Report of the 2016 APhA-ASP Resolutions Committee

Appendix A

2016 Proposed Resolution Ranking & Feedback to the APhA-ASP Regions and Chapters
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

R3.4 - 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.

The 2016 APhA-ASP Resolutions Committee reviewed the process from the previous year and felt that it was important to continue to provide student pharmacists and chapters with some level of feedback within the parameters of the Committee’s time and resources. If you have any questions or concerns, please contact your Regional Delegate.

FEEDBACK TO THE REGIONS

While reviewing each of the proposed resolutions, the APhA-ASP Resolutions Committee develops a ranked list of policy proposals, and after 3 rounds of discussion, the Committee develops 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 after the first round of ranking.

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.R2.3) = ISSUE NUMBER XX, REGION 2, PASSED POLICY #3

27.R2.3 - 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.

Region Number: R1 = REGION 1  R2 = REGION 2
R3 = REGION 3  R4 = REGION 4
R5 = REGION 5  R6 = REGION 6
R7 = REGION 7  R8 = 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 policies.

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

See the above Feedback to Regions section of this document.
Please note that the following proposed resolutions from the Fall 2015 Midyear Regional Meetings were forwarded directly to the APhA-ASP National Executive Committee for consideration.

- R3.10 – Operation Mental Health
- R6.3 – Mental Health Initiative
- R7.4 – Transgender Education
- R2.14 – Student Pharmacist Substance Abuse Education
- R2.5 – Opioid-abuse Detection Program

All of the Reports of the APhA-ASP Midyear Regional Meeting Closing Business Sessions can be found on the APhA-ASP House of Delegates page on pharmacist.com. Please contact your Regional Delegate (contact info) if you have any questions or concerns.
PROPOSED POLICIES SORTED BY ISSUE

I. APhA-ASP POLICY / ORGANIZATIONAL ISSUES

1. R3.10 – Operation Mental Health – 1A
   1. APhA-ASP supports the addition of a new patient care committee within APhA-ASP chapters to enable pharmacists and student pharmacists to improve patient access to mental health awareness, screenings, interventions, and support systems.
   2. APhA-ASP encourages the education of pharmacists and student pharmacists on the subject of mental health and intervention.
   3. APhA-ASP encourages training on pharmacists and student pharmacists on the use of screening and awareness tools on the subject of mental health.

2. R6.3 – Mental Health Initiative - 1A
   APhA-ASP recognizes the importance of the role pharmacists and student pharmacists play in the treatment and education of mental health conditions. In support of student pharmacists educating the public and raising awareness of the impact mental health has on medication related issues, the Academy of Student Pharmacists will develop and support a mental health initiative.

II. COLLABORATIVE AGREEMENTS
   II a. COLLABORATION WITH PHARMACY ORGANIZATIONS

2. R5.2 – Facilitating Acquisition and Retention of Intern Licenses – 2C
   APhA-ASP encourages state boards of pharmacy to issue intern licenses that last the duration of pharmacy school plus one year. Intern licenses will become invalid upon receipt of a registered pharmacist license or upon the student’s discontinuation from a school of pharmacy, apart from graduation.

3. R7.6 – Unionization of Pharmacists – 6C
   APhA-ASP condemns employer retaliation of any kind in response to pharmacist efforts to form or join a union.

4. R8.5 – Pharmacy Technician Licensing – 3E
   APhA-ASP encourages State Boards of Pharmacy to require pharmacy technicians to be licensed through the State Board of Pharmacy to practice as a pharmacy technician.
II. COLLABORATIVE AGREEMENTS
   II b. COLLABORATION WITH OTHER HEALTH PROFESSIONALS

5. R1.3 – Pharmacists to Administer Medications via Injection Ordered by a Physician – 1A
   APhA-ASP supports pharmacists and student pharmacists to administer via injection medications that are low-risk and require limited post injection monitoring as ordered by a physician.

5. R4.3 – Non-vaccine Injectables – 1A
   APhA-ASP encourages the advancement of certified pharmacists and student pharmacists with the ability to administer non-vaccine injectable medications by intramuscular and subcutaneous routes.

5. R6.2 – Administration of Long-Acting Injectable Contraceptives – 1A
   APhA-ASP encourages APhA and state pharmacy associations to actively pursue legislation that would allow pharmacists and student pharmacists to administer therapeutic injectables by prescription, such as long-acting injectable contraceptives, by prescription or protocol.

