APhA-ASP
Proposed Resolutions for Region 4

Policy Proposal Forum

Sunday, November 5th, 2023

APhA Academy of Student Pharmacists

Midyear Regional Meetings

American Pharmacists Association

PROPOSED RESOLUTION FORM

Region #: 4

Proposing APhA-ASP Chapter: Cedarville University School of Pharmacy Proposed

Resolution Title/Topic: Vaccine Recertification

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

APhA-ASP encourages students pharmacists to be seek vaccine administration recertification if they do not actively provide vaccinations.

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

I propose that all pharmacists and pharmacy interns (and pharmacy technicians who have this certification) be recertified on their vaccination administration technique or as a refresher course annually regardless of their practice site to ensure they can give vaccines properly. This is especially needed in part for pharmacy interns not working in community pharmacy and who do not regularly vaccinate patients. In addition to this recertification, continued education should be provided annually to all parties listed above to account for updates to vaccine recommendations and new vaccines, for example, including but not limited to the RSV and COVID vaccines. This policy would improve and strengthen pharmacists, pharmacy interns, and pharmacy technicians' (for those qualified) ability to vaccinate patients with proper technique, giving them an increased opportunity to vaccinate, and be equipped with all of the necessary vaccine information to provide their patients.

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:

Author of Proposed Resolution: Micah Eisman

Author Phone Number: (317) 270-0143

Author Email Address: meisman@cedarville.edu

APhA Academy of Student Pharmacists

Midyear Regional Meetings

American Pharmacists Association

PROPOSED RESOLUTION FORM

Region #: 4

Proposing APhA-ASP Chapter: Concordia University Wisconsin School of Pharmacy Proposed Resolution

Title/Topic:

Durable Medical Equipment and Medical Device Reimbursement Reform (APhA-ASP Resolution 2017.4)

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

APhA-ASP supports legislative and regulatory changes that would enhance the ability of pharmacists, with appropriate training, to fulfill prescription orders of durable medical equipment and medical devices by reducing the administrative burden of the billing process for such products.

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

There are many pharmacies that sell durable medical equipment and medical devices (DME) and many that do not sell DME. I have spoken with the pharmacists and staff of several pharmacies to understand the experiences and concerns of professionals represented by APHA-ASP and have highlighted the overarching pattern.

1. For pharmacies that do bill insurance for DME, fulfillment of medical orders for DME may take an extended period.
    a. Some pharmacies will not dispense the product until reimbursement and patient payment has been received and thus patients may have a significant delay in the introduction of DME that is supported by evidence-based medicine (EBM) for their condition. In the worse case scenarios, this may lead to worse health outcomes and diminished quality of life for patients.
    b. Other pharmacies may dispense the product before receiving full reimbursement; on occasion, these pharmacies are not fully reimbursed or may be reimbursed at a loss. This is not a sustainable and financially viable compensation model.

2. For pharmacies that sell DME, but do not bill insurance, patients may pay much higher prices for products that their insurance would otherwise cover in whole or in part. This increases the financial burden on the patient and may contribute to underutilization of DME.

3. For pharmacies that sell DME, but do not carry many options, whether they do or do not bill insurance, they only provide a limited selection and may fail to provide a potentially necessary DME to their patient population

4. For pharmacies that don't sell DME, their patients are unable to access DME appropriate to

their conditions unless they utilize a less familiar, perhaps less accessible, dispensing site.

If the pharmacy industry trends toward avoiding the dispensation and billing of DME, access to DME becomes another major barrier to utilization of these products supported by EBM. For the sake of improving public health, billing reform of DME should be a major consideration of APhA-ASP.

Ideally, DME billing, especially billing of medical supplies, should be handled through the same or a similar process as that of prescription medications

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

Yes

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:

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

Rationale:

While the adopted resolution, "2017.2: Durable Medical Equipment and Medical Devices Ease of Access", demonstrates the commitment APhA-ASP has to improving patient access to durable medical equipment and medical devices by advocating for legislative and regulatory changes that would enable pharmacists to prescribe such devices, and also by encouraging financially viable compensation models, it does not explicitly address the administrative burden that hinders reimbursement associated with durable medical equipment and medical devices currently ordered by providers that currently have the authority to do so.

This emphasis is important as insurance billing reform would reduce administrative costs and overhead, while also improving consistency of reimbursement for products and services rendered by pharmacy staff in pursuit of fulfilling a medical order issued by a currently empowered prescriber. Successful reform would not only provide incentive for pharmacies to supply durable medical equipment and medical devices, but also provide incentive to utilize patient insurance. This would promote greater access to durable medical equipment and medical devices to the general patient population and therefore improve utilization of such products which would lead to improved health outcomes and quality of life.

Moreover, reduced burden on processing DME would allow pharmacies that do bill DME to assist more patients than before.

Author of Proposed Resolution: **Mathew Hintz**

Author Phone Number: **(515) 205-1879**

Author Email Address: **Mathew.Hintz@cuw.edu**

APhA Academy of Student Pharmacists

Midyear Regional Meetings

PROPOSED RESOLUTION FORM

Region #: 4

Proposing APhA-ASP Chapter: Manchester University College of Pharmacy

Proposed Resolution Title/Topic:

Mandatory Pharmacist Overlap

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

APhA-ASP calls for pharmacy scheduling to include sufficient pharmacist overlap to allow for end-of-shift reporting and close gaps in patient care.

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

Lack of pharmacist coverage and overlap has been one major issue in community pharmacies and contributes to increased error rates, pharmacist burnout, and gaps in patient care.[1] Other healthcare professionals such as physicians and nurses practice mandatory overlap where communication and handoffs are crucial to improve workflow by preventing information loss, errors, and gaps in care. Mandatory overlap has also reduced nurses' work intensity and improved job satisfaction.[2-4] If these professionals were to not practice mandatory overlap, we would see similar consequences as we see in community pharmacies. While companies would have to pay for the extra pharmacist to overlap, having the additional pharmacist would allow pharmacists to administer vaccines, counsel patients on their medications, and increase workflow leading to a significant reduction in error rates and pharmacist burnout.[1-4] While this may not immediately address the underlying concern as to why community pharmacies are struggling, this would be a step in the right direction to creating a positive work environment over time.

References

1. Pervanas HC, Revell N, Alotaibi AF. Evaluation of Medication Errors in Community Pharmacy Settings. *Journal of Pharmacy Technology*. 2015;32(2):71-74. doi:https://doi.org/10.1177/8755122515617199

2. Collins SA, Stein DM, Vawdrey DK, Stetson PD, Bakken S. Content overlap in nurse and physician handoff artifacts and the potential role of electronic health records: A systematic review. *Journal of Biomedical Informatics*. 2011;44(4):704-712. doi:https://doi.org/10.1016/j.jbi.2011.01.013

3. Girishan Prabhu V, Taaffe K, Pirrallo RG, Jackson W, Ramsay M. Overlapping shifts to improve patient safety and patient flow in emergency departments. *SIMULATION*. Published online June 1, 2022:003754972210995. doi:https://doi.org/10.1177/00375497221099547

4. Lishan H, Li T, Lingna Y, Yuelin W, Zixiang H, Xiaobo T. The Effect of Staggered Shift Scheduling Mode on Nurses in the COVID-19 Isolation Ward- A Cross Sectional Study. *INQUIRY: The Journal of Health Care Organization, Provision, and Financing*. 2021;58:004695802199722. doi:https://doi.org/10.1177/0046958021997223

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:

Author of Proposed Resolution: **Chris Brunstetter**

Author Phone Number: **812-374-6625**

Author Email Address: **cbrunstetter2025@manchester.edu**

APhA Academy of Student Pharmacists

Midyear Regional Meetings

PROPOSED RESOLUTION FORM

Region #: 4

Proposing APhA-ASP Chapter: Northeast Ohio Medical University College of Pharmacy

Proposed Resolution Title/Topic:

Pharmacists Refusing to Dispense (APhA-ASP Resolution 2023.1)

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

APhA-ASP opposes any action that does not allow for pharmacists to refuse to fill prescriptions for “off-label indications” in which the medication would likely cause harm to the patient.

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

House Bill 73 was passed, has been introduced into the Ohio Senate, and has now been referred to the Senate Health Committee. This particular bill would require pharmacists to fill any prescription that is received for an “off-label indication” even if that prescription is likely to cause harm to the patient. Pharmacists play a vital role in being the last healthcare professional to catch and prevent any medication errors or unsafe prescription dispensing. Taking away a pharmacist’s right to refuse to dispense a prescription based on their knowledge and extensive training would likely increase the risk of medication errors and decrease patients’ safety.

