

**APhA Academy of Student Pharmacists
Midyear Regional Meeting**

Proposed Policy Resolution Form

Region #: 2

Proposing APhA-ASP Chapter:

Shenandoah University Bernard J. Dunn School of Pharmacy

Proposed Resolution Title/Topic:

Combining all fees and necessary costs for attendance to a school of pharmacy within one tuition fee to ensure that healthcare education is equitable and accessible to all. (*APhA-ASP Resolution 2023.1*)

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

APhA-ASP encourages the implementation of measures into pharmacy practice to ensure all student pharmacists are able to access the money and tools necessary to earn a Doctorate of Pharmacy degree.

1. Measures to meet this objective include, but are not limited to, the following:
 - a. Including the cost of required intern licenses in tuition.
 - b. Providing opportunities for student health insurance plans to be included in tuition if necessary.
 - c. Incorporating the cost of course materials and certifications (e.g. immunization training) into the cost per semester.

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

Students typically have access to loans based on fees assessed by schools. These often omit unforeseen mandatory fees, causing students to miss out on access to increased federal funding if mandatory fees were lumped into tuition.

To promote and increase access to students from lower socioeconomic backgrounds in the pharmacy profession, all fees and costs required by the curriculum but unforeseen by students should be included in the fee structure of each specific university. Incoming students often lack a full understanding of all necessary fees and requirements when entering a program, so incorporating these fees into the total cost of attendance will enhance transparency and students' ability to access funds from financial aid.

References:

1. *Pharm.D. Tuition Trends*. Public.tableau.com. (2016).
https://public.tableau.com/app/profile/aacpdata/viz/Pharm_D_TuitionTrends/TuitionData

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

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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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**APhA Academy of Student Pharmacists
Midyear Regional Meeting**

Proposed Policy Resolution Form

Region #: 2

Proposing APhA-ASP Chapter: Duquesne University

Proposed Resolution Title/Topic:

Electronic cigarette awareness (*APhA-ASP Resolution 2023.2*)

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

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

Pharmacists should be knowledgeable of potential risks and usefulness of electronic cigarettes and their over the counter cessation techniques since the numbers of people who consume tobacco via electronic means have significantly risen. Electronic nicotine delivery system products, have become one of the most widely used tobacco products within the United States with 4.5% of adults over the age of 18 being users, and 11.0% of people between the ages of 18-24 admitting frequent use.^{1,6} While they are exceedingly sought-after, e-cigarettes have not been approved by the FDA as an option for smoking cessation.² Appropriately, the FDA is dedicated to keeping the general public healthy and safe and pursues to research electronic nicotine products since substantial additional research is required in order to declare if they can be deemed effective.^{3,4}

Since the dangers or benefits of e-cigarettes is unknown, measures to decrease the number of people who consume tobacco electronically must be made. The American Lung Association encourages those who vape or smoke via electronic means to speak to their health care providers, including pharmacists and physicians, about FDA approved smoking cessation medications such as nicotine gum, lozenges, and patches.⁵ Pharmacists are accessible healthcare providers with

¹ Surgeon General’s Advisory on E-cigarette Use Among Youth | Smoking & Tobacco Use | CDC. Published December 5, 2022. Accessed October 3, 2023. https://www.cdc.gov/tobacco/basic_information/e-cigarettes/surgeon-general-advisory/index.html

² Commissioner O of the. Facts about E-Cigarettes. FDA. Published online July 26, 2023. Accessed September 30, 2023. <https://www.fda.gov/news-events/rumor-control/facts-about-e-cigarettes>

³ Products C for T. E-Cigarettes, Vapes, and other Electronic Nicotine Delivery Systems (ENDS). FDA. Published online September 26, 2023. Accessed October 3, 2023. . <https://www.fda.gov/tobacco-products/products-ingredients-components/e-cigarettes-vapes-and-other-electronic-nicotine-delivery-systems-ends>

⁴ Abuse NI on D. Vaping Devices (Electronic Cigarettes) DrugFacts. National Institute on Drug Abuse. Published January 8, 2020. Accessed September 30, 2023. <https://nida.nih.gov/publications/drugfacts/vaping-devices-electronic-cigarettes>

⁵ Association AL. Quit Don’t Switch. Accessed October 3, 2023. <https://www.lung.org/quit-smoking/e-cigarettes-vaping/quit-dont-switch>

⁶ Kramarow EA, Elgaddal N. Current electronic cigarette use among adults aged 18 and over: United States, 2021. NCHS Data Brief, no 475. Hyattsville, MD: National Center for Health Statistics. 2023. DOI: <https://dx.doi.org/10.15620/cdc:129966>.

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the ability to assuredly counsel on the use of electronic tobacco products. As the FDA and American Lung Association make efforts to reduce the quantity of people who use electronic nicotine products, APhA-ASP should acquire similar goals.

