APhA Academy of Student Pharmacists

# APhA-ASP Adopted Resolutions

Last Updated August 3, 2026

APhA
American Pharmacists Association

## Contents

## APhA-ASP MISSION STATEMENT

The mission of the American Pharmacists Association Academy of Student Pharmacists (APhA-ASP) is to be the collective voice of student pharmacists, to provide opportunities for professional growth, to improve patient care, and to envision and advance the future of pharmacy.

## APhA-ASP ADOPTED RESOLUTIONS – CONTACT INFORMATION

APhA-ASP is an Academy of the American Pharmacists Association (APhA). The contents of this book do not necessarily reflect the views of APhA and are not official APhA policy. For further information regarding APhA-ASP Adopted Resolutions, please contact the APhA Student Development Staff at:

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## APhA-ASP POLICY STANDING COMMITTEE

The APhA-ASP Policy Standing Committee is charged with:

- recommending policy issues to the APhA Policy Committee for consideration at the APhA House of Delegates;
- advising the Association whenever such advice is sought on policy issues of major interest to student pharmacists;
- reviewing the most recently passed resolutions by the APhA-ASP House of Delegates and decide how each resolution should be implemented;
- conduct an annual review all APhA-ASP adopted resolutions per the APhA-ASP House of Delegates Rules of Procedure;
- proposing policy issues for consideration at the Policy Proposal Forums conducted at the APhA-ASP Midyear Regional Meetings; and
- making recommendations on policies which address the immediate and long-range interests and concerns of student pharmacists.

**APhA-ASP would like to thank the members of the 2025-2026 Policy Standing Committee for their efforts in revising the APhA-ASP Adopted Resolutions.**

- **Joel Talley**, Committee Chair, PharmD Candidate, University of Health Sciences and Pharmacy in St. Louis
- **Bryan Gomez,** Committee Member, PharmD Candidate, University of Georgia
- **Nicole Kayrala**, Committee Member, PharmD Candidate, University at Buffalo
- **Kap Paull**, Committee Member, PharmD Candidate, Mercer University
- **Hayden Wood**, APhA-ASP Speaker of the House, Ex-officio Member, PharmD Candidate, University of Arkansas for Medical Sciences

## KEY

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|---|---|
| **Active:** | Resolutions that are representative of the Academy and require ongoing action or are general supportive statements. |
| **Inactive:** | Resolutions that are representative of the Academy but require no current action. |
| **Archive:** | Resolutions that are not currently representative of the Academy. |

## ACRONYMS

| | |
|---|---|
| **AACP:** | American Association of Colleges of Pharmacy |
| **ACPE:** | Accreditation Council for Pharmacy Education |
| **APhA:** | American Pharmacists Association |
| **APhA-APPM:** | American Pharmacists Association Academy of Pharmacy Practice and Management |
| **APhA-APRS:** | American Pharmacists Association Academy of Pharmaceutical Research and Science |
| **APhA-ASP:** | American Pharmacists Association Academy of Student Pharmacists |
| **ASHP:** | American Society of Health Systems Pharmacists |
| **CMS:** | Centers for Medicare and Medicaid Services |
| **FDA:** | U.S. Food and Drug Administration |
| **FTC:** | U.S. Federal Trade Commission |
| **IPSF:** | International Pharmaceutical Students Federation |
| **NABP:** | National Association of Boards of Pharmacy |
| **NAPLEX:** | North American Pharmacist Licensure Examination |
| **NCPA:** | National Community Pharmacists Association |
| **NPhA-SNPhA:** | National Pharmaceutical Association Student National Pharmaceutical Association |
| **OTC:** | Over-the-counter |
| **SAPhA:** | Student American Pharmaceutical Association |

# APhA-ASP ADOPTED RESOLUTIONS – LISTED BY SUBJECT HEADING

## I. APhA-ASP POLICY / ORGANIZATIONAL ISSUES

### ACTIVE RESOLUTIONS

| | |
|---|---|
| 1973.3 | Liaison with Legislature |
| 1973.31 | State Association |
| 1974.28 | International Pharmaceutical Students Federation |
| 1975.18 | Implementation of Resolutions |
| 1988.1 | Encouraging Involvement in Government Affairs |
| 1999.8 | Hosts and Work Site Sponsors for IPSF Exchange Students Programs |

### INACTIVE RESOLUTIONS

| | |
|---|---|
| 1973.21 | Recruitment Programs - Local Chapters |
| 1975.2 | Meeting of Old and New Members |
| 1975.5 | Explanation of the Policy Mechanism |
| 1975.8 | Standing Committees and Task Force Functions |
| 1977.4 | Student Member of the APhA Board of Trustees |
| 1978.3 | Student Delegates to the APhA House of Delegates |
| 1984.13 | Student Member to the Board of Trustees |
| 1996.10 | Sunsetting Procedures |
| 2002.13 | APhA Mentors |
| 2002.16 | Doctor of Pharmacy Designation |
| 2005.7 | APhA-ASP Standing Rule 3.7: Annual Meeting Election Procedure |

## II. COLLABORATIVE AGREEMENTS

### II a. COLLABORATION WITH PHARMACY ORGANIZATIONS

### ACTIVE RESOLUTIONS

| | |
|---|---|
| 1973.31 | State Association |
| 1974.28 | International Pharmaceutical Students Federation |
| 1990.1 | Student Input into AACP Activities |
| 1997.11 | Student Participation with State Boards of Pharmacy |
| 1998.16 | Affiliation/Unification with Organizations on the National, State & Student Level |
| 2003.9 | ACPE Accreditation Standards and Guidelines for Pharmacy Faculty |
| 2004.4 | Student Position on ACPE Board of Directors |
| 2006.1 | Protection of Personal Information |
| 2007.6 | Student Representation in State Pharmacy Associations |
| 2008.4 | International Medical Aid |
| 2008.7 | Expansion of Schools and Colleges of Pharmacy |
| 2008.8 | Innovative Pharmacy Practice Model |
| 2009.3 | Meeting Preceptor Demands of Experiential Education |
| 2009.4 | Public Awareness Campaign for Pediatric Non-Prescription Medications |
| 2019.1 | Addressing Professional Burnout |
| 2019.4 | Creating Safe Work and Learning Environments for Students, Pharmacists and Technicians |
| 2022.3 | Expanding Pharmacist Point of Care Testing and Prescriptive Authority |

### INACTIVE RESOLUTIONS

| | |
|---|---|
| 1982.8 | Interaction with Pharmacy Associations |
| 1984.9 | Pharmacy Unification |
| 1993.2 | Interaction and Harmony with Other Student Organizations |
| 1997.2 | Involvement in IPSF |

2006.4 Accreditation for Specialty Compounding

## II b. COLLABORATION WITH OTHER HEALTH PROFESSIONALS

**ACTIVE RESOLUTIONS**

1982.4 Interprofessional Awareness
1987.1 Physician Dispensing
1997.4 Collaborative Drug Therapy Protocols
2000.5 Collaborative, Non-Protocol, Post-Diagnostic Prescriptive Authority
2002.15 Pharmacists Using Computerized Prescriber Order Entry Systems
2007.1 Medication Reconciliation
2007.2 Personal Health Records
2007.5 Patient's Weight on Prescriptions
2008.2 Health Literacy
2008.4 International Medical Aid
2008.5 Medication Distribution Systems
2010.2 Substance Abuse Education
2013.2 Development of an Effective and Financially Viable Care Transitions Model
2014.3 Pharmacist-led Clinics
2015.3 Point of Care Testing
2016.2 Pharmacist Administration of Injectable Medications
2016.3 Establishing Immunization Requirements
2016.4 Increasing Patient Access to Pharmacist-Prescribed Medications
2017.1 Expanded Utilization of Pharmacist- and Student Pharmacist-Provided Care Transitions Services
2017.3 Efforts to Reduce Mental Health Stigma
2019.3 Role of Pharmacists and Pharmacy Education in Patient Care Involving Cannabis
2020.3 XDEA Numbers for Pharmacists to Treat Opioid Use Disorder (OUD)
2020.6 Interprofessional Precepting

**INACTIVE RESOLUTIONS**

1993.2 Interaction and Harmony with Other Student Organizations
1994.4 Complete Directions on Prescription Orders
1995.1 Interdisciplinary Curricula
1996.5 Interdisciplinary Experiential Programs
1996.14 Patient Care Protocols
2010.3 E-Prescribing and Computerized Prescriber Order Entry (CPOE) Systems

# III. SUBSTANCE USE DISORDERS

## III a. PHARMACISTS RECOVERY NETWORK

**ACTIVE RESOLUTIONS**

1986.2 Re-entry of the Impaired Student Pharmacist

**INACTIVE RESOLUTIONS**

1991.2 Chemical Dependency

## III b. ADDICTION EDUCATION

**ACTIVE RESOLUTIONS**

1973.33 Substance Use Disorder Legislation

| | |
|---|---|
| 2010.2 | Substance Abuse Education |
| 2014.2 | Dispensing and Administering Medications in Life-Threatening Situations |
| 2020.3 | XDEA Numbers for Pharmacists to Treat Opioid Use Disorder (OUD) |
| 2020.19 | Research on E-Cigarettes and Vaping |
| 2021.2 | Medication-Assisted Treatment in Vulnerable Patient Populations |
| 2023.2 | Opioid Education within Pharmacy Curriculum |

**INACTIVE RESOLUTIONS**

| | |
|---|---|
| 1987.3 | Education on Abused Substances |
| 1989.3 | Intravenous Drug Abuse Education |
| 2019.2 | Increased Access to Opioid Reversal Agents |

## III c. SALE OF HABIT-FORMING SUBSTANCES

**ACTIVE RESOLUTIONS**

| | |
|---|---|
| 1989.2 | Sale of Tobacco and Nicotine Containing Products in Pharmacies |
| 1996.1 | Tobacco and Nicotine Containing Product Sales in Pharmacies |
| 2006.2 | Regulating the Sale of Non-Prescription Drugs Used for Producing Illegal Substances |
| 2008.6 | National Controlled Substances Registry |
| 2019.3 | Role of Pharmacists and Pharmacy Education in Patient Care Involving Cannabis |

**INACTIVE RESOLUTIONS**

| | |
|---|---|
| 1980.1 | Sale of Nonprescription Alcohol in Pharmacies |

## III d. ABUSE OF HABIT-FORMING SUBSTANCES

**ACTIVE RESOLUTIONS**

| | |
|---|---|
| 2006.8 | Smoking Policies for the Workplace and Public Locations |
| 2010.2 | Substance Abuse Education |

**INACTIVE RESOLUTIONS**

| | |
|---|---|
| 1981.4 | Using of Schedule II Drugs for Weight Loss |

# IV. CURRICULUM

## IV a. DISEASES / DISEASE STATE MANAGEMENT

**ACTIVE RESOLUTIONS**

| | |
|---|---|
| 2000.2 | Disease State Management—Involvement at all Schools and Colleges of Pharmacy |
| 2001.12 | Development of Nationally Recognized Guidelines in Community Service Project |
| 2011.3 | Advancement of Medication Therapy Management (MTM) Services |
| 2023.2 | Reproductive Health |
| 2023.3 | Opioid Education within Pharmacy Curriculum |

**INACTIVE RESOLUTIONS**

| | |
|---|---|
| 1976.3 | Hypertension Screening and Education Projects |
| 1980.2 | Incorporation of Geriatric Courses in Pharmacy School Curricula |
| 1983.2 | Nutrition in Pharmacy School Curriculum |
| 1986.4 | Acquired Immune Deficiency Syndrome (AIDS) |
| 1987.2 | Education and Training with Antineoplastic Agents |
| 1998.4 | Immunization Education |
| 2001.1 | Curriculum Addressing Special Populations in the Schools/Colleges of Pharmacy |

## IV b. TECHNOLOGY

### ACTIVE RESOLUTIONS

| | |
|---|---|
| 2020.13 | Telepharmacy Education |
| 2024.2 | Artificial Intelligence in Healthcare Education |

### INACTIVE RESOLUTIONS

| | |
|---|---|
| 2004.6 | Information Technology |

## IV c. EMERGENCY PREPAREDNESS

### ACTIVE RESOLUTIONS

| | |
|---|---|
| 2002.1 | Pharmacist Education on Emergency Preparedness |
| 2003.5 | Emergency Treatment Training for Student Pharmacists |
| 2019.4 | Creating Safe Work and Learning Environments for Students, Pharmacists and Technicians |

### INACTIVE RESOLUTIONS

| | |
|---|---|
| 1979.4 | CPR-First Aid Course in the Pharmacy Curriculum |

## IV d. ETHICS / PROFESSIONALISM

### ACTIVE RESOLUTIONS

| | |
|---|---|
| 1984.14 | Code of Ethics |
| 1997.1 | Student Attendance at Professional Meetings |
| 1998.1 | Diversity |
| 2003.7 | Leadership Development Throughout the Curriculum |
| 2018.1 | Education on Lesbian, Gay, Bisexual, Transgender, and Other Identities |
| 2022.1 | Integration of Social Determinants of Health into Pharmacy Education |

### INACTIVE RESOLUTIONS

| | |
|---|---|
| 1994.10 | Professionalization of Student Pharmacists |
| 1998.15 | Medical Ethics in curriculum |
| 2002.5 | Honor Code Systems |
| 2003.4 | White Coat Ceremonies |

## IV e. SPECIFIC COURSES

### ACTIVE RESOLUTIONS

| | |
|---|---|
| 1977.3 | Course in Pharmacy Administration |
| 1997.6 | Complementary Alternative Therapy Education |
| 2002.7 | Certification Programs |
| 2003.1 | Medication Errors in the Curriculum |
| 2003.3 | Compensation for Pharmacists' Care Services in the Curriculum |
| 2003.7 | Leadership Development Throughout the Curriculum |
| 2004.5 | Cultural Diversity Awareness |
| 2005.5 | Legislative Education |
| 2009.3 | Meeting Preceptor Demands of Experiential Education |
| 2014.1 | Pharmacogenomics |
| 2014.3 | Pharmacist-led Clinics |
| 2015.1 | Medication Synchronization |

| | |
|---|---|
| 2015.3 | Point of Care Testing |
| 2017.1 | Expanded Utilization of Pharmacist- and Student Pharmacist-Provided Care Transitions Services |
| 2017.3 | Efforts to Reduce Mental Health Stigma |
| 2018.1 | Education on Lesbian, Gay, Bisexual, Transgender, and Other Identities |
| 2019.1 | Addressing Professional Burnout |
| 2019.3 | Role of Pharmacists and Pharmacy Education in Patient Care Involving Cannabis |
| 2024.4 | Financial Planning Education |

**INACTIVE RESOLUTIONS**

| | |
|---|---|
| 1973.28 | OTC Drug Course in Curriculum |
| 1980.3 | Pharmacy Management Electives in Pharmacy School Curriculum |
| 1981.3 | Teaching of Communication Skills |
| 1987.4 | Student Pharmacist Support of Patient Education Programs |
| 1995.5 | Parenteral Laboratories |
| 2003.8 | Health Insurance Portability and Accountability Act |

## V. STUDENT / FACULTY / ADMINISTRATION

### V a. DIVERSITY

**ACTIVE RESOLUTIONS**

| | |
|---|---|
| 1974.25 | Diversity Recruitment and Retention |
| 1998.1 | Diversity |
| 2004.5 | Cultural Diversity Awareness |

**INACTIVE RESOLUTIONS**

None

### V b. FINANCIAL AID

**ACTIVE RESOLUTIONS**

| | |
|---|---|
| 1982.10 | Financial Aid |
| 1992.8 | Increased Sources of Financial Support for Student Pharmacists' Education |
| 2004.9 | Pharmacy Residency and Postgraduate Education Funding |
| 2024.1 | Loan Repayment Eligibility |
| 2025.2 | Pharmacy Residency and Postgraduate Education Compensation |

**INACTIVE RESOLUTIONS**

| | |
|---|---|
| 1991.5 | Educational Loan Deferment |

### V c. RECRUITMENT / ADMISSIONS

**ACTIVE RESOLUTIONS**

| | |
|---|---|
| 1981.1 | Misleading Recruitment Activities |
| 2002.9 | Exposing Potential Student Pharmacists to the Profession |
| 2002.12 | Pharmacy School Enrollment Increases |
| 2007.8 | Disclosure of Accreditation Status |
| 2012.2 | Creation, Expansion, or Reduction of Schools and Colleges of Pharmacy Relative to Pharmacist Demand |

**INACTIVE RESOLUTIONS**

| | |
|---|---|
| 1976.2 | Capitation Funding |
| 1982.9 | Pharmacy School Admission Criteria |
| 1984.8 | Student Pharmacist Recruitment |

## V d. FACULTY REQUIREMENTS

**ACTIVE RESOLUTIONS**

| | |
|---|---|
| 2003.9 | ACPE Accreditation Standards and Guidelines for Pharmacy Faculty |
| 2008.7 | Expansion of Schools and Colleges of Pharmacy |

**INACTIVE RESOLUTIONS**

| | |
|---|---|
| 1977.2 | Practitioner Faculty in Pharmacy Schools |
| 1998.13 | Faculty Pharmacy Practice Experience |

## V e. INPUT ON CURRICULUM

**ACTIVE RESOLUTIONS**

| | |
|---|---|
| 1981.2 | Practitioner Role in Curriculum Development |
| 1982.3 | Career Counseling |
| 2002.14 | Student Involvement in Pharmacy School Administrative Decisions |
| 2020.6 | Interprofessional Precepting |

**INACTIVE RESOLUTIONS**

| | |
|---|---|
| 1984.11 | Student Input on Educational Issues |

## VI. DEGREES

**ACTIVE RESOLUTIONS**

None

**INACTIVE RESOLUTIONS**

| | |
|---|---|
| 1991.1 | Single Degree in Pharmacy |
| 2001.10 | New Pharmacy Degrees |
| 2002.16 | Doctor of Pharmacy Designation |

## VII. INTERNSHIPS / EXTERNSHIPS

**ACTIVE RESOLUTIONS**

| | |
|---|---|
| 1976.4 | Externships and Internships |
| 2000.6 | Pharmacists and Student Pharmacists on Medical Teams |
| 2002.8 | Intern / Extern Programs |
| 2004.7 | Student Input on Advanced Pharmacy Practice Experiences |
| 2006.7 | Regulation of Student Pharmacists' Practice Experience |
| 2009.3 | Meeting Preceptor Demands of Experiential Education |
| 2009.7 | Nationwide Assessment of Introductory Pharmacy Practice Experiences |
| 2010.4 | Standardization of Student Pharmacist Internship Requirements |
| 2022.1 | Integration of Social Determinants of Health into Pharmacy Education |

**INACTIVE RESOLUTIONS**

| | |
|---|---|
| 1981.5 | Internship Credit for "Nontraditional Roles" |
| 1988.4 | Supervision of Pharmacy Interns |

| | |
|---|---|
| 1993.9 | Introductory Clerkship Prior to Advanced Study |
| 1990.10 | Preceptor Training Program |
| 1993.6 | Status of Pharmacy Interns for the Purpose of Patient Counseling |
| 1995.6 | Practice Exposure |
| 1996.2 | Acceptance of Internship Hours by State Boards of Pharmacy |
| 1996.6 | Consistency in Internship and Externship Experiences |
| 1997.5 | Patient-Oriented Pharmacy Experiential Learning |
| 2004.6 | Information Technology |
| 2019.4 | Creating Safe Work and Learning Environments for Students, Pharmacists and Technicians |

## VIII. LICENSURE

### ACTIVE RESOLUTIONS

| | |
|---|---|
| 2000.7 | Pharmacy Law Requirement for Re-licensure |
| 2002.11 | Pharmacy Technician Training |
| 2006.1 | Protection of Personal Information |

### INACTIVE RESOLUTIONS

| | |
|---|---|
| 1975.13 | Statement on Continuing Competence |
| 1979.3 | Calculator Use during Pharmacy Licensure Examinations |
| 1983.4 | NAPLEX Score Transfer |

## IX. POST GRADUATE EDUCATION / CONTINUING EDUCATION

### ACTIVE RESOLUTIONS

| | |
|---|---|
| 1984.3 | Non-pharmacy Continuing Education Accreditation |
| 1997.6 | Complementary Alternative Therapy Education |
| 1998.17 | Illicit/Legend Drug Interactions Continuing Education |
| 1999.1 | Board of Pharmacy Specialties Expansion |
| 2002.7 | Certification Programs |
| 2004.9 | Pharmacy Residency and Postgraduate Education Funding |
| 2005.5 | Legislative Education |
| 2005.8 | Continuing Medical Education (CME) Credits |
| 2008.2 | Health Literacy |
| 2008.3 | Residency and Postgraduate Training |
| 2014.1 | Pharmacogenomics |
| 2014.3 | Pharmacist-led Clinics |
| 2015.3 | Point of Care Testing |
| 2019.1 | Addressing Professional Burnout |
| 2019.3 | Role of Pharmacists and Pharmacy Education in Patient Care Involving Cannabis |
| 2019.4 | Creating Safe Work and Learning Environments for Students, Pharmacists and Technicians |
| 2022.1 | Integration of Social Determinants of Health into Pharmacy Education |
| 2025.2 | Pharmacy Residency and Postgraduate Education Compensation |

### INACTIVE RESOLUTIONS

| | |
|---|---|
| 1974.29 | Accreditation of Specialty Areas in Pharmacy |
| 1982.1 | Establishment of Community Practice Residencies |
| 1984.10 | Continuing Education |
| 1996.9 | Evaluation of Comprehension of Continuing Education |

## X. LEGISLATIVE RECOMMENDATIONS / POLITICAL ACTION

### X a. CALL FOR LEGISLATION / REGULATION

**ACTIVE RESOLUTIONS**

| | |
|---|---|
| 1973.12 | Marijuana Legislation |
| 1973.33 | Substance Use Disorder Legislation |
| 1987.1 | Physician Dispensing |
| 1993.4 | Provision of Diagnosis and Other Information to Pharmacists |
| 1996.1 | Tobacco and Nicotine Containing Product Sales in Pharmacies |
| 1997.7 | State Pharmacy Practice Acts |
| 1999.2 | Pharmacists Recognized as Health Care Providers |
| 2002.2 | Pharmacists Administering Immunizations |
| 2002.4 | Prescription Discount Cards |
| 2002.10 | Incentive Programs for Areas of Need |
| 2002.11 | Pharmacy Technician Training |
| 2004.1 | Medication Importation |
| 2004.2 | Pharmacy Benefit Managers |
| 2004.9 | Pharmacy Residency and Postgraduate Education Funding |
| 2005.1 | Tort Reform |
| 2005.2 | Clinical Trials |
| 2006.2 | Regulating the Sale of Non-Prescription Drugs Used for Producing Illegal Substances |
| 2006.3 | Professional Right to Refuse |
| 2006.7 | Regulation of Student Pharmacists' Practice Experience |
| 2006.8 | Smoking Policies for the Workplace and Public Locations |
| 2008.1 | Poison Control Centers Hotline |
| 2008.8 | Innovative Pharmacy Practice Model |
| 2009.1 | Appropriate Labeling for Acetaminophen-Containing Products |
| 2009.6 | Health Care Reform |
| 2009.8 | Behind-the-Counter (BTC) Status of Certain Medications |
| 2010.1 | Pharmacists' Right to Privilege |
| 2011.2 | Pharmacists as Providers |
| 2011.3 | Advancement of Medication Therapy Management (MTM) Services |
| 2012.4 | Pharmacy Benefit Manager (PBM) Practices |
| 2014.2 | Dispensing and Administering Medications in Life-Threatening Situations |
| 2014.3 | Pharmacist-led Clinics |
| 2015.1 | Medication Synchronization |
| 2015.2 | Labeling and Measurement of Oral Liquid Medications |
| 2015.3 | Point of Care Testing |
| 2016.2 | Pharmacist Administration of Injectable Medications |
| 2016.3 | Establishing Immunization Requirements |
| 2016.4 | Increasing Patient Access to Pharmacist-Prescribed Medications |
| 2017.1 | Expanded Utilization of Pharmacist- and Student Pharmacist-Provided Care Transitions Services |
| 2017.2 | Durable Medical Equipment and Medical Devices Ease of Access |
| 2018.2 | Direct and Indirect Remuneration (DIR) Fee Practices |
| 2018.3 | Emergency Prescription Refill Protocol |
| 2019.3 | Role of Pharmacists and Pharmacy Education in Patient Care Involving Cannabis |
| 2020.3 | XDEA Numbers for Pharmacists to Treat Opioid Use Disorder (OUD) |
| 2020.4 | Vaccination Consent for Mature Minors |
| 2020.8 | Regulation of Temperature-Sensitive Medication Shipment and Delivery |
| 2021.2 | Medication-Assisted Treatment in Vulnerable Patient Populations |
| 2021.3 | Pharmacy Technicians' Role in Immunization Administration |
| 2022.3 | Expanding Pharmacist Point of Care Testing and Prescriptive Authority |
| 2023.2 | Reproductive Health |

| | |
|---|---|
| 2023.4 | Safe Staffing Practices and Elimination of Quotas and Performance Metrics in Pharmacies |
| 2024.3 | Interpretation Services |
| 2025.2 | Pharmacy Residency and Postgraduate Education Compensation |
| 2026.4 | Student Pharmacist Role in Standard of Care |

