



APhA

American Pharmacists Association

For Every Pharmacist. For All of Pharmacy.

2022 House of Delegates

Report of the Policy Review Committee

*Policies related to newly adopted policy from the 2021 APhA House of Delegates
Policies Assigned by Speaker from APhA2021 March House Session*

Committee Members

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Missy Skelton Duke, Speaker of the House

This report is disseminated for consideration by the APhA House of Delegates and does not represent the position of the Association. Only those statements adopted by the House are considered official Association policy.

POLICY STATEMENTS TO BE RETAINED

1. The Committee recommends **RETAINING** the following policy statement as written.

2017, 2012 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 toward establishing a consistent and accurate perception of the contemporary role and practice of pharmacists by the general public, patients, and all persons and institutions engaged in health care policy, administration, payment, and delivery.
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 continued 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.

(JAPhA NS52(4) 457 July/August 2012)(Reviewed 2016)(JAPhA 57(4): 441 July/August 2017)(Reviewed 2019)

2. The Committee recommends **RETAINING** the following policy statement as written.

2004, 1991 Updating of State Pharmacy Practice Acts

1. APhA recommends and supports enactment of state pharmacy practice act revisions enabling pharmacists to achieve the full scope of APhA's Mission Statement for the Pharmacy Profession.
2. APhA supports standards of pharmacy practice reflecting the APhA Mission Statement for the Pharmacy Profession.

(Am Pharm NS31(6):28 June 1991) (JAPhA NS44(5):(551 September/October 2004) (Reviewed 2007)(Reviewed 2012)(Reviewed 2017)

3. The Committee recommends **RETAINING** the following policy statement as written.

2016,2011,2002,1963 Role of the Pharmacist in National Defense

APhA endorses the position that the pharmacist, as a member of the health care team, has the ethical responsibility to assume a role in disaster preparedness and emergency care operations. In view of these responsibilities, it shall be the policy of APhA,

1. To cooperate with all responsible agencies and departments of the federal government.
2. To provide leadership and guidance for the profession of pharmacy by properly assuming its role with other health profession organizations at the national level (e.g., American Medical Association, American Hospital Association, American Dental Association, American Nurses Association, and American Veterinary Medical Association).
3. To assist and cooperate with all national specialty pharmaceutical organizations to provide assistance and coordination in civil defense matters relevant to their area of concern.
4. To encourage and assist the state and local pharmacy associations in their efforts to cooperate with the state and local governments as well as the state and local health profession organizations in order that the pharmacist may assume their proper place in civil defense operations.
5. To provide leadership and guidance so that individual pharmacists can contribute their services to civil defense and disaster planning, training, and operations in a manner consistent with their position as a member of the health team.

(JAPhA NS3:330 June 1963) (JAPhA NS42(5): Suppl. 1:S62 September/October 2002) (Reviewed 2006)(Reviewed 2010) (JAPhA NS51(4) 483;July/August 2011)(JAPhA 56(4); 379 July/August 2016)

Comments: This item is included in both the **RETAINING** and **ARCHIVING** sections of this report. This policy currently has two distinct sections and Policy Review Committee recommends **RETAINING** the second section including these 5 statements as they continue to be relevant and are not included in any newly adopted policy. The Policy Review Committee further recommends **ARCHIVING** statements 1, 2, and 3 in the original first section as the committee believes this is now covered under newly adopted policy **2021 Continuity of Care and the Role of Pharmacists During Public Health and Other Emergencies**. The first section including 3 statements are shown in the **ARCHIVING** section of this report.

4. The Committee recommends **RETAINING** the following policy statement as written.

2011,2002,1996 Health Mobilization

APhA should continue to:

1. Emphasize its support for programs on disaster preparedness which involve the services of pharmacists (e.g., Medical Reserve Corps) and emergency responder registration networks [e.g., Emergency System for Advance Registration of Volunteer Health Professions (ESAR-VHP)].

