

Open Forum on APhA2019 New Business Items

Liza Chapman

Chair, New Business
Review Committee

Joey Mattingly

Speaker-elect, APhA
House of Delegates

Webinar Information

Dial-in and use access code and audio pin on your control panel to limit audio issues and background noise during the webinar

Submit your comments/questions during the webinar using the chat box on your control panel or email HOD@aphanet.org

Select “raise hand” button to request to speak and you will be recognized by the moderator as time permits

This webinar is being recorded for future access on the House of Delegates webpage, www.pharmacist.com/apha-house-delegates

Note: all comments/questions received will be considered by the New Business Review Committee

Webinar Information

Webinar scheduled for 90 minutes

- **10 minutes for overview**
- **70 minutes for NBI Review & Discussion**
- **10 minutes for closing information**

Moderators will clarify issues, but will not engage in debate

New Business Review Committee

Liza Chapman, Chair

Dawsonville, GA

Jason Gaines

Cheverly, MD

Andrew Gentles

Washington, DC

Megan O'Connor

Oswego, NY

April Shaughnessy

Omaha, NE

Rebecca Jones Sorrell

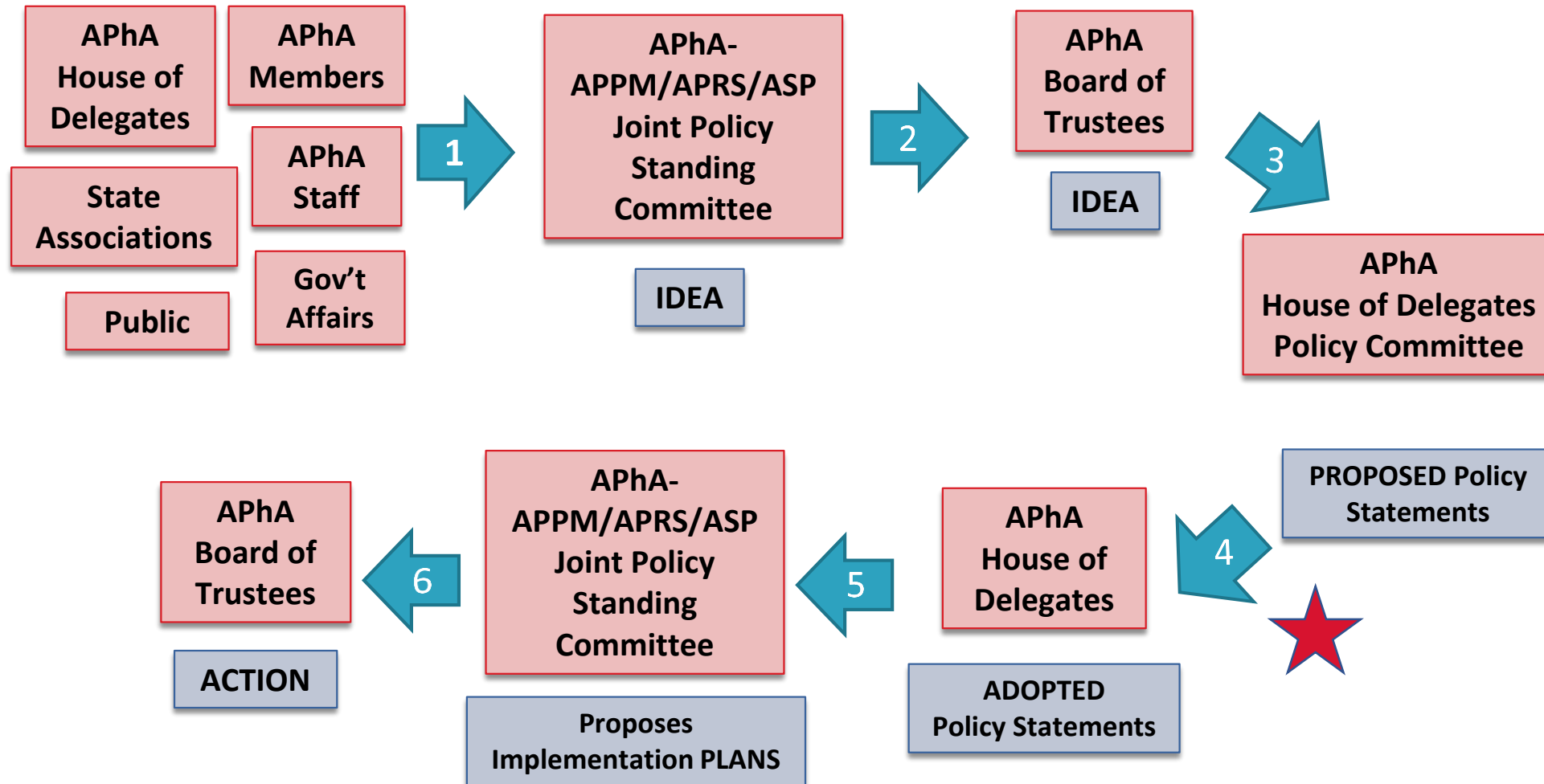
Birmingham, AL

William Wynn

Blythewood, SC

Policy Process Roadmap

Transforming Ideas into Action



Current Policy Information

Policy Manual

- Online searchable database:
 - <http://www.pharmacist.com/policy-manual>
- Online PDF version:
 - <https://www.pharmacist.com/sites/default/files/files/16898%20CURRENT%20ADOPTED%20POLICY%20MANUAL%20-%20FINAL.pdf>

American Pharmacists Association Antitrust Statement

The American Pharmacists Association complies with all Federal and State Antitrust laws, rules and regulations. Therefore:

- 1) Meetings will follow a formal, pre-approved agenda which will be provided to each attendee. Participants at meetings should adhere strictly to the agenda. Subjects not included on the agenda should generally not be considered at the meeting.
- 2) The agenda will be specific and will prohibit discussions or recommendations regarding topics that may cause antitrust problems, such as prices or price levels. In addition, no discussion is permitted of any elements of a company's operations which might influence price such as:
 - a) Cost of operations, supplies, labor or services;
 - b) Allowance for discounts;
 - c) Terms of sale including credit arrangements; and,
