



# Open Forum on New Business Items

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Heather Free

Chair, New Business Review  
Committee

Theresa Tolle

Speaker, 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](mailto: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](http://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

**Heather Free, Chair**

Washington, DC

**Amber Briggs**

Soldotna, AK

**Heather Hellwig**

Highland Park, IL

**Amy Kennedy**

Tucson, AZ

**William T. Lee**

Radford, VA

**Brenna Neumann**

Bell Vista, AR

**David Steeb**

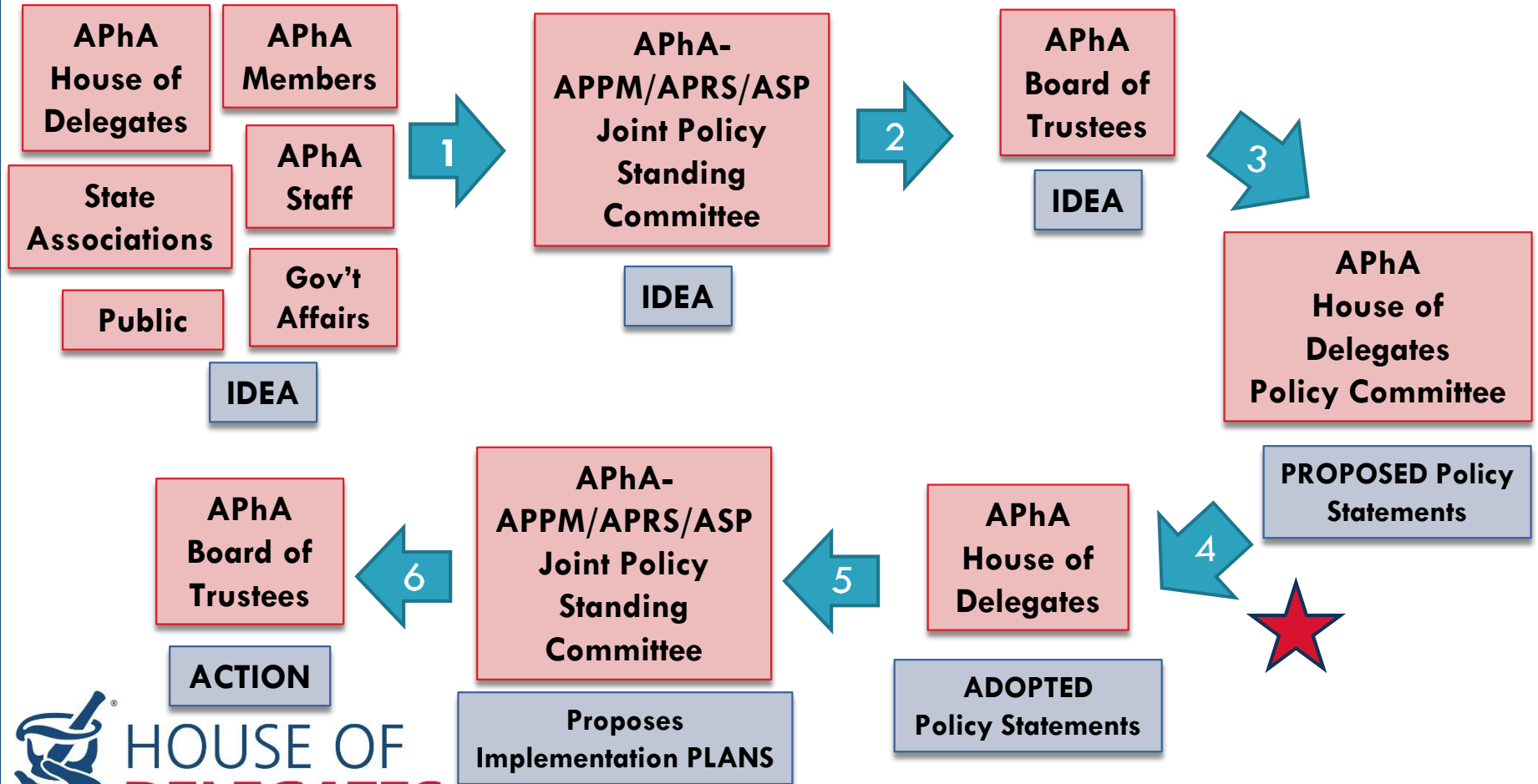
Chapel Hill, NC

**Brenna Lindsey-Swecker**

Seattle, WA

# Policy Process Roadmap

## *Transforming Ideas into Action*



# Current Policy Information

- Policy Manual
  - Online searchable database:
    - <http://www.pharmacist.com/policy-manual>
  - Online PDF version:
    - [http://pharmacist.com/sites/default/files/files/15576%202015\\_Currents%20-01\\_07.pdf](http://pharmacist.com/sites/default/files/files/15576%202015_Currents%20-01_07.pdf)

# 2016 House of Delegates New Business Item Process

- Submission
  - Deadline has passed (February 3, 2016)
  - Urgent matters may be considered
- Webinars / Open Hearing
  - Obtain initial feedback for committee
    - Two webinars (2/17 and 2/24)
    - Open Hearing - Saturday, March 5, 1:00 to 2:30pm in Room 343/344
- New Business Review Committee Meeting
  - Activity at Annual Meeting
- Debate / decisions on New Business Items at APhA2016

