacists to lawfully dispense and/or administer legend drugs without an order from a licensed prescriber during disaster situations.

(Am Pharm NS19(7):68 June 1979) (Reviewed 2002) (Reviewed 2006) (Revised 2007)(Reviewed 2012)(Reviewed 2012)(Retained 2016)

2012 Drug Supply Shortages and Patient Care

1. APhA supports the immediate reporting by manufacturers to the U.S. Food and Drug Administration (FDA) of disruptions that may impact the market supply of medically necessary drug products to prevent, mitigate, or resolve drug shortage issues and supports the authority for FDA to impose penalties for failing to report.
2. APhA supports revising current laws and regulations that restrict the FDA's ability to provide timely communication to pharmacists, other health care providers, health systems, and professional associations regarding potential or real drug shortages.
3. APhA encourages the FDA, the Drug Enforcement Administration (DEA), and other stakeholders to collaborate in order to minimize barriers (e.g., aggregate production quotas, annual assessment of needs, unapproved drug initiatives) that contribute to or exacerbate drug shortages.
4. APhA should actively support legislation to hasten the development of an efficient regulatory process to approve therapeutically equivalent generic versions of biologic drug products.
5. APhA encourages pharmacists and other health care providers to assist in maintaining continuity of care during drug shortage situations by:
 - (a) creating a practice site drug shortage plan as well as policies and procedures,
 - (b) using reputable drug shortage management and information resources in decision making,
 - (c) communicating with patients and coordinating with other health care providers,
 - (d) avoiding excessive ordering and stockpiling of drugs,
 - (e) acquiring drugs from reputable distributors, and
 - (f) heightening their awareness of the potential for counterfeit or adulterated drugs entering the drug distribution system.
6. APhA encourages accrediting and regulatory agencies and the pharmaceutical science and manufacturing communities to evaluate policies/procedures related to the establishment and use of drug expiration dates and any impact those policies/procedures may have on drug shortages.
7. APhA encourages the active investigation and appropriate prosecution of entities that engage in price gouging and profiteering of medically necessary drug products in response to drug shortages.

(JAPhA NS52(4) 457 July/August 2012)(Retained 2016)

1989 Impact of Drug Distribution Systems on Integrity and Stability of Drug Products

APhA encourages the development and use of quality-control procedures by all persons or entities involved in the distribution and dispensing of drug products. Such procedures should assure drug product integrity and stability in accordance with official compendia standards.

(Am Pharm NS29(7):464 July 1989) (Reviewed 2004) (Reviewed 2006) (Reviewed 2007)(Reviewed 2012)(Retained 2016)

2012 Drug Product Packaging

APhA supports the use of tamper-evident packaging on pharmaceutical products throughout the supply chain before dispensing to reduce the potential of counterfeit and/or adulterated medications reaching patients.

(JAPhA NS52(4) 458 July/August 2012)(Retained 2016)

2012 Medication Verification

APhA encourages including a description of a medication's appearance on the pharmacy label or receipt as a means of reducing medication errors and distribution of counterfeit medications.

(JAPhA NS52(4) 458 July/August 2012)(Retained 2016)

2004, 1971 Anti-substitution Laws: Pharmacists' Responsibility

APhA supports state substitution laws which emphasize the pharmacists' professional responsibility for determining, on the basis of available evidence, including professional literature, clinical studies, drug recalls, manufacturer reputation and other pertinent factors, that the drug products they dispense are therapeutically effective.

(JAPhA NS11:260. May, 1971) (JAPhA NS 44(5):551 September/October 2004) (Reviewed 2006)(Reviewed 2011)(Retained 2016)

1987 Therapeutic Equivalence

1. APhA encourages continuing dialogue with other health care organizations with regard to the role of the pharmacist in therapeutic interchange, including the formation of a task force to include representatives of pharmacy, industry, government, and medicine for the purpose of adoption of uniform terminology and definitions related to chemical, biological, and therapeutic equivalence.
2. APhA supports the concept of therapeutic interchange of various drug products by pharmacists under arrangements in which pharmacists and authorized prescribers interrelate on behalf of the care of patients.

(JAPhA NS27:424 June 1987) (Reviewed 2003) (Reviewed 2006)(Reviewed 2011)(Reviewed 2012)(Retained 2016)

2001, 1989 Uniform Designation for Drug Product Selection Authority

APhA supports a uniform procedure nationwide for designating on a prescription order that drug product selection by the pharmacist is precluded by the prescriber.

(Am Pharm. NS29(1):67. January 1989) (JAPhA NS41(5) Suppl. 1:58, September/October, 2001) (Reviewed 2004) (Reviewed 2006)(Reviewed 2011)(Reviewed 2012)(Retained 2016)

2012, 1981 Pharmacist Training in Nutrition

1. APhA advocates that all pharmacists become knowledgeable about the subject of nutrition.
2. APhA encourages schools and colleges of pharmacy as well as providers of continuing pharmacy education to offer education and training on the subject of nutrition.