 - d) Profit margins and mark ups, provided this limitation shall not extend to discussions of methods of operation, maintenance, and similar matters in which cost or efficiency is merely incidental.
- 3) It is a violation of Antitrust laws to agree not to compete, therefore, discussions of division of territories or customers or limitations on the nature of business carried on or products sold are not permitted.
- 4) Boycotts in any form are unlawful. Discussion relating to boycotts is prohibited, including discussions about blacklisting or unfavorable reports about particular companies including their financial situation.
- 5) Whenever discussion borders on an area of antitrust sensitivity, the Association's representative should request that the discussion be stopped and ask that the request be made a part of the minutes of the meeting being attended. If others continue such discussion, the webinar will be terminated.

2019 House of Delegates New Business Item Process

Submission

- **Deadline has passed (February 20, 2019)**
- **Urgent matters may be considered if submitted 24 hours prior to the start of the First House session**
 - ❑ Considered at the discretion of House Leadership or through suspension of House Rules

Webinars / Open Hearing

- **Obtain initial feedback for committee**
 - ❑ Two webinars (2/27 and 3/6)
 - ❑ Engage – HOD Community Discussion
 - ❑ Open Hearing - Saturday, March 23, 1:00 to 2:30pm in Room 303

New Business Review Committee Meeting

- **Activity at Annual Meeting**

Debate / decisions on New Business Items at APhA2019

2019 Potential Recommendations

Adoption

Rejection

Referral

Adoption as amended by Committee

No action

New Business Review Committee

7 New Business Items

- **Subject / Motion**
- **Current related APhA Policy & Bylaws**
- **Brief Summary of background**
- **Discussion / Feedback**

New Business Item #1

Gluten Content and Labeling in Medications

Introduced by: Jennifer Lamberts, APhA-APRS Delegation

Motion: Move to MODIFY the following APhA Policy 2018 Gluten Content and Labeling in Medications language:

APhA supports labeling of all prescription and over the counter ~~medications that~~ drug products as well as dietary supplement products, to indicate~~s~~ the presence of gluten.

and that APhA adopts the following policy statement:

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, prescription and over the counter drug products.

