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Drug Supply Shortages and Patient Care
Contemporary Pharmacy Practice
Controlled Substances Regulation and Patient Care

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This report is disseminated for consideration by the APhA House of Delegates but does not represent the position of the Association. Only those statements adopted by the House are official Association policy.
2011-12 APhA Policy Review Committee Report

Note: Presentation in gray designates a recommendation to rescind the statement, highlighting designates a recommendation to archive the statement as historical, underlined sections designate a recommendation to update the statement.

Part I

ADVERTISING

1. The Committee recommends retaining the following policy statement.
   2007 Directory Listings for Pharmacies
   2002 APhA encourages the listing of all pharmacies in telephone, Internet and other directories under "Pharmacies."

2. The Committee recommends retaining the following policy statement.
   2000 Use of the Phrase "Community Pharmacy"
   APhA supports use of the phrase "community pharmacy" rather than "retail pharmacy."

BIOTECHNOLOGY

3. The Committee recommends amending the following policy statement.
   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.
   4. APhA should initiate educational programs for pharmacists and other health care professionals concerning the determination of therapeutic equivalence of generic/biosimilar versions of biologic drugs products.
   (JAPhA NS45(5):580 September-October 2007)

COMMENTS: The Policy Review Committee reviewed the policy statements and the current provisions within the Patient Protection and Affordable Care Act. The committee recommends amending the policy statements to add the term “biosimilars” after “generic” to reflect terminology used in legislation and by the FDA.
DISPENSING AUTHORITY

4. The Committee recommends retaining the following policy statement.  
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.


DRUG PRICING AND DISTRIBUTION

5. The Committee recommends retaining the following policy statement.  
2004 Protecting the Integrity of the Medication Supply

1. APhA encourages pharmacists to enhance their role in protecting the integrity of the medication supply, including careful consideration of the source and distribution pathways of the medications they dispense.

2. APhA recommends that all individuals and entities of the pharmaceutical supply system, including manufacturers, wholesalers, pharmacies, pharmacists, and other, adopt appropriate technology, tracking mechanisms, business practices, and other initiatives to protect the integrity of the drug supply.

3. APhA supports public education about the risk of using medications whose production, distribution, or sale does not comply with US federal and state laws and regulations.

4. APhA urges pharmacists and other health care professionals to report suspected counterfeit products to the Food and Drug Administration.


6. The Committee recommends retaining the following policy statement.  
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.

DRUG PRODUCT PACKAGING

7. The Committee recommends retaining the following policy statement.
   2006 Unit-of-Use Packaging
   2003 APhA encourages the continued development, distribution and use of unit-of-use packaging as the industry standard to enhance patient safety, patient compliance, and efficiencies in drug distribution.
   APhA shall collaborate with the pharmaceutical industry, third party payors, and appropriate federal agencies to affect the changes necessary for the adoption of unit-of-use packaging as the industry standard.
   APhA encourages the enactment of legislation and regulations to permit pharmacists to modify prescribed quantities to correspond with commercially available unit-of-use packages.

8. The Committee recommends amending the following policy statement.
   2004 Drug Product Packaging
   1992 1. APhA supports the role of the pharmacist to select appropriate drug product packaging.
   2. APhA supports the pharmaceutical industry’s performance of compatibility and stability testing of drug products in officially defined containers to assist pharmacist selection of appropriate drug product packaging.
   3. APhA supports the value of unit-of-use packaging to enhance pharmaceutical patient care, but recognizes that product and patient needs may preclude its use.
   4. APhA encourages the pharmaceutical industry to ensure that all unit-of-use packaging will accommodate a standard pharmacy label.

   COMENTs: The Policy Review Committee reviewed the policy statements and recommends amending statement 3 to replace “pharmaceutical” with “patient.” This modification broadens the policy and recognizes the expanded scope of services offered by pharmacists.

9. The Committee recommends retaining the following policy statement.
   1982 Legislative Restrictions on Therapeutic Judgment
   APhA opposes the enactment of legislation which would act to restrict the therapeutic judgments of medical practitioners and other health professionals.

EDUCATION, CURRICULUM AND COMPETENCE FOR PHARMACISTS

10. The Committee recommends retaining the following policy statement.
   1987 Drug Product Equivalence
   APhA shall continue to support educational programs for pharmacists on issues regarding generic drugs.

