

Actions of the 2020 House of Delegates – Special Session
American Pharmacists Association
Conducted Virtually
March 20, 2020

The following policies and recommendations were adopted by the 2020 American Pharmacists Association (APhA) House of Delegates during its Special Session meeting and are now official APhA policy. This report notes items of policy or recommendations that were adopted from reports by the APhA Policy Committee, Policy Review Committee, and House Rules Review Committee along with new business items submitted by registered Delegates. An electronic ballot was used to collect votes of authorized Delegates before the Special Session of the House of Delegates and those items receiving a majority vote of authorized Delegates (greater than 191 approval votes) were considered adopted. (The number of authorized Delegates was 380). Additional time was allocated by Speaker of the House of Delegates, Joey Mattingly, during the Special Session to further discuss some of these adopted statements. Speaker Mattingly has further indicated additional steps to review some of these policy items within this report.

Adopted Policy Committee Report Items

The following statements were proposed by the APhA Policy Committee and adopted by the House of Delegates during the Special Session. The policy statements pertaining to *Accountability of Pharmacists* and *Specialty Pharmacy and Specialized Pharmacy Services* will be assigned to the 2020–2021 Policy Review Committee for additional consideration of suggested amendments submitted via the electronic ballot process that were not discussed during the Special Session.

Protecting Pharmaceuticals as a Strategic Asset

1. APhA asserts that the quality and safety of pharmaceutical and other medical products and the global pharmaceutical and medical product supply chain are essential to the United States national security and public health.
2. APhA advocates for pharmacist engagement in the development and implementation of national and global strategies to ensure the availability, quality, and safety of pharmaceutical and other medical products.
3. APhA calls for the development, implementation, and oversight of enhanced and transparent processes, standards, and information that ensure quality and safety of all pharmaceutical ingredients and manufacturing processes.
4. APhA calls on the federal government to penalize entities who create barriers that threaten the availability, quality, and safety of United States pharmaceutical and other medical product supplies.
5. APhA calls for the development of redundancy and risk mitigation strategies in the manufacturing process to ensure reliable and consistent availability of safe and high-quality pharmaceutical and other medical products.
6. APhA advocates for regulatory and market incentives that bolster the availability, quality, and safety of pharmaceutical and other medical products.

7. APhA calls for greater transparency, accuracy, and timeliness of information and notification to health care professionals regarding drug shortages, product quality and manufacturing issues, supply disruption, and recalls.
8. APhA encourages pharmacy providers, health systems, and payers to develop coordinated response plans, including the use of therapeutic alternatives, to mitigate the impact of drug shortages and supply disruptions.
9. APhA supports federal legislation that engages pharmacists, other health professionals, and manufacturers in developing a United States-specific essential medicines list and provides funding mechanisms to ensure consistent availability of these products.
10. APhA recommends the use of pharmacists in the delivery of public messages, through media and other communication channels, regarding pharmaceutical supply and quality issues.

Accountability of Pharmacists

1. APhA affirms pharmacists' professional accountability in all practice settings.
2. APhA advocates that pharmacists be granted and accept authority, autonomy, and accountability for patient-centric actions to improve health and medication outcomes, in coordination with other health professionals, as appropriate.
3. APhA reaffirms 2017 Pharmacists' Role Within Value-based Payment Models and supports continued expansion of interprofessional patient care models that leverage pharmacists as accountable members of the health care team.
4. APhA advocates for sustainable payment and attribution models to support pharmacists as accountable patient care providers.
5. APhA supports continued expansion of resources and health information infrastructures that empower pharmacists as accountable health care providers.
6. APhA supports the enhancement of comprehensive and affordable professional liability insurance coverage that aligns with evolving pharmacist accountability and responsibility.

Specialty Pharmacy and Specialized Pharmacy Services

1. APhA recognizes that certain complex medications require more specialized care and resources; and APhA asserts that delineation of medications as specialty versus non-specialty, and associated payer and manufacturer practices, introduces risk of continuity of care disruption, patient access issues, and financial inequities.
2. APhA supports pharmacists and pharmacies that choose to specialize or incorporate specialty pharmacy services into their practice and provide enhanced patient care and other services to optimize patient outcomes.
3. APhA opposes payer policies and practices that limit patient choice of qualified pharmacy providers, disrupt continuity of care, or compromise patient safety through the creation of specialty drug lists, and restrictive specialty pharmacy networks.