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: Professional Right to Refuse (APhA-ASP Adopted Resolution 2006.3) is related to the proposed resolution. The prohibiting of a pharmacists' right to refusal of dispensing is currently being proposed within Ohio legislative, the Northeast Ohio Medical University College of Pharmacy APhA-ASP chapter feels that this proposed resolution is necessary.

Author of Proposed Resolution: Madelyn Braman

Author Phone Number: 330-801-3614

Author Email Address: mbraman@neomed.edu

APhA Academy of Student Pharmacists

Midyear Regional Meetings

PROPOSED RESOLUTION FORM

Region #: 4

Proposing APhA-ASP Chapter: Midwestern University College of Pharmacy Downers Grove

Proposed Resolution Title/Topic: Online Pharmacy Regulation

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

APhA-ASP calls for more regulation and monitoring of Online and Internet Pharmacies, including but not limited to further regulation to dispensing medications, counseling requirements, regulation to ensure pharmacies follow state and federal requirements.

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

There has been a rise in online pharmacies in recent years. Online pharmacies are often advertised online to anyone and everyone, especially younger people.[1] This increased accessibility can be harmful to patients especially when they begin to self-medicate, do not receive proper counseling, or even get scammed by fake online pharmacies.[2,3,4] This is a growing problem that threatens the profession of pharmacy and the patients we swore to protect. The FDA currently has a BeSafeRx site that offers education on potentially unsafe online pharmacies and reporting for fake pharmacies.[3] Online pharmacies do have a benefit, as they provide greater accessibility to medications. Hence why greater regulation could help to provide safe and effective care for patients utilizing online pharmacies.

Sources:

1. Ivanitskaya L, Brookins-Fisher J, O Boyle I, Vibbert D, Erofeev D, Fulton L. Dirt cheap and without prescription: how susceptible are young US consumers to purchasing drugs from rogue internet pharmacies?. J Med Internet Res. 2010;12(2):e11. Published 2010 Apr 26. doi:10.2196/jmir.1520
2. Schindler F, Schinkoethe T, Mahner S, et al. Clinical relevance of potential self-medication drug interactions in antineoplastic and immune-modulating therapy among online pharmacy customers. Ther Adv Drug Saf. 2023;14:20420986231188845. Published 2023 Aug 24. doi:10.1177/20420986231188845
3. Center for Drug Evaluation and Research. Besaferx. U.S. Food and Drug Administration Accessed October 20, 2023. https://www.fda.gov/drugs/quick-tips-buying-medicines-over-internet/besaferx-your-source-online-pharmacy-information.
4. Orizio G, Merla A, Schulz PJ, Gelatti U. Quality of online pharmacies and websites selling prescription drugs: a systematic review. *J Med Internet Res*. 2011;13(3):e74. Published 2011 Sep 30. doi:10.2196/jmir.1795

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:

Author of Proposed Resolution: **Katie Lamberty & Endy Didovic**

Author Phone Number: **(331) 238-9818**

Author Email Address: **katie.lamberty@midwestern.edu**

Endy.didovic@midwestern.edu

APhA Academy of Student Pharmacists

Midyear Regional Meetings

PROPOSED RESOLUTION FORM

Region #: 4

Proposing APhA-ASP Chapter: Medical College of Wisconsin

Proposed Resolution Title/Topic: Pharmacy Strikeouts in retail chain pharmacies.

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

1. APhA-ASP encourages pharmacist and pharmacy students' wellbeing and recognizes significant threat caused by pharmacist strikeouts that endangers pharmacy profession and patient population.
2. APhA-ASP advocates for the implementation of adequate staffing and in all pharmacy practice areas for patient safety.

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

Pharmacy strikeouts in retail chain pharmacies are instances where pharmacists and pharmacy staff collectively cease work or engage in organized protests to address specific grievances or demands related to their working conditions, patient safety, or labor rights. These strikes are an important aspect of labor activism within the pharmaceutical industry and have garnered attention due to their potential impact on patient care and the broader healthcare system.

Retail chain pharmacies are a vital component of the healthcare industry, providing essential services to communities. These pharmacies operate under large corporate entities and serve millions of patients daily. Overworked and stressed pharmacy staff can potentially compromise patient safety and the quality of care provided. Mistakes in medication dispensing, counseling,

and record-keeping may occur due to fatigue and high-pressure environments. Some strikes in retail chain pharmacies have centered on issues related to wages, benefits, and working conditions. Pharmacists and pharmacy staff have called for fair compensation, improved benefits packages, and better protection of their labor rights. The pharmacy industry is subject to various regulations that govern areas such as licensing, accreditation, and professional standards. These regulations play a crucial role in shaping working conditions and the rights of pharmacy professionals.

Throughout the years, there have been several notable instances of pharmacy strikes in retail chain pharmacies. These actions have taken place in various regions and have focused on different issues, ranging from workplace safety to fair compensation. Pharmacy strikes can have significant implications for patient care. Disruptions in service can lead to delays in medication dispensing, potential medication errors, and decreased access to essential healthcare services. Resolving pharmacy strikes often involves negotiations between pharmacy staff, management, and sometimes regulatory bodies. Achieving a mutually agreeable solution requires addressing the underlying concerns and finding sustainable solutions. According to CVS spokesperson, it was predicted to close 900 stores between 2021-2024, and Walgreens did not provide estimate number of stores will be closing due to shortage.

Pharmacy strikeouts in retail chain pharmacies are a manifestation of the growing concerns and challenges faced by pharmacy professionals in their workplace. As a proposed solution, increasing pay for pharmacy technician to a livable wage as well as having pharmacist to tech ratio of 1:2. These actions serve as a powerful tool for advocating for improved working conditions, patient safety, and fair labor practices within the pharmaceutical industry. Striking a balance between the interests of pharmacy staff and the operational needs of retail chain pharmacies is crucial in ensuring a sustainable and high-quality healthcare system.

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:

Author of Proposed Resolution: **Soriene Ozcan**

Author Phone Number: **507-993-9295**

Author Email Address: **sozcan@mcw.edu**

APhA Academy of Student Pharmacists

Midyear Regional Meetings

PROPOSED RESOLUTION FORM

Region #: 4

Proposing APhA-ASP Chapter: Purdue University

Proposed Resolution Title/Topic: Obesity Medicine Awareness

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

1) APhA-ASP supports pharmacists having an active role in encouraging safe methods of weight loss through both nontherapeutic and therapeutic means.
2) APhA-ASP encourages the training of pharmacists to understand the patient population recommended to use therapeutic agents through the following:
    a. Inclusive education of weight loss medications to at-risk patient populations
    b. Development of continuing education activities over current social weight-loss trends
    c. Implementation of required and optional training in anti-obesity therapeutics in pharmacy schools
3) APhA-ASP recommends the use of an eating disorder screener, such as the SCOFF questionnaire, to prevent disordered eating habits and body image at the first fill and three to six months after the first fill.

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

With recent media attention heavily focused on weight loss efficacy for medications like “Ozempic”1 and “Wegovy”1 it is of the utmost importance we educate potential patients about the adverse effects of using these medications in this manner.

Forms of weight loss outside the standard diet and exercise have been commonplace in society since the creation of civilization.2 Only now, with the implementation of social media and wide-reaching misinformation is it reaching dangerous proportions. Serious adverse events have occurred with the relatively widespread use of these medicines. For example, a 37-year-old writer in New Jersey had to discontinue the medicine due to severe malnourishment.3 This writer isn't alone as the aggressive decrease in appetite can severely impact the daily needs of a person.

Ozempic (semaglutide), a GLP-1 receptor agonist, and others like Mounjaro (tirzepatide) have significant uses outside of general weight loss. Ozempic and Mounjaro are currently only FDA-approved for Type 2 diabetes mellitus. These two medications also include important black box warnings over Thyroid C-cell tumors, where the use is contraindicated in patients with a personal or family history of medullary thyroid carcinoma (MTC).4,5

While weight loss is a noteworthy contributing factor to positive health, unnecessary use of therapeutic agents should be monitored. Pharmacists, when dispensing these medications in both community and hospital settings should ensure adequate counseling is given to the patient to ensure they are aware of not only the benefits but the serious risks associated with these therapeutic agents. Medicines must be both effective AND safe, and the current social climate regarding weight has found it easy to ignore the latter.

