The following policies were adopted by the 2012 APhA House of Delegates and are now official Association policy.

**Drug Supply Shortages and Patient Care**

1. APhA supports the immediate reporting by manufacturers to the U.S. Food and Drug Administration (FDA) of disruptions that may impact the market supply of medically necessary drug products to prevent, mitigate, or resolve drug shortage issues and supports the authority for FDA to impose penalties for failing to report.

2. APhA supports revising current laws and regulations that restrict the FDA’s ability to provide timely communication to pharmacists, other health care providers, health systems, and professional associations regarding potential or real drug shortages.

3. APhA encourages the FDA, the Drug Enforcement Administration (DEA), and other stakeholders to collaborate in order to minimize barriers (e.g., aggregate production quotas, annual assessment of needs, unapproved drug initiatives) that contribute to or exacerbate drug shortages.

4. APhA encourages the FDA to collaborate with drug supply chain and health care stakeholders in identifying medications that meet the FDA definition of “medically necessary,” preventing shortages of these medications, and developing patient care guidelines for managing shortages of these drugs.

5. APhA encourages pharmacists and other health care providers to assist in maintaining continuity of care during drug shortage situations by:
   a. creating a practice site drug shortage plan as well as policies and procedures,
   b. using reputable drug shortage management and information resources in decision making,
   c. communicating with patients and coordinating with other health care providers,
   d. avoiding excessive ordering and stockpiling of drugs,
   e. acquiring drugs from reputable distributors, and
   f. heightening their awareness of the potential for counterfeit or adulterated drugs entering the drug distribution system.
6. APhA encourages accrediting and regulatory agencies and the pharmaceutical science and manufacturing communities to evaluate policies/procedures related to the establishment and use of drug expiration dates and any impact those policies/procedures may have on drug shortages.

7. APhA encourages the active investigation and appropriate prosecution of entities that engage in price gouging and profiteering of medically necessary drug products in response to drug shortages.

**Contemporary Pharmacy Practice**

1. APhA asserts that pharmacists should have the authority and support to practice to the full extent of their education, training, and experience in delivering patient care in all practice settings and activities.

2. APhA supports continuing efforts that lead to the establishment of a consistent and accurate perception by the public, lawmakers, regulators, and other health care professionals of the role and contemporary practice of pharmacists.

3. APhA supports continued collaboration with stakeholders to facilitate adoption of standardized practice acts, appropriate related laws, and regulations that reflect contemporary pharmacy practice.

4. APhA supports the establishment of multistate pharmacist licensure agreements to address the evolving needs of the pharmacy profession and pharmacist-provided patient care.

5. APhA urges the development of consensus documents, in collaboration with medical associations and other stakeholders, that recognize and support pharmacists’ roles in patient care as health care providers.

6. APhA urges universal recognition of pharmacists as health care providers and compensation based on the level of patient care provided using standardized and future health care payment models.

**Controlled Substances Regulation and Patient Care**

1. APhA encourages the Drug Enforcement Administration (DEA) and other regulatory agencies to recognize pharmacists as partners that are committed to ensuring that patients in legitimate need of controlled substances are able to receive the medications.

2. APhA supports efforts to modernize and harmonize state and federal controlled substance laws.

3. APhA urges DEA and other regulatory agencies to balance patient care and regulatory issues when developing, interpreting, and enforcing laws and regulations.

4. APhA encourages DEA and other regulatory agencies to recognize the changes occurring in health care delivery and to establish a transparent and inclusive process for the timely updating of laws and regulations.

5. APhA encourages the U.S. Department of Justice to collaborate with professional organizations to identify and reduce (a) the burdens on health care providers, (b) the cost of health care delivery, and (c) the barriers to patient care in the establishment and enforcement of controlled substance laws.
**Adopted New Business Items:**

The following items of New Business were adopted by the 2012 APhA House of Delegates and are now official Association policy.

**New Business Item #1 – Registration of Facilities**

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

**New Business Item #2 – Counterfeit Medication and Unit-of-use Packaging**

APhA encourages the continued development, distribution, and use of unit-of-use packaging as the industry standard to enhance patient safety, patient adherence, and efficiencies in drug distribution and to reduce potential for counterfeiting.