# 2016 Potential Recommendations

- Adoption
- Rejection
- Referral
- Adoption as amended by Committee
- No action



# New Business Review Committee

- 11 New Business Items
  - Subject / Motion
  - Current related APhA Policy & Bylaws
  - Brief Summary of background
  - Discussion / Feedback

# New Business Item #1

## *Drug Abuse Education*

Introduced by: Delegate Brandi Hamilton, on behalf of the Policy Review Committee

**Motion:** We, the members of the Policy Review Committee, urge the 2016 House of Delegates to amend the following policy statement as follows:

### **2003, 1987 Drug Abuse Education**

APhA supports comprehensive drug abuse prevention and rehabilitation programs ~~consisting of education and rehabilitation.~~

# New Business Item #1

## Drug Abuse Education

Introduced by: Delegate Brandi Hamilton, on behalf of the Policy Review Committee

Related to: 2003, 1987 Drug Abuse Education (**Current policy**)

APhA supports comprehensive drug abuse prevention programs consisting of education and rehabilitation.

*(Am Pharm. NS27(6):424 June 1987) (JAPhA NS43(5): Suppl. 1:558 September/October 2003) (Reviewed 2006)(Reviewed 2011)*

### Background Summary:

- Needed to clarify intent
- New language clarifies APhA's support of prevention and rehabilitation
- Makes policy language clearer and more succinct

# New Business Item #1

## Drug Abuse Education

Introduced by: Delegate Brandi Hamilton, on behalf of the Policy Review Committee

**Motion:** We, the members of the Policy Review Committee, urge the 2016 House of Delegates to amend the following policy statement as follows:

### **2003, 1987 Drug Abuse Education**

APhA supports comprehensive drug abuse prevention and rehabilitation programs ~~consisting of education and rehabilitation.~~

# New Business Item #2

## *Adequacy of Directions for Use on Prescriptions and Prescription Orders*

Introduced by: Delegate Brandi Hamilton, on behalf of the Policy Review Committee

**Motion:** We, the members of the Policy Review Committee, urge the 2016 House of Delegates to amend the following policy statement as follows:

### **2011, 1995 Adequacy of Directions for Use on Prescriptions and Prescription Orders**

1. APhA recommends that all professions with prescriptive authority address the issue of prescribers' responsibility for specific instructions to the pharmacist and the patient in all prescription orders, including order clarification when sought by the pharmacist.
2. APhA affirms the pharmacist's responsibility, as the patient's advocate, to obtain and communicate adequate directions for use of medications.

# New Business Item #2

## Adequacy of Directions for Use on Prescriptions and Prescription Orders

Introduced by: Delegate Brandi Hamilton, on behalf of the Policy Review Committee

Related to: 2011, 1995 Adequacy of Directions for Use on Prescriptions and Prescription Orders (**Current policy**)

1. APhA recommends that all professions with prescriptive authority address the issue of prescribers' responsibility for specific instructions to the pharmacist and the patient in all prescription orders.
2. APhA affirms the pharmacist's responsibility, as the patient's advocate, to obtain and communicate adequate directions for use of medications.

*(Am Pharm NS35(6):37 June 1995) (Reviewed 2006)) (JAPhA NS51(4) 484; July/August 2011)*

### **Background Summary:**

- Challenge in ability to ensure prescription/medication order is clear and accurate
- Prescribers are dismissing corresponding responsibility
- Need amendment to address challenge and provide APhA's stance on issue

# New Business Item #2

## *Adequacy of Directions for Use on Prescriptions and Prescription Orders*

Introduced by: Delegate Brandi Hamilton, on behalf of the Policy Review Committee

**Motion:** We, the members of the Policy Review Committee, urge the 2016 House of Delegates to amend the following policy statement as follows:

### **2011, 1995 Adequacy of Directions for Use on Prescriptions and Prescription Orders**

1. APhA recommends that all professions with prescriptive authority address the issue of prescribers' responsibility for specific instructions to the pharmacist and the patient in all prescription orders, including order clarification when sought by the pharmacist.
2. APhA affirms the pharmacist's responsibility, as the patient's advocate, to obtain and communicate adequate directions for use of medications.

# New Business Item #3

## Combating Drug Abuse

Introduced by: Delegate Adriane Irwin, on behalf of the Policy Review Committee

**Motion:** We, the members of the Policy Review Committee, urge the 2016 House of Delegates to adopt the following policy statement language that updates and combines two existing policies into a single comprehensive statement. If the proposed policy is approved, then the current individual 2005 and 2006 policy statements will become archived.

1. APhA supports legislative, regulatory, and private sector efforts that include input from pharmacists to balance the need for patient/consumer access to medications for legitimate medical purposes with the need to prevent diversion and abuse.
2. APhA supports consumer sales limits of nonprescription drug products that may be illegally converted into drugs for illicit use such as methamphetamine precursors.
3. APhA encourages education of all personnel involved in the distribution chain of nonprescription products concerning the potential for certain products, such as methamphetamine precursors, to be illegally converted into drugs for illicit use. APhA supports patient/consumer education of consequences of methamphetamine abuse.
4. APhA supports public and private initiatives that result in increased funding to address the escalating needs for drug abuse treatment and prevention.
5. APhA supports stringent enforcement of criminal laws against individuals who engage in the trafficking of illicit drugs including methamphetamine and methamphetamine precursors.



