

APhA-ASP

Proposed Resolutions for Region 1

Policy Proposal Forum

Wednesday, October 25, 2023

Regional Policy Process

PROPOSED RESOLUTION FORM

Region # 1

Proposing APhA-ASP Chapter: University of Rhode Island

Proposed Resolution Title/Topic: 2023.1 Syringe Sanitation Program

Proposed wording (*desired action(s)*): APhA-ASP supports the distribution of secure needle disposal bins near or outside of community pharmacy buildings in high population density areas (3,000 persons per square mile).

Background Statement (list reasons for the action(s) / pros and cons / references or resources):

The distribution and sale of syringes to those persons with substance use helps to provide a reduced risk and spread of injection related disease such as HIV and AIDS. For many individuals, community pharmacies are an invaluable resource in order to obtain clean, unused syringes. An increasingly common issue, especially in many urban areas, is the improper disposal of syringes, especially those outdoors on the ground. This makes individuals at risk for accidental needle sticks which carry the injection drug use risks mentioned earlier. Providing a one way, secure receptacle outside of the pharmacy to allow safe, anonymous disposal may help encourage others to dispose of syringes without prejudice. Trialing this in higher population areas first may be beneficial to assess if the bins make a difference in the amount of used syringes found in the environment. Supporting this policy would help to reduce incidents of accidental needle sticks, reducing the risk and spread of injection drug use based diseases.

References:

1. Maciag, M. (2021, June 2). Population density for U.S. cities statistics. Governing.
<https://www.governing.com/archive/population-density-land-area-cities-map.html>
2. National Harm Reduction Coalition. (2021, June). Let's Talk Syringe Litter. New Jersey League of Municipalities | Official Website. <https://www.njlm.org/ArchiveCenter/ViewFile/Item/1593>
3. NIDA. (2023, February 17). Syringe services programs. National Institute on Drug Abuse.
<https://nida.nih.gov/research-topics/syringe-services-programs>

Are there any adopted resolutions currently on the books related to this Proposed Resolution?

Yes___ **No**

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Midyear Regional Meetings **PROPOSED RESOLUTION FORM**

Region #: 1

Proposing APhA-ASP Chapter: Massachusetts School of Pharmacy and Health Sciences-Worcester

Proposed Resolution Title/Topic: 2023.2 Expanding Pharmacist Prescriptive Authority for Hormonal and Non-Hormonal Birth Control to Improve Patient Care

Proposed wording (*desired action(s)*):

1. APhA-ASP recognizes the critical role pharmacists play in patient care and contraception services. We propose advocating for legislative and regulatory changes at the national level to expand the scope of practice for pharmacists, granting them prescriptive and administrative authority for both hormonal and non-hormonal contraception. This includes but is not limited to oral contraception, vaginal ring, patch, injectable contraception, and non-hormonal contraception such as the newly approved vaginal gel. The desired actions are as follows:
 - a. APhA-ASP encourages pharmacists and student pharmacists to actively participate in advocating for legislative and regulatory changes that permit pharmacists nationwide to prescribe and administer hormonal and non-hormonal contraception.
 - b. APhA-ASP supports initiatives that aim to enhance patient access to essential contraceptive options by allowing pharmacists to provide these services in compliance with state and federal regulations.
 - c. APhA-ASP advocates for removing regulatory barriers that currently prevent pharmacists from prescribing and administering contraception and for the fair compensation of pharmacists for their valuable services, on par with other healthcare providers.

Background Statement (list reasons for the action(s) / pros and cons / references or resources):

Pharmacists are well-positioned to improve patient care by expanding their scope of practice to include prescriptive and administrative authority for hormonal and non-hormonal contraception. Many states have already adopted such practices, which have been shown to be cost-effective and result in significant healthcare savings. The evidence supporting this expansion includes the study titled 'Association of Pharmacist Prescription of Hormonal Contraception With Unintended Pregnancies and Medicaid Costs' published in *Obstetrics & Gynecology* (2019). This study demonstrated the potential for significant cost savings and improved quality of life when pharmacists are authorized to

prescribe hormonal contraception.

The proposed resolution aligns with APhA-ASP's commitment to enhancing patient care, access to essential medications, and reproductive health outcomes. It empowers pharmacists to play a more active role in contraception services, reducing the burden on primary care providers and gynecologists and enhancing the overall quality of family planning services.

Are there any adopted resolutions currently on the books related to this Proposed Resolution?

Yes___ No X

If yes, please provide the number and title of the adopted resolution(s) as well as your rationale for the addition of this Proposed Resolution:

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**Midyear Regional Meetings PROPOSED RESOLUTION FORM**

Region # 1**Proposing APhA-ASP Chapter:** St. John's University, Queens, NY**Proposed Resolution Title/Topic:** 2023.3 Prescription Discount Companies and Patient Health Information.**Proposed wording (*desired action(s)*):**

1. APhA-ASP discourages prescription discount companies from collecting patient health information to safeguard patient confidentiality, mitigate risks associated with third-party partnerships, and reduce the harm associated with potential data breaches.

Background Statement (list reasons for the action(s) / pros and cons / references or resources):

Prescription discount companies, frequently utilized by patients through convenient cards or QR scans, provide substantial savings on medications. A prescription discount company is an organization or service that offers discounts on prescription medications to consumers. These companies typically negotiate with pharmacies or pharmaceutical manufacturers to secure lower prices on certain drugs, which they then pass on to their members or customers. They can be a valuable resource for individuals who are uninsured, underinsured, or have high prescription drug costs. Prime examples of these companies include GoodRx and SingleCare. According to a 2019 study by the Center for Disease Control and Prevention in the United States, 48.6% of individuals used at least one prescription drug in the past month, and concurrently, 10.3% were uninsured in the same year. For those without insurance, prescription discount cards often serve as a crucial means to alleviate healthcare costs, at no expense to them. Consequently, not only do uninsured individuals benefit from this "great deal," but some insured patients also prefer these cards, as their total prescription cost may be lower than their insurance co-payment. This explains the growing popularity of prescription discount companies, as evidenced by the clear demand from patients and the widespread availability of these discounts online.