11. The Committee recommends amending the following policy statement as written.
   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
The Committee recommends amending the following policy statement as written.

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.


EMPLOYER/EMPLOYEE RELATIONS

The Committee recommends amending the following policy statement.

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.

(Reviewed 2007)

COMMENTS: The Policy Review Committee reviewed the policy statements and recommends adding “or other stakeholders” to recognize other potential funding sources for pharmacist workforce census activities.

The Committee recommends retaining the following policy statement.

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.

(Reviewed 2007)
Productivity Requirements

15. The Committee recommends retaining the following policy statement.
1977 Employers’ Use of Lie Detection Tests
1. Polygraph tests should not be used as a means of pre-employment screening in pharmacies.
2. Polygraph tests should not be used in pharmacies for routine "security" checking of employees.
3. Polygraph tests should not be used in pharmacies in the course of investigations for cause.

16. The Committee recommends retaining the following policy statement.
1999 Unionization of Pharmacists: State Participation in Employer/Employee Relations
1970 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.

17. The Committee recommends retaining the following policy statement.
1999 Unionization of Pharmacists
1971 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.

18. The Committee recommends amending the following policy statement.
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 pharmaceutical 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 pharmaceutical patient care as established by the profession.
The Policy Review Committee reviewed the policy statements and recommends amending the statements to replace “pharmaceutical” with “patient.” This modification broadens the policy and recognizes the expanded scope of services offered by pharmacists.

19. The Committee recommends amending the following policy statement.

2007 Employment Standards Policy Statement

1970 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 pharmaceutical 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 to the individual sick person includes not depriving the public of their pharmaceutical 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.


COMMENTS: The Policy Review Committee reviewed the policy statements and recommends amending the statements to replace “pharmaceutical” with “patient.” This modification broadens the policy and recognizes the expanded scope of services offered by pharmacists. The Committee also recommends deleting “to the individual sick person.” This modification broadens the policy and recognizes that pharmacist-provided patient care services include the promotion and preservation of health and wellness as well as the treatment of disease states.

20. **The Committee recommends amending the following policy statement.**

- **2007 Impact of the Pharmacists’ Working Conditions on Public Safety**
  - 2001 1. APhA recognizes that the quality of a pharmacist's work-life affects public safety and that a working environment conducive to providing effective **pharmaceutical patient** care is essential.
  - 1995 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 **pharmaceutical patient** care.


The Policy Review Committee reviewed the policy statements and recommends amending the statements to replace “pharmaceutical” with “patient.” This modification broadens the policy and recognizes the expanded scope of services offered by pharmacists.

21. **The Committee recommends retaining the following policy statement.**

- **2004 Pharmacy Practice: Professional Judgment**
  - 1977 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.


22. **The Committee recommends retaining the following policy statement.**

- **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:S9 September/October, 2001) (Reviewed 2007)
ENVIRONMENTAL CONCERNS

23. The Committee recommends retaining the following policy statement.
2007 Recycling of Pharmaceutical Packaging
1992 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..


24. The Committee recommends retaining the following policy statement.
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)

25. The Committee recommends retaining the following policy statement.
2004 Medication Disposal
1. APhA encourages the Environmental Protection Agency and other appropriate entities to continue research exploring any connection between the disposal of discarded prescription and OTC medications and contamination of the water supply.
2. APhA encourages the development of programs for safe medication disposal.
3. APhA encourages appropriate government entities to accept responsibility for implementation and associated costs of safe medication disposal programs for consumers.


26. The Committee recommends retaining the following policy statement.
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:S9 September/October 2001) (Reviewed 2007)

27. The Committee recommends retaining the following policy statement.
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.

INTERPROFESSIONAL RELATIONS

28. The Committee recommends retaining the following policy statement.
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.

LABELING

29. The Committee recommends retaining the following policy statement.
2004 “Beyond-use Dating” by Pharmacists
1989 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.

30. The Committee recommends retaining the following policy statement.
2004 Expiration Dating
1971 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.

31. The Committee recommends retaining the following policy statement.
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.
\( \text{JPhA NS1(9):40 September/October 2000} \) (Reviewed 2007)
LICENSURE, REGISTRATION AND REGULATION

32. The Committee recommends retaining the following policy statement.
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)

33. The Committee recommends retaining the following policy statement.
1991 Updating of State Pharmacy Practice Acts
2004 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.