4. APhA opposes manufacturer distribution and related business practices that restrict patient and pharmacy access to medications, medical products, and patient care services.
5. APhA advocates for the adoption of pharmacy profession-developed, harmonized practice standards for specialized pharmacy practices, and specialty pharmacy services and products.
6. APhA encourages increased availability and use of clinical practice, data integration, patient financial assistance, and other resources to support the provision of specialized pharmacy practices and specialty pharmacy services.
7. APhA supports the availability of education and training for pharmacists and student pharmacists related to specialized pharmacy practices and specialty pharmacy services.

Adopted New Business Items

The following statements were proposed by registered Delegates of the APhA House of Delegates and adopted through the Electronic Ballot process of authorized Delegates or during the Special Session meeting and are now official APhA policy. These policy statements will also be assigned to the 2020–2021 Policy Review Committee for additional consideration of suggested amendments submitted via the electronic ballot process that were not discussed during the Special Session.

E-Prescribing Standardization (adds a new statement to the existing four policy statements within 2010 E-prescribing Standardization)

5. APhA supports laws and regulations that require e-prescribing of controlled substances to eliminate many types of fraudulent prescriptions.

Community-based Pharmacists as Providers of Care

1. APhA advocates for the identification of medical conditions that may be safely and effectively treated by community-based pharmacists.
2. APhA encourages the training and education of pharmacists and student pharmacists regarding identification, treatment, monitoring, documentation, follow-up, and referral for medical conditions that may be safely and effectively treated by community-based pharmacists.
3. APhA strongly advocates for laws and regulations that allow pharmacists to identify and manage medical conditions that may be safely and effectively treated by community-based pharmacists.
4. APhA strongly advocates for appropriate remuneration for the assessment and treatment of medical conditions that may be safely and effectively treated by community-based pharmacists from government and private payers to ensure sustainability and access for patients.
5. APhA supports research to examine the outcomes of services that focus on medical conditions that may be safely and effectively treated by community-based pharmacists.

Integrated Nationwide Prescription Drug Monitoring Program (replaces the original statement 1 of the existing 2015 Integrated Nationwide Prescription Drug Monitoring Program policy)

1. APhA advocates for nationwide integration and uniformity of prescription drug monitoring programs (PDMP) that incorporate federal, state, and territory databases for the purpose of providing health care professionals with accurate and real-time information to assist in clinical decision making when providing patient care services related to controlled substances.

Coordination of the Pharmacy and Medical Benefit

APhA supports coordination of patients' comprehensive pharmacy and medical benefits that allows for provision of and compensation for pharmacists' patient care services; aligns incentives to optimize patient outcomes; streamlines administrative processes; reduces overall health care costs and preserves patients' right to choose providers for the pharmacy and medical benefits.

Pharmacy Technicians Role in Immunization Administration

1. APhA supports the development of standardized training in immunization administration and continuing education opportunities for immunizing pharmacy technicians.
2. APhA supports pharmacist's individual discretion in delegating immunization administration to qualified pharmacy technicians with the requisite education, training, and experience.
3. APhA supports voluntary participation by pharmacy technicians in the training and provision of immunization administration.
4. APhA supports the role of pharmacists as the healthcare professional providing clinical patient assessment, decision making, and patient counseling for all immunizations administered by a pharmacy technician.

Transfer of Schedule III-V Prescriptions for Purposes of Initial Fill as well as Refill

APhA supports that the DEA update and amend Section IX (Valid Prescription Requirements) of the DEA's Manual and relevant administration rules concerning that a pharmacy can only transfer for "the purpose of a refill dispensing between pharmacies" to also include for the purposes of an initial fill.

