Report of the 2017 APhA-ASP Resolutions Committee
Appendix A – Proposed Resolution Ranking & Feedback
TRANSPARENCY AND ACCESSIBILITY OF PROPOSED RESOLUTIONS

The following recommendations were made during the fall 2013 APhA-ASP Midyear Regional Meetings to the APhA-ASP Resolutions Committee:

**Location:** Region 3 MRM in Birmingham, AL – Sunday, November 3, 2013  
**Action:** Improve/Amend APhA-ASP Policy Process

RIII.4 - Resolution Process Transparency and Accessibility  
APhA-ASP strongly encourages an increase in the transparency and accessibility of the policy process.

1. APhA-ASP supports creating official methods for constructive comments and feedback to be made available for chapters following the decisions and actions of the Resolutions Committee, which could aid chapters in the development of future resolutions.

2. APhA-ASP affirms that all chapters across the country should have access to all proposed resolutions and aforementioned feedback to further encourage communication and transparency between regions and their policy ideas.

FEEDBACK TO REGIONS

While reviewing each of the proposed resolutions, the APhA-ASP Resolutions Committee developed a ranked list of policy proposals, and after 3 rounds of discussion, the Committee developed a consensus on the top issues. Within the full list of proposed resolutions, the Committee has provided a reason code as well as a percentage of where the resolution ranked within the overall list.

**Reason Codes:**

1 – Proposed Resolution is a great idea and received serious consideration and discussion.  
2 – Proposed Resolution is a good idea, but not a priority for APhA-ASP at this time.  
3 – Proposed Resolution is too similar to existing active and/or inactive resolutions.  
4 – Proposed Resolution is too specific or too narrow of scope for APhA-ASP to address nationally.  
5 – Proposed Resolution was not viewed as priority due to existing initiatives related to that issue.  
6 – Proposed Resolution is in conflict with current APhA or APhA-ASP policy.

**Percentage Rank:**

A – Proposed Resolution ranked within the top 1% - 20% of all proposals.  
B – Proposed Resolution ranked within the 21% - 40% of all proposals.  
C – Proposed Resolution ranked within the 41% - 60% of all proposals.  
D – Proposed Resolution ranked within the 61% - 80% of all proposals.  
E – Proposed Resolution ranked within the bottom 81% - 100% of all proposals.
HOW TO READ THE LIST OF PROPOSED RESOLUTIONS

During the deliberations of the APhA-ASP Resolutions Committee Meetings, the Committee needs a way to organize proposed resolutions based upon the current APhA-ASP Policy Book by issue, and then also group similar ideas passed among all of the Midyear Regional Meeting Closing Business Sessions. The following method has been developed to organize and rank the proposed resolutions.

Example of (Past) Issue:

(27.RII.3) = ISSUE NUMBER XX, REGION 2, PASSED POLICY #3

27.RII.3 - Recycling and Use of Energy Efficient Practices
APhA-ASP proposes that the practice of pharmacy be carried out under environmentally conscious conditions, unless such conditions would be detrimental to the health and safety of patients. This includes but is not limited to the use of renewable resources, the practices of recycling, proper storage and disposal of harmful substances, and the use of energy efficient practices and procedures.

Issue Number: 27. = “ISSUE NUMBER”

Please note that there may be multiple proposed policies under a specific issue number. Rankings are provided for the “issue number” only and not a specific proposed policy.

Roman Numerals: RI = REGION 1 RII = REGION 2
RIII = REGION 3 RIV = REGION 4
RV = REGION 5 RVI = REGION 6
RVII = REGION 7 RVIII = REGION 8

Passed Policy: 3. = “PASSED POLICY”

The order in which the proposed resolutions were passed during the Closing Business Session at the MRM.

Policy Book: IV. CURRICULUM
IV e. CURRICULUM - SPECIFIC COURSES

Corresponds to the policy heading found in the APhA-ASP Policy Book. Please review the policy book as you are reviewing the proposed polices.

