



Actions of the 2014 APhA House of Delegates

Orlando, Florida

March 28-31, 2014

The following policies were adopted by the 2014 APhA House of Delegates and are now official Association policy:

Care Transitions

1. APhA supports pharmacists leading medication management activities during care transitions to ensure safe and effective medication use.
2. APhA supports the integral role of pharmacists during care transitions for improving quality of patient-centered care and reducing overall costs to the health care system.
3. APhA strongly encourages collaboration and shared accountability among patients, family members, caregivers, pharmacists, and other health care providers during care transitions.
4. APhA supports the development and utilization of standardized processes that facilitate real-time, bidirectional communication of protected health information during care transitions.
5. APhA supports that documentation of health outcomes is an essential component of any care transition program to demonstrate value and ensure continuous quality improvement.
6. APhA supports financially viable payment models that recognize the value of pharmacists' services, including, but not limited to, those provided during care transitions.
7. APhA strongly urges the development and implementation of multidisciplinary, interprofessional, and team-based training for health care professionals and students to improve the quality and consistency of care transition services.
8. APhA urges the collaboration and partnership of community pharmacies with health care systems, institutions, and other entities involved in care transitions.

Audits of Health Care Practices

1. APhA recognizes that audits of health care practices, when used appropriately, may improve patient care and deter fraud, waste, and abuse.
2. APhA advocates for the use of standardized and efficient audit procedures with transparent criteria clearly communicated by the payor and readily accessible to providers in advance.
3. APhA advocates that audit processes should result in minimal disruption to practice work flow, minimal financial burden, and no impact on patient care.
4. APhA urges timely notification and scheduling of claims audits to minimize disruption of patient care delivery.
5. APhA supports the inclusion of education as a component of the audit process to improve documentation of services, meet payor requirements, and enhance the quality of care delivery.

6. APhA opposes incentive-based auditor compensation and the use of statistical methodologies, such as sample extrapolation, for determining the recoupment of funds from health care providers or health care organizations.
7. APhA advocates that audit reports include complete information listing audit discrepancies and appropriate guidelines for documenting and appealing these findings.
8. APhA advocates that pharmacy audits be performed in a professional manner by a pharmacist or certified pharmacy technician.

Use of Social Media

1. APhA encourages the use of social media in ways that advance patient care and uphold pharmacists as trusted and accessible health care providers.
2. APhA supports the use of social media as a mechanism for the delivery of patient-specific care in a platform that allows for appropriate patient and provider protections and access to necessary health care information.
3. APhA supports the inclusion of social media education, including but not limited to appropriate use and professionalism, as a component of pharmacy education and continuing professional development.
4. APhA affirms that the patient's right to privacy and confidentiality shall not be compromised through the use of social media.
5. APhA urges pharmacists and student pharmacists to self-monitor their social media presence for professionalism and that posted clinical information is accurate and appropriate.
6. APhA advocates for continued development and utilization of social media by pharmacists and other health care professionals during public health emergencies.

Adopted New Business Items

The following items of New Business were adopted by the 2014 APhA House of Delegates and are now official Association policy:

Pharmacists' Responsibilities in Community Medication Awareness Programs

1. APhA supports the development of comprehensive educational programs on the proper use and safe and environmentally responsible disposal of prescription and nonprescription medication.
(This item was an amendment to existing APhA policy and will be incorporated as such in policy-related materials)

Controlled Substances and Other Medications with the Potential for Abuse and Use of Opioid Reversal Agents

1. APhA supports education for pharmacists and student pharmacists to address issues of pain management, palliative care, appropriate use of opioid reversal agents in overdose, drug diversion, and substance-related and addictive disorders.
2. APhA supports recognition of pharmacists as the health care providers who must exercise professional judgment in the assessment of a patient's conditions to fulfill corresponding responsibility for the use of controlled substances and other medications with the potential for misuse, abuse, and/or diversion.
3. APhA supports pharmacists' access to and use of prescription monitoring programs to identify and prevent drug misuse, abuse, and/or diversion.
4. APhA supports the development and implementation of state and federal laws and regulations that permit pharmacists to furnish opioid reversal agents to prevent opioid-related deaths due to overdose.

5. APhA supports the pharmacist's role in selecting appropriate therapy and dosing and initiating and providing education about the proper use of opioid reversal agents to prevent opioid-related deaths due to overdose.

The Use and Sale of Electronic Cigarettes (e-cigarettes)

1. APhA opposes the sale of e-cigarettes and other vaporized nicotine products in pharmacies until such time that scientific data support the health and environmental safety of these products.
2. APhA opposes the use of e-cigarettes and other vaporized nicotine products in areas subject to current clean air regulations for combustible tobacco products until such time that scientific data support the health and environmental safety of these products.
3. APhA urges pharmacists to become more knowledgeable about e-cigarettes and other vaporized nicotine products.
4. APhA urges the FDA to require the full disclosure of all ingredients in e-cigarettes and other vaporized nicotine products in both the pre-use and vapor states.

Policy Review Process

As part of the continuing review of existing policy, the 2014 APhA House of Delegates adopted Parts 1 and 2 of the Policy Review Committee Report, thereby retaining, archiving, or rescinding existing Association policy on a range of topics.