(Am Pharm NS21(5):40 May 1981) (Reviewed 2003) (Reviewed 2006) (Reviewed 2007) (JAPhA NS52(4) 458 July/August 2012)(Retained 2016)

2012, 1981 Pharmacist Training in Physical Assessments

APhA supports education and training by schools and colleges of pharmacy, as well as providers of continuing pharmacy education, to prepare pharmacists to perform physical assessments of patients.

(Am Pharm NS21(5):40 May 1981) (Reviewed 2003) (Reviewed 2006) (Reviewed 2007) (JAPhA NS52(4) 458 July/August 2012)(Retained 2016)

1981 Pharmacist Training in Medical Technology

1. APhA supports the education and training of pharmacists in the ordering and interpretation of laboratory tests as they may relate to the usage, dosing and administration of drugs.
2. APhA opposes requiring certification of pharmacists as medical technologists for the practice of pharmacy.

(Am Pharm NS21(5):40 May 1981) (Reviewed 2003) (Reviewed 2006)(Reviewed 2011)(Retained 2016)

2012, 1999 Collective Bargaining/Unionization

1. APhA supports pharmacists' participation in organizations that promote the discretion or professional prerogatives exercised by pharmacists in their practice, including the provision of patient care.
2. APhA supports the rights of pharmacists to negotiate with their respective employers for working conditions that will foster compliance with the standards of patient care as established by the profession

(JAPhA 39(4): 447 July/August 1999) (Reviewed 2001) (Reviewed 2007) (JAPhA NS52(4) 458 July/August 2012)(Retained 2016)

2012, 2007, 1970 Employment Standards Policy Statement

The employment relationship between pharmacists and their employers must start with the principle that pharmacists have a professional, inherent right to practice in a manner which will engender self-respect in pursuit of their professional and economic objectives.

It is the policy of APhA to further the following basic employment standards:

1. Employers are obligated to respect the professional status, privileges, and responsibilities of employed pharmacists.
2. Employers are obligated to provide working conditions that enhance the ability of employed pharmacists to utilize their full professional capacity in providing patient care service to the public.
3. Employers are obligated to provide employed pharmacists opportunities to increase their professional knowledge and experience.
4. Employers are obligated to fairly compensate employed pharmacists commensurate with their duties and performances. Such compensation should include benefits generally available to other professionals including, but not limited to, vacation, sick leave, insurance plans, and retirement programs.
5. Employed pharmacists are obligated to use their best efforts to further the services offered to the public by their employers.
6. Employed pharmacists are obligated to unhesitatingly bring to the attention of their employers all matters which will assist the employers in maintaining professional standards and successful practices.
7. Employed pharmacists are obligated, when negotiating compensation, to consider not only prevailing economic conditions in their community, but also their economic position relative to other health care professionals.
8. Employed pharmacists are obligated to recognize that their responsibility includes not depriving the public of their patient care services by striking in support of their economic demands or those of others.
9. Both employers and employed pharmacists are obligated to reach and maintain definite understandings with regards to their respective economic rights and duties by resolving employment issues fairly, promptly, and in good faith.

It is the policy of APhA to support these basic employment standards by:

1. Encouraging and assisting state pharmacists associations and national specialty associations to establish broadly representative bodies to study the subject of professional and economic relations and to establish locally responsive guidelines to assist employers and employed pharmacists in developing satisfactory employment relationships.
2. Encouraging and assisting state pharmacists associations and national specialty associations to use their good offices, whenever invited, to resolve specific issues which may arise.
3. Assisting state pharmacists associations and national specialty associations to use their good offices, whenever invited, to resolve specific issues which may arise.
4. Assisting state pharmacists associations and national specialty associations to develop procedures for mediation or arbitration of disputes which may arise between employers and employed pharmacists so that pharmacists can call on their profession for such assistance when required.
5. Increasing its activities directed towards educating the profession about the mutual employment responsibilities of employers and employed pharmacists.
6. Developing benefits programs wherever possible to assist employers in providing employed pharmacists with economic security.
7. Continuously reminding pharmacists that the future development and status of pharmacy as a health profession rests in their willingness and ability to maintain control of their profession.

2012, 2007, 2001, 1995 Impact of the Pharmacists' Working Conditions on Public Safety

1. APhA recognizes that the quality of a pharmacist's work-life affects public safety and that a working environment conducive to providing effective patient care is essential.
2. APhA opposes the practice of imposing minimum numbers of prescriptions which pharmacists are to dispense in a given period of time. Further, APhA opposes employment practices that evaluate a pharmacist's performance on the basis of set quotas of work performed.
3. APhA opposes employment practices that limit a pharmacist's ability to provide effective patient care.