Rank & Percentage: Examples: 1/A or 5/E

See the above Feedback to Regions section of this document.
PROPOSED POLICIES FORWARDED

Please note that the following proposed resolutions from the Fall 2016 Midyear Regional Meetings were forwarded directly to the APhA-ASP National Executive Committee and Student Development Staff:

- 1.R1.5 – Stimulating Disruptive Innovation in Pharmacy Practice with an APhA Led Venture Accelerator
- 2.R2.1 – Operation Breathe
- 4.R4.11 – Public Health Education/Poison Control
- 12.R2.6/R3.4 – Opioid Reversal Agent Training/Education
- 13.(Multiple Regions) – Prescription Drug Monitoring Programs (Addressed in Committee Report)
- 71.(Multiple Regions) – Pharmacy Benefits Manager Transparency (Addressed in Committee Report)

All of the APhA-ASP Midyear Regional Meeting Closing Business Session Reports can be found on the APhA-ASP House of Delegates webpage on pharmacist.com. Please contact your Regional Delegate if you have any questions or concerns.
I. APhA-ASP POLICY / ORGANIZATIONAL ISSUES

1.R1.5 – Stimulating Disruptive Innovation in Pharmacy Practice with an APhA Led Venture Accelerator
APhA-ASP encourages innovation in pharmacy practice to progress the profession of pharmacy by supporting student pharmacist and pharmacist entrepreneurs with innovative solutions and technologies through a venture accelerator. 2/D

2.R2.1 – Operation Breathe
APhA-ASP supports the development of Operation Breathe, a new national operation that focuses on the screening, prevention, and education of breathing related disease states including, but not limited to, black lung disease, smoking and asthma in the community. 2/B

3.R4.10 – Public Health & Social Justice
APhA-ASP encourages all student pharmacists to be educated and identify underserved populations and provide Patient Care Projects (PCPs) in these areas. Every APhA-ASP chapter is encouraged to have a Social Justice Vice President who dedicates time to create and carry out PCPs to underserved populations. 4/D

4.R4.11 – Public Health Education/Poison Control
APhA-ASP encourages pharmacists and student pharmacists to incorporate an Operation Poison Control to promote and support the services provided by poison control centers (PCCs) and advises pharmacists and student pharmacists to volunteer their expertise and time to alleviate the burden of limited funding, faced by many PCCs across the nation. 2/D

II. COLLABORATIVE AGREEMENTS
   II.b. COLLABORATION WITH OTHER HEALTH PROFESSIONALS

5.R3.2 – Promoting Health Literacy and Positive Patient Health Outcomes by Inclusion of Intended Use on all Prescriptions
1. APhA-ASP advocates for optional labeling of all medications with intended use for prescription medications to promote health literacy and comprehensive patient education.
2. APhA-ASP encourages prescriber documentation of intended use with either FDA label or off label uses to enhance patient education.
3. APhA-ASP encourages prescriber transparency in documenting intended FDA label or off label use where clinically appropriate and sound evidence supports use. 3/B

6.R3.8 – Hospital-Pharmacy Transition of Care
1. APha-ASP advocates for the fluidity of the transition of care between the healthcare facility from which a patient is discharged, and the patient’s pharmacy of choice.
2. APhA-ASP advocates for the implementation of policies and technology systems that facilitate the secure and direct delivery of discharge papers from hospitals to community pharmacies. 1/A

6.R5.3 – Transition of Care Including Pharmacists and Student Pharmacists
APhA-ASP recommends that pharmacists and student pharmacists specifically be involved in supporting transitions of patient care within the hospital and community pharmacy setting. Transitions of care may be defined as but not limited to medication reconciliation and counseling upon points of care such as hospital admission and discharge, as well as communications between prescribers and pharmacists about discontinuation of or changes in dosing of medications to improve overall patient outcomes. 1/A
R6.2 – Active Role of Pharmacists in the Transition of Care of High Risk Patients
1. APhA-ASP encourages CMS to incentivize hospitals to utilize Transition of Care Pharmacists if the hospital does not perform well enough on the CMS’ Hospital Readmissions Reduction Program.
2. APhA-ASP encourages all hospitals with a 2/3 patient population having 4 or more chronic conditions* to utilize Transition of Care Pharmacists.
3. APhA-ASP encourages all hospitals with greater than 1/6 of 30 day unplanned readmission rates to utilize Transition of Care Pharmacists. 1/A
*Chronic conditions would include Alzheimer’s Disease and Related Dementia, Arthritis, Asthma, Atrial Fibrillation, Autism Spectrum Disorders, Cancer, Chronic Kidney Disease, Chronic Obstructive Pulmonary Disease, Depression, Diabetes, Heart Failure, Hepatitis, HIV/AIDS, Hyperlipidemia, Hypertension, Ischemic Heart Disease, Osteoporosis, Schizophrenia and other psychotic disorders, and Stroke in addition to any other illnesses seen fit.