New Business Item #1

Gluten Content and Labeling in Medications

Introduced by: Jennifer Lamberts, APhA-APRS Delegation

Related Policy:

2018 Gluten Content and Labeling in Medications

Background Summary:

APhA-APRS developed a Gluten Working Group to review four referred statements from the 2018 APhA House of Delegates and presented key learnings on their work in the background information. The Work Group made recommendations on the 4 current adopted policy and on the 4 items referred by the 2018 APhA House of Delegates.

New Business Item #1

Gluten Content and Labeling in Medications

Introduced by: Jennifer Lamberts, APhA-APRS Delegation

Motion: Move to MODIFY the existing APhA Policy 2018 Gluten Content and Labeling in Medications:

APhA supports labeling of all prescription and over the counter ~~medications that~~ drug products as well as dietary supplement products, to indicate the presence of gluten.

and that APhA adopts the following policy statement:

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, prescription and over the counter drug products.

Time for Discussion

New Business Item #2

Unit-of-Use Packaging

Introduced by: Denise Clayton, APhA-APPM Delegation

Motion: I move to MODIFY the existing policy items:

2006, 2003 Unit-of-Use Packaging

1. APhA ~~encourages the continued~~ supports development, distribution, and use of unit-of-use packaging as the pharmaceutical industry standard to enhance patient safety, patient adherence, drug distribution efficiencies, and Drug Supply Chain Security Act (DSCSA) regulation compliance ~~, and efficiencies in drug distribution~~ in the event of a recall and reduce the potential for counterfeiting.
2. APhA ~~shall~~ encourages collaboration with the pharmaceutical industry, third-party payers, and appropriate federal agencies to effect the changes necessary for the adoption of unit-of-use packaging as the industry standard.
3. APhA ~~encourages~~ supports the enactment of legislation and regulations to permit pharmacists to modify prescribed quantities to correspond with commercially available unit-of-use packages.

New Business Item #2

Unit-of-Use Packaging

Introduced by: Denise Clayton, APhA-APPM Delegation

Related Policy:

2012 Counterfeit Medication and Unit-of-Use Packaging

2012, 2004, 1992 Drug Product Packaging

2006, 2003 Unit-of-Use Packaging

Background Summary:

The background information reviews three existing APhA policy topics on the subject of Unit-of-Use packaging. This subject and a review of the existing APhA policy language on unit-of-use packaging was discussed at the 2018 APhA House of Delegates session and the APhA-APPM delegation took on the task to provide a review and recommendations within this new business item.

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Unit-of-Use Packaging

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Motion: I move to MODIFY the existing policy items:

2006, 2003 Unit-of-Use Packaging

1. APhA ~~encourages the continued~~ supports development, distribution, and use of unit-of-use packaging as the pharmaceutical industry standard to enhance patient safety, patient adherence, drug distribution efficiencies, and Drug Supply Chain Security Act (DSCSA) regulation compliance ~~, and efficiencies in drug distribution~~ in the event of a recall and reduce the potential for counterfeiting.
2. APhA ~~shall~~ encourages collaboration with the pharmaceutical industry, third-party payers, and appropriate federal agencies to effect the changes necessary for the adoption of unit-of-use packaging as the industry standard.
3. APhA ~~encourages~~ supports the enactment of legislation and regulations to permit pharmacists to modify prescribed quantities to correspond with commercially available unit-of-use packages.

Time for Discussion

New Business Item #3

Pharmacist and Pharmacy Personnel Well-being

Introduced by: Kimberly Croley, APhA-APPM Delegation

Motion: Move that APhA adopt the following policy statements:

1. APhA calls for pharmacist employers to develop policies and resources to support pharmacist's and pharmacy personnel's ability to retreat or withdraw from patient and consumer interactions which threaten their safety or well-being.
2. APhA encourages the development of educational programs and resources by the Association and employers to empower pharmacists and pharmacy personnel regarding appropriate response to situations they perceive to threaten their safety or well-being.
3. APhA calls for education of the public regarding optimizing their interactions with pharmacists and pharmacy personnel.

New Business Item #3

Pharmacist and Pharmacy Personnel Well-being

Introduced by: Kimberly Croley, APhA-APPM Delegation

Related Policy:

2018 Pharmacist Workplace Environment and Patient Safety

2012, 2007, 2001, 1995 Impact of the Pharmacists' Working Conditions on Public Safety

2001 Stress and Conflict in the Workplace

Background Summary:

As the recognized most accessible health care professional and staff, pharmacists and pharmacy personnel are often faced with situations they perceive to threaten their safety or well-being. Interactions with patients, consumers, caregivers, and others may sometimes escalate to this point and pharmacists and pharmacy personnel should have the right to make the appropriate response to these situations as they deem necessary, and not fear disciplinary action from their employer, board of pharmacy or other entity.