The process of using prescription discount cards at participating pharmacies mirrors that of insurance cards for processing. This involves three key participants: the pharmacy benefits manager (PBM) responsible for establishing and negotiating discount terms with pharmacies, the pharmacies themselves, and marketing companies aiding in the promotion of the discount card. Ultimately, participating pharmacies extend varying discounts on a range of prescription medications, all accessible to patients at no cost. While patients appreciate the absence of a monetary fee for these discounts, it doesn't imply there are no downsides. While processing, these companies gather personal and health information from their users, which includes data provided by users themselves, as well as information from pharmacy benefit managers confirming a consumer's purchase using the company's coupon. Despite some companies claiming they won't share personal health information provided by consumers, this has proven untrue, as seen in the case of GoodRx, a prominent prescription discount card. GoodRx

recently faced a \$1.5 million civil penalty by the Federal Trade Commission for sharing their users' private health information with third-party websites for advertising purposes. Nevertheless, advertising isn't the sole purpose for which prescription discount companies may employ their users' information; they may also sell patient data to other companies for data aggregation and analytical purposes, establish third-party partnerships to broaden their reach, and offer supplementary resources. Additionally, with the extensive use of digitalized information, people are often susceptible to getting hacked, and large companies are no exception. If these companies' websites lack proper safeguards, there's potential for data breaches, risking the exposure of sensitive patient information. Such information includes names, addresses, and medical details; all of which make it easier for identity theft and fraud to occur.

Consequently, patient information, whether personal or health-related, should not be stored or collected by prescription drug companies in any capacity, as this poses a significant threat to the sanctity of patient information. APhA should prioritize upholding patient privacy and the responsible handling of health information by prescription discount companies.

Pros: Safeguarding patient health information ensures that prescription drug companies cannot exploit it for financial gain through third-party affiliations and data studies. It grants patients autonomy over the dissemination of their information and guarantees full compliance with the Health Insurance Portability and Accountability Act.

Cons: Limiting access to patient information may impede crucial research and analytics on healthcare trends and drug development, potentially hampering companies' ability to reach new consumers and provide personalized care.

References:

1. CDC. (2019). FastStats - Therapeutic Drug Use. Centers for Disease Control and Prevention. <https://www.cdc.gov/nchs/faststats/drug-use-therapeutic.htm>
2. FTC Enforcement Action to Bar GoodRx from Sharing Consumers' Sensitive Health Info for Advertising. (2023, January 31). Federal Trade Commission. <https://www.ftc.gov/news-events/news/press-releases/2023/02/ftc-enforcement-action-bar-goodrx-sharing-consumers-sensitive-health-info-advertising#:~:text=The%20company%20collects%20personal%20and>
3. Hilas, O. (2021, October 15). A Pharmacist's Primer on Prescription Discount Cards. [www.uspharmacist.com. https://www.uspharmacist.com/article/a-pharmacists-primer-on-prescription-discount-cards](https://www.uspharmacist.com/article/a-pharmacists-primer-on-prescription-discount-cards)
4. Hill, M. (2021, October 13). The Cons of Drug Discount Cards. National Pharmacy Technician Association (NPTA). <https://www.pharmacytechnician.org/NewsBot.asp?MODE=VIEW&ID=29127>
5. U.S. Uninsured Rate Dropped 18% During Pandemic. (2023, May 18). [www.cdc.gov. https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2023/202305.htm#:~:text=8.4%25%20or%2027.6%20million%20Americans](https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2023/202305.htm#:~:text=8.4%25%20or%2027.6%20million%20Americans)

Are there any adopted resolutions currently on the books related to this Proposed Resolution?

Yes___ No x

If yes, please provide the number and title of the adopted resolution(s) as well as your rationale for the addition of this Proposed Resolution: N/A

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PROPOSED RESOLUTION FORM

Region # 1

Proposing APhA-ASP Chapter: University at Buffalo School of Pharmacy and Pharmaceutical Sciences

Proposed Resolution Title/Topic: 2023.4 Practice of CDTM in Ambulatory Care

Proposed wording (*desired action(s)*): APhA-ASP advocates for nationwide practice of CDTM in ambulatory care settings.

Background Statement (list reasons for the action(s) / pros and cons / references or resources):

Primary care is crucial for maintaining overall health and preventing and managing various medical conditions. It serves as the foundation of a well-functioning healthcare system by providing continuous and comprehensive care, addressing preventive measures, managing chronic conditions, and coordinating specialized care when needed. Despite its pivotal role, the United States faces a shortage of primary care practitioners. This scarcity can be attributed to factors such as an aging population, an increased prevalence of chronic diseases, and a relative lack of incentives for healthcare professionals to pursue careers in primary care. The shortage has implications for public health, as individuals may face challenges in accessing timely and consistent healthcare services. Investing in the recruitment, training, and support of primary care practitioners are essential for building a resilient healthcare system that can effectively address the diverse health needs of the population.

According to the New York State Council of Health-system Pharmacists (NYSCHP), CDTM (Collaborative Drug Therapy Management) "allows pharmacists to engage in a formal collaborative practice arrangement with a pharmacist so long as the pharmacist is practicing in facilities regulated by articles twenty-eight of the public health law, including any diagnostic center, treatment center or hospital based outpatient department (including outpatient clinics)" was passed recent law and regulations- not every pharmacist in every setting can participate- mostly outpatient clinics of hospitals and others. CDTM can range from anticoagulation management, diabetes management, hypertension management and immunizations. Law on CDTM is regulated by independent state departments of health. This makes it so that recommendations made by pharmacists are unable to modify drug therapy pursuant to any collaborative practice.