One aspect that could be used to increase safety when using weight loss agents is an eating disorder screener. This has been proven to increase the likelihood for an eating disorder to be discovered albeit in a relatively small population.6 Using some form of screening tool like SCOFF in the study would drastically decrease the likelihood for these medications to be used in an unsafe manner.7 SCOFF questions are in the next paragraph. Use of this or other valid screening tools at first fill and three to six months in as mentioned earlier would reduce the occurrence of these potential negative eating habits and body image. This would be similar, though far less rigorous, to how patients receiving gastric bypass required a six-month bariatric lifestyle program before surgery.8

SCOFF uses the following questions when screening patients, with a score of > 2 indicating likely anorexia nervosa or bulimia:7

1. Do you make yourself sick because you feel uncomfortably full?
2. Do you worry you have lost control over how much you eat?
3. Have you recently lost more than one stone in a 3 month period?
4. Do you believe yourself to be fat when others say you are too thin?
5. Would you say that food dominates your life?

One aspect of weight-loss medication that begs reiterating is the efficacy data. These medications work, and they work extremely well, as seen with the FDA approval of Wegovy in the STEP 1 trial that included obese patients without diabetes.9 This data makes these medications impossible to ignore, as they truly benefit patients struggling chronically with their weight. Weight loss is intrinsically linked with positive health outcomes as seen in an often-cited United Kingdom study.10 These statistics should make these medications a mainstay in regimens once they become widely covered by insurance companies.

In conclusion, anti-obesity medications are going to increase in popularity as accessibility slowly increases. It is more important than ever for pharmacists and pharmacy students to know how to counsel on the risks and benefits of these medicines as well as nontherapeutic means for weight loss to ensure we are addressing whole-person care. With this resolution staking a claim, I believe pharmacists at any practice site can satisfy a rising need in American society.

REFERENCES:

1. Blum, D. (2022, November 22). What is Ozempic and why is it getting so much attention? The New York Times. https://www.nytimes.com/2022/11/22/well/ozempic-diabetes-weight-loss.html
2. Loomis, B. (2016, January 24). Diets and exercise in Victorian-era Detroit. The Detroit News. https://www.detroitnews.com/story/news/local/michigan-history/2016/01/23/diet-exercise-th-century-detroit/79242306/
3. Blum, D. (2023, April 21). An extreme risk of taking ozempic: Malnutrition. The New York Times. https://www.nytimes.com/2023/04/21/well/eat/ozempic-side-effects-malnutrition.html
4. Ozempic. Lexi-Drugs. Lexicomp. Wolters Kluwer Health, Inc. Riverwoods, IL. Accessed September 12, 2023. Available at: http://online.lexi.com
5. Mounjaro. Lexi-Drugs. Lexicomp. Wolters Kluwer Health, Inc. Riverwoods, IL. Accessed September 12, 2023. Available at: http://online.lexi.com
6. Cotton, M.-A., Ball, C., & Robinson, P. (2003). Four simple questions can help screen for eating disorders. Journal of General Internal Medicine, 18(1), 53–56. https://doi.org/10.1046/j.1525-1497.2003.20374.x
7. Morgan JF, Reid F, Lacey JH. The SCOFF questionnaire: assessment of a new screening tool for eating disorders. BMJ. 1999;319(7223):1467-1468. doi:10.1136/bmj.319.7223.1467
8. Nadler, K. (2018, August 23). Understanding & completing the 6-month supervised diet before WLS. ObesityHelp. https://www.obesityhelp.com/articles/understanding-completing-the-6-month-supervised-diet-before-wls/
9. Wilding, J. P. H., Batterham, R. L., Calanna, S., Davies, M., Van Gaal, L. F., Lingvay, I., McGowan, B. M., Rosenstock, J., Tran, M. T. D., Wadden, T. A., Wharton, S., Yokote, K., Zeuthen, N., & Kushner, R. F. (2021). Once-weekly semaglutide in adults with overweight or obesity. New England Journal of Medicine, 384(11), 989–1002. https://doi.org/10.1056/nejmoa2032183
10. Haase, C.L., Lopes, S., Olsen, A.H. et al. Weight loss and risk reduction of obesity-related outcomes in 0.5 million people: evidence from a UK primary care database. Int J Obes 45, 1249–1258 (2021). https://doi.org/10.1038/s41366-021-00788-4

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:

1981.4 – Using of Schedule II Drugs for Weight Loss - INACTIVE

APhA-ASP discourages the prescribing and dispensing of Schedule II drugs for weight loss.

This resolution is currently inactive and tackles an entirely separate issue.

Author of Proposed Resolution: **Eric Kolp**

Author Phone Number: **317-308-8183**

Author Email Address: **ekolp@purdue.edu**

APhA Academy of Student Pharmacists
Midyear Regional Meeting

Proposed Policy Resolution Form

Region #: 4

Proposing APhA-ASP Chapter: Roosevelt University

Proposed Resolution Title/Topic:

Expanding patient information sheets to more languages to improve health literacy

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

APhA-ASP encourages companies to provide additional languages for patient information sheets to include more languages that patients speak.

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

1. Language barriers impact the care of a patient and how well they are treated including their health outcomes[1]

2. Many hospitals provide translators, however, that is just in the in-patient/out-patient setting. When a person comes to the pharmacy, there is not an official translator. This can lead to even further miscommunication.[1]

3. Language barriers are a form of health disparities and those with language barriers have a higher risk for side effects and adverse drug reactions.[2]

4. Studies have found that by expanding language services offered by pharmacies, patients report greater satisfaction and outcomes[3]

Resources

1. Chang E, Tsang B, Thornley S. Language barriers in the community pharmacy: a survey of northern and western Auckland. *J Prim Health Care*. 2011;3(2):102-106. Published 2011 Jun 1.

2. Al Shamsi H, Almutairi AG, Al Mashrafi S, Al Kalbani T. Implications of Language Barriers for Healthcare: A Systematic Review. *Oman Med J*. 2020;35(2):e122. Published 2020 Apr 30. doi:10.5001/omj.2020.40

3. Bradshaw M, Tomany-Korman S, Flores G. Language barriers to prescriptions for patients with limited English proficiency: a survey of pharmacies. *Pediatrics*. 2007;120(2):e225-e235. doi:10.1542/peds.2006-3151

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:

Author of Proposed Resolution: Lauren O'Connor

Author Phone Number: 708-567-2360
Author Email Address: loconnor05@mail.roosevelt.edu

APhA Academy of Student Pharmacists

Midyear Regional Meetings

American Pharmacists Association

PROPOSED RESOLUTION FORM

Region #: 4

Proposing APhA-ASP Chapter: Rosalind Franklin University of Medicine and Science

Proposed Resolution Title/Topic: Addressing the need for adequate staffing and workload distribution in pharmacies to promote pharmacist, patient, and staff safety.

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

APhA-ASP demands the creation of new legislation that addresses appropriate staffing and workload distribution (based on services provided and volume of prescription in community settings) to promote patient safety and ensure safe and healthy working conditions for the pharmacist and staff.

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

Pharmacists have fought and struggled to prove their value as primary care providers for a long time. With the recent pandemic and a variety of healthcare struggles pharmacists have been able to demonstrate that they are first-line providers that need to be recognized for their contributions. Pharmacists are no longer just verifying prescriptions and providing patient counseling, they are now administering COVID and RSV vaccines on top of the already routine vaccines they provide, administering COVID rapid tests and flu tests, providing MTMS, and so much more that are not even recognized by the larger population. New roles and responsibilities however bring on a new set of challenges and problems. Inadequate staffing, work overload, and metric-based business models seem to be highlighted problems that need to be addressed in order to ensure that pharmacists have the ability to perform their jobs and provide patient safety, in a safe and healthy working environment.

There are day-to-day realities that are presented when working for a business that promotes heavy metric-based work environments, like a community pharmacy. Pharmacists responding to the APhA/NASPA National State-Based Pharmacy Workplace Survey highlighted how the business models of today have changed the entire scope of the pharmacist's career. Pharmacies have become mechanized with assembly line business models, business metrics have surpassed the importance of patient safety and outcomes, and the personal judgment of a pharmacist has been diminished. Overall this leads to a decline in providing safe and effective care for patients.[1] Moreover pharmacists share that “If [corporate pharmacies] truly cared about patients and safely serving them, they would invest in adequate staffing to ensure we do no harm.”[1]

Community pharmacies are being run like an assembly line without adequate overlap in pharmacist coverage and not enough technician staffing to be able to cover basic operational tasks. This leads to the errors like the ones found in a survey done by the University of Arizona, on 672 pharmacies. It was found that on average these pharmacies were filling 1375 prescriptions per week.