2. Improve and expand established channels of communication between pharmacists; local, state and national pharmacy associations, boards and colleges of pharmacy and allied health professions.
3. Maintain its present liaison with the Office of the Assistant Secretary for Preparedness and Response (ASPR) of the Department of Health and Human Services and continue to seek Office of Emergency Management (OEM) assistance through professional service contracts to further develop pharmacy's activities in all phases of preparation before disasters.
4. Encourage routine inspection of drug stockpiles and disaster kits by state boards of pharmacy.

(JAPhA N)S6:328. June, 1966) (JAPhA NS42(5) Suppl. 1:S62. September/October 2002) (Reviewed 2006) (JAPhA NS51(4) 483;July/August 2011)(Reviewed 2016)

5. **The Committee recommends RETAINING the following policy statement as written.**

1979 Dispensing and/or Administration of Legend Drugs in Emergency Situations

1. APhA supports making insect sting kits and other, life-saving, emergency, treatment kits available for lawful dispensing by pharmacists without a prescription order, based on the pharmacist's professional judgment.
2. APhA supports permitting pharmacists to lawfully dispense and administer legend drugs in emergency situations, without an order from a licensed prescriber, provided that
 - (a) There is an assessment on the part of the pharmacist and the patient that the drug is needed immediately to preserve the well-being of the patient, and;
 - (b) The normal legal means for obtaining authorization to dispense the drug must not be immediately available, such as in cases where the patient's physician is not available, and;
 - (c) The quantity of the drug, which can be dispensed in an emergency situation, is enough so that the emergency situation can subside and the patient can be sustained for the immediate emergency, as determined by the pharmacist's professional judgment.
3. APhA supports expansion of state Good Samaritan Acts to provide pharmacists immunity from professional liability for dispensing in emergency situations without order from a licensed prescriber.
4. APhA supports permitting pharmacists to lawfully dispense and/or administer legend drugs without an order from a licensed prescriber during disaster situations.

(Am Pharm NS19(7):68 June 1979) (Reviewed 2002) (Reviewed 2006) (Revised 2007)(Reviewed 2012)(Reviewed 2012)(Reviewed 2017)

6. The Committee recommends **RETAINING** the following policy statement as written.

2011 The Role and Contributions of the Pharmacist in Public Health

In concert with the American Public Health Association's (APHA) 2006 policy statement, "The Role of the Pharmacist in Public Health," APhA encourages collaboration with APHA and other public health organizations to increase pharmacists' participation in initiatives designed to meet global, national, regional, state, local, and community health goals.

(JAPhA NS51(4) 482; July/August 2011)(Reviewed 2012)(Reviewed 2016)

7. The Committee recommends **RETAINING** the following policy statement as written.

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)(Reviewed 2014)(Reviewed 2019)

Comments: The Policy Review Committee recommends **RETAINING** these three statements and plans to submit a new business item for the March 2022 House of Delegates session to incorporate a broader group of individuals to be included within this statement. The Committee discussed that there are more than just pharmacists serving on the front lines such as student pharmacists, pharmacy technicians, and pharmacy support staff that should be acknowledged. Additionally, the Committee would like to highlight that these groups be recognized among the highest priority groups. The Committee considered amending this statement within this report, but felt it was a change to the original intent and as such will submit a new business item for broader review of their recommended amendments through that separate process.

8. The Committee recommends **RETAINING** the following policy statement as written.

2007 WHO Policy on Infectious Diseases

1. APhA supports the World Health Organization's (WHO's) requirements for accurate and expeditious reporting of infectious diseases from all countries, including unrestricted sharing of infectious substance samples with WHO.
2. APhA supports access to affordable vaccines in all countries.

(JAPhA NS45(5):580 September-October 2007)(Reviewed 2012)(Reviewed 2017)

9. The Committee recommends **RETAINING** the following policy statement as written.

2017, 2012, 1989 Equal Rights and Opportunities for Pharmacy Personnel

APhA reaffirms its unequivocal support of equal opportunities for employment and advancement, compensation, and organizational leadership positions. APhA opposes discrimination based on sex, gender identity or expression, race, color, religion, national origin, age, disability, genetic information, sexual orientation, or any other category protected by federal or state law.