# New Business Item #3

## Combating Drug Abuse

Introduced by: Delegate Adriane Irwin, on behalf of the Policy Review Committee

Related to: **2006 Conversion of Nonprescription Products Into Drugs of Abuse (Current policy)**

1. APhA supports legislative, regulatory, and private sector efforts that include input from pharmacists to balance the need for patient/consumer access to medications for legitimate medical purposes with the need to prevent diversion and abuse.
2. APhA supports consumer sales limits of nonprescription drug products 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 concerning the potential for certain products to be illegally converted into drugs for illicit use.
4. APhA supports public and private initiatives that result in increased funding to address the escalating needs for drug abuse treatment and prevention.

(JAPhA N46(5):561 September/October 2006)(Reviewed 2011)

**2005 Efforts to Limit Methamphetamine Access (Current policy)**

1. APhA supports legislation that balances the need for patient/consumer access to medications for legitimate medical purposes with the need to prevent diversion and abuse.
2. APhA supports stringent enforcement of criminal laws against individuals who engage in the illegal trafficking of methamphetamine and methamphetamine precursors.
3. APhA supports retail sales limits of non-prescription products that contain methamphetamine precursors to prevent diversion.
4. APhA supports education of employees involved in the distribution chain of methamphetamine precursors about diversion, methamphetamine abuse and prevention of abuse. APhA supports patient/consumer education of consequences of methamphetamine abuse.
5. APhA supports public and private initiatives that result in increased funding to address the escalating needs for drug abuse treatment and prevention.

JAPhA NS45(5):555 September/October 2005)(Reviewed 2006)(Reviewed 2011)



**APhA**

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DELEGATES**

AMERICAN PHARMACISTS ASSOCIATION

# New Business Item #3

## Combating Drug Abuse

Introduced by: Delegate Adriane Irwin, on behalf of the Policy Review Committee

### Background Summary:

- Needed to combine the two policies into a comprehensive item
- Significant overlap between the two separate policies

2006 Conversion of Nonprescription Products Into Drugs of Abuse	2005 Efforts to Limit Methamphetamine Access	Combined Policy (Motion Above)
1. APhA supports <u>legislative, regulatory, and private sector efforts that include input from pharmacists</u> to balance the need for patient/consumer access to medications for legitimate medical purposes with the need to prevent diversion and abuse.	1. APhA supports legislation that balances the need for patient/consumer access to medications for legitimate medical purposes with the need to prevent diversion and abuse.	1. APhA supports legislative, regulatory, and private sector efforts that include input from pharmacists to balance the need for patient/consumer access to medications for legitimate medical purposes with the need to prevent diversion and abuse.  <b>Notes: This is full statement 1 from the 2006 policy.</b>
2. APhA supports <u>consumer sales limits of nonprescription drug products that may be illegally converted into drugs for illicit use.</u>	3. APhA supports <u>retail</u> sales limits of non-prescription products that <u>contain methamphetamine precursors to prevent diversion.</u>	2. APhA supports consumer sales limits of nonprescription drug products that may be illegally converted into drugs for illicit use <u>such as methamphetamine precursors.</u>  <b>Notes: Differing verbiage was kept from 2006 policy with underlined text then added.</b>

# New Business Item #3

## Combating Drug Abuse

Introduced by: Delegate Adriane Irwin, on behalf of the Policy Review Committee

2006 Conversion of Nonprescription Products Into Drugs of Abuse	2005 Efforts to Limit Methamphetamine Access	Combined Policy (Motion Above)
<p>3. APhA <u>encourages education of all personnel involved in the distribution chain of nonprescription products concerning the potential for certain products to be illegally converted into drugs for illicit use.</u></p>	<p>4. APhA <u>supports education of employees involved in the distribution chain of methamphetamine precursors about diversion, methamphetamine abuse and prevention of abuse.</u> APhA supports patient/consumer education of consequences of methamphetamine abuse.</p>	<p>3. APhA encouraged education of all personnel involved in the distribution chain of nonprescription products concerning the potential for certain products, <u>such as methamphetamine precursors,</u> to be illegally converted into drugs for illicit use. APhA supports patient/consumer education of consequences of methamphetamine abuse.</p> <p><b>Notes: 1<sup>st</sup> Statement: Differing verbiage was kept from 2006 policy with underlined text then added. 2<sup>nd</sup> Statement: Kept from 2005 policy.</b></p>
<p>4. APhA supports public and private initiatives that result in increased funding to address the escalating needs for drug abuse treatment and prevention.</p>	<p>5. APhA supports public and private initiatives that result in increased funding to address the escalating needs for drug abuse treatment and prevention.</p>	<p>4. APhA supports public and private initiatives that result in increased funding to address the escalating needs for drug abuse treatment and prevention.</p> <p><b>Notes: There are no differences between the two policies.</b></p>
	<p>2. APhA supports stringent enforcement of criminal laws against individuals who engage in the illegal trafficking of methamphetamine and methamphetamine precursors.</p>	<p>5. APhA supports stringent enforcement of criminal laws against individuals who engage in the <del>illegal</del> trafficking of <u>illicit drugs including methamphetamine and methamphetamine precursors.</u></p> <p><b>Notes: Policy slightly edited to make consistent with broader nature of policy.</b></p>