6. R2.4 – APhA’s Supportive Stance on OTC+ Program – 3A
   APhA-ASP supports the OTC+ program.

6. R2.11 – Pharmacists Enhancing Patient Access to Lifestyle Medications – 1A
   APhA-ASP supports the authorization of well-trained pharmacists initiating medications not pursuant to a diagnosis, including but not limited to, oral hormonal contraception products, nicotine replacement therapy, and medications recommended for international travelers.

6. R8.2 – Supporting legislation that allows pharmacists to furnish hormonal contraceptives, nicotine replacement therapy products, and travel medications to patients – 1A
   APhA-ASP supports legislation that enables pharmacists to furnish the following products directly to patients: self-administered hormonal contraceptives, nicotine replacement products, and prescription medications not requiring a diagnosis that are recommended for international travelers.

6. R4.6 – Pharmacist prescribing for smoking cessation medications – 1A
   1. APhA-ASP supports pharmacists prescribing for prescription smoking cessation products under a collaborative practice agreement when the medication use is indicated for smoking cessation.
   2. APhA-ASP encourages the standardization of education and training programs for pharmacists, and pharmacy students, concerning smoking cessation and smoking cessation medications.
   3. APhA-ASP encourages the implementation of smoking cessation programs in all pharmacy school curriculums.

6. R3.6 – Broad Spectrum Protocol Prescription for Strep Throat Infections – 3A
   APhA-ASP supports Pharmacists’ provision of antibiotic therapy targeted for the treatment of strep throat, under protocol agreement.

6. R4.11 – Pharmacists’ Authorization of Refills on Diabetic Supplies – 1A
   APhA-ASP supports the Pharmacists’ authorization of dispensing necessary diabetic supplies, such as needles, lancets, test strips, and devices to prevent glycemic events in patients who currently do not have any refills on their prescription(s).
7.R3.2 – Physician-owned Pharmacies – 2A
1. APhA-ASP advocates for direct pharmacist participation in the dispensing of medications in physician-owned pharmacies or dispensaries to ensure appropriate patient care.
2. APhA-ASP advocates for compliance with and enforcement of all legal and regulatory policies regarding conflict of interest and ethical patient care practices of physician-owned pharmacies or dispensaries.

III. CHEMICAL DEPENDENCY & HABIT FORMING SUBSTANCES
   III b. ADDICTION EDUCATION
8.R2.14 – Student Pharmacist Substance Abuse Education – 3B
APhA-ASP strongly supports the inclusion of a course elective (or section of a course) that provides detailed education about substance abuse and common drugs of abuse (including OTC, prescription, and illicit drugs) into the curricula of all schools and colleges of pharmacy.

8.R2.5 – Opioid-abuse Detection Program – 3B
APhA-ASP encourages all stakeholders, including but not limited to, employers, pharmacies, health-systems and pharmacy schools to develop and provide their pharmacists and student pharmacists with a course or section on detecting opioid-abuse.

III. CHEMICAL DEPENDENCY & HABIT FORMING SUBSTANCES
   III c. SALE OF HABIT FORMING SUBSTANCES
9.R1.2 – National Prescription Monitoring Program – 3B
APhA-ASP reaffirms APhA-ASP Resolution 2008.6 and furthermore supports the consolidation of state prescription drug monitoring programs into a nationwide electronic controlled substances registry in an effort to balance the need for patient access to prescription medications for legitimate medical purposes with the need to prevent diversion and abuse. This registry should be accessible by all healthcare professionals.

9.R2.7 – National Controlled Substance Record – 3B
APhA-ASP encourages the development of a nationwide medication record of controlled substances.

9.R4.12 – Pharmacist Use of Controlled Substance Registries to Prevent Diversion – 3B
APhA-ASP encourages that pharmacists screen all patients using national or state controlled substance registries before dispensing a schedule II prescription in order to curb diversion of controlled medications.
IV. CURRICULUM

IV a. CURRICULUM - DISEASES / DISEASE STATE MANAGEMENT

10.R3.9 – Medication Therapy Management Services – 3D
APhA-ASP supports the requirement of in-depth training on medication management services, including implementation and evaluation of services, in the didactic and experiential curricula of schools/colleges of pharmacy.

IV. CURRICULUM

IV e. CURRICULUM - SPECIFIC COURSES

11.R1.1 – Naloxone (Narcan®) Education – 3A
1. APhA-ASP supports the mandatory inclusion of naloxone (Narcan®) education into school of pharmacy’s curriculum.
2. APhA-ASP supports mandatory naloxone (Narcan®) administration training for student pharmacists prior to graduation.