**INACTIVE RESOLUTIONS**

| | |
|---|---|
| 1993.6 | Status of Pharmacy Interns for the Purpose of Patient Counseling |
| 1994.4 | Complete Directions on Prescription Orders |
| 1994.5 | Licensure of Mail Order Pharmacies |
| 1995.7 | Written Instructions as a Supplement to Verbal Counseling |
| 1996.15 | Pharmacist's Rights |
| 1998.5 | Medication Administration by Pharmacists |
| 2001.2 | Legible Prescription Order Legislation |
| 2012.3 | Proper Medication Disposal and Drug Take-Back Programs |
| 2010.3 | E-Prescribing and Computerized Prescriber Order Entry (CPOE) Systems |
| 2019.2 | Increased Access to Opioid Reversal Agents |

## X b. CALL FOR POLITICAL ACTION

**ACTIVE RESOLUTIONS**

| | |
|---|---|
| 1973.3 | Liaison with Legislature |
| 1973.7 | Uniform Reciprocity Requirements |
| 1982.5 | Patient's Right to Pharmacy Services |
| 1988.1 | Encouraging Involvement in Government Affairs |
| 1989.7 | Patient's Right to Choose Health Care Professionals |
| 1993.3 | Equal Access for Patients and Providers |
| 1993.5 | Pharmacists and Healthcare Reform |
| 1994.11 | Syringe/Needle Exchange Programs |
| 1998.2 | Political Action |
| 2000.4 | Pharmacists' Right to Compound |
| 2001.11 | Restricted Distribution and Product Licensing Agreements |
| 2003.2 | Medication Error Reporting System |
| 2005.5 | Legislative Education |
| 2006.1 | Protection of Personal Information |
| 2006.5 | Use of Brand/Trade Name Extension |
| 2008.5 | Medication Distribution Systems |
| 2008.6 | National Controlled Substances Registry |
| 2009.4 | Public Awareness Campaign for Pediatric Non-Prescription Medications |
| 2009.5 | Practice-Based Research Networks (PBRNs) |
| 2012.5 | Drug Shortages |
| 2023.1 | Upholding and Awareness of Antitrust Laws |
| 2024.1 | Loan Repayment Eligibility |

**INACTIVE RESOLUTIONS**

| | |
|---|---|
| 1976.2 | Capitation Funding |
| 1977.1 | Methods of Attracting Pharmacy Manpower to Shortage Areas |
| 1977.5 | Pharmacist Prescribing |
| 1981.7 | Need for Accurate Statistical Manpower Data |
| 1982.6 | Enforcement of Labeling and Packaging Requirements |
| 1990.3 | Rebates to Pharmacies |
| 1992.3 | Recycling of Pharmaceutical Packaging |
| 1994.8 | Pharmacist Prescribing Authority |
| 1996.7 | Pharmacy Technician National Certification |
| 1997.9 | Inclusion of Disease State/Intended Use on Prescriptions |

| | |
|---|---|
| 1999.6 | Label Accuracy of Complementary Products |
| 1999.7 | Anonymous HIV Testing for the Public |
| 2001.9 | Medicare – Outpatient Prescription Coverage |
| 2002.16 | Doctor of Pharmacy Designation |
| 2005.3 | Medication Therapy Management Services |
| 2007.9 | State Board of Pharmacy |
| 2011.4 | Regional Poison Control Centers |

## XI. OTC PRODUCTS

### ACTIVE RESOLUTIONS

| | |
|---|---|
| 1974.10 | Professional Guidance in OTC Drugs |
| 1984.2 | Reclassification of Drugs |
| 2006.2 | Regulating the Sale of Non-Prescription Drugs Used for Producing Illegal Substances |
| 2006.5 | Use of Brand/Trade Name Extension |
| 2008.1 | Poison Control Centers Hotline |
| 2008.6 | National Controlled Substances Registry |
| 2009.1 | Appropriate Labeling for Acetaminophen-Containing Products |
| 2009.4 | Public Awareness Campaign for Pediatric Non-Prescription Medications |
| 2015.2 | Labeling and Measurement of Oral Liquid Medications |
| 2026.1 | Integration of Wearable Medical Devices in Pharmacy Practice |

### INACTIVE RESOLUTIONS

| | |
|---|---|
| 1973.25 | OTC Drug Advertising as an Educational Source |
| 1973.26 | Guidelines for OTC Drug Advertising |
| 1973.27 | OTC Drug Advertising Codes |
| 1978.4 | Pharmacist in OTC Advertising |
| 1981.8 | Misleading Drug Advertisements |
| 1998.3 | OTC Medications and Labeling |
| 1999.6 | Label Accuracy of Complementary Products |

## XII. ADVERTISING

### ACTIVE RESOLUTIONS

| | |
|---|---|
| 2006.5 | Use of Brand/Trade Name Extension |
| 2009.1 | Appropriate Labeling for Acetaminophen-Containing Products |
| 2015.1 | Medication Synchronization |
| 2020.9 | Direct to Consumer Advertising |

### INACTIVE RESOLUTIONS

| | |
|---|---|
| 1973.26 | Guidelines for OTC Drug Advertising |
| 1973.27 | OTC Drug Advertising Codes |
| 1981.8 | Misleading Drug Advertisements |

## XIII. PATIENT EDUCATION

### ACTIVE RESOLUTIONS

| | |
|---|---|
| 1973.30 | Public Awareness of Role of Pharmacist |
| 1974.5 | Health Care Role of Pharmacist |
| 1974.10 | Professional Guidance in OTC Drugs |
| 1986.3 | Involvement of the Pharmacist in Discharge Counseling |
| 1992.2 | Appropriate Counseling Environment in Pharmacies |
| 1994.3 | Community-based Health Education Programs |
| 1997.8 | Use of Alternative Communication Resources |
| 1998.6 | Antibiotic Use and Compliance |

2000.8 Access to Patient-Specific Information

| | |
|---|---|
| 2001.4 | Administration Devices-Personal Demonstration During Initial Dispensing |
| 2002.3 | Counseling by Pharmacy Technicians |
| 2003.6 | Consolidation of Prescriptions at One Pharmacy |
| 2005.4 | Lower Cost Medications |
| 2006.5 | Use of Brand/Trade Name Extension |
| 2006.9 | Written Drug Information Summaries |
| 2008.2 | Health Literacy |
| 2009.2 | Supplemental Print and Electronic Health Information |
| 2010.2 | Substance Abuse Education |
| 2015.1 | Medication Synchronization |
| 2015.2 | Labeling and Measurement of Oral Liquid Medications |
| 2017.3 | Efforts to Reduce Mental Health Stigma |
| 2018.1 | Education on Lesbian, Gay, Bisexual, Transgender, and Other Identities |
| 2020.11 | Indications on Pharmacy Label |

### INACTIVE RESOLUTIONS

| | |
|---|---|
| 1973.25 | OTC Drug Advertising as an Educational Source |
| 1978.4 | Pharmacist in OTC Advertising |
| 1987.4 | Student Pharmacist Support of Patient Education Programs |
| 1989.3 | Intravenous Drug Abuse Education |
| 1990.4 | Generic Drug Information and Patient Education |
| 1991.4 | Patient Counseling Practice Standards |
| 1992.7 | Pharmacist Education of Personnel in Residential Care Facilities |
| 1992.10 | Public Health Awareness Programs |
| 1993.6 | Status of Pharmacy Interns for the Purpose of Patient Counseling |
| 1994.6 | Public Education about Pharmaceutical Care |
| 1995.7 | Written Instructions as a Supplement to Verbal Counseling |
| 1995.8 | Verbal Offer to Counsel |
| 1998.3 | OTC Medications and Labeling |
| 2001.5 | Pharmacists' Voluntary Involvement with the Provision of Emergency Contraceptives |
| 2012.3 | Proper Medication Disposal and Drug Take-Back Programs |

## XIV. COMPLEMENTARY AND ALTERNATIVE MEDICINE

### ACTIVE RESOLUTIONS

| | |
|---|---|
| 1996.8 | Safety and Efficacy of Alternative Remedies |
| 1997.6 | Complementary Alternative Therapy Education |
| 2001.3 | Herbal and Other Dietary Supplement Sign in Pharmacies |
| 2008.1 | Poison Control Centers Hotline |

### INACTIVE RESOLUTIONS

| | |
|---|---|
| 1999.6 | Label Accuracy of Complementary Products |

## XV. PROFESSIONALISM

### ACTIVE RESOLUTIONS

| | |
|---|---|
| 1973.30 | Public Awareness of Role of Pharmacist |
| 1984.14 | Code of Ethics |
| 1997.1 | Student Attendance at Professional Meetings |
| 2002.1 | Pharmacist and Student Pharmacist Education on Emergency Preparedness |
| 2002.9 | Exposing Potential Student Pharmacists to the Profession |
| 2003.7 | Leadership Development Throughout the Curriculum |
| 2005.9 | White Coats |

2007.3 Media Training
2019.1 Addressing Professional Burnout

**INACTIVE RESOLUTIONS**

1991.4 Patient Counseling Practice Standards
1994.10 Professionalization of Student Pharmacists
1998.11 Professional Autonomy / Conscience Clause
2002.5 Honor Code Systems
2003.4 White Coat Ceremonies

## XVI. PATIENT CARE

**ACTIVE RESOLUTIONS**

1984.5 Reimbursement for Home Health Care Services
1985.6 Pharmacist Involvement in Home Health Care
1986.5 Worldwide, Nonrestrictive Childhood Immunization
1987.6 Hospice Care
1988.6 Accessibility and Service to Persons with Disabilities
1989.2 Sale of Tobacco and Nicotine Containing Products in Pharmacies
1993.1 Reimbursement for Patient Care Services
1994.7 Drive Through Pharmacies
1994.9 Payment for Cognitive Services
1995.3 Assuring Quality
2000.3 Personal Possession of MDIs by Students
2000.4 Pharmacists' Right to Compound
2000.5 Collaborative, Non-Protocol, Post-Diagnostic Prescriptive Authority
2000.6 Pharmacists and Student Pharmacists on Medical Teams
2001.8 Prescription Voucher in Place of Drug Samples
2001.11 Restricted Distribution and Product Licensing Agreements
2001.12 Development of Nationally Recognized Guidelines in Community Service Project
2002.2 Pharmacists Administering Immunizations
2002.4 Prescription Discount Cards
2002.15 Pharmacists Using Computerized Prescriber Order Entry Systems
2003.2 Medication Error Reporting System
2003.3 Compensation for Pharmacists' Care Services in the Curriculum
2003.6 Consolidation of Prescriptions at One Pharmacy
2004.8 Promotional Incentives that Compromise Patient Care
2005.4 Lower Cost Medications
2006.3 Professional Right to Refuse
2006.9 Written Drug Information Summaries
2007.1 Medication Reconciliation
2007.2 Personal Health Records
2008.2 Health Literacy
2008.5 Medication Distribution Systems
2009.5 Practice-Based Research Networks (PBRNs)
2009.8 Behind-the-Counter (BTC) Status of Certain Medications
2010.1 Pharmacists' Right to Privilege
2011.2 Pharmacists as Providers
2011.3 Advancement of Medication Therapy Management (MTM) Services
2012.1 Antimicrobial Stewardship
2012.5 Drug Shortages
2013.2 Development of an Effective and Financially Viable Care Transitions Model
2014.1 Pharmacogenomics
2014.2 Dispensing and Administering Medications in Life-Threatening Situations
2014.3 Pharmacist-led Clinics
2015.1 Medication Synchronization

| | |
|---|---|
| 2015.3 | Point of Care Testing |
| 2016.2 | Pharmacist Administration of Injectable Medications |
| 2016.4 | Increasing Patient Access to Pharmacist-Prescribed Medications |
| 2017.1 | Expanded Utilization of Pharmacist- and Student Pharmacist-Provided Care Transitions Services |
| 2017.2 | Durable Medical Equipment and Medical Devices Ease of Access |
| 2017.3 | Efforts to Reduce Mental Health Stigma |
| 2018.1 | Education on Lesbian, Gay, Bisexual, Transgender, and Other Identities |
| 2018.3 | Emergency Prescription Refill Protocol |
| 2019.3 | Role of Pharmacists and Pharmacy Education in Patient Care Involving Cannabis |
| 2020.3 | XDEA Numbers for Pharmacists to Treat Opioid Use Disorder (OUD) |
| 2020.4 | Vaccination Consent for Mature Minors |
| 2021.2 | Medication-Assisted Treatment in Vulnerable Patient Populations |
| 2021.3 | Pharmacy Technicians' Role in Immunization Administration |
| 2022.2 | Online Health Information |
| 2024.3 | Interpretation Services |

### INACTIVE RESOLUTIONS

| | |
|---|---|
| 1973.16 | Manufacturers Clinical Safety and Efficacy Tests |
| 1976.3 | Hypertension Screening and Education Projects |
| 1979.2 | Pharmacists in Government-Supported Health Care Programs |
| 1982.2 | Pharmaceutical Services in the Military |
| 1984.6 | Long Term Care Facilities |
| 1987.5 | Maintenance of Patient Profiles |
| 1989.1 | CPR Certification for Pharmacists |
| 1989.6 | Pharmacist Awareness of Bioequivalence Issues |
| 1992.7 | Pharmacist Education of Personnel in Residential Care Facilities |
| 1993.7 | One-way Valve CPR Ventilation Masks |
| 1994.8 | Pharmacist Prescribing Authority |
| 1996.4 | Standardized Patient Information |
| 1997.3 | Documentation for Patient Care |
| 1997.9 | Inclusion of Disease State/Intended Use on Prescriptions |
| 1998.5 | Medication Administration by Pharmacists |
| 1999.4 | Tele-Health Prescribing and Dispensing |
| 2000.1 | Properly Destroying Discarded Patient Information |
| 2000.9 | Impact of Patient Care and Cognitive Services-Additional Studies |
| 2001.2 | Legible Prescription Order Legislation |
| 2001.5 | Pharmacists' Voluntary Involvement with the Provision of Emergency Contraceptives |
| 2004.6 | Information Technology |
| 2010.3 | E-Prescribing and Computerized Prescriber Order Entry (CPOE) Systems |
| 2013.1 | Expanding Immunization Privileges for Pharmacists and Student Pharmacists |

## XVII. PHARMACY SUPPORT PERSONNEL

### ACTIVE RESOLUTIONS

| | |
|---|---|
| 1985.1 | Supportive Pharmacy Personnel |
| 2002.3 | Counseling by Pharmacy Technicians |
| 2002.11 | Pharmacy Technician Training |
| 2006.1 | Protection of Personal Information |
| 2006.7 | Regulation of Student Pharmacists' Practice Experience |
| 2019.1 | Addressing Professional Burnout |
| 2019.4 | Creating Safe Work and Learning Environments for Students, Pharmacists and Technicians |
| 2021.3 | Pharmacy Technicians' Role in Immunization Administration |

### INACTIVE RESOLUTIONS

| | |
|---|---|
| 1996.7 | Pharmacy Technician National Certification |

## XVIII. SAFETY

### ACTIVE RESOLUTIONS

| | |
|---|---|
| 1994.11 | Syringe/Needle Exchange Programs |
| 1998.12 | Working Conditions |
| 2003.1 | Medication Errors in the Curriculum |
| 2003.2 | Medication Error Reporting System |
| 2003.6 | Consolidation of Prescriptions at One Pharmacy |
| 2004.1 | Medication Importation |
| 2004.8 | Promotional Incentives that Compromise Patient Care |
| 2004.10 | Prescription Drug Packaging |
| 2005.6 | Counterfeit Resistant Packaging |
| 2006.5 | Use of Brand/Trade Name Extension |
| 2007.5 | Patient's Weight on Prescriptions |
| 2008.1 | Poison Control Centers Hotline |
| 2009.1 | Appropriate Labeling for Acetaminophen-Containing Products |
| 2012.1 | Antimicrobial Stewardship |
| 2012.5 | Drug Shortages |
| 2014.2 | Dispensing and Administering Medications in Life-Threatening Situations |
| 2015.2 | Labeling and Measurement of Oral Liquid Medications |
| 2016.1 | Increasing the Security of Pharmacies |
| 2018.3 | Emergency Prescription Refill Protocol |
| 2019.4 | Creating Safe Work and Learning Environments for Students, Pharmacists and Technicians |
| 2020.8 | Regulation of Temperature-Sensitive Medication Shipment and Delivery |
| 2023.4 | Safe Staffing Practices and Elimination of Quotas and Performance Metrics in Pharmacies |
| 2026.2 | Pharmacist Role in Combatting Inappropriate Polypharmacy |
| 2026.3 | Vaccine-Related Misinformation |

### INACTIVE RESOLUTIONS

| | |
|---|---|
| 1980.4 | Availability of Information on Accidental Contact of Parenteral Drugs with the Body |
| 1983.1 | Safety and Antineoplastic Agents |
| 1984.12 | Hypodermic Needle and Syringe Control |
| 1992.1 | HIV Testing of Pharmacists and Student Pharmacists |
| 1993.7 | One-way Valve CPR Ventilation Masks |
| 1996.4 | Standardized Patient Information |
| 1998.7 | Safety and Quality of Compounded Products |
| 2006.4 | Accreditation for Specialty Compounding |
| 2010.3 | E-Prescribing and Computerized Prescriber Order Entry (CPOE) Systems |
| 2011.4 | Regional Poison Control Centers |
| 2012.3 | Proper Medication Disposal and Drug Take-Back Programs |
| 2019.2 | Increased Access to Opioid Reversal Agents |

## XIX. WORKPLACE ISSUES

### ACTIVE RESOLUTIONS

| | |
|---|---|
| 1998.12 | Working Conditions |
| 2001.6 | Quality of Work Life for Pharmacists and Pharmacy Interns – Breaks |
| 2004.6 | Information Technology |
| 2005.9 | White Coats |

| | |
|---|---|
| 2006.8 | Smoking Policies for the Workplace and Public Locations |
| 2007.7 | Automated External Defibrillators (AEDs) in Pharmacies |

| | |
|---|---|
| 2012.1 | Antimicrobial Stewardship |
| 2015.2 | Labeling and Measurement of Oral Liquid Medications |
| 2015.3 | Point of Care Testing |
| 2016.1 | Increasing the Security of Pharmacies |
| 2017.1 | Expanded Utilization of Pharmacist- and Student Pharmacist-Provided Care Transitions Services |
| 2019.1 | Addressing Professional Burnout |
| 2019.4 | Creating Safe Work and Learning Environments for Students, Pharmacists and Technicians |
| 2020.12 | Offering Meal Breaks for Pharmacists |
| 2021.1 | Environmental Sustainability in Pharmacy |
| 2023.4 | Safe Staffing Practices and Elimination of Quotas and Performance Metrics in Pharmacies |
| 2024.3 | Interpretation Services |
| 2025.1 | Application of Sustainability in Pharmacy Practice |

### INACTIVE RESOLUTIONS

| | |
|---|---|
| 1982.6 | Enforcement of Labeling and Packaging Requirements |
| 1992.1 | HIV Testing of Pharmacists and Student Pharmacists |
| 1993.7 | One-way Valve CPR Ventilation Masks |
| 1994.2 | Sexual Harassment |
| 1997.9 | Inclusion of Disease State/Intended Use on Prescriptions |
| 2000.1 | Properly Destroying Discarded Patient Information |
| 2000.10 | Use of Computer-Generated Prescriptions |
| 2004.6 | Information Technology |

## XX. MEDIA

### ACTIVE RESOLUTIONS

| | |
|---|---|
| 1973.30 | Public Awareness Role of Pharmacist |
| 2002.6 | Pharmacist Portrayal by Media |
| 2007.3 | Media Training |
| 2009.4 | Public Awareness Campaign for Pediatric Non-Prescription Medications |
| 2022.2 | Online Health Information |

### INACTIVE RESOLUTIONS

| | |
|---|---|
| 1994.6 | Public Education about Pharmaceutical Care |

## XXI. INSURANCE

### ACTIVE RESOLUTIONS

| | |
|---|---|
| 1984.5 | Reimbursement for Home Health Care Services |
| 1988.2 | Pharmacists' Involvement in Financially Viable Reimbursement Policies |
| 1993.1 | Reimbursement for Patient Care Services |
| 1993.3 | Equal Access for Patients and Providers |
| 1993.5 | Pharmacists and Healthcare Reform |
| 1994.9 | Payment for Cognitive Services |
| 1999.2 | Pharmacists Recognized as Health Care Providers |
| 2002.4 | Prescription Discount Cards |
| 2003.3 | Compensation for Pharmacists' Care Services in the Curriculum |
| 2004.2 | Pharmacy Benefit Managers |
| 2005.4 | Lower Cost Medications |
| 2006.6 | Accessibility of Patient Coverage Issues |
| 2009.6 | Health Care Reform |

| | |
|---|---|
| 2011.2 | Pharmacists as Providers |
| 2011.3 | Advancement of Medication Therapy Management (MTM) Services |
| 2012.4 | Pharmacy Benefit Manager (PBM) Practices |
| 2015.3 | Point of Care Testing |
| 2017.2 | Durable Medical Equipment and Medical Devices Ease of Access |
| 2018.2 | Direct and Indirect Remuneration (DIR) Fee Practices |

## INACTIVE RESOLUTIONS

| | |
|---|---|
| 1995.2 | Documentation for Cognitive Services |
| 1997.3 | Documentation for Patient Care |
| 1998.18 | Insurance Claim Pharmacy Service Code |
| 2001.9 | Medicare – Outpatient Prescription Coverage |
| 2003.8 | Health Insurance Portability and Accountability Act |
| 2010.3 | E-Prescribing and Computerized Prescriber Order Entry (CPOE) Systems |

# APhA-ASP
# Active Resolutions

**Resolutions that are representative of the Academy and require ongoing action or are general supportive statements**

## ACTIVE RESOLUTIONS

**1973.3 - Liaison with Legislature**
APhA-ASP supports maintaining active communication with the legislature through liaisons that continually update the APhA-ASP membership on their progress.

**1973.7 - Uniform Reciprocity Requirements**
APhA-ASP recommends that all states work for a uniform licensure reciprocity system for reciprocating

**1973.12 - Marijuana Legislation**
The Committee recommends that APhA-ASP support legislation to standardize state and federal laws governing the use and distribution of marijuana.

**1973.30 - Public Awareness of Role of Pharmacist**
APhA-ASP supports a continued effort to educate the public about the role of the pharmacist on the health care team, and to promote the profession of pharmacy through the use of diverse and appropriate media outlets.

**1973.31 - State Association**
APhA-ASP recommends that an effort be made to establish close communications with each school's respective state association in order to furnish communications on topics concerning both organizations.

**1973.33 - Substance Use Disorder Legislation**
APhA-ASP supports active coordination of its activities with APhA and other pertinent organizations to urge the passage of new and the modification of old legislation on Substance Use Disorder and Substance Use Disorder Education.

**1974.5 - Health Care Role of Pharmacist**
APhA-ASP embraces an active role in further educating the public about the professional health care role of the pharmacist and in informing the patient how to effectively analyze and understand the information on prescription and nonprescription drugs.

**1974.10 - Professional Guidance in OTC Drugs**
APhA-ASP actively supports and collaborate with APhA to promote the role of the pharmacist as a medication expert knowledgeable in the area of OTC medications.

**1974.25 - Diversity Recruitment and Retention**
APhA-ASP urges each college of pharmacy to implement an active diversity recruitment and retention program and provide each college with a model recruitment program.

**1974.28 - International Pharmaceutical Students Federation**
The Committee recommends that APhA-ASP maintain its relationship with IS, especially the student exchange programs.

## ACTIVE RESOLUTIONS

**1975.18 - Implementation of Resolutions**
APhA-ASP recommends that the resolutions adopted by the House of Delegates be implemented to the best abilities of the Academy based on resources available and in the interest of APhA.

**1976.4 - Externships and Internships**
1. APhA-ASP recommends that time spent working in externship and/or internship programs should be regulated and unified.
2. APhA-ASP supports the concept of the school of pharmacy serving as an advisory body in the establishment and evaluation of uniform externship and internship requirements and guidelines.
3. APhA-ASP recommends that an evaluation of preceptors be carried out by boards and schools of pharmacy on continuing basis, and further, that the preceptor evaluate the extern or intern upon completion of a period of externship as to his or her ability in various areas of pharmacy.
4. APhA-ASP recommends that the extern or intern be given the opportunity to evaluate the contents of his or her period of externship, including a reflection of the preceptor's competence in this role.
5. APhA-ASP urges that credit in externships be given for time spent in student health projects, industrial externships, and other externship experiences evaluated and approved by APhA-ASP and ACPE.

**1977.3 - Course in Pharmacy Administration**
APhA-ASP encourages participation by student pharmacists in elective courses in pharmacy administration prior to graduation.

**1981.1 - Misleading Recruitment Activities**
APhA-ASP condemns unethical, inaccurate, and unprofessional advertising and other misleading methods of recruitment of students into pharmacy schools; APhA-ASP further condemns sexist, racist, and other discriminatory forms of recruitment.

**1981.2 - Practitioner Role in Curriculum Development**
APhA-ASP encourages schools and colleges of pharmacy to actively seek and obtain input from practitioners and student pharmacists concerning the review and/or modernization of their curricula.

**1982.3 - Career Counseling**
APhA-ASP encourages schools and colleges of pharmacy to provide adequate career counseling services due to the diverse career opportunities available to pharmacy school graduates.

**1982.4 - Interprofessional Awareness**
APhA-ASP supports the concept of increased interprofessional communications and activities to acquaint other health care disciplines with the pharmacist as a valuable resource.

## ACTIVE RESOLUTIONS

**1982.5 - Patient's Right to Pharmacy Services**
APhA-ASP condemns any governmental actions which interfere with a patient's freedom of choice in obtaining pharmaceutical services.

**1982.10 - Financial Aid**
1. APhA-ASP strongly discourages the discontinuation of any government financial assistance programs including, but not limited to, grants, loans, and work-study programs, particularly those used by graduate and health professional students.
2. APhA-ASP recommends that this matter be referred to the APhA Board of Trustees and to other health organizations for possible policy consideration.