# New Business Item #3

## Combating Drug Abuse

Introduced by: Delegate Adriane Irwin, on behalf of the Policy Review Committee

**Motion:** We, the members of the Policy Review Committee, urge the 2016 House of Delegates to adopt the following policy statement language that updates and combines two existing policies into a single comprehensive statement. If the proposed policy is approved, then the current individual 2005 and 2006 policy statements will become archived.

1. APhA supports legislative, regulatory, and private sector efforts that include input from pharmacists to balance the need for patient/consumer access to medications for legitimate medical purposes with the need to prevent diversion and abuse.
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4. APhA supports public and private initiatives that result in increased funding to address the escalating needs for drug abuse treatment and prevention.
5. APhA supports stringent enforcement of criminal laws against individuals who engage in the trafficking of illicit drugs including methamphetamine and methamphetamine precursors.

# New Business Item #4

## Legalization or Decriminalization of Illicit Drugs

Introduced by: Delegate Sarah Barden, on behalf of the Policy Review Committee

**Motion:** We, the members of the Policy Review Committee, urge the 2016 House of Delegates to amend the following policy statement as follows:

### 1990 Legalization or Decriminalization of Illicit Drugs

1. APhA opposes legalization ~~or decriminalization~~ of the possession, sale, distribution, or use of drug substances for non-medical uses.
2. APhA supports the use of drug courts or other evidence-based mechanisms, when appropriate as determined by the courts, to provide alternate pathways within the criminal justice system for the treatment and rehabilitation of individuals charged with illicit drug-related offenses who have substance abuse or other related medical disorders.
3. APhA supports criminal penalties for persons convicted of drug-related crimes including, but not limited to, illicit drug trafficking, drug manufacture, and drug diversion whenever alternate pathways are inappropriate as determined by the courts.

# New Business Item #4

## *Legalization or Decriminalization of Illicit Drugs*

Introduced by: Delegate Sarah Barden, on behalf of the Policy Review Committee

Related to: *1990 Legalization or Decriminalization of Illicit Drugs* (Current policy)

APhA opposes legalization or decriminalization of the possession, sale, distribution, or use of drug substances for non-medical uses.

(Am Pharm NS30(6):46 June 1990) (Reviewed 2003)(Reviewed 2006)(Reviewed 2011)

### **Background Summary:**

- Needed to clarify policy statement in regards to legalization and decriminalization
- New amendment addresses APhA's potential stance on decriminalization and legalization
- Also addresses new programs to help with substance abuse disorders (statement 2)
- Intent retained with new amendment, statement 3

# New Business Item #4

## Legalization or Decriminalization of Illicit Drugs

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**Motion:** We, the members of the Policy Review Committee, urge the 2016 House of Delegates to amend the following policy statement as follows:

### 1990 Legalization or Decriminalization of Illicit Drugs

1. APhA opposes legalization ~~or decriminalization~~ of the possession, sale, distribution, or use of drug substances for non-medical uses.
2. APhA supports the use of drug courts or other evidence-based mechanisms, when appropriate as determined by the courts, to provide alternate pathways within the criminal justice system for the treatment and rehabilitation of individuals charged with illicit drug-related offenses who have substance abuse or other related medical disorders.
3. APhA supports criminal penalties for persons convicted of drug-related crimes including, but not limited to, illicit drug trafficking, drug manufacture, and drug diversion whenever alternate pathways are inappropriate as determined by the courts.

# New Business Item #5

## *Generic Solid Dosage Forms*

Introduced by: Delegate Elise Barry, on behalf of the New Jersey Delegation

**Motion:** Move to adopt the following policy statement:

APhA encourages the FDA, USP and other appropriate organizations and agencies to standardize the identification and appearance of generic solid dosage forms.



# New Business Item #5

## *Generic Solid Dosage Forms*

Introduced by: Delegate Elise Barry, on behalf of the New Jersey Delegation

*No current APhA policy exists on this topic*

### **Background Summary:**

- Patient confusion when receiving different appearing pills upon refill
- Standardization of appearance promotes safety and outcomes
- New policy, not previously addressed

# New Business Item #5

## Generic Solid Dosage Forms

Introduced by: Delegate Elise Barry, on behalf of the New Jersey Delegation

**Motion:** Move to adopt the following policy statement:

APhA encourages the FDA, USP and other appropriate organizations and agencies to standardize the identification and appearance of generic solid dosage forms.

# New Business Item #6

## Biotechnology

Introduced by: Delegate Elise Barry, on behalf of the New Jersey Delegation

**Motion:** Move to adopt the following policy statement:

APhA supports legislation or regulation that requires all phases of clinical data on biosimilar and small molecule generics to be made available on [clinicaltrials.gov](http://clinicaltrials.gov) and published in peer reviewed and retrievable literature.