MAIL SERVICE PRESCRIPTIONS

34. The Committee recommends amending the following policy statement.
1992 Pharmaceutical Patient Care and Medication Distribution Systems
APhA encourages those responsible for practice environments without direct patient/pharmacist contact to use methods to enhance communication, face-to-face interaction, and pharmacist care.


The Policy Review Committee reviewed the policy statement and recommends amending the statement to replace “pharmaceutical” with “patient.” This modification broadens the policy and recognizes the expanded scope of services offered by pharmacists.

MEDICAL AND PHARMACEUTICAL EQUIPMENT AND PRODUCTS

35. The Committee recommends retaining the following policy statement.
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)
MINORITIES IN PHARMACY

36. The Committee recommends amending the following policy statement.
1991 Recruitment of Minorities: A Diverse Population into Pharmacy
1. APhA supports a vigorous long term program for the recruitment of a diverse population of minority students into the pharmacy profession.
2. APhA encourages the development and regular updating of comprehensive recruitment materials, directed toward diversity and inclusion minorities, that address such issues as pharmacy career opportunities, financial aid, and educational prerequisites, and that highlight professional minority 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 minority students.
4. APhA supports the development of guidelines that assist schools of pharmacy in implementing diversity and inclusion initiative into minority student recruitment programs.


COMMENTS: The Policy Review Committee reviewed the policy statements and recommends amending the statements to replace “minority” with “diverse population,” “diversity and inclusion,” and “diverse.” This modification broadens the policy and supports the recruitment and mentorship of individuals from underrepresented populations and various backgrounds to serve the diverse needs of their patients.

37. The Committee recommends amending the following policy statement.
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 sex, age, race, or creed race, color, religion, national origin, age, disability, genetic information, or any other category protected by federal or state law.


COMMENTS: The Policy Review Committee reviewed the policy statement and recommends amending the statement to replace “sex, age, race, or creed” with “race, color, religion, sex, national origin, age, disability, or genetic information” to reflect the most current regulations and terminology. The Committee felt that the intent of this policy is to support the concept of equal opportunities for professional employment as well as national policies on this subject. The following applicable legislation is listed below for reference:

- Civil Rights Act of 1964 protection from discrimination based on race, color, religion, sex, or national origin
- Age Discrimination in Employment Act of 1967: protection from discrimination based on age
- American Disabilities Act of 1973: protection from discrimination based on disability
PATIENT/PHARMACIST RELATIONSHIPS

38. The Committee recommends retaining the following policy statement.
1971 Communications with Patients: Drug Delivery Practice
The committee recommends that the APhA adopt as policy the Academy of General Practice of Pharmacy statement on drug delivery practice:

"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."


PHARMACEUTICAL CARE

39. The Committee recommends retaining the following policy statement.
1989 Pharmacy-based Screening and Monitoring Services
APhA supports projects that demonstrate and evaluate various pharmacy-based screening and monitoring services.


PHARMACY PRACTICE

40. The Committee recommends retaining the following policy statement.
2004 Drug Regimen Review (DRR) by Pharmacists
1979 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.


41. The Committee recommends retaining the following policy statement.
2004 Drug Storage and Return Goods Policy
1971 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.


42. The Committee recommends retaining the following policy statement.
2001 Regulatory Infringements on Professional Practice
1990 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.

43. The Committee recommends retaining the following policy statement.
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.

PHARMACY TECHNICIANS

45. The Committee recommends retaining the following policy statement.
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)

PUBLIC HEALTH

46. The Committee recommends retaining the following policy statement.
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)

PUBLIC RELATIONS

47. The Committee recommends retaining the following policy statement.
2002 Promotion of Pharmacists’ Value
1971 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.

48. The Committee recommends amending the following policy statement.
2002 Health Education: Selection of Pharmacist
1964 APhA supports education of consumers about the importance of selecting their personal pharmacist to assist them in the proper use of all medications and therapeutic medical devices.
49. **The Committee recommends retaining the following policy statement.**

*1987 Future of Pharmacy*

1. APPhA supports programs which plan for the future of pharmacy.
2. APPhA supports programs which encourage innovations in the practice of pharmacy in a changing health care environment.
3. APPhA supports programs which reflect a positive image of pharmacists.