Within the study just from January to March they had filled an average of 18,000 prescriptions and in that period the number of prescriptions that had potential drug-drug interactions sold and dispensed by each pharmacy was 32.1. The pharmacist research said that understaffing, the stress of the work environment, and lack of support are all contributing to these medication and dispensing errors that can lead to patient harm.[2]

In Schommer and colleague's analysis of pharmacy workplace wellbeing and resilience they found that 65.9% of pharmacists working in community/chain pharmacies “strongly agreed” that the work

setting would highly benefit from having regulations in place that would help limit pharmacist workload.73% of these pharmacists also agreed that the organization that they worked for focused on meeting the metrics in unsafe pharmacies. Only 31% of these pharmacist “somewhat agreed” that their chains listened to their concerns about the unsafe pharmacy setting.[3]

A pharmacist's priority should be the safety and well-being of their patients and staff while efficiently being able to do their assigned role in the pharmacy. A survey conducted on Idaho community pharmacists provided some valuable insight into the willingness of pharmacists to provide a variety of services but also shed light on the barriers that are experienced. More than 70% of individuals who answered the survey said they are willing to provide COVID-19 antigen and antibody tests and 90% said they are willing to prescribe antiviral therapy and administer immunizations.[4] Yet despite the willingness to help in a time of crisis there were a variety of work safety barriers that were discussed amongst the responses. Some of those are the need for adequate staffing, changes to workflow, and the need for billing and clear reimbursement mechanisms.[4]

The continued reference by pharmacists that inadequate staffing, work overload, and the addition of pharmacy responsibilities are creating an unsafe work environment and leading to medication errors is not just a statement. It has been shown that inadequate staffing levels, workload, and working in haste may increase the risk of medication errors as well as increase patient harm.[5]

Pharmacists feel as though they have had a major drop in control in the community pharmacy environment. Pharmacists share that they have experienced shared trauma, moral distress, moral injury, and threats to their professional identity and autonomy. All this furthermore accumulates to unsafe and unhealthy working environments for pharmacists and their staff.

Previously there has been a related Proposed Resolution that addresses patient safety and how it is affected by the poor working conditions and encourages the immediate implementation of systems that could improve these conditions. This statement was written in 1998, 24 years ago and pharmacists still face the same and/or worse conditions with little to no change. With provided evidence and testimonies from pharmacists it is evident that safe and healthy work environments are needed in order to promote and obtain patient safety but also safety for those providing for the patients. Regulations on workload and staffing are a must in the future of pharmacy if we are to continue to help patients and provide the best and appropriate care.

References

1. Schommer JC, Gaither CA, Alvarez NA, et al. Pharmacy Workplace Wellbeing and Resilience: Themes Identified from a Hermeneutic Phenomenological Analysis with Future Recommendations. *Pharmacy (Basel)*. 2022;10(6):158. Published 2022 Nov 23. doi:10.3390/pharmacy10060158

2. Antrim A. Understaffing Leads to Mistakes, Burnout in the Pharmacy. Pharmacy Times. March 5, 2020. Accessed. October 18,2023. https://www.pharmacytimes.com/view/understaffing-leads-to-mistakes-burnout-in-the-pharmacy

3. Doucette, W.R.; Witry, W.J.; Arya, V.; Bakken, B.K.; Gaither, C.A.; Kreling, D.H.; Mott, D.A.; Schommer, J.C. Final Report of the 2022. National Pharmacist Workforce Survey. 31 May 2023. Available online:https://www.aacp.org/sites/default/files/2023-08/2022-npws-final-report.pdf

4. Nguyen E, Owens CT, Daniels T, Boyle J, Robinson RF. Pharmacists' Willingness to Provide Coronavirus Disease (COVID-19) Services and the Needs to Support COVID-19 Testing, Management, and Prevention. *J Community Health*. 2021;46(4):752-757. doi:10.1007/s10900-020-00946-1

5. Härkänen M, Vehviläinen-Julkunen K, Murrells T, Paananen J, Franklin BD, Rafferty AM. The Contribution of Staffing to Medication Administration Errors: A Text Mining Analysis of Incident Report Data. J Nurs Scholarsh. 2020 Jan;52(1):113-123. doi: 10.1111/jnu.12531. Epub 2019 Nov 25. PMID:

31763763.

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:

1998.12 - Working Conditions
APhA-ASP recognizes that patient safety is compromised by poor working conditions and strongly encourages the immediate implementation of systems that improve these conditions.

Previously there has been a related Proposed Resolution that addresses patient safety and how it is affected by the poor working conditions and encourages the immediate implementation of systems that could improve these conditions. This statement was written in 1998, 24 years ago and pharmacists still face the same and/or worse conditions with little to no change. With provided evidence and testimonies from pharmacists it is evident that safe and healthy work environments are needed in order to promote and obtain patient safety but also safety for those providing for the patients. Regulations on workload and staffing are a must in the future of pharmacy if we are to continue to help patients and provide the best and appropriate care.

Author of Proposed Resolution: **Tiffany Preda**

Author Phone Number: **312-931-0597**

Author Email Address: **tiffany.preda@my.rfums.org**

APhA Academy of Student Pharmacists

Midyear Regional Meetings

PROPOSED RESOLUTION FORM

Region #: 4

Proposing APhA-ASP Chapter: Southern Illinois University Edwardsville (SIUe) School of Pharmacy

Proposed Resolution Title/Topic: *Amendment on existing:* Increasing Patient Access to Pharmacist-Prescribed Medications (APhA-ASP Resolution 2016.4)

Proposed wording*:*
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 andprescribe vaccinations and certain medications such as those for common infections, preventative care,contraception, tobacco cessation, international travel, and certain chronic disease states.
2. APhA-ASP encourages the development of sustainable and financially viable compensation models forpharmacist-prescribed medications.

Current wording of 2016.4 –

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 andprescribe certain medications such as those for opioid overdose, contraception, tobacco cessation, andinternational travel.
2. APhA-ASP encourages the development of sustainable and financially viable compensation models forpharmacist-prescribed medications.

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

The desired action is to amend the 2016.4 resolution to reflect the current goals and abilities of pharmacists. Including “common infections,” “preventative care,” “certain chronic disease states,” and “vaccinations” and removing “Opioid Overdose” will be beneficial in promoting awareness of pharmacistcapabilities. With the importance of recognizing that pharmacists are an accessible resource in the healthcare system, prioritizing legislation that expands the role of the pharmacist in turn benefits the people in our communities.

By expanding the prescribing authority of pharmacists, we would be able to significantly enhance accessto healthcare within our communities. This would be extremely beneficial to underserved areas where healthcare facilities and staff are more limited. Pharmacists are well-trained professionals capable of providing essential healthcare services, which include managing common health conditions and prescribing necessary therapy. By allowing pharmacists to prescribe specific medications such as common antibiotics, contraceptives, and certain chronic disease medications, we can improve efficient access to medications for patients.

Additionally, by allowing pharmacists to prescribe certain medications, we can also enhance preventative care efforts. Pharmacists can lead our state with vaccinations, smoking cessation products, and other preventative services such as HIV PrEP, which will promote a healthier population.

With APhA promoting changes in policy that allow pharmacists to handle routine and minor health concerns, a positive shift in healthcare access can occur. Retaining the key verb “encourages” in the resolution allows for APhA to express support of pharmacist prescribing status to be a national standard. This shift would lead to faster, more convenient healthcare services by reducing wait time and increasing efficiency in the healthcare system. As current pharmacy students, we know that empowering pharmacists to prescribe more medications would maximize their potential to contribute to public health.

With the amendment of 2016.4, the only removal of verbiage is “opioid overdose,” as naloxone nasal spray has now switched to be an over-the-counter medication, per the FDA, and thus no longer requires a prescription.

Although another resolution (2013.1 – Expanding Immunization Privileges for Pharmacists and Student Pharmacists) addresses the ability to provide vaccinations, this resolution can also include “vaccinations” for the sake of completeness.

Pharmacists have gained the ability to prescribe Paxlovid for SARS-CoV-2 nationally and HIV PrEP and PEP therapy in several states. With these viral medications already being available through pharmacists, bacterial medications can also begin to be included in the pharmacists’ role. Pharmacist prescribing of antibiotics has been “found to be safe and effective and was associated with a positive patient experience” (Wu, et. al., 2021). By adding the verbiage “common infections” and “preventative care” would encompass this expanded role of pharmacists.

Another realm that pharmacists can be beneficial in is in chronic disease state management, which is shown in this resolution by “certain chronic disease states.” Studies have shown that “pharmacist-led chronic disease management increases goal attainment” for common chronic disease states. By allowing pharmacists to play a larger role in chronic disease state management, there is potential to decrease primary care physician and urgent care visits, which will allow them to focus on more complicated patient cases, as well as potentially decrease hospitalizations and clinical events, and increase adherence to medications.

To summarize, the proposed amendment to the 2016.4 resolution seeks to align the support of APhA with pharmacist capabilities. This amendment raises awareness of pharmacists’ vital roles, which will empower pharmacists to significantly improve healthcare access, especially in underserved areas. By endorsing pharmacist prescribing as a national standard, this amendment promotes faster and more efficient healthcare services, benefiting communities and enhancing public health. This comprehensive approach ensures pharmacists play a pivotal role in promoting community health and well-being.