11.R4.7 – Saving lives, Increasing Naloxone Availability – 3A
1. APhA-ASP supports the use and/or initiation of dispensing of naloxone (Narcan®) by pharmacists pursuant to a prescription to a Collaborative Care Agreement standing order.
2. APhA-ASP encourages legislative action to grant immunity to properly trained persons/agencies administering naloxone (Narcan®) or to any persons acting in good faith, to another person/agency overdosing on opiates.

11.R5.5 – Naloxone Student Education – 3A
APhA-ASP encourages all schools and colleges of pharmacy to incorporate proper naloxone administration and counselling within their curriculum.

11.R7.7 – Availability of Naloxone without a Prescription – 3A
APhA-ASP supports the universal adoption of naloxone as a behind-the-counter medication, which can be sold by a pharmacist without a prescription, in all states.

11.R1.7 – Pharmacist Role in Addressing Opioid Management – 3A
1. APhA-ASP encourages hospitals, community pharmacies, and other health systems to implement opioid pain management programs in order to ensure patients are being properly educated and prevent further drug abuse.
2. APhA-ASP encourages that pharmacists and student pharmacists are continuously training patients on utilizing antidotes in emergency cases of drug overdose.

11.R6.4 – Addiction Hotline with Patient Information – 3A
APhA-ASP encourages implementing the placement of a substance abuse hotline with every controlled prescription dispensed.
12.R2.6 – Food Allergies Course in Curriculum – 4E
APhA-ASP recommends increased education on food allergies for pharmacists, student pharmacists, and other health care providers.

13.R2.17 – Interprofessional Education Experience – 3C
APhA-ASP supports the implementation of an interprofessional course in the school/college of pharmacy curriculum that includes other healthcare providers to stimulate important interactions between health professions, which are necessary for a better healthcare system.

14.R3.1 – Incorporation of Natural Products Education – 3C
APhA-ASP supports the incorporation of natural products education, and implementation of public education on this topic within pharmacy school curricula.

15.R7.5 – Professionalism (Amendment to 2003.7 Leadership and Advocacy Training Throughout the Curriculum) – 5D
APhA-ASP encourages all schools and colleges of pharmacy to incorporate leadership and advocacy development throughout the curriculum to encourage and prepare students to become future leaders and advocates in the profession of pharmacy.

V. STUDENT / FACULTY / ADMINISTRATION
V c. STUDENT / FACULTY / ADMINISTRATION – RECRUITMENT / ADMISSIONS

16.R2.12 – Pre-Pharmacy Clinical Exposure and Experiential Education – 2D
APhA-ASP encourages pre-pharmacy students to actively seek pharmacy-related clinical exposure and experiential education prior to admission to pharmacy school through employment, clinical observation or volunteering.

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

17.R2.2 – CPR and First Aid Training for Student Pharmacists Before they Attend their First IPPE – 3E
1. APhA-ASP strongly urges mandatory CPR and first aid training for student pharmacists before entering their first experiential rotation.
2. APhA-ASP encourages pharmacists to maintain CPR and first aid certification throughout profession.

18.R2.3 – Pharmacy Simulations – 2D
APhA-ASP supports the incorporation of simulation based techniques as a tool to ensure that the PharmD curriculum is interactive and includes competency based learning.

19.R3.5 – Implementation of an Objective Structured Clinical Examination (OSCE) – 2D
1. APhA-ASP supports the implementation of an Objective Structured Clinical Examination (OSCE) model within the pharmacy licensure examination, or the NAPLEX.
2. APhA-ASP supports the implementation of the OSCE model within pharmacy curriculum.
20.R3.7 – Physical Assessment Certification – 2B
APhA-ASP encourages all schools and colleges of pharmacy to incorporate physical assessment certification/training into their curriculum.

20.R4.9 – Enhancing Pharmacist Assessment & Therapeutic Decision Making Skills – 2B
1. APhA-ASP supports re-evaluation of pharmacy education and training to better position pharmacists for future roles as healthcare providers in underserved areas in anticipation of the Pharmacy & Medically Underserved Areas Enhancement Act.
2. APhA-ASP encourages accreditation standards for Doctor of Pharmacy degree programs to require the same minimum curricula standards related to physical assessment and the application of these assessment skills to therapeutic decision making in collaboration with other health care professionals.
3. APhA-ASP encourages the development and implementation of credentialing programs in physical assessment and therapeutic decision making that allow pharmacists completing patient care residencies and/or who are currently in practice to become proficient in this area.