50. **The Committee recommends retaining the following policy statement.**

*1986 Use of the Title "Pharmacist"

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


**QUALITY ASSURANCE**

51. **The Committee recommends amending the following policy statement.**

*1995 Assuring Pharmacists’ Continuing Competence in Contemporary Practice*

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


The Policy Review Committee reviewed the policy statements and recommends amending the statements to replace “therapeutic” with “medical.” The committee was unable to determine the scope of “therapeutic” and felt “medical” encompassed related devices. This modification acknowledges the opportunities for pharmacists to be engaged in assisting and educating patients on the proper use of a broad array of medical equipment and devices. The committee recognizes medical devices defined by the FDA as: “an instrument, apparatus, implement, machine, contrivance, implant, in vitro reagent, or other similar or related article, including a component part, or accessory which is:

- recognized in the official National Formulary, or the United States Pharmacopoeia, or any supplement to them,
- intended for use in the diagnosis of disease or other conditions, or in the cure, mitigation, treatment, or prevention of disease, in man or other animals, or
- intended to affect the structure or any function of the body of man or other animals, and which does not achieve any of its primary intended purposes through chemical action.

The Policy Review Committee reviewed the policy statements and recommends amending the statements to replace “pharmaceutical” with “patient.” This modification broadens the policy and recognizes the expanded scope of services offered by pharmacists.
SAMPLING

52. The Committee recommends retaining the following policy statement.
2002 Traditional Sampling and Pharmacy-Based, Starter Dose Programs
1993
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.


SPECIALTIES IN PHARMACY

53. The Committee recommends amending the following policy statement.
1989 Recognition of Pharmacy Practice Specialties
1981 Pharmaceutical 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 Pharmaceutical Pharmacy Specialties' process, separate governmental recognition of pharmacy specialties and pharmacists in pharmacy practice specialties is not necessary.

(Sam Pharm NS29(7):464 July 1989) (Reviewed 2001) (Reviewed 2007)

TITLES/DESIGNATIONS

Non-Pharmacists

54. The Committee recommends retaining the following policy statement.
1999 Use of Titles
APhA opposes the use of titles such as "Pharmaceutical Specialist" and "Pharmaceutical Consultant" by sales representatives of pharmaceutical manufacturers.


55. The Committee recommends retaining the following policy statement.
1981 "P.D." (Pharmacy Doctor) Designation for Pharmacists
APhA opposes the term "P.D." (Pharmacy Doctor) as the uniform designation for pharmacists.


COMMENTS: The Policy Review Committee reviewed the policy statements and recommends amending the statements reflect the name change of the Board of Pharmaceutical Specialties to the Board of Pharmacy Specialties.
56. The Committee recommends retaining the following policy statement.  

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.

PART II

Note: Presentation in gray designates a recommendation to rescind the statement, highlighting designates a recommendation to archive the statement as historical, underlined sections designate a recommendation to update the statement. These recommendations of the Policy Review Committee will be considered after the House completes action on the Policy Committee report.

Drug Supply Shortages and Patient Care

Current APhA Policy

1. The Committee recommends retaining the following policy statement.
2009 Medication Disposal
1. APhA encourages appropriate public and private partnerships to accept responsibility for the costs of implementing safe medication disposal programs for consumers. Further, APhA urges DEA to permit the safe disposal of controlled substances by consumers.
2. APhA encourages provision of patient appropriate quantities of medication supplies to minimize unused medications and unnecessary medication disposal.

(JAPhA NS49(4):493 July/August 2009)

2. The Committee recommends retaining the following policy statement.
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)

3. The Committee recommends retaining the following policy statement.
2006 Unit-of-Use Packaging
2003 APhA encourages the continued development, distribution and use of unit-of-use packaging as the industry standard to enhance patient safety, patient compliance, and efficiencies in drug distribution.

APhA shall collaborate with the pharmaceutical industry, third party payors, and appropriate federal agencies to affect the changes necessary for the adoption of unit-of-use packaging as the industry standard.

APhA encourages the enactment of legislation and regulations to permit pharmacists to modify prescribed quantities to correspond with commercially available unit-of-use packages.