The 2014 House of Delegates RETAINED the following statements as shown below:

2007 Pharmacy Personnel Immunization Rates

1. *APhA supports efforts to increase immunization rates of healthcare professionals, for the purposes of protecting patients, and urges all pharmacy personnel to receive all immunizations recommended by the Centers for Disease Control (CDC) for healthcare workers.*
2. *APhA encourages employers to provide necessary immunizations to all pharmacy personnel.*
3. *APhA encourages federal, state, and local public health officials to recognize pharmacists as first responders (like physicians, nurses, police, etc.) and prioritize pharmacists to receive medications and immunizations.*

(JAPhA NS45(5):580 September/October 2007) (Reviewed 2009)

2005, 2002 Emergency Preparedness

APhA supports the continuing efforts of the Joint Commission of Pharmacy Practitioners working group on emergency preparedness and response to network with the Office of Homeland Security and with any other relevant governmental and/or military agency.

(JAPhA NS42(5): Suppl. 1:S61 September/October 2002)(JAPhA NS45(5):559 September/October 2005)(Reviewed 2006)(Reviewed 2009)

2003, 2000 Emergency Contraception

APhA supports the voluntary involvement of pharmacists, in collaboration with other health care providers, in emergency contraceptive programs that include patient evaluation, patient education, and direct provision of emergency contraceptive medications.

(JAPhA NS40(5):Suppl.1:S8 September/October 2000) (JAPhA NS43(5):Suppl. 1:S58 September/October 2003) (Reviewed 2006) (Reviewed 2008) (Reviewed 2009)

1999 Sale of Sterile Syringes

APhA encourages state legislatures and boards of pharmacy to revise laws and regulations to permit the unrestricted sale or distribution of sterile syringes and needles by or with the knowledge of a pharmacist in an effort to decrease the transmission of blood-borne diseases.

(JAPhA 39(4): 447 July/August 1999)(Reviewed 2003)(Reviewed 2006)(Reviewed 2008)(Reviewed 2009)

2009 *Non-FDA-Approved Drugs and Patient Safety*

1. The American Pharmacists Association calls for education and collaboration among health professional organizations, federal agencies, and other stakeholders to ensure that all manufacturer, distributor, and repackager marketed prescription drugs used in patient care have been FDA-approved as safe and effective.
2. APhA supports initiatives aimed at closing regulatory and distribution-system loopholes that facilitate market entry of new prescription drugs products without FDA approval.
3. APhA encourages health professionals to consider FDA approval status of prescription drug products when making decisions about prescribing, dispensing, substitution, purchasing, formulary development, and in the development of pharmacy/medical education programs and drug information compendia.

(JAPhA NS49(4):492 July/August 2009)

2005, 1997 *Complementary and Alternative Medications*

1. APhA supports pharmacists using professional judgment to make informed decisions regarding the appropriateness of use or the sale of complementary and alternative medicines.
2. APhA shall assist pharmacists and student pharmacists in becoming knowledgeable about complementary and alternative medications to facilitate the counseling of patients regarding effectiveness, proper use, indications, safety and possible interactions.

(JAPhA NS37(4):July/August 1997) (Reviewed 2002) (JAPhA NS45(5):556-557 September/October 2005) (Reviewed 2009)

2001 *Credentialing and Pharmaceutical Care*

1. APhA should continue to assist in the unification of the profession and the development of a national strategy by its continued support of the Council on Credentialing in Pharmacy as the body responsible for the leadership, standards, public information and coordination of the professions voluntary credentialing programs.
2. APhA, in conjunction and cooperation with the Council on Credentialing and other national associations, should provide competence-based material and testing via technology, such as the APhA Web site and state association Web sites, to further the professions self-assessment.
3. APhA, in conjunction and cooperation with the Council on Credentialing and other national associations, should develop the necessary products and programs to educate the public, insurers, and health professionals on credentialing and make them available to state associations at cost.
4. APhA supports the development, on a continuing basis, of programs such as Project ImPACT, which provide the opportunity to promote the profession and its impact on clinical, economic, and humanistic patient outcomes.

(JAPhA NS41(5):Suppl.1:58 Sept/Oct.2001) (Reviewed 2003) (Reviewed 2005) (Reviewed 2006) (Reviewed 2008) (Reviewed 2009)

2005 *Continuing Professional Development*

1. APhA supports continuing professional development, a self-directed, individualized, systematic approach to life-long learning, to support pharmacist's efforts to maintain professional competence in their practice.
2. APhA should work with appropriate organizations to provide self-assessment and plan development tools. APhA shall help identify and facilitate access to quality educational programs.
3. APhA encourages employers to foster and support pharmacist participation in continuing professional development.
4. Continuing professional development is a learning process that requires full participation to achieve desired individual outcomes. To facilitate that participation, each pharmacist controls disclosure of their individual assessments and outcomes.

(JAPhA NS45(5):554 September/October 2005) (Reviewed 2006) (Reviewed 2009)

2005, 2004, 1999 *Telemedicine/Telehealth/Telepharmacy*

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

(JAPhA 39(4):447 July/August 1999) (JAPhA NS44(5):551 September/October 2004) (JAPhA NS45(5):559 September/October 2005) (Reviewed 2009)

2006 *Cultural Health Beliefs and Medication Use*

1. APhA supports culturally sensitive outreach efforts to increase mutual understanding of the risks and other issues of using prescription medications without a prescription order or using unapproved products.
2. APhA supports expanding culturally competent health care services in all communities.