R6.8 – Pharmacist Driven Discharge Process
APhA-ASP advocates for a pharmacist-driven team approach to the discharge counseling process, with an emphasis on improving patient compliance, safety and health outcomes. 1/A

1. APhA-ASP supports the prevention of drug diversion, abuse, and misuse by encouraging the inclusion of the pharmacist as a responsible and crucial entity in pain management contracts with patients and prescribers.
2. APhA-ASP supports the incorporation of drug diversion/abuse/misuse prevention education into the pharmacy curriculum to train student pharmacists how to work synergistically with other health care providers and patients through pain management contracts, state prescription drug monitoring systems, and verbal interactions with the patient and provider to ensure safe and effective health care. 2/A

8.R6.1 – Interprofessional Advancement
APhA-ASP supports the advancement and development of interprofessional collaboration for student and professional pharmacists alike, congruent with the 2016 ACPE Accreditation Standards. 3/D

9.R7.3 – Prescribing Diabetic Supplies
APhA-ASP supports the ability of pharmacists to renew existing prescriptions and bill insurance for diabetic supplies, including but not limited to: pen needles, insulin needles, testing strips, and meters, for better and more cost effective management of diabetes in patients. 1/A

10.R7.7 – Chronic Disease State Management by Pharmacists
APhA-ASP supports the implementation of pharmacist-led chronic disease state management programs in community pharmacies and ambulatory care clinics. These programs may include, but are not limited to, management of diabetes, hypertension, asthma, hyperlipidemia, and anticoagulation. 3/A

11.R8.2 – Allowing Pharmacists to Order and Interpret Tests
APhA-ASP supports legislation allowing pharmacists to order and interpret tests for the purpose of monitoring and managing the efficacy and toxicity of drug therapies, in coordination with the patient’s primary care provider or diagnosing prescriber. 3/A

III. CHEMICAL DEPENDENCY & HABIT FORMING SUBSTANCES
11.b. ADDICTION EDUCATION

12.R2.6 – Opioid Reversal Training
APhA-ASP encourages all schools and colleges of pharmacy to offer and/or promote opioid reversal training or certification for student pharmacists. 3/A
R3.4 – Opioid Reversal Agent Education
APhA-ASP strongly encourages schools and colleges of pharmacy to offer training on opioid reversal agents, including, but not limited to, the administration, effects, and proper counseling of the emergency opioid reversal agents. 3/A

III. CHEMICAL DEPENDENCY & HABIT FORMING SUBSTANCES
   III c. SALE OF HABIT FORMING SUBSTANCES

R1.10 – Enhancing State-Run Prescription Drug Monitoring Programs
APhA-ASP reaffirms resolution 2008.6, and furthermore, encourages all state-run prescription drug monitoring programs (PDMPs) tracking the prescribing and dispensing of controlled prescription drugs to enact and implement real-time data collection as well as interstate operability. 1/A

R4.4 – Promoting Drug Monitoring by Physicians to Reduce Drug Abuse
APhA-ASP encourages physicians to review electronic drug monitoring databases before prescribing controlled medications to reduce the abuse of those medications. 1/A

R5.1 – Preventing and Identifying Prescription Drug Abuse
1. APhA-ASP recommends that each medication dispensed to a patient or patient representative in every state must follow a Prescription Drug Monitoring Program.
2. APhA-ASP recommends that all Prescription Drug Monitoring Programs be interoperable between neighboring states, with intention of expanding nationally.
3. APhA-ASP recommends that all prescribers are able to e-prescribe all prescriptions, including controlled substances. 1/A

R1.4 – Forced electronic prescribing for Schedule II-V medications and monitoring of patient pick up
APhA-ASP recommends that all schedule II-V prescriptions be sent in electronically and no longer hand written. 1/A

R6.3 – National Drug-Monitoring Program
APhA-ASP encourages the use of a nationwide controlled substance database by pharmacists by connecting current state databases in accordance with privacy laws to prevent diversion and abuse. 1/A

R6.5 – National Prescription Drug Monitoring Program
APhA-ASP reaffirms resolution 2008.6 and calls upon federal legislation to create a national prescription drug monitoring program to broaden monitoring of controlled substances beyond individual state lines in order to combat prescription drug misuse and abuse. 1/A

R4.2 – Pharmacy Interns Transferring Controlled Substances
APhA-ASP supports the ability of licensed pharmacy interns, under the supervision of a pharmacist, to transfer Schedule III, IV, and V controlled substance prescriptions in and out of pharmacies for refill purposes. 2/D