4. The Committee Recommends retaining the following policy statement.
2004 Drug Product Packaging
1992 1. APhA supports the role of the pharmacist to select appropriate drug product packaging.
2. APhA supports the pharmaceutical industry’s performance of compatibility and stability testing of drug products in officially defined containers to assist pharmacist selection of appropriate drug product packaging.
3. APhA supports the value of unit-of-use packaging to enhance pharmaceutical care, but recognizes that product and patient needs may preclude its use.
4. APhA encourages the pharmaceutical industry to ensure that all unit-of-use packaging will accommodate a standard pharmacy label.

5. The Committee recommends retaining the following policy statement.
2004 Protecting the Integrity of the Medication Supply
1. APhA encourages pharmacists to enhance their role in protecting the integrity of the medication supply, including careful consideration of the source and distribution pathways of the medications they dispense.
2. APhA recommends that all individuals and entities of the pharmaceutical supply system, including manufacturers, wholesalers, pharmacies, pharmacists, and other, adopt appropriate technology, tracking mechanisms, business practices, and other initiatives to protect the integrity of the drug supply.
3. APhA supports public education about the risk of using medications whose production, distribution, or sale does not comply with US federal and state laws and regulations.
4. APhA urges pharmacists and other health care professionals to report suspected counterfeit products to the Food and Drug Administration.

6. The Committee recommends retaining the following policy statement.
1985 Registration of Facilities Involved in the Storage and Issuing of Legend Drugs to Patients
APhA supports enactment of state and federal laws and regulations which would require registration with the state boards of pharmacy of all facilities involved in the storage and issuing of legend drugs to patients, provided that such registration does not restrict the pharmacist from providing professional services independent of a facility.

Contemporary Pharmacy Practice
Current APhA Policy

7. The Committee recommends retaining the following policy statement.
2011 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.
(JAPhA NS51(4): 482; July/August 2011)

8. The Committee recommends retaining the following policy statement.
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)
9. The Committee recommends retaining the following policy statement.
2011 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

(JAPhA NS51(4): 482; July/August 2011)

10. The Committee recommends retaining the following policy statement.
2009 Independent Practice of Pharmacists
1. APhA recommends that plans and payers contract with and appropriately compensate individual pharmacist providers for medication therapy management and other clinical services rendered without requiring the pharmacist to be associated with a pharmacy.
2. APhA supports adoption of state laws and rules pertaining to independent practice of pharmacists that are consistent with APhA policy.
3. APhA, recognizing the positive impact that pharmacists can have in meeting unmet needs and managing medical conditions, supports the adoption of laws and regulations, and creation of payment mechanisms for appropriately trained pharmacists to autonomously provide patient care services that include prescribing as part of the health care team.

(JAPhANS 49(4):492 July/August 2009)

11. The Committee recommends retaining the following policy statement.
2007 Pharmacist Primary Care
1. APhA recommends the use of pharmacists as primary care providers, alone or in collaboration with other providers, in community pharmacy based health clinics.


12. The Committee recommends retaining the following policy statement.
2005 Telemedicine/Telehealth/Telepharmacy
2004 1. APhA supports the pharmacist as the only appropriate provider of telepharmacy services, a component of telehealth, for which compensation should be provided. Telepharmacy is defined as the provision of pharmaceutical care to patients through the use of telecommunications and information technologies.
2. APhA shall assist pharmacists and student pharmacists in becoming knowledgeable about telepharmacy and telehealth.
3. APhA shall participate in the ongoing development of the telehealth infrastructure, including but not limited to regulations, standards development, security guidelines, information systems, and compensation.
4. APhA acknowledges that state boards of pharmacy are primarily responsible for the regulation of the practice of telepharmacy, encourages appropriate regulatory action that facilitates the practice of telepharmacy and maintains appropriate guidelines to protect the public health and patient confidentiality.


13. The Committee recommends retaining the following policy statement.
2005 Empowerment of Pharmacists as Drug Therapy Managers
2003 1. APhA encourages pharmacists to take an active role in achieving the goals of the Healthy People program regarding immunizations through:
(a) advocacy,
(b) contracting with other health care professionals, or
(c) pharmacists administering vaccines to vulnerable patients.

2. APhA encourages the availability of all vaccines to all pharmacies in order to meet public health needs.

3. APhA supports the compensation of pharmacists for the administration of immunizations and the reimbursement for vaccine distribution.