(Am Pharm 29(7):464 July 1989) (Reviewed 2001) (Reviewed 2007)(JAPhA 52(4) 459 July/August 2012)(JAPhA 57(4): 441 July/August 2017)

10. The Committee recommends **RETAINING** the following policy statement as written

2012, 1991 Recruitment of a Diverse Population into Pharmacy

1. APhA supports a vigorous long term program for the recruitment of a diverse population of student pharmacists into the pharmacy profession.

2. APhA encourages the development and regular updating of comprehensive recruitment materials, directed toward diversity and inclusion, that address such issues as pharmacy career opportunities, financial aid, and educational prerequisites, and that highlight professional, diverse role models.

3. APhA encourages national, state, and local association; schools; students; and industry to create a network of pharmacists who would serve as role models for a diverse population of student pharmacists.

4. APhA supports the development of guidelines that assist schools of pharmacy in implementing diversity and inclusion initiatives into student pharmacist recruitment programs.

(Am Pharm 31(6):28 June 1991) (Reviewed 2001) (Reviewed 2007) (JAPhA 52(4) 459 July/August 2012)(Reviewed 2017)(Reviewed 2018)

11. The Committee recommends **RETAINING** the following policy statement as written.

1979 Consideration of the Equal Rights Amendment

APhA supports efforts to assure equal rights of all persons.

(AmPharm 19(7):60 June 1979) (Reviewed 2009)(Reviewed 2014)(Reviewed 2018)

12. The Committee recommends **RETAINING** the following policy statement as written.

2009 Disparities in Healthcare

APhA supports elimination of disparities in health care delivery.

(JAPhA 49(4):493 July/August 2009)(Reviewed 2013)(Reviewed 2018)

13. The Committee recommends **RETAINING** the following policy statement as written.

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 46(5):561 September/October 2006) (Reviewed 2009)(Reviewed 2014)(Reviewed 2019)

14. The Committee recommends **RETAINING** the following policy statement as written.

2005 Cultural Competence

1. Recognizing the diverse patient population served by our profession and the impact of cultural diversity on patient safety and medication use outcomes, APhA encourages pharmacists to continually strive to achieve and develop cultural awareness, sensitivity, and cultural competence.
2. APhA shall facilitate access to resources that assist pharmacists and student pharmacists in achieving and maintaining cultural competence relevant to their practice.
(JAPhA 45(5):554 September/October 2005) (Reviewed 2006)(Reviewed 2011)(Reviewed 2016)

15. The Committee recommends **RETAINING** the following policy statement as written.

2004, 1994 Sexual Harassment in the Workplace

1. APhA supports the principle that all work environments and educational settings be free of sexual harassment.
2. APhA recommends all pharmacy practice environments and educational settings have a written policy on sexual harassment prevention and grievance procedures.
3. APhA recommends that every owner/employer in facilities where pharmacists work institute a sexual harassment awareness education and training program for all employees.
4. APhA supports the wide distribution of the model guidelines contained within “APhA Model Policy on Sexual Harassment Prevention and Grievance Procedures” – Appendix D, APhA Policy and Procedures Manual.
(AmPharm 34(6):55 June 1994)(Reviewed 2001)(JAPhA 44(5):551 September/October 2004)(Reviewed 2010)(Reviewed 2015)

16. The Committee recommends **RETAINING** the following policy statement as written.

2011 Potential Conflicts of Interest in Pharmacy Practice

1. APhA reaffirms that as health care professionals, pharmacists are expected to act in the best interest of patients when making clinical recommendations
2. APhA supports pharmacists using evidence-based practices to guide decisions that

lead to the delivery of optimal patient care.