IV. CURRICULUM
   IV a. CURRICULUM - DISEASES / DISEASE STATE MANAGEMENT

R2.4 – Student Immunization Training
APhA-ASP encourages ACPE to make it a requirement that student pharmacists actively receive immunization training during their first or second year of pharmacy school, pending that state laws allow student pharmacists to vaccinate. 3/C

R3.3 – Mental Health Education
1. APhA-ASP supports the inclusion of mental health education and training in the curricula of all colleges and schools of pharmacy.
2. APhA-ASP encourages all stakeholders to engage in opportunities to increase mental health awareness, eliminate any stigma, and refer patients to applicable professionals. 1/A

17.R4.12 – Pain Management Education
APhA-ASP recommends the inclusion of pain management education and training into the curricula of all schools and colleges of pharmacy. 2/B

18.R7.6 – Psychoactive Drug Education
APhA-ASP supports requiring education of common psychoactive drugs in all PharmD programs, including informative training about available treatment programs and harm reduction centers. 4/C

IV. CURRICULUM
   IV.c. CURRICULUM – EMERGENCY PREPAREDNESS

19.R1.2 – Medication Training
APhA-ASP supports expansion of training sessions for pharmacists and student pharmacists for emergency medications, including but not limited to epinephrine auto-injectors, glucagon emergency kits, rescue inhalers and naloxone. 3/B

IV. CURRICULUM
   IV.e. CURRICULUM - SPECIFIC COURSES

20.R2.2 – Increased Incorporation of Pharmacogenomics into the PharmD Curriculum
1. APhA-ASP strongly encourages accredited schools of pharmacy to incorporate an elective pharmacogenomics certification program into their curriculum.
2. This elective certification program should further explore the area of pharmacogenomics, including practice testing and advanced skills in treatment of patients with genetic differences which may affect pharmacologic therapy. 3/C

21.R2.9 – Transitions of Care Education
APhA-ASP supports the inclusion of ‘transitions of care’ as part of the curriculum in every college of pharmacy. 1/A

22.R2.10 – Increased Access to Opioid Reversal Agents
APhA-ASP encourages all schools and colleges of pharmacy to incorporate a training course educating all student pharmacists in storage, assembly, and proper administration of opioid reversal agents in situations of opioid-related overdose. 3/C

23.R3.1 – Student/Faculty/Administration - Financial Aid
APhA-ASP encourages schools of pharmacy to offer, as a co-curricular option or workshop, financial education and training for managing personal finance and student loans during pharmacy school and post-graduation. 4/D

24.R3.10 – Incorporating Health Literacy into Pharmacy Curriculum
APhA supports the incorporation of health literacy teachings into the pharmacy curriculum in order to ensure pharmacy students are aware of the disconnect between patients and healthcare providers, to ensure students are able to recognize situations in which health literacy is an issue, and to ensure students are better equipped to take the necessary steps to ensure patients are utilizing medications in the best possible manner. 3/D

25.R5.5 – Biosimilar Products
1. APhA-ASP supports the continued research, development of interchangeable products, and implementation of clinical standards regarding the use of biosimilar products.
2. APhA-ASP encourages all schools and colleges of pharmacy to incorporate education regarding biosimilars into the curriculum.
3. APhA-ASP encourages the development of continuing education and training programs to support existing practitioners’ understanding of biosimilars.

4. APhA-ASP encourages pharmacists and student pharmacists to educate all health care providers about biosimilar products. 2/B

26.R6.7 – Marijuana Education
APhA-ASP encourages the inclusion of education on marijuana in all pharmacy school curricula and in continuing education programs. 1/B

V. STUDENT / FACULTY / ADMINISTRATION
V e. STUDENT / FACULTY / ADMINISTRATION - INPUT ON CURRICULUM

27.R2.12 – Expanded Opportunity for Simulated Patient Interaction
APhA-ASP strongly encourages all ACPE-accredited schools and colleges of pharmacy to expand simulated patient care interactions which supplement experiential learning curriculum experiences. 3/C

28.R3.6 – Pharmacists in Public Health
APhA-ASP encourages Colleges/Schools of Pharmacy to incorporate pharmacy practice faculty into public health sectors, as to offer experiential educational opportunities that explore new roles for pharmacists in public health. 4/E

29.R4.3 – Drug Take Back Programs in College’s of Pharmacy
APhA-ASP encourages pharmacy schools to be involved in drug take back programs. 3/D