APhA-ASP strongly encourages the training of pharmacists in identifying and responding to patient intimate partner violence cases, including, but not limited to, advancing assessment skills, developing communication strategies, utilizing action plans, and learning methods to handle cases among special populations.

22.R4.8 – Timely Placement of Immunization Training in Pharmacy School Curricula – 4B
APhA-ASP recommends immunization education and training to be implemented during the 1st year of the professional pharmacy degree program curriculum.

22.R5.1 – Earlier Immunization Training – 4B
APhA-ASP encourages schools and colleges of pharmacy to provide adequate levels of training and competency in immunizations prior to the third professional year within pharmacy school curricula.

IX. POST GRADUATE EDUCATION / CONTINUING EDUCATION

23.R2.1 – Augmentation of Pharmacy Education with Sports Supplementation – 3E
APhA-ASP strongly encourages the development of continuing education and electives, which educate pharmacists and student pharmacists, respectively, on sports supplementation.

24.R7.4 – Transgender Education – 1C
APhA-ASP supports educating pharmacists, pharmacy staff, and student pharmacists on LGBTQ spectrum issues, appropriate communication, and associated medication therapies.
25.R1.6 – Changing the Non-medical Exemption Vaccination Procedure – 1A
1. APhA-ASP supports a medical exemption vaccination form and process between the states.
2. APhA-ASP supports the removal of all nonmedical exemptions for vaccinations.

26.R1.8 – Enable Medicare Bargaining – 1B
APhA-ASP supports legislation that would allow Medicare to bargain for lower drug prices, thereby reducing healthcare costs for the United States.

27.R3.12 – Require E-prescribing software companies to split transaction fees associated with e-prescribing among pharmacies and providers – 2E
APhA-ASP recommends federal legislation requiring E-prescribing software companies to split costs between providers and pharmacy software vendors in order to incentivize accurate and fair prescribing practices.

1. APhA-ASP encourages legislation that supports the rescheduling of marijuana products and its clinically beneficial derivatives, such as delta-9-tetrahydrocannabinol (THC) and cannabidiol (CBD), from Schedule I to Schedule II.
2. APhA-ASP supports state and federal legislation to legalize marijuana for medical use in conditions in which efficacy of marijuana has been shown in studies.
3. APhA-ASP encourages continued research on the efficacy and safety of marijuana products and its clinically beneficial derivatives for medical use in both adults and children.

28.R7.3 – Reclassifying Marijuana from a Schedule I CS to a Schedule II CS – 2E
APhA-ASP supports regulatory changes to allow for more clinical research and trials of cannabis in order to obtain comprehensive evidenced-based data regarding accurate doses, dosage forms, drug interactions, toxicity, and therapeutic benefits for patients.

29.R5.3 – Removal of Methadone Exemption from Prescription Drug Monitoring Programs – 2C
APhA-ASP supports the removal of federal exemptions excluding methadone clinics from reporting to prescription drug monitoring programs in order to increase patient safety.

30.R8.4 – Any Willing Pharmacy Legislation to Improve Healthcare Access in Rural Areas – 2A
APhA-ASP supports the implementation of “any willing pharmacy” federal legislation requiring health benefit plans and organizations to grant network participation to rural independent pharmacies willing to meet the network requirements.
X. LEGISLATIVE RECOMMENDATIONS / POLITICAL ACTION

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

31.R1.4 – Federal Funding for Needle Exchange Programs – 3D
APhA-ASP strongly recommends that Congress lift the ban on federal funds for Needle Exchange programs. These programs should include appropriate and adequate counseling to the buyer, during non-prescription pharmacy sales of syringes.

APhA-ASP encourages volunteer healthcare in free clinics by supporting the adoption of limited liability for healthcare providers who volunteer their services with the agreement that the free clinic provides patients with a notice of limited liability.

33.R7.1 – State Immunization Mandates – 1A
APhA-ASP supports state mandates for all age specific CDC-recommended childhood and adolescent vaccinations for entrance into childcare, public elementary and secondary schools and colleges and universities.

34.R8.3 – Prescription Label Language Translation – 3B
APhA-ASP supports the requirement that all medication instructions for prescription drug labels to be available in 5 of the most common foreign languages/dialects other than English within the region.