3. APhA supports pharmacist development, adoption, and use of policies and procedures to manage potential conflicts of interest in practice.

4. APhA should develop core principles that guide pharmacists in developing and using policies and procedures for identifying and managing potential conflicts of interest.

(JAPhA NS51(4) 482; July/August 2011)(Reviewed 2016)

17. The Committee recommends RETAINING the following policy statement as written.

2019 Patient-Centered Care of People Who Inject Non-Medically Sanctioned Psychotropic or Psychoactive Substances

1. APhA encourages state legislatures and boards of pharmacy to revise laws and regulations to support the patient-centered care of people who inject non-medically sanctioned psychotropic or psychoactive substances.
2. To reduce the consequences of stigma associated with injection drug use, APhA supports the expansion of interprofessional harm reduction education in the curriculum of schools and colleges of pharmacy, postgraduate training, and continuing professional development programs.
3. APhA encourages pharmacists to initiate, sustain, and integrate evidence-based harm reduction principles and programs into their practice to optimize the health of people who inject non-medically sanctioned psychotropic or psychoactive substances.
4. APhA supports pharmacists' roles to provide and promote consistent, unrestricted, and immediate access to evidence-based, mortality- and morbidity-reducing interventions to enhance the health of people who inject nonmedically sanctioned psychotropic or psychoactive substances and their communities, including: sterile syringes, needles, and other safe injection equipment, syringe disposal, fentanyl test strips, immunizations, condoms, wound care supplies, pre- and post-exposure prophylaxis medications for human immunodeficiency virus (HIV), point-of-care testing for HIV and hepatitis C virus (HCV), opioid overdose reversal medications, and medications for opioid use disorder.
5. APhA urges pharmacists to refer people who inject non-medically sanctioned psychotropic or psychoactive substances to specialists in mental health, infectious diseases, and addiction treatment; to housing, vocational, harm reduction, and recovery support services; and to overdose prevention sites and syringe service programs.

(JAPhA 59(4):e17]July/August 2019)

18. The Committee recommends RETAINING the following policy statement as written.

2016 Medication-Assisted Treatment

APhA supports expanding access to Medication Assisted Treatment (MAT), including but not limited to pharmacist-administered injection services for treatment and maintenance of substance use disorders that are based on a valid prescription.

(JAPhA 56(4); 370 July/August 2016)

19. The Committee recommends **RETAINING** the following policy statement as written.

1983 Stocking a Complete Inventory of Pharmaceutical Product

APhA supports the rights and responsibilities of individual pharmacists to determine their inventory and dispensing practices based on patient need, practice economics, practice security, and professional judgment.

(Am Pharm NS23(6):52 June 1983) (Reviewed 2004) (Reviewed 2010) (Reviewed 2015)

20. The Committee recommends **RETAINING** the following policy statement as written.

2005, 1977 Government-Financed Reimbursement

1. APhA supports only those government-operated or -financed, third-party prescription programs which ensures that participating pharmacists receive individualized, equitable compensation for professional services and reimbursement for products provided under the program.

2. APhA regards equitable compensation under any government-operated or -financed, third party prescription programs as requiring payments equivalent to a participating pharmacist's prevailing charges to the self-paying public for comparable services and products, plus additional, documented, direct and indirect costs which are generated by participation in the program.

3. APhA supports those government-operated or -financed, third-party prescription programs which base compensation for professional services on professional fees and reimbursement for products provided on actual cost, with the provision of a specific exception to this policy in those instances when equity in professional compensation cannot otherwise be attained.

(JAPhA NS17:452 July 1977) (JAPhA NS45(5):558 September/October 2005) (Reviewed 2009)(Reviewed 2011)(Reviewed 2012)(Reviewed 2017)

21. The Committee recommends **RETAINING** the following policy statement as written.

2005, 1981 Third-party Reimbursement Legislation

APhA supports enactment of legislation requiring that third-party program reimbursement to pharmacists be at least equal to the pharmacists prevailing charges to the self-paying public for comparable services and products, plus additional documented direct and indirect costs, which are generated by participating in the program.