# New Business Item #6

## Biotechnology

Introduced by: Delegate Elise Barry, on behalf of the New Jersey Delegation

Related to: **2012, 2007 Biologic Drug Products (Current policy)**

1. APhA encourages the development of safe, effective, and affordable therapeutically equivalent generic/biosimilar versions of biologic drug products, including clinical trials that assess safety.
2. APhA encourages the FDA to develop a scientifically based process to approve therapeutically equivalent generic/biosimilar versions of biologic drug products.
3. APhA should actively support legislation to hasten the development of an efficient regulatory process to approve therapeutically equivalent generic versions of biologic drug products.
4. APhA should initiate educational programs for pharmacists and other health care professionals concerning the determination of therapeutic equivalence of generic/biosimilar versions of biologic drugs products.  
(JAPhA NS45 (5):580 September-October 2007) (JAPhA NS52(4) 458 July/August 2012)

**2005 Public Access to Clinical Trials Data (Current policy)**

APhA supports access by healthcare professionals and the public to all clinical trial data derived from scientifically valid studies. APhA supports the establishment of a single, independent, publicly accessible clinical trials database that includes but is not limited to the following components: (a) includes all studies, pre and post drug approval, throughout the research period (whether completed, in-progress or discontinued) (b) clearly states the size, demographics, limitations and citations, if published, of each study listed (c) includes an interpretative statement by an independent review body regarding the purpose of the study, methodology and outcomes to assist the public in understanding the posted information in a timely manner (d) includes warnings to the public regarding inappropriate or incomplete use of the data in making clinical decisions in absence of an interpretive statement (e) the sponsor and any supporting company, organization, or partnered institution of each clinical trial listed shall be clearly identified. (This includes Clinical Research Organizations, Academic Research Organizations, Site Management Organizations or any other group that is responsible other than the investigator's research site.)  
(JAPhA NS45(5):554-555 September/October 2005) (Reviewed 2009)(Reviewed 2014)

# New Business Item #6

## *Biotechnology*

Introduced by: Delegate Elise Barry, on behalf of the New Jersey Delegation

### **Background Summary:**

- Transparency allows determination of appropriateness to specific cases
- Evaluate integrity of the trial
- Efficient allocation of resources
- Biosimilar clinical trial data needs to be included in [clinicaltrials.gov](https://clinicaltrials.gov) database

# New Business Item #6

## Biotechnology

Introduced by: Delegate Elise Barry, on behalf of the New Jersey Delegation

**Motion:** Move to adopt the following policy statement:

APhA supports legislation or regulation that requires all phases of clinical data on biosimilar and small molecule generics to be made available on [clinicaltrials.gov](http://clinicaltrials.gov) and published in peer reviewed and retrievable literature.

# New Business Item #7

## Food and Drug Administration (FDA) Authorization for Selected Medications/Dosage Forms to be Available Without a Prescription from a Pharmacist

Introduced by: Delegate Daniel Hussar, as an individual of the Pennsylvania Delegation

**Motion:** Move to adopt the following policy statement:

APhA urges the FDA to authorize the following medications/dosage forms to be available without a prescription from a pharmacist:

- Naloxone for opioid over dosage
- Epinephrine auto-injectors for severe allergic reactions
- Albuterol for oral inhalation for acute asthma attacks
- Nitroglycerin for sublingual use for symptoms of a heart attack
- Varenicline for smoking cessation
- Nicotine nasal spray for smoking cessation
- Nicotine inhalation system for smoking cessation

# New Business Item #7

## Food and Drug Administration (FDA) Authorization for Selected Medications/Dosage Forms to be Available Without a Prescription from a Pharmacist

Introduced by: Delegate Daniel Hussar, as an individual of the Pennsylvania Delegation

Related to: **2014 Controlled Substances and Other Medications with the Potential for Abuse and Use of Opioid Reversal Agents (Current policy)**

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)*

**2005, 1971 Cigarette Sales in Pharmacies (Current policy)**

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

*(JAPhA NS11:270 May 1971) (JAPhA NS45(5):555 September/October 2005) (Reviewed 2009)(Reviewed 2014)*



# New Business Item #7

## Food and Drug Administration (FDA) Authorization for Selected Medications/Dosage Forms to be Available Without a Prescription from a Pharmacist

Introduced by: Delegate Daniel Hussar, as an individual of the Pennsylvania Delegation

### **Background Summary:**

- Naloxone is a life-saving intervention but must be administered ASAP
- Epinephrine, albuterol, and nitroglycerin are also life-saving interventions that require immediate availability and use
- Risks and consequences of smoking exceed risks of varenicline, nicotine nasal spray, and nicotine inhalation system
- Pharmacists are the most accessible healthcare professionals to provide needed medication in timely manner

# New Business Item #7

## Food and Drug Administration (FDA) Authorization for Selected Medications/Dosage Forms to be Available Without a Prescription from a Pharmacist

Introduced by: Delegate Daniel Hussar, as an individual of the Pennsylvania Delegation

**Motion:** Move to adopt the following policy statement:

APhA urges the FDA to authorize the following medications/dosage forms to be available without a prescription from a pharmacist:

- Naloxone for opioid over dosage
- Epinephrine auto-injectors for severe allergic reactions
- Albuterol for oral inhalation for acute asthma attacks
- Nitroglycerin for sublingual use for symptoms of a heart attack
- Varenicline for smoking cessation
- Nicotine nasal spray for smoking cessation
- Nicotine inhalation system for smoking cessation

# New Business Item #8

## Drug Disposal

Introduced by: Delegate Maj Richard Caballero, on behalf of the Federal Delegations

**Motion:** Move to adopt the following policy statement:

APhA encourages increasing the percentage of available pharmacies that register as collection sites to expand patient access to disposal locations in a secure, convenient, and responsible manner in accordance with the Disposal Act.