(Am Pharm NS35(6):36 June 1995) (JAPhA NS4(5):Suppl. 1:58 September/October 2001) (Reviewed 2001) (JAPhA NS45(5):580 September-October 2007) (JAPhA NS52(4) 459 July/August 2012)(Retained 2016)

2012, 2001, 1969 Pharmacist Workforce Census

1. APhA recognizes the need for an ongoing census of pharmacists to establish and track changes in workforce demographics and practice characteristics.
2. APhA urges the federal government or other stakeholders to establish funding mechanisms to conduct an ongoing census of pharmacists to establish and track changes in workforce demographics and practice characteristics.

(JAPhA NS9:361 July 1969) (JAPhA NS41(5):Suppl.1:59 September/October 2001) (Reviewed 2007) (JAPhA NS52(4) 458 July/August 2012)(Retained 2016)

2004, 1977 Pharmacy Practice: Professional Judgment

1. APhA supports a pharmacist's right, regardless of place or style of practice, to exercise individual professional judgment and complete authority for those individual professional responsibilities assumed.
2. APhA supports decision-making processes that ensure the opportunity for input by all pharmacists affected by the decisions.

(JAPhA NS17:463 July 1977) (JAPhA NS44(5):551 September/October 2004) (Reviewed 2007)(Reviewed 2012)(Retained 2016)

2011 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)

(JAPhA NS51(4) 482;July/August 2011)(Reviewed 2012)(Retained 2016)

2001 Stress and Conflict in the Workplace

APhA encourages employers to provide pharmacists with the tools required to manage stress and conflict within the workplace.

(JAPhA NS41(5):Suppl.1:59 September/October, 2001) (Reviewed 2007)(Reviewed 2012)(Retained 2016)

1990 Proper Handling & Disposal of Hazardous Pharmaceuticals & Associated Supplies & Materials

1. APhA supports the proper handling and disposal of hazardous, pharmaceutical products and associated supplies and materials by health professionals and by patients to whom such products, supplies, and materials are provided.
2. APhA supports involvement with representatives from other health professional organizations, industry, and government to develop recommendations for the proper handling and disposal of hazardous pharmaceuticals and associated supplies and materials.
3. APhA supports the development of educational programs for health professionals and patients on the proper handling and disposal of hazardous pharmaceuticals and associated supplies and materials.

(Am Pharm NS30(6):45 June 1990) (Reviewed 2004) (Reviewed 2007)(Reviewed 2012)(Retained 2016)

1999, 1971 Unionization of Pharmacists

1. The committee recommends that no change be made in the present policy of APhA with regard to becoming a collective bargaining unit.
2. The committee recommends that APhA continue its educational efforts concerning the mutual responsibilities of the employer and employee pharmacist inherent in the employment relationship.
3. The committee recommends that APhA continue to urge state associations to develop employee/employer relations committees to:
 - (a) Study all aspects of both the professional and employment relationships that exist between the employer and the employee;
 - (b) Develop and recommend guidelines to provide direction and guidance to both the employed pharmacist and the employer in developing a mutually acceptable relationship;
 - (c) Conduct necessary surveys designed to provide information on salaries, benefits, and specific problems with attention given to possible regional variations in the data obtained, and;
 - (d) Consider the establishment of an employment standards committee where feasible in each appropriate area of the state to act in an advisory and/or arbitrating capacity on matters pertaining to employment standards and employment grievances
4. The committee recommends that colleges of pharmacy include the subject of employer/ employee relations within an appropriate course of the curriculum.

(JAPhA NS11:273 May 1971) (JAPhA 39(4):447 July/August 1999) (Reviewed 2001) (Reviewed 2007)(Reviewed 2012)(Retained 2016)

1999, 1970 Unionization of Pharmacists: State Participation in Employer/Employee Relations

The committee endorses the recommendations in the Provisional Policy Statement on Employment Standards submitted by the Board of Trustees at the special meeting of the House of Delegates in November, 1969. The committee recommends that any change in this statement to provide that APhA function as a collective bargaining unit be rejected.

(JAPhA NS10:353 June 1970) (JAPhA 39(4):447 July/August 1999) (Reviewed 2001) (Reviewed 2007)(Reviewed 2012)(Retained 2016)

2007, 1992 Recycling of Pharmaceutical Packaging

APhA supports aggressive research and development by pharmacists, pharmaceutical manufacturers, waste product managers, and other appropriate parties of mechanisms to increase recycling of non-hazardous, pharmaceutical, packaging materials, to reduce unnecessary waste in pharmaceutical product packaging, and to minimize the opportunity for counterfeiters to use discarded packaging

(Am Pharm NS32(6):516 June 1992) (Reviewed 2004) (JAPhA NS45(5):580 September-October 2007)(Reviewed 2012)(Retained 2016)

2007 Re-Distribution of Previously Dispensed Medications

1. As a matter of patient safety, APhA opposes the re-dispensing of a previously dispensed medication once it has been out of the control of a health care professional.
2. APhA supports a public awareness program to explain why the re-dispensing of a previously dispensed medication once it is out of the control of the healthcare professional is a public health safety concern.