4. APhA should facilitate the development of programs that educate pharmacists about their role in immunizations in public health.

14. The Committee recommends retaining the following policy statement.

2005 Administration of Medications

1998

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.


15. The Committee recommends retaining the following policy statement.

2005 Government-Financed Reimbursement

1977

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.


16. The Committee recommends amending the following policy statement.

2005 The Role of Pharmacists in Public Health Awareness

1992

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 organization to include pharmacists and student pharmacists in the development of public health programs.  

COMMENTS: The Policy Review Committee reviewed the policy statements and recommends amending statement 3 to include the correct terminology of student pharmacists.

17. **The Committee recommends retaining the following policy statement.**

2005 **Pharmacists and Home Health Care**  
1985 1. APhA supports establishment of pharmacist consulting services for home care.  
2. Medicaid and other third-party programs should recognize the consulting role of the pharmacist in reducing the misuse of drugs and maximizing their therapeutic effectiveness through fair and equitable reimbursement for consulting functions which is not tied to the provision of medications.  
3. Medicaid and other third-party programs also should reimburse pharmacists for innovative packaging and services that will maximize adherence, increase the opportunity for drug utilization review, and better meet the informational needs of the patient and the care giver.  

18. **The Committee recommends retaining the following policy statement.**

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

19. **The Committee recommends retaining the following policy statement.**

2005 **Medicare, Medicaid, and Other Third-party Payment Programs**  
1970 1. APhA advocates a professional fee system of reimbursement in Medicare and Medicaid and other third-party payment programs which would recognize variations in services provided and costs incurred by individual pharmacies.  
2. APhA supports maintaining close liaison with proponents of national health insurance programs to ensure that pharmacy will have an opportunity to make its views known in the development of such proposals.  

20. **The Committee recommends retaining the following policy statement.**

2005 **Medicare: Reimbursement Procedures**  
1969 APhA should educate pharmacists on aspects of reimbursement procedures and concepts associated with Medicare.  

21. **The Committee recommends amending the following policy statement.**

2005 **Medicare and Pharmaceutical Service**  
1969 1. Health care, including the essential component of **pharmaceutical 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 believes that the current Medicare (a federal program of hospital and medical
insurance for nearly all people 65 and over) is grossly deficient in that it fails to provide a drug benefit to non-institutionalized patients. The committee, therefore, strongly recommends that APhA continue to support federal legislation to eliminate this deficiency.

3. APhA should support the Part B mechanism which is the voluntary supplementary medical insurance program financed equally by beneficiaries and the government.

4. APhA should oppose legislation which would restrict the Medicare drug benefit to specific, chronic diseases.

5. APhA should support the inclusion of pharmaceutical 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.


**COMMENTS:** The Policy Review Committee reviewed the policy statements and recommends amending the statements to replace “pharmaceutical” with “patient care.” This modification broadens the policy and recognizes the expanded scope of services offered by pharmacists. The Committee recommends amending statement 2 and designating it as archived policy because of the existence of Medicare Part D drug benefit. The Committee recommends amending statement 4 to add “Medicare” in an effort to clarify that the drug benefit is specific to the Medicare

**22. The Committee recommends retaining the following policy statement.**

**2004 Roles in Health Care for Pharmacists**

1. APhA shall develop and maintain new methods and procedures whereby pharmacists can increase their ability and expand their opportunities to provide health care services.

2. APhA supports legislative and judicial action that confirms pharmacists’ professional rights to perform those functions consistent with APhA’s definition of pharmacy practice and that are necessary to fulfill pharmacists’ professional responsibilities to patients they serve.


**23. The Committee recommends amending the following policy statement.**

**2003 The Pharmacist’s Role in Laboratory Monitoring and Health Screening**

1. APhA supports pharmacist involvement in appropriate laboratory testing and health screening to include pharmacists directly conducting the activity, supervision of such activity, and ordering and interpreting such tests and communicating such test 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 pharmacy students to direct, perform, and interpret appropriate laboratory testing and health screening services. Such education and training should include proficiency testing, quality control, and quality assurances.

6. APhA encourages collaboration and research with other health care providers to ensure appropriate interpretation and use of laboratory monitoring and health screening results.