Ongoing research of electronic nicotine products will continue to produce pivotal knowledge needed to secure a decreased percentage of the population with lung and breathing problems in the future. Pharmacists possessing a personal understanding of the effects of electronic cigarettes and their cessation techniques will advance the reduction. The benefits of pharmacist awareness on such products far outweigh the disadvantages; nonetheless, a limitation includes the wide range of products circulating throughout more than 460 e-cigarette brands.⁴

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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**APhA Academy of Student Pharmacists
Midyear Regional Meeting**

Proposed Policy Resolution Form

Region #: 2

**Proposing APhA-ASP Chapter: Marshall University
School of Pharmacy**

Proposed Resolution Title/Topic:

Increasing Access - Telehealth During Medicaid Disenrollment Transition (*APhA-ASP Resolution 2023.3*)

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

APhA-ASP encourages state pharmacy associations to encourage legislators to implement a transitional plan for Medicaid enrollees who lose coverage due to procedural reasons, as to not perpetuate health disparities among this population. This plan would include a 3 month, temporary service including state run telehealth and telepharmacy services to capture those who lost coverage.

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

The recent unwinding of COVID-19 policies has led to a significant disenrollment of Medicaid beneficiaries, resulting in concerns about interruptions in access to vital healthcare services, particularly medication-related support.¹ This disenrollment has created a pressing need for innovative solutions to ensure a smooth transition of care and prevent adverse health outcomes among this vulnerable population.

Recognizing the pivotal role of continuous access to medications and counseling services in maintaining the health and well-being of disenrolled Medicaid beneficiaries, the American Pharmacists Association (APhA) acknowledges the potential of telehealth and mail order pharmacy services as a viable solution. Telehealth, with its ability to provide remote healthcare services, coupled with mail order pharmacy services, offers a promising avenue to address the immediate healthcare needs of those recently disenrolled from Medicaid.

This resolution proposes the establishment of state-administered telehealth mail order pharmacy services with virtual patient counseling to specifically cater to the transitional care requirements of recently disenrolled Medicaid beneficiaries. The goal is to ensure that these individuals receive uninterrupted access to essential medications and comprehensive counseling during their transition out of Medicaid coverage.

The resolution further emphasizes the importance of collaboration between state Medicaid programs, healthcare providers, and telehealth service providers to develop standardized guidelines for the administration of these transitional services. Additionally, it calls for the inclusion of provisions allowing for up to three months of transitional care, recognizing the complexity of

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healthcare transitions, administrative burden, and the potential challenges faced by individuals during this period.²

APhA, through this resolution, seeks to advocate for policies that support the implementation of these transitional telehealth mail order pharmacy services, ensuring fair reimbursement for healthcare providers and pharmacists delivering these critical services. By streamlining licensing and certification processes, the resolution aims to remove barriers for pharmacists involved in providing telehealth mail order pharmacy services to recently disenrolled Medicaid beneficiaries.

In essence, this resolution addresses the unique challenges faced by recently disenrolled Medicaid beneficiaries, proposing a comprehensive and innovative solution that aligns with the evolving landscape of healthcare delivery and ensures continuity of care during this critical period of transition.

The proposed resolution advocating for state-administered telehealth mail order pharmacy services with virtual patient counseling for recently disenrolled Medicaid beneficiaries, while promising, may face challenges that need careful consideration.

Firstly, the initiative's potential cost implications could strain state budgets, requiring substantial investments in technology infrastructure, staff training, and program implementation. The financial burden may deter some states from adopting this solution, impacting its feasibility.³

Secondly, the digital divide poses a significant obstacle, as disenrolled beneficiaries, especially those in underserved or rural areas, may lack access to the necessary technology or reliable internet connectivity required for virtual services.⁴ This limitation could exacerbate existing health disparities and hinder the equitable implementation of the proposed telehealth solution. However, rural Medicaid beneficiaries have been shown to utilize telehealth at higher rates than other demographics.⁵

Lastly, concerns about privacy and security in the realm of virtual patient counseling may arise. Safeguarding sensitive patient information and ensuring compliance with privacy regulations are crucial but may prove challenging in the digital landscape.⁶ Overcoming these challenges, including addressing cost constraints, bridging the digital divide, and ensuring robust privacy measures, will be essential for the successful implementation of the resolution.

In conclusion, this resolution tackles the unique hurdles faced by folks who've recently lost their Medicaid coverage. It brings a fresh and all-encompassing approach to the table, aligning with how healthcare is changing and ensuring patients do not encounter gaps in care during this crucial time. The idea of state-run telehealth mail order pharmacy services with virtual counseling is like a lifeline, adapting to the new normal post-COVID. But, we can't ignore the challenges ahead. The costs involved, the fact that not everyone has easy access to technology, and concerns about keeping personal info safe during virtual counseling—these are real issues we need to navigate. So, while this resolution is a step in the right direction, we've got to tackle these challenges head-on to make sure it does what it promises for those who need it most.