(JAPhA NS46(5):561 September/October 2006) (Reviewed 2009)

2005, 2002 *Health Literacy*

1. APhA encourages pharmacists and student pharmacists to increase their awareness of health literacy. Health literacy is the degree to which people can obtain, process, and understand basic health information and services they need to make appropriate health decisions.
2. APhA encourages pharmacists and student pharmacists to assess patients' health literacy and then implement appropriate communications and education.
3. APhA encourages the review of all patient information for health literacy appropriateness.

(JAPhA NS42(5):Suppl. 1:560 September/October 2002) (JAPhA NS45(5):556 September/October 2005)(Reviewed 2009)

2001 *Administrative Contributions to Medication Errors*

1. APhA encourages implementation of a standard prescription drug card to improve the dispensing process and encourages the use of technology in this implementation.
2. APhA supports the use of technology to facilitate record-keeping of patient prescription information for third-party audit purposes and regulatory compliance.
3. APhA supports education of the public regarding the responsibility to be informed consumers of their pharmacy benefits provided through third-party plans.
4. APhA encourages third-party plans to provide pharmacies all information necessary for benefits administration in a timely organized manner or to provide access to the information through the Internet or similar technologies at no cost to the pharmacy.
5. APhA supports the distinction of plan management messages (e.g., days' supply limitations or formulary management) from drug utilization review messages (e.g., drug-drug interactions). APhA supports the communication of all plan management options available (e.g., approved formulary alternatives) from the claims processor to the pharmacist.
6. APhA supports the development and use of systems to communicate in-pharmacy drug utilization review messages with on-line claims processing systems to eliminate redundant and/or repetitive messages.
7. APhA encourages the transmission of pre-adjudication drug utilization review messages (i.e., drug utilization review communication between the prescriber and claims processor) to the pharmacist.
8. APhA supports efforts to:
 - (a) improve on-line drug utilization review messages by the establishment of evidence-based criteria to prevent drug related conflicts that have the potential for causing serious harm, and

(b) eliminate drug utilization review messages that have questionable or inconsequential impact on patient outcomes.

(JAPhA NS4(5):Suppl. 1:57 September/October 2001) (Reviewed 2003) (Reviewed 2007)(Reviewed 2009)

2000 Medication Errors

1. APhA, as the national professional society of pharmacists, will work to ensure that pharmacy is the profession responsible for providing leadership in developing a safe, error-free medication use process.
2. APhA supports continuation and expansion of medication error reporting programs.
3. Medication error reporting programs should be non-punitive in nature and allow appropriate anonymity to facilitate error reporting and development of solutions to eliminate error.
4. APhA supports identifying the system-based causes of errors and building systems to support safe medication practice.

(JAPhA NS(9):40 September/October 2000) (Reviewed 2007) (Reviewed 2009)

2005 Compounding with Multicomponent Vehicles

1. APhA encourages companies that offer multi-component vehicles for compounding to list all ingredients and to restrict claims about the vehicles to the structure and function of the ingredients in those vehicles unless clinical evidence exists to support more specific claims.
2. When claims are made by companies for systemic delivery of active ingredients in multi-component vehicles, APhA encourages pharmacists to secure bioavailability data in support of such claims.

(JAPhA NS45(5):555 September/October 2005)(Reviewed 2009)

2005, 2003, 1996 Empowerment of Pharmacists as Drug Therapy Managers

1. APhA encourages pharmacists to take an active role in achieving the goals of the Healthy People program regarding immunizations through:
 - (a) advocacy,
 - (b) contracting with other health care professionals, or
 - (c) pharmacists administering vaccines to vulnerable patients.
2. APhA encourages the availability of all vaccines to all pharmacies in order to meet public health needs.
3. APhA supports the compensation of pharmacists for the administration of immunizations and the reimbursement for vaccine distribution.
4. APhA should facilitate the development of programs that educate pharmacists about their role in immunizations in public health.

(JAPhA NS36(6):395 June 1996) (JAPhA NS43(5):Suppl. 1:57 September/October 2003) (JAPhA NS45(5):556 September/October 2005)(Reviewed 2007)(Reviewed 2009)

2001 Medication Error Reporting

1. APhA strongly encourages participation in error reporting at the organizational (pharmacy/institution) level and in other established state and national reporting programs.
2. APhA encourages direct error reporting by the individual(s) involved in the incident to ensure that the most relevant and detailed information is available for evaluation of the incident and for systems improvement.
3. Error reporting programs should regularly analyze and report information about the leading types and causes of errors reported to their system so that practitioners can utilize this information for systems enhancements and quality improvement.
4. APhA encourages state boards of pharmacy and other responsible entities to consider pharmacists participation in reporting of errors as a mitigating factor in determining any legal or disciplinary action related to the incident.

(JAPhA NS4(5):Suppl.1:58 September/October 2001) (Reviewed 2007) (Reviewed 2009)

1991 **Emerging Technologies**

1. APhA supports programs to monitor the development of emerging technologies and their impact on the delivery of pharmaceutical care.
2. APhA supports education of pharmacists regarding emerging technology including their development and impact on the delivery of pharmaceutical care.
3. APhA supports the inclusion of pharmacists in the development and application of the emerging technologies in the delivery of pharmaceutical care.