References -

Coronavirus (COVID-19) update: FDA authorizes pharmacists to prescribe Paxlovid with certain limitations. U.S. Food and Drug Administration. https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-authorizes-pharmacists-prescribe-paxlovid- certain-limitations

Greer N, Bolduc J, Geurkink E, et al. Pharmacist-Led Chronic Disease Management: A Systematic Review of Effectiveness and Harms Compared to Usual Care [Internet]. Washington (DC): Department of Veterans Affairs (US); 2015 Oct. Available from: https://www.ncbi.nlm.nih.gov/books/NBK362938/

FDA approves first over-the-counter naloxone nasal spray. U.S. Food and Drug Administration. https://www.fda.gov/news-events/press-announcements/fda-approves-first-over-counter-naloxone- nasal-spr

Pharmacist Immunization Authority. NASPA. (2023, April 25). https://naspa.us/blog/resource/pharmacist-authority-to-

immunize/#:~:text=Every%20state%20allows%20pharmacists%20to,the%20details%20of%20that%20authorization.

Pharmacist- initiated prep and pep - nastad. (n.d.). https://nastad.org/sites/default/files/2021-11/PDF-Pharmacist-Initiated-PrEP-PEP.pdf

Pre-exposure prophylaxis. HIV.gov. (n.d.). https://www.hiv.gov/hiv-basics/hiv-prevention/using-hiv-medication-to-reduce-risk/pre-exposure-prophylaxis/

Wu, J. H.-C., Khalid, F., Langford, B. J., Beahm, N. P., McIntyre, M., Schwartz, K. L., Garber, G., & Leung, V. (2021, April 8). *Community pharmacist prescribing of antimicrobials: A systematic reviewfrom an antimicrobial stewardship perspective*. Canadian Pharmacists Journal: CPJ = Revue des pharmaciens du Canada: RPC. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8165883/

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 rationalefor the addition of this Proposed Resolution:

Increasing Patient Access to Pharmacist-Prescribed Medications (APhA-ASP Resolution 2016.4)
Rationale: to provide an update on the support of expanding the scope of pharmacists' prescribing abilites

Author of Proposed Resolution: **Jessie Icenogle**

Author Phone Number: **309-945-3778**

Author Email Address: **jessieicenogle1226@gmail.com**

APhA Academy of Student Pharmacists

Midyear Regional Meetings

PROPOSED RESOLUTION FORM

Region #: 4

Proposing APhA-ASP Chapter: The Ohio State University

Proposed Resolution Title/Topic: Naloxone Education: APhA-ASP Resolution 2023.1

Proposed wording*:*
APhA-ASP advocates for student pharmacists to teach proper naloxone administration and emphasize themedications life-saving effects among the community in response to rising drug overdoses.

Background Statement:
Student pharmacists are the future faces of healthcare. One of the many ways student pharmacists can impact thepatient population is through education on the healthcare system regarding medications. This can range from medication safety practices, counseling on how medications work and through education of administration with medications such as injectables, nasal sprays and inhalers.

A drug that is increasingly being prescribed is naloxone, which is a lifesaving opioid overdose medication[1]. Naloxone can reverse the effects of opiates such as heroin, oxycodone and fentanyl[2]. These opiate drugs continue toincrease in usage across America causing drug overdoses to harm and kill patients. In 2015, the drug overdose deathnumber was 52,000, while recently in 2021 that number raised to about 107,000 for that year alone[3]. The amount of naloxone being prescribed is increasing in response to increasing drug overdoses. Alongside this, naloxone gained approval from the FDA (Food and Drug Administration) to be sold over the counter in May of 2023[4]. The OTC approval for naloxone increases access of the drug to the patient population but raises concerns that with this increased access it may lead to lack of knowledge on how the drug works and how to properly administer it[4]. Many people obtain naloxone through prescription or purchase to have it in case someone else overdoses while they are around. With the increase of patients carrying this medication, the importance of proper administration is necessary for the drug to properly save lives.

There are online trainings that help patients walk through naloxone training and administration through websites such as the CDC (Centers for Disease Control). While these online courses may be helpful to some, in-person learning has been proven to help people stay engaged and feel important in relation to the topic they are learning [5]. Alongside this, in-person learning leads to higher rates of attendance, better academic outcomes, and higher levels ofengagement[6]. Proper naloxone administration practices are crucial to saving a person's life as they are overdosing.
Having in-person naloxone training provided by student pharmacists to patients would benefit both parties. Studentpharmacists could practice counseling skills, and patients would be professionally trained on how to handle naloxone in various scenarios.

Alongside providing naloxone administration training, student pharmacists can provide education on the importanceof naloxone benefits to the patient population. Although naloxone has many benefits, people still resist carrying naloxone with them. This resistance includes patients who fear administering naloxone when it is not needed, the stigma surrounding drug usage and not seeing the drugs' purpose unless one is a drug addict[7]. Student pharmacists could emphasize the importance of carrying naloxone with you, even if you do not know anyone that is a drug addict. Additionally, student pharmacists can break the stigma surrounding carrying naloxone by stating that

naloxone cannot harm someone if administered and they are not overdosing.

Overall, providing more training on naloxone administration and the importance of carrying naloxone will benefit both the student pharmacists' skills and the patient population. These trainings will become more crucial as naloxoneaccess as an over the counter continues to grow alongside drug overdoses in the United States.

Works Cited

1. "Drug Overdose Death Rates." *National Institutes of Health*, U.S. Department of Health and HumanServices, 25 Sept. 2023, nida.nih.gov/research-topics/trends-statistics/overdose-death-rates.
2. "5 Things to Know about Naloxone." *Centers for Disease Control and Prevention*, Centers for DiseaseControl and Prevention, 25 Oct. 2022, www.cdc.gov/drugoverdose/featured-topics/naloxone.html.
3. "Lifesaving Naloxone." *Centers for Disease Control and Prevention*, Centers for Disease Control andPrevention, 21 Apr. 2023, www.cdc.gov/stopoverdose/naloxone/index.html.
4. Mulvihill, Geoff. "Narcan Just Got Over-the-Counter Approval. Here's What You Need to Know." *PBS*,Public Broadcasting Service, 29 Mar. 2023, www.pbs.org/newshour/health/narcan-just-got-over-the- counter-approval-heres-what-you-need-to-know.
5. *In-Person versus Online Learning in Relation to ... - Sage Journals*, journals.sagepub.com/doi/full/10.1177/07342829211053668. Accessed 18 Oct. 2023.
6. "Supporting Students during the COVID-19 Pandemic: Maximizing in-Person Learning and ImplementingEffective Practices for Students in Quarantine and Isolation." *Supporting Students During the COVID-19 Pandemic: Maximizing In-Person Learning and Implementing Effective Practices for Students in Quarantine and Isolation | U.S. Department of Education*, www.ed.gov/coronavirus/supporting-students- during-covid-19-pandemic. Accessed 20 Oct. 2023.
7. Bennett, Alex S, et al. "Reasons People Who Use Opioids Do Not Accept or Carry No-Cost Naloxone: Qualitative Interview Study." *JMIR Formative Research*, U.S. National Library of Medicine, 23 Dec. 2020,www.ncbi.nlm.nih.gov/pmc/articles/PMC7787889/.

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:

Author of Proposed Resolution: Claire Wollett

Author Phone Number: 614-804-2057

Author Email Address: wollett.21@osu.edu

APhA Academy of Student Pharmacists

Midyear Regional Meetings

PROPOSED RESOLUTION FORM

Region #: 4

Proposing APhA-ASP Chapter: University of Findlay

Proposed Resolution Title/Topic:

Diversity, Equity, and Inclusion (APhA-ASP Resolution 2023.1)

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

"APhA-ASP encourages all schools and colleges of pharmacy to implement student lead, faculty supported diversity, equity, inclusion, and accessibility (DEIA) committees."

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

- Racism is a social disparity of healthcare practices. (community)
- Communities that are at or below the poverty line, regularly lack appropriate health care services. (community)
- Providing appropriate academic and social support can improve the student success. (academic)
- By facilitating conversation with students and faculty, opportunities for improvement or advancement in a school or college of pharmacy in regard to DEIA initiatives can occur.

(academic)

Sources:

Arif SA, Butler LM, Gettig JP, Purnell MC, Rosenberg E, Truong HA, Wade L, Grundmann O. Taking Action Towards Equity, Diversity, and Inclusion in the Pharmacy Curriculum and Continuing Professional Development. Am J Pharm Educ. 2023 Mar;87(2):ajpe8902. doi: 10.5688/ajpe8902. Epub 2022 Apr 25. PMID: 35470170; PMCID: PMC10159513.