**1984.3 - Non-pharmacy Continuing Education Accreditation**
APhA-ASP encourages the profession to widely promote the ACPE provider approval program to providers of non-pharmacy continuing education so that credit for their courses may be accepted by states boards of pharmacy.

**1984.5 - Reimbursement for Home Health Care Services**
APhA-ASP encourages the pharmacy profession to work toward the development of financially viable reimbursement models for pharmacist-provided home health care services.

**1984.14 - Code of Ethics**
1. APhA-ASP hereby supports APhA's Code of Ethics as a standard for professionalism for both practitioners and student pharmacists.
2. APhA-ASP recommends the adoption of APhA's Code of Ethics for those colleges and schools of pharmacy desiring such standards.
3. APhA-ASP strongly disagrees with the practice of mandatory signing of any Code of Ethics or document of similar intent as a prerequisite for acceptance or completion of a degree program.

**1985.1 - Supportive Pharmacy Personnel**
1. APhA-ASP encourages the establishment of appropriate training guidelines for supportive pharmacy personnel by state boards of pharmacy.
2. APhA-ASP also commends those states which have supportive pharmacy personnel guidelines and encourages them to strictly enforce the guidelines.

**1985.6 - Pharmacist Involvement in Home Health Care**
APhA-ASP strongly encourages pharmacists to participate in home health care opportunities and increase their involvement in all aspects of home health care.

**1986.2 - Re-entry of the Impaired Student Pharmacist**
APhA-ASP supports that schools and colleges of pharmacy should institute or seek the establishment of administrative procedures which allow re-entry of impaired student pharmacists who have successfully completed recognized treatment and rehabilitation programs and are undergoing follow-up care.

## ACTIVE RESOLUTIONS

**1986.3 - Involvement of the Pharmacist in Discharge Counseling**
APhA-ASP urges pharmacists to seek a more active role in the counseling of patients concerning drug therapy upon discharge from institutional settings.

**1986.5 - Worldwide, Nonrestrictive Childhood Immunization**
APhA-ASP actively supports the goal of worldwide, nonrestrictive childhood immunization against disease states, including, but not limited to, polio, measles, whooping cough, diphtheria, tetanus, and tuberculosis.

**1987.1 - Physician Dispensing**
APhA-ASP supports legislation that requires prescribers who dispense prescription medications to do so under the same legal and professional responsibilities and liabilities as a licensed pharmacist.

**1987.6 - Hospice Care**
1. APhA-ASP supports the goals and programs provided through hospice care, including freedom from pain, the choice of living arrangements, and death with dignity.
2. APhA-ASP encourages pharmacists to become active members of the hospice care team.

**1988.1 - Encouraging Involvement in Government Affairs**
APhA-ASP supports and encourages pharmacists and student pharmacists to become actively involved in legislative and regulatory activities at the local, state, and national levels on issues concerning health care.

**1988.2 - Pharmacists' Involvement in Financially Viable Reimbursement Policies**
APhA-ASP encourages the direct involvement of pharmacists in determining financially viable reimbursement policies with third party payors.

**1988.6 - Accessibility and Service to Persons with Disabilities**
APhA-ASP encourages pharmacists and student pharmacists to increase their awareness of the special needs of persons with disabilities and to take appropriate measures to increase accessibility and/or to provide better services for such persons.

**1989.2 - Sale of Tobacco and Nicotine Containing Products in Pharmacies**
APhA-ASP strongly discourages the sale of tobacco and nicotine containing products not FDA-approved for tobacco cessation from any pharmacy department.

**1989.7 - Patient's Right to Choose Health Care Professionals**
APhA-ASP strongly supports the right of patients to freely choose their own health care professionals.

## ACTIVE RESOLUTIONS

### 1990.1 - Student Input into AACP Activities

1. APhA-ASP encourages AACP to gather student pharmacist input regarding the curricula of all schools and colleges of pharmacy.
2. APhA-ASP requests the APhA-ASP National Executive Committee to explore mechanisms to facilitate communication between student pharmacists and AACP.
3. APhA-ASP strongly encourages student pharmacists to actively participate in the AACP Annual Meeting.

### 1992.2 - Appropriate Counseling Environment in Pharmacies

APhA-ASP encourages the development and use of responsible and effective pharmacy facility design that allows for convenient, comfortable, and private pharmacist-patient communications.

### 1992.8 - Increased Sources of Financial Support for Student Pharmacists' Education

APhA-ASP supports the increased availability of financial resources, from both existing and new sources, to fund the education of student pharmacists.

### 1993.1 - Reimbursement for Patient Care Services

APhA-ASP encourages all national and state pharmacy organizations to work with all third-party plans, health maintenance organizations, and private health insurers to develop criteria and mechanisms of reimbursement for patient care services, in particular cognitive services.

### 1993.3 - Equal Access for Patients and Providers

APhA-ASP strongly supports equal access for patients to providers of health care services and a provider's right to be offered participation in governmental or other third-party programs under equal terms and conditions.

### 1993.4 - Provision of Diagnosis and Other Information to Pharmacists

1. APhA-ASP supports a legal requirement for the provision of diagnosis, lab results, and/or intended therapeutic outcome to accompany prescription orders.
2. APhA-ASP encourages the pharmacists' access to patient information as deemed relevant by the pharmacist for better patient care.
3. APhA-ASP supports the use of International Classification of Diseases (ICD), Clinical Modification (CM) codes on prescriptions to provide efficient patient care.

### 1993.5 - Pharmacists and Healthcare Reform

1. APhA-ASP encourages APhA to take action to ensure that pharmacy plays an integral part in shaping healthcare reform.
2. APhA-ASP encourages APhA to define the role of pharmacists in a reformed national healthcare system.

## ACTIVE RESOLUTIONS

**1994.3 - Community-based Health Education Programs**
1. APhA-ASP recommends the utilization of pharmacists in community-based health education programs.
2. APhA-ASP recommends the development of educational programs for student pharmacists and practitioners to prepare them to deliver public education programs.

**1994.9 - Payment for Cognitive Services**
APhA-ASP supports the promotion of pharmacy services by pharmacists and the reimbursement for these services including, but not limited to, the following concepts:

1. Compensation for achieving increased use of generic drug products.
2. Compensation for therapeutic interchange within formulary guidelines and in consultation with prescribers.
3. Compensation for successfully managing and improving patient adherence with drug therapy.
4. Compensation for case management of selected patient populations.
5. Compensation for pharmacists' intervention throughout the course of continuous therapy, irrespective of where prescription renewals may be obtained.
6. Purchasing assistance to help attain a level playing field in purchasing drug products--without putting existing group purchasing organizations or pharmacy chains at a disadvantage.
7. Direct assistance in achieving greater levels of program compliance and compensation.
8. Professional education programs to increase effectiveness.

**1994.11 - Syringe/Needle Exchange Programs**
APhA-ASP supports needle/syringe exchange programs when part of a comprehensive approach in the prevention of the spread of HIV and other infections. In addition, APhA-ASP supports the education of student pharmacists as to the risks of needle/syringe sharing with respect to the spread of HIV and other infectious diseases.

**1995.3 - Assuring Quality**
APhA-ASP cautions pharmacists and pharmacy managers against sacrificing the quality of pharmaceutical care for financial benefit and/or time constraints.

**1996.1 - Tobacco and Nicotine Containing Product Sales in Pharmacies**
APhA-ASP supports regulations which prohibit the sale of tobacco and nicotine containing products not FDA-approved for tobacco cessation in pharmacies.

**1996.8 - Safety and Efficacy of Alternative Remedies**
APhA-ASP encourages the development of methods for testing the safety and efficacy of alternative remedies. Furthermore, APhA-ASP encourages the development and dissemination of factual information on alternative theory and remedies.

**1997.1 - Student Attendance at Professional Meetings**

## ACTIVE RESOLUTIONS

APhA-ASP urges schools and colleges of pharmacy to accommodate student pharmacist attendance at professional meetings of pharmacy organizations by adjusting exam schedules, allowing make-up exams and excusing class absences.

**1997.4 - Collaborative Drug Therapy Protocols**
APhA-ASP encourages pharmacists to participate in the establishment and execution of collaborative drug and non-drug therapy protocols with other healthcare providers.

**1997.6 - Complementary Alternative Therapy Education**
APhA-ASP encourages the inclusion of education on complementary and alternative medicine (CAM) in both pharmacy school curricula and in continuing education programs.

**1997.7 - State Pharmacy Practice Acts**
APhA-ASP strongly supports the revision of state pharmacy practice acts and requests that APhA actively participate with state legislatures, state boards of pharmacy, and state pharmacy associations in catalyzing these changes to enable pharmacists to provide optimal pharmaceutical care.

**1997.8 - Use of Alternative Communication Resources**
APhA-ASP supports the development and use of alternative communication resources (e.g., pictograms, TDD, patient's native language, large print materials) to facilitate patient comprehension.

**1997.11 - Student Participation with State Boards of Pharmacy**
APhA-ASP supports and encourages APhA-ASP chapters to appoint representative(s) who shall review state boards of pharmacy meeting agenda items and shall coordinate student attendance and participation at state board of pharmacy meetings in which students should voice opinion.

**1998.1 - Diversity**
APhA-ASP reaffirms its commitment to active recruitment of minority students to schools and colleges of pharmacy in order to improve quality through diversity.

**1998.2 - Political Action**
APhA-ASP strongly encourages all members of the profession to increase their political action in support of pharmacy issues at both the state and national level.

**1998.6 - Antibiotic Use and Adherence**
APhA-ASP encourages the development and implementation of educational programs on the importance of proper antibiotic use and adherence for patients and health care professionals.

**1998.12 - Working Conditions**

## ACTIVE RESOLUTIONS

APhA-ASP recognizes that patient safety is compromised by poor working conditions and strongly encourages the immediate implementation of systems that improve these conditions.

**1998.16 - Affiliation/unification with Organizations on the National, State and Student Level**
APhA-ASP supports and encourages affiliation between professional pharmacy associations at the national, state and student levels.

**1998.17 - Illicit/Legend Drug Interactions Continuing Education**
APhA-ASP strongly encourages the development of continuing education programs which educate the pharmacist on interactions between illicit and legend drugs.

**1999.1 - Board of Pharmacy Specialties Expansion**
APhA-ASP supports the Board of Pharmacy Specialties in its efforts to expand the number of certified specialties.

**1999.2 - Pharmacists Recognized as Health Care Providers by CMS**
APhA-ASP strongly recommends that federal and state governments recognize pharmacists as health care providers.

**1999.8 - Hosts and Work Site Sponsors for IPSF Student Exchange Programs**
APhA-ASP encourages members of APhA-APPM and APhA-APRS to volunteer as host and work site sponsors for student exchange programs associated with IPSF.

**2000.2 - Disease State Management—Involvement at all Schools and Colleges of Pharmacy**
APhA-ASP supports and encourages student pharmacist involvement in disease state management, including but not limited to anticoagulation, asthma, diabetes, hyperlipidemia, and smoking cessation.

**2000.3 - Personal Possession of MDIs by Students**
APhA-ASP encourages educational institutions to allow primary and secondary students to have personal possession of their "rescue" medications including, but not limited to, metered dose inhalers (MDIs) at all times provided the students have written authorization from a healthcare provider.

**2000.4 - Pharmacists' Right to Compound**
APhA-ASP supports the preservation of the pharmacist's right to compound medications appropriate for patient care.

**2000.5 - Collaborative, Non-Protocol, Post-Diagnostic Prescriptive Authority**

## ACTIVE RESOLUTIONS

APhA-ASP encourages pharmacist participation in the establishment and execution of non-protocol, post-diagnostic prescriptive authority in collaboration with other health care providers.

**2000.6 - Pharmacists and Student Pharmacists on Medical Teams**
APhA-ASP supports and encourages the inclusion of pharmacists and student pharmacists in medical teams and on rounds to optimize patient therapy.

**2000.7 - Pharmacy Law Requirement for Re-licensure**
APhA-ASP encourages that pharmacy law be a required component of continuing education (CE) credits for licensure renewal.

**2000.8 - Access to Patient-Specific Information**
APhA-ASP supports the right of pharmacists and student pharmacists, in all practice environments, to have access to patient-specific information necessary to achieve optimal therapeutic outcomes.

**2001.3 - Herbal and Other Dietary Supplement Sign in Pharmacies**
In order to enhance patient awareness, APhA-ASP encourages the appropriate placement of a sign in pharmacies stating, “Herbal products and other dietary supplements may interact or cause harm when used with certain medications and in some health conditions. It is recommended that you discuss the use of these supplements with your pharmacist or other health care provider.”

**2001.4 - Administration Devices-Personal Demonstration during 1st Time Dispensing**
APhA-ASP encourages personal demonstration of proper technique by a pharmacist or other health care provider during the first time dispensing of any medication requiring an administration device.

**2001.6 - Quality of Work Life for Pharmacists and Pharmacy Interns – Breaks**
APhA-ASP supports an environment which encourages pharmacists and pharmacy interns to take at least a 30-minute break when working 6 or more hours.

**2001.8 - Prescription Voucher in Place of Drug Samples**
APhA-ASP encourages the use of prescription vouchers in place of drug samples by prescribers, which would allow pharmacists to promote safe and effective medication use.

**2001.11 - Restricted Distribution and Product Licensing Agreements**
APhA-ASP opposes any manufacturer-provider relationship that involves product licensing agreements and restricted distribution arrangements that hamper the patient’s ability to gain access to medications and prevents pharmacists from providing patient care.

**2001.12 - Development of Nationally Recognized Guidelines in Community Service Projects**

## ACTIVE RESOLUTIONS

APhA-ASP encourages that all APhA-ASP chapter community service activities dealing with disease state management follow appropriate nationally recognized guidelines and collaborate with these disease state organizations in developing these guidelines.

**2002.1 - Pharmacist and Student Pharmacist Education on Emergency Preparedness**
APhA-ASP strongly supports the education of pharmacists and student pharmacists on emergency preparedness and encourages them to take a proactive role in the nation's response to emergencies.

**2002.2 - Pharmacists Administering Immunizations**
APhA-ASP encourages APhA and state pharmacy associations to actively pursue legislation and/or the authority that would allow pharmacists and student pharmacists with the proper training or certification to administer immunizations.

**2002.3 - Counseling by Pharmacy Technicians**
APhA-ASP opposes any measure that would allow any pharmacy staff other than the pharmacist/student pharmacist to counsel patients on prescription and non-prescription medication selection and/or use.

**2002.4 - Prescription Discount Cards**
APhA-ASP opposes the implementation of prescription discount card programs that do not serve the best interests of our patients, pharmacists, and pharmacies.

**2002.6 - Pharmacist Portrayal by Media**
APhA-ASP encourages pharmacists to perform various patient care activities when presenting themselves to the media.

**2002.7 - Certification Programs**
APhA-ASP encourages all schools and colleges of pharmacy to offer training or certification programs, including, but not limited to, immunizations, disease state management and emergency contraception, regardless of each state's pharmacy practice regulations.

**2002.8 - Intern/Extern Programs**
APhA-ASP encourages institutions and corporations to develop and implement guided intern/extern programs structured to provide an optimal learning experience that better augments the mission and objectives of an accredited Doctor of Pharmacy curriculum.

**2002.9 - Exposing Potential Student Pharmacists to the Profession**
APhA-ASP encourages practicing pharmacists and student pharmacists to establish a mentoring program with high schools, colleges, and universities as a means of exposing potential student pharmacists to various aspects of the profession and pharmacy curriculum.

**2002.10 - Incentive Programs for Areas of Need**

## ACTIVE RESOLUTIONS

APhA-ASP supports federal and state legislation that provides incentive programs such as educational loan forgiveness for pharmacists that practice in defined areas of need.

**2002.11 - Pharmacy Technician Training**
APhA-ASP encourages State Boards of Pharmacy to require all employers of pharmacy technicians to provide training programs including, but not limited to; defining technician roles and responsibilities, third party billing, patient confidentiality, and communication skills.

**2002.12 - Pharmacy School Enrollment Increases**
APhA-ASP discourages the increase of pharmacy class enrollment without a proportionate increase in faculty, facility size, and educational resources.

**2002.14 - Student Involvement in Pharmacy School Administrative Decisions**
APhA-ASP encourages all schools and colleges of pharmacy administrative bodies to actively involve students in key decision-making roles that will affect every aspect of their current education, including, but not limited to, curriculum committees, technology committees, and admissions committees.

**2002.15 - Pharmacists Using Computerized Prescriber Order Entry Systems**
APhA-ASP strongly encourages the prospective use of pharmacists when processing medications using a Computerized Prescriber Order Entry system.

**2003.1 - Medication Errors in the Curriculum**
APhA–ASP encourages all schools and colleges of pharmacy to incorporate into their curriculum instruction regarding procedures and practices to identify, prevent, and appropriately handle medication errors.

**2003.2 - Medication Error Reporting System**
APhA–ASP encourages the development of and participation in a standardized, pharmacist-initiated, voluntary, non-punitive, and anonymous medication error reporting system.

**2003.3 - Compensation for Pharmacists' Care Services in the Curriculum**
APhA–ASP reaffirms Resolution 1993.1 and encourages all schools and colleges of pharmacy to provide instruction on how to obtain compensation for pharmacists' patient care services.

**2003.5 - Emergency Treatment Training for Student Pharmacists**
APhA–ASP encourages all schools and colleges of pharmacy to require training and certification in the latest protocols in emergency treatment, including, but not limited to, the use of automatic external defibrillators, CPR, and anti-choking procedures for adults, children, and infants.

**2003.6 - Consolidation of Prescriptions at One Pharmacy**

## ACTIVE RESOLUTIONS

APhA–ASP strongly encourages health care professionals to educate patients about the importance of consolidating their prescriptions at one pharmacy to facilitate improved pharmacist monitoring of therapeutic response, as well as provide for a mechanism to more effectively manage potential interactions.

**2003.7 - Leadership Development Throughout the Curriculum**
APhA–ASP encourages all schools and colleges of pharmacy to incorporate leadership development throughout the curriculum to encourage and prepare students to become future leaders in the profession of pharmacy.

**2003.9 - ACPE Accreditation Standards and Guidelines for Pharmacy Faculty**
In order to enhance the quality of teaching, APhA–ASP believes that it is necessary for ACPE to implement and enforce more stringent Accreditation Standards and Guidelines for pharmacy faculty to prevent deficient communication and teaching skills.

**2004.1 - Medication Importation**
APhA-ASP opposes the personal and unlicensed commercial importation of medications unless:
1. The FDA regulates the importation of medications to ensure their safety and efficacy.
2. There is appropriate delivery of patient care including access to a pharmacist licensed in the United States.
3. State boards of pharmacy include “receiving a prescription/order” in their definitions of pharmacy practice, to discourage the involvement of non-licensed entities in facilitating the importation of medications.

**2004.2 - Pharmacy Benefit Managers**
1. APhA-ASP encourages legislation that would require pharmacy benefit managers (PBMs) to disclose the rationale behind their therapeutic selections including business practices and fiscal implications.
2. APhA-ASP opposes any actions that compromise a patient’s choice of where to receive pharmacy services with equal benefits, co-pays, and access to patient care.

**2004.4 - Student Position on ACPE Board of Directors**
APhA-ASP encourages the Accreditation Council for Pharmacy Education (ACPE) to create a permanent APhA-ASP student pharmacist position on the ACPE Board of Directors with voting privileges.

**2004.5 - Cultural Diversity Awareness**
APhA-ASP encourages schools and colleges of pharmacy to offer foreign language and cultural diversity electives that have an emphasis on patient care.

**2004.7 - Student Input on Advanced Pharmacy Practice Experiences**

## ACTIVE RESOLUTIONS

APhA-ASP encourages schools and colleges of pharmacy to allow student pharmacists to play an active role in expanding experiential opportunities and in choosing advanced pharmacy practice experiences to foster individual career development.

**2004.8 - Promotional Incentives that Compromise Patient Care**
APhA-ASP opposes the use of one-time promotional strategies or financial incentives by pharmacies that compromise patient care and safety and reaffirms APhA-ASP resolution 2003.6.

**2004.9 - Pharmacy Residency and Postgraduate Education Funding**
APhA-ASP encourages academic institutions and state and federal legislators to pursue, protect, and maintain funding for pharmacy residencies and other postgraduate education opportunities.

**2004.10 - Prescription Drug Packaging**
APhA-ASP encourages greater efforts by pharmaceutical manufactures/repackagers to better differentiate prescription drug packaging, in order to prevent unnecessary medication errors.

**2005.1 - Tort Reform**
APhA-ASP supports legislation that limits the amount of non-economic and punitive damages incurred in malpractice lawsuits filed against pharmacists and other healthcare providers performing their professional duties.

**2005.2 - Clinical Trials**
APhA-ASP encourages legislation that requires pharmaceutical manufacturers and researchers to disclose the results of all clinical trials regardless of outcome through an independently peer reviewed, publicly accessible, national electronic database.

**2005.4 - Lower Cost Medications**
APhA-ASP encourages the development and promotion of educational resources for pharmacists and student pharmacists about assistance programs that provide low-income and uninsured patients access to medications at a reduced cost.

**2005.5 - Legislative Education**
APhA-ASP encourages the development of educational programs that foster political awareness and promote legislative action within the profession of pharmacy.

**2005.6 - Counterfeit Resistant Packaging**
APhA-ASP urges drug manufacturers, repackagers, and distributors to continue to incorporate innovative counterfeit-resistant technology into product packaging.

**2005.8 - Continuing Medical Education (CME) Credits**

## ACTIVE RESOLUTIONS

APhA-ASP strongly encourages state boards of pharmacy to accept Continuing Medical Education (CME) credits in addition to Continuing Education (CE) credits.

**2005.9 - White Coats**
APhA-ASP recommends that only pharmacists and student pharmacists wear white coats in a pharmacy practice setting.

**2006.1 - Protection of Personal Information**
APhA-ASP supports protecting pharmacist, student pharmacist, and technician personal information (e.g. home address, phone number, e-mail address) from being publicly posted or disclosed by a state board of pharmacy or other professional entities without consent of the individual.

**2006.2 - Regulating the Sale of Non-Prescription Drugs Used for Producing Illegal Substances**
1. APhA-ASP supports uniform legislation that monitors and regulates the sale of non-prescription drug products used in the production of illegal substances with the potential for abuse such as pseudoephedrine-containing products used for making methamphetamine.
2. APhA-ASP supports legislative, regulatory, and private sector efforts that balance the need for patient/consumer access to medications for legitimate medical purposes with the need to prevent diversion and abuse.

**2006.3 - Professional Right to Refuse**
1. APhA-ASP recognizes a pharmacist's and student pharmacist's right to refuse to dispense a medication or provide a service for various reasons including, but not limited to, conscientious objection and clinical judgment. APhA-ASP also supports the establishment of systems that protect the patient's right to obtain legally prescribed and therapeutically appropriate treatment while reasonably accommodating the pharmacist's or student pharmacist's right to refuse.
2. APhA-ASP opposes legislation, regulation, and other policies that compromise a pharmacist's and student pharmacist's right to refuse.

**2006.5 - Use of Brand/Trade Name Extension**
1. APhA-ASP discourages the use of brand/trade names for non-prescription drug products that do not contain the active ingredient with which the brand/trade name is commonly associated.
2. APhA-ASP encourages pharmacists and student pharmacists to educate patients about using the Drug Facts panel on non-prescription drug products to avoid confusion associated with brand/trade name extension and misleading labeling in order to improve patient safety.

**2006.6 - Accessibility of Patient Coverage Issues**

## ACTIVE RESOLUTIONS

APhA-ASP encourages third-party payers to offer access to personnel throughout a contracted pharmacy's operating hours in order to help resolve patient coverage issues including, but not limited to, the confirmation of patient benefit status and the authorization of payment for services.

**2006.7 - Regulation of Student Pharmacists' Practice Experience**
1. APhA-ASP encourages state boards of pharmacy to use the title "student pharmacist" to identify all students enrolled in their professional years of pharmacy education in an Accreditation Council for Pharmacy Education (ACPE) accredited program.
2. APhA-ASP encourages state boards of pharmacy and practice sites to allow student pharmacists, based upon their abilities and training, to perform the duties of a pharmacist within the applicable state's scope of practice under a pharmacist's supervision.

**2006.8 - Smoking Policies for the Workplace and Public Locations**
APhA-ASP supports the establishment and maintenance of public policy that eliminates tobacco smoking in every workplace and public building for the prevention of disease and illness due to secondhand smoke.

**2006.9 - Written Drug Information Summaries**
APhA-ASP encourages pharmacies to distribute written drug information summaries, if available, for all prescriptions, including refills.

**2007.1 - Medication Reconciliation**
1. APhA-ASP supports the provision of complete and accurate medication reconciliation to improve health-related outcomes as patients move between practice settings within the continuum of care.
2. APhA-ASP supports pharmacists and student pharmacists as the healthcare provider responsible for the medication reconciliation process.

**2007.2 - Personal Health Records**
APhA-ASP encourages collaboration between public and private healthcare organizations in the development and use of a standardized, secure, electronic, personal health record system to facilitate continuity of care across all practice settings. This record should include, but not be limited to, current diagnoses, allergies, medication history, laboratory data, and immunization history.

**2007.3 - Media Training**
APhA-ASP encourages all pharmacists and student pharmacists to participate in media training to better represent and promote the profession through media interactions.

**2007.5 - Patient's Weight on Prescriptions**

## ACTIVE RESOLUTIONS

APhA-ASP encourages prescribers to include the patient's weight on the following:

1. Prescriptions for all pediatric patients.
2. Prescriptions for adults in which the dose of medication is determined by the patient's weight.