States across the USA, as well as other nations have successfully adopted CDTM into varying types of practice sites- some States allow for a broader definition than others. Given the high quality of ACPE pharmacy accreditation standards, including CDTM in broader pharmacy practice sites nationwide will allow pharmacists to practice clinical pharmacy to its full scope.

Are there any adopted resolutions currently on the books related to this Proposed Resolution?

Yes___ No X

If yes, please provide the number and title of the adopted resolution(s) as well as your rationale for the addition of this Proposed Resolution: _N/A_

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PROPOSED RESOLUTION FORM

Region # 1

Proposing APhA-ASP Chapter: St. John Fisher University Wegman's School of Pharmacy

Proposed Resolution Title/Topic: 2023.5 Pharmacist Demonstration of Blood Glucose Testing

Proposed wording (*desired action(s)*):

1. APhA-ASP encourages pharmacists to directly demonstrate proper blood glucose monitoring techniques.

Background Statement (list reasons for the action(s) / pros and cons / references or resources):

In light of the increasing prevalence of diabetes and the pivotal role pharmacists play in patient care, we propose a resolution urging the APhA-ASP to advocate for pharmacists' direct demonstration of blood glucose monitoring techniques to patients. Research published in the Journal of Diabetes Science and Technology underscores the critical need for accurate self-monitoring of blood glucose levels to manage diabetes effectively.¹ Self-monitoring of blood glucose is an integral part of diabetes management and is known to slow the progression of diabetes related complications.¹ By allowing pharmacists to directly instruct patients on the proper use of blood glucose testing lancets and monitors, we can enhance patient education, improve adherence to monitoring regimens, and ultimately contribute to better glycemic control. A recent systematic review involving studies on pharmacist interventions in patients with diabetes mellitus reported greater improvements in hemoglobin A1C, blood pressure, cholesterol, and body mass index as compared with physician-only clinical models.²

References:

1. Kirk JK, Stegner J. Self-Monitoring of Blood Glucose: Practical Aspects. Journal of Diabetes Science and Technology. 2010;4(2):435-439. doi:<https://doi.org/10.1177/193229681000400225>
2. Halalau A, Sonmez M, Uddin A, Karabon P, Scherzer Z, Keeney S. Efficacy of a pharmacist-managed diabetes clinic in high-risk diabetes patients, a randomized controlled trial - "Pharm-MD." BMC Endocrine Disorders. 2022;22(1). doi:<https://doi.org/10.1186/s12902-022-00983-y>

Are there any adopted resolutions currently on the books related to this Proposed Resolution?

Yes ____ No X

If yes, please provide the number and title of the adopted resolution(s) as well as your rationale for the addition of this Proposed Resolution:

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PROPOSED RESOLUTION FORM

Region # 1

Proposing APhA-ASP Chapter: Albany College of Pharmacy and Health Sciences

Proposed Resolution Title/Topic: 2023.6 Expanding the Role of Pharmacists Pre- and Post-Vaccine Administration.

Proposed wording (*desired action(s)*):

1. APhA-ASP encourages legislation to increase the role of pharmacists following the administration of vaccines to patients. Currently, the vaccines that a registered pharmacist can administer are state-specific and this inconsistency can be addressed by aligning every state with CDC recommendations at a minimum.
2. APhA-ASP advocates that a pharmacist should be mandated to verify a patient's risk for certain infections by thoroughly checking up on vaccination history through the patient's electronic health record (EHR). If a pharmacist determines a patient is eligible for a vaccine/vaccination series, then they should then counsel to offer the corresponding vaccines to the patient directly themselves.

Background Statement (list reasons for the action(s) / pros and cons / references or resources):

The automatic in-depth screening of a patient's vaccine history by a pharmacist can lead to higher nationwide vaccination rates in both the adult and children population. This protocol would also ensure consistency among states due to adherence of the vaccination schedules per the Centers for Disease Control and Prevention.¹ While vaccination rates in developed countries such as the United States of America (U.S) are greater than those of developing nations, the rates can be improved on.² As an example, according to the National Institutes of Health, only 53.7% of girls and 48.7% of boys aged 13–17 years have completed the required doses of human papillomavirus (HPV) vaccines in the United States. This is despite HPV being one of the most common viral infections causing cancer.³

One way to address gaps in vaccination rates is to achieve statewide consistency for vaccination administration. According to the National Alliance of State Pharmacy Associations (NASPA) and the American Pharmacists Association (APhA), states such as Missouri currently require a prescription or emergency protocol to vaccinate against HPV. Other states such as Hawaii and Iowa declare that "[pharmacist] administration authority excludes ages younger than 11 for HPV". Considering the statistics previously listed, it would be beneficial if pharmacists were able to administer the HPV vaccine unconditionally. Additionally, more vaccine restrictions are placed on pharmacists when the patient is younger than 18 years old. There are currently 8 states where pharmacists are "not authorized to administer vaccines to individuals under 18 years of age", and 13 states where "a prescription is needed for certain vaccines, ages, or circumstances".⁴ If pharmacists were able to administer all CDC suggested vaccines without limitations, vaccination rates would be much greater. With increased vaccination rates, we will be more likely to attain herd immunity against infection and decrease the likelihood of illness when infected.⁵

This proposal would also increase the scope of practice for pharmacists in various states and enable them to serve their patients better. Additionally, if pharmacists and student pharmacists are properly trained and aware of vaccine disparities related to gender, race as well as common at-risk groups for certain infections, then they can intervene before it's too late. With the proper education and training, pharmacists can educate their patients of the essential role that vaccination plays in public health intervention (WHO). To smoothen this process, a patient's EHR from doctor's offices should automatically sync with the pharmacy's internal computer system to flag if said patient requires a vaccine. If the patient agrees to vaccination, pharmacists and interns can administer the vaccine on the spot, without having to make an appointment at a doctor's office. This direct process helps build a sense of trust and rapport between the patient and pharmacist as well as alleviate the workload on healthcare providers. This was exemplified during the COVID-19 pandemic, when pharmacists played a pivotal role in vaccine administration.