Arya V, Butler L, Leal S, Maine L, Alvarez N, Jackson N, Varkey AC. Systemic racism: Pharmacists' role and responsibility. J Am Pharm Assoc (2003). 2020 Nov-Dec;60(6):e43-e46. doi: 10.1016/j.japh.2020.09.003. Epub 2020 Oct 5. PMID: 33032946; PMCID: PMC7535805.

Rosenkranz KM, Arora TK, Termuhlen PM, Stain SC, Misra S, Dent D, Nfonsam V. Diversity, Equity and Inclusion in Medicine: Why It Matters and How do We Achieve It? J Surg Educ. 2021 Jul-Aug;78(4):1058-1065. doi: 10.1016/j.jsurg.2020.11.013. Epub 2020 Dec 3. PMID: 33279427.

https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/poverty

https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/access-health-services

https://www2.ed.gov/rschstat/research/pubs/advancing-diversity-inclusion.pdf

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:

Author of Proposed Resolution: **Stephen Garrison**

Author Phone Number: **5138463604**

Author Email Address: **garrisons1@findlay.edu**

APhA Academy of Student Pharmacists

Midyear Regional Meetings

PROPOSED RESOLUTION FORM

Region #: 4

Proposing APhA-ASP Chapter: University of Cincinnati James L Winkle College of Pharmacy

Proposed Resolution Title/Topic:

Increased Access to Opioid Reversal Agents (APhA-ASP Resolution 2019.2) AMENDMENT

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

APhA-ASP urges manufacturers of non-prescription naloxone and major retailers to reduce the price of non-prescription naloxone for patients in order to increase affordability and accessibility to a lifesaving medication.

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

The opioid epidemic has been an increasing problem in the United States since the late 1990s. According to the CDC, from 1999 to 2021, the number of opioid overdose deaths has increased 10x with 2021 having more than 80,000 opioid overdose deaths. Of those deaths 65.5% had an opportunity for intervention and 46.1% had a potential bystander, a person within an appropriate vicinity that might have had an opportunity to provide life-saving measures such as naloxone administration, present[2,3]. In response to the opioid epidemic over the past 20 years, efforts have been made to reduce drug-overdose prevalence and mortality. These include reduction of opioid prescribing, co-prescribing of opioids with naloxone, naloxone standing orders, mandated Medicaid coverage of naloxone, and naloxone access legislation. These measures have seen some success with a national study showing that opioid overdose deaths

decreased by 14% in states that enacted naloxone access laws[5]. However, further action is still required to curb this worsening national crisis.

Naloxone, an opioid receptor antagonist, has been recognized as a first line treatment for emergent confirmed or suspected overdose for the last 40 years. The access to this life saving medication has increased over this time period, expanding from just use in the emergency room to use by the general public. More people than ever have access to naloxone due to standing orders so that allow an individual to obtain naloxone through their prescription insurance without an individual prescription. Insurance coverage of naloxone has also increased. As of 2020, all state Medicaid programs cover prescription naloxone in some capacity. However, barriers to access still exist as some state Medicaid programs still have fill limits on naloxone[1]. Also, only a dozen states have the same naloxone coverage requirements for private insurers, with some plans not covering naloxone at all.

In order to combat barriers of naloxone accessibility, the FDA approved naloxone for over-the-counter use in early 2023. However, once the product became commercially available, most retailers listed the product for $44.99. While OTC availability for this life saving medication is a step towards increasing accessibility, this price still may be out of reach for many patients. Especially considering 26% of adults with opioid use disorder are uninsured, this price could still pose significant barriers to even OTC naloxone access[4]. Additionally, now that naloxone has an equivalent OTC product, there is concern that insurance providers may change coverage based on its OTC availability. For these reasons, we propose that APhA-ASP call on manufacturers of and retailers who sell non-prescription naloxone to reduce the price of the medication in order to increase accessibility to this life saving medication.

Sources:

1. Andrew W. Roberts et al., Medicaid prescription limits and their implications for naloxone accessibility, 218 DRUG & ALCOHOL DEPENDENCY 108355 (Jan. 2021), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7568500/
2. CDC Opioid Data Analysis and Resources. https://www.cdc.gov/opioids/data/analysis-resources.html
3. CDC SUDORS Dashboard for Fatal Overdose Data. https://www.cdc.gov/drugoverdose/fatal/dashboard/index.html#print
4. Dickson-Gomez J, Weeks M, Green D, Boutouis S, Galletly C, Christenson E. Insurance barriers to substance use disorder treatment after passage of mental health and addiction parity laws and the affordable care act: A qualitative analysis. Drug Alcohol Depend Rep. 2022 Mar 31;3:100051. doi: 10.1016/j.dadr.2022.100051. PMID: 36845978; PMCID: PMC9948907.
5. McClellan C, Lambdin BH, Ali MM, Mutter R, Davis CS, Wheeler E, Pemberton M, Kral AH. Opioid-overdose laws association with opioid use and overdose mortality. Addict Behav. 2018 Nov;86:90-95. doi: 10.1016/j.addbeh.2018.03.014. Epub 2018 Mar 19. PMID: 29610001.

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:

Increased Access to Opioid Reversal Agents (APhA-ASP Resolution 2019.2)

APhA-ASP recognizes the necessity of increased access to naloxone evident in the active proposed resolution 2019.2 Increased Access to Opioid Reversal Agents. However, with the recent OTC approval of non-prescription naloxone, there is now an additional opportunity to improve access to this life-saving medication. With a retail price of $44.99, non-prescription naloxone may be out of reach for low-income patients, especially those that are uninsured. Thus, we propose the following amendment to 2019.2 in order to address those concerns.

4. APhA-ASP urges manufacturers of non-prescription naloxone and major retailers to reduce the price of non-prescription naloxone for patients in order to increase affordability and accessibility to a lifesaving medication.

Author of Proposed Resolution: **Madison Sayatovic**

Author Phone Number: **513-827-7937**

Author Email Address: **sayatomm@mail.uc.edu**

Midyear Regional Meetings PROPOSED RESOLUTION FORM

Region #: 4

Proposing APhA-ASP Chapter: University of Illinois at Chicago College of Pharmacy **Proposed Resolution Title/Topic:** Pharmacist Prescribing Emergency Contraception **Proposed wording *(desired action(s)):***

APhA-ASP encourages legislation allowing pharmacists to prescribe Ulipristal (Ella) for emergency contraception.

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

- Ella (ulipristal acetate) is a progesterone agonist/antagonist emergency contraceptive indicated for prevention of pregnancy following unprotected intercourse or a known or suspected contraceptive failure[1].
- Plan B One-Step (levonorgestrel) works as an emergency contraceptive by preventing ovulation or fertilization by altering tubal transport of sperm and/or ova. In addition, it may inhibit implantation by altering the endometrium[2].
- After a single dose of EC, obese-BMI women are exposed to lower concentrations of LNG and similar concentrations of UPA, when compared to normal-BMI women. This suggests that Ella is more efficacious in obese women[3].
- Ella is 94% effective if used within 5 days of unprotected sex. It is the most effective EC pill, especially for people who weigh more than 165 pounds, or people who can't get and take EC until 4-5 days (73-120 hours) after unprotected sex. Plan B is 81-90% effective depending on how soon it is taken. It works best to prevent pregnancy when it is used up to 3 days (72 hours) after unprotected sex. You can still use it from 4-5 days (73-120 hours) but it is less effective[4].
- Plan B One-Step (levonorgestrel) and other generic formulations are easily accessible over the counter in 50 states [5] and sold at major chain stores such as Walgreens, Target, CVS, and more [6]. As of 2014, the point-of-sale age restriction of 17 years old was lifted and can now be purchased without an age verification[5].
- The major barrier to access to Plan B One-Step (levonorgestrel) is the cost. Although the Affordable Care Act has required newly established private insurers to cover the cost of Plan B One-Step (levonorgestrel), most plans require a prescription. Older health insurance plans have been "grandfathered" which are not required to cover emergency contraceptives. Otherwise individuals are responsible for the retail costs which can range from 10$ to 50$ depending on the formulation purchased[5],[8]. The Plan B One-Step manufacturers have worked to alleviate out-of-pocket costs by offering rebates or coupons, but these require completion of online forms, submission of purchase receipts, and time[6].
- Ella (ulipristal acetate) is only available through a prescription for women of all ages[5]. Once the prescription is secured, it can be filled only through the manufacturer at ellanow.us or through the local pharmacy[7].
- Ella is currently not available over the counter due to safety concerns and counseling that is recommended: patients should not take Ella more than one time per menstrual cycle, and should wait to start their hormonal contraception again no sooner than 5 days after taking it[10].
- Ella (ulipristal acetate) can be prescribed by a physician, nurse, physician assistant, or a family planning

clinic[8].