(JAPhA NS45(5):580 September-October 2007)(Reviewed 2012)(Retained 2016)

2001 Syringe Disposal

APhA supports collaboration with other interested health care organizations, public and environmental health groups, waste management groups, syringe manufacturers, health insurers, and patient advocacy groups to develop and promote safer systems and procedures for the disposal of used needles and syringes by patients outside of health care facilities.

(JAPhA NS41(5): Suppl.1:59 September/October 2001)(Reviewed 2007)(Reviewed 2012)(Retained 2016)

1997 Collaborative Practice Agreements

1. APhA supports the establishment of collaborative practice agreements between pharmacists and other health care professionals designed to optimize patient care outcomes.
2. APhA shall promote the establishment and dissemination of guidelines and information to pharmacists and other health care professionals to facilitate the development of collaborative practice agreements.

(JAPhA NS37(4):459 July/August 1997) (Reviewed 2003)(Reviewed 2007)(Reviewed 2009)(Reviewed 2011)(Reviewed 2012)(Retained 2016)

1967 State and Local Boards of Health

Because of the broad implications of the pharmacist's role in public health, the committee recommends that pharmacists and pharmacy associations seek to have the state laws amended to require that a pharmacist serve on the state and local boards of health. One part of this effort should be an increased interest on the part of the pharmacist in his local health boards and commissions.

(JAPhA NS7:324 June 1967) (Reviewed 2002) (Reviewed 2007)(Reviewed 2012)(Retained 2016)

2004, 1989 "Beyond-use Dating" by Pharmacists

APhA recommends that all pharmacists place a "beyond-use-date" on the labeling of all medications dispensed to patients as recommended by the United States Pharmacopeia-National Formulary or manufacturer.

(Am Pharm NS29(7):465 July 1989) (JAPhA NS44(5):551 September/October 2004) (Reviewed 2007)(Reviewed 2012)(Retained 2016)

2004, 1971 Expiration Dating

APhA supports manufacturers of prescription and non-prescription drugs including on the package label adequate information regarding storage requirements and a date after which the product should not be used.

(JAPhA NS11:271 May 1971) (JAPhA NS44(5):551 September/October 2004) (Reviewed 2007)(Reviewed 2012)(Retained 2016)

2000 Regulation of Dietary Supplements

1. APhA shall work with Congress to modify the Dietary Supplement Health and Education Act or enact other legislation to require that dietary supplement manufacturers provide evidence of efficacy and safety for all products, including products currently in the marketplace.
2. APhA supports the establishment and implementation of clear and effective enforcement policies to remove promptly unsafe or ineffective dietary supplement products from the marketplace.
3. APhA shall work with the FDA to improve dietary supplement product labeling to ensure full disclosure of all product components and their source with associated strengths and recommendations for use in specific patient populations.
4. APhA supports the development and enforcement of dietary supplement good manufacturing practices (GMPs) and compliance with USP/NF standards to assure quality, safe, contaminant-free products.
5. APhA encourages health care professionals, manufacturers, and consumers to report adverse health events associated with dietary supplements. APhA encourages the FDA to create a database with this information and make it available to all interested parties.

(JAPhA NS1(9):40 September/October 2000)(Reviewed 2005)(Reviewed 2007)(Reviewed 2012)(Retained 2016)

2012 Registration of Facilities

APhA supports state and federal laws and regulations that require registration with the state boards of pharmacy of all facilities involved in the storage, wholesale distribution, and issuance of legend drugs to patients, provided that such registration does not restrict the pharmacists from providing professional services independent of a facility.

(JAPhA NS52(4) 458 July/August 2012)(Retained 2016)

2007 Privacy of Pharmacists' Personal Information

1. APhA supports protecting pharmacist, student pharmacist, and pharmacy technician personal information (e.g. home address, telephone, and personal email address).
2. APhA opposes legislative or regulatory requirements that mandate the publication of pharmacist, student pharmacist and pharmacy technician personal information (e.g. home address, telephone, and personal email address).
3. APhA encourages state boards of pharmacy to remove from their Web sites personal addresses, phone numbers, email, and other non-business contact information of pharmacists, student pharmacists, and pharmacy technicians.

(JAPhA NS45(5):580 September-October 2007)(Reviewed 2012)(Retained 2016)

2004, 1991 Updating of State Pharmacy Practice Acts

1. APhA recommends and supports enactment of state pharmacy practice act revisions enabling pharmacists to achieve the full scope of APhA's Mission Statement for the Pharmacy Profession.
2. APhA supports standards of pharmacy practice reflecting the APhA Mission Statement for the Pharmacy Profession.