# New Business Item #8

## Drug Disposal

Introduced by: Delegate Maj Richard Caballero, on behalf of the Federal Delegations

### Related to: **2009 Medication Disposal (Current policy)**

1. APhA encourages appropriate public and private partnerships to accept responsibility for the costs of implementing safe medication disposal programs for consumers. Furthermore, APhA urges DEA to permit the safe disposal of controlled substances by consumers.
2. APhA encourages provision of patient-appropriate quantities of medication supplies to minimize unused medications and unnecessary medication disposal.

*(JAPhA NS49(4):493 July/August 2009)(Reviewed 2012)(Reviewed 2013)*

### **2013 Medication Take-Back/Disposal Programs (Current policy)**

1. APhA encourages pharmacist involvement in the planning and coordination of medication take-back programs for the purpose of disposal.
2. APhA supports increasing public awareness regarding medication take-back programs for the purpose of disposal.
3. APhA urges public and private stakeholders, including local, state, and federal agencies, to coordinate and create uniform, standardized regulations, including issues related to liability and sustainable funding sources, for the proper and safe disposal of unused medications.
4. APhA recommends ongoing medication take-back and disposal programs.

*(JAPhA 53(4):365 July/August 2013)*

### **1990 Proper Handling & Disposal of Hazardous Pharmaceuticals & Associated Supplies & Materials (Current policy)**

1. APhA supports the proper handling and disposal of hazardous, pharmaceutical products and associated supplies and materials by health professionals and by patients to whom such products, supplies, and materials are provided.
2. APhA supports involvement with representatives from other health professional organizations, industry, and government to develop recommendations for the proper handling and disposal of hazardous pharmaceuticals and associated supplies and materials.
3. APhA supports the development of educational programs for health professionals and patients on the proper handling and disposal of hazardous pharmaceuticals and associated supplies and materials.

*(Am Pharm NS30(6):45 June 1990) (Reviewed 2004) (Reviewed 2007)(Reviewed 2012)*



**APhA** HOUSE OF DELEGATES  
AMERICAN PHARMACISTS ASSOCIATION

# New Business Item #8

## Drug Disposal

Introduced by: Delegate Maj Richard Caballero, on behalf of the Federal Delegations

### **Background Summary:**

- Drug Disposal Act amended the Controlled Substance Act to allow subset of DEA pharmacy registrants to register as authorized collection sites
- Some states allow pharmacies to register as collectors of controlled substances while others have not
- APhA could endorse wide adoption of standardized state-wide legislation to allow pharmacies to develop disposal programs
- Goal is to increase patient access to controlled substance disposal services

# New Business Item #8

## Drug Disposal

Introduced by: Delegate Maj Richard Caballero, on behalf of the Federal Delegations

**Motion:** Move to adopt the following policy statement:

APhA encourages increasing the percentage of available pharmacies that register as collection sites to expand patient access to disposal locations in a secure, convenient, and responsible manner in accordance with the Disposal Act.

# New Business Item #9

## Medication Assisted Treatment

Introduced by: Delegate CDR Irene Ahlstrom, on behalf of the Federal Delegations

**Motion:** Move to adopt the following policy statements:

1. APhA supports pharmacists expanding access to Medication Assisted Treatment (MAT) by establishing Pharmacist based Injection Services for opioid abuse treatment/maintenance based on a valid prescription.
2. APhA supports pharmacists creating a system of care working in collaboration with the physician, behavioral health counselors and other health care providers to provide integrated patient centered care.

# New Business Item #9

## Medication Assisted Treatment

Introduced by: Delegate CDR Irene Ahlstrom, on behalf of the Federal Delegations

Related to: **2014 Controlled Substances and Other Medications with the Potential for Abuse and Use of Opioid Reversal Agents (Current policy)**

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)*

**2003 Drug Addiction/Chemical Dependency Education (Current policy)**

APhA urges pharmacists and pharmacy students to become educated in the recognition and treatment of drug addiction and chemical dependency.

*(JAPhA NS43(5):Suppl. 1:557 September/October 2003) (Reviewed 2006)(Reviewed 2011)*

**2003, 1983 The Use of Controlled Substances in the Treatment of Intractable Pain (Current policy)**

1. APhA supports the continued classification of heroin as a Schedule I controlled substance.
2. APhA supports research by qualified investigators under the Investigational New Drug (IND) process to explore the potential medicinal uses of Schedule I controlled substances and their analogues.
3. APhA supports comprehensive education to maximize the proper use of approved analgesic drugs for treating patients with chronic pain.
4. APhA recognizes that pharmacists receiving controlled substance prescription orders used for analgesia have a responsibility to ensure that the medication has been prescribed for a legitimate medical use and that patients achieve the intended therapeutic outcomes.
5. APhA advocates that pharmacists play an important role on the patient care team providing pain control and management.