XI. OTC PRODUCTS

35.R6.5 – Disposal Labeling on OTC Medications – 2B
APhA-ASP encourages regulations that require disposal information labeling on OTC and prescription medications, in the form of: additional precautions, general FDA-approved trash disposal instructions, and/or a generalized statement.

XIII. PATIENT EDUCATION

36.R4.5 – Veterinarian Dosing Guides in the Pharmacy – 2D
APhA-ASP encourages that pharmacies should provide their pharmacists and student pharmacists with veterinarian dosing guides when filling prescriptions for non-human patients.

37.R6.1 – Counseling: Comprehensive Educational Counseling on Medication Delivery Devices – 3E
APhA-ASP encourages pharmacists to offer comprehensive education counseling on delivery devices. Separate from routine counseling on active medication being delivered from the device. These specific education sessions would differ from routine counseling, in that pharmacists would incorporate standard “Teach-Back” methods during a session to confirm a patient’s understanding on their device usage. In turn, the patient’s proficiency and/or challenges would then be electronically documented periodically throughout the course of therapy in detail within the patient’s profile at their neighborhood pharmacy for reference purposes.
XVI. PHARMACEUTICAL CARE / PATIENT CARE

38.R2.10 – Integration of Pharmacists into Electronic Health Records – 3A
APhA-ASP supports the integration of pharmacists into the national health IT infrastructure.

39.R3.8 – Transitional Care Programs – 3A
1. APhA-ASP supports the encouragement and involvement of hospital pharmacies and pharmacists in adopting transitional care programs to improve overall patient outcomes clinically.
2. APhA-ASP encourages schools and colleges of pharmacy to incorporate education focused around development and support of transitional care programs as a pharmacist working in any direct patient care setting.

APhA-ASP supports use of the FDA Expanded Access/Compassionate Use of Investigational New Drugs for patients that are terminally ill or suffering from debilitating chronic conditions over the use of recently introduced legislation known as "Right to Try".

41.R3.16 – Innovative Technology – 1B
APhA-ASP supports the development, adoption, and regulation of emerging health technology, including but not limited to smartphone apps, video conferencing software, and “smart” self-monitoring equipment. These technologies can be utilized by healthcare providers and patients to promote Health Information Exchange (HIE), collaboration, patient engagement, and health autonomy.

41.R5.4 – Mobile Application Literacy – 1B
APhA-ASP suggests pharmacists and student pharmacists become familiar in health-related mobile applications in order to evaluate the safety and efficacy of direct-to-consumer health information, made available to patients through applications, and make appropriate recommendations on their use.

42.R6.7 – Emphasized education in screening patients for the selection of optimal oral contraceptive therapy. – 4E
APhA-ASP supports the implementation of continuing education in screening women for the most optimal choice in contraceptive therapies, when state pharmacy practice acts support it.

XVII. PHARMACY SUPPORT PERSONNEL

43.R4.4 – Tech-Check-Tech Medication Review – 2C
APhA-ASP supports the implementation of the tech-check-tech system in an inpatient setting with appropriately-trained certified technicians for unit-dose packaged products.

44.R6.6 – Advancement of MTM Services By Developing Staff Certificate Programs – 3D
1. APhA-ASP supports the development of a MTM certificate program for pharmacy technicians with the intent of assisting pharmacists with MTM clerical tasks, so that the Pharmacist’s time is spent on the envisioned MTM clinical services.
2. APhA-ASP encourages the development of a MTM certificate program by APhA in conjunction with the Pharmacy Technician Certification Board for pharmacy technicians.
3. APhA-ASP recommends the certificate program meet, at a minimum, the following standards:
   a. General MTM education,
   b. Instruction on technician specific roles,
   c. Training on the MTM software platforms specifically:
      i. Identifying MTM eligible patients
      ii. Scheduling patient appointments
      iii. Reconciling pharmacy and MTM platform medication lists
      iv. Data entry
   d. Administration of a final assessment on which a passing score, determined by the certificate issuer, is obtained.

XVIII. SAFETY

46.R1.10 – “Do Not Use” Abbreviations – 4C
APhA-ASP encourages all healthcare providers to abstain from using abbreviations that appear on the “Do Not Use” List published by The Joint Commission to promote patient safety.

47.R2.15 – Pregnancy and Lactation Labeling Rule – 2C
APhA-ASP supports FDA implementation of its Pregnancy and Lactation Labeling Rule designed to improve risk versus benefit assessment of drugs used in pregnancy, lactation, and individuals of reproductive potential.