(Am Pharm NS21(5):40 May 1981) (JAPhA NS45(5):558 September/October 2005) (Reviewed 2009)(Reviewed 2014)(Reviewed 2019)

22. The Committee recommends **RETAINING** the following policy statement as written.

2016 Opioid Overdose Prevention

1. APhA supports access to third-party (non-patient recipient) prescriptions for opioid reversal agents that are furnished by pharmacists.
2. APhA affirms that third-party (non-patient recipient) prescriptions should be reimbursed by public and private payers.

(JAPhA 56(4); 370 July/August 2016)(Reviewed 2020)

23. The Committee recommends **RETAINING** the following policy statement as written.

2019, 2016 Substance Use Disorder

1. APhA supports legislative, regulatory, and private sector efforts that include pharmacists' input and that will balance patient/consumers' need for access to medications for legitimate medical purposes with the need to prevent the diversion, misuse, and abuse of medications.
2. APhA supports consumer sales limits of nonprescription drug products, such as methamphetamine precursors, that may be illegally converted into drugs for illicit use.
3. APhA encourages education of all personnel involved in the distribution chain of nonprescription products so they understand the potential for certain products, such as methamphetamine precursors, to be illegally converted into drugs for illicit use. APhA supports comprehensive substance use disorder education, prevention, treatment, and recovery programs.
4. APhA supports public and private initiatives to fund treatment and prevention of substance use disorders.
5. APhA supports stringent enforcement of criminal laws against individuals who engage in drug trafficking.

(JAPhA 56(4); 369 July/August 2016)(JAPhA 59(4) e28 July/August 2019)

24. The Committee recommends **RETAINING** the following policy statement as written.

2019 Referral System for the Pharmacy Profession

1. APhA supports referrals of patients to pharmacists, among pharmacists, or between pharmacists and other health care providers to promote optimal patient outcomes.
2. APhA supports referrals to and by pharmacists that ensure timely patient access to quality services and promote patient freedom of choice.
3. APhA advocates for pharmacists' engagement in referral systems that are aligned with those of other health care providers and facilitate collaboration and information sharing to assure continuity of care.
4. APhA supports attribution and equitable payment to pharmacists providing patient care services as a result of a referral.
5. APhA promotes the pharmacist's professional responsibility to uphold ethical and legal

standards of care in referral practices.

6. APhA reaffirms its support of development, adoption, and use of policies and procedures by pharmacists to manage potential conflicts of interest in practice, including in referral systems.

(JAPhA 59(4):e16 July/August 2019)

25. The Committee recommends **RETAINING** the following policy statement as written.

2014 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.

(JAPhA 54(4) July/August 2014)(Reviewed 2015)(Reviewed 2018)

26. The Committee recommends **RETAINING** the following policy statement as written

1993 Pharmacists' Services

1. APhA supports development of pharmacy payment systems that include reimbursement of the cost of any medication or device provided; the cost of preparing the medication or device; the costs of administrative services; return on capital investment; and payment for both the dispensing-related and non-dispensing-pharmacy services.
2. APhA believes that appropriate incentives for the pharmacist providing care should be part of any payment system.

(Am Pharm NS33(7):53 July 1993) (Reviewed 2005) (Reviewed 2007) (Reviewed 2009) (Reviewed 2010)(Reviewed 2011)(Reviewed 2012)(Reviewed 2017)

27. The Committee recommends **RETAINING** the following policy statement as written

2018 Direct and Indirect Remuneration Fees

APhA opposes retroactive direct and indirect remuneration (DIR) fees and supports initiatives to prohibit such fees on pharmacies.