New Business Item #3

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1. APhA calls for pharmacist employers to develop policies and resources to support pharmacist's and pharmacy personnel's ability to retreat or withdraw from patient and consumer interactions which threaten their safety or well-being.
2. APhA encourages the development of educational programs and resources by the Association and employers to empower pharmacists and pharmacy personnel regarding appropriate response to situations they perceive to threaten their safety or well-being.
3. APhA calls for education of the public regarding optimizing their interactions with pharmacists and pharmacy personnel.

Time for Discussion

New Business Item #4

Qualification Standards for Pharmacists

Introduced by: Jeff Neigh, Federal Caucus

Motion: Move that APhA adopt the following policy statements:

1. APhA supports qualification standards for pharmacist designation that are consistent with licensure standards issued by the National Association of Boards of Pharmacy (NABP).
2. APhA opposes non-licensing agencies developing minimum qualifications to practice pharmacy that are inconsistent with licensure standards issued by the National Association of Boards of Pharmacy (NABP).

New Business Item #4

Qualification Standards for Pharmacists

Introduced by: Jeff Neigh, Federal Caucus

Related Policy:

2002 National Framework for Practice Regulation
2001,1990 Regulatory Infringements on Professional Practice
2004,1978 Roles in Health Care for Pharmacists

Background Summary:

In September 2017, the Office of Personnel Management (OPM) issued a new qualification standard for Pharmacist, GS-0660. The new standard lists the basic educational requirements as a Doctor of Pharmacy (PharmD). In setting this PharmD requirement, it appears that OPM has determined pharmacist work cannot be performed by persons without this degree, excluding those with a BSP Pharm degree. All efforts to engage with OPM to rescind this qualification standard have been unproductive. This educational requirement from OPM generates legal concerns and creates a monumental challenge in building and maintaining a sufficient pharmacist workforce in the Department of Defense.

New Business Item #4

Qualification Standards for Pharmacists

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1. APhA supports qualification standards for pharmacist designation that are consistent with licensure standards issued by the National Association of Boards of Pharmacy (NABP).
2. APhA opposes non-licensing agencies developing minimum qualifications to practice pharmacy that are inconsistent with licensure standards issued by the National Association of Boards of Pharmacy (NABP).

Time for Discussion

New Business Item #5

Collaborative Practice Agreements

Introduced by: Jennifer Adams and Lorri Walmsley, Idaho and Arizona Delegations

Motion: Move to amend APhA pharmacy practice policy – 1997 Collaborative Practice Agreements to add the following 5 statements:

2. APhA supports the establishment of collaborative practice agreements between one or multiple pharmacists and one or multiple prescribers.
3. APhA supports collaborative practice laws that are inclusive of patients lacking a primary care provider.
4. APhA opposes state laws that limit collaborative practice agreements to specific patients.
5. APhA supports state laws that allow for delegated pharmacist 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 healthcare professionals.

New Business Item #5

Collaborative Practice Agreements

Introduced by: Jennifer Adams and Lorri Walmsley, Idaho and Arizona Delegations

Related Policy:

2017 Patient Access to Pharmacist-Prescribed Medications

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 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.

(JAPhA NS37(4):459 July/August 1997) (Reviewed 2003)(Reviewed 2007)(Reviewed 2009)(Reviewed 2011)(Reviewed 2012)(Reviewed 2017)

New Business Item #5

Collaborative Practice Agreements

Introduced by: Jennifer Adams and Lorri Walmsley, Idaho and Arizona Delegations

Background Summary:

We believe the APhA Policy and Bylaws which passed the House of Delegates in 1997, should be updated to reflect the national recommendations put forth by pharmacist collaborative practice subject matter experts through the report entitled *Pharmacist Collaborative Practice Agreements: Key Elements for Legislative and Regulatory Authority*.