**2007.6 - Student Representation in State Pharmacy Associations**
APhA-ASP encourages State Pharmacy Associations to establish a permanent student pharmacist position(s) on their Board of Directors as a voting member(s).

**2007.7 - Automated External Defibrillators (AEDs) in Pharmacies**
APhA-ASP encourages pharmacies to have an Automated External Defibrillator (AED) that is readily accessible to the public.

**2007.8 - Disclosure of Accreditation Status**
APhA-ASP recommends that regional accrediting bodies, federal and state regulatory agencies or other appropriate entities for higher education take a more active role in monitoring the accreditation status of schools and colleges of pharmacy. APhA-ASP further recommends that these entities examine the communications of schools and colleges of pharmacy to ensure the accurate disclosure of their accreditation status and its implications to current and prospective student pharmacists.

**2008.1 - Poison Control Centers Hotline**
APhA-ASP encourages all manufacturers of non-prescription medications, dietary supplements and herbal products to include the US Poison Control Centers' toll-free number (1-800-222-1222) on all labeling/packaging.

**2008.2 - Health Literacy**
APhA-ASP encourages pharmacists and student pharmacists to actively incorporate health literacy assessment into the development and implementation of each patient care plan.

**2008.3 - Residency and Postgraduate Training**
1. APhA-ASP supports the Joint Commission of Pharmacy Practitioners (JCPP) vision that pharmacists will be the health care professionals responsible for providing patient care that ensures optimal medication therapy outcomes.
2. APhA-ASP encourages PharmD graduates to pursue postgraduate training as a means to achieve this vision.
3. APhA-ASP encourages public and private efforts to create additional and diverse residency and other postgraduate training programs to ensure availability for all PharmD graduates.

**2008.4 - International Medical Aid**

## ACTIVE RESOLUTIONS

APhA-ASP encourages international medical aid organizations to include pharmacists and student pharmacists as part of the medical team in order to optimize therapeutic outcomes. Furthermore, APhA-ASP highly encourages pharmacists and student pharmacists to become actively involved in international aid efforts.

**2008.5 – Mail Service Pharmacy and Online Pharmacy**

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

**2008.6 - National Controlled Substances Registry**

APhA-ASP reaffirms APhA-ASP Resolution 2006.2 and furthermore supports the implementation of a national electronic controlled substances registry in an effort to balance the need for patient access to prescription medications for legitimate medical purposes with the need to prevent diversion and abuse. This registry should be accessible by all healthcare professionals.

**2008.7 - Expansion of Schools and Colleges of Pharmacy**

APhA-ASP encourages pharmacy education stakeholders (e.g. professional pharmacy organizations, accrediting bodies, deans, etc.) to develop and implement a nationwide analysis to determine the availability of pharmacy faculty, preceptors, and experiential sites, relative to the creation and expansion of schools and colleges of pharmacy.

**2008.8 - Innovative Pharmacy Practice Model**

APhA-ASP supports efforts and the allocation of resources from state and federal governments, pharmacy organizations, and private entities to transition the practice of pharmacy from a product-centered to a patient-centered business model.

**2009.1 - Appropriate Labeling for Acetaminophen-Containing Products**

APhA-ASP recommends use of full drug names such as the term “acetaminophen” rather than abbreviations such as “APAP” on all patient labels and associated packaging for prescription medication in order to reduce the likelihood of overdoses and adverse events.

**2009.2 - Supplemental Print and Electronic Health Information**

APhA-ASP encourages pharmacists and student pharmacists to provide guidance to patients seeking publicly available sources of supplemental health information.

## ACTIVE RESOLUTIONS

**2009.3 - Meeting Preceptor Demands of Experiential Education**
APhA-ASP encourages pharmacy education stakeholders (e.g. professional pharmacy organizations, local and national accrediting bodies, schools and colleges of pharmacy) to offer programming that encourages and guides student pharmacists and existing pharmacists to become preceptors in the future.

**2009.4 - Public Awareness Campaign for Pediatric Non-Prescription Medications**
APhA-ASP encourages regulatory agencies, professional pharmacy organizations, consumer-advocate groups, and other stakeholders to develop and implement a public awareness campaign that encourages parents and guardians to consult their pharmacist regarding the appropriate use of non-prescription medications in pediatric populations.

**2009.5 - Practice-Based Research Networks (PBRNs)**
1. APhA-ASP supports the expansion of Practice-Based Research Networks (PBRNs) as a means to evaluate and provide outcomes data for effective health care practices, including but not limited to, the value of pharmacist-provided patient care services.
2. APhA-ASP encourages governmental and regulatory agencies, research foundations, and other related entities to develop mechanisms that facilitate increased participation of pharmacists in PBRNs.
3. APhA-ASP recommends that schools and colleges of pharmacy integrate outcomes-based research skills and competencies into the pharmacy curriculum in order to facilitate the involvement of student pharmacists in PBRNs after graduation.

**2009.6 - Health Care Reform**
APhA-ASP supports reform of the U.S. health care system and believes that this reform must provide:
1. Universal coverage for pharmacy service benefits that includes both medications and pharmacist-provided patient care services.
2. Specific provisions for access to and payment for pharmacist-provided services.
3. The right for every American to choose his or her own provider of medications and pharmacist-provided services.
4. Quality improvement mechanisms to substantiate and advance the effectiveness of medications and pharmacist-provided services.
5. Opportunities for pharmacists and student pharmacists to collaborate with policymakers and other health care professionals in order to create a system that ensures comprehensive services across the continuum of care.

**2009.7 - Nationwide Assessment of Introductory Pharmacy Practice Experiences**

## ACTIVE RESOLUTIONS

1. APhA-ASP supports the development and utilization of a nationally defined set of competencies to assess the successful completion of introductory pharmacy practice experiences (IPPE). APhA-ASP believes that these competencies should reflect the professional knowledge and skills necessary for entry into advanced pharmacy practice experiences (APPE).
2. APhA-ASP further advocates for the inclusion of student pharmacists in the development of these competencies.

**2009.8 - Behind-the-Counter (BTC) Status of Certain Medications**

1. APhA-ASP recommends the FDA and other appropriate agencies establish a third class of medications entitled "Behind-the-Counter" (BTC), consisting of medications identified as safe and effective with pharmacist intervention and supervision. This class of medications will be prescribed and monitored by pharmacists.
2. APhA-ASP encourages all pharmacists and student pharmacists to acquire and utilize the appropriate resources in accordance with current, evidence-based clinical practice guidelines, in the use of this class of medications.

**2010.1 - Pharmacists' Right to Privilege**

APhA-ASP supports the legal right of a pharmacist to refuse to testify in a trial or other legal proceeding about any statement made to them by a patient, on the basis that communications within the pharmacist-patient relationship are confidential.

**2010.2 - Substance Misuse Education**

APhA-ASP supports pharmacist and student pharmacist involvement in substance misuse education for prescribers and other health care professionals, patients, and the public to decrease and prevent substance misuse. This education may include, but is not limited to, misuse of prescription, OTC, and herbal medications, alcohol, nicotine, and illicit drugs.

**2010.4 - Standardization of Student Pharmacist Practice Experience Requirements**

APhA-ASP encourages the National Association of Boards of Pharmacy (NABP), state boards of pharmacy, and other stakeholders to standardize pharmacy practice experience requirements for pharmacist licensure.

**2011.2 - Pharmacists as Providers**

## ACTIVE RESOLUTIONS

1. APhA-ASP supports legislation that recognizes pharmacists as providers under Medicare Part B.
2. APhA-ASP encourages pharmacists to obtain a National Provider Identifier (NPI) number in order to receive compensation for clinical services.
3. APhA-ASP encourages student pharmacists to obtain a National Provider Identifier (NPI) number for the purpose of, but not limited to, preparing for its use to receive compensation for clinical services upon entry into the profession.
4. APhA-ASP encourages the creation and uptake of billing codes for pharmacists' services that are recognized by all stakeholders and result in direct compensation for the provision of clinical services.

**2011.3 - Advancement of Medication Therapy Management (MTM) Services**

1. APhA-ASP supports the implementation of MTM education adapted from best practices into both didactic and experiential curricula in all schools and colleges of pharmacy.
2. APhA-ASP supports legislation to recognize pharmacists as the primary providers of MTM services within the health care team.
3. APhA-ASP encourages pharmacist employers to provide pharmacists with critical tools and support necessary for MTM services, which includes, but is not limited to staffing, physical space, workflow, technology, and resources.
4. APhA-ASP encourages all stakeholders, including but not limited to, employers, pharmacies, health-systems, and third-party payors, to develop a compensation model for pharmacist-provided MTM services that is both financially viable and in the best interest of patients.

**2012.1 - Antimicrobial Stewardship**

1. APhA-ASP encourages hospitals, community pharmacies, and other health systems to implement and continually optimize antimicrobial stewardship programs according to current guidelines.
2. APhA-ASP encourages pharmacists and student pharmacists to take an active role in the implementation and continuation of antimicrobial stewardship practices, including, but not limited to, prospective audits, formulary restrictions, dose optimization, and education to minimize drug-resistant organisms and improve clinical outcomes.

**2012.4 - Pharmacy Benefit Manager (PBM) Practices**

1. APhA-ASP supports regulation of PBM and insurance company audit practices and encourages the implementation of a national standardized audit procedure to include, but not be limited to, audit timeframes, a written appeals process, documentation requirements, and adherence to fair business practices.
2. APhA-ASP encourages all PBMs and insurance companies to notify patients prior to any changes or modifications in their plan that may include, but not be limited to, reaching their coverage gap, formulary adjustments, prior authorizations, and tier changes. The notification should be in a manner that is standardized, comprehensive, and easy to understand for all patient populations.

## ACTIVE RESOLUTIONS

3. APhA-ASP supports legislation requiring PBMs to be licensed by the Department of Insurance or another appropriate agency within the state(s) in which they operate to increase transparency and provide oversight that best serves the public interest.

**2012.5 - Drug Shortages**
APhA-ASP encourages transparency, cooperation, and timely communication between pharmacists, health care providers, FDA, manufacturers, distributors, and other stakeholders in the drug supply chain to anticipate and resolve drug shortages in order to reduce their impact on patient care.

**2013.2 - Development of an Effective and Financially Viable Care Transitions Model**
1. APhA-ASP encourages pharmacists, student pharmacists, and other health care professionals to improve patient outcomes through the development of a team-based care transitions model that enhances the coordination of
care strengthens the relationship among all health care professionals and reduces hospital readmission rates.
2. APhA-ASP encourages pharmacists, student pharmacists, and care transitions stakeholders to work with health-systems, employers, and third-party payers to develop and implement a sustainable and financially viable payment model for all members of the care transitions team.

**2014.2 - Dispensing and Administering Medications in Life-Threatening Situations**
1. APhA-ASP supports pharmacists' authority to dispense and administer medications, including but not limited to, naloxone, epinephrine auto-injectors, and albuterol inhalers, without a prescription in a life-threatening situation prior to the arrival of emergency medical services.
2. APhA-ASP supports protection from civil and criminal prosecution of medically trained personnel, including pharmacists, for actions taken in the best interest of the patient during a life-threatening situation.

**2014.3 - Pharmacist-led Clinics**
1. APhA-ASP supports the expansion of pharmacist-led clinics—in collaboration with other members of the health care team—that serve unmet health needs and facilitate increased access to patient care. These clinics may include, but not be limited to, anticoagulation, international travel, tobacco cessation, rural, underserved, and mobile health clinics.
2. APhA-ASP encourages all schools and colleges of pharmacy to incorporate entrepreneurship, business development, and practice management training in the curriculum to provide future pharmacists with the tools to operate and manage financially viable pharmacist-led clinics.
3. APhA-ASP encourages the expansion of residency, fellowship, and other postgraduate training programs within pharmacist-led clinics.
4. APhA-ASP encourages the development of grants or financial assistance programs to aid in the establishment and management of pharmacist-led clinics.

## ACTIVE RESOLUTIONS

**2015.1 - Medication Synchronization**
1. APhA-ASP supports stakeholders' implementation of medication synchronization as a standard of practice.
2. APhA-ASP supports state and federal legislation encouraging third-party payers to cover the alignment of refills without the patient incurring additional out of pocket expenses.
3. APhA-ASP encourages pharmacists and student pharmacists to provide education to all health care providers regarding medication synchronization.
4. APhA-ASP encourages pharmacists and student pharmacists to promote patient awareness of the benefits and accessibility of medication synchronization programs.
5. APhA-ASP encourages all schools and colleges of pharmacy to incorporate medication synchronization education in the curriculum.

**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 milliliters (versus teaspoons and tablespoons) as the standard unit of measure on all oral liquid medications.

**2015.3 - Point of Care Testing**
1. APhA-ASP supports state and federal legislation that allows pharmacists and student pharmacists to provide point of care tests and related clinical services—under appropriate protocol and in collaboration with other members of the health care team—to increase patient access to care and screen or monitor for indications requiring care follow-up, referral, or therapy adjustment. Point of care testing and related clinical services such as subsequent referral, counseling and/or other interventions may include, but not be limited to, HIV, influenza, streptococcal and tuberculosis screenings.
2. APhA-ASP supports the incorporation of point of care testing education and training throughout the pharmacy curriculum to train student pharmacists on appropriate administration of tests and management of results, including but not limited to, relevant counseling, documentation, reporting, and follow-up.
3. APhA-ASP encourages the development of continuing education and training programs to enhance existing practitioner understanding and utilization of point of care testing.
4. APhA-ASP encourages all stakeholders, including but not limited to, employers, patients, pharmacists, community pharmacies, health-systems, and third party payers to develop a compensation model recognizing the value and cost of pharmacist–provided point of care testing and the provision of related clinical services that's both financially viable and in the best interest of patients.
5. APhA-ASP encourages all public health stakeholders and agencies to promote patient awareness of pharmacist–provided point of care testing and related clinical services for the purpose of improving community surveillance of disease prevalence.

## ACTIVE RESOLUTIONS

### 2016.1 - Increasing the Security of Pharmacies

APhA-ASP calls upon all stakeholders to take measures that create an environment that prioritizes the safety and security of patients and pharmacy personnel. These include:
1. The development and implementation of strategies and technologies to deter pharmacy robberies, such as time-delayed safes, panic buttons, stock bottle tracking devices, physical pharmacy design, and video surveillance.
2. The development and implementation of relevant procedures and programs to train all personnel on actions to take during a pharmacy robbery.

### 2016.2 - Pharmacist Administration of Injectable Medications

1. APhA-ASP supports pharmacists and student pharmacists administering non-vaccine injectables, including but not limited to, antipsychotics, long-acting contraceptives, and other hormone therapy pursuant to prescription, protocol, or collaborative practice agreement.
2. APhA-ASP supports the development of programs to properly train pharmacists and student pharmacists to administer non-vaccine injectables, such as continuing education and certificate training programs.
3. APhA-ASP encourages all stakeholders, including but not limited to, pharmacies, health-systems, and third-party payors, to develop a sustainable and financially viable compensation model for pharmacist administration of non-vaccine injectables.

### 2016.3 - Establishing Immunization Requirements

1. APhA-ASP affirms the valuable role immunizations play in protecting the public and strongly recommends that all persons receive immunizations currently recommended by the CDC, except when medically contraindicated.
2. APhA-ASP recommends all private and public educational or child-care institutions require enrollees and employees to receive all CDC-recommended immunizations, except when medically contraindicated.
3. APhA-ASP strongly affirms that it is the professional responsibility of all health care personnel to receive CDC-recommended immunizations and supports their employers mandating immunizations as a condition of employment, volunteering, or training, except when medically contraindicated.

### 2016.4 - Increasing Patient Access to Pharmacist-Prescribed Medications

1. APhA-ASP encourages legislative and regulatory changes that would enable pharmacists, with appropriate training and working as integral members of the health care team, to assess the patient and prescribe certain medications such as those for opioid overdose, contraception, tobacco cessation, and international travel.
2. APhA-ASP encourages the development of sustainable and financially viable compensation models for pharmacist-prescribed medications.

## ACTIVE RESOLUTIONS

### 2017.1 - Expanded Utilization of Pharmacist- and Student Pharmacist-Provided Care Transitions Services

1. APhA-ASP supports the expanded utilization of pharmacists and student pharmacists as an integral part of the care transitions team.
2. APhA-ASP encourages health care institutions to provide pharmacists with critical tools and support necessary for care transitions services, including but not limited to, staffing, workflow, and access to electronic health information.
3. APhA-ASP supports the implementation and expansion of care transitions education adapted from best practices into both didactic and experiential curricula in all schools and colleges of pharmacy.
4. APhA-ASP encourages all stakeholders, including but not limited to CMS and other governmental agencies, to adopt regulations and/or policies that incentivize health care institutions to utilize care transitions pharmacists, especially in hospitals with low performance metrics and/or excessive readmissions within 30 days of discharge.

### 2017.3 - Efforts to Reduce Mental Health Stigma

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

### 2018.1 - Lesbian, Gay, Bisexual, Transgender, Queer or Questioning and Additional Identities [LGBTQ+]

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

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

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**2018.2 - Direct and Indirect Remuneration (DIR) Fee Practices**
APhA-ASP supports legislation that opposes retroactive Direct and Indirect Remuneration (DIR) fees imposed by Pharmacy Benefit Managers (PBMs) on pharmacy claims.

**2018.3 - Emergency Prescription Refill Protocol**
1. APhA-ASP encourages state boards of pharmacy to develop a standardized protocol allowing pharmacists to provide refills, not-pursuant to a prescription, during a declared state of emergency, natural disaster, or man-made disaster.
2. APhA-ASP encourages state boards of pharmacy to promote awareness and competencies of all pharmacy personnel regarding standardized protocols.

**2019.1 - Addressing Professional Burnout**
APhA-ASP recommends that all pharmacy practice settings and educational institutions develop and implement programs targeted at the prevention, identification, and reduction of professional burnout in the pharmacy profession, including among pharmacists, student pharmacists, and pharmacy technicians.

**2019.3 - Role of Pharmacists and Pharmacy Education in Patient Care Involving Cannabis**
1. APhA-ASP encourages standardization of federal and state regulations regarding the legality of cannabis and any cannabis-derived products.
2. APhA-ASP supports the standardization of cannabis-derived products in order to optimize patient safety and to ensure clinical efficacy.
3. APhA-ASP encourages all colleges and schools of pharmacy to expand curricula on cannabis and any cannabis-derived products, including pharmacologic effects, adverse drug reactions, interactions with other medications and current pharmacy law regarding cannabis at both a federal and state level.
4. APhA-ASP encourages the expansion of postgraduate education regarding cannabis and cannabis-derived products, including relevant pharmacy law at both a federal and state level, in order to better serve our patients.
5. APhA-ASP supports pharmacists keeping an updated patient profile regarding use of cannabis and any cannabis-derived products to ensure proper patient care.
6. APhA-ASP supports continued research, development, and implementation of clinical guidelines to inform appropriate therapeutic use of cannabis-derived products to improve patient care.

**2019.4 - Creating Safe Work and Learning Environments for Student Pharmacists, Pharmacists, and Pharmacy Technicians**
1. APhA-ASP strongly believes that all student pharmacists, pharmacists, and pharmacy technicians should be safe in their work and learning environments and be free from firearm-related violence.
2. APhA-ASP strongly recommends that schools and colleges of pharmacy, residency

## ACTIVE RESOLUTIONS

programs, and employers should develop programs to increase readiness in the event of an active shooter.
3. APhA-ASP strongly believes student pharmacists and pharmacists should be trained to recognize and refer patients at high risk of violence to themselves or others.
4. APhA-ASP encourages student pharmacists, pharmacists, and pharmacy technicians who are victims of firearm-related violence to seek the help of counselors and other trained mental health professionals.

**2020.3 – XDEA Numbers for Pharmacists to Treat Opioid Use Disorder (OUD)**
APhA-ASP encourages HHS/SAMHSA to provide pharmacists the opportunity to obtain XDEA numbers, allowing them to work within a collaborative practice agreement for the treatment of opioid use disorder to fulfill public health needs.

**2020.4 – Vaccination Consent for Mature Minors**
1. APhA-ASP supports state and federal legislation to allow mature minors from 12-18 years of age to consent to immunizations, without parental notification, based upon the pharmacist's judgment of whether the minor is capable of providing informed consent.
2. APhA-ASP supports state and federal legislation that protects pharmacists from litigation regarding their judgment of a patient's mature minor status and the decision to vaccinate or refuse to vaccinate a patient based upon this judgment.

**2020.6 – Interprofessional Precepting**
APhA-ASP encourages health care education stakeholders and regulating bodies to develop and implement policies and procedures to allow members of the health care team (eg: MD, DO, PA, NP, RPh, etc.) to precept and supervise professional students across all health care disciplines. This aims to enhance interprofessional collaboration, improve patient health outcomes, and reduce shortages of preceptors.

**2020.8 – Regulation of Temperature-Sensitive Medication Shipment and Delivery**
APhA-ASP supports regulation of shipment and delivery of temperature-sensitive medication(s) from pharmacies to ensure medication integrity and patient safety.

**2020.9 – Direct to Consumer Advertising**
APhA-ASP opposes direct-to-consumer (DTC) advertising of prescription drugs to the general public to reduce unnecessary treatments and strain on the patient-provider relationship.

**2020.10 – Research on E-Cigarettes and Vaping**
APhA-ASP encourages further research of the chemical constituents, safety profile, and patient health outcomes associated with use of electronic cigarettes and vaping products.

**2020.11 – Indications on Pharmacy Labels**
APhA-ASP encourages pharmacies to offer patients the option to include the most appropriate patient-specific indication(s) on the pharmacy dispensing label to enhance patient understanding of, and adherence to, their medication(s).

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**2020.12 – Offering Meal Breaks for Pharmacists**
APhA-ASP advocates that employers are required to give pharmacists the option of having a minimum of 30-minute meal break outside the confines of the pharmacy during each shift.

**2020.13 – Telepharmacy Education**
APhA-ASP encourages schools and colleges of pharmacy to incorporate telepharmacy communication within the curriculum to enhance the ability of student pharmacists to counsel patients virtually and improve patient care.

**2021.1 - Environmental Sustainability in Pharmacy**
APhA-ASP encourages pharmacies to establish and incorporate environmentally sustainable practices into pharmacy operations through initiatives including but not limited to:

1. Transitioning to the use of electronic receipts and health information
2. Minimizing the use of single-use bags
3. Utilizing recycling programs for non-patient identifiable containers including but not limited to stock bottles, vials, and paper products

**2021.2 - Medication-Assisted Treatment in Vulnerable Patient Populations**
1. APhA-ASP encourages local, state, and federal government agencies and other appropriate stakeholders to increase access to, and provide funding for, widespread implementation and utilization of medication-assisted treatment programs for patients suffering from opioid use disorder.
2. APhA-ASP encourages active involvement of the pharmacist in the provision of medication-assisted treatment in vulnerable patient populations, including, but not limited to, incarcerated persons, people experiencing homelessness, and those living in medically underserved communities.

**2021.3 - Pharmacy Technicians' Role in Immunization Administration**
1. APhA-ASP encourages state and federal legislators, state boards of pharmacy, and other appropriate stakeholders to expand the role of pharmacy technicians to allow for adequately trained technicians (under the supervision of a pharmacist) to administer vaccines. Pharmacy technician training shall include, but not be limited to, appropriate technician certification, and/or state licensure, immunization training/certification, and basic life support.
2. APhA-ASP supports the supervising pharmacist's individual discretion in delegating immunization administration responsibilities to willing and adequately trained pharmacy technicians.
3. APhA-ASP affirms the role of the supervising pharmacist in providing clinical patient assessment and patient counseling when delegating immunization administration to a willing and adequately trained pharmacy technician.

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**2022.1 - Integration of Social Determinants of Health into Pharmacy Education**
1. APhA-ASP encourages schools and colleges of pharmacy to integrate social determinants of health topics and diversity, equity, and inclusion into pharmacy curriculum in areas including, but not limited to:
    a. Health care cultural humility, implicit bias, and health inequities that impact patients and communities.
    b. Disease state presentation and pharmacotherapy for racial, ethnic, and underrepresented groups in curriculum resources (e.g. textbooks, lecture handouts, supplemental materials).
    c. Experiential opportunities to allow student pharmacists to provide care to diverse patient populations.
2. APhA-ASP advocates for state boards of pharmacy to require pharmacists to obtain continuing pharmacy education credits related to social determinants of health and diversity, equity, and inclusion.

**2022.2 - Online Health Information**
1. APhA-ASP recognizes online medical misinformation as a public health concern.
2. APhA-ASP calls on all healthcare professionals and their respective stakeholders to utilize online platforms to provide the public with accessible, up-to-date, and evidence-based medical information.
3. APhA-ASP encourages peer-reviewed research in best practices to deliver health information through online platforms that improves public health outcomes.

**2022.3 - Expanding Pharmacist Point of Care Testing and Prescriptive Authority**
1. APhA-ASP calls on all state and federal lawmakers to enact legislation that allows pharmacists to conduct viral and bacterial diagnostic tests and prescribe appropriate therapy. This includes but is not limited to:
    a. Influenza, streptococcus, tuberculosis, and COVID-19.
    b. Pre- and post-exposure prophylaxis (PrEP/PEP) for human immunodeficiency virus (HIV).
2. APhA-ASP calls on local, state and national pharmacy associations and stakeholders to support legislation that expands pharmacist point of care testing and prescriptive authority.