Increasing Access to and Advocacy for Medications for Opioid Use Disorder (MOUD)

1. APhA supports the use of evidence-based medication as first-line treatment for opioid use disorder for patients, including healthcare professionals, such as pharmacists, in and out of the workplace, for as long as needed to treat their disease.
2. APhA encourages pharmacies to maintain an inventory of medications of public health importance, particularly medications for opioid use disorder, to ensure access for patients.
3. APhA encourages pharmacists and payers ensure patients have equitable access to and coverage for at least one medication from each class of medications used in the treatment of opioid use disorder, such as making medications available on the payer's lowest cost-sharing tier.

HIV testing in Women (replaces the original statement from 1996 *HIV Testing in Pregnant Women* and removes the word “Pregnant” from the topic title.)

APhA encourages pharmacists to provide pharmaceutical care to women, including education about the availability and benefits of opt-out HIV testing in prenatal and perinatal care, to decrease the risk of HIV transmission to unborn children and between partners. APhA encourages pharmacists to provide education about the availability and benefits of opt-out HIV testing in prenatal and perinatal care, including offering and/or performing testing to the patients and their partners.

Digital Health Integration in Pharmacy

1. APhA supports education about digital health technologies and integration in pharmacy practice, in pharmacy school curricula, and for the pharmacy workforce.
2. APhA supports inclusion of pharmacists in the design and development of digital health technologies.
3. APhA supports that digital health technologies be interoperable with and integrated into pharmacy management systems and electronic health records.
4. APhA supports pharmacists applying digital health technologies to optimize patient care outcomes.

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.

Non-execution Related Use of Pharmaceuticals in Correctional Facilities

1. APhA opposes drug manufacturer’s refusal to supply certain drugs to correctional health services units for the purpose of medical treatment of inmates. APhA recognizes that this means of political advocacy prevents humane medical care from being provided to inmates.
2. APhA advocates for inmates to have an opportunity, equal to that of non-inmates, to access medications that correctional providers deem medically necessary for appropriate and humane health care treatment.
3. APhA advocates for correctional providers to have equal opportunity (as non-correctional providers) to access, prescribe, and procure pharmaceuticals deemed necessary for medical treatment of inmates.

Protecting Pharmacy Personnel During Public Health Crisis

1. APhA strongly urges all employers of pharmacists and pharmacy personnel, and the settings in which they practice, to implement protection and control measures and procedures, per consensus recommendations when available, and access to protective gear and cleaning supplies that ensure the safety of pharmacy personnel and that of their family members and the public.
2. APhA urges federal and state government officials, manufacturers, distributors, and health system administrators to recognize pharmacists and pharmacy personnel as “front-line providers” who should

receive appropriate personal protective equipment and other resources to protect their personal safety and support their ability to continue to provide patient care.

Pharmaceutical Safety and Access During Emergencies

1. APhA urges government authorities to hold pharmaceutical manufacturers, wholesalers, pharmacies, and other pharmaceutical supply distributors and providers accountable to state and federal price gouging laws in selling those items to patients, pharmacies, hospitals, and other health care providers during times of local, state, or national emergency.
2. APhA urges government authorities to aggressively enforce laws and regulations against adulterated products and false and misleading claims by entities offering to sell pharmaceutical and medical products to health care providers and consumers.

Policy Review Process

As part of the continuing review of existing policy, the 2020 APhA House of Delegates adopted the Policy Review Committee Report, thereby retaining, archiving, amending, or rescinding existing APhA policy on a range of topics. Ten items within the Policy Review Committee's report were pulled out from the full report during the electronic ballot process of authorized Delegates and these items will be forwarded for further review by the 2020–2021 Policy Review Committee.

The 2020 APhA House of Delegates RETAINED the following statements:

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.

2018 Pharmacists Electronic Referral Tracking

1. APhA supports the development of electronic systems that enhance and simplify the ability of pharmacists in all practice settings to receive, send, and track referrals between all members of the health care team, including other pharmacists, irrespective of the health care system, model, or network in which the patient participates.
2. APhA supports the interoperability and integration of referral tracking systems with electronic health records so patients can receive the benefit of optimally coordinated care from all members of the health care team.

2019, 2018 Gluten Content and Labeling in Medications

1. APhA supports labeling of all prescription and nonprescription products, as well as dietary supplement products, to indicate the presence of gluten.
2. APhA encourages manufacturers to formulate drug products without use of wheat, barley, rye, or their derivatives whenever possible.