*(Am Pharm NS23(6):52 June 1983)(JAPhA NS43(5):Suppl. 1:558 September/October 2003)(Reviewed 2006)(Reviewed 2011)(Reviewed 2012)(Reviewed 2013)(Reviewed 2015)*



HOUSE OF  
**DELEGATES**  
APhA AMERICAN PHARMACISTS ASSOCIATION



# New Business Item #9

## Medication Assisted Treatment

Introduced by: Delegate CDR Irene Ahlstrom, on behalf of the Federal Delegations

### **Background Summary:**

- Medication Assisted Treatment (MAT) is the combination of medications with counseling and behavioral therapies to treat substance use disorders
- MAT is effective in treating and maintaining abstinence to prevent overdose
- Underuse due to lack of access and knowledge as well as saturation of existing treatment capacity
- Pharmacist participation would increase access and awareness

# New Business Item #9

## Medication Assisted Treatment

Introduced by: Delegate CDR Irene Ahlstrom, on behalf of the Federal Delegations

**Motion:** Move to adopt the following policy statements:

1. APhA supports pharmacists expanding access to Medication Assisted Treatment (MAT) by establishing Pharmacist based Injection Services for opioid abuse treatment/maintenance based on a valid prescription.
2. APhA supports pharmacists creating a system of care working in collaboration with the physician, behavioral health counselors and other health care providers to provide integrated patient centered care.

# New Business Item #10

## Opioid Overdose Prevention

Introduced by: Delegate Jeffrey Bratberg, as an individual of the APhA-APPM Delegation

**Motion:** To adopt new policy statements that will complement current APhA Policy.

1. APhA supports access to, coverage of, and payment for third-party/caregiver prescription and dispensing of opioid reversal agents, issued as a prescription, or by standing order, collaborative practice agreement, or other legal or regulatory mechanism to increase opioid reversal agent distribution via pharmacists.
2. APhA affirms that third-party prescriptions are issued for legitimate medical purposes and should be reimbursed by public and private payers for members who seek to protect their communities, friends, and family members exactly as prescriptions issued to members with risk factors for opioid overdose.

# New Business Item #10

## Opioid Overdose Prevention

Introduced by: Delegate Jeffrey Bratberg, as an individual of the APhA-APPM Delegation

Related to: **2014 Controlled Substances and Other Medications with the Potential for Abuse and Use of Opioid Reversal Agents (Current policy)**

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)*



**HOUSE OF  
DELEGATES**  
AMERICAN PHARMACISTS ASSOCIATION

# New Business Item #10

## *Opioid Overdose Prevention*

Introduced by: Delegate Jeffrey Bratberg, as an individual of the APhA-APPM Delegation

### **Background Summary:**

- APhA should support continued and expanded access to opioid reversal agents
  - Caregiver naloxone access through federal, state, and private insurer coverage and payment
- Most opioid overdoses are witnessed
- Essential to present fewest barriers possible to people who can respond to using reversal agents

# New Business Item #10

## Opioid Overdose Prevention

Introduced by: Delegate Jeffrey Bratberg, as an individual of the APhA-APPM Delegation

**Motion:** To adopt new policy statements that will complement current APhA Policy.

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# New Business Item #11

## *Labeling and Measurement of Oral Liquid Medications*

Introduced by: Delegate Lucianne West, on behalf of the APhA-ASP Delegation & Nicki Hilliard, on behalf of the APhA-APPM Delegation

**Motion:** Move to adopt the following policy statements:

1. APhA supports the use of the milliliter (mL) as the standard unit of measure for oral liquid medications.
2. APhA encourages the mandatory use of leading zeros before the decimal point for amounts less than one on prescription container labels for oral liquid medications.
3. APhA discourages the use trailing zeros after the decimal point for amounts greater than one on prescription container labels for oral liquid medications.
4. APhA supports access to and universal availability of dosing devices with numeric graduations that correspond to the unit of measure on the container labeling for oral liquid medications.

# New Business Item #11

## **Labeling and Measurement of Oral Liquid Medications**

Introduced by: Delegate Lucianne West, on behalf of the APhA-ASP Delegation & Nicki Hilliard, on behalf of the APhA-APPM Delegation

Related to:

**No current APhA Policy.** However, the 2015 APhA-ASP House of Delegates adopted the following resolutions:

### **2015.2 – Labeling and Measurement of Oral Liquid Medications**

1. APhA-ASP supports mandatory inclusion of a precision measuring device, such as an oral syringe, with all prescription and non-prescription oral liquid medications.
2. APhA-ASP encourages student pharmacists and pharmacists to educate patients and caregivers on accurate oral liquid medication administration.
3. APhA-ASP supports the use of metric units (versus teaspoons and tablespoons) as the standard measurement on all oral liquid medications and precision measuring devices.