- Pharmacies are not required to stock emergency contraceptives over the counter or behind the counter. Over the counter items are typically found behind the counter or locked in security boxes due to high costs[5].
- In a limited number of states, pharmacists are provided prescribing power through collaborative practice agreements or autonomous prescribing models. Collaborative practice agreements require a voluntary agreement between physicians and pharmacists to create a formal contract, and the functions of the pharmacists are limited to the contract. Whereas autonomous prescribing models are issued by a state board or agency that empowers pharmacists to prescribe under certain conditions[9].
- Presently, only seven states have laws that allow pharmacists to prescribe emergency contraception to women of all ages without obtaining a clinician's prescription. Four states have laws requiring pharmacists or pharmacies to fill valid prescriptions for emergency contraceptives whereas seven states have laws that allow pharmacists to refuse to fill emergency contractive prescriptions due to moral and religious beliefs[9].

Reference Links:

1. https://www.accessdata.fda.gov/drugsatfda_docs/label/2010/022474s000lbl.pdf
2. https://www.accessdata.fda.gov/drugsatfda_docs/label/2009/021998lbl.pdf
3. Praditpan P, Hamouie A, Basaraba CN, et al. Pharmacokinetics of levonorgestrel and ulipristal acetate emergency contraception in women with normal and obese body mass index. Contraception. 2017;95(5):464-469. doi:10.1016/j.contraception.2017.01.004
4. https://www.mass.gov/info-details/the-facts-about-emergency-contraception
5. https://www.kff.org/womens-health-policy/fact-sheet/emergency-contraception/
6. https://www.planbonestep.com/where-to-buy-plan-b/
7. https://www.ella-now.com/all-you-need-to-know-about-taking-ella/#:~:text=It%20is%20only%20available%20by,%C2%AE%20can%20prevent%20unplanned%20pregnancy.
8. https://www.womenshealth.gov/a-z-topics/emergency-contraception
9. https://www.pharmacist.com/Practice/Practice-Resources/Scope-of-Practice
10. https://www.ella-now.com/all-you-need-to-know-about-taking-ella/

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 additionof this Proposed Resolution:

2001.5

Author of Proposed Resolution: UIC College of Pharmacy Policy & Legislative Committee

Author Phone Number: _____

Author Email Address: ngiang2@uic.edu, sganas2@uic.edu

APhA Academy of Student Pharmacists

Midyear Regional Meetings

PROPOSED RESOLUTION FORM

Region #: 4

Proposing APhA-ASP Chapter: University of Kentucky College of Pharmacy

Proposed Resolution Title/Topic:

Decreased Tuition During APPE Year

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

APhA-ASP encourages pharmacy schools to lessen financial burden and focus on diversity and equitable access during final-year rotations through decreased tuition rates for APPE students.

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

From 2021 to 2022, the United States saw prices increase by 7.8%, marking the largest increase in the cost-of-living-adjustment since the 1980's.[4] There is no doubt that the rising costof living directly impacts pharmacy students. For example, the current average cost of rent for a two bedroom apartment in the United States is $1,154 per month.[1] In addition to the increased cost of living, pharmacy schools across the nation continue to raise tuition costs. From 2004 to 2019, the average annual in-state tuition cost for colleges of pharmacy rose from $10,297 to $25,012 for public institutions and $21,374 to $41,602 for private institutions.[2] Considering the increasing tuition rates and the rising cost of living, the current financial burden placed on pharmacy students is higher than ever, especially those on final-year rotations.

Final-year pharmacy students face increased costs associated with graduating from a professional program. Such fees include the cost of licensing examinations, applying for residencies, travel associated with interviews for jobs/residency programs or out-of-town rotations, cost of living, and preparation materials for licensing exams. Pharmacy students are expected to be on duty at their rotation sites for forty plus hours during the work week and complete rotation-related activities during their off-site time. This places an increased burden on students as they have limited availability to work outside of rotations to earn money.

Increased cost of living and costs associated with travel to APPE sites have been cited as determining factors in students' decisions on where to complete their rotations.[3] Reduced tuition costs would alleviate financial strain on students and would provide opportunities for students to expand their

APPE rotations to sites further away from their home, out-of-state, and

internationally. Additionally, future pharmacists will have better opportunities to make an impact in underserved areas if they are financially able to participate in more diverse patient centric experiences.

The culmination of the above evidence is why we believe final-year pharmacy students should be granted reduced tuition during their Advanced Pharmacy Practice Experiences. While we acknowledge the potential negative outcome of universities shifting tuition fees into the earlier years, we hope that they take into consideration the positive impact that having more access to diverse experiences would have on their students. In conclusion, the increasing rate of tuition and cost of living, combined with additional expenses during one's graduation year, creates an increased financial burden on pharmacy students. Lessening this burden will give students more equitable access to broaden their rotation experiences by selecting more diversepractice sites, which will ultimately make for more well-rounded practitioners in the future.

Resources:

1. *Cost of Living Index by State*. Cost of living index by State . (2023, June). https://worldpopulationreview.com/state-rankings/cost-of-living-index-by-state
2. Brown D. L. (2020). Years of Rampant Expansion Have Imposed Darwinian Survival-of-the-Fittest Conditions on US Pharmacy Schools. *American journal of pharmaceutical education*, *84*(10), ajpe8136. https://doi.org/10.5688/ajpe8136
3. Shah V, Powers K, Veltri K, & Zarfoss E. (2020). Factors that influence students' selection of advanced pharmacy practice experience. *Am J Pharm Educ,* 84(2) 7404.
4. Unrath, M. (2023, September 6). *How inflation affects the Census Bureau's income and Earnings estimates*. Census.gov. https://www.census.gov/newsroom/blogs/research-matters/2023/09/inflation-income-and-earnings-estimates.html

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:

Author of Proposed Resolution: **UKCOP Policy Proposal Task Force**
(Delegates Faith Gaddis & Hayley Poynter)

Author Phone Number: **(270) 403-5155 & (606) 541-1882**

Author Email Address: **faith.gaddis@uky.edu & hayley.poynter@uky.edu**

APhA Academy of Student Pharmacists

Midyear Regional Meetings

PROPOSED RESOLUTION FORM

Region #: 4

Proposing APhA-ASP Chapter:

University of Michigan College of Pharmacy

Proposed Resolution Title/Topic:

Expanded Technician Responsibilities to Support Clinical Pharmacist Activities (APhA-ASP Resolution 2023.1)

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

APhA-ASP encourages pharmacy leadership, where permitted by law, to implement expanded technician responsibilities, notably tech-check-tech (TCT), to support clinical pharmacists by reducing their need to participate in routine medication distribution activities.

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

- Many studies have demonstrated comparable or significantly reduced error rates when technicians perform final product verification over pharmacists in both institutional (Adams, Martin, & Stolpe (2011), Hickman et al (2018)) and community settings (Frost & Adams (2017), Andreski et al (2020)).
- In institutions that have implemented TCT, estimates of pharmacist time saved vary from 10 hours per month to 1 hour per pharmacist per day, enabling pharmacists to devote more time to providing clinical services (Adams, Martin, & Stolpe (2011)). Similarly, in community settings, implementation of TCT has resulted in a gain of 9.1 - 19.18% of pharmacists' time for consultative services (Frost & Adams (2017)).
- Tarver et al (2017) have demonstrated that, in an academic medical center, the implementation of TCT significantly reduces the amount of time to verify both STAT and routine medication orders and significantly reduces the time for pharmacist medication order verification, enhancing medication accessibility.

- In 2023, only 21 states include TCT within the scope of practice of pharmacy technicians, despite pharmacists' general endorsement of technicians supervising the activities of other technicians (Sparkmon et al (2023)).
- All states that allow TCT require additional technician education and/or training in order to perform TCT. While requirements vary, technicians often have to meet a threshold of required experience (e.g., 6 months) and complete a combination of didactic and practical training. Prior to being allowed to perform final verification independently, technicians must be audited and achieve a minimum accuracy rate (e.g., 99.8%) (Adams, Martin, & Stolpe (2011)).
- The rate of adoption among pharmacies in states where TCT is permitted is unknown. Considering the available evidence, TCT is an effective strategy to promote medication safety and operational efficiency, yielding additional time for pharmacists to provide clinical services.