(Am Pharm NS31(6):28 June 1991) (JAPhA NS44(5):(551 September/October 2004) (Reviewed 2007)(Reviewed 2012)(Retained 2016)

2012, 1992 Patient Care and Medication Distribution System

APhA encourages those responsible for practice environments without direct patient/pharmacist contact to use methods to enhance communication, face-to-face interaction, and patient care.

(Am Pharm NS32(6):515 June 1992) (Reviewed 2001) (Reviewed 2007) (JAPhA NS52(4) 459 July/August 2012)(Retained 2016)

2013, 2008, 1987 Sale of Home-use Diagnostic and Monitoring Products

1. APhA supports the need to protect the health of the American people through proper instruction in the safe and effective use of the more complex home-use diagnostic and monitoring products.
2. APhA supports the promotion of the pharmacist as a widely available and qualified health care professional to advise patients in the use of home-use diagnostic and monitoring products.

(Am Pharm NS27(6):424 June 1987) (Reviewed 2003)(JAPhA NS48(4):470 July/August 2008) (JAPhA 53(4):366 July/August 2013)(Retained 2016)

2001 Pharmacist Counseling on Administration Devices

APhA encourages patient and caregiver education by a pharmacist on the appropriate use of drug administration devices.

(JAPhA NS41(5):Suppl.1:S9 September/October 2001)(Reviewed 2007)(Reviewed 2012)(Retained 2016)

2012, 1989 Equal Employment Opportunity for Pharmacists

APhA reaffirms its unequivocal support of equal opportunities for professional employment and advancement, compensation, and organizational leadership positions for all pharmacists regardless of gender, race, color, religion, national origin, age, disability, genetic information, sexual orientation, or any other category protected by federal or state law.

(Am Pharm NS 29(7):464 July 1989) (Reviewed 2001) (Reviewed 2007)(JAPhA NS52(4) 459 July/August 2012)(Retained 2016)

1971 Communications with Patients: Drug Delivery Practice

APhA supports the Academy of General Practice of Pharmacy statement on drug delivery practice that reads as follows: "When requested by a patient or a prescriber to deliver medication to the home of a patient, the pharmacist will communicate directly with the patient, or his representative, instructions and warnings concerning the medication and ascertain that a responsible individual will receive the medication or determine that the medication will be left in a safe place."

(JAPhA NS11:272 May 1971) (Reviewed 2001) (Reviewed 2007)(Reviewed 2012)(Retained 2016)

2012, 1991 Recruitment of a Diverse Population into Pharmacy

1. APhA supports a vigorous long term program for the recruitment of a diverse population of student pharmacists into the pharmacy profession.
2. APhA encourages the development and regular updating of comprehensive recruitment materials, directed toward diversity and inclusion, that address such issues as pharmacy career opportunities, financial aid, and educational prerequisites, and that highlight professional diverse role models.
3. APhA encourages national, state, and local association; schools; students; and industry to create a network of pharmacists who would serve as role models for a diverse population of student pharmacists.
4. APhA supports the development of guidelines that assist schools of pharmacy in implementing diversity and inclusion initiatives into student pharmacist recruitment programs.

(Am Pharm NS31(6):28 June 1991) (Reviewed 2001) (Reviewed 2007) (JAPhA NS52(4) 459 July/August 2012)(Retained 2016)

2012, 2003 The Pharmacist's Role in Laboratory Monitoring and Health Screening

1. APhA supports pharmacist involvement in appropriate laboratory testing and health screening, including pharmacists directly conducting the activity, supervising such activity, ordering and interpreting such tests, and communicating such tests results.
2. APhA supports revision of relevant laws and regulations to facilitate pharmacist involvement in appropriate laboratory testing and health screening as essential components of patient care
3. APhA encourages research to further demonstrate the value of pharmacist involvement in laboratory testing and health screening services.
4. APhA supports public and private sector compensation for pharmacist involvement in laboratory testing and health screening services.
5. APhA supports training and education of pharmacists and student pharmacists to direct, perform, and interpret appropriate laboratory testing and health screening services. Such education and training should include proficiency testing, quality control, and quality assurance.
6. APhA encourages collaboration and research with other health care providers to ensure appropriate interpretation and use of laboratory monitoring and health screening results.

(JAPhA NS43(5)Suppl. 1:558 September/October 2003) (Reviewed 2007)(Reviewed 2009)(Reviewed 2010)(JAPhA NS52(4) 460 July/August 2012)(Reviewed 2013)(Retained 2016)

1989 Pharmacy-based Screening and Monitoring Services

APhA supports projects that demonstrate and evaluate various pharmacy-based screening and monitoring services.

(Am Pharm NS29(7):463 July 1989) (Reviewed 2006) (Reviewed 2007)(Reviewed 2012)(Reviewed 2013)(Retained 2016)

2004, 1979 Drug Regimen Review (DRR) by Pharmacists

APhA endorses adequate compensation for pharmacists by the patient, the government, and/or all other third-party programs for performing drug regimen review in all settings where drug therapy is used.