### **Background Summary:**

- 81.9% of medication errors involving children 6 and younger were attributed to liquid medications
- 2<sup>nd</sup> and 3<sup>rd</sup> most common causes were incorrect dose and confused unit of measure
- Standardization of all units of measure to mL would decrease confusion
- Patient education significantly improves dosing accuracy
- Provision of precision measuring device and patient education along with standardization of units would benefit patient safety and quality of care



# New Business Item #11

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# New Business Review Committee

New Business Item #1 – Drug Abuse Education

New Business Item #2 – Adequacy of Directions for Use on Prescriptions and Prescription Orders

New Business Item #3 – Combating Drug Abuse

New Business Item #4 – Legalization or Decriminalization of Illicit Drugs

New Business Item #5 – Generic Solid Dosage Forms

New Business Item #6 – Biotechnology

New Business Item #7 – FDA Authorization for Selected Medications/Dosage Forms to be Available Without a Prescription from a Pharmacist

New Business Item #8 – Drug Disposal

New Business Item #9 – Medication Assisted Treatment

New Business Item #10 – Opioid Overdose Prevention

New Business Item #11 – Labeling and Measurement of Oral Liquid Medications

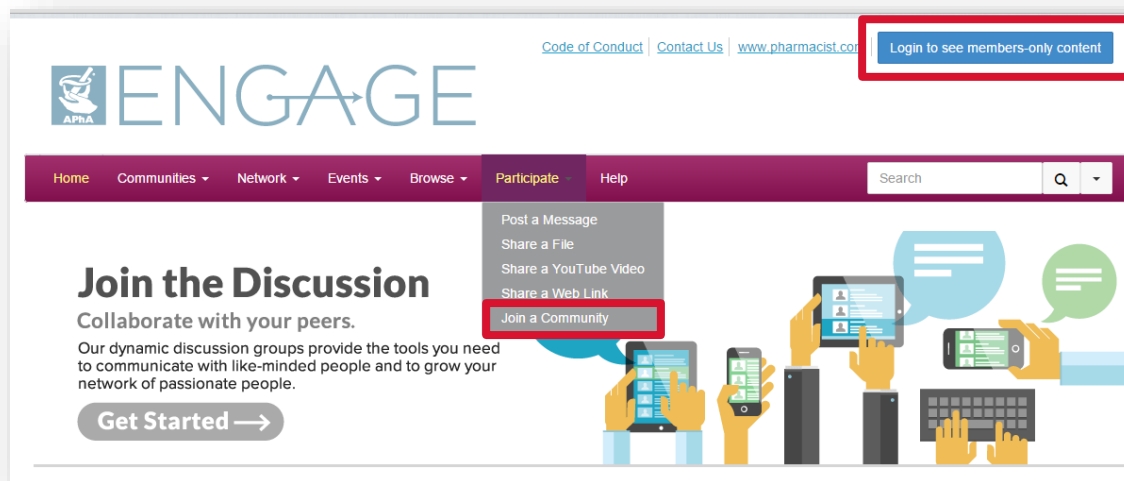
# House Keeping

- **Additional NBIs**
  - Consideration of additional and “urgent” NBIs require suspension of House Rules
- **House Committee Reports**
  - Available at [www.pharmacist.com/apha-house-delegates](http://www.pharmacist.com/apha-house-delegates)
- **Delegate Reference Materials**
  - Electronic version sent out 2/12/16
  - Paper copies will be mailed out
  - *A limited number* will be available on-site

# Continue the Conversation

## Visit APhA Engage

- APhA Engage makes joining the conversation easy!
  1. Visit [engage.pharmacist.com](https://engage.pharmacist.com)
  2. Login using your APhA username and password
  3. Click “Participate” then “Join a Community”
  4. Find one of the three the “HOD Issue” communities
  5. Click “Join” and follow the prompts on your screen



# 2016 House of Delegates

House of Delegates First Session

Friday, March 4, 3:00 to 5:00pm

New Business Review Committee  
Open Hearing

Saturday, March 5, 1:00 to 2:30pm

Policy Committee Open Hearing

Sunday, March 6, 1:00 to 3:00pm

House of Delegates Final Session

Monday, March 7, 1:30 to 4:30pm

Delegate Orientation Recording

<https://attendee.gotowebinar.com/recording/6677378460300224513>



 **APhA2016**  
**Expanding Opportunities  
through Patient Care**  
Annual Meeting & Exposition  
Baltimore, MD March 4-7



# Who Will be the Next Speaker-Elect?

- Applications due March 3<sup>rd</sup>, 2016
  - <https://fs3.formsite.com/apha/form232/index.html>
- Please contact House of Delegates at [HOD@aphanet.org](mailto:HOD@aphanet.org)



# Ideas for Future Policy Topics

- Are there topics we should consider for the 2017 House of Delegates?
  - These are topics needing more development than through the new business process
    - <https://fs3.formsite.com/apha/form220/index.html>
  - Tell us now or send to [HOD@aphanet.org](mailto:HOD@aphanet.org)





# Open Forum on New Business Items

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Thank you for your time and attention!

[www.pharmacist.com/apha-house-delegates](http://www.pharmacist.com/apha-house-delegates)

[HOD@aphanet.org](mailto:HOD@aphanet.org)