References:

1. Centers for Disease Control and Prevention. (2023, April 27). Adult immunization schedule – healthcare providers. Centers for Disease Control and Prevention. <https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html>
2. Mapping our unvaccinated world. pandem. (2023, September 13). <https://pandemic.com/mapping-our-unvaccinated-world/>
3. McElfish PA;Narcisse MR;Felix HC;Cascante DC;Nagarsheth N;Teeter B;Faramawi MF; (n.d.). Race, nativity, and sex disparities in human papillomavirus vaccination among young adults in the USA. Journal of racial and ethnic health disparities. <https://pubmed.ncbi.nlm.nih.gov/33033889/>
4. Pharmacist Immunization Authority. NASPA. (2023, April 25). <https://naspa.us/blog/resource/pharmacist-authority-to-immunize/>
5. MC, T. C. (n.d.). Meningococcal vaccines and herd immunity: Lessons learned from Serogroup C conjugate vaccination programs. Expert review of vaccines. <https://pubmed.ncbi.nlm.nih.gov/19538112/>

Are there any adopted resolutions currently on the books related to this Proposed Resolution? Yes X
No

If yes, please provide the number and title of the adopted resolution(s) as well as your rationale for the addition of this Proposed Resolution:

2013.1 - Expanding Immunization Privileges for Pharmacists and Student Pharmacists

An addition to this proposed resolution is necessary to introduce preparedness when confronting infectious disease outbreaks and ensure consistency among state regulations.

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PROPOSED RESOLUTION FORM

Region #: 1

Proposing APhA-ASP Chapter: University of New England, School of Pharmacy

Proposed Resolution Title/Topic: 2023.7 Comprehensive medication lists in community pharmacy

Proposed wording (*desired action(s)*):

1. APhA-ASP urges for the implementation of comprehensive current medication lists including all prescription medications, over-the-counter products, and herbal supplements for all patients in the community pharmacy setting to improve patient outcomes.

Background Statement (list reasons for the action(s) / pros and cons / references or resources):

If there is an incomplete medication list for a patient at the community pharmacy, a proper drug interaction screening cannot be done and therefore adverse drug events, hospitalization, or even death can occur. Pharmacists are the drug interaction experts, putting them in the ideal position to review medication lists. Patients see their community pharmacist up to two times more often than any other healthcare professional¹, so community pharmacists should have the most up-to-date prescription, over-the-counter (OTC), and herbal list. The use of a comprehensive current medication list in community pharmacy will, without a doubt, improve patient outcomes.

In fact, many community and clinical pharmacists already provide Medication Therapy Management (MTM) services, such as Comprehensive Medication Reviews (CMR), where the pharmacist reviews all prescription, OTC, and herbal medications that the patient has used within the last year. During a CMR, the pharmacist can identify any non-adherence, inappropriate medications, and indications that are not being properly treated. If pharmacists are already able to do MTM work, it only makes sense that community pharmacists should have access to a comprehensive medication list for all patients.

In the hospital setting, a medication reconciliation process is performed by the hospital pharmacy staff for all admitted patients. The hospital pharmacy staff completing the medication reconciliation often needs a minimum of two sources to verify the patient's medication history. If retail pharmacists have access to all current OTC and prescription medications, it would allow for hospital pharmacists to have a thorough source to verify an admitted patient's medication history.

Today, patients have many options as to where they can purchase their prescription medications. Many insurance companies prefer mail order, but these patients still pick up acute medications such as antibiotics at traditional retail pharmacies. Discount card companies allow patients with inadequate or no insurance coverage to get prescription medications at an affordable price. Since prices are based on fill location, a patient may use several retail

pharmacies. For instance, in Portland, Maine the GoodRx price for a quantity of 30 atorvastatin 20 mg tablets varies from \$0.80 to \$18.47,² with these prices changing frequently. Cost Plus Drug Pharmacy—an online, mail order pharmacy that sells generic medications at a cheaper cash price than many insurance copay prices—charges \$5.90 for 30 atorvastatin 20 mg tablets.³ Forbes recently posted an article titled “Best Online Pharmacies of October 2023” where the pros and cons of seven online pharmacies similar to Cost Plus were listed, citing price as a pro or con for each online pharmacy.⁴ While very few people use specialty pharmacies, specialty drugs are used for complex illnesses such as HIV, AIDS, bleeding disorders, and cancer, all of which the community pharmacist should be aware of.

With so many sources of prescription medications, drug-drug interactions (DDIs) are occurring unnecessarily. For instance, sildenafil—whose prices vary significantly by location—is a drug that patients commonly use discount cards for, rather than insurance or the cash price. If a patient purchases sildenafil (a CYP3A4 substrate) at a new pharmacy and this pharmacy is unaware that the patient is taking diltiazem (a CYP3A4 inhibitor), the patient can experience symptoms of sildenafil toxicity such as headache and dizziness. Polypharmacy—commonly defined as taking 5 or more daily medications—puts older adults at higher risk of DDIs.⁵ The landmark 2018 D-PRESCRIBE study concluded that, compared to usual care, a pharmacist-led educational intervention resulted in greater discontinuation of inappropriate medications after 6 months.⁶ Community pharmacists are well-positioned to recognize DDIs and inappropriate prescription medications, but they must have access to comprehensive prescription medication lists in order to do so.