48.R2.16 – FDA New Drug Regulation Standard – 1D
APhA-ASP recommends the FDA to implement a weighting system on the acceptable false positive rate of the drug product based on the severity of disease and the number of effective current available treatments.

49.R3.11 – Increased Pharmacokinetic Data for Obese and Morbidly Obese Patients – 2C
APhA-ASP supports the inclusion of obese and morbidly obese patients as a special population in all clinical trials and post-marketing studies to expand the literature on pharmacokinetics in this population.

50.R4.1 – Implementation of Medication Disposal Bins in Community Pharmacies – 2D
APhA-ASP supports the placement of medication disposal bins in community pharmacies for the safe and convenient removal of patients’ unused and expired drugs.

51.R7.2 – Facilitation of Safety in Pharmacist Substitution of “Highly Biosimilars” – 2E
APhA-ASP supports the development of a biosimilar substitution naming mechanism, stipulated by the FDA draft guidelines, within pharmacy systems to minimize confusion between brand names and biosimilars given the novelty of biosimilar introduction in the United States market.
XIX. WORKPLACE ISSUES

52.R1.5 – Availability of Special Handling Instructions and Colored-coded Labeling of Stock Bottles of Hazardous Drugs – 2C
APhA-ASP encourages the colored-coded labeling of stock bottles for medications that require special handling instructions. In addition, a list of dangerous or hazardous drugs, as well as proper handling technique, should be available and easily visible to all pharmacy personnel in settings where they may come into contact with said drugs.

53.R1.11 – Emergency Utilities for Immediate Emergency Response – 1A
APhA-ASP encourages all community pharmacies have a “PANIC” button installed for immediate response to emergency situations.

53.R2.8 – Mandatory Student Training on Pharmacy Robbery Response – 1A
APhA-ASP encourages all pharmacy schools to implement a specific training seminar designed to educate students on pharmacy robbery response.

53.R3.4 – Pharmacy Robbery – 1A
1. APhA-ASP strongly supports legislation intended to reduce the number of pharmacy robberies.
2. APhA-ASP encourages governmental and regulatory agencies, research foundations, and other related entities to investigate the various causes of pharmacy robberies.
3. APhA-ASP recommends that schools and colleges of pharmacy integrate skills and competencies into the pharmacy curriculum in order to facilitate student pharmacist understanding of robbery situations. This education and understanding would include, but not be limited to, simulation training, prevention and safe practices, safety and security measures and mechanisms, current trends in pharmacy robberies, and available resources to be used following a robbery.
4. APhA-ASP encourages pharmacist employers to provide pharmacists and student pharmacists with critical tools and proportionate support necessary to protect themselves during and after a robbery situation.

54.R2.13 – Influenza Vaccinations for Health Care Professionals – 1A
APhA supports mandatory yearly influenza vaccination for all health care professionals unless it is contraindicated or other exemptions exist.

55.R4.2 – Additional Identification Tag for Pediatric Prescriptions in Pharmacies – 4B
APhA-ASP recommends pharmacies to use a unique tag or marker (such as a sticker) for pediatric prescriptions to ensure easy identification and notify healthcare professionals of the dose sensitive medication. This adds another step in dosing verification as well as a reminder to counsel.

XXI. INSURANCE

56.R2.9 – Reforming Requirements for the Prescribing and Dispensing of Opioid-Withdrawal Medications Containing Buprenorphine – 2E
APhA-ASP discourages third party prior authorization mandates of buprenorphine-based opioid-withdrawal aids.
57.R3.3 – Patients’ Rights to Prescription Drug Coverage for Compounded Medications – 2B
1. APhA-ASP supports patients’ rights to prescription drug coverage for compounded medications.
2. APhA-ASP encourages third party payers to provide formulary inclusion and proper reimbursement for compounded medications.

58.R4.10 – Electronic Health Insurance Cards (eHIC) – 2C
1. APhA-ASP supports the use of update-enabled electronic health insurance cards as a standard from all health insurance providers in order to ensure that encoded patient information is accurate, secure, and accessible to health care providers.
2. APhA-ASP encourages electronic health insurance cards to encode important health information including (but not limited to) current medications and allergies, in addition to prescription and medical insurance information.
3. APhA-ASP strongly encourages all community pharmacies to incorporate technology required to read electronic health insurance cards.

58.R8.1 – Implementation of scan-able patients' insurance cards– 2C
APhA-ASP encourages production of scan-able insurance cards or searchable insurance database.