New Business Item #5

Collaborative Practice Agreements

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Motion: Move to amend APhA pharmacy practice policy – 1997 Collaborative Practice Agreements to add the following 5 statements:

2. APhA supports the establishment of collaborative practice agreements between one or multiple pharmacists and one or multiple prescribers.
3. APhA supports collaborative practice laws that are inclusive of patients lacking a primary care provider.
4. APhA opposes state laws that limit collaborative practice agreements to specific patients.
5. APhA supports state laws that allow for delegated pharmacist 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 healthcare professionals.

Time for Discussion

New Business Item #6

Expanding Technician Roles: Tech-Check-Tech

Introduced by: Timothy Laderach, Navy Delegation

Motion: Move that APhA adopt the following policy statements:

1. APhA encourages state boards of pharmacy to develop regulations endorsing expanded pharmacy technician roles, such as tech-check-tech programs, that allow both technicians and pharmacists to practice at the top of their training and license or certification.
2. APhA supports state boards of pharmacy regulations that standardize and set minimum didactic and experiential standards for technicians practicing in expanded roles.
3. APhA encourages the creation of standardized technician training and continuing education programs that support expanded pharmacy technician roles.

New Business Item #6

Expanding Technician Roles: Tech-Check-Tech

Introduced by: Timothy Laderach, Navy Delegation

Related Policy:

2017 Pharmacy Technician Education, Training, and Development

Background Summary:

Pharmacy technicians are valued members of the healthcare team that enable pharmacists to perform their professional duties with increased ease and efficiency. As the role of the pharmacist expands to include provider functions, such as prescribing medications, patient evaluation, and point of care testing, the role of the pharmacy technician must also evolve. The Department of Defense has had a system in place for decades that allows its pharmacy technicians the ability to check refills. This program has freed pharmacist time from checking refill prescriptions pharmacies, allowing them to focus on new prescriptions and more clinical responsibilities.

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2. APhA supports state boards of pharmacy regulations that standardize and set minimum didactic and experiential standards for technicians practicing in expanded roles.
3. APhA encourages the creation of standardized technician training and continuing education programs that support expanded pharmacy technician roles.

Time for Discussion

New Business Item #7

Patient-Centered Care of People Who Inject Drugs (PWID)

Introduced by: Anita Jacobson, Rhode Island Delegation

Motion: Move that APhA adopts the following policy statements:

1. APhA encourages state legislatures and boards of pharmacy to revise laws and regulations to support the patient-centered care of People Who Inject Drugs (PWID).
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, post-graduate 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 Drugs (PWID).
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 Drugs (PWID) 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 Drugs (PWID) 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.

New Business Item #7

Patient-Centered Care of People Who Inject Drugs (PWID)

Introduced by: Anita Jacobson, Rhode Island Delegation

Related Policy:

2012, 2005, 1992 The Role of Pharmacists in Public Health Awareness
2005, 1993 HIV Testing
1996 HIV Testing in Pregnant Women
2005, 1993 HIV/AIDS Education
2005, 1990 Needle/Syringe Exchange Programs in the Prevention of the Spread of Human Immunodeficiency Virus (HIV) and Other Infections
1999 Sale of Sterile Syringes
2001 Syringe Disposal
2005, 2003, 1996 Pharmacists' Role in Immunizations
1987 Encouraging Availability and Use of Vaccines
2018 Efforts to Reduce the Stigma Associated with Mental Health Disorders or Diseases
2004, 1965 Mental Health Programs
2016, 2003, 1987 Substance Use Disorder Education
2016 Substance Use Disorder
2016 Opioid Overdose Prevention
2014 Controlled Substances and Other Medications with the Potential for Abuse and Use of Opioid Reversal Agents
2016 Medication-Assisted Treatment
2005, 1998 Administration of Medications
2016 Point-of-Care Testing
2013 Pharmacists Providing Primary Care Services
2017 Patient Access to Pharmacist-Prescribed Medications
2005, 1972 Prevention and Control of Sexual Transmitted Infections
2003 Drug Addiction/Chemical Dependency Education
1982 Innovative Approaches to Combating Pharmacy Crime
2009 Disparities in Healthcare
2006 Cultural Health Beliefs and Medication Use
2005 Patient Safety

New Business Item #7

Patient-Centered Care of People Who Inject Drugs (PWID)

Introduced by: Anita Jacobson, Rhode Island Delegation

Background Summary:

Pharmacists have essential roles in interprofessional education, scholarship, and advocacy efforts focused on harm reduction. Harm reduction is defined as “Any positive change.”³ Central elements of harm reduction are focused on acceptance of PWID who are individuals entitled to basic human rights, and provision of services/policies aimed at reducing negative consequences and stigma associated with injecting drugs.