It is imperative that community pharmacists are aware of all prescriptions as well as OTC products that a patient is on. Not only do many OTC products have significant DDIs, many patients are taking OTC products inappropriately and therefore potentially putting unnecessary harm onto themselves. For instance, in a 2016 study where 20 older adults were tasked with selecting an OTC product for a “hypothetical pain and sleep scenario”, the most common drug selection error involving 60% of the participants was a DDI.⁷ Pharmacists are well-positioned to ensure that no significant DDIs exist with a patient’s OTC products. For example, a patient may be prescribed ciprofloxacin for a UTI, and unaware that Tums are a “calcium-containing product” that the pharmacist had counseled on. The patient experiences daily acid reflux after dinner and takes Tums ten minutes before their evening dose of ciprofloxacin. Had the pharmacist known that the patient regularly takes Tums, then the patient could have been informed to avoid this product that leads to decreased absorption of the antibiotic.

If a pharmacist is aware of all OTC products that a patient uses, then the pharmacist can ensure that those products are safe and effective based on individual characteristics for each patient. A 2022 randomized controlled trial aimed to determine the best method for participants to discontinue their proton pump inhibitor (PPI) medication.⁸ OTC PPIs are commonly taken for long periods of time, and recent data shows that long-term use of PPIs has significant adverse effects.⁸ The researchers concluded that tapering off of PPIs would be the most effective option for discontinuation, but “many participants will succeed in discontinuing PPI regardless of the discontinuation strategy due to the explanation that discontinuation is necessary.”⁸

With increasing distrust in the healthcare system, poorer financial standing, and desire for natural products, among other reasons, many patients choose to self-treat with herbal supplements. Patients may not tell providers what herbal supplements they are taking due to the misconception that because supplements are natural, then they are safe. For example, many herbal products are contraindicated with common drugs such as warfarin. Another commonly-used herbal product is St. John’s Wort, typically taken to alleviate symptoms of medical conditions such as depression, premenstrual syndrome, and psoriasis.⁹ Patients are likely

unaware that this product has hundreds of DDIs. It is recommended that patients receive counseling and monitoring through an interprofessional team to ensure that the patient is taking St. John's Wort safely.⁹ The community pharmacist is educated to play a major role in herbal supplement counseling, which is why it is essential that retail pharmacies have a history-taking ability that includes herbal supplements.

While the ultimate goal would be to have a section in the patient's profile where OTC and herbal products name, dose, frequency, and indication can be added and included in the DDI screening, most community pharmacy computer systems are already set up to add "patient notes" that can present in a pop-up window at any stage of workflow. A simple note such as "pt takes naproxen 440 mg prn migraine, cetirizine 10 mg QD, and milk thistle QD" can easily show at pharmacist verification steps. However, a note like this would not put the OTC and herbal products in the system's DDI screening. This adds a time-consuming step to the pharmacist's verification process, relying on the pharmacist to identify any DDIs involving prescriptions purchased at other pharmacies, OTC, and herbal products.

A comprehensive medication list in community pharmacies will improve patient outcomes, but while the patients may benefit, how is the pharmacy staff impacted? Pharmacists are eager for updates that allow them to improve patient safety. Perhaps retail pharmacy chains that already have an app where patients can fill and manage prescription medications can add a feature where patients can self-report OTC and herbal products. This would allow for more accurate reporting of medications because the patient can see their medicine cabinet while at home rather than trying to relay their medications from memory when at the pharmacy. To make it even easier for patients, a list of common OTC and herbal products can be listed in a checkbox format organized by indication (cough/cold, pain, allergy, etc.). Since some patients do not have access to a smartphone, pharmacy staff will also have capabilities to update medication lists. Additionally, this feature would reduce the time burden of pharmacy staff asking patients to list all their medications. Once pharmacy staff get used to this new feature, it will become a seamless integration into patient care.

While retail chain companies will have to spend time and money to allow for this proposed system update, recognizing potential DDIs before a drug is dispensed will greatly decrease healthcare costs as a whole. A 2019 systematic review of drug related hospital admissions found that drug related problems contribute to more than 15% of hospital admissions, and most of those admissions were preventable.¹⁰ If community pharmacists have access to a comprehensive medication list, then they are able to do effective drug interaction screenings and apply their vast knowledge of drug related problems. Community pharmacists can be leaders in reducing the healthcare burden of preventable drug related hospital admissions.

The time, effort, and money on the part of pharmacy staff and retail pharmacy chains to allow for seamless comprehensive medication lists of prescription, OTC, and herbal products in community pharmacies will undoubtedly improve patient outcomes by preventing adverse drug reactions due to drug-drug interactions.

References:

1. Valliant SN, Burbage SC, Pathak S, Urick BY. Pharmacists as accessible health care providers: quantifying the opportunity. *J Manag Care Spec Pharm*. 2022;28(1):85-90. doi:10.18553/jmcp.2022.28.1.85
2. Atorvastatin prices in Portland, Maine. GoodRX. Accessed October 15, 2023.

https://www.goodrx.com/atorvastatin?form=tablet&dosage=20mg&quantity=30&label_override=atorvastatin.