**2023.1 - Upholding and Awareness of Antitrust Laws**
1. APhA-ASP calls upon federal agencies to use their authority to strictly apply antitrust laws which exist to limit excessive market power and anticompetitive conduct to ensure patient access to affordable medical goods and pharmacy services.
2. APhA-ASP encourages APhA and other healthcare organizations to provide public and professional education on the impact of mergers within healthcare.

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**2023.2 - Reproductive Health**
1. APhA-ASP supports protecting patients' reproductive health care rights, including the right to safe and accessible abortion, and advocates for equitable access to reproductive health services.
2. APhA-ASP calls for the implementation of programs to educate pharmacists and student pharmacists on abortifacient and contraceptive medications, including but not limited to applicable State and Federal laws, safe abortion care practices, and patient access to reproductive health services.
3. APhA-ASP advocates for laws and regulations to enable pharmacists to prescribe contraceptives, resulting in increased patient access to healthcare.

**2023.3 - Opioid Education within Pharmacy Curriculum**
APhA-ASP encourages all schools and colleges of pharmacy to enhance didactic and experiential education on opioid counseling in order to build student confidence, promote patient interactions, decrease stigma, and improve safe opioid usage.

**2023.4 - Safe Staffing Practices and Elimination of Quotas and Performance Metrics in Pharmacies**
1. APhA-ASP advocates for the implementation of staffing measures across all pharmacy practice settings that are appropriate for that institution in order to optimize patient care and safety.
2. APhA-ASP supports the elimination of quotas and performance metrics that have a negative impact on the safety and well-being of patients, pharmacists, student pharmacists, pharmacy technicians, and other pharmacy personnel.
3. APhA-ASP advocates for state boards of pharmacy to develop requirements that hold pharmacies accountable for implementing and maintaining adequate staffing levels at each practice site.

**2024.1 - Loan Repayment Eligibility**
APhA-ASP calls for pharmacists to be eligible for loan repayment funds in a manner consistent with other healthcare providers.

**2024.2 - Artificial Intelligence in Healthcare Education**
APhA-ASP encourages the judicious use of artificial intelligence in healthcare education with an ethical and human centered approach that supplements the abilities and knowledge of educators and students.

**2024.3 - Interpretation Services**
APhA-ASP supports policies within healthcare settings and legislation that increase the utilization and quality of certified medical interpreting services to improve patient care and outcomes.

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**2024.4 - Financial Planning Education**
APhA-ASP advocates for the inclusion of financial planning education early and throughout the curricula of schools and colleges of pharmacy to equip student pharmacists with the essential knowledge, resources, and skills needed to manage personal finances proactively and responsibly.

**2025.1 - Application of Sustainability in Pharmacy Practice**
1. APhA-ASP advocates for the profession-wide adoption of philosophies that aim to ensure long-term economic, social, and environmental sustainability.
2. APhA-ASP supports the development of incentives for all pharmacy sectors including but not limited to pharmacies, manufacturers, and distributors to prompt sustainable practices.

**2025.2 - Pharmacy Residency and Postgraduate Education Compensation**
APhA-ASP calls for Pharmacy Residency and Postgraduate Education Programs to increase direct compensation that reflects the demands required of PharmD graduates.

**2026.1 - Integration of Wearable Medical Devices in Pharmacy Practice**
1. APhA-ASP encourages authorized pharmacy personnel to educate and support patients in the appropriate selection, use, and interpretation of wearable medical devices including, but not limited to, fitness trackers and continuous glucose monitors.
2. APhA-ASP supports the ongoing development of education for pharmacy personnel on emerging and evolving wearable medical devices to strengthen the profession's role in technology-enabled patient care.

**2026.2 - Pharmacist Role in Combatting Inappropriate Polypharmacy**
1. APhA-ASP urges pharmacists and student pharmacists to leverage their medication expertise to lead interventions that reduce inappropriate polypharmacy.
2. APhA-ASP encourages interprofessional collaboration to promote patient-centered, shared clinical decision-making to optimize medication regimens and reduce inappropriate polypharmacy.
3. APhA-ASP calls upon pharmacies, health-systems, third-party payers, and other relevant stakeholders to develop sustainable reimbursement mechanisms for pharmacist-provided comprehensive medication management (CMM) services that reduce inappropriate polypharmacy.

**2026.3 - Vaccine-Related Misinformation**
1. APhA-ASP recognizes vaccine-related misinformation as a significant public health concern and condemns the dissemination of false, inaccurate, or misleading claims that undermine evidence-based immunization practices.
2. APhA-ASP calls on academic institutions, state associations, and other professional organizations to prepare student pharmacists to combat vaccine-related misinformation and empower patients to make informed decisions.

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**2026.4 - Student Pharmacist Role in Standard of Care**

1. APhA-ASP supports the establishment and recognition of a standard of care regulatory model in pharmacy practice that reflects the pharmacist's education, training, experience, and integral role in providing patient care.
2. APhA-ASP calls for student pharmacists to engage in discussions, advocacy, and collaborative efforts with their respective state associations and related organizations to shape the development and implementation of standard of care in pharmacy practice.

# APhA-ASP
# Inactive Resolutions

**Resolutions that are representative of the Academy but require no current action**

## INACTIVE RESOLUTIONS

**1973.16 - Manufacturers Clinical Safety and Efficacy Tests**
APhA-ASP advocates that each manufacturer make a summary of the results of the test concerning the clinical safety and efficacy of his product readily available to the medical and pharmaceutical professions for the purpose of making an intelligent decision concerning the efficacy of this product.

**1973.21 - Recruitment Programs - Local Chapters**
APhA-ASP recommends the immediate establishment of recruitment programs at each local chapter as part of its internal structural program.

**1973.25 - OTC Drug Advertising as an Educational Source**
The Committee recommends that APhA-ASP publicize to its members and officially support all measures making OTC drug advertising educational.

**1973.26 - Guidelines for OTC Drug Advertising**
The Committee recommends that APhA-ASP officially publicize in letters to the proper people (i.e., FTC, the Federal Communications Committee, and the Proprietary Association) the following guidelines for OTC drug advertising:
1. That advertising should not be DECEPTIVE.
2. That advertising should not define a need that does not exist in a medical sense and should not create a new need. Also, the needs must be pre-existing and a known diagnosis present in the consumer's mind.
3. That advertising should be factual. By this, it is meant:
    a. Medically truthful.
    b. The message of pills should be as medicines with a specific purpose and not as a cure-all panacea.
    c. Disease is a serious thing and treating disease is also serious; so, the mode of projecting medicines on television should be a serious one.
    d. That a statement similar to, "If you are presently using any medications, consult your pharmacist or physician before using our product," should be included on each OTC product label and OTC drug advertisement.
    e. That the pharmacist should be promoted as the member of the health care team most accessible for information concerning OTC drugs.

**1973.27 - OTC Drug Advertising Codes**
The Committee recommends that APhA-ASP officially recognize and support the changes to the advertising codes as improvements in the hope that OTC drug advertising will conform with the intent of the changes made.

**1973.28 - OTC Drug Course in Curriculum**
APhA-ASP recommends that ACPE require every college of pharmacy to have a required course in OTC drugs included in its curriculum as a part of the clinical program or as a separate course.

## INACTIVE RESOLUTIONS

**1974.29 - Accreditation of Specialty Areas in Pharmacy**
APhA-ASP endorses the accreditation of specialty areas in pharmacy such as radiopharmacy.

**1975.2 - Meeting of Old and New Members**
APhA-ASP recommends that a time be scheduled during the Annual Meeting for a meeting of old and new committee personnel at which time discussion concerning not only the present standing and future direction of the committee, but also understanding the role of that committee as a part of the national APhA-ASP structure, should occur.

**1975.5 - Explanation of the Policy Mechanism**
APhA-ASP recommends that an explanation of the policy mechanism occur as an annual event at all regional meetings whereby APhA-ASP chapter members will be made aware of this mechanism, as well as the Policy Manual.

**1975.8 - Standing Committees and Task Force Functions**
APhA-ASP recommends that the other standing committees and task forces of APhA-ASP be action committees to carry out projects, provide service to members, and to implement APhA-ASP policy.

**1975.13 - Statement on Continuing Competence**
APhA-ASP supports the following statement of the APhA/AACP Task Force Report on Continuing Competency in Pharmacy: "when adequate standards for continuing competence have been developed, and when appropriate and valid techniques for measurement and evaluation of professional competence have been devised, demonstrated proof of continuing competence should be a requirement for re-licensure."

**1976.2 - Capitation Funding**
APhA-ASP supports the discontinuation of federal funding to colleges of pharmacy which is based on student enrollment, in support of a system which is without a mandatory student payback provision, and in which funding is justified on a case-by-case basis to ensure quality education for the nation's student pharmacists.

**1976.3 - Hypertension Screening and Education Projects**
1. APhA-ASP supports and encourages student involvement in hypertension screening and education projects.
2. APhA-ASP should continue to cooperate with pharmaceutical manufacturers and organizations which are interested in hypertension.
3. APhA-ASP endorses the establishment of community hypertension screening clinics.

**1977.1 - Methods of Attracting Pharmacy Manpower to Shortage Areas**
APhA-ASP supports the intent of programs being utilized by federal and state regulatory agencies, educational institutions, and national and local health professional agencies and associations for the purpose of attracting manpower to designated shortage areas in the United States.

## INACTIVE RESOLUTIONS

**1977.2 - Practitioner Faculty in Pharmacy Schools**
APhA-ASP encourages colleges of pharmacy to have practitioner faculty as an integral part of the teaching staff.

**1977.4 - Student Member of the APhA Board of Trustees**
APhA-ASP supports the presence of an active, voting members on the APhA Board of Trustees

**1977.5 - Pharmacist Prescribing**
APhA-ASP supports the concept of the pharmacist's active role in the selection of the therapeutic agent.

**1978.3 - Student Delegates to the APhA House of Delegates**
APhA-ASP supports student pharmacist members serving as delegates to the APhA House of Delegates as representatives of state pharmaceutical organizations.

**1978.4 - Pharmacist in OTC Advertising**
APhA-ASP condemns promotional efforts of pharmaceutical manufacturers that are demeaning to pharmacists and encourages the pharmaceutical industry to develop new promotional programs focusing on the pharmacist as the most available health professional and the most appropriate expert to consult regarding the selection and use of OTC preparations.

**1979.2 - Pharmacists in Government-Supported Health Care Programs**
APhA-ASP strongly urges the employment of a full-time pharmacist to assure the delivery of comprehensive pharmaceutical service in all government-supported health care programs.

**1979.3 - Calculator Use during Pharmacy Licensure Examinations**
APhA-ASP recommends that examinees be allowed to use electronic calculators on all state board of pharmacy licensure examinations.

**1979.4 - CPR / First Aid Course in the Pharmacy Curriculum**
APhA-ASP strongly urges that mandatory training in emergency treatment include CPR in every pharmacy school curriculum.

**1980.1 - Sale of Nonprescription Alcohol in Pharmacies**
APhA-ASP discourages the sale, except by prescription, of alcoholic beverages in any pharmacy department. APhA-ASP
recommends that state and local pharmacy associations develop similar policy statements for their membership and increase their involvement in public educational programs regarding the potential health hazards associated with alcohol consumption.

## INACTIVE RESOLUTIONS

**1980.2 - Incorporation of Geriatric Courses in Pharmacy School Curricula**
APhA-ASP encourages that a stronger emphasis be placed on geriatric pharmaceutical sciences in areas such as pharmacokinetics, biopharmaceutics, and clinical and ambulatory care in pharmacy school curricula.

**1980.3 - Pharmacy Management Electives in Pharmacy School Curriculum**
APhA-ASP encourages schools and colleges of pharmacy to offer electives providing an adequate level of training and competency in the fields of community and hospital pharmacy management.

**1980.4 - Availability of Information on Accidental Contact of Parenteral Drugs with the Body**
APhA-ASP strongly recommends that pharmaceutical manufacturers and pharmacists provide information on the effects and treatment of inadvertent contact of parenteral drugs with the eyes, mucous membranes, and skin.

**1981.3 - Teaching of Communication Skills**
APhA-ASP encourages that a stronger emphasis be placed, within pharmacy school curricula, on providing adequate levels of training and competency in the communication skills necessary for all pharmacy practice settings.

**1981.4 - Using of Schedule II Drugs for Weight Loss**
APhA-ASP discourages the prescribing and dispensing of Schedule II drugs for weight loss.

**1981.5 - Internship Credit for "Nontraditional Roles"**
1. APhA-ASP encourages State Boards of Pharmacy and NABP to promote the involvement of students in "nontraditional" pharmacy roles by providing internship hours for these experiences.
2. APhA-ASP encourages NABP to establish guidelines, with student input, for State Boards of Pharmacy to follow in accepting internship credit hours for experience gained in "nontraditional" pharmacy roles.

**1981.7 - Need for Accurate Statistical Manpower Data**
APhA-ASP supports the efforts of any organization and/or governmental body in compiling, evaluating, and disseminating accurate statistical manpower data as it affects the quality of patient care and the welfare of the profession of pharmacy. Such data should include, but not be limited to, distribution of pharmacists by geography and specialty, economics, societal need, and access to health services.

**1981.8 - Misleading Drug Advertisements**
1. APhA-ASP condemns unethical, unprofessional and misleading advertisements of nonprescription products by mail-order suppliers.
2. APhA-ASP urges FTC and FDA to investigate these types of advertisements and the companies as to their legality.

## INACTIVE RESOLUTIONS

**1982.1 - Establishment of Community Practice Residencies**
APhA-ASP strongly supports the establishment of clinical residencies in community practice settings as a means of improving the quality of pharmacy services, improving communication skills, and upgrading the knowledge and practice of the pharmacist. It is recommended that APhA be responsible or the formulation and implementation of such a program.

**1982.2 - Pharmaceutical Services in the Military**
1. APhA-ASP strongly urges that a review of pharmacy practice requirements in the military be expeditiously undertaken and that prompt revisions be adopted that will bring a consistent quality of pharmacy service to the military sector.
2. APhA-ASP also urges that realistic manpower authorizations be developed to permit complete and effective implementation of such basic and clinical pharmacy services.

**1982.6 - Enforcement of Labeling and Packaging Requirements**
APhA-ASP encourages equal enforcement of existing legislation and regulations regarding the proper labeling and packaging of therapeutic agents by prescribers and/or dispensing within the entire medical community.

**1982.8 - Interaction with Pharmacy Associations**
APhA-ASP strongly encourages increased interaction between state and local pharmacy associations and student pharmacists.

**1982.9 - Pharmacy School Admission Criteria**
1. APhA-ASP strongly encourages the use of multifaceted pharmacy school admission criteria, including, but not limited to, interview, essays, letters of recommendation, and activity reports.
2. APhA-ASP discourages the use of any single evaluative instrument as the sole admission requirement to schools and colleges of pharmacy.

**1983.1 - Safety and Antineoplastic Agents**
APhA-ASP supports and encourages the posting of an established protocol covering the handling and dispensing of antineoplastic agents to ensure optimum safety for personnel.

**1983.2 - Nutrition in Pharmacy School Curriculum**
APhA-ASP encourages that a stronger emphasis be placed, within pharmacy school curricula, on providing adequate levels of training and competency in basic human nutrition and on promoting the pharmacist's role in educating the general public in this area.

**1983.4 - NAPLEX Score Transfer**
APhA-ASP urges those jurisdictions not participating in NABP NAPLEX Score Transfer Program to begin doing so as soon as possible.

**1984.6 - Long Term Care Facilities**
APhA-ASP encourages pharmacists to take a more direct and active role in drug therapy review as well as patient and staff counseling in long term care facilities.

## INACTIVE RESOLUTIONS

**1984.8 - Student Pharmacist Recruitment**
APhA-ASP encourages student pharmacists to actively participate in the recruitment of future student pharmacists.

**1984.9 - Pharmacy Unification**
1. APhA-ASP supports diligent work toward the goal of organizational unity for the profession of pharmacy.
2. APhA-ASP recommends that chapters and schools and colleges of pharmacy make a concerted effort to provide student pharmacists with programs and services that encompass all segments of the profession.

**1984.10 - Continuing Education**
1. APhA-ASP encourages pharmacists to recognize their professional responsibility to improve and maintain their professional competency throughout their career.
2. Be it further resolved that this resolution be transmitted to APhA's Bylaws Revision Committee for its information and consideration.

**1984.11 - Student Input on Educational Issues**
1. APhA-ASP urges the pharmacy faculty and deans to seek a more active role in making students increasingly aware of education issues.
2. APhA-ASP urges the utilization of the Student APhA-AACP liaison committee as a means of facilitating the exchange of information and ideas concerning pharmacy education.

**1984.12 - Hypodermic Needle and Syringe Control**
APhA-ASP strongly recommends that all state boards of pharmacy in conjunction with APhA look at possible alternatives for the control of the sale and distribution of hypodermic needles and syringes to the general public.

**1984.13 - Student Member to the Board of Trustees**
Be it resolved that APhA-ASP reaffirms its support for the addition of a student member on APhA Board of Trustees.

**1986.4 - Acquired Immune Deficiency Syndrome (AIDS)**
APhA-ASP supports and encourages education of its members and the public on the facts about Acquired Immune Deficiency Syndrome (AIDS) and its precursor Human Immunodeficiency Virus (HIV).

**1987.2 - Education and Training with Antineoplastic Agents**
1. APhA-ASP encourages adequate education and training of all personnel involved with or who have responsibility for antineoplastic drugs.
2. APhA-ASP supports policies that would prevent untrained personnel from preparing and administering antineoplastics except under proper and direct supervision.

## INACTIVE RESOLUTIONS

**1987.3 - Education on Abused Substances**
APhA-ASP supports and encourages the development of student programs to educate its members on abused substances.

**1987.4 - Student Pharmacist Support of Patient Education Programs**
APhA-ASP supports and promotes the involvement of student pharmacists in programs which develop and enhance the necessary skills to become qualified counselors and information sources to patients.

**1988.4 - Supervision of Pharmacy Interns**
APhA-ASP strongly encourages strict enforcement of direct and immediate supervision of pharmacy interns.

**1989.1 - CPR Certification for Pharmacists**
APhA-ASP encourages pharmacists and student pharmacists to obtain and maintain certification in cardiopulmonary resuscitation (CPR) while actively engaged in the practice of pharmacy.

**1989.3 - Intravenous Drug Abuse Education**
APhA-ASP endorses further development and implementation of educational programs by the profession of pharmacy for the public concerning diseases associated with intravenous drug abuse.

**1989.6 - Pharmacist Awareness of Bioequivalence Issues**
APhA-ASP encourages pharmacist education and awareness of bioavailability/bioequivalence issues in drug product selection.

**1990.3 - Rebates to Pharmacies**
APhA-ASP discourages the practice of offering premiums, rebates, discounts, or coupons that undermine the value of cognitive services provided to patients.

**1990.4 - Generic Drug Information and Patient Education**
1. APhA-ASP encourages the profession of pharmacy to educate the public about the appropriate use of generic drugs.
2. APhA-ASP strongly encourages manufacturers and distributors of generic drug products to provide complete and valid information to pharmacists for use in their roles in drug product selection and patient education.

**1990.10 - Preceptor Training Program**
APhA-ASP should work with colleges of pharmacy and/or state pharmacy associations in order to develop objectives for pharmacy preceptors to use as guidelines for training.

## INACTIVE RESOLUTIONS

**1991.2 - Chemical Dependency**
1. APhA-ASP encourages each school and college of pharmacy, in conjunction with the pharmacy recovery program in the state, to develop and implement a program to ensure awareness about and provide assistance to student pharmacists whose ability to perform has been compromised due to chemical dependency or other causes.
2. APhA-ASP recommends that such programs include, but not be limited to, education, an evaluation process ensuring confidentiality, a mechanism for enrolling student pharmacists in the state pharmacist recovery program, and an appropriate mechanism for assisting in the re-entry process.

**1992.1 - HIV Testing of Pharmacists and Student Pharmacists**
1. APhA-ASP supports voluntary and confidential HIV testing of pharmacists and student pharmacists.
2. APhA-ASP opposes mandatory HIV testing of pharmacists and student pharmacists.
3. APhA-ASP encourages the development of support networks and other efforts to assist HIV-positive health care professionals and health care students.

**1992.7 - Pharmacist Education of Personnel in Residential Care Facilities**
APhA-ASP supports the active involvement of pharmacists in educating personnel employed in residential care facilities regarding the appropriate use and monitoring of medications.

**1993.2 - Interaction and Harmony with Other Student Organizations**
APhA-ASP encourages interaction with other student health profession organizations and harmony among student pharmacy organizations.

**1993.7 - One-way Valve CPR Ventilation Masks**
APhA-ASP encourages all pharmacies to provide one-way valve CPR ventilation masks for employees trained in CPR to be used during appropriate life support situations.

**1994.2 - Sexual Harassment**
1. APhA-ASP recommends all work environments and educational settings have a written policy on sexual harassment prevention and grievance procedures.
2. APhA-ASP recommends that every employer institute a sexual harassment awareness education and training program for all employees.

**1994.4 - Complete Directions on Prescription Orders**
APhA-ASP recommends regulation to require prescribers to provide complete directions on prescriptions and prescription orders, instead of "take as directed." APhA-ASP also encourages pharmacists to solicit adequate directions from physicians if not provided.

**1994.8 - Pharmacist Prescribing Authority**
APhA-ASP supports the formation of a Task Force to study the costs and benefits of a) allocating to the pharmacist the authority to prescribe; b) allocating to the pharmacist the authority to approve refills in defined situations; and c) assisting in patient utilization of therapeutic agents and devices.

## INACTIVE RESOLUTIONS

**1994.10 - Professionalization of Student Pharmacists**
APhA-ASP encourages schools and colleges of pharmacy to develop policies and programs that assist in the development of professionalism. APhA-ASP should continue to work with AACP to advance professionalism in student pharmacists and academia.

**1995.1 - Interdisciplinary Curricula**
APhA-ASP encourages the implementation of curricula involving interaction and teamwork between students from other of healthcare professions in order to foster appreciation of the unique abilities and perspectives of each profession.

**1995.2 - Documentation for Cognitive Services**
APhA-ASP supports the development of mechanisms by APhA to be used by pharmacists in documenting cognitive services for purposes of reimbursement.

**1995.5 - Parenteral Laboratories**
APhA-ASP recommends that all schools and colleges of pharmacy introduce parenteral instruction and laboratories into curricula to facilitate hands-on learning.

**1995.6 - Practice Exposure**
APhA-ASP strongly supports programs in which students receive exposure to the various fields of pharmacy during the early years of their professional training.

**1995.7 - Written Instructions as a Supplement to Verbal Counseling**
1. APhA-ASP supports legislation mandating that all pharmacies, including mail order pharmacies, provide verbal patient counseling when dispensing a prescription.
2. APhA-ASP encourages the use of written instructions as a supplement rather than a replacement for verbal counseling.

**1995.8 - Verbal Offer to Counsel**
APhA-ASP encourages pharmacists to verbally offer patient counseling to all patients while still recognizing the patient's right to accept or refuse counseling.

**1996.2 - Acceptance of Internship Hours by State Boards of Pharmacy**
APhA-ASP encourages state boards of pharmacy to allow non-traditional pharmacy-related learning experiences to be accepted toward intern hours required for graduation and licensure.

**1996.4 - Standardized Patient Information**
APhA-ASP encourages all pharmacists to implement a mechanism to obtain standardized patient information in order to provide adequate pharmaceutical care to patients and decrease medication errors.

## INACTIVE RESOLUTIONS

**1996.5 - Interdisciplinary Experiential Programs**
APhA-ASP supports student pharmacist participation in experiential programs within interdisciplinary health care settings.

**1996.6 - Consistency in Internship and Externship Experiences**
APhA-ASP supports the formation of a national task force to develop objectives for professional practice during externship and internship training in order to provide consistency in student pharmacist education.

**1996.7 - Pharmacy Technician National Certification**
APhA-ASP supports mandatory national pharmacy technician certification to ensure a technician's core level of knowledge. Furthermore, APhA-ASP encourages the establishments of guidelines defining the roles of pharmacy technicians.

**1996.9 - Evaluation of Comprehension of Continuing Education**
APhA-ASP encourages that a portion of continuing education credits be obtained through participation in live programming or through interactive multimedia programs. Furthermore, APhA-ASP recommends the evaluation of a participant's comprehension of the presented material before continuing education credit is awarded.

**1996.10 - Sunsetting Procedures (as amended in 2006)**
APhA-ASP adopts the following procedures for the annual review of academy resolutions:
1. Create three categories for Academy resolutions.
   a. **Active (A)** - To include resolutions that are representative of the Academy and require ongoing action or are general supportive statements.
   b. **Inactive (I)** - To include resolutions that are representative of the Academy but require no current action.
   c. **Archive (R)** - To include resolutions that are not currently representative of the Academy.
2. The APhA-ASP Policy Standing Committee shall be responsible for the annual review and categorization of APhA-ASP resolutions.
3. Previous resolutions that contain the acronym SAPhA or the words American Pharmacists Association Academy of Student Pharmacists shall be replaced with the acronym APhA-ASP or the words American Pharmacists Association Academy of Student Pharmacists.
4. Previous resolutions that contain the term “pharmacy student” shall be replaced with the term “student pharmacist.”

**1996.14 - Patient Care Protocols**
APhA-ASP supports pharmacist therapeutic substitution under appropriate patient care protocols.

**1996.15 - Pharmacist’s Rights**
APhA-ASP supports the restoration of pharmacist's rights that may be precluded by law or tradition.