3. APhA supports additional research on the effects of gluten intolerance and celiac malabsorption, particularly as it relates to medication absorption.
4. APhA supports pharmacist education regarding celiac disease and non-celiac gluten sensitivity.
5. APhA encourages the development of analytical methods that can accurately detect lower levels of gluten than the current standard (20 ppm) and for the establishment of evidence-based gluten-free standards for the labeling of foods, excipients, dietary supplements, and prescription and nonprescription products.

2012, 2004, 1992 Drug Product Packaging

1. APhA supports the role of the pharmacist to select appropriate drug product packaging.
2. APhA supports the pharmaceutical industry's performance of compatibility and stability testing of drug products in officially defined containers to assist pharmacist selection of appropriate drug product packaging.
3. APhA supports the value of unit-of-use packaging to enhance patient care, but recognizes that product and patient needs may preclude its use.
4. APhA encourages the pharmaceutical industry to ensure that all unit-of-use packaging will accommodate a standard pharmacy label.

2012, 2007, 1970 Employment Standards Policy Statement

The employment relationship between pharmacists and their employers must start with the principle that pharmacists have a professional, inherent right to practice in a manner that will engender self-respect in pursuit of their professional and economic objectives.

It is the policy of APhA to further the following basic employment standards:

1. Employers are obligated to respect the professional status, privileges, and responsibilities of employed pharmacists.
2. Employers are obligated to provide working conditions that enhance the ability of employed pharmacists to utilize their full professional capacity in providing patient care services to the public.
3. Employers are obligated to provide employed pharmacists opportunities to increase their professional knowledge and experience.
4. Employers are obligated to fairly compensate employed pharmacists commensurate with their duties and performances. Such compensation should include benefits generally available to other professionals including, but not limited to, vacation, sick leave, insurance plans, and retirement programs.
5. Employed pharmacists are obligated to use their best efforts to further the services offered to the public by their employers.
6. Employed pharmacists are obligated to unhesitantly bring to the attention of their employers all matters which will assist the employers in maintaining professional standards and successful practices.
7. Employed pharmacists are obligated, when negotiating compensation, to consider not only prevailing economic conditions in their community, but also their economic position relative to other health care professionals.
8. Employed pharmacists are obligated to recognize that their responsibility includes not depriving the public of their patient care services by striking in support of their economic demands or those of others.

9. Both employers and employed pharmacists are obligated to reach and maintain definite understandings with regards to their respective economic rights and duties by resolving employment issues fairly, promptly, and in good faith.

It is the policy of APhA to support these basic employment standards by:

1. Encouraging and assisting state pharmacists associations and national specialty associations to establish broadly representative bodies to study the subject of professional and economic relations and to establish locally responsive guidelines to assist employers and employed pharmacists in developing satisfactory employment relationships.
2. Encouraging and assisting state pharmacists associations and national specialty associations to use their good offices, whenever invited, to resolve specific issues that may arise.
3. Assisting state pharmacists associations and national specialty associations to use their good offices, whenever invited, to resolve specific issues that may arise.
4. Assisting state pharmacists associations and national specialty associations to develop procedures for mediation or arbitration of disputes that may arise between employers and employed pharmacists so that pharmacists can call on their profession for such assistance when required.
5. Increasing its activities directed towards educating the profession about the mutual employment responsibilities of employers and employed pharmacists.
6. Developing benefits programs wherever possible to assist employers in providing employed pharmacists with economic security.
7. Continuously reminding pharmacists that the future development and status of pharmacy as a health profession rests in their willingness and ability to maintain control of their profession.

2004, 1977 Pharmacy Practice: Professional Judgment

1. APhA supports a pharmacist's right, regardless of place or style of practice, to exercise individual professional judgment and complete authority for those individual professional responsibilities assumed.
2. APhA supports decision-making processes that ensure the opportunity for input by all pharmacists affected by the decisions.