(Am Pharm NS31(6):28 June 1991) (Reviewed 2003) (Reviewed 2006)(Reviewed 2011)

2005, 1971 **Cigarette Sales in Pharmacies**

1. APhA recommends that tobacco products not be sold in pharmacies.
2. APhA recommends that state and local pharmacist associations develop similar policy statements for their membership and increase their involvement in public educational programs regarding the health hazards of smoking.
3. APhA recommends that individual pharmacists give particular attention to educating young people on the health hazards of smoking.
4. APhA recommends that APhA-ASP develop projects aimed at educating young people on the health hazards of smoking, such as visiting schools and conducting health education programs.

(JAPhA NS11:270 May 1971) (JAPhA NS45(5):555 September/October 2005) (Reviewed 2009)

2005, 1968 **Cigarette Sales in Pharmacies**

APhA recommends that pharmacists not allow smoking in their prescription departments.

(JAPhA NS8:382 July 1968) (JAPhA NS45(5):555-556 September/October 2005) (Reviewed 2009)

1996 **Exclusion of Alcohol and Tobacco Sales in Pharmacy Practice Settings**

APhA opposes the sale of tobacco products and non-medicinal alcoholic beverages in pharmacies.

(JAPhA NS36(6):396 June 1996) (Reviewed 2005) (Reviewed 2009)

2005, 1986 **Pharmacists Responsibilities in Community Medication Awareness Programs**

2. Pharmacists should take a major educational responsibility in proactive programs which optimize therapeutic outcomes and minimize risks from inappropriate medication use.

(Am Pharm NS26(6):419 June 1986) (Reviewed 2005)(Reviewed 2009)

(Statement 1 was amended as a New Business Item; the original Statement 1 language was archived as shown below)

2000 **Medication Use in Schools**

APhA recognizes the role of pharmacists in improving the use of medications in schools and supports pharmacist activities to work with teachers, school nurses, parents, school administrators and other personnel to improve medication use in this environment. APhA recommends that pharmacists be involved in the development of guidelines for medication use in schools.

(JAPhA NS1(9):40 September/October 2000) (Reviewed 2005)(Reviewed 2009)

2005, 1993 **HIV Testing**

1. APhA opposes mandatory HIV testing of pharmacists, student pharmacists, and pharmacy personnel.
2. APhA supports voluntary and confidential HIV testing of pharmacists, student pharmacists, and pharmacy personnel, to facilitate early detection and disease intervention.
3. APhA supports training designed to foster compliance with infection control procedures outlined in current Centers for Disease Control and Prevention (CDC) guidelines for universal precautions and OSHA standards for blood-borne pathogens.
4. APhA encourages the development of support networks to assist HIV-positive health care professionals and students.

(Am Pharm NS33(7):54 July 1993) (JAPhA NS45(5):556 September/October 2005) (Reviewed 2009)

2005, 1993 **HIV/AIDS Education**

1. APhA encourages pharmacists and student pharmacists to become more knowledgeable about HIV/AIDS.
2. APhA supports the development of cooperative efforts among health care organizations and agencies to facilitate the collection, evaluation, and distribution of information on HIV/AIDS.
3. APhA supports the development of educational programs for pharmacists and student pharmacists that would enable them to assume a service role in the prevention and treatment of HIV/AIDS.

(Am Pharm NS33(7):54 July 1993) (JAPhA NS45(5):556 September/October 2005) (Reviewed 2009)

2005, 1990 **Needle/Syringe Exchange Programs in the Prevention of the Spread of Human Immunodeficiency Virus (HIV) and Other Infections**

1. APhA supports distribution of educational materials on the risks of sharing needles/syringes with respect to the spread of human immunodeficiency virus (HIV) and other blood-borne infectious diseases.
2. APhA supports the objective gathering and analysis of data and information about the effectiveness of pilot needle/syringe exchange programs in preventing the spread of HIV and other blood-borne infectious diseases.
3. APhA supports needle/syringe exchange programs when part of a comprehensive approach in the prevention of the spread of HIV and other blood-borne infections.

(Am Pharm NS30(6):45 June 1990) (JAPhA NS45(5):556 September/October 2005) (Reviewed 2009)

1996 **HIV Testing in Pregnant Women**

APhA encourages pharmacists to provide pharmaceutical care to women, including education about the availability and benefits of HIV testing in pregnancy to decrease the risk of HIV transmission to unborn children, APhA encourages pharmacists to provide education about the availability and benefits of HIV testing in pregnancy.

(Am Pharm NS36(6):395 June 1996) (Reviewed 2005) (Reviewed 2009)

2005, 1972 **Prevention and Control of Sexually Transmitted Infections**

1. APhA calls upon all producers of prophylactic devices to include in or on their packaging adequate instructions for use so as to better ensure the effectiveness of the devices in the prevention of sexually transmitted infections.
2. APhA urges pharmacists to make more readily available to the public educational materials, prophylactic devices, and adequate instructions for use in combating sexually transmitted infections.