## INACTIVE RESOLUTIONS

**1997.2 - Involvement in the International Pharmaceutical Students Federation**
APhA-ASP shall reaffirm its commitment to membership and affiliation with IPSF. Furthermore, APhA-ASP strongly encourages chapters to become more actively involved in IPSF by increasing communication between the National Student Exchange Officer and the chapters through their respective APhA-ASP Regional Member-at-Large. This involvement may include, but is not limited to, student exchanges, textbook exchanges, AIDS awareness, IPSF Congress, and village concept projects.

**1997.3 - Documentation for Patient Care**
APhA-ASP strongly encourages members of the profession to document all pharmaceutical care interventions. This documentation will provide justification for the profession to be compensated for pharmaceutical care interventions.

**1997.5 - Patient-Oriented Pharmacy Experiential Learning**
APhA-ASP recommends that colleges of pharmacy perform a critical evaluation and necessary restructuring of current institutional and ambulatory experiential learning programs to ensure that patient care functions are performed by students under the direct supervision of a pharmacist. These functions include but are not limited to patient assessment and consultation, disease state management, drug monitoring, drug therapy intervention, and documentation of services.

**1997.9 - Inclusion of Disease State/Intended Use on Prescriptions**
APhA-ASP shall support a position of prescription reform to include the indication for use/disease state of the prescribed medication, possibly in coded format (e.g., ICD-9 format), on all prescriptions in order to allow the pharmacist or student pharmacist to provide more effective patient care.

**1998.3 - OTC Medications and Labeling**
APhA-ASP recognizes the importance of pharmacists in educating the public on the use of OTC medications and encourages the FDA to appropriately recognize this role on OTC product labeling.

**1998.4 - Immunization Education**
APhA-ASP recommends the inclusion of immunization education and training into the curricula of all schools and colleges of pharmacy.

**1998.5 - Medication Administration by Pharmacists**
APhA-ASP supports the revision of state pharmacy practice acts in order to authorize pharmacists to administer medications.

**1998.7 - Safety and Quality of Compounded Products**
APhA-ASP supports the development of guidelines by a group of national compounding experts and pharmacy leaders that would ensure the safety and quality of compounded products.

## INACTIVE RESOLUTIONS

**1998.11 - Professional Autonomy / Conscience Clause**
APhA-ASP supports the professional autonomy of pharmacists and student pharmacists when making decisions with ethical implications.

**1998.13 - Faculty Pharmacy Practice Experience**
Understanding that learning is a lifelong process, APhA-ASP encourages pharmacy school faculty to participate in programs that are designed to enhance their understanding of current and emerging pharmacy practice.

**1998.15 - Medical Ethics in Curriculum**
APhA-ASP supports requiring student pharmacists to have education in medical ethics.

**1998.18 - Insurance Claim Pharmacy Service Code**
APhA-ASP should actively endorse and support obtaining a place of service code that is specific for pharmacy practices to be used when completing the Health Care Financing Administration insurance claim form.

**1999.4 - Tele-Health Prescribing and Dispensing**
APhA-ASP shall support the same level of patient counseling and pharmaceutical care for any drug approved by the FDA, regardless of prescriber source or method of drug distribution, including but not limited to tele-health.

**1999.6 - Label Accuracy of Complementary Products**
APhA-ASP supports regulation of complementary and alternative medicines (CAM) and dietary supplements to ensure the accuracy of the labeled amount.

**1999.7 - Anonymous HIV Testing for the Public**
APhA-ASP supports anonymous HIV testing for the public and opposes mandatory name-based reporting of test results.

**2000.1 - Properly Destroying Discarded Patient Information**
In order to protect patient confidentiality, APhA-ASP encourages pharmacies to destroy any discarded documentation containing patient information that may be obtained by the public.

**2002.16 - Doctor of Pharmacy Designation**
APhA-ASP supports the position that the “Doctor of Pharmacy” designation shall only be utilized by individuals who have earned a “Doctor of Pharmacy” degree from an accredited school or college of pharmacy. (B.S. degrees would not be designated as “Doctor of Pharmacy.”)

**2000.9 - Impact of Patient Care and Cognitive Services—Additional Studies**
In order to further the lobbying efforts for patient care and cognitive services, APhA-ASP encourages additional studies on the impact of these practices.

## INACTIVE RESOLUTIONS

**2000.10 - Use of Computer-Generated Prescriptions**
APhA-ASP encourages prescribers to use computers to generate prescriptions in order to increase prescription clarity and accuracy.

**2001.1 - Curriculum Addressing Special Populations in the Schools and Colleges of Pharmacy**
APhA-ASP encourages all schools and colleges of pharmacy to incorporate into their curriculum pharmacokinetic and therapeutic issues of special populations, including, but not limited to, pediatrics and geriatrics.

**2001.2 - Legible Prescription Order Legislation**
APhA-ASP encourages the adoption of legislation and/or regulation requiring legible prescription orders.

**2001.5 - Pharmacists' Voluntary Involvement with the Provision of Emergency Contraceptives**
APhA-ASP supports the voluntary involvement of pharmacists, in collaboration with other health care providers, in emergency contraception programs that include patient evaluation, patient education, and direct provision of emergency contraception medications.

**2001.9 - Medicare – Outpatient Prescription Coverage**
APhA-ASP supports changes in Medicare to include:
1. Standardized administrative procedures to implement and promote patient access to adequate healthcare.
2. Coverage of drug products for those most in need.
3. Payment for medication therapy management services.

**2001.10 - New Pharmacy Degrees**
APhA-ASP opposes any new pharmacy degree that allows the dispensing of medications without a registered pharmacist's verification.

**2002.5 - Honor Code Systems**
APhA-ASP encourages students to take an active role in the idea, development and implementation of an honor code in their respective schools and colleges of pharmacy as an affirmation of professional integrity.

**2003.4 - White Coat Ceremonies**
APhA–ASP encourages all schools and colleges of pharmacy to implement white coat ceremonies to foster the development of student professionalism as a reaffirmation of APhA–ASP Resolution 1994.10.

## INACTIVE RESOLUTIONS

**2002.13 - APhA Mentors**
APhA-ASP encourages the development and implementation of a mentoring program for student pharmacists, utilizing members of APhA-APPM and APhA-APRS to better inform APhA-ASP members of the benefits and activities of each academy to foster continued involvement in the Association.

**2003.8 - Health Insurance Portability and Accountability Act**
APhA–ASP encourages all schools and colleges of pharmacy to provide students with an understanding of the Health Insurance Portability and Accountability Act (HIPAA) and its implications on patient care and pharmacy practice.

**2004.6 - Information Technology**
APhA-ASP encourages all pharmacy practice sites to provide immediate access to the Internet, Web-based applications, and other forms of information technology that enhance patient care.

**2005.3 - Medication Therapy Management Services**
APhA-ASP recommends that the Centers for Medicare and Medicaid Services (CMS) designates pharmacists as the preferred provider of Medication Therapy Management Services under Medicare Part D, as established by the Medicare Modernization Act of 2003.

**2005.7 - APhA-ASP Standing Rule 3.7: Annual Meeting Election Procedure**
The election for each office shall be held separately. Voting shall be written or electronic ballot, and results of all elections shall be disclosed at the end of the election process.

**2006.4 - Accreditation for Specialty Compounding**
APhA-ASP supports the accreditation of compounding pharmacies, as defined by the Pharmacy Compounding Accreditation Board (PCAB), to ensure the highest standards of product quality and enhance patient safety.

**2007.9 - State Board of Pharmacy**
APhA-ASP recognizes the need for a board of pharmacy in each state to regulate the practice of pharmacy and ensure proper patient care.

## INACTIVE RESOLUTIONS

**2010.3 - E-Prescribing and Computerized Prescriber Order Entry (CPOE) Systems**
1. APhA-ASP encourages the use of e-prescribing and Computerized Prescriber Order Entry (CPOE) systems that improve patient care.
2. APhA-ASP encourages the development of standardized and interoperable e-prescribing and CPOE systems that reduce medication errors, ensure secure transmission of prescriptions and patient information, and improve workflow for prescribers and pharmacy personnel.
3. APhA-ASP encourages pharmacists, student pharmacists, pharmacy associations, and boards of pharmacy, in collaboration with prescribers, to take an active role in the development, regulation, and integration of e-prescribing and CPOE systems. APhA-ASP also encourages these stakeholders to take part in studies that continually evaluate and improve the safety and security of e-prescribing and CPOE systems.
4. APhA-ASP encourages that state and federal regulatory agencies update regulations to allow for the transmission of controlled substance (CII – CV) prescriptions through e-prescribing and CPOE systems.
5. APhA-ASP supports e-prescribing and CPOE systems that are cost-effective and do not place a disproportionate financial burden on pharmacies.
6. APhA-ASP encourages the development of education and training programs to enhance prescriber, pharmacist and all other users understanding of e-prescribing and CPOE systems.

**2011.4 - Regional Poison Control Centers**
APhA-ASP advocates upholding and maintaining Regional Poison Control Centers (PCCs) throughout the country.

**2012.2 - Creation, Expansion, or Reduction of Schools and Colleges of Pharmacy Relative to Pharmacist Demand**
APhA-ASP strongly encourages that all current and future schools and colleges of pharmacy considering the creation, expansion, or reduction of PharmD programs evaluate the projected demand for pharmacists nationally, and in their local, state, and regional area prior to taking such actions.

**2012.3 - Proper Medication Disposal and Drug Take-Back Programs**
1. APhA-ASP encourages the profession of pharmacy, federal and state regulatory agencies, law enforcement, waste management authorities, and other appropriate entities to develop and implement standardized guidelines for the proper disposal of unused or expired medications that help prevent drug abuse and reduce harm to the environment.
2. APhA-ASP supports state and federal regulations that allow pharmacies to take back unused or expired medications, including controlled substances, through a process that minimizes diversion, liability, and financial burden to all stakeholders.
3. APhA-ASP encourages pharmacists and student pharmacists to serve as a source of information for the public on the proper disposal of unused or expired medications.

## INACTIVE RESOLUTIONS

### 2013.1 - Expanding Immunization Privileges for Pharmacists and Student Pharmacists

1. APhA-ASP encourages all health care professionals who administer immunizations, to have real-time and bi-
Directional access to the Immunization Information System (IIS) (formerly the vaccine/immunization registry) and
patient electronic health records (EHRs). Furthermore, immunization providers should regularly and routinely
update the IIS and EHRs to meet both community public health and patient-specific needs.
2. APhA-ASP encourages pharmacy stakeholders to promote legislative efforts that would enable pharmacists and
student pharmacists to administer all CDC-recommended immunizations per protocol and address community-
specific needs regarding patient age restrictions.

### 2014.1 – Pharmacogenomics

1. APhA-ASP supports the utilization of evidence-based pharmacogenomic testing and services to enhance individualization of patient care and improve clinical outcomes.
2. APhA-ASP promotes pharmacists as the primary member of the health care team responsible for pharmacogenomic services, including but not limited to, interpreting and applying test results, developing individualized medication treatment plans in collaboration with prescribers, and serving as a resource to prescribers, patients, and other members of the health care team.
3. APhA-ASP supports continued research, development and implementation of clinical standards and guidelines regarding the use of pharmacogenomics to improve patient care.
4. APhA-ASP supports ongoing vigilance by all stakeholders with access to pharmacogenomic information to maintain the confidentiality and ensure the appropriate use of the information.
5. APhA-ASP encourages all schools and colleges of pharmacy to incorporate pharmacogenomics throughout the curriculum.
6. APhA-ASP encourages the development of continuing education and training programs to support existing practitioner understanding of pharmacogenomics.
7. APhA-ASP encourages all stakeholders, including but not limited to, employers, pharmacies, health-systems, and third party payers, to develop a compensation model for pharmacist-provided pharmacogenomic services that is both financially viable and in the best interest of patients.

### 2017.2 - Durable Medical Equipment and Medical Devices Ease of Access

1. APhA-ASP supports legislative and regulatory changes that would enable pharmacists, with appropriate training and working as integral members of a health care team, to prescribe durable medical equipment and medical devices, including but not limited to, those used for the delivery and monitoring of prescription medications.
2. APhA-ASP encourages the development of sustainable and financially viable compensation models for pharmacist-prescribed durable medical equipment and medical devices.

## INACTIVE RESOLUTIONS

### 2019.2 - Increased Access to Opioid Reversal Agents

1. APhA-ASP supports state and federal legislation to increase access to opioid reversal agents.
2. APhA-ASP encourages pharmacists and student pharmacists to provide public education about opioid reversal agents, including proper administration in situations of opioid-related drug overdose.
3. APhA-ASP encourages all schools and colleges of pharmacy to incorporate opioid reversal agent training as a requirement prior to completion of the pharmacy program. APhA-ASP recommends this training includes a live, hands-on component, identification of high-risk patients, and recognition of the stigma surrounding opioid use disorder.

# APhA-ASP
# Archived Resolutions

**Resolutions that are not currently representative of the Academy**

## ARCHIVED RESOLUTIONS

**1973.1 - Chapter Services Committee**
The Committee recommends that all information accumulated by the Subcommittee be passed on to the new committee.

**1973.2 - Recruitment and Retention of Minority Students**
The Committee recommends that APhA-ASP encourage schools to continue their recruitment efforts and emphasize retention of minority students.

**1973.4 - Mandatory Continuing Education**
The Committee recommends that APhA-ASP support and encourage the concept of required continuing education with some form of credit and evaluation system.

**1973.5 - Regulated and Unified Intern Programs**
The Committee recommends that time spent working in externship and/or internship programs should be regulated and unified.

**1973.6 - Externship and Internship Programs**
The schools of pharmacy, being closer to the student and consequently more aware of his changing educational needs, should receive the status as an advisory body in the establishment and evaluation of uniform externship and internship requirements and guidelines.

**1973.8 - Evaluation of Preceptor**
The Committee recommends that evaluation of preceptors be carried out by boards and schools of pharmacy on a continuing basis.

**1973.9 - Evaluation of Extern**
The Committee further recommends that the preceptor evaluate the extern upon completion of a period of externship as to his ability in various areas of pharmacy.

**1973.10 - Evaluation of Externship and Preceptor by Extern**
The Committee further recommends that the extern be given the opportunity to evaluate the contents of his period of externships, including a reflection of the preceptor's competence in this role.

**1973.11 - Externship Credit for Student Health Project Involvement**
The Committee recommends that credit in externships be given for time spent in student health projects, industrial externships, and other externship experiences evaluated and approved by APhA-ASP and NABP.

**1973.13 - Decriminalization of Marijuana**
The Committee recommends that APhA-ASP support legislation to adopt realistic laws governing the use and distribution of marijuana resulting in decriminalization with proper controls instigated.

## ARCHIVED RESOLUTIONS

**1973.14 - Experimentation of Marijuana**
APhA-ASP wishes to make clear that this stand does not constitute approval of or advocation for the use of or the uncontrolled experimentation with the drug.

**1973.15 - Anti-substitution Legislation**
The Committee recommends that APhA-ASP support legislation resulting in the repeal of anti-substitution laws.

**1973.17 - Terminology: Pharmacy "Extern" and "Intern"**
The Committee recommends that APhA-ASP support legislation requiring the use of the title Pharmacy Extern when referring to an undergraduate student pharmacist and the title Pharmacy Intern for a graduate pharmacist before completing his registration.

**1973.18 - OTC Contraceptive Devices**
The Committee recommends that APhA-ASP support legislation making the display of OTC contraceptive devices legal in all states.

**1973.19 - Contraceptive Information**
The Committee further recommends that APhA-ASP support legislation making the sale of contraceptive devices and the distribution of contraceptive information legal to all persons of any age in all states.

**1973.20 - ASHP "Statements of Supportive Personnel in Hospital Pharmacy"**
The Committee recommends approval of ASHP's "Statement of Supportive Personnel in Hospital Pharmacy." Based on these observations and consistent with the development of pharmacy practice in hospitals, it is recommended that:

1. The term "supportive personnel" be adopted as standard nomenclature to be used in referring collectively to all nonprofessional personnel.
2. AACP and ASHP give priority considerations to adopting standard nomenclature to be used in referring to the different levels, or categories, of supportive personnel.
3. AACP cooperate with ASHP in developing hospital-based training programs for hospital pharmacy supportive personnel with consideration being given to the potential role of academic institutions and to the experiences of existing training programs.
4. AACP continue to provide consultation to ASHP in the development of training programs.
5. AACP and ASHP support and participate in, where possible, projects defining the roles of, and the training requirements for, supportive personnel in hospital pharmacy.

**1973.22 - Retention/Scholastic Assistance Programs**
The Committee recommends the immediate establishment of the necessary groundwork to implement a Retention/Scholastic Assistance program at each local chapter.

**1973.23 - Recruitment Programs - Representative at State Associations**
The Committee recommends the establishment of Recruitment Representative(s) from each local chapter to represent their chapters at the state associations.

## ARCHIVED RESOLUTIONS

**1973.24 - NPhA-SNPhA**
The Committee recommends that the Recruitment Subcommittee of APhA-ASP establish a close working relationship with the NPhA-SNPhA.

**1973.29 - APhA Handbook of Nonprescription Drugs**
The Committee recommends that APhA-ASP suggest to NABP that an edition of the APhA Handbook of Nonprescription Drugs be a mandatory volume in the library of every pharmacy as a requirement for re-licensure.

**1973.32 - Drug Abuse Education Programs**
The Committee recommends that APhA-ASP serve as a clearinghouse for drug abuse education programs.

**1973.34 - Drug Abuse - Project Speed**
The Committee recommends that APhA-ASP consolidate its Drug Abuse Education Subcommittee and its committee working in Project Speed.

## ARCHIVED RESOLUTIONS

### 1974.1 - Policy Mechanism

The Committee recommends that APhA-ASP adopt the policy mechanism as delineated in Addendum A.

Addendum A: The Committee recommends that APhA-ASP shall implement the following rules for adoption of its policy:

1. Permanent APhA-ASP policy shall only be generated by the Policy Committee as follows:
   a. The Policy Committee shall review all previous policy from the Yearly Meetings of three years past (i.e., the 1974-1975 Policy Committee shall review the policy from 1972) and shall recommend the rescission of prior policy as deemed necessary by the Committee. Unless rescinded, a policy statement stands approved.
   b. The Policy Committee shall review all previous resolutions from the immediate past Yearly Meeting. The Policy Committee's report shall include recommendations on all adopted resolutions of the immediate past Yearly Meeting for rescission or adoption as permanent organizational policy.
   c. The Policy Committee may incorporate all submitted resolutions during the year into its report, as it deems necessary. However, the Policy Committee shall forward all other newly submitted resolutions to the Resolutions Committee with an informational recommendation as to each resolution's status, propriety, previous policy of APhA-ASP or the Association in said area in order that the Resolutions Committee may further deliberate the merits of each resolution.
2. Temporary policy is that which is recommended by the Resolutions Committee and adopted by the Delegates at the Yearly Meeting. Adopted resolutions shall remain in force and effect only from one Yearly Meeting to the next.
3. Only resolutions submitted to the SAPhA Executive Secretary on or before ninety days prior to the First Session of the SAPhA Yearly Meeting shall be forwarded to the SAPhA Policy Committee. Resolutions submitted after that date and up to the official deadline as announced in the Yearly Meeting Standing Rules will be referred only to the Resolutions Committee for deliberation and action.

### 1974.2 - Graduate Membership

The Committee recommends that graduate students be encouraged to become active members of the local APhA-ASP chapters at their respective schools.

### 1974.3 - Hypertension Screening and Education Projects

The Committee recommends that APhA-ASP support and encourage student involvement in hypertension screening and education projects.

### 1974.4 - High Blood Pressure Information Center

The Committee recommends that APhA-ASP work with the national High Blood Pressure Information Center to provide information and assistance on hypertension education to all APhA-ASP chapters.

## ARCHIVED RESOLUTIONS

**1974.6 - Prescription Price Information and Advertising**
The Committee recommends that APhA-ASP oppose prescription price advertising to the public and support prescription information and advertising in health professional material.

**1974.7 - Posting of Prescription Prices and Professional Services**
The Committee recommends that APhA-ASP support pharmacy's voluntary posting of prescription prices while emphasizing professional services.

**1974.8 - Drug Abuse Education Information**
The Committee recommends that a more realistic responsibility of the Drug Abuse Education Committee of APhA-ASP include the screening of drug abuse information and materials either collected by committee members or sent to committee members from the members of Drug Abuse Education Programs in the schools and colleges of pharmacy for inclusion in the "Drug Abuse Information" Source Book at APhA-ASP.

**1974.9 - Drug Abuse Education – Approach**
The Committee recommends that future efforts of the Drug Abuse Education Committee and the Drug Abuse Education Programs in the schools and colleges of pharmacy be directed toward the development of a "values education" approach in Drug Abuse Education Programs.

**1974.11 - OTC Drug Information**
The Committee recommends that APhA-ASP act as a clearinghouse for materials (literature, pamphlets, brochures, etc.) on OTC drugs for student distribution to consumers, and that APhA-ASP advise its membership of the availability of these materials.

**1974.12 - Family Planning Projects**
APhA-ASP should investigate sources of funding which could be made available to chapters interested in starting Family Planning Projects.

**1974.13 - Manufacturers and Organizations in Areas of Hypertension**
The Committee recommends that APhA-ASP continue to correspond with pharmaceutical manufacturers and organizations which are interested in the area of hypertension.

**1974.14 - Hypertension Community Screening Clinic**
The Committee recommends that APhA-ASP endorse Community Screening Clinics.

**1974.15 - Hypertension Education**
The Committee recommends that APhA-ASP, through possibly the Council of Students, place hypertension education on the priority list of the curriculum committee.

**1974.16 - SAPhA News Advertising**
The Committee recommends that APhA-ASP improve and expand its newsletter by the inclusion of advertising in SAPhA News.

## ARCHIVED RESOLUTIONS

**1974.17 - Type of Advertising in SAPhA News**
The Committee recommends that the SAPhA accept advertising which shall be in good taste and must not be in violation of the American Pharmaceutical and SAPhA policy(ies) of APhA Code of Ethics.

**1974.18 - Placement of Advertising in SAPhA News**
The Committee recommends that the placement of advertisement shall be at the discretion of SAPhA Publication Committee, with the advice and consent of the editor. No advertisement shall appear on the front cover.

**1974.19 - Approval of Advertising on SAPhA News**
The Committee recommends that all contracts are accepted subject to the review by the Publication Committee of SAPhA with the approval of the APhA Executive Director.

**1974.20 - Publications Committee**
The Committee recommends that in addition to those tasks delegated to the Publications Committee by SAPhA Executive Committee, the Publications Committee shall:
1. Have as its Vice-Chairman the managing editor of SAPhA News, who shall be the SAPhA Executive Secretary, and serve ex-officio with vote.
2. Make all final decisions as to the propriety, acceptance, rejection, placement, arrangement, or status of any advertiser, which shall be submitted to the Committee prior to the initial printing in SAPhA News.

**1974.21 - Licensure by National Exam**
The Committee recommends that licensure by national examination be implemented with the examination score required to reciprocate being set by individual states.

**1974.22 - National Health Insurance and Pharmaceutical Services**
APhA-ASP supports legislation resulting in the National Health Insurance that covers both in-patient and outpatient pharmaceutical services.

**1974.23 - Professional Standards Review Organizations (PSRO)**
The Committee recommends to the APhA that they support the concept of PSROs and their application in pharmacy through the following mechanism:
1. Set up a national committee (including all specializations within the profession) to develop standards of practice and guidelines for peer review, and that this mechanism is implemented immediately, as pharmacy is one of the few health professions that has not taken action on PSROs.

**1974.24 - National Pharmaceutical Foundation**
The Task Force recommends that APhA-ASP work with and support the efforts of the National Pharmaceutical Foundation in reaching its goal of increasing the number of minority student pharmacists on the graduate level.

## ARCHIVED RESOLUTIONS

**1974.26 - Council of Students**
The Committee recommends that the ex-officio representation between the Council of Students Chairman and the SAPhA Executive Council and between the SAPhA President and the Council of Students Administrative Board be continued.

**1974.27 - Council of Students Elections**
The Committee recommends that the SAPhA Regional and National meeting continue to serve as sites for the election of Council of Students officers.

**1974.30 - Continuing Competency**
The Committee recommends that APhA-ASP endorse the concept and/or practice of continuing pharmaceutical education only as a means to the end of maintaining professional competence, and not as an end in itself.

**1974.31 - COS – Statement on Continuing Education**
The Committee recommends that APhA-ASP endorse the statement on continuing pharmaceutical education which was formulated by a task force of the Council of Students in Scottsdale, Arizona in May 1973.

**1975.1 - National Committee Appointments**
The Committee recommends that the appointment of committee personnel occur two days prior to the last session of the House of Delegates at the Annual Meeting of the Student Pharmaceutical Association.

**1975.3 - Appointment of Committee Consultants**
The Committee recommends that a consultant be appointed to each committee (Policy, Community, Health Services, Membership Services, Committee on Education, any ongoing Task Forces). The consultant may be the past coordinator or a past member of the particular committee whose responsibility will be to answer any questions which may arise throughout the year concerning the past activities, etc., of the particular committee.

**1975.4 - Referral to the Policy Manual**
The Committee recommends referral to the introduction of the New Policy Manual, as well as to its contents, which was compiled by the 1975 Policy Committee, in answering ("troubleshooting") any questions concerning the new policy mechanism passed by the House of Delegates in 1974.

**1975.6 - Suggestion of SAPhA Policy**
The Committee recommends that the Policy Committee shall be the only body, besides the Executive Committee, to suggest SAPhA policy.

**1975.7 - Regulation of Policy**
The Committee recommends that the Policy Committee shall concern itself with formulation of policy and not the implementation of policy.