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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 Drugs (PWID).
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 Drugs (PWID) 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 Drugs (PWID) 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.

Time for Discussion

New Business Review Committee

New Business Item #1 – **Gluten Content and Labeling in Medications**

New Business Item #2 – **Unit-of-Use Packaging**

New Business Item #3 – **Pharmacist and Pharmacy Personnel Well-being**

New Business Item #4 – **Qualification Standards for Pharmacists**

New Business Item #5 – **Collaborative Practice Agreements**

New Business Item #6 – **Expanding Technician Roles: Tech-Check-Tech**

New Business Item #7 – **Patient-Centered Care of People Who Inject
Drugs (PWID)**

Time for Discussion

House Keeping

Additional NBIs

- Consideration of “urgent” NBIs must be sent to hod@aphanet.org, 24 hours before the start of the First House Session
 - ❑ Thursday, March 21st at 3:00pm PST
 - ❑ Evaluated by House Leadership
- Additional consideration of urgent NBIs require suspension of House Rules in final House session

House Committee Reports

- Available at www.pharmacist.com/apha-house-delegates

Delegate Reference Materials

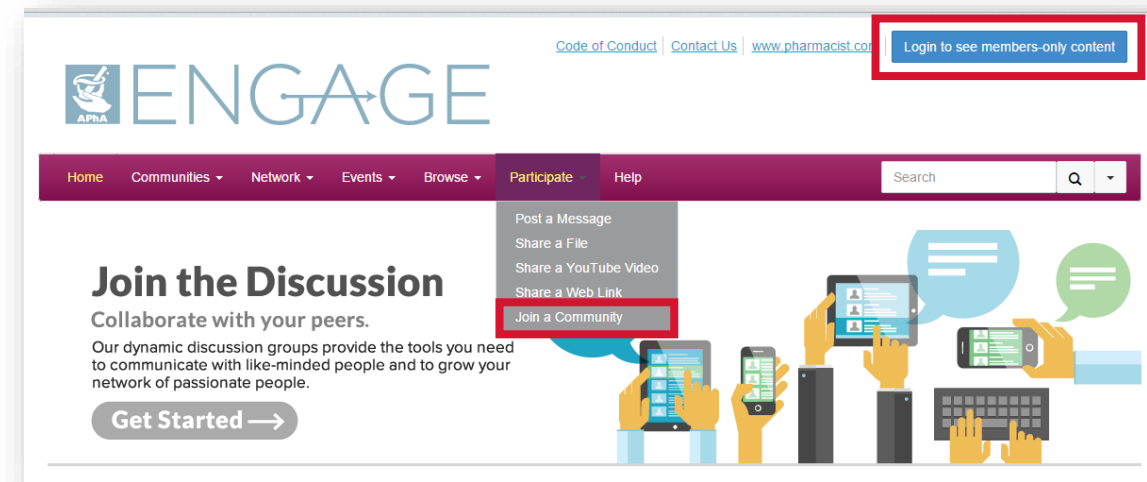
- Electronic version available on HOD webpage and sent out soon
- *A limited number* will be available on-site at the HOD office

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1. Visit engage.pharmacist.com
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3. Click “Participate” then “Join a Community”
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5. Click “Join” and follow the prompts on your screen



2019 House of Delegates

House of Delegates First Session

Friday, March 22, 3:00 to 5:00pm

Policy Committee Open Hearing

Sunday, March 24, 1:00 to 3:00pm

New Business Review Committee
Open Hearing

Saturday, March 23, 1:00 to 2:30pm

House of Delegates Final Session

Monday, March 25, 1:30 to 4:30pm

APhA2019
Annual Meeting & Exposition
Seattle, Washington | March 22-25

Ideas for Future Policy Topics

Are there topics we should consider for the 2020 House of Delegates?

- **These are topics needing more development than through the new business process**
- **Tell us now or send to HOD@aphanet.org**

Open Forum on APhA2019 New Business Items

Thank you for your time and attention!

www.pharmacist.com/apha-house-delegates

HOD@aphanet.org