VIII. LICENSURE

30.R3.12 – Pharmacy Reciprocity Licensure Requirements
APhA-ASP encourages the National Association of Boards of Pharmacy to better facilitate the reciprocity licensure process among all states. 2/E

31.R8.7 – Pharmacy Intern License to All Students
APhA-ASP recommends that all pharmacy students be granted a pharmacy intern license at the beginning of their first year of school, contingent upon verified active enrollment in a pharmacy school. 2/E

X. LEGISLATIVE RECOMMENDATIONS / POLITICAL ACTION
X a. LEG REC / POLITICAL ACTION – CALL FOR LEGISLATION / REGULATION

32.R1.3 – Substance Abuse Legislation and PAARI Support
1. APhA-ASP supports the Police Assisted Addiction and Recovery Initiative. Patients with substance use disorders seeking help are not treated as criminals that will be incarcerated. Patients with substance use disorders that turn themselves in to participating Police Departments are provided a support system and transported to a rehabilitation facility.

2. APhA-ASP supports state and federal legislation that aids patients with substance use disorders in getting treatment and rehabilitation services as opposed to incarceration. 4/B

33.R1.8 – Anti-Mandatory Mail Order
APhA-ASP supports legislation which would prohibit pharmacy benefit managers and insurance companies from mandating the use of mail order services, thereby giving patients the opportunity to fill their medications where they desire to best fulfill their health care needs. 1/A

33.R3.9 – Patient’s Right to Choose Their Pharmacy
APhA-ASP supports the patient’s right to choose if they have their prescriptions filled face-to-face with a community pharmacy or mail order without a discrepancy in pricing from insurance companies. 1/A
34.R2.3 – Expedited Generic Review Process
APhA-ASP proposes the expedited review of drug generic Abbreviated New Drug Applications (ANDA) for which only two or fewer generics exist and are not produced by the same manufacturer, granted all other safety, efficacy, and application requirements are met. 2/C

35.R2.11 – Injectable Medications Ease of Access
APhA-ASP supports legislation giving pharmacists the authority to bill third party payers via a standing order for devices (such as syringes, pen needles, V-Go Insulin Delivery Device) needed for the delivery of injectable prescription medications as long as the following stipulations are met:
1. The devices provided are consistent with and equivalent to the patient’s usual regimen of their prescribed injectable medication(s).
2. The patient is not refilling the devices during a time frame that is considered too early for filling by the third party payer’s policy.
3. The dispensing of such devices coincides with the frequency of administration for the injectable medication(s) that the patient has a valid and unexpired prescription for. 1/B

36.R3.14 – Pharmacist Prescriptive Authority for Hormonal Contraceptives
APhA-ASP encourages state and federal legislation to allow pharmacists to prescribe hormonal contraceptives to adults 18 years or older, including oral contraceptives, contraceptive patches, and contraceptive rings, in an effort to improve access to birth control and reduce unintended pregnancies and decrease costs to the healthcare system. Prescriptive authority will be dependent on completion of mandatory contraceptive prescribing training. 3/A

36.R4.17 – Pharmacists Increasing Access to Oral Contraceptives
APhA-ASP encourages APhA and state pharmacy associations to pursue legislation and/or the authority that would allow pharmacists to:
1. Help patients select the proper form of birth control, using the US Medical Eligibility Criteria for Oral Contraceptives.
2. Dispense the proper oral contraceptive pursuant to prescriber-approved protocols.
3. Counsel the patient on the proper use of the selected form of contraception. 3/A

37.R4.1 – Online Direct-to-Consumer Pharmaceutical Advertising
APhA-ASP supports the creation of legislation that provides formal guidelines for the regulation of online direct-to-consumer advertising of pharmaceutical products. 1/C

38.R4.9 – Partial Fills of Controlled Substance Schedule II Prescriptions
APhA-ASP encourages state regulatory agencies to update regulations to achieve compliance with the federal Comprehensive Addiction and Recovery Act (CARA), through the allowance of partial fills for controlled substance Schedule II prescriptions. 4/C

39.R4.13 – Epinephrine Dispensing and Administration
APhA-ASP supports legislation that grants pharmacists the ability to dispense and/or administer epinephrine to individuals in the case of an emergency without the need for a prescription. 3/A

40.R4.20 – 10-Day Supply for “As Needed” or “PRN” Prescriptions
APhA-ASP recommends legislation to limit the number of days supply to 10 per fill for a prescription designated as either “as needed” or “PRN.” 4/E