3. Medications details: Atorvastatin. Mark Cuban Cost Plus Drug Company. Accessed October 15, 2023. <https://costplusdrugs.com/medications/atorvastatin-10mg-tablet/>.
4. Williams V, ed. Best online pharmacies of October 2023. Forbes. October 2, 2023. Accessed October 15, 2023. <https://www.forbes.com/health/body/best-online-pharmacies/>.
5. Masnoon N, Shakib S, Kalisch-Ellett L, Caughey GE. What is polypharmacy? A systematic review of definitions. BMC Geriatr. 2017;17(1):230. Published 2017 Oct 10. doi:10.1186/s12877-017-0621-2
6. Martin P, Tamblyn R, Benedetti A, Ahmed S, Tannenbaum C. Effect of a Pharmacist-Led Educational Intervention on Inappropriate Medication Prescriptions in Older Adults: The D- PRESCRIBE Randomized Clinical Trial. JAMA. 2018;320(18):1889-1898. doi:10.1001/jama.2018.16131
7. Stone JA, Lester CA, Aboneh EA, Phelan CH, Welch LL, Chui MA. A preliminary examination of over-the-counter medication misuse rates in older adults. Res Social Adm Pharm. 2017;13(1):187-192. doi:10.1016/j.sapharm.2016.01.004
8. Hojo M, Asaoka D, Shimada Y, Nojiri S, Nagahara A. Strategies for discontinuation of proton pump inhibitors (PPIs) in patients with long-term PPI administration: a randomized controlled trial. BMC Gastroenterol. 2022;22(1):21. Published 2022 Jan 15. doi:10.1186/s12876-021-02086-9
9. Peterson B, Nguyen H. St John's Wort. In: StatPearls. Treasure Island (FL): StatPearls Publishing; May 16, 2023.
10. Ayalew MB, Tegegn HG, Abdela OA. Drug Related Hospital Admissions; A Systematic Review of the Recent Literatures. Bull Emerg Trauma. 2019;7(4):339-346. doi:10.29252/beat-070401

Are there any adopted resolutions currently on the books related to this Proposed Resolution? Yes ____
No **X**

If yes, please provide the number and title of the adopted resolution(s) as well as your rationale for the addition of this Proposed Resolution:

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Regional Policy Process **PROPOSED RESOLUTION FORM**

Region # 1

Proposing APhA-ASP Chapter: Northeastern University

Proposed Resolution Title/Topic: 2023.8 Public Health Role of Pharmacists

Proposed wording (*desired action(s)*)

1. APhA-ASP advocates for increased recognition of pharmacists as a profession within the public health workforce by associations and government bodies.
2. APhA-ASP encourages the incorporation of global public health principles and pharmacoepidemiology courses into pharmacy education curricula.

Background Statement (list reasons for the action(s) / pros and cons / references or resources):

The roles and responsibilities of pharmacists have positioned them to be long-standing contributors towards improving population health. With the demands brought forth by the COVID-19 pandemic, pharmacists were presented with the opportunity to broaden and accentuate their efforts in public health endeavors. While the Centers for Disease Control acknowledges the positive impact pharmacists have in achieving public health outcomes in areas such as chronic diseases, STD testing, antimicrobial stewardship, and immunizations,¹ pharmacists are still not formally classified as an integral member of the public health roundtable.² We encourage state public health departments, as well as legislators, to recognize the profession within the public health sector.

The number of Doctor of Pharmacy/Master of Public Health (PharmD/MPH) dual degree programs is increasing and public health competencies are included in pharmacy education accreditation standards,³ but enrollment in these programs and prioritization of these skills is comparatively low. As the most accessible and trusted healthcare provider, pharmacists are in the most optimal position to serve as a stakeholder in public health projects that identify and implement systems for disease surveillance and outcomes monitoring. For example, mapping technology that tracks opioid use in wastewater has already been explored as a way to launch pharmacy-centered responses against misuse and diversion.⁴ Similarly, community pharmacies have linked sales of certain medications, such as specific antivirals, to local public health departments in an effort to help minimize the spread of diseases early on.⁵ Given that pharmacists play such a pivotal part in these community-based epidemiology undertakings, the didactic experience should prepare student pharmacists to execute preventative health services on a population scale, including but not limited to courses covering statistical analysis, disease surveillance techniques, and risk reduction strategies.

References:

1. Rutledge GE, Lane K, Merlo C, Elmi J. Coordinated Approaches to Strengthen State and Local Public Health Actions to Prevent Obesity, Diabetes, and Heart Disease and Stroke. *Prev Chronic Dis.* 2018;15:E14. doi:10.5888/pcd15.170493
2. The Role of the Pharmacist in Public Health. American Public Health Association. November 8, 2006. Accessed October 20, 2023. <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/07/13/05/the-role-of-the-pharmacist-in-public-health>.
3. Gortney JS, Seed S, Borja-Hart N, et al. The prevalence and characteristics of dual PharmD/MPH programs offered at US colleges and schools of pharmacy. *Am J Pharm Educ.* 2013;77(6):116. doi:10.5688/ajpe776116
4. Duvallet C, Hayes BD, Erickson TB, Chai PR, Matus M. Mapping Community Opioid Exposure Through Wastewater-Based Epidemiology as a Means to Engage Pharmacies in Harm Reduction Efforts. *Prev Chronic Dis.* 2020;17:E91. doi:10.5888/pcd17.200053
5. Strand MA, DiPietro Mager NA, Hall L, Martin SL, Sarpong DF. Pharmacy Contributions to Improved Population Health: Expanding the Public Health Roundtable. *Prev Chronic Dis.* 2020;17:E113. doi:10.5888/pcd17.200350

Are there any adopted resolutions currently on the books related to this Proposed Resolution?

Yes___ **No**

If yes, please provide the number and title of the adopted resolution(s) as well as your rationale for the addition of this Proposed Resolution:

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Regional Policy Process **PROPOSED RESOLUTION FORM**

Region # 1

Proposing APhA-ASP Chapter: University of Connecticut School of Pharmacy

Proposed Resolution Title/Topic: 2023.9 Prescribing Medication with Point of Care Testing

Proposed wording (*desired action(s)*):

1. APhA-ASP advocates for pharmacists to be able to prescribe medications with point-of-care testing. Specifically, the ability to prescribe Tamiflu for Influenza and PrEP and PEP kits to HIV– negative patients exposed to HIV.