(JAPhA 58(4):356 July/August 2018)

28. The Committee recommends **RETAINING** the following policy statement as written

2018 Pharmacist Workplace Environment and Patient Safety

1. APhA supports staffing models that promote safe provision of patient care services and access to medications.
2. APhA encourages the adoption of patient centered quality and performance measures that align with safe delivery of patient care services and opposes the setting and use of operational quotas or time-oriented metrics that negatively impact patient care and safety.
3. APhA denounces any policies or practices of third-party administrators, processors, and payers that contribute to a workplace environment, which negatively impacts patient safety. APhA calls upon public and private policy makers to establish provider payment policies that support the safe provision of medications and delivery of effective patient care.
4. APhA urges pharmacy practice employers to establish collaborative mechanisms that engage the pharmacist in charge of each practice, pharmacists, pharmacy technicians, and pharmacy staff in addressing workplace issues that may have an impact on patient safety.
5. APhA urges employers to collaborate with the pharmacy staff to regularly and systematically examine and resolve workplace issues that may negatively have an impact on patient safety.
6. APhA opposes retaliation against pharmacy staff for reporting workplace issues that may negatively impact patient safety.

(JAPhA 58(4):355 July/August 2018)(Reviewed 2020)

29. The Committee recommends **RETAINING** the following policy statement as written.

2018, 2013 Revisions to the Medication Classification System

APhA supports the Food and Drug Administration's (FDA's) efforts to revise the drug and medical device classification paradigms for prescription and nonprescription medications and medical devices to allow greater access to certain medications and medical devices under conditions of safe use while maintaining patients' relationships with their pharmacists and other health care providers.

2. APhA supports the implementation or modification of state laws and regulations to facilitate pharmacists' implementation and provision of services related to a revised drug and medical device classification system.

3. APhA supports a patient care delivery model built on coordination and communication between pharmacists and other health care team members in the

evaluation and management of care delivery.

4. APhA affirms that pharmacists are qualified to provide clinical interventions on medications and medical devices under FDA's approved conditions of safe use.

5. APhA urges manufacturers, FDA, and other stakeholders to include pharmacists' input in the development and adoption of technology and standardized processes for services related to medications and medical devices under FDA's defined conditions of safe use.

6. APhA supports the utilization of best practices, treatment algorithms, and clinical judgment of pharmacists and other health care providers to guide the evaluation and management of care delivery related to medications and medical devices under FDA's approved conditions of safe use.

7. APhA encourages the inclusion of medications, medical devices, and their associated services provided under FDA's defined conditions of safe use within health benefit coverage.

8. APhA supports compensation of pharmacists and other health care professionals for the provision of services related to FDA's defined conditions of safe use programs.

(JAPhA 53(4): 365 July/August 2013)(JAPhA 58(4):356 July/August 2018)

30. The Committee recommends RETAINING the following policy statement as written.

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) (Reviewed 2014)(Reviewed 2019)

31. The Committee recommends RETAINING the following policy statement as written.

2020 Providing Affordable and Comprehensive Pharmacy Services to the Underserved

1. APhA supports the expansion and increased sources of funding for pharmacies and pharmacy services that serve the needs of underserved populations to provide better health outcomes and lower health care costs for underserved populations.

2. APhA supports charitable pharmacies and pharmacy services that ensure the quality, safety, drug storage, and integrity of the drug product and supply chain, in accordance with applicable law.

(JAPhA 2020 60(5) e11)

32. The Committee recommends **RETAINING** the following policy statement as written.

2019, 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 the pharmacy profession.

(Am Pharm NS30(6):46 June 1990) (Reviewed 2005) (Reviewed 2009)(Reviewed 2014)(JAPhA 59(4) e28 July/August 2019)

33. The Committee recommends **RETAINING** the following policy statement as written

2016, 2011 Pharmacists as Providers Under the Social Security Act

APhA supports changes to the Social Security Act to allow pharmacists to be recognized and paid as providers of patient care services.