(JAPhA NS12:304 June 1972) (JAPhA NS45(5):557 September/October 2005) (Reviewed 2009)

2002 **Homeopathy**

1. APhA supports the demonstration of safety and efficacy of homeopathic products from adequate, well-designed scientific studies before pharmacists advocate or sell homeopathic products.
2. APhA recognizes patient autonomy regarding the use of homeopathic products. Pharmacists should educate patients who choose to use homeopathic products.
3. APhA supports the modification of the Food, Drug and Cosmetic Act to require that homeopathic manufacturers provide evidence of efficacy and safety for all products, including products currently in the marketplace.

(JAPhA NS42(5):Suppl. 1:560 September/October 2002) (Reviewed 2005) (Reviewed 2009)

1994 **Preventing Dispensing-related Problems**

1. APhA encourages the development of practice guidelines to identify, resolve, and prevent dispensing-related problems.

2. APhA supports the development of electronic systems that confidentially collect information to record dispensing-related problems.
3. APhA believes that pharmacists have a professional responsibility to document and report dispensing-related problems in an ongoing effort to improve the quality of the drug distribution system.
4. APhA will assume a leadership role in the gathering, analysis, and interpretation of the aggregate data regarding dispensing-related problems, and the dissemination of the results, which will enable pharmacists to further improve medication distribution.

(Am Pharm NS34(6):56 June 1994) (Reviewed 2001) (Reviewed 2007) (Reviewed 2009)

2005, 1993 Documentation

1. APhA encourages development of systems that document review of patient therapy, the type and intensity of services provided, and the result or outcome of the services.
2. APhA believes that systems of payment and documentation must be compatible with contemporary computer systems used by providers and payers and should emphasize administrative efficiency.

(Am Pharm NS33(7):54 July 1993) (JAPhA NS45(5):560 September/October 2005) (Reviewed 2009)

1994 Implications of On-line Prospective DUR on the Application of Pharmacists' Scientific and Clinical Judgments

1. APhA recognizes that effective drug utilization review (prospective, concurrent, retrospective), as a component of pharmaceutical care, depends upon complete and accurate patient information.
2. APhA advocates eliminating the economic and operational obstacles pharmacists encounter when conducting drug utilization review for optimal patient care.
3. APhA supports utilization of universal and comprehensive standards for On-line Realtime Drug Utilization Review (ORDUR).
4. APhA encourages the development of a standardized method of electronic transfer of patient medical data between all health professionals involved in the care of a patient.

(Am Pharm NS34(6):58 June 1994) (Reviewed 2005) (Reviewed 2009)

1983 Patient Medication Program

1. APhA shall strongly and actively encourage pharmacists to be available for and provide patient consultation, including written drug information, when requested or professionally appropriate.
2. APhA supports patient information programs that include reference to seeking medication information from pharmacists and does not endorse programs which, by ignoring the professional capabilities of pharmacists, may limit the patient's ability to receive needed drug information and consultation.

(Am Pharm NS23(6):53 June 1983) (Reviewed 2005) (Revised 2009)

2005, 1987 Catastrophic Illness: Coverage for Pharmacist Services Included

1. APhA supports comprehensive, catastrophic illness insurance coverage that recognizes the essential need for pharmaceutical products and pharmacist services in all patient care environments, including the home.
2. APhA encourages inclusion of pharmacist services and the most efficient and readily accessible system of drug delivery in any insurance coverage for catastrophic illness that may be enacted.

(Am Pharm NS27(6):422 June 1987) (JAPhA NS45(5):557 September/October 2005) (Reviewed 2009)

2005, 1985 Pharmacists and Home Health Care

1. APhA supports establishment of pharmacist consulting services for home care.
2. Medicaid and other third-party programs should recognize the consulting role of the pharmacist in reducing the misuse of drugs and maximizing their therapeutic effectiveness through fair and equitable reimbursement for consulting functions which is not tied to the provision of medications.

3. Medicaid and other third-party programs also should reimburse pharmacists for innovative packaging and services that will maximize adherence, increase the opportunity for drug utilization review, and better meet the informational needs of the patient and the care giver.

(Am Pharm NS25(5):51 May 1985) (JAPhA NS45(5):557 September/October 2005) (Reviewed 2009)

2005, 1990 **Reimbursement for Unapproved (Off-label) Uses of FDA-Approved Drug Products**

APhA supports coverage of FDA-approved drugs and pharmacist services connected with the delivery of such drugs by government and other third-party payers when used rationally for indications other than those specified in the product labeling.

(Am Pharm NS30(6):45 June 1990) (JAPhA NS45(5):557 September/October 2005) (Reviewed 2009)

2005, 1969 **Medicare: Reimbursement Procedures**

APhA should educate pharmacists on aspects of reimbursement procedures and concepts associated with Medicare.

(JAPhA NS8:368 July 1968) (JAPhA NS45(5):558 September/October 2005) (Reviewed 2009)

1969 **Medicare Task Force: Policy Guidelines**

The following guidelines supplement those adopted by APhA in 1967

1. Provide for beneficiary contribution toward program financing.
2. Provide for government reimbursement of claims directly to the pharmacist.
3. Compensate pharmacists by means of a professional fee commensurate with the level of professional service performed in addition to making reimbursement for the cost of the drugs.
4. Establish a per-prescription, fixed amount (co-payment) which must be paid by the beneficiary when obtaining drugs.
5. To assure patients of receiving safe and effective drugs, establish a list of reimbursable amounts for each drug based on a nationally available product of acceptable quality and cost.
6. Include all drugs having therapeutic use, whether for chronic or acute conditions.
7. Include all persons eligible for Part B Medicare coverage.