## ARCHIVED RESOLUTIONS

**1975.9 - Non-Policy Committee Reports**
The Committee recommends that the committees other than the Policy Committee submit their reports to the House of Delegates to serve as an aid in committee work and directives in future years and to serve as historical records.

**1975.10 - Review of National Committee Functions**
The Committee recommends that the Executive Committee consider a review of all committees as to their necessity and function within national APhA-ASP structure. Consideration of past action and future direction of some of the standing committees may reveal possible stagnation as a national committee.

**1975.11 - Polygraph Tests Administration**
The Committee recommends that APhA-ASP oppose the administration of polygraph tests to pharmacists and pharmacy interns by prospective employers.

**1975.12 - Polygraph Tests – Submission**
The Committee recommends that pharmacists and pharmacy interns should not submit themselves to polygraph tests when administered by current or prospective employers.

**1975.14 - Standards of Continuing Competence**
The Committee recommends that APhA-ASP request the formation of a committee by the APhA to develop standards of continuing competence and that APhA-ASP be represented on this committee by a student member.

**1975.15 - Prescription Price Posting and Advertising-Legislation**
The Committee recommends that APhA-ASP oppose legislation requiring prescription price posting and advertising.

**1975.17 - Consideration of Resolutions**
The Committee recommends that the resolutions adopted by the House of Delegates may be considered by an appropriate Policy Committee for consideration as APhA-ASP Policies.

**1975.19 - Utilization of Resolutions**
The Committee recommends that the resolutions adopted by the House of Delegates may be used as guidance from the membership for the following year.

**1975.20 - Revision**
The Committee recommends that Section 1.1 of the 1974 Policy Committee report of organizational affairs be rescinded in its entirety. Executive Committee - September 27-28, 1975.

**1976.1 - Chapter Advisors**
APhA-ASP Chapters should elect a faculty advisor and a practitioner advisor. Advisors should be evaluated and elected annually.

## ARCHIVED RESOLUTIONS

**1977.6 - APhA Seal of Comprehensive Pharmaceutical Services**
APhA-ASP supports the implementation of an "APhA Seal of Comprehensive Pharmaceutical Services" coupled with a program to measure and certify the quality of service.

**1978.1 - Advisory Committee on National Health Insurance**
APhA-ASP strongly urges immediate placement of a pharmacist on the National Health Insurance Advisory Committee.

**1978.2 - Stocking and Handling of Laetrile by Pharmacists**
Until scientific evidence has proven otherwise, APhA-ASP discourages the stocking or handling of Laetrile by pharmacists and pharmacies.

**1979.1 - Computers in Pharmacy School**
APhA-ASP encourages the incorporation in every pharmacy school of an exposure to computer knowledge and use.

**1979.5 - Increasing the Number of Student Delegates to the APhA House of Delegates**
APhA-ASP encourages the Association to increase the student representation in the APhA House of Delegates from nine to fifteen voting delegates and suggests that the additional delegates be elected within the regions of APhA-ASP according to a procedure established by the Executive Committee.

**1979.6 - Advertising Techniques Used by Companies Selling OTC Products**
APhA-ASP urges that appropriate action be taken against Menley and James and all such companies who downgrade pharmacy in their marketing techniques.

**1979.7 - Penalties for Pharmacy Homicide**
APhA-ASP urges the introduction of legislation ensuring the most severe punishment for criminals convicted of murder in the act of pharmacy robberies.

**1981.6 - Prescription-Only Classification of Schedule V Drugs**
1. APhA-ASP discourages the classification of Schedule V drugs as prescription-only products.
2. APhA-ASP supports and encourages the continuing use of professional discretion by pharmacists when dispensing schedule V drug products.
3. APhA-ASP recommends that this matter be referred to the APhA Board of Trustees for possible policy consideration.

**1981.9 - United States Pharmacopeia-Dispensing Information (USP-DI)**
1. APhA-ASP commends the United States Pharmacopeia Convention for its initiative in developing the outstanding Dispensing Information publication.
2. APhA-ASP recommends the USP-DI serve as a primary source for drug dispensing information in this country.

## ARCHIVED RESOLUTIONS

**1982.7 - Abolishment of "Wet Lab" Examinations**
APhA-ASP discourages the use of "wet labs" as a component of State Board of Pharmacy licensure examinations.

**1983.3 - Undergraduate Research Opportunities**
APhA-ASP encourages the dissemination of information on opportunities to participate in research to undergraduate students at the schools or colleges of pharmacy.

**1983.5 - Volatile Alkyl Nitrites**
APhA-ASP strongly urges the regulation and control of all nontherapeutic volatile alkyl nitrites.

**1984.1 - Look Alike Drugs**
APhA-ASP supports the abolishment of the manufacture, distribution, and advertisement of all street look alike drugs whose actions simulate controlled substances.

**1984.2 - Reclassification of Drugs**
APhA-ASP recommends the incorporation of a third category of drugs to be dispensed at the pharmacist's discretion and upon the patient's request. This category of drugs also includes those drugs in the process of changing from prescription only to non-prescription status, and those present non-prescription products which are determined to be too hazardous for indiscriminate use.

**1984.4 - Official Acronym**
SAPhA recognizes and supports "Student APhA" as its official acronym.

**1984.7 - Curriculum Review**
APhA-ASP encourages the active participation of student pharmacists in the review and modernization of their curricula.

**1985.2 - Expanded Roles for APhA-ASP Delegates**
The members of APhA-ASP encourage the APhA-ASP National Executive Committee to reevaluate the role of the delegates and alternate delegates elected at the Midyear Meetings and the intent of The White Paper.

**1985.3 - Impaired Student Pharmacists**
APhA-ASP encourages its members and chapters to support state and national associations' efforts in the establishment of counseling, treatment, education, prevention, and rehabilitation programs for student pharmacists who are subject to impairment due to the influence of drugs--including alcohol.

**1985.4 - Polygraph, Psychological, and Drug Screen Testing**
1. APhA-ASP opposes the use of polygraph, in-depth psychological, and drug screen examinations as a component of the decision for determining initial or continuing employment for pharmacists and interns.
2. APhA-ASP also strongly reaffirms resolutions 1975.11 and 1975.12 regarding polygraph testing.

## ARCHIVED RESOLUTIONS

**1985.5 - Utilization of Written Information in Counseling**
APhA-ASP encourages the distribution of written information and instructions as an adjunct to verbal counseling with prescriptions at the pharmacist's discretion.

**1986.1 - Drug Diversion and Differential Pricing**
1. APhA-ASP supports and commends the efforts for APhA to amend the Nonprofit Institutions Act to restrict the benefits of this act to those institutions which are charitable (as defined by such Act) and which use the Nonprofits Institutions Act benefits strictly for the patients being treated within the institutions themselves.
2. APhA-ASP encourages its members to familiarize themselves with this issue and seek to broaden the awareness of the public of the dangers of violations of the Nonprofits Institutions Act.

**1986.6 - SAPhA Policymaking Mechanism**
SAPhA does not support any APhA Bylaw changes that would alter current SAPhA policy-making mechanism and Executive Committee structure.

**1987.5 - Maintenance of Patient Profiles**
APhA-ASP supports the concept of maintaining appropriate patient profiles.

**1988.3 - Low Interest Loan Program through APhA**
APhA-ASP strongly urges APhA to establish a low interest loan program to provide financial assistance to APhA-ASP members.

**1988.5 - Approved List of Calculators for Licensure Examinations**
APhA-ASP strongly urges all state boards of pharmacy to develop and implement a list of calculators approved for use on state licensure examinations.

**1989.4 - Expansion of Internship/Externship Opportunities**
1. APhA-ASP encourages schools of pharmacy to further develop non-traditional internship/externship sites.
2. APhA-ASP recommends that state boards of pharmacy recognize experiences gained in these non-traditional sites as fulfillment toward candidacy for licensure.

**1989.5 - Sale of Alcoholic Beverages in Pharmacies**
APhA-ASP reaffirms existing policy, passed in 1980, recommending that sales of alcoholic beverages in pharmacy practice settings be prohibited except by prescription.

**1990.2 - Facsimile Transmission of Prescription Orders**
APhA-ASP encourages state boards of pharmacy to develop regulations governing the use of facsimile devices in pharmacy practice settings, with regard to such issues as verification of source of order, quality of facsimile transmission, and appropriate use with prescription orders for controlled substances.

## ARCHIVED RESOLUTIONS

**1990.5 - Pharmacist-Patient Contact**
1. APhA-ASP encourages face-to-face contact between patients, patients' agents, and pharmacists in all pharmacy practice settings.
2. APhA-ASP opposes the imposition of health benefits programs which preclude face-to-face interaction between patients and pharmacists.

**1990.6 - Accumulation of Internship Hours**
APhA-ASP encourages all state boards of pharmacy to recognize internship hours accumulated during employment while enrolled in classes.

**1990.7 - United States Membership in the International Pharmaceutical Students' Federation**
APhA-ASP requests the APhA-ASP National Executive Committee to develop a strategic plan to reassume its role as the U.S. and Puerto Rico representative to the International Pharmaceutical Students Federation (IPSF).

**1990.8 - Title of the Academy of Students of Pharmacy**
APhA-ASP supports the continued use of the title "Academy of Students of Pharmacy."

**1990.9 - Executive Committee Elections**
APhA-ASP strongly encourages the 1990-1991 Executive Committee to change election procedures for President-elect and Speaker of the House to a total of three ballots if necessary.

**1991.3 - Medication Distribution Systems**
APhA-ASP opposes corporate or professional medication distribution systems which present barriers to the pharmacist-patient relationship.

**1992.4 - Pharmacy Technician Certification**
1. APhA-ASP supports the voluntary certification of pharmacy technicians by the pharmacy profession.
2. APhA-ASP supports the voluntary accreditation of pharmacy technician training programs by the pharmacy profession.

**1992.5 - Exchange of Patient Clinical Information**
APhA-ASP supports increased interaction among board certified health professionals in the exchange of clinical information to ensure patient confidentiality to improve patient care.

**1992.6 - Support of the Joint Statement on the Entry-Level Doctor of Pharmacy Degree**
APhA-ASP supports the joint statement on the new entry-level degree for pharmacy issued by APhA, ASHP, and NCPA.

## ARCHIVED RESOLUTIONS

**1992.9 - One Symbol for Pharmacy**
1. APhA-ASP approves the concept of one symbol for pharmacy in the United States.
2. APhA-ASP encourages the use and display of the one symbol for pharmacy upon adoption.

**1993.8 - Drug Sample Distribution and Dispensing**
1. APhA-ASP supports the inclusion of the pharmacist into the drug sample distribution system.
2. APhA-ASP supports the creation of mechanisms by APhA to control the distribution and dispensing of physician drug samples.

**1994.1 - APhA Summer Internship Program**
APhA-ASP encourages the development of an APhA summer internship program and/or an APhA on-site rotation.

**1995.4 - Guidelines for Pharmaceutical Care**
APhA-ASP encourages APhA to develop guidelines for pharmaceutical care, including OBRA 1990 provisions for patient counseling.

**1995.9 - E-mail Communication**
APhA-ASP chapters should encourage the implementation of an electronic mail system to facilitate communication among chapters and the national APhA-ASP office.

**1995.10 - Review of the APhA-ASP Policy Process**
APhA-ASP charges the 1995-1996 Executive Committee to form a task force for the purpose of reviewing the APhA-ASP Policy Process and making recommendations to the 1996 APhA-ASP House of Delegates.

**1995.11 - Principles of Practice for Pharmaceutical Care Adoption**
APhA-ASP supports the adoption of the Principles of Practice for Pharmaceutical Care as developed by APhA.

**1996.3 - Computerized NAPLEX Testing**
APhA-ASP supports NABP in providing a computerized sample testing program that is representative of NAPLEX. Furthermore, APhA-ASP encourages schools of pharmacy to provide readily accessible computers for NAPLEX testing preparation.

**1996.11 - Categorization of Current Resolutions**
APhA-ASP adopts the categorizations of APhA-ASP Resolutions forwarded by the 1995-1996 APhA-ASP Standing Committee on Policy.

**1996.12 - Regional Officer Responsibilities**
APhA-ASP adopts the APhA-ASP Regional Officer Responsibilities.

## ARCHIVED RESOLUTIONS

**1996.13 - APhA-ASP National Officer Elections**
APhA-ASP adopts the regulations and procedures for the APhA-ASP national officer elections.

**1997.10 - Printed Name and Phone Number on Prescriptions**
APhA-ASP shall support a position of prescription reform to require the practitioner's printed name and office phone number on all prescriptions.

**1998.8 - FDA Regulation of Complementary and Alternative Medicines and Dietary Supplements**
APhA-ASP strongly supports FDA regulation of complementary and alternative medicines and dietary supplements to ensure the safety and efficacy of these products.

**1998.9 - Computer Literacy**
APhA-ASP strongly encourages all schools and colleges of pharmacy to recognize the importance of computer literacy and to provide adequate access and equipment to students by incorporating computer education courses into pharmacy school curricula.

**1998.10 - Standardized Pharmacy Insurance Information**
APhA-ASP supports the development and implementation of a system to standardize prescription insurance information for patients enrolled in any private or public health insurance plan.

**1998.14 - The IPSF Neema Project**
APhA-ASP strongly supports the involvement of APhA-ASP members in the IPSF Neema Project in order to promote pharmaceutical care worldwide.

**1999.3 - Internationally Obtained Medications**
APhA-ASP encourages pharmacists to educate the public on health outcomes that may result from the use of internationally obtained medications and medical devices.

**1999.5 - Collection of Blood Samples by Pharmacists**
APhA-ASP supports legislation allowing pharmacists to perform procedures to collect blood and other specimens for purposes of screening and monitoring disease states in all practice settings.

**1999.9 - Timing of Licensure Examinations**
APhA-ASP supports student pharmacists taking licensure exams prior to graduation and encourages state boards of pharmacy to adopt regulations enabling students to take licensure exams prior to graduation.

**2001.7 - Change to APhA-ASP Standing Rule 3.7 (Election Process)**
APhA-ASP supports the amendment of Standing Rule 3.7 to read “The election for each office shall be held separately, voting shall be by written ballot, and results shall be disclosed at the end of the election process.”

## ARCHIVED RESOLUTIONS

**2007.4 - Proper Medication Disposal**
1. APhA-ASP encourages the profession of pharmacy, federal and state regulatory agencies, waste management authorities and other appropriate entities to develop and implement standardized guidelines for the proper disposal of unused or expired medications.
2. APhA-ASP encourages pharmacists and student pharmacists to serve as a source of information for the public on the proper disposal of unused or expired medications.

**2003.10 - Safety/Regulation of Ephedra-Containing Dietary Supplements**
APhA-ASP supports the investigation of the safety of Ephedra-containing dietary supplements and of the potential to harm patients. In addition, APhA-ASP strongly recommends that the sale of Ephedra-containing dietary supplements be regulated.

**2004.3 - APhA-ASP Name Change**
APhA-ASP proposes that the name “American Pharmacists Association Academy of Students of Pharmacy” be changed to “American Pharmacists Association Academy of Student Pharmacists.”

**2004.11 - Pharmacy Student Magazine Name Change**
APhA-ASP proposes that the name of the APhA student pharmacy news magazine, “Pharmacy Student” be changed to “Student Pharmacist.”

**2011.1 - Pharmacist Inclusion in State and Federal Loan Repayment Programs – Replaced by 2024.1**
APhA-ASP encourages all federal and state government loan repayment and loan forgiveness programs to provide pharmacists with equal access and opportunities as other health care professionals.

**2015.4 - Increased Access to Opioid Reversal Agents – Replaced by 2019.2**
1. APhA-ASP supports state and federal legislation to increase access to opioid reversal agents.
2. APhA-ASP encourages pharmacists and student pharmacists to provide public education about opioid reversal agents, including proper administration in situations of opioid-related drug overdose.

# Appendix A

# APhA-ASP
# House of Delegates
# Rules of Procedure

**As adopted by the APhA-ASP House of Delegates**
**March 2026**

## APhA-ASP HOD RULE 1:
## Composition of the APhA-ASP House of Delegates and Voting Privileges

1.1 One (1) Chapter Delegate or Alternate Chapter Delegate from the APhA-ASP chapter at each school or college of pharmacy shall serve as the official voting representative of the chapter's membership in the APhA-ASP House of Delegates.

a. Each chapter shall elect or appoint one Chapter Delegate and one Alternate Chapter Delegate.

b. Each Chapter Delegate or Alternate Chapter Delegate shall complete the official Annual Meeting Delegate Credentials Form. The form shall be completed and submitted thirty (30) days in advance of the Annual Meeting dates or presented to the APhA-ASP Credentials Committee in person prior to the beginning of the First Session of the APhA-ASP House of Delegates.

c. Only the properly authorized Chapter Delegate or Alternate Chapter Delegate shall be entitled to one (1) vote on behalf of the APhA-ASP chapter of which he or she is a member. The Chapter Delegate or Alternate Chapter Delegate must be present at the APhA-ASP House of Delegates Session in which voting is held. No proxy voting shall be allowed.

1.2 Each member of the APhA-ASP National Executive Committee, with the exception of the APhA-ASP Speaker of the House, shall have a seat in the APhA-ASP House of Delegates and be entitled to one (1) vote.

1.3 One (1) student pharmacist representative from each of the following pharmacy organizations will be invited to participate as observers to the APhA-ASP House of Delegates: Academy of Managed Care Pharmacy (AMCP), American Society of Consultant Pharmacists (ASCP), American Society of Health Systems Pharmacists (ASHP), International Pharmaceutical Students' Federation (IPSF), National Community Pharmacists Association (NCPA), and the National Pharmaceutical Association Student National Pharmaceutical Association (NPhA-SNPhA).

1.4 Other pharmacy and non-pharmacy health professional student organizations may petition the APhA-ASP House of Delegates directly for an observer seat. Petitions should be submitted to the Speaker of the APhA-ASP House of Delegates and will be considered by the House as new business.

1.5 Observer members of the APhA-ASP House of Delegates may voice their opinions on issues brought before the House. Observer members shall not have voting privileges or submit items of new business.

1.6 Prior to the First Session of the APhA-ASP House of Delegates, the APhA-ASP National President shall appoint a Credentials Committee consisting of the Secretary of the APhA-ASP House of Delegates and a minimum of three (3) APhA-ASP members to review and verify all Annual Meeting Delegate Credentials Forms and make recommendations to the APhA-ASP Speaker of the House as to the eligibility of prospective Chapter Delegates, Alternate Chapter Delegates or House observers, who for any reason, have not submitted the official Annual Meeting Delegate Credentials Form.

1.7 Chapter Delegates and Alternate Chapter Delegates arriving after the First Session of the APhA-ASP House of Delegates commences shall submit an Annual Meeting Delegate Credentials Form to the Secretary of the APhA-ASP House of Delegates if one has not been previously submitted. The APhA-ASP Credentials Committee shall then recommend action regarding eligibility to the APhA-ASP Speaker of the House. Should the recommendation be unanimous, the APhA-ASP Speaker of the House shall act according to the wishes of the Committee. If full agreement on the eligibility cannot be reached by the Committee, the APhA-ASP Speaker of the House shall make the final decision as to whether the prospective Chapter Delegate or Alternate Chapter Delegate shall be seated. Until the APhA-ASP Speaker of the House has officially ruled on the eligibility of the Chapter Delegate or Alternate Chapter Delegate in question, he or she may participate in deliberations, but shall have no voting privilege.

1.8 Should an Annual Meeting Delegate Credentials Form be lost or misplaced by the Chapter Delegate or Alternate Chapter Delegate, he or she may be seated if verbal or written evidence is provided that he or she is a member in good standing of the Academy of Student Pharmacists of the American Pharmacists Association, and that he or she has been authorized to vote on behalf of the chapter. This verification and authorization must be provided by the Chapter President, Chapter Advisor, or Dean from the school or college of pharmacy in which the Chapter Delegate or Alternate Chapter Delegate is enrolled.

1.9 Invited pharmacy and non-pharmacy health professional student organizations sending an observer to the APhA-ASP House of Delegates shall complete the official Annual Meeting Observer Credentials Form. The original copy shall be submitted to APhA headquarters at least thirty (30) days in advance of the Annual Meeting dates or presented to the APhA-ASP Credentials Committee in person prior to the beginning of the First Session of the APhA-ASP House of Delegates.

## APhA-ASP HOD RULE 2:
## Consideration of Resolutions

2.1 The APhA-ASP National Executive Committee shall appoint, no later than the APhA-ASP Opening Session at the APhA Annual Meeting, a Reference Committee consisting of the APhA-ASP Speaker of the House as Chair and the eight (8) Regional Members-at-large.

2.2 The APhA-ASP Reference Committee shall hold an open session at a time and place announced in the official Annual Meeting program at which all APhA-ASP members and other interested persons may testify to the Committee in support of or in opposition to proposed resolutions.

2.3 Upon completion of testimony at a time determined by the Chair, the APhA-ASP Reference Committee shall meet in closed session to prepare its final report to the APhA-ASP House of Delegates. The report shall include one of the following recommended actions for each resolution considered:

a. Adoption of the resolution.

b. Rejection of the resolution.

c. Referral of the resolution to the APhA-ASP National Executive Committee.

d. Adoption of the resolution as amended by the Committee.

2.4 The APhA-ASP Reference Committee shall present its final report during the First Session of the APhA-ASP House of Delegates.

2.5 If the Reference Committee fails or refuses to recommend action on a resolution, the APhA-ASP Speaker of the House shall, without debate, put the question of adoption of the resolution before the APhA-ASP House of Delegates.

2.6 The APhA-ASP House of Delegates will consider the recommendation brought forth by the Reference Committee as follows:

a. Reference Committee recommends adoption of the resolution:

1. A motion to amend or refer the resolution will be in order.

2. If the House supports the recommendation to adopt the resolution, then the resolution passes and will be forwarded to the APhA-ASP Policy Standing Committee.

3. If the House opposes the recommendation to adopt the resolution, then the resolution is defeated, and no further action is taken.

b. Reference Committee recommends rejection of the resolution:

1. If the House supports the recommendation to reject the resolution, then the resolution is defeated, and no further action is taken.

2. If the House opposes the recommendation to reject the resolution, then a motion to adopt the resolution will be considered. A motion to amend or refer the resolution will be in order only after the House has opposed the Reference Committee's recommendation to reject the resolution and a motion to adopt the resolution is under consideration.

c. Reference Committee recommends referral of the resolution to the APhA-ASP National Executive Committee:

1. If the House supports the recommendation to refer the resolution, then the resolution is referred to the APhA-ASP National Executive Committee for further action.

2. If the House opposes the recommendation to refer the resolution, then a motion to adopt the resolution will be considered. A motion to amend or refer the resolution

will be in order only after the House has opposed the Reference Committee's recommendation to refer the resolution and a motion to adopt the resolution is under consideration.

d. Reference Committee recommends adoption of the resolution as amended by the Committee:

1. A motion to amend or refer the resolution will be in order.

2. If the House supports the recommendation to adopt the resolution as amended, then the resolution passes and will be forwarded to the APhA-ASP Policy Standing Committee.

3. If the House opposes the recommendation to adopt the resolution as amended, then the recommendation is defeated, and a motion to adopt the original wording of the resolution will be considered.

2.7 No resolution may be amended by the APhA-ASP House of Delegates unless the rules of the House are suspended for that purpose. Such suspension shall require a two thirds (2/3) vote and the amendment procedure shall be as follows:

a. Any matter to be presented as an amendment shall be presented to the APhA-ASP Speaker of the House, Secretary of the APhA-ASP House of Delegates, or a member of the APhA Student Development Staff on an official amendment form.

b. Delegates may move to suspend House rules for the purpose of an amendment. Once the House has had an opportunity to hear the proposed amendment, a second will then be required to consider the motion. If the motion receives a second, the proposing Delegate will be granted the floor to briefly state his/her reasoning for the proposed amendment. After comments from the proposing Delegate, the House shall vote on the motion to suspend House rules for the purpose of considering the amendment.

c. Delegates may move to consider a secondary amendment. Once the House has had an opportunity to hear the proposed secondary amendment, a second will then be required to consider the motion. If the motion receives a second, the proposing Delegate will be granted the floor to briefly state his/her reasoning for the proposed secondary amendment. After comments from the proposing Delegate, the House shall vote on the motion to consider the secondary amendment. A majority vote shall be required to consider the secondary amendment.

## APhA-ASP HOD RULE 3:
## New Business

3.1 All items of new business must be submitted by a member of APhA-ASP.

3.2 Any matter to be presented as new business shall be presented to the APhA-ASP Speaker of the House, Secretary of the APhA-ASP House of Delegates, or a member of the APhA Student Development Staff in writing not less than forty-eight (48) hours before the scheduled convening of the session in which new business is on the agenda. If any subject matter will include offering of a motion, the writing shall include the motion to be offered.

3.3 The APhA-ASP National Executive Committee shall appoint, no later than the APhA-ASP Opening Session at the APhA Annual Meeting, a New Business Review Committee consisting of a chair and a representative from each of the eight (8) APhA-ASP Regions.

3.4 The New Business Review Committee shall hold an open session at a time and place announced in the official Annual Meeting program at which all APhA-ASP members and other interested persons may testify to the Committee in support of or in opposition to proposed new business.

3.5 Upon completion of testimony at a time determined by the Chair, the Committee shall meet in closed session to prepare its final report to the APhA-ASP House of Delegates. The report shall include one of the following recommended actions for each new business item considered:

a. Adoption of the new business item.

b. Rejection of the new business item.

c. Referral of the new business item to the APhA-ASP National Executive Committee.

d. Adoption of the new business item as amended by the Committee.