(Am Pharm NS19(7):61 June 1979) (APhA NS44(5):551 September/October 2004)(Reviewed 2007)(Reviewed 2012)(Retained 2016)

2004, 1971 Drug Storage and Return Goods Policy

1. APhA recommends that all practitioners and wholesalers provide controlled, room temperature, storage conditions as defined in the official compendia to adequately store drug products.
2. APhA recommends that manufacturers adopt return goods policies that allow the return of drug products even if the expiration date has not yet occurred.
3. APhA shall continue to study the problem of drug storage at all levels of distribution including in transit, in the pharmacy, and in the home and provide guidance for the profession and public in these areas.

(JAPhA NS11:271 May 1971) (JAPhA NS44(5):551 September/October 2004)(Reviewed 2007)(Reviewed 2012)(Retained 2016)

1993 Patient Counseling Environment

APhA encourages the development and use of responsible and effective design of pharmacy facilities to allow for convenient, comfortable, and private pharmacist-patient communications.

(Am Pharm NS33(7):56 July 1993)(Reviewed 2002)(Reviewed 2007)(Reviewed 2012)(Retained 2016)

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.1:57 September/October, 2001)(Reviewed 2007)(Reviewed 2012)(Retained 2016)

2010, 2001 Prescription Order Requirements

1. APhA supports the use of technology to facilitate the transmission of prescription order information from the prescriber to the pharmacist of the patient's choice at no additional cost to the pharmacy.
2. APhA supports the use of technology where appropriate standards for patient confidentiality and prescriber and pharmacist verification are established.
3. APhA supports the transmission of complete prescriber information on or with the prescription order that enables the pharmacist to readily identify and facilitate communication with the prescriber.
4. APhA supports the use of specific instructions with prescription orders. Use of potentially confusing terminology (such as "as directed", unclear use of Latin phrases, confusing abbreviations, etc.) should be avoided.
5. APhA supports the inclusion of the diagnosis or indication for use for which the medication is ordered on or with the transmission of the prescription order by use of standard diagnosis codes or within the directions for use. APhA further supports the inclusion of patient-specific information on or with the prescription order where appropriate.
6. APhA supports public education about the benefits and risks of technological advances in pharmacy practice.

(JAPhA NS41(5):Suppl.1:58 September/October 2001) (Reviewed 2007)(Reviewed 2009)(Reviewed 2010)(Reviewed 2012)(Retained 2016)

2011, 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 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)) (JAPhA NS51(4) 484;July/August 2011)(Retained 2016)

2007 WHO Policy on Infectious Diseases

1. APhA supports the World Health Organization's (WHO) requirements for accurate and expeditious reporting of infectious diseases from all countries, including unrestricted sharing of infectious substance samples with WHO.
2. APhA supports access to affordable vaccines in all countries.

(JAPhA NS45(5):580 September-October 2007)(Reviewed 2012)(Retained 2016)

2012, 2005, 1992 *The Role of Pharmacists in Public Health Awareness*

1. APhA recognizes the unique role and accessibility of pharmacist in public health.
2. APhA encourages pharmacists to provide services, education, and information on public health issues.
3. APhA encourages the development of public health programs for use by pharmacists and student pharmacists.
4. APhA should provide necessary information and materials for student pharmacists and pharmacists to carry out their role in disseminating public health information.
5. APhA encourages organizations to include pharmacists and student pharmacists in the development of public health programs.

(Am Pharm NS32(6):515 June 1992) (Reviewed 2005) (Reviewed 2009)(Reviewed 2010) (JAPhA NS52(4) 460 July/August 2012)(Retained 2016)

2012, 2002, 1964 *Health Education: Selection of Pharmacist*

APhA supports education of consumers about the importance of selecting their personal pharmacist to assist them in the proper use of all medications and medical devices.

(JAPhA NS4:429 August 1964) (JAPhA NS42(5):Suppl. 1:S62 September/October 2002) (Reviewed 2007)(JAPhA NS52(4) 459 July/August 2012)(Retained 2016)

2002, 1971 *Promotion of Pharmacists' Value*

APhA encourages a coordinated effort by state and national associations, individual pharmacists, pharmacy employers and stakeholders to promote public understanding about the nature, value and necessity of pharmacists' services.

(JAPhA NS11:264 May 1971) (JAPhA NS42(5):Suppl. 1:S62 September/October 2002)(Reviewed 2007)(Reviewed 2012)(Retained 2016)

1986 *Use of the Title "Pharmacist"*

APhA encourages the use of the title "Pharmacist" in communications and all public media.