(JAPhA NS9: 343 July 1969) (Reviewed 2005) (Reviewed 2009)

1967 **Drugs Provided Under Social Security Act: Guidelines for Pharmacists' Services**

Since it is probable or likely that APhA may have to consider and act upon some proposals in the area of drug costs before the next annual meeting, we recommend that APhA Board of Trustees be guided by whether the proposals:

1. Permit pharmacists to select and dispense a quality drug product;
2. Establish some mechanism to assist pharmacists in selecting quality, drug products under the cost and other criteria established;
3. Permit the use of any available drug product when unique medical circumstances so require;
4. Establish a reasonable remuneration base for pharmacists rendering services under the program;
5. Guarantee recipients free choice of pharmacy; and
6. Limit the reimbursement for pharmacists' services to those provided by duly licensed pharmacists.

(JAPhA NS7:315 June 1967) (Reviewed 2005) (Reviewed 2009)

2005, 1971 **National Health Insurance (NHI)**

APhA endorses the concept of national health insurance as one means by which the costs of health care may be controlled and rational order brought to the health care system:

- (a) A national health insurance plan must recognize that high quality health care is a right of every citizen regardless of his economic or social status.
- (b) A national health insurance plan must, as a point of departure, provide a health care delivery system which will correct the inadequacies in the delivery of health care.

- (b) clearly states the size, demographics, limitations and citations, if published, of each study listed
- (c) includes an interpretative statement by an independent review body regarding the purpose of the study, methodology and outcomes to assist the public in understanding the posted information in a timely manner
- (d) includes warnings to the public regarding inappropriate or incomplete use of the data in making clinical decisions in absence of an interpretive statement
- (e) the sponsor and any supporting company, organization, or partnered institution of each clinical trial listed shall be clearly identified. (This includes Clinical Research Organizations, Academic Research Organizations, Site Management Organizations or any other group that is responsible other than the investigator's research site.)

(JAPhA NS45(5):554-555 September/October 2005) (Reviewed 2009)

2005, 1986, 1981 *Use of Animals in Drug Research*

1. APhA recognizes that animal experiments continue to be an essential, and indeed irreplaceable, component of biomedical research and testing.
2. When animals must be used for biomedical research and testing, APhA strongly supports humane treatment and adequate regulation, controls, and enforcement of appropriate measures relating to animal procurement, transportation, housing, care, and treatment.
3. APhA encourages the further development of methods of biomedical research and testing which do not require the use of animals.
4. APhA opposes legislative provisions that would penalize the properly controlled and conducted use of animals for biomedical research and testing.

(Am Pharm NS21(5):41 May 1981) (Am Pharm NS26(6):420 June 1986) (JAPhA NS45(5):559 September/October 2005) (Reviewed 2009)

2005, 1990 *Use of Representative Populations in Clinical Studies*

1. APhA supports the use of representative populations in clinical studies, including the use of women, minorities, the elderly, and children when appropriate.
2. APhA encourages the development of research techniques which would identify possible problems not readily detected in adult clinical investigations to aid in the safe and effective evaluation of drugs in children.

(Am Pharm NS30(6):46 June 1990) (JAPhA NS45(5): 559 September/October 2005) (Reviewed 2009)

1990 *Federal Funding to Evaluate the Impact of Health Care Policies*

1. APhA supports the study of economic, scientific, and social issues related to health care, particularly pharmaceutical services.
2. APhA urges the federal government to establish funding mechanisms for objective research to assess the impact of public policy on the health care system, particularly pharmaceutical services.
3. APhA urges that all federally-funded research addressing public policy pertaining to pharmaceutical services incorporate input from organized pharmacy.

(Am Pharm NS30(6):46 June 1990) (Reviewed 2005) (Reviewed 2009)

1989 *Pharmacists as Principal Investigators in Clinical Drug Research*

1. APhA urges the sponsors of drug research to permit pharmacists to serve as principal investigators.
2. APhA encourages state and federal agencies to eliminate regulatory and policy obstacles that prohibit pharmacists from being investigators, including principal investigators, in drug research or sponsors of Investigational New Drug Applications, Investigational Device Evaluations, and Animal Investigational New Drug Applications.

(Am Pharm NS29(7):465 July 1989) (Reviewed 2005) (Reviewed 2009)

1989 **Scientist Manpower**

APhA supports efforts to increase the number of pharmacists pursuing graduate education and research in the pharmaceutical sciences, including, but not limited to

1. Dissemination of information to create awareness about graduate programs and career opportunities.
2. Pursuit of increased government, industry, and foundation funding.
3. Encouragement of innovative recruitment programs and curricula to facilitate career development.

(Am Pharm NS29(7):463 July 1989) (Reviewed 2005) (Reviewed 2009)

1987 **Impact of National Institutes of Health (NIH) Budget on Future Research**

APhA recognizes the fundamental role of biomedical research in the profession of pharmacy and actively supports continued and predictable funding of NIH research.