2012, 1999 Collective Bargaining/Unionization

1. APhA supports pharmacists' participation in organizations that promote the discretion or professional prerogatives exercised by pharmacists in their practice, including the provision of patient care.
2. APhA supports the rights of pharmacists to negotiate with their respective employers for working conditions that will foster compliance with the standards of patient care as established by the profession.

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.

2002 National Framework for Practice Regulation

1. APhA supports state-based systems to regulate pharmacy and pharmacist practice.
2. APhA encourages states to provide pharmacy boards with the following:
 - (a) adequate resources;
 - (b) independent authority, including autonomy from other agencies; and
 - (c) assistance in meeting their mission to protect the public health and safety of consumers.
3. APhA supports efforts of state boards of pharmacy to adopt uniform standards and definitions of pharmacy and pharmacist practice.
4. APhA encourages state boards of pharmacy to recognize and facilitate innovations in pharmacy and pharmacist practice.

2001, 1990 Regulatory Infringements on Professional Practice

1. APhA, in cooperation with other national pharmacy organizations, shall take a leadership role in the establishment and maintenance of standards of practice for existing and emerging areas in the profession of pharmacy.
2. APhA encourages a cooperative process in the development, enforcement, and review of rules and regulations by agencies that affect any aspect of pharmacy practice, and this process must utilize the expertise of affected pharmacist specialists and their organizations.
3. APhA supports the right of pharmacists to exercise professional judgment in the implementation of standards of practice in their practice settings.

2004, 1978 Roles in Health Care for Pharmacists

1. APhA shall develop and maintain new methods and procedures whereby pharmacists can increase their ability and expand their opportunities to provide health care services.
2. APhA supports legislative and judicial action that confirms pharmacists' professional rights to perform those functions consistent with APhA's definition of pharmacy practice and that are necessary to fulfill pharmacists' professional responsibilities to patients they serve.

2019, 1997 Collaborative Practice Agreements

1. APhA supports the establishment of collaborative practice agreements between pharmacists and other health care professionals designed to optimize patient care outcomes.
2. APhA supports the establishment of collaborative practice agreements between one or multiple pharmacists and one or multiple prescribers or entities.
3. APhA supports state laws that do not require a referral or a prior provider–patient relationship as a prerequisite to access services provided under a collaborative practice agreement.
4. APhA opposes state laws that limit collaborative practice agreements to specific patients.
5. APhA supports state laws that allow for pharmacists’ prescriptive authority.
6. APhA supports state collaborative practice laws that allow all licensed pharmacists, in all practice settings, to establish collaborative practice agreements with other health care professionals or entities.
7. APhA shall promote the establishment and dissemination of guidelines and information to pharmacists and other health care professionals to facilitate the development of collaborative practice agreements.

2017 Patient Access to Pharmacist-Prescribed Medications

1. APhA asserts that pharmacists' patient care services and related prescribing by pharmacists help improve patient access to care, patient outcomes, and community health, and they align with coordinated, team-based care.
2. APhA supports increased patient access to care through pharmacist prescriptive authority models.
3. APhA opposes requirements and restrictions that impede patient access to pharmacist-prescribed medications and related services.
4. APhA urges prescribing pharmacists to coordinate care with patients' other health care providers through appropriate documentation, communication, and referral.
5. APhA advocates that medications and services associated with prescribing by pharmacists must be covered and compensated in the same manner as for other prescribers.
6. APhA supports the right of patients to receive pharmacist-prescribed medications at the pharmacy of their choice.

2012, 2005, 1992 The Role of Pharmacists in Public Health Awareness

1. APhA recognizes the unique role and accessibility of pharmacists in public health.
2. APhA encourages pharmacists to provide services, education, and information on public health issues.
3. APhA encourages the development of public health programs for use by pharmacists and student pharmacists.
4. APhA should provide necessary information and materials for student pharmacists and pharmacists to carry out their role in disseminating public health information.
5. APhA encourages organizations to include pharmacists and student pharmacists in the development of public health programs.

2005, 1993 Human Immunodeficiency Virus (HIV) Testing

1. APhA opposes mandatory Human Immunodeficiency Virus (HIV) testing of pharmacists, student pharmacists, and pharmacy personnel.
2. APhA supports voluntary and confidential Human Immunodeficiency Virus (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 Human Immunodeficiency Virus (HIV) positive health care professionals and students.