Background Statement (list reasons for the action(s) / pros and cons / references or resources):

Reasons for the action:

Throughout the years, pharmacist had access to provide point-of-care tests and related clinical services in collaborative practice. The purpose was to increase patient's access to care and increase screening/ monitoring for indications that require follow-up, referral, or therapy adjustments. Point-of-care testing and related clinical services may include but are not limited to HIV, influenza, streptococcal and tuberculosis screenings.

Allowing pharmacists to prescribe medications from the results shows from the point-of-care testing allows treatment to be more accessibility to patients who may be more affected by that specific disease state. For example, if a patient report being exposed to HIV, initiating PrEP and PEP substantially decreases the risk of HIV transmission. Patients must start PEP within 72 hours post exposer, and if they must wait on their provider, they are racing against time. Like wise, if the point-of-care testing showed results to be positive, getting immediate treatment post exposure is crucial when waiting to decrease further HIV transmission. The federal government planned to reduce new HIV transmissions by 90% by 2030, by allowing pharmacist prescribing rights in this area, we can effectively reach this goal as pharmacists can target rural areas better than many other providers. Outside of HIV, allowing pharmacist to prescribe medications such as Tamiflu can decrease the workload physicians have during peak flu season.

Fortunately, we can see what impact pharmacist can have with this new role. Pharmacists nationwide had access to prescribing rights during the COVID pandemic. They were responsible for screening, dispensing, and counselling patients on the oral antiviral. The location of pharmacies and community trust allowed pharmacists to provide optimal care to many patients suffering from COVID-19. In the community setting, we witness pharmacists

conducting point-of-care testing with rapid and PCR tests. For preventative care, pharmacists were able to vaccinate eligible patients. Some pharmacies were further equipped with prescribing the antivirals to deal with the post-exposure population.

Pros:

- Patients have better access to pharmacists than physicians and will be encouraged to seek out care.
- Patients will receive a greater level of care.
- Patients will get a more informed understanding why point-of-care testing is important and how pharmacist can further improve their overall health.
- Pharmacist will be able to counsel patients better and provide assistance when prescribing medications such as PrEP, PEP, and Tamiflu Pharmacy students and new practitioners will be better prepared to answer difficult questions that patients give to them regarding HIV, influenza, and tuberculosis. Opening doors for the potential to expand pharmacist's ability to prescribe.

Cons (things that will be difficult to achieve)

- Developing a standard for all states to follow and incorporate into the current legislation.
- Provider push back.
- Scope of practice push back.

Scope of practice argument:

- Pharmacists nationwide are slowly gaining the ability to prescribe specific medications such as Paxlovid and Molnupiravir. In order to help the patients receive the best care we need to incorporate additional prescribing rights across the country. More patients will be able to receive better and safer care due to the accessibility of a pharmacists.

References:

1. Scarnati K, Esser K, Sahloff EG, Duggan J. The Role of Community Pharmacies in Providing Access to HIV Post-exposure Prophylaxis (PEP) [published online ahead of print, 2023 Sep 27]. J Community Health. 2023;10.1007/s10900-023-01281-x. doi:10.1007/s10900-023-01281-x
2. Mohamed Ibrahim O, Ibrahim RM, Ibrahim YA, Madawi EA, Al Deri MY. Shedding the light on Pharmacists roles during COVID-19 global pandemic. Saudi Pharm J. 2022;30(1):14-27. doi:10.1016/j.jsps.2021.12.003
3. <https://nastad.org/sites/default/files/2021-11/PDF-Pharmacist-Initiated-PrEP-PEP.pdf>

Are there any adopted resolutions currently on the books related to this Proposed Resolution?

Yes X No

If yes, please provide the number and title of the adopted resolution(s) as well as your rationale for the addition of this Proposed Resolution:

2015.3 Point of Care Testing

As we are making great strides within the profession, it is important to give pharmacists the

ability to prescribe medications for certain tests. Our convenient location allows patients to take advantage of the access they have while ensuring their stay healthy. Point of care testing was only the beginning, and we can see what impact pharmacists have in a global pandemic setting.

Many patients were able to be vaccinated and treated with antivirals due to our access and allowed pharmacists to practice at the top of their license. Expanding on the point of care testing resolution allows pharmacists to broaden their reach on what patients can be treated for specific disease states.

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PROPOSED RESOLUTION FORM

Region # 1

Proposing APhA-ASP Chapter: University of Connecticut School of Pharmacy

Proposed Resolution Title/Topic: 2023.10 Birth Control Prescribing Education in Pharmacy Schools

Proposed wording (*desired action(s)*):

1. APhA -ASP urges for standardized birth control prescribing education within the pharmacy school curriculum including the OTC birth control.

Background Statement (list reasons for the action(s) / pros and cons / references or resources):

Reasons for the action:

In many states pharmacists could prescribe certain birth control to patients. This ability has opened doors for many pharmacists to expand upon their practice and help more patients. Allowing pharmacists to prescribe birth control has led to an increase in reproductive care for more people especially those in rural and underserved areas. Expanding this legislation allows more people to have access to contraceptives. For many people, pharmacists are the most available health care providers for them and with legislation for birth control prescribing, patients can have access to medication without having to worry about affording a doctors visit or scheduling a time to go see their provider.

Currently, in the state of CT, pharmacists are allowed to prescribe certain prescriptive birth control if they have completed an Accreditation Council for Pharmacy Education (ACPE) course. If we start to implement this learning into our pharmacy school curriculum, then once students graduate, they will be able to be more comfortable prescribing birth control.