(JAPhA NS51(4) 482; July/August 2011)(JAPhA 56(4); 379 July/August 2016)

34. The Committee recommends **RETAINING** the following policy statement as written.

2014 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.
(JAPhA 54(4) 357 July/August 2014)(Reviewed 2019)

35. The Committee recommends **RETAINING** the following policy statement as written.

1991 Doctor of Pharmacy Attainment through Non-traditional Mechanisms

1. APhA encourages schools and colleges of pharmacy to consider, in their strategic planning process, offering non-traditional, post-baccalaureate, Doctor of Pharmacy degree programs. Issues to be considered in such planning should include at least the following: (a) entry requirements; (b) educational and financial resources; and (c) competency evaluation for course credit.

2. APhA recommends that non-traditional, Doctor of Pharmacy degree programs have competency outcomes for graduates equal to those in traditional programs.

(Am Pharm NS31(6):28 June 1991)(Reviewed 2003)(Reviewed 2006)(Reviewed 2011)(Reviewed 2016)

36. The Committee recommends **RETAINING** the following policy statement as written.

1991 Mission of Pharmacy

APhA affirms that the mission of pharmacy is to serve society as the profession responsible for the appropriate use of medications, devices, and services to achieve optimal therapeutic outcomes.

(Am Pharm NS31(6):29 June 1991) (Reviewed 2004) (Reviewed 2010) (Reviewed 2015)(Reviewed 2018)

Comments: The Policy Review Committee recommends **RETAINING** this statement within this report and further recommends that the APhA Board of Trustees consider additional processes for reviewing or updating this statement.

37. The Committee recommends **RETAINING** the following policy statement as written.

2013,1978 Pharmacists Providing Health Care Services

APhA supports the study and development of new methods and procedures whereby pharmacists can increase their ability and expand their opportunities to provide health care services to patients.

(Am Pharm NS18(8):47 July 1978) (Reviewed 2007) (Reviewed 2008) (JAPhA 53(4):366 July/August 2013)(Reviewed 2016)

38. The Committee recommends **RETAINING** the following policy statement as written.

1985 Pharmaceutical Pricing

APhA supports a system of equal opportunity with the same terms, conditions, and prices available for all pharmacies.

(Am Pharm NS25(5):52 May 1985) (Reviewed 2004) (Reviewed 2006)(Reviewed 2011)(Reviewed 2016)

Comments: The Policy Review Committee wanted to note in this report that during its review APhA's Legal Counsel was asked to also review this statement to ensure there are no conflicts with retaining this existing policy. Legal Counsel's assessment was that no conflict exists by retaining this statement.

POLICY STATEMENTS TO BE ARCHIVED

39. The Committee recommends ARCHIVING the following policy statement as written.

2016,2011,2002,1963 Role of the Pharmacist in National Defense

These responsibilities include:

1. Pharmacists, by their education and training as medication experts, should be involved intimately in all elements of the procurement, storage, handling, compounding, and dispensing of drugs and supplies in planning for as well as during any national emergency.
2. Pharmacists, by their education in anatomy, physiology, and pharmacology, are readily adaptable to assist in the emergency medical treatment of patients and for training the public in medical self-help.
3. Pharmacists, by their constant contact with the members of the health team, as well as a significant portion of their communities, provide the potential for coordinating preparedness measures, and establishing meaningful standby emergency operational plans.

*(JAPhA NS3:330 June 1963) (JAPhA NS42(5): Suppl. 1:S62 September/October 2002) (Reviewed 2006)(Reviewed 2010)
(JAPhA NS51(4) 483;July/August 2011)(JAPhA 56(4); 379 July/August 2016)*

Comments: This item is included in both the RETAINING and ARCHIVING sections of this report. This policy currently has two distinct sections and Policy Review Committee recommends ARCHIVING statements 1, 2, and 3 in the original first section as the committee believes this is now covered under newly adopted policy **2021 Continuity of Care and the Role of Pharmacists During Public Health and Other Emergencies**. The Policy Review Committee further recommends RETAINING the first section including these 5 statements as they continue to be relevant and are not included in any newly adopted policy. The first section including 5 statements to be retained is shown in the RETAINING section of this report.