41.R4.15 – Changing Fill Quantities
APhA-ASP supports the Pharmacist’s right to change chronic/maintenance medications between 30 and 90-day supply as long as total medication filled for that prescription remains the same. 2/A
41. R5.2 – Pharmacist Extension of Prescription Day Supply
1. APhA-ASP supports legislation allowing pharmacists to dispense refills of non-controlled prescription medications up to a 90-day supply per patient request as long as the dispensed quantity does not exceed the total quantity of the original prescription.
2. APhA-ASP encourages pharmacists to exercise professional judgment when allowing patients to receive a greater day supply than the prescription was originally written for. 2/A

42. R6.4 – Clinical Indication Requirement for Antibiotic Therapy
APhA-ASP supports implementation of a legal requirement for the clinical indication (e.g. Acute Bronchitis) to accompany all antibiotic prescriptions and orders to ensure appropriate therapy and promote antimicrobial stewardship. 3/B

43. R8.1 – Regulatory Actions for the Safe Dispensing and Disposal of Oral Anticancer Chemotherapy
APhA-ASP proposes and advocates for regional and federal legislations that will enhance the compliance of relevant stakeholders in the proper disposal of hazardous oral anti-cancer chemotherapy drugs, such as encouraging the Boards of Pharmacy to mandate proper identification of hazardous drugs through prescription labeling. 4/C

X. LEGISLATIVE RECOMMENDATIONS / POLITICAL ACTION
X b. LEG REC / POLITICAL ACTION – CALL FOR POLITICAL ACTION

44. R2.5 – Primary Care Pharmacy
APhA-ASP recommends that chain stores be prevented from encouraging customers to switch their prescriptions from one commercial pharmacy to another via the use of offering competing gift cards for transferring prescriptions. 3/E

45. R4.6 – New and Improved Valid Prescription Requirements
APhA-ASP encourages pharmacists and student pharmacists to actively promote and advocate for ALL prescriptions to include the following to improve patient safety and outcomes.
   • Drug name
   • Drug strength
   • Dosage form
   • Quantity prescribed
   • Directions for use
   • Number of refills (if any) authorized
   • Intended indication for use
   • A proper diagnosis code
   • Dated and signed on the date when issued
   • Patient’s full name and address
   • Practitioner’s full name, address, and DEA registration number (if applicable) 4/E

46. R8.3 – VA Pharmacy Expansion
APhA-ASP strongly recommends that the Veteran Affairs (VA) health system expand veteran’s access to healthcare by providing alternative pharmacy options to the current VA system. 2/D

XIII. PATIENT EDUCATION

47. R1.6 – Innovative Medication Adherence Programs
APhA-ASP encourages the development of innovative programs designed to improve medication adherence and reduce occurrence of adverse events associated with non-adherence. 2/D

APhA-ASP encourages pharmacists and student pharmacists to ask each patient open-ended questions to promote discourse on medication regimen and/or safety concern(s). 4/E
49.R3.11 – The need to emphasize lifestyle changes and nutritious balanced diet in patient counseling
APhA advocates for pharmacists and student pharmacists to take a more proactive role in emphasizing the need for lifestyle changes and nutritious balanced diet during patient counseling in order to improve better health care outcome and patient care. 5/D

50.R3.16 – Disease Prevention through Public Education
APhA-ASP encourages pharmacists and student pharmacists to increase the awareness and utilization of appropriate over-the-counter products and non-pharmacological measures to protect the public from disease, virus, and other morbidities that burden our communities. 5/D

51.R3.17 – Addressing the Healthcare Needs of Refugees
APhA-ASP supports the active involvement of pharmacists and student pharmacists in educating members of the refugee population on topics regarding:
1. Navigating the healthcare system.
2. Accessing programs to help obtain prescription and non-prescription medications.
3. Medication safety and adherence.
4. Disease state symptoms and prevention. 4/D

XVI. PHARMACEUTICAL CARE / PATIENT CARE

52.R1.9 – Medication reconciliation by pharmacists and pharmacy students
APhA-ASP recommends that pharmacists and/or student pharmacists carry out medication reconciliation, medication education, and post-discharge callbacks to high-risk patients. 5/B

53.R2.13 – Increased Pharmacist Involvement in Mental Health Services and Reduction of Mental Health Stigma
1. APhA-ASP advocates for the expansion of pharmacist-driven mental health services including but not limited to participation in psychiatric interprofessional teams, the provision of screening and risk assessments, and the prevention and treatment of opioid addiction.
2. APhA-ASP calls on all stakeholders to develop and adopt evidence-based approaches to reduce mental health stigma. 1/A