24. **The Committee recommends retaining the following policy statement.**

**2001 Uniform Designation for Drug Product Selection Authority**

1989 APhA supports a uniform procedure nationwide for designating on a prescription order that drug product selection by the pharmacist is precluded by the prescriber.


25. **The Committee recommends retaining the following policy statement.**

**2001 Pharmacist-Patient-Prescriber-Payer Responsibilities in Appropriate Drug Use**

1994 APhA advocates the following guidelines for pharmacist-patient-prescriber-payer responsibilities in appropriate drug use:

**Pharmacists’ Responsibilities**
- Serve as a drug information resource;
- Provide primary care;
- Collaborate with the prescriber and patient in the design of cost-effective treatment regimens that produce beneficial outcomes;
- Identify formulary or generic products as a means to reduce costs;
- Intervene on behalf of the patient to identify alternate therapies;
- Educate the patient about the treatment regimen and expectations, and verify the patient’s understanding;
- Identify, prevent, resolve, and report drug-related problems;
- Document and communicate pharmaceutical care activities;
- Monitor drug therapy in collaboration with the patient and prescriber to ensure compliance and assess therapeutic outcomes;
- Maintain an accurate and efficient drug distribution system;
- Maintain proficiency through continuing education.

**Patients’ Responsibilities**
- Assume a responsibility for wellness;
- Understand the coverage policies of their benefit plan;
- Share complete information with providers, including demographics and payment mechanism(s);
- Share complete information regarding medical history, lifestyle, diet, use of prescription and over-the-counter medications, and other substances;
- Participate in the design of the treatment regimen;
- Understand the treatment regimen and expected outcomes;
- Adhere to treatment regimen;
-Alert prescribers and pharmacists to possible drug-related problems or changes in health status.

**Prescribers’ Responsibilities**
- Assess and diagnose the patient;
- Share pertinent information in collaboration with the pharmacist and patient in the design of cost-effective treatment regimens that produce beneficial outcomes;
- Clearly communicate the treatment plan and its intended outcomes to the patient directly, or in collaboration with the pharmacist;
- Remain alert to the possible occurrence of drug-related problems and initiate needed changes.
in therapy;
• Collaborate with the patient and the pharmacist in drug therapy monitoring;
• Maintain proficiency through continuing medical education.

**Payers’ Responsibilities**
• Determine objectives and desired benefits of pharmacy service;
• Design the coverage with patient and provider input using products and services to produce beneficial outcomes;
• Contract with providers on the basis of outcomes and efficient use of resources;
• Adopt efficient, clear, and uniform administrative processes;
• Communicate requirements for reimbursement;
• Educate patients and providers about current eligibility and benefit information;

• Expeditiously process payments;
• Be responsive to advances in contemporary practice.

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26. **The Committee recommends retaining the following policy statement.**

1997  _Standards for Pharmacy-Based Immunization Advocacy_  
**(Note: Guidelines approved by the APhA Board of Trustees in May, 1997; noted in Appendix.)**

APhA should adopt and disseminate standards for immunization advocacy and delivery by pharmacists.


27. **The Committee recommends retaining the following policy statement.**

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 agreement.


28. **The Committee recommends retaining the following policy statement.**

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.


29. **The Committee recommends retaining the following policy statement.**

1987  _Encouraging Availability and Use of Vaccines_

1. APhA encourages the continued availability of vaccines to meet public health needs.
2. APhA supports the development of programs that educate the public about the role of immunizations in public health.
3. APhA supports the reimbursement by public and private third-party payers for immunizations.


30. The Committee recommends amending the following policy statement.

1987 Pharmacist Prescribing
APhA supports authority for pharmacists to select non-prescription and certain prescription medications as part of pharmacists’ responsibilities to design, implement, and monitor drug regimens for patients, in consultation with practitioners when appropriate.


COMMENTS: The Policy Review Committee reviewed the policy statements and recommends amending the statement to remove “certain.” This modification reflects the contemporary scope of and role of pharmacist with the responsibility to ensure optimal medication therapy outcomes.

31. The Committee recommends retaining the following policy statement.

1980 Prescribing by Pharmacists
APhA supports the concept of a team approach to health care in which health professionals perform those functions for which they are distinctively educated. APhA recognizes that the pharmacist is the expert on drugs and drug therapy on the health care team and supports a prescribing role for the pharmacist, based on the specific diagnosis of a qualified health practitioner.