(Am Pharm NS26(6):421 June 1986)(Reviewed 2007)(Reviewed 2012)(Retained 2016)

2005, 1977 *Government-Financed Reimbursement*

1. APhA supports only those government-operated or -financed, third-party prescription programs which ensures that participating pharmacists receive individualized, equitable compensation for professional services and reimbursement for products provided under the program.
2. APhA regards equitable compensation under any government-operated or -financed, third party prescription programs as requiring payments equivalent to a participating pharmacist's prevailing charges to the self-paying public for comparable services and products, plus additional, documented, direct and indirect costs which are generated by participation in the program.
3. APhA supports those government-operated or -financed, third-party prescription programs which base compensation for professional services on professional fees and reimbursement for products provided on actual cost, with the provision of a specific exception to this policy in those instances when equity in professional compensation cannot otherwise be attained.

(JAPhA NS17:452 July 1977) (JAPhA NS45(5):558 September/October 2005) (Reviewed 2009)(Reviewed 2011)(Reviewed 2012)(Retained 2016)

2005, 1980 *Inclusion of Pharmacist-Provided Patient Care Services in Health Programs*

APhA supports the inclusion of pharmacist-provided patient care services in health care programs that are developed and/or funded by governments and private agencies and organizations.

(Am Pharm NS20(7):69 July 1980) (JAPhA NS45(5):558 September/October 2005)(Reviewed 2009)(Reviewed 2010)(Reviewed 2011)(Reviewed 2012) (Retained 2016)

1981 *"P.D." (Pharmacy Doctor) Designation for Pharmacists*

APhA opposes the term "P.D." (Pharmacy Doctor) as the uniform designation for pharmacists.

(Am Pharm NS21(5):40 May 1981) (Reviewed 2002) (Reviewed 2007)(Reviewed 2012)(Retained 2016)

2012, 2005, 1969 Medicare and Patient Care Service

1. APhA believes that Health care, including the essential component of patient care services, should be made available to as many people as possible in our society through the most economical system compatible with an acceptable standard of quality.
2. APhA should support the Part B mechanism which is the voluntary supplementary medical insurance program financed equally by beneficiaries and the government.
3. APhA should oppose legislation which would restrict the Medicare drug benefit to specific, chronic diseases.
4. APhA should support the inclusion of patient care services under Medicare or any other federal financing mechanism, providing the program is designed to help persons who need it most and is administratively efficient and economical.

(JAPhA NS9:363 July 1969) (JAPhA NS45(5):558 September/October 2005) (Reviewed 2009) (JAPhA NS52(4) 460 July/August 2012)(Retained 2016)

1993 Pharmacists' Services

1. APhA supports development of pharmacy payment systems that include reimbursement of the cost of any medication or device provided;the cost of preparing the medication or device;the costs of administrative services;return on capital investment;and payment for both the dispensing-related and non-dispensing-pharmacy services.
2. APhA believes that appropriate incentives for the pharmacist providing care should be part of any payment system.

(Am Pharm NS33(7):53 July 1993) (Reviewed 2005) (Reviewed 2007) (Reviewed 2009) (Reviewed 2010)(Reviewed 2011)(Reviewed 2012)(Retained 2016)

2002, 1993 Traditional Sampling and Pharmacy-Based, Starter Dose Programs

1. APhA encourages the use of pharmacy-based, starter dose programs.
2. APhA recommends that pharmacy-based, starter dose programs should promote patient access, be cost effective, ensure product integrity, maximize patient outcomes and provide appropriate compensation to the pharmacist.
3. APhA recommends that patients and prescribers communicate with pharmacists regarding the use of traditional drug samples to promote safe and effective medication use.
4. APhA encourages that sampling and starter dose programs limit the quantity of medications involved to amounts sufficient for beginning doses only.

(Am Pharm NS33(7):55 July 1993) (JAPhA NS42(5):Suppl. 1:560 September/October 2002)(Reviewed 2007)(Reviewed 2012)(Retained 2016)

2012, 1989 Recognition of Pharmacy Practice Specialties

1. APhA endorses the Board of Pharmacy Specialties' process for recognizing specialties and certifying pharmacists in pharmacy practice specialties.
2. APhA believes that because of the existence of the Board of Pharmacy Specialties' process, separate governmental recognition of pharmacy specialties and pharmacists in pharmacy practice specialties is not necessary.

(Am Pharm NS29(7):464 July 1989) (Reviewed 2001) (Reviewed 2007) (JAPhA NS52(4) 460 July/August 2012)(Retained 2016)

1977 Uniform Designation for Pharmacists

1. The profession of pharmacy should establish and use a uniform designation to identify an individual as a pharmacist.
2. The profession should adopt and use the designation "Pharmacist" following an individual's name as the uniform designation identifying that individual as a pharmacist.
3. At the discretion of individual pharmacists, earned academic degrees or state licensure designation may be indicated following the uniform designation.

(JAPhA NS17:454 July 1977) (Reviewed 2002) (Reviewed 2007)(Reviewed 2012)(Retained 2016)

1999 Use of Titles

APhA opposes the use of titles such as “Pharmaceutical Specialist” and “Pharmaceutical Consultant” by sales representatives of pharmaceutical manufacturers.