Research has found that currently many students pharmacists and pharmacists are not confident in prescribing birth control. A study conducted by Harris and colleagues from the Department of Pharmacy Practice and Pharmacy Administration at the Philadelphia College of Pharmacy showed data from 2017, 2018, and 2019 included student knowledge and confidence with prescribing hormonal contraceptives. 1 The study found that students were only comfortable with navigating and interpreting the patient's drug formulary, providing the patient with written documentation about a product, and notifying the patient's primary care of the products prescribed for birth control. Students reported feeling less comfortable in their ability to select a product hormonal contraceptive based on the patient specific factors and provide education on managing missed doses. Thus, allowing for standardizing education on prescribing contraception is required for the future generation of pharmacists. With the news of the OTC birth control, it is imperative students know how to counsel patients on side effects and proper

usage of them medication.

Pros:

- Pharmacy students will be more comfortable talking to patients about birth control and figuring out the right product to use.
- Patients will get a more informed understanding of birth control due to an increase in education.
- Pharmacy students will be able to counsel patients better and provide assistance in birth control prescribing when on APPE rotations.
- Pharmacy students and new practitioners will be better prepared to answer difficult questions that patients give to them regarding birth control.
- Patients will receive a greater level of care.
- Opening doors for the potential to expand pharmacist's birth control prescribing rights.
- Allowing for pharmacists to prescribe more than just tablets (and also be better educated on other forms of contraception)
- Include more knowledge on emergency contraception for patients as well.

Cons (things that will be difficult to achieve)

- Developing a standard for all schools to follow and incorporate into the current pharmacy school curriculum.
- Provider push back.
- Scope of practice push back.

Scope of practice argument:

- Pharmacists are already getting birth control prescribing rights in some states, in order to help the patients receive the best care we need to incorporate additional education into our pharmacy schools. While this may open the door for a wider range of birth control prescribing in the future, more patients will be able to receive better and safer care due to the accessibility of a pharmacists.

References

1. Stone RH, Cieri-Hutcherson NE, Vernon V, et al. Curricular Considerations for Preparing Student Pharmacists to Prescribe Hormonal Contraception. Am J Pharm Educ. 2022;86(4):8667. doi:10.5688/ajpe8667
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10159422/>

Are there any adopted resolutions currently on the books related to this Proposed Resolution? No

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PROPOSED RESOLUTION FORM

Region # 1

Proposing APhA-ASP Chapter: MCPHS University - Boston

Proposed Resolution Title/Topic: 2023.11 Enhancing Accessibility and Inclusion for Visually Impaired Individuals

Proposed wording (*desired action(s)*):

1. APhA-ASP encourages pharmacists, student pharmacists, and pharmacy technicians to actively promote and adopt assistive technology in pharmacy, such as prescription reading applications to assist patients with vision impairment in reading prescription labels and medication instructions.
2. APhA-ASP supports pharmacists, student pharmacists, and pharmacy technicians to have training in assisting patients with vision impairment, such as guiding them through the pharmacy, offering medication consultations in accessible formats, and providing assistance with prescription pickups.

Background Statement (list reasons for the action(s) / pros and cons / references or resources):

Visually impaired individuals confront exceptional challenges in their daily lives, ranging from difficulties in accessing information and education to participating fully in their communities. According to the World Health Organization (WHO), approximately 2.2 billion people worldwide have a vision impairment with various degrees of severity. These individuals often encounter barriers that hinder their access to information, education, employment, and community participation, impacting their overall quality of life and independence (WHO, 2021). It is our collective duty to foster a society where visually impaired individuals can lead enriching lives with independence and inclusion as core principles.

The purpose of this policy is to provide effective healthcare service to visually impaired individuals in pharmacy settings. By enhancing accessibility, education, and community engagement, we aim to create an environment where visually impaired individuals can lead fulfilling lives, enjoy greater independence, and actively contribute to our communities. Pharmacists should put more effort into rolling out a new feature such as an application or device that reads prescription information out loud to assist visually impaired patients. In addition, APhA-ASP supports pharmacists, student pharmacists, and pharmacy technicians to have training in assisting patients with vision impairment, such as guiding them through the pharmacy, offering medication consultations in accessible formats, and providing assistance with prescription pickups. It is necessary to guarantee their equal access to healthcare, ensuring they receive appropriate accommodation and support. It helps address disparities and promotes inclusive healthcare environments where visually impaired individuals can receive effective care and treatment.

APhA-ASP commits to a comprehensive set of actions aimed at enhancing the quality of life and well-being of visually impaired individuals. This commitment encompasses creating accessible environments, fostering inclusive education and employment opportunities, and promoting awareness and sensitivity in our community interactions. Through these endeavors, we aspire to build a more equitable society that empowers visually impaired individuals to thrive and contribute fully to our collective progress. Therefore, this resolution aims to outline a comprehensive plan to promote and adopt assistive technology for inclusion of visually impaired individuals in our society.

References:

1. World Health Organization. (n.d.). Vision Impairment and blindness. World Health Organization. <https://www.who.int/news-room/fact-sheets/detail/blindness-and-visual-impairment>
2. Spoken RX - prescription reader: CVS pharmacy. Spoken Rx - Prescription Reader | CVS Pharmacy. (n.d.). https://www.cvs.com/content/pharmacy/spoken-rx?cid=ps_srx&gclid=Cj0KCQjwldKmBhCCARIsAP-0rfw74xWFdINEaerPE23s91Na3rbsbL7YEDOT676IaF23k5_u-wBrYz0aAizwEALw_wcB&gclsrc=aw.ds
3. Drug Topics. (2020, November 14). Walgreens helps visually impaired with “talking prescriptions.” Drug Topics. <https://www.drugtopics.com/view/walgreens-helps-visually-impaired-talking-prescriptions>

Are there any adopted resolutions currently on the books related to this Proposed Resolution? No

If yes, please provide the number and title of the adopted resolution(s) as well as your rationale for the addition of this Proposed Resolution: N/A

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