References

1. Adams, A. J., Martin, S. J., & Stolpe, S. F. (2011). "Tech-check-tech": a review of the evidence on its safety and benefits. *American Journal of Health-System Pharmacy*, *68*(19), 1824-1833.
2. Hickman, L., Poole, S. G., Hopkins, R. E., Walters, D., & Dooley, M. J. (2018). Comparing the accuracy of medication order verification between pharmacists and a tech check tech model: a prospective randomised observational study. *Research in Social and Administrative Pharmacy*, *14*(10), 931-935.
3. Andreski, M., Martin, E., Brouner, V. V., & Sorum, S. (2020). Advancing community pharmacy practice–a technician product verification pilot to optimize care. *Innovations in Pharmacy*, *11*(2).
4. Frost, T. P., & Adams, A. J. (2017). Tech-check-tech in community pharmacy practice settings. *Journal of Pharmacy Technology*, *33*(2), 47-52.
5. Tarver, S. A., Palacios, J., Hall, R., & Franco-Martinez, A. C. (2017). Implementing a tech-check-tech program at a university health system. *Hospital Pharmacy*, *52*(4), 280-285.
6. Sparkmon, W., Barnard, M., Rosenthal, M., Desselle, S., Ballou, J. M., & Holmes, E. (2023). Pharmacy Technician Efficacies and Workforce Planning: A Consensus Building Study on Expanded Pharmacy Technician Roles. *Pharmacy*, *11*(1), 28.

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

Author of Proposed Resolution: <u>Zackary Hren</u>

Author Phone Number: **231-736-2853**

Author Email Address: **hrenz@umich.edu**

APhA Academy of Student Pharmacists

Midyear Regional Meetings

PROPOSED RESOLUTION FORM

Region #: 4

Proposing APhA-ASP Chapter: UW-Madison School of Pharmacy

Proposed Resolution Title/Topic: Rural Health Reimbursement

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

APhA-ASP advocates for the establishment of state-sponsored tuition reimbursement program aimed at incentivizing recently graduated pharmacists to commit to a decade of service in rural regions.

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

Scholarship and loan forgiveness programs are available across various professions to incentivize individuals to commit to serving rural and underserved populations. These initiatives extend to education, radiation technology, dentistry, and medicines (MDs) fields, among many others. However, it is imperative to note that a universal policy for pharmacists offering similar opportunities is currently lacking. Establishing such a program for pharmacists could be

instrumental in promoting greater access to healthcare services in underserved areas and addressing the significant disparities in care.

Introducing a pharmacist-specific scholarship, loan forgiveness, or loan repayment program could encourage pharmacists to work in areas where their expertise is critically needed to improve patient care and outcomes. This initiative would enhance healthcare services and help bridge the gap in healthcare access in rural and underserved communities. It would ultimately contribute to the overall well-being of these populations while supporting the professional development and retention of pharmacists in these areas.

Creating a comprehensive policy for pharmacists that mimics these other programs could include elements such as financial support for education and experiential clerkships, targeted recruitment efforts, and a commitment to a specified period of service in underserved regions. This approach would align with the broader goal of ensuring equitable access to healthcare services and improving the overall health outcomes of underserved communities.

In summary, implementing a pharmacist-specific scholarship, loan forgiveness, or loan repayment program would be a strategic step toward addressing healthcare disparities and fostering a sense of professional commitment to underserved populations. This policy would benefit the communities in need while enhancing pharmacist's overall contribution to public health.

https://www.ruralhealthinfo.org/topics/scholarships-loans-loan-repayment

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:

Author of Proposed Resolution: **Sierra Szymanski & Jacob Deheck**

Author Phone Number: **608-799-3600**

Author Email Address: **sszymanski2@wisc.edu & deheck@wisc.edu**

APhA Academy of Student Pharmacists

Midyear Regional Meetings

PROPOSED RESOLUTION FORM

Region #: 4

Proposing APhA-ASP Chapter: APhA-ASP Chapter: Wayne State

Proposed Resolution Title/Topic: Ensuring Compensation for Pharmacist Point-of-Care Services

Proposed wording*:*

APhA advocates for the creation of a task force that promotes consistent and fair compensation for pharmacists providing point-of-care services.

Background Statement:

Recent years have seen a notable expansion in the professional responsibilities of pharmacists within the healthcare ecosystem, particularly with the ability to offer point of care services. These services are instrumental in bridging gaps in patient care, ensuring timely interventions, and promoting proactive health management.

However, a significant discrepancy exists in this area. Pharmacists are equipped and permitted to deliver valuable services, yet they often face challenges in receiving just compensation from payers for their contributions.

The unclear billing standards in the current market for pharmacists not only undermine the value of their professional expertise but also pose challenges to the long-term sustainability of these patient services. Finding solutions to address this disparity is crucial not only for professional validation but also in alignment with the broader commitment to advancing patient welfare and improving the healthcare system.

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:

2022.3 – Expanding Pharmacist Point of Care Testing and Prescriptive Authority

More and more legislation is being passed regarding point of care testing, which is the focus of this active resolution. This proposed resolution aims to build on the recent expansion of point of care testing. It places an increased focus on compensation to improve uptake, rather than merely improving availability to the public.

Author of Proposed Resolution: **Thomas Whaley, Judson Knott, David Frond**

Author Phone Number: **248-639-1617**

Author Email Address: **gb5272@wayne.edu**

APhA Academy of Student Pharmacists

Midyear Regional Meetings

PROPOSED RESOLUTION FORM

Region #: 4

Proposing APhA-ASP Chapter: Ferris State University College of Pharmacy

Proposed Resolution Title/Topic:

Increased tobacco/nicotine documentation

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

APhA-ASP supports the recommendation of screening, documenting, and responding to all patient's tobacco/nicotine use in the community pharmacy setting.

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

Asking patients about their use of tobacco and nicotine is very important for our profession. Asking patients if they smoke or use any form of tobacco should be done at every visit. Documenting whether they smoke or use tobacco, including e-cigarettes, keeps our patient profiles accurate to allow for interaction screenings with their medications and conditions. Asking at every interaction encourages patients to quit, which is important as health care professionals to improve patients' overall health.

Tobacco interacts with many different drug classes and medications. Some examples include beta-blockers, hormonal contraceptives, tricyclic antidepressants, and insulin.1 Smoking can decrease the effects of beta-blockers so patients that smoke may need a higher dose. Interactions with hormonal contraceptives cause an increased risk of cardiovascular events like stroke. Smoking can also decrease the blood levels of tricyclic antidepressants as well as cause a decrease in insulin absorption or even lead to insulin resistance. This is not an all-inclusive list and there are many other drug classes in which tobacco smoke may decrease effectiveness or increase risk of additional side effects.

As stated in the Surgeon General Report of 2020, “Tobacco smoking is the leading cause of preventable disease, disability, and death in the United States.”2 Some disease states that can be caused or worsened by tobacco include cancer, cardiovascular disease, chronic respiratory disease, coronary heart disease, asthma, and reproductive health. Given that many of these chronic diseases are also among those most prevalent in the United States,3 it is critical to be proactive by informing patients of the risks of smoking and helping them start their journey to quit.

As stated in the Tobacco Guidelines of 2008, “It is essential that clinicians and healthcare delivery systems consistently identify, and document tobacco use status and treat every tobacco user seen in a healthcare setting”4. Although not explicitly listed as healthcare providers in these guidelines, pharmacists still need to be doing this with every patient since we as pharmacists have the most patient interactions and are the most accessible healthcare provider. Not only do pharmacists need to be asking patients about their use of tobacco/nicotine at every interaction, but they also need to be documenting tobacco use to look for drug interactions with patients’ medications. Pharmacists should be assessing patient’s readiness to quit every time they see them by encouraging them to quit and recommending the best treatment plan for them based on their needs.

References:

1. Drug Interactions with Tobacco Smoke. Rx for Change. Accessed October 4, 2023 https://smokingcessationleadership.ucsf.edu/sites/smokingcessationleadership.ucsf.edu/files/A4%20DI%20TABLE.pdf
2. Smoking Cessation: A Report of the Surgeon General – Executive Summary. U.S. Department of Health and Human Services. Published 2020. Accessed October 4, 2023. https://www.hhs.gov/sites/default/files/2020-cessation-sgr-executive-summary.pdf
3. Leading Causes of Death. Center for Disease Control and Prevention. Published January 18, 2023. Accessed October 4, 2023. https://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm

4. Treating Tobacco Use and Dependence: 2008 Update. US Department of Health and Human Services. Published May 2008. Accessed October 4, 2023. https://www.ncbi.nlm.nih.gov/books/NBK63952/

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

Author of Proposed Resolution: **Emma Smith**

Author Phone Number: **(989) 330-9571**

Author Email Address: **smite120@ferris.edu**