53.R5.4 – Utilizing Pharmacists to Address the National Mental Health Crisis
APhA-ASP promotes the increased utilization of pharmacists and student pharmacists in both community and clinical settings to address the ongoing mental health crisis in the United States. This includes, but is not limited to utilizing pharmacists in an active role to promote optimal patient care by:
1. Encouraging the inclusion of pharmacists, where applicable, among named healthcare professionals in legislation aimed towards addressing mental health care.
2. Supporting student-led initiatives to reduce the stigma surrounding mental illnesses.
3. Encouraging the incorporation of pharmacists into interprofessional care teams.
4. Recommending that pharmacies have an accessible and up-to-date list of mental health resources in the community displayed publicly, including counseling services, emergency resources, and suicide hotlines. 1/A

54.R3.15 – Pharmacist’s Ability to Carry Auto-Injector Epinephrine
APhA-ASP supports a pharmacist ability to maintain, carry, and administer epinephrine auto-injector to a patient in a life-threatening emergency situation. 5/D

55.R7.2 – Death With Dignity: Supporting Pharmacist’s Role in Physician-Aided Dying
APhA-ASP supports pharmacists’ right in choosing to fill or not fill prescriptions used for physician-aided dying, if it is a legalized practice in the state where they are licensed. 2/C
56.R8.6 – Proposed Enhanced MTM Model Encounter Data Structure and Pilot Monitoring
APhA-ASP supports the use of the Proposed Enhanced MTM Model Encounter Data Structure and Pilot Monitoring measures to evaluate the value of MTM services for Medicare beneficiaries. 5/E

XVII. PHARMACY SUPPORT PERSONNEL

57.R7.1 – Tech-Check-Tech
APhA-ASP supports specially trained pharmacy technicians to check the work of other pharmacy technicians of product verification. 5/D

XVIII. SAFETY

58.R1.1 – Proper Medication Disposal Including Needles/Syringes
1. APhA-ASP supports community pharmacies having brochures that describe safe medication disposal practices, include the FDA list of drugs that can be flushed down the toilet, and the location of medication take back centers as well as proper sharps disposal sites. This brochure is optional to include with all prescription and OTC medications bought at the pharmacy counter.
2. APhA-ASP promotes increased involvement of community pharmacies as being a site for medication take back for non-controlled and controlled substances to minimize diversion, liability, and financial burden to all stakeholders. 3/B

58.R3.7 – Sharps Disposal
1. APhA-ASP encourages that pharmacies provide sharps disposal education when dispensing sharps.
2. APhA-ASP recommends that pharmacies provide resources on needle disposal programs and collection sites or provide services to take back sharps waste. 3/B

59.R2.15 – Availability of Tamper-Resistant Pseudoephedrine Products
APhA-ASP supports the availability of tamper-resistant formulations of pseudoephedrine products in all retail pharmacies. 4/E

60.R4.5 – Opioid Patch Exchange
APhA-ASP recommends pharmacists implement a patch exchange program for opioid narcotics such as Fentanyl (Duragesic) patches to reduce opioid abuse. 4/E

61.R4.19 – Allergen Labeling
APhA-ASP supports the labeling of allergens on prescription manufacturer’s bottles. 2/E

XIX. WORKPLACE ISSUES

62.R1.7 – Mandatory, uninterrupted 30min breaks for retail pharmacists
APhA-ASP reaffirms resolution 2001.6, and furthermore, strongly encourages retail pharmacists to take at least a 30-minute, uninterrupted break in any shift lasting longer than 6 continuous hours. 5/C

63.R4.7 – Health Information Exchange Programs
1. APhA-ASP encourages the utilization of existing electronic Health Information Exchange Programs to all patient populations and practice settings.
2. APhA-ASP supports efficient means of communication through implementation of health information technology in the pharmacy that gives the community pharmacist access to patient’s medical records in order to make a sound decision and be able to fully engage in the patient’s therapeutic plan and ultimately therapeutic outcomes.
3. APhA-ASP supports Medicare and Medicaid beneficiaries to be enrolled into a shared electronic health information database accessible to all their healthcare providers. 3/A
63.R7.5 – Expanding Automation and Information Technology in Pharmacy Practice
APhA-ASP advocates for the inclusion of pharmacists in the establishment, enhancement and development of software for electronic health care information technologies and systems that must be interoperable, HIPAA compliant, integrated with claims processing, updated in a timely fashion, allow for direct data analysis by pharmacists, and do not place disproportionate financial burden on any one health care provider or stakeholder. 3/A

