**APhA Academy of Student Pharmacists**

**Report of the APhA-ASP House of Delegates**

**2020 Virtual APhA-ASP House of Delegates**

***Presiding:*** *Susan Dembny, 2020-2021 APhA-ASP Speaker of the House*

***Parliamentarian:*** *Michael A. Moné, BPharm, JD, FAPhA*

The APhA-ASP House of Delegates debated and *passed* the following resolution statements during the APhA-ASP House of Delegates on Wednesday, September 23 at the 2020 Virtual APhA-ASP House of Delegates.

**2020.1 – Amendment to APhA-ASP Resolution (2017.3 - Efforts to Reduce Mental Health Stigma)**

1. APhA-ASP encourages all stakeholders to develop and adopt evidence‐based approaches in order to educate and reduce stigma surrounding mental health conditions to improve treatment for persons with mental illness.
2. APhA-ASP supports the increased utilization of pharmacists and student pharmacists, with appropriate training, to actively participate in psychiatric interprofessional health care teams in all practice settings.
3. APhA-ASP supports the inclusion and expansion of mental health education and training in the curriculum of all schools and colleges of pharmacy and post-graduate opportunities.
4. APhA-ASP encourages schools and colleges of pharmacy to provide mental health resources for students. These mental health resources shall include, but are not limited to, affordable, readily accessible

**2020.2 – Amendment to APhA-ASP Resolution (2012.4 - Pharmacy Benefit Manager [PBM] Practices)**

1. APhA-ASP supports regulation of PBM and insurance company audit practices and encourages the implementation of a national standardized audit procedure to include, but not be limited to, audit timeframes, a written appeals process, documentation requirements, and adherence to fair business practices.
2. APhA-ASP encourages all PBMs and insurance companies to notify patients prior to any changes or modifications in their plan that may include, but not be limited to, reaching their coverage gap, formulary adjustments, prior authorizations, and tier changes. The notification should be in a manner that is standardized, comprehensive, and easy to understand for all patient populations.
3. APhA-ASP supports legislation requiring PBMs to be licensed by the Department of Insurance or another appropriate agency within the state(s) in which they operate to increase transparency and provide oversight that best serves the public interest.

**2020.3 – XDEA Numbers for Pharmacists to Treat Opioid Use Disorder (OUD)**

APhA-ASP encourages HHS/SAMHSA to provide pharmacists the opportunity to obtain XDEA numbers, allowing them to work within a collaborative practice agreement for the treatment of opioid use disorder to fulfill public health needs.

**2020.4 – Vaccination Consent for Mature Minors**

1. APhA-ASP supports state and federal legislation to allow mature minors from 12-18 years of age to consent to immunizations, without parental notification, based upon the pharmacist’s judgment of whether the minor is capable of providing informed consent.
2. APhA-ASP supports state and federal legislation that protects pharmacists from litigation regarding their judgment of a patient’s mature minor status and the decision to vaccinate or refuse to vaccinate a patient based upon this judgment.

**2020.5 – Amendment to APhA-ASP Resolution (2018.1 – Lesbian, Gay, Bisexual, Transgender, Queer or Questioning and Additional Identities [LGBTQ+])**

APhA-ASP encourages the advancement of optimal patient care for Lesbian, Gay, Bisexual, Transgender, Queer or Questioning and other Additional (LGBTQ+) patients through implementation of the following measures:

1. Development of continuing education programs with a focus on unique health disparities, specialized pharmacotherapeutic considerations, and advancement of cultural competencies.
2. Inclusion of education on topics related to diverse gender and sexual identities in the curriculum of schools and colleges of pharmacy.
3. Inclusion of an anatomical organ inventory within a patient’s electronic health record, to correctly identify any organs that a patient possesses.
4. Use of patient-centered language that validates the individual patient’s identity without judgment, including but not limited to use of preferred name and pronouns.

**2020.6 Interprofessional Precepting**

APhA-ASP encourages health care education stakeholders and regulating bodies to develop and implement policies and procedures to allow members of the health care team (eg: MD, DO, PA, NP, RPh, etc.) to precept and supervise professional students across all health care disciplines. This aims to enhance interprofessional collaboration, improve patient health outcomes, and reduce shortages of preceptors.

**2020.7 – Amendment to APhA-ASP Resolution (2008.5 Mail Service Pharmacy and Online Pharmacy)**

1. APhA-ASP supports a strong pharmacist-patient relationship in the delivery of patient care throughout all medication distribution systems, including but not limited to, mail order pharmacy, internet pharmacy, and drive-through pharmacy.
2. APhA-ASP supports the development of a strong pharmacist-patient relationship by giving patients the right to choose their pharmacy.
3. APhA-ASP opposes any practice that hinders the pharmacist-patient relationship including:
   1. The practice of mandating mail order pharmacy services.
   2. The practice of coercive cost differences that benefit mail order pharmacy services versus other medication distribution systems, including but not limited to, community pharmacies.

**2020.8 – Regulation of Temperature-Sensitive Medication Shipment and Delivery**

APhA-ASP supports regulation of shipment and delivery of temperature-sensitive medication(s) from pharmacies to ensure medication integrity and patient safety.

**2020.9 – Direct to Consumer Advertising**

APhA-ASP opposes direct-to-consumer (DTC) advertising of prescription drugs to the general public to reduce unnecessary treatments and strain on the patient-provider relationship.

**2020.10 – Research on E-Cigarettes and Vaping**

APhA-ASP encourages further research of the chemical constituents, safety profile, and patient health outcomes associated with use of electronic cigarettes and vaping products.

**2020.11 – Indications on Pharmacy Labels**

APhA-ASP encourages pharmacies to offer patients the option to include the most appropriate patient-specific indication(s) on the pharmacy dispensing label to enhance patient understanding of, and adherence to, their medication(s).

**2020.12 – Offering Meal Breaks for Pharmacists**

APhA-ASP advocates that employers are required to give pharmacists the option of having a minimum of 30-minute meal break outside the confines of the pharmacy during each shift.

**APhA-ASP NEW BUSINESS**

Three new business items were submitted to the APhA-ASP House of Delegates

**NBI – 2020.1 – Withdrawn by the proposing authors**

**NBI – 2020.2 – Telehealth**

**NBI – 2020.3 – Telepharmacy Education**

The APhA-ASP New Business Review Committee Recommended to reject New Business Item 2020.2 and the recommendation was accepted by the APhA-ASP House of Delegates. The APhA-ASP New Business Review Committee recommended to adopt 2020.3 as amended. The New Business Item is as follows:

**NBI: 2020.3 Telepharmacy Education**

APhA-ASP encourages schools and colleges of pharmacy to incorporate telepharmacy communication within the curriculum to enhance the ability of student pharmacists to counsel patients virtually and improve patient care.