40. The Committee recommends ARCHIVING the following policy statement as written.

2015 Disaster Preparedness

APhA encourages pharmacist involvement in surveillance, mitigation, preparedness, planning, response, and recovery related to terrorism and infectious diseases.

(JAPhA N55(4); 365 July/August 2015)

Comments: The Policy Review Committee recommends ARCHIVING this statement as the committee believes this policy is duplicative to statements within the newly adopted **2021 Continuity of Care and the Role of Pharmacists During Public Health and Other Emergencies**.

POLICY STATEMENTS TO BE AMENDED

41. The Committee recommends AMENDING the following policy statement as written.

2014 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, pharmacy technicians, 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.

(JAPhA 54(4) 357 July/August 2014) (Reviewed 2019)

Comments: The Policy Review Committee recommends AMENDING statement #5 to add and include pharmacy technicians within the statement as it relates to professionalism. The Committee noted that technicians are taking on expanded roles within pharmacy practice and should be included as a representative of the profession when it comes to professionalism and accuracy of information posted on social media.

42. The Committee recommends AMENDING the following policy statement as written.

2004, 1988 Pharmacists' Relationship to Veterinarians

APhA encourages pharmacists, ~~and~~ student pharmacists, and pharmacy technicians to become more knowledgeable about veterinary drugs and their usage.

(Am Pharm NS28(6):395 June 1988) (JAPhA NS44(5):551 September/October 2004) (Reviewed 2010) (Reviewed 2015)

Comments: The Policy Review Committee recommends AMENDING this statement to add and include pharmacy technicians within this statement as it relates to knowledge on veterinary medications and their usage. The Committee noted that technicians support the efforts of compounding medications, many of which may be veterinary medications.

43. The Committee recommends AMENDING the following policy statement as written.

2008 Billing and Documentation of Medication Therapy Management (MTM) Services

1. APhA encourages the development and use of a system for billing of MTM services that:
 - (a) includes a standardized data set for transmission of billing claims;
 - (b) utilizes a standardized process that is consistent with claim billing by other healthcare providers;
 - (c) utilizes a billing platform that is accepted by the Centers for Medicare and Medicaid Services (CMS) and is compliant with the Health Insurance Portability and Accountability Act (HIPAA)
2. APhA supports the pharmacist's or pharmacy's choice of a documentation system that allows for transmission of any MTM billing claim and interfaces with the billing platform used by the insurer or payer.
3. APhA encourages pharmacists to use the American Medical Association (AMA) Current Procedural Terminology (CPT) codes for billing of MTM services.
4. APhA supports efforts to further develop CPT codes for billing of pharmacists' services, through the work of the Pharmacist Services Technical Advisory Coalition (PSTAC) and Pharmacy e-HIT Collaborative.

(JAPhA NS48(4):471 July/August 2008) (Reviewed 2010) (Reviewed 2015)(Reviewed 2016)

Comments: The Policy Review Committee recommends AMENDING statement #4 to add “and Pharmacy e-HIT Collaborative”. The 2020-2021 Policy Review Committee proposed this as a grammatical change and the recommendation was not adopted by the House of Delegates during the March 2021 House of Delegates. The current Policy Review Committee is recommending this as an official amendment to ensure the change is clear to delegates and highlight the rationale for the change. This addition of “and Pharmacy HIT Collaborative” after PSTAC is to reflect the transition of work transferred from the Pharmacist Services Technical Advisory Coalition (PSTAC) into the work of the e-HIT Collaborative. The Committee noted that the PSTAC still has archived content online, but the activities related to PSTAC work (e.g., CPT codes and billing for pharmacist services) are now being completed by the Pharmacy e-HIT Collaborative. Due to the online presence of PSTAC content the Committee did not want to fully remove PSTAC from the policy statement and instead opted to connect its work with the Pharmacy e-HIT Collaborative.