32. The Committee recommends retaining the following policy statement.

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.


33. The Committee recommends retaining the following policy statement.

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.

(Controlled Substances Regulation and Patient Care
Current APhA Policy

34. The Committee recommends retaining the following policy statement.

2003 The Use of Controlled Substances in the Treatment of Intractable Pain

1983 1. APhA supports the continued classification of heroin as a Schedule I controlled substance.
2. APhA supports research by qualified investigators under the Investigational New Drug (IND) process to explore the potential medicinal uses of Schedule I controlled substances and their analogues.
3. APhA supports comprehensive education to maximize the proper use of approved analgesic drugs for treating patients with chronic pain.
4. APhA recognizes pharmacists receiving controlled substance prescription orders used for analgesia have a responsibility to ensure that the medication has been prescribed for a legitimate medical use and that patients achieve the intended therapeutic outcomes.
5. APhA advocates that pharmacists play an important role on the patient care team providing pain control and management.


35. The Committee recommends retaining the following policy statement.

2010 E-prescribing Standardization

1. APhA supports the standardization of user interfaces to improve quality and reduce errors unique to e-prescribing.
2. APhA supports reporting mechanisms and research efforts to evaluate the effectiveness, safety, and quality of e-prescribing systems, computerized prescriber order entry (CPOE) systems, and the e-prescriptions that they produce, in order to improve health information technology systems and, ultimately, patient care.
3. APhA supports the development of financial incentives for pharmacists and prescribers to provide high quality e-prescribing activities.
4. APhA supports the inclusion of pharmacists in quality improvement and meaningful use activities related to the use of e-prescribing and other health information technology that would positively impact patient health outcomes.


36. The Committee recommends retaining the following policy statement.

2010 Prescription Order Requirements

2001 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.

(JAPhA NS40(4):471 July/August 2010)
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.

Overarching Summary of Discussions

The Policy Review Committee reviewed existing policy statements and discussed whether the term “and/or caregiver” should be added after the term “patient” in all appropriate policy statement. The committee recognized the role of patient caregivers in health-related decisions when the patient is a child, dependent adult, or unable to make decisions on their own behalf. After further discussion, the committee recognized that when “patient” is used in policy, “patient caregiver” is assumed to assist in ways that best meets the needs of the patient, and is included within the scope of the term “patient.” Therefore, the committee has no recommendations to universally change existing policy statements regarding patients and patient caregivers.

The Policy Review Committee reviewed existing policy statements and discussed universally changing the term “pharmaceutical care” to “patient care.” The committee recognized the shift in using the more contemporary term “patient care.” After further discussion, the committee recognized that “patient care,” “medication therapy management services,” “and “pharmaceutical care” are terms that reflect expanded scope of services offered by pharmacists. Therefore, the committee has no recommendations to universally change the term “pharmaceutical care” to “patient care” in existing policy statements at this time, and instead recommends changing to individual statements, where appropriate.
The Policy Review Committee reviewed the following policies and felt that issues related to the policies were beyond the scope of the committee’s work. The Committee recommends the policies as topics for consideration in the 2012-2013 policy development process.

Please note: this recommendation is not to be presented for consideration (vote) by the 2012 House of Delegates; moreover, the Committee is exercising its right as delegates and APhA members to recommend policy topic ideas to the APhA-APPM/APRS/ASP Joint Policy Standing Committee and the APhA Board of Trustees.

1. **Disposal of medications and hazardous pharmaceuticals and materials**

   **2004 Medication Disposal**
   1. APhA encourages the Environmental Protection Agency and other appropriate entities to continue research exploring any connection between the disposal of discarded prescription and OTC medications and contamination of the water supply.
   2. APhA encourages the development of programs for safe medication disposal.
   3. APhA encourages appropriate government entities to accept responsibility for implementation and associated costs of safe medication disposal programs for consumers.


   **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.


2. **Dietary supplements**

   **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.


3. Unions, employment, and other workplace issues

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 pharmaceutical 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 pharmaceutical care as established by the profession.


2007 Employment Standards Policy Statement

1970 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 pharmaceutical 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 unhesitantly 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 to the individual sick person includes not depriving the public of their pharmaceutical 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.