**New Business Item #3 – Drug Product Packaging**

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

**New Business Item #4 – Medication Verification**

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

**Referred New Business Items:**

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

**New Business Item #4 – Medication Verification**

APhA encourages the use of a code scanning technology prior to dispensing a medication as a means of reducing medication errors and distribution of counterfeit medications.

**New Business Item #5 – Pharmacists as Providers Under the Social Security Act**

APhA supports amendments changes to Title XVIII of the Social Security Act to recognize qualified pharmacists as providers of appropriate patient care services within the Medicare Program.

APhA shall assume a leadership role, in full collaboration with other national and state pharmacy organizations and supportive stakeholders, to develop strategies and provide resources to pursue such amendments to the Social Security Act.
POLICY REVIEW PROCESS

As part of the continuing review of existing policy, the 2012 APhA House of Delegates retained, amended, and archived existing policy on a range of topics.

The House amended the following statements.

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/biosimilar 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.

(Pharm NS45(5):580 September-October 2007)

2004/1992 Drug Product Packaging

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.


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 pharmaceutical pharmacy education to offer education and training on the subject of nutrition.


1981 Pharmacist Training in Physical Assessments

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

2001/1969  Pharmacist Workforce Census
1. APhA recognizes the need for an ongoing census of pharmacists to establish and track changes in workforce demographics and practice characteristics.
2. APhA urges the federal government or other stakeholders to establish funding mechanisms to conduct an ongoing census of pharmacists to establish and track changes in workforce demographics and practice characteristics.


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 employment standards 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 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 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.


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.

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.

NS45(5):580 September-October 2007)

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 pharmaceutical patient care.

1991 **Recruitment of Minorities a Diverse Population into Pharmacy**
1. APhA supports a vigorous longterm program for the recruitment of a *diverse population of minority* students *pharmacists* 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 associations; schools; students; and industry to create a network of pharmacists who would serve as role models for *a diverse population of minority* students *pharmacists*.
4. APhA supports the development of guidelines that assist schools of pharmacy in implementing *diversity and inclusion initiatives into minority* student *pharmacist* recruitment programs.


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 gender, race, color, religion, national origin, age, disability, genetic information, sexual orientation*, or any other category protected by federal or state law.


2002/1964 **Health Education: Selection of Pharmacist**
APhA supports education of consumers about the importance of selecting their personal pharmacist to assist them in the proper use of all medications and *therapeutic medical* devices.


1995 **Assuring Pharmacists’ Continuing Competence in Contemporary Practice**
1. APhA reaffirms its policy, adopted in 1975, which advocates that pharmacists maintain their professional competence throughout their professional careers.
2. APhA recommends that employers evaluate prospective and current pharmacist employees based on demonstrated competencies in *pharmaceutical patient* care and experience, in addition to education.
3. APhA will develop and implement curricular-based continuing education programs leading to certificates of competence in *pharmaceutical patient* care.
4. APhA will convene a task force to develop and implement a voluntary program which enables pharmacists to assess and improve their continuing professional competence.


1989 **Recognition of Pharmacy Practice Specialties**
1. APhA endorses the Board of *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.


2005/1992 The Role of Pharmacists in Public Health Awareness
1. APhA recognizes the unique role and accessibility of pharmacist in public health.
2. APhA encourages pharmacists to provide services, education, and information on public health issues.
3. APhA encourages the development of public health programs for use by pharmacists and student pharmacists students.
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.

2005/1969 Medicare and Pharmaceutical Service Patient Care Services
1. APhA believes 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.

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.


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.


The 2012 APhA House of Delegates retained and archived policy statements on a range of issues based on current policy and environment. A compilation of the 2012 retained and archived policy is available on request from the Speaker of the House at hod@aphanet.org.

**APhA House Rules Review Committee**

The 2012 APhA House of Delegates adopted the report of the 2011–2012 APhA House Rules Review Committee making modifications to House operations. The report is posted at www.pharmacist.com/hod and is available on request from the APhA Speaker of the House at hod@aphanet.org.