(Am Pharm NS27(6):424 June 1987) (Reviewed 2005) (Reviewed 2009)

1986 **Positive Controls Versus Placebo Controls in Testing New Drugs**

APhA recognizes the importance of and the need for placebo-controlled trials in testing new drugs. In addition, APhA supports the use of alternative study designs (such as positive controls), as well as innovative methodologies where they appear to be appropriate and useful.

(Am Pharm NS26(6):420 June 1986) (Reviewed 2005) (Reviewed 2009)

1981 **Modification of Patent Periods**

APhA supports modifications of patent periods for prescription drugs and drug products that would create reasonable incentives for needed research on new drugs and drug products.

(Am Pharm NS21(5):41 May 1981) (Reviewed 2005) (Reviewed 2009)

1966 **APhA Study Proposal**

APhA should expand its research programs and plans to help the profession find solutions to its problems, discover new opportunities for service, and improve its present practices.

(JAPhA NS6:293 June 1966) (Reviewed 2005)(Reviewed 2009)

1984 **Freedom of Scientific Information**

APhA supports the principle of the free dissemination and exchange of scientific information with only the following exceptions:

- (a) prior mutual confidentiality agreement between sponsor and researcher,
- (b) material that is essential to national security, and
- (c) legitimate trade secrets and/or proprietary information.

(Am Pharm NS24(7):61 July 1984) (Reviewed 2005) (Reviewed 2009)

1997 **Standards for Pharmacy-Based Immunization Advocacy**

(Note: Guidelines approved by the APhA Board of Trustees in May, 1997; noted in Appendix.)

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

(JAPhA NS37(4):460 July/August 1997) (Reviewed 2005) (Reviewed 2009)

1987 **Encouraging Availability and Use of Vaccines**

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

(Am Pharm NS27(6):424 June 1987) (Reviewed 2005)(Reviewed 2009)

2002, 1986

Quack Therapy

APhA encourages efforts that would require the listing of all active ingredients of a food promoted as a drug or drug product in written promotional and advertising material.

(Am Pharm NS26(6):420 June 1986) (JAPhA NS42(5):Suppl. 1:S62 September/October 2002) (Reviewed 2005) (Reviewed 2009)

1988

Vitamins, Minerals, and Other Nutritional Supplement Usage

1. APhA advocates programs which address the public health implications of the misuse and/or abuse of vitamins, minerals, and other nutritional supplements.
2. APhA encourages pharmacists to provide health education regarding unsubstantiated and/or misleading health claims as they apply to vitamins, minerals, and other nutritional supplements.

(Am Pharm NS28 (6):395 June 1988) (Reviewed 2002) (Reviewed 2005) (Reviewed 2009)

1981

Federal Regulation of Salt in Processed Foods

APhA encourages manufacturers of processed foods to voluntarily reduce the salt (sodium chloride) added to their products and to use the minimum amount of salt necessary in the manufacturing process.

(Am Pharm NS21(5):41 May 1981) (Reviewed 2005) (Reviewed 2009)

1980

Food Labeling

APhA supports requirements for disclosure in the labeling of processed food and the identity and, whenever appropriate, the quantity of ingredients, such as those preservatives, artificial colors and flavors, salts, sugars, and other substances that represent a potential risk to the health or therapy of a portion of the general population.

(Am Pharm NS20(7):73 July 1980) (Reviewed 2005) (Reviewed 2009)

1979

Consideration of the Equal Rights Amendment

APhA supports efforts to assure equal rights of all persons.

(AmPharm NS19(7):60 June 1979) (Reviewed 2009)

2010

E-prescribing Standardization

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

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

2010

Personal Health Records

1. APhA supports patient utilization of personal health records, defined as records of health-related information managed, shared, and controlled by the individual, to facilitate self-management and communication across the continuum of care.
2. APhA urges both public and private entities to identify and include pharmacists and other stakeholders in the development of personal health record systems and the adoption of standards, including but not limited to terminology, security, documentation, and coding of data contained within personal health records.
3. APhA supports the development, implementation, and maintenance of personal health record systems that are accessible and searchable by pharmacists and other health care providers, interoperable and portable

across health information systems, customizable to the needs of the patient, and able to differentiate information provided by a health care provider and the patient.

4. APhA supports pharmacists taking the leadership role in educating the public about the importance of maintaining current and accurate medication-related information within personal health records.

(JAPhA NS40(4):471 July/August 2010)(Reviewed 2013)

2006 *Continuity of Care*

1. APhA supports the pharmacist as the most appropriate member of the health care team responsible for reconciling medication use when patients move between practice settings within the continuum of care.
2. APhA supports the development and use, in practice, of a standardized, portable, accessible, HIPAA compliant, and secure Electronic Health Record (EHR) to facilitate continuity of care across all practice settings. The EHR shall include the clinical data elements necessary to support the performance of medication reconciliation.
3. APhA supports patient access to pharmacists with specialized skills and expertise. The patient's pharmacist should make patient referrals where appropriate.

(JAPhA NS46(5):561 September/October 2006) (Reviewed 2007) (Reviewed 2009) (Reviewed 2010)

2004 *Automation and Technology in Pharmacy Practice*

1. APhA supports the use of automation and technology in pharmacy practice, with pharmacists maintaining oversight of these systems.
2. APhA recommends that pharmacists and other pharmacy personnel implement policies and procedures addressing the use of technology and automation to ensure safety, accuracy, security, data integrity, and patient confidentiality.
3. APhA supports initial and ongoing system-specific education and training of all affected personnel when automation and technology are utilized in the workplace.
4. APhA shall work with all relevant parties to facilitate the appropriate use of automation and technology in pharmacy practice.