1996 Human Immunodeficiency Virus (HIV) Testing in Pregnant Women

APhA encourages pharmacists to provide pharmaceutical care to women, including education about the availability and benefits of Human Immunodeficiency Virus (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.

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.

2001 Syringe Disposal

APhA supports collaboration with other interested health care organizations, public and environmental health groups, waste management groups, syringe manufacturers, health insurers, and patient advocacy groups to develop and promote safer systems and procedures for the disposal of used needles and syringes by patients outside of health care facilities.

2005, 2003, 1996 Pharmacists' Role in Immunizations

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.

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.

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.

2005, 1998 Administration of Medications

1. APhA recognizes and supports pharmacist administration of prescription and non-prescription drugs as a component of pharmacy practice.
2. APhA supports the development of educational programs and practice guidelines for student pharmacists and practitioners for the administration of prescription and non-prescription drugs.
3. APhA supports pharmacist compensation for administration of prescription and non-prescription drugs and services related to such administration.
4. APhA urges adoption of state laws and regulations authorizing pharmacist administration of prescription and non-prescription drugs.

2016 Point-of-Care Testing

1. APhA recognizes the value of pharmacist-provided, point-of-care testing and related clinical services, and it promotes the provision of those tests and services in accordance with the Joint Commission of Pharmacy Practitioners Pharmacists' Patient Care Process.
2. APhA advocates for laws, regulations, and policies that enable pharmacist-provided, point-of-care testing and related clinical services that are consistent with the pharmacists' role in team-based care.
3. APhA opposes laws, regulations, and policies that create barriers to the tests that have been waived by the Clinical Laboratory Improvement Amendments (CLIA) and that are administered and interpreted by pharmacists.
4. APhA encourages use of educational programming and resources to facilitate practice implementation of pharmacist-provided, point-of-care testing and related clinical services.
5. APhA supports patients taking active roles in the management of their health, including their ability to request and obtain pharmacist-provided, point-of-care tests and related clinical services.
6. APhA advocates for access to, coverage of, and payment for both pharmacist-provided, point-of-care tests and any related clinical services.

2013 Pharmacists Providing Primary Care Services

1. APhA advocates for the recognition and utilization of pharmacists as providers to address gaps in primary care.

2005, 1972 Prevention and Control of Sexual 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.

2009 Disparities in Healthcare

APhA supports elimination of disparities in health care delivery.

2005 Patient Safety

1. Patient safety is influenced by patients, caregivers, health care providers, and health care systems. APhA recognizes that improving patient safety requires a comprehensive, continuous, and collaborative approach to health care.
2. APhA should promote public and provider awareness of and encourage participation in patient safety initiatives.
3. APhA supports research on a more effective, proactive, and integrated health care system focused on improving patient safety. APhA encourages implementation of appropriate recommendations from that research.

The 2020 APhA House of Delegates ARCHIVED the following statements:

2012 Counterfeit Medication and Unit-of-Use Packaging

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

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.
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.

APhA House Rules Review Process

The Special Session of the APhA House of Delegates considered the report of the 2019–2020 APhA House Rules Review Committee. No formal action was taken on the full report during the Special Session and Speaker Mattingly will forward the recommendations and proposed rule modifications within the report for further consideration by the 2020–2021 APhA House Rules Review Committee. The Committee will be charged with examining current and proposed rules changes, addressing recent experiences under the coronavirus challenge and virtual House experience. Additionally, Speaker Mattingly will ensure APhA staff incorporate the general recommendations provided in the Committee’s report and within this final action report when preparing for the next APhA House of Delegates policy development cycle.