(JAPhA 39(4):447 July/August 1999)(Reviewed 2006) (Reviewed 2007)(Reviewed 2012)(Retained 2016)

2001 Work Schedules

1. APhA supports a work environment in which innovative work schedules are available to pharmacists and encourages employers to allow meal breaks and rest periods.
2. APhA encourages employers to offer benefit packages that provide dependent-care benefits, including, but not limited to, flexible spending accounts, voucher systems, referral services, on-site dependent care, and negotiated discounts for use of day care facilities, to improve workforce conditions.

(JAPhA NS(5):Suppl.1:S10 September/October 2001)(Reviewed 2007)(Reviewed 2012)(Retained 2016)

The 2017 APhA House of Delegates AMENDED the following statements, shown underlined and struck through:

1982 Legislative Restrictions on ~~Therapeutic~~ Clinical Judgment

APhA opposes the enactment of legislation which would act to restrict the ~~therapeutic clinical~~ judgments of medical practitioners and other health professionals.

(Am Pharm NS22(7):32 July 1982) (Reviewed 2004) (Reviewed 2006) (Reviewed 2007)(Reviewed 2012)(Amended 2016)

2012 Contemporary Pharmacy Practice

1. APhA asserts that pharmacists should have the authority and support to practice to the full extent of their education, training, and experience in delivering patient care in all practice settings and activities.
2. APhA supports continuing efforts toward that lead to the establishment of establishing a consistent and accurate perception ~~by the public, lawmakers, regulators, and other health care professionals~~ of the contemporary role and ~~contemporary~~ practice of pharmacists by the general public, patients, and all persons and institutions engaged in health care policy, administration, payment, and delivery.
3. APhA supports continued collaboration with stakeholders to facilitate adoption of standardized practice acts, appropriate related laws, and regulations that reflect contemporary pharmacy practice.
4. APhA supports the establishment of multistate pharmacist licensure agreements to address the evolving needs of the pharmacy profession and pharmacist-provided patient care.
5. APhA urges the continued development of consensus documents, in collaboration with medical associations and other stakeholders, that recognize and support pharmacists’ roles in patient care as health care providers.
6. APhA urges universal recognition of pharmacists as health care providers and compensation based on the level of patient care provided using standardized and future health care payment models.

(JAPhA NS52(4) 457 July/August 2012)(Amended 2016)

The 2017 APhA House of Delegates ARCHIVED the following statements:

2012, 2007 Biologic Drug Products

1. APhA encourages the development of safe, effective, and affordable therapeutically equivalent generic/biosimilar versions of biologic drug products, including clinical trials that assess safety.
2. APhA encourages the FDA to develop a scientifically based process to approve therapeutically equivalent generic/biosimilar versions of biologic drug products.
3. APhA should actively support legislation to hasten the development of an efficient regulatory process to approve therapeutically equivalent generic versions of biologic drug products.

(JAPhA NS40(5):Suppl. 1:S8 September/October 2000) (Reviewed 2002) (Reviewed 2007)(Reviewed 2012)(Archived 2016)

2012, 1995 Assuring Pharmacists' Continuing Competence in Contemporary Practice

1. APhA reaffirms its policy, adopted in 1975, which advocates that pharmacists maintain their professional competence throughout their professional careers.
2. APhA recommends that employers evaluate prospective and current pharmacist employees based on demonstrated competencies in patient care and experience, in addition to education.
3. APhA will develop and implement curricular-based continuing education programs leading to certificates of competence in patient care.
4. APhA will convene a task force to develop and implement a voluntary program which enables pharmacists to assess and improve their continuing professional competence.

(Am Pharm NS35(6):36 June 1995) (Reviewed 2001) (Reviewed 2007)(Reviewed 2011) (JAPhA NS52(4) 460 July/August 2012)(Archived 2016)

APhA House Rules Review Process

The 2017 APhA House of Delegates adopted the report of the 2016–2017 APhA House Rules Review Committee, making the following modifications to House operations (approved additions are underlined and deletions are ~~struck through~~).

Rule 10 Policy Review Committee

The House shall receive and consider the recommendations of the House Policy Review Committee to archive, rescind, retain, or amend existing policy at each Annual Meeting of the Association. A singular motion to archive, rescind, retain, or amend, all such existing policy, with limited debate, shall be in order. Items identified by the Policy Review Committee as needing amendment shall be reviewed by the Committee and Speaker of the House to determine that the amendment does not change the intent of the original policy and included in a separate section of the Policy Review Committee report provided to Delegates at the Annual Meeting. Any substantive amendments or those that change the intent of the original policy should be submitted by the Policy Review Committee to the New Business Review Committee for consideration. The Policy Review Committee shall meet annually and review any policy that has not been reviewed or revised ~~had policies added~~ in the past 4 years and policy related to statements adopted in the previous House session.