63.R8.10 – Electronic Health Records in Community Pharmacy Practice Settings
APhA-ASP supports the implementation and use of patient Electronic Health Records (EHRs) in community pharmacy practice settings. 3/A

64.R4.16 – Patient Name Standard of Care
APhA-ASP encourages pharmacists and student pharmacists to support using the patient’s name as it appears on his or her social security card at a pharmacy and/or medical office. 4/E

65.R6.6 – Safety of the pharmacy workplace
APhA-ASP encourages the development of work-conditions that promote patient safety by restricting the use of performance metrics or quotas in pharmacies that only account for volume of prescriptions and not patient safety. 3/C

66.R6.7 – Reducing Pharmaceutical Waste
1. APhA-ASP supports the development and expansion of existing infrastructure that would connect unused quality medications to clinics in low income areas and patients in need.
2. APhA-ASP encourages all pharmacies utilize existing infrastructure to the best of their abilities in order to minimize pharmaceutical waste. 4/C

67.R7.4 – Implementation of paid parental leave for pharmacists
APhA-ASP supports the implementation of paid parental leave for all practicing pharmacists who currently receive benefits in order to ensure safety in the workplace, equality, and the promotion of sufficient mother/father involvement early in a child’s life. 4/C

68.R8.4 – Private Consultation Areas in Community Pharmacies
APhA-ASP recommends that consultation areas in community pharmacies provide adequate privacy for the patient receiving consultation. 3/E

69.R8.5 – Documenting Patients Use of Electronic Nicotine Delivery Systems (ENDS)
APhA-ASP encourages documentation of Electronic Nicotine Delivery Systems (ENDS) use as part of a patient’s social history during a patient interview. 4/E

70.R8.11 – Overcoming Language Barriers in Pharmacy Practice
APhA-ASP encourages the implementation of a standardized computer software program for translation services to supplement current consultation services. 2/E

XXI. INSURANCE

71.R2.7 – Increased Oversight into Pharmacy Benefit Managers
1. APhA-ASP supports increased research and oversight of Pharmacy Benefit Managers (PBMs), specifically the extent to which they can steer patients to mail order services and the effect on patient care as a result of these changes.
2. APhA-ASP strongly urges greater research and oversight on the financial implications that PBM owned specialty pharmacies have on patients and the subsequent effect on patient care.
3. APhA-ASP calls for greater transparency requirements on PBMs regarding how networks are designed in order to provide patients with more competitive opportunities for pharmacists’ care, more available information on how PBMs charge patients and healthcare professionals, and less ambiguity on how much money is made on rebates and how much of these savings are extended to employers and patients. 1/A
71.R3.13 – Defending the pharmacy setting against unfair PBM practices
1. APhA-ASP calls for PBM transactions to be effectively regulated in order to provide better fulfillment and management of their responsibilities.
2. APhA-ASP proposes transparency on the processes of calculating pharmacy reimbursements, determination of MACs and how manufacturer’s reimbursements are administered. 1/A

71.R4.18 – Pharmacy Reimbursement
1. APhA-ASP encourages regulation that requires transparent pharmacy reimbursement practices by pharmacy benefit managers (PBMs).
2. APhA-ASP encourages regulation and increased transparency of pharmacy fees imposed by pharmacy benefit managers (PBMs), including but not limited to, direct and indirect remuneration (DIR) fees. 1/A

71.R8.9 – Transparency in Drug Prices
APhA-ASP supports legislative efforts to increase transparency in drug pricing and promote accountability for drug price increases. 1/A

72.R2.8– Insurance Coverage for Emergency Contraceptives
APhA-ASP supports insurance coverage of over-the-counter emergency contraception dispensed without a prescription, with purchase limitations to ensure appropriate use. 2/B

73.R2.14 – Increasing Access to Critical Medications
APhA-ASP supports increasing access to critical drugs, such as those identified by the World Health Organization Model List of Essential Medicines, by encouraging pharmaceutical companies to work with other healthcare organizations in minimizing medication costs. 2/C

74.R4.8 – Insurance Reimbursement for Pharmacist Initiated Smoking Cessation Therapy
APhA-ASP recommends insurance reimbursement for pharmacist initiated smoking cessation therapy under a protocol with a prescriber. 5/B

75.R8.8 – Coverage of Compounded Medications
APhA-ASP encourages legislation which would facilitate coverage of compounded medications that are medically indicated for patients by third party payers. 2/B