Recommendations to the APhA House of Delegates

- Unfilled Delegate Seats
 - The HRRC reviewed the procedures for tracking unfilled delegate seats and does not recommend any immediate changes to this process for 2020.
 - The HRRC did note that additional notes within the current tracking documents will need to be included to track delegate spots related to House Rule 3 where the Speaker of the House appoints an individual to an open Affiliated State Organization position.
 - The HRRC agreed that the determination of unfilled delegate seats would solely be based on participation in the Annual Meeting House sessions.
- Electronic Voting
 - The HRRC recommends that the electronic keypads continue to be used as the primary method of voting for votes requiring a 2/3 majority during House proceedings. It is also recommended that the Speaker should have the latitude to allow a voice vote in accordance with Robert’s Rules of Order and there should not be a mandate to always use electronic keypad voting.
- Delegate Education
 - The HRRC reviewed feedback on the House webinar sessions and associated Delegate education materials. The HRRC recommends continuation of the webinar schedule used in preparation for the 2019 House session. Additionally, it is recommended that the schedule for House of Delegate webinars be released as soon as it is available to ensure delegates add these dates to their calendars in advance of the event.
- Committee of the Whole
 - The HRRC reviewed the schedule used in the 2019 House session that excluded the Committee of the Whole session and recommends continuing without a Committee of the Whole session in the 2020 House sessions.
- House of Delegate Materials
 - The HRRC recommends that all Delegate materials continue to be provided electronically unless otherwise requested by a Delegate. A limited number of Delegate materials will be available onsite.
- New Business Items
 - The HRRC recommends continuation of the existing process described in the House Rules of Procedure for submission and review of all New Business Items during the 2020 House sessions.
 - The HRRC recommends additional training webinars or education be provided to ensure delegates understand the purpose of New Business Items and provide necessary background information to educate delegates on the subject matter to be debated.

- Board of Trustee Speeches
 - The HRRRC recommends that APhA staff consider other venues during the APhA Annual Meeting & Exposition for speeches from Board of Trustee candidates. The HRRRC agreed to keep time allotted for these speeches in the 2020 House of Delegates agenda.
 - The HRRRC encourages APhA staff to provide additional opportunities to hear Board of Trustee candidate information including improved use of the meet the candidate's area, video formats, and organized caucus information.
 - The HRRRC encourages APhA staff to continue allotting time during the Opening General Session for the Presidential Candidate Speeches.
- Process for Amendment Development During Debate
 - The HRRRC reviewed the existing process for developing and submitting an amendment to policy being debated in the House. The HRRRC recommends that APhA staff review different options for an electronic format for submitting amendments.
 - The HRRRC recommends that the 2020 House sessions continue to use the paper amendment forms while (if possible) testing electronic submission methods as a pilot project.
- Length of House Sessions
 - The HRRRC reviewed the overall length and associated scheduling conflicts of the two-House sessions during the APhA Annual Meeting & Exposition. The HRRRC recommends maintaining the existing timeframes and encourages staff to increase the Friday House session by 30 minutes to allow for additional discussion time on Policy Committee or New Business Item statements.
- Block Voting
 - The HRRRC reviewed the process, through suspension of House Rules, used to combine multiple items for a single vote and recommends continued usage in order to streamline the work of the House, when applicable.
- Delegate Caucus Events
 - The HRRRC discussed the engagement of delegates in caucus events and encouraged APhA staff to streamline the process and assist in facilitating broader engagement in caucus events.
- Virtual House of Delegates Session (VHOD)
 - The HRRRC discussed the importance of the Annual Meeting face-to-face House sessions. By developing additional rules, guidelines, and processes for a Virtual House of Delegates Session, the HRRRC does not intend to limit the important discussions that occur during the Annual Meeting House sessions.
 - The HRRRC completed a review of the newly updated House Rules of Procedures and APhA Bylaws before considering modifications to the process.
 - A VHOD should be used to streamline the activities of the Annual Meeting House sessions and provide additional opportunities for delegates to debate issues in a timely manner.
 - The HRRRC considered a different level of participation to achieve quorum compared to the Annual Meeting House sessions, but refrained from adjusting these existing rules so as to maintain the quality of decisions made by the overall House of Delegates. Should a VHOD be conducted and a quorum is not achieved, then the discussion that takes place can be used as background information for the Annual Meeting House sessions where any actions would then be considered.
- Policy Review Process
 - The HRRRC reviewed the existing Policy Review Process and noted the reduced workload for the Policy Review Committee compared to prior years. The HRRRC recommends maintaining the current process.