3.6 The Committee shall present its final report during the Final Session of the APhA-ASP House of Delegates.

3.7 If the New Business Review Committee fails or refuses to recommend action on a new business item, the APhA-ASP Speaker of the House shall, without debate, put the question of adoption of the item before the APhA-ASP House of Delegates.

3.8 The APhA-ASP House of Delegates will consider the recommendation brought forth by the New Business Review Committee as follows:

a. New Business Review Committee recommends adoption of the new business item:

1. A motion to amend or refer the new business item will be in order.

2. If the House supports the recommendation to adopt the new business item, then the new business item passes and will be forwarded to the APhA-ASP Policy Standing Committee.

3. If the House opposes the recommendation to adopt the new business item, then the new business item is defeated, and no further action is taken.

b. New Business Review Committee recommends rejection of the new business item:

1. If the House supports the recommendation to reject the new business item, then the new business item is defeated, and no further action is taken.

2. If the House opposes the recommendation to reject the new business item, then a motion to adopt the new business item will be considered. A motion to amend or

refer the new business item will be in order only after the House has opposed the New Business Review Committee's recommendation to reject the new business item and a motion to adopt the new business item is under consideration.

c. New Business Review Committee recommends referral of the new business item to the APhA-ASP National Executive Committee:

1. If the House supports the recommendation to refer the new business item, then the new business item is referred to the APhA-ASP National Executive Committee for further action.

2. If the House opposes the recommendation to refer the new business item, then a motion to adopt the new business item will be considered. A motion to amend or refer the new business item will be in order only after the House has opposed the New Business Review Committee's recommendation to refer the new business item and a motion to adopt the new business item is under consideration.

d. New Business Review Committee recommends adoption of the new business item as amended by the Committee:

1. A motion to amend or refer the new business item will be in order.

2. If the House supports the recommendation to adopt the new business item as amended, then the new business item passes and will be forwarded to the APhA-ASP Policy Standing Committee.

3. If the House opposes the recommendation to adopt the new business item as amended, then the recommendation is defeated, and a motion to adopt the original wording of the new business item will be considered.

3.9 No new business item may be amended by the APhA-ASP House of Delegates unless the rules of the House are suspended for that purpose. Such suspension shall require a two thirds (2/3) vote and the amendment procedure shall be as follows:

a. Any matter to be presented as an amendment shall be presented to the APhA-ASP Speaker of the House, Secretary of the APhA-ASP House of Delegates, or a member of the APhA Student Development Staff on an official amendment form.

b. Delegates may move to suspend House rules for the purpose of an amendment. Once the House has had an opportunity to hear the proposed amendment, a second will then be required to consider the motion. If the motion receives a second, the proposing Delegate will be granted the floor to briefly state his/her reasoning for the proposed amendment. After comments from the proposing Delegate, the House shall vote on the motion to suspend House rules for the purpose of considering the amendment.

## APhA-ASP HOD RULE 4:
## Annual Meeting Election Procedure

4.1 All candidates for offices to be filled at the Annual Meeting shall fulfill the responsibilities delineated in the "Regulations and Procedures for APhA-ASP National Officer Elections" as established by the APhA-ASP National Executive Committee.

4.2 The APhA-ASP National President shall appoint, no later than the APhA-ASP Opening Session at the APhA Annual Meeting, a Nominating Committee consisting of a chair and a representative from each of the eight (8) APhA-ASP regions. All must be members of APhA. The APhA-ASP Nominating Committee may slate two (2) candidates for the office of APhA-ASP National President-elect and two (2) candidates for the office of APhA-ASP Speaker of the House. For the two (2) APhA-ASP National Member-at-large positions, the Nominating Committee may slate a total of four (4) candidates. An informal announcement of the slate may be made at any time after the Committee's selection of candidates.

4.3 The Nominating Committee is bound by the "Regulations and Procedures for APhA-ASP National Officer Elections."

4.4 The Report of the Nominating Committee and nominations from the floor for each office shall occur prior to the election for the first office.

4.5 The APhA-ASP Nominating Committee shall report its slate separately for each office. Following the Report of the Committee, nominations for that same office may be made from the floor. Only those candidates who have fulfilled the responsibilities delineated in the “Regulations and Procedures for APhA-ASP National Officer Elections” may be nominated. Nominations shall require a second. If a nomination is seconded, a majority vote shall be required for the candidate to be placed on the ballot. Candidates who are placed on the ballot for any office shall not be eligible for nomination from the floor in subsequent nominations for other offices.

4.6 In the case that there is no candidate eligible for election, the APhA-ASP National Executive Committee shall select at least one (1) member, and no more than two (2) members, to be placed on the ballot for that office. First consideration shall be given to candidates who have fulfilled the responsibilities delineated in the “Regulations and Procedures for APhA-ASP National Officer Elections.” The candidate(s) nominated for the office by the APhA-ASP National Executive Committee shall then be elected by the Delegates.

4.7 After nominations for all offices have been closed, elections for each office shall be held separately. Each candidate for the office undergoing election shall be allowed four (4) minutes in which he or she may address the APhA-ASP House of Delegates in support of his or her candidacy. Time shall be calculated from the moment the candidate begins his or her presentation. Candidates shall be granted the privilege of the podium in alphabetical order by slate and then by the same order as placed on the ballot.

4.8 Voting shall be by written or electronic ballot, and the results of each election shall be disclosed at the end of elections for all offices.

4.9 A majority vote shall be required for election as APhA-ASP National President-elect and APhA-ASP Speaker of the House. Should no candidate for APhA-ASP National President-elect or APhA-ASP Speaker of the House receive a majority vote on the first ballot, the following procedure shall be followed:

a. The name of the candidate with the least number of votes or in the case of a tie, the names of candidates tied with the least number of votes on the first ballot shall be omitted from a second ballot. However, if dropping the lowest vote recipient(s) would result in the remaining candidate(s) being elected by default, the lowest vote recipient(s) would not be dropped. The same procedure shall be followed if a third ballot is required.

b. If voting on a third ballot does not result in the election of an APhA-ASP National President-elect or APhA-ASP Speaker of the House, the election shall be decided by a plurality vote on that ballot. In the case of a tie, the APhA-ASP Speaker of the House shall cast the deciding vote.

4.10 A majority vote shall be required for election as an APhA-ASP National Member-at-large. If no two candidates receive a majority vote on the first ballot, the following procedure shall be followed:

a. If one (1) candidate has received a majority, that candidate shall be declared elected. Names of candidates who were not elected on the first ballot shall remain on a second ballot, except as stipulated in 4.10.b.

b. The name of the candidate with the least number of votes or in the case of a tie, the names of candidates tied with the least number of votes on the first ballot shall be omitted from a second ballot. However, if dropping the lowest vote recipient(s) would result in the remaining candidate(s) being elected by default, the lowest vote recipient(s) would not be dropped. The same procedure shall be followed if a third ballot is required.

c. If voting on a third ballot does not result in the election of the required number of APhA-ASP National Member-at-large, the election shall be decided by a plurality vote on that ballot, and in the case of a tie, the APhA-ASP Speaker of the House shall cast the deciding vote.

4.11 In the event that any elected office is vacated, the APhA-ASP National Executive Committee shall appoint a replacement for that office for the remainder of the term. First consideration will be given to candidates who have fulfilled the responsibilities delineated in the “Regulations and Procedures for APhA-ASP National Officer Elections.”

## APhA-ASP HOD RULE 5:

## Voting Procedure and Rules of Order

5.1 With the exception of voting by ballot for officers as outlined in Rule 4.8, voting in the APhA-ASP House of Delegates shall be by voice.

5.2 If the result of a voice vote is uncertain, or if a division of the House is called for, a standing, show of hands, or written or electronic ballot vote will be taken. If the results are not conclusive, the

vote will be retaken and a count made. The Secretary of the APhA-ASP House of Delegates shall record the vote and the results will be announced by the APhA-ASP Speaker of the House.

5.3 A motion for a roll call vote shall be ruled out of order by the APhA-ASP Speaker of the House.

5.4 The procedures of the APhA-ASP House of Delegates shall be governed by the latest edition of Robert's Rules of Order Newly Revised unless they are inconsistent with the APhA Bylaws or APhA-ASP House of Delegates Rules of Procedure.

## APhA-ASP HOD RULE 6:
## APhA-ASP Resolution Review Process

6.1 The charge for the APhA-ASP Policy Standing Committee during its annual review of Academy resolutions shall be as follows:

a. The Committee shall review each resolution to ensure that they are assigned to the appropriate policy topic heading and date of adoption.

b. The Committee shall review each policy topic heading and may incorporate new policy topic headings, change policy topic headings, or remove policy topic headings at its discretion to ensure that the APhA-ASP Adopted Resolutions reflect contemporary terminology and that all resolutions are presented in a logical and comprehensive manner.

c. The Committee shall review each resolution and may make appropriate amendments to the resolutions to ensure that:

1. Each resolution reflects contemporary terminology.

2. Each resolution is grammatically correct.

3. Each resolution in "Active" status is representative of the Academy and requires ongoing action or demonstrates ongoing Academy support.

4. Each resolution in "Inactive" status is representative of the Academy, but no longer requires action.

5. Each resolution in "Archived" status is no longer representative of the Academy.

d. Following the APhA-ASP House of Delegates, the Committee shall review the report of the APhA-ASP House of Delegates to ensure that all active and inactive resolutions do not conflict with any newly adopted resolutions. If a conflict exists, the most recent resolution will remain active and the conflicting resolution may be amended by the Committee to reflect a position that is supportive of the most recent resolution or be placed in archived status.

e. All changes to APhA-ASP Adopted Resolutions must be approved by the House. The Committee shall highlight all proposed changes in the book of APhA-ASP Adopted Resolutions which will be available prior to the Midyear Regional Meetings. The

Committee shall make a singular motion to adopt all changes to the book of APhA-ASP Adopted Resolutions, and limited debate shall be in order. Motions to amend the book of APhA-ASP Adopted Resolutions shall require a suspension of House rules. Such suspension shall require a two thirds (2/3) majority vote.

## APhA-ASP HOD RULE 7:
## Adoption or Amendment of APhA-ASP House of Delegates Rules of Procedure

7.1 The procedure for adopting or amending these rules will be as follows:

a. Any suggested amendments or adoption of new rules must be approved by the APhA Board of Trustees.

b. The APhA-ASP National Executive Committee or any APhA-ASP Chapter Delegate or Alternate Chapter Delegate can recommend an amendment or adoption of a new rule to the APhA-ASP House of Delegates.

c. Upon approval of an amendment or new rule by the APhA Board of Trustees, the APhA-ASP House of Delegates can approve the amendment or new rule by a two thirds (2/3) vote. If the wording of the amendment or new rule is unchanged from the wording approved by the APhA Board of Trustees, the approved amendment or new rule will be adopted immediately.

d. If the wording of an amendment or new rule is changed by the APhA-ASP House of Delegates after approval by the APhA Board of Trustees, the amendment or new rule must be resubmitted to the Board. The procedure for approval and adoption will be as stated in 7.1.c.

# Appendix B

# APhA-ASP
# Midyear Regional Meeting
# Rules of Procedure

**As amended by the APhA-ASP National Executive Committee**
**January 10, 2019**

# APhA-ASP MIDYEAR REGIONAL MEETING RULES OF PROCEDURE

## APhA-ASP MRM RULE 1:
## Composition of the APhA-ASP MRM Regional Closing Session and Voting Privileges

1.1 One (1) Chapter Delegate or Alternate Chapter Delegate from the APhA-ASP chapter at each school or college of pharmacy in the region shall serve as the official voting representative of the chapter's membership during the MRM Regional Closing Session.

a. Each chapter shall elect or appoint one Chapter Delegate and one Alternate Chapter Delegate. Chapters with satellite campuses shall elect or appoint one Chapter Delegate and one Alternate Chapter Delegate if their main campus is located in a different APhA-ASP Region than the satellite campus.

b. New schools and colleges of pharmacy in the process of chartering an APhA-ASP Chapter shall elect or appoint one Chapter Delegate and one Alternate Chapter Delegate. New schools and colleges of pharmacy will be granted voting privileges upon receiving a majority vote from the Chapter Delegates present during the beginning of the MRM Regional Closing Session.

c. Each Chapter Delegate or Alternate Chapter Delegate shall complete the Credentials Form. The form shall be submitted to APhA staff by the start of the first session on Saturday of the meeting.

d. Only the properly authorized Chapter Delegate or Alternate Chapter Delegate shall be entitled to one (1) vote on behalf of the APhA-ASP chapter of which he or she is a member. The Chapter Delegate or Alternate Chapter Delegate must be present at the MRM Regional Closing Session in which voting is held. No proxy voting shall be allowed.

1.2 Should a Credentials Form be lost or misplaced by the Chapter Delegates or Alternate Chapter Delegate, he or she may be seated if verbal or written evidence is provided that he or she is a member in good standing of APhA-ASP, and that he or she has been authorized to vote on behalf of the chapter. This verification and authorization must be provided by the Chapter President, Chapter Advisor, or Dean from the school or college of pharmacy.

1.3 Members of the APhA-ASP National Executive Committee and student pharmacist representatives for the pharmacy organizations listed in the APhA-ASP House of Delegates Rules of Procedures shall not have a seat during the MRM Regional Closing Session.

## APhA-ASP MRM RULE 2:
## Development of Proposed Resolutions

2.1 The "APhA-ASP Policy Process: MRM Guide for Chapter Delegates and Attendees" will serve as guidance for chapters to develop proposed resolutions. The document shall be updated each year by the APhA-ASP National Executive Committee prior to the start of the MRM. No guidance contained within the document will conflict with any APhA-ASP MRM Rules of Procedure.

2.2 Each Chapter shall be permitted to submit one (1) proposed resolution at the MRM. Chapters with satellite campuses or multiple campuses will only be allowed to submit one (1) proposed resolution per accreditation.

## APhA-ASP MRM RULE 3:
## Consideration of Proposed Resolutions

3.1 All proposed resolutions must be officially submitted by the Chapter to the APhA-ASP Regional Delegate.

a. The Chapter shall submit proposed resolutions using the APhA-ASP MRM Proposed Resolutions Form to the APhA-ASP Regional Delegate prior to start of the MRM. Dates and deadlines will be established annually via the "APhA-ASP Policy Process: MRM Guide for Chapter Delegates and Attendees" will serve as guidance for chapters to develop proposed resolutions.

3.2 All final proposed resolutions will be disseminated by the APhA-ASP Regional Delegate to each APhA-ASP Chapter at least one week prior to the start of the MRM to allow for discussion of the proposed resolutions at the chapter level.

3.3 The APhA-ASP Regional Delegate shall hold an open session at a time and place announced in the MRM program at which all APhA-ASP members and any other interested persons may testify in support of, or in opposition to, the proposed resolutions.

3.4 Following the open session at the MRM, Chapters may vote to refer each proposed resolution to the APhA-ASP Resolutions Committee for their consideration. The "APhA-ASP Policy Process: MRM Guide for Chapter Delegates and Attendees" will serve as guidance for chapters to vote or recommend amendments to the proposed resolutions.

3.5 In the case of a proposed resolution that requires immediate attention, or if the proposal is not consistent with the format of existing APhA-ASP Adopted Resolutions, Chapter Delegates may request that the proposal be addressed by the APhA-ASP National Executive Committee in writing following the APhA-ASP MRM.

## APhA-ASP MRM RULE 4:
## New Business

4.1 All new business items must be submitted by the Chapter.

4.2 The Chapter shall submit new business items on the APhA-ASP MRM New Business Item Form to the APhA-ASP Regional Delegate prior to the start of the first session on Saturday of the meeting. If any subject matter will include offering of a motion, the writing shall include the motion to be offered.

4.3 New business shall be discussed during an open session at a time and place announced in the MRM program at which all APhA-ASP members and any other interested persons may testify in support of, or in opposition to, the new business.

4.4 Once discussed during the open session, new business items shall be considered a proposed resolution and shall follow the rules outlined in APhA-ASP MRM Rule 3: Consideration of Proposed Resolutions.

4.5 Any new business submitted after the open session shall not be considered by the Chapter Delegates.

## APhA-ASP MRM RULE 5:
## Regional Officer Election Procedure

5.1 All candidates for regional offices to be filled at the APhA-ASP MRM shall fulfill the responsibilities as established by the APhA-ASP National Executive Committee.

5.2 Each APhA-ASP Chapter within the region shall appoint one individual to serve on the APhA-ASP Regional Nominating Committee by the start of the first session on Saturday of the meeting. All representatives to the APhA-ASP Regional Nominating Committee must be APhA-ASP members.

5.3 The APhA-ASP Regional Nominating Committee shall be chaired by the APhA-ASP Regional Delegate. If the APhA-ASP Regional Delegate is unable to fulfill the duties as chair, an APhA-ASP National Officer shall appoint a chair or serve in this role.

5.4 The APhA-ASP Regional Nominating Committee may slate up to two (2) candidates for the offices of Regional Delegate, Regional Member-at-large, and Midyear Regional Meeting Coordinator. An informal announcement of the slate may be made at any time after the Committee's selection of candidates.

5.5 The Regional Nominating Committee is bound by the eligibility and election procedures of the APhA-ASP Regional Officer Application and the Nominating Committee Guidelines.

5.6 The Regional Nominating Committee shall report its slate separately for each office. Following the Report of the Committee, nominations for that same office may be made from the floor. Only those candidates who have fulfilled the requirement of candidacy may be nominated. Nominations shall require a second. Candidates who are placed on the ballot for any office shall not be eligible for nomination from the floor in subsequent nominations for other offices.

5.7 In the case that there is no candidate eligible for election, the APhA-ASP National Executive Committee Member present may select at least one (1) member, and no more than two (2) members, to be placed on the ballot for that office. First consideration shall be given to candidates who have fulfilled the responsibilities of candidacy. The candidate(s) nominated for the office by the APhA-ASP National Executive Committee Member shall then be elected by the Chapter Delegates. In the case that there are no candidates for election, the APhA-ASP National Executive Committee shall meet following the MRM and appoint a member to the regional office.

5.8 Elections for each office shall be held separately. Each candidate for the office undergoing election shall be allowed four (4) minutes in which he or she may address the Chapter Delegates or Alternate Chapter Delegates of the MRM Regional Closing Session in support of his or her candidacy. Time shall be calculated from the moment the candidate begins his or her presentation. Candidates shall be granted the privilege of the podium in alphabetical order by slate and then by the same order as placed on the ballot.

5.9 Voting shall be by written or electronic ballot, and the results of each election shall be disclosed at the end of elections for all offices.

5.10 A majority vote shall be required for election of APhA-ASP Regional Delegate, Regional Member-at-large, and Midyear Regional Meeting Coordinator. Should no candidate receive a majority vote on the first ballot, the following procedure shall be followed:

a. The name of the candidate with the least number of votes or in the case of a tie, the names of candidates tied with the least number of votes on the first ballot shall be omitted from a second ballot. However, if dropping the lowest vote recipient(s) would result in the remaining candidate(s) being elected by default, the lowest vote recipient(s) would not be dropped. The same procedure shall be followed if a third ballot is required.

b. If voting on a third ballot does not result in the election of an officer, the election shall be decided by a plurality vote on that ballot. In the case of a tie, the APhA-ASP National Officer shall cast the deciding vote.

5.11 In the event that any elected office is vacated, the APhA-ASP National Executive Committee shall appoint a replacement for that office for the remainder of the term. First consideration will be given to candidates who have fulfilled the responsibilities of running for office.

## APhA-ASP MRM RULE 6:
## Voting Procedure and Rules of Order

6.1 With the exception of voting by ballot for officers, voting in the MRM Regional Closing Session shall be by voice.

6.2 If the result of a voice vote is uncertain, or if a division of the House is called for, a standing, show of hands, written, or electronic ballot vote will be taken. If the results are not conclusive, the vote will be retaken, and a count made.

6.3 The procedure of the APhA-ASP MRM Regional Closing Session shall be governed by the latest edition of Robert's Rules of Order Newly Revised unless they are inconsistent with the APhA Bylaws or APhA-ASP MRM Rules of Procedures.

## APhA-ASP MRM RULE 7:
## Adoption or Amendment of APhA-ASP MRM Rules of Procedure

7.1 The procedure for adopting or amending these rules will be as follows:

a. Any APhA-ASP Chapter Delegate or Alternate Chapter Delegate can recommend an amendment or adoption of a new rule to the APhA-ASP MRM Rules of Procedure.

b. Any suggested amendments or adoption of new rules must be approved by the APhA-ASP National Executive Committee.

# Appendix C

# Past Speakers of the APhA-ASP House of Delegates 1969 – Present

APhA Academy of Student Pharmacists

# Past Speakers 1969 - 2004

## PAST SPEAKERS OF THE HOUSE OF DELEGATES

### Student American Pharmaceutical Association (SAPhA)

| Year | APhA Delegate | School or College of Pharmacy |
|---|---|---|
| 1969-1970 | Carey V. Post | University of Houston |
| 1970-1971 | Lawrence J. Frieders | University of Illinois at Chicago |
| 1971-1972 | Lawrence E. Patterson | University of Nebraska Medical Center |

| Year | SAPhA Speaker | School or College of Pharmacy |
|---|---|---|
| 1972-1973 | Harry C. Watters | University of Illinois at Chicago |
| 1973-1974 | M. Lynn Crimson | The University of Oklahoma |
| 1974-1975 | Michael Ira Smith | University of Minnesota |
| 1975-1976 | Keith J. Frederick | St. Louis College of Pharmacy |
| 1976-1977 | Tery Baskin | University of Arkansas for Medical Sciences |
| 1977-1978 | James F. Emigh | Washington State University |
| 1978-1979 | Daryl R. Wesche | St. Louis College of Pharmacy |
| 1979-1980 | Brian A. McDonald | Ferris State University |
| 1980-1981 | Michael A. Moné | University of Florida |
| 1981-1982 | Dudley A. Demarest, Jr. | University of Maryland |
| 1982-1983 | George E. Jones, Jr. | University of Kentucky |
| 1983-1984 | Les E. Bennett | University of California, San Francisco |
| 1984-1985 | Jennifer S. Taylor | Drake University |
| 1985-1986 | Brockman E. Nyberg | Washington State University |
| 1986-1987 | Daniel C. Malone | University of Colorado |

### American Pharmaceutical Association Academy of Students of Pharmacy (APhA-ASP)

| Year | APhA-ASP Speaker | School or College of Pharmacy |
|---|---|---|
| 1987-1988 | Bethany Boyd | The University of Texas at Austin |
| 1988-1989 | Lora Hummel Mayer | South Dakota State University |
| 1989-1990 | Patti L. Gasdek | Mercer University |
| 1990-1991 | Monique Jackson | Xavier University |
| 1991-1992 | Jill Bot | St. Louis College of Pharmacy |
| 1992-1993 | Valerie Prince | Mercer University |
| 1993-1994 | Shevan Graham | The University of Texas at Austin |
| 1994-1995 | Eric Wolford | University of North Carolina at Chapel Hill |
| 1995-1996 | Valerie Schmidt | West Virginia University |
| 1996-1997 | Trey Gardner | University of Arkansas for Medical Sciences |
| 1997-1998 | Trey Gardner* | University of Arkansas for Medical Sciences |
| 1998-1999 | Lawrence "LB" Brown | University of the Pacific |
| 1999-2000 | Macary Barba Weck | University of North Carolina at Chapel Hill |
| 2000-2001 | Joshua C. Welborn | University of Washington |
| 2001-2002 | Aubrey M. Giebeig | University of Florida |
| 2002-2003 | Heather R. Ferguson | The University of Georgia |
| 2003-2004 | Ami E. Doshi | Rutgers University |

* 1997-1998 Replaced Helen Park Mid-year

APhA Academy of Student Pharmacists

# Past Speakers 2004 - Present

## PAST SPEAKERS OF THE HOUSE OF DELEGATES

### American Pharmacists Association Academy of Student Pharmacists (APhA-ASP)

| Year | APhA-ASP Speaker | School or College of Pharmacy |
|---|---|---|
| 2004-2005 | Collin S. Conway | University of Washington |
| 2005-2006 | Jennifer K. Short | University of New Mexico |
| 2006-2007 | Laura Yelvigi* | University of the Sciences in Philadelphia |
| 2007-2008 | Melissa Skelton Duke | University of New Mexico |
| 2008-2009 | Joey Mattingly | University of Kentucky |
| 2009-2010 | Alison Knutson | University of Minnesota |
| 2010-2011 | Veronica Vernon | Purdue University |
| 2011-2012 | Ashley Weems | Auburn University |
| 2012-2013 | Athena Hobbs | University of Texas at Austin |
| 2013-2014 | JT Fannin | University of Florida |
| 2014-2015 | Loren Madden Kirk | East Tennessee State University |
| 2015-2016 | Lauren Bode | The University of Tennessee Health Science Center |
| 2016-2017 | Dylan Atkinson | University of Pittsburgh |
| 2017-2018 | Jason Gaines | Mercer University |
| 2018-2019 | Grace Baek | University of Minnesota |
| 2019-2020 | Andrea McDonald | Lipscomb University |
| 2020-2021 | Susan Dembny | University of Houston |
| 2021-2022 | Brooke Kulusich | University of Pittsburgh |
| 2022-2023 | Ronald Levinson III | University of Florida |
| 2023-2024 | Mark Nagel** | The University of Iowa |
| 2024-2025 | Stephen Presti | The University of Iowa |
| 2025-2026 | Hayden Wood | University of Arkansas for Medical Sciences |

* 2006-2007 Replaced John Zeuli Mid-year
** 2023-2024 Replaced Alexander Spanenberg Mid-year

# APhA Academy of Student Pharmacists

APhA

American Pharmacists Association