(JAPhA NS44(5):551 September/October 2004)(Reviewed 2006)(Reviewed 2008)(Reviewed 2013)

2009 *Health Information Technology*

1. APhA supports the delivery of informatics education within pharmacy schools and continuing education programs to improve patient care, understand interoperability among systems, understand where to find information, increase productivity, and improve the ability to measure and report the value of pharmacists in the health care system.
2. APhA urges that pharmacists have read/write access to electronic health record data for the purposes of improving patient care and medication use outcomes.
3. APhA encourages inclusion of pharmacists in the definition, development, and implementation of health information technologies for the purpose of improving the quality of patient-centric health care.
4. APhA urges public and private entities to include pharmacist representatives in the creation of standards, the certification of systems, and the integration of medication use systems with health information technology.

(JAPhA NS49(4):492 July/August 2009) (Reviewed 2010)(Reviewed 2013)

2005, 1970 *Medicare, Medicaid, and Other Third-party Payment Programs*

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

(JAPhA NS10:346 June 1970) (JAPhA NS45(5):558 September/October 2005) (Reviewed 2009) (Reviewed 2010)

1987 **Future of Pharmacy**

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

(Am Pharm NS27(6):422 June 1987) (Reviewed 2002) (Reviewed 2007)

1991 **Pharmaceutical Care and the Provision of Cognitive Services with Technologies**

1. APhA supports the utilization of technologies to enhance the pharmacist's ability to provide pharmaceutical care.
2. APhA believes that the use of technologies should not replace the pharmacist/patient relationship.
3. APhA emphasizes that maximizing patient benefit from technologies depends on the pharmacist/patient relationship.
4. APhA affirms that the utilization of technologies by pharmacists shall not compromise the patient's right to confidentiality.

(Am Pharm NS32(6):515 June 1991)(Reviewed 2001) (Reviewed 2007)(Reviewed 2009)(Reviewed 2013)

1998 **Access and Contribution to Health Records**

1. APhA urges the integration of pharmacy-based patient data into patient health records to facilitate the delivery of integrated care.
2. APhA recognizes pharmacists' need for patient health care data and information and supports their access and contribution to patient health records.
3. APhA supports public policies that protect the patient's privacy yet preserve access to personal health data for research when the patient has consented to such research or when the patient's identity is protected.
4. APhA encourages interdisciplinary discussion regarding accountability and oversight for appropriate use of health information.

(JAPhA 38(4): 417 July/August 1998) (Reviewed 2005) (Reviewed 2009) (Reviewed 2010)

Because the statements below do not accurately reflect the most current views of the Association and/or the contemporary practice of pharmacy, the 2014 House of Delegates ARCHIVED the following statements:

2005, 2001 **Non-Prescription Availability of Nonsedating Antihistamines**

APhA, as an issue of public safety, encourages manufacturers and the Food and Drug Administration (FDA) to transition nonsedating antihistamines from prescription to nonprescription status.

(JAPhA NS41(5)S:8 September /October 2001) (JAPhA NS45(5):557 September/October 2005) (Reviewed 2009)

2005, 1986 **Pharmacists Responsibilities in Community Medication Awareness Programs**

1. APhA supports the development of a comprehensive educational program on the proper use of prescription and non-prescription medication.

(Statement 1 was amended and adopted as a New Business Item as shown previously; Statement 2 was retained as-is)

1981 **Vaccine Liability Programs**

APhA supports legislative action to create a joint pharmaceutical industry/government program which would compensate victims and reduce the liability of vaccine manufacturers and health care professionals arising from adverse effects associated with the appropriate administration of properly manufactured vaccines.

(Am Pharm NS21(5):41 May 1981) (Reviewed 2005) (Reviewed 2009)

1977

Employers' Use of Lie Detection Tests

1. Polygraph tests should not be used as a means of pre-employment screening in pharmacies.
2. Polygraph tests should not be used in pharmacies for routine "security" checking of employees.
3. Polygraph tests should not be used in pharmacies in the course of investigations for cause.

(JAPhA NS17:450 July 1977) (Reviewed 2004) (Reviewed 2007)

F E M I N A L

APhA House Rules Review Process

The 2014 APhA House of Delegates adopted the report of the 2013–2014 APhA House Rules Review Committee, making the following modifications to House operations (approved additions are shown underlined below).

Rule 10—Policy Review Committee

The House shall receive and consider the recommendations of the House Policy Review Committee to archive existing statements into the historical policy category, to rescind existing policy, retain, or amend existing policy at each Annual Meeting of the Association. A singular motion to archive, rescind, or retain, all such existing policy, with limited debate, shall be in order. Items identified by the Policy Review Committee as needing amendment shall be submitted to the New Business Review Committee for consideration, if the amendment changes the original policy intent. Any such existing policy will be subject to review every five years or less. Starting with the 2014-2015 Policy Review Committee, and every 4 years from there (not on an even year when there is a Speaker election), the Policy Review Committee shall review any policy that has not been reviewed or had policies added in the past 4 years.

The Speaker may engage the Policy Review Committee to review contemporary issues, where appropriate.