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References

1. Ku L, Platt I. Duration and Continuity of Medicaid Enrollment Before the COVID-19 Pandemic. *JAMA Health Forum.* Dec 2 2022;3(12):e224732. doi:10.1001/jamahealthforum.2022.4732
2. Herd P, Moynihan D. Health care administrative burdens: Centering patient experiences. *Health Serv Res.* Oct 2021;56(5):751-754. doi:10.1111/1475-6773.13858
3. Snoswell CL, Taylor ML, Caffery LJ. The breakeven point for implementing telehealth. *J Telemed Telecare.* Oct 2019;25(9):530-536. doi:10.1177/1357633X19871403
4. Saeed SA, Masters RM. Disparities in Health Care and the Digital Divide. *Curr Psychiatry Rep.* Jul 23 2021;23(9):61. doi:10.1007/s11920-021-01274-4
5. Talbot JA, Burgess AR, Thayer D, Parenteau L, Paluso N, Coburn AF. Patterns of Telehealth Use Among Rural Medicaid Beneficiaries. *J Rural Health.* Jun 2019;35(3):298-307. doi:10.1111/jrh.12324
6. Mahtta D, Daher M, Lee MT, Sayani S, Shishehbor M, Virani SS. Promise and Perils of Telehealth in the Current Era. *Curr Cardiol Rep.* Jul 16 2021;23(9):115. doi:10.1007/s11886-021-01544-w

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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**APhA Academy of Student Pharmacists
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Proposed Policy Resolution Form

Region #: 2

Proposing APhA-ASP Chapter: Thomas Jefferson University Jefferson College of Pharmacy

Proposed Resolution Title/Topic:

University Jefferson College of Pharmacy (*APhA-ASP Resolution 2023.4*)

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

APhA-ASP encourages community pharmacists to work with the public health sector to enhance preventive care and public healthcare access initiatives through pharmacist interventions on medication adherence, patient care, and counseling. In order to combat ongoing epidemics such as Influenza, tuberculosis, COVID-19, and human immunodeficiency virus (HIV).

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

The significance of community pharmacists' role has been proven in the COVID-19 pandemic by administering immunizations, providing self-care medical interventions, and disease management to reduce the burden of the healthcare system. It shows the importance of an increase in public access to health care geographically. Pharmacists are among the most accessible health professionals who have increased public access in multiple underserved communities. As the pandemic's peak dwindled, influenza, tuberculosis, human immunodeficiency virus (HIV), and COVID-19 are still heavily impacting the United States, with underserved populations being the most impacted. Pharmacists have worked to reduce transmission through patient education initiatives, vaccination, and prophylactic treatments. The infected population from influenza has gradually increased from 2016 to 2020.¹ COVID-19 is still a public concern because of the consistent mutation of viral strains, which causes hospitalization burdens regularly. Tuberculosis infection rates are increasing to pre-pandemic levels, likely due to the delayed diagnosis and underdiagnosis during the pandemic.² Pharmacists are still actively monitoring patient adherence and proper dosing of tuberculosis treatment to reduce symptom onset severity and decrease the possibility of spreading to others.

The public health sector plays a crucial role in the preservation of healthcare and public health from potential health emergencies and disasters.³ It is critical for community pharmacists to build a reliable relationship with the public by offering medical interventions and patient care education from a preventive perspective. By cooperating with community pharmacies, the public health sector can have a clear and close connection with the community and be more prepared than in the past healthcare crisis. Increasing pharmacist roles within the full scope of their knowledge can assist in closing barriers to care in ongoing epidemics.

Public policy regulations and legislation can reduce the roadblocks to increasing pharmacist utilization. In combating ongoing epidemics, community pharmacists cannot provide acute healthcare services such as immediate medications or prescriptions. This can best be provided in adjunct to the services pharmacists currently offer. In addition, services such as patient care

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counseling, preventive care, and infectious risk evaluation have been challenged due to the need for more time and labor. Center for Disease Control and Prevention (CDC) has encouraged the integration of pharmacies with other healthcare agencies as sustainable and financially viable by discussing with stakeholders, including payers, employers, and other decision-makers.⁴ There have been instances of community pharmacists collaborating with public health departments with a successful outcome manifesting the capability to administer treatment satisfying and safely for patients with chronic diseases.⁵ Intentionally enhancing pharmacists' presence to combat continuous epidemics can exponentially support the aid in public health crises. Overall, additional research, dissemination, and incentives on the impacts and outcomes of pharmacist services can enhance pharmacy professionals' contribution and value to combating ongoing epidemics.⁶

References

1. Burden of Flu. Centers for Disease Control and Prevention. Updated October 4, 2022. Accessed October 18, 2023. <https://www.cdc.gov/flu/about/burden/index.html>
2. Date and statistic of Tuberculosis (TB). Centers for Disease Control and Prevention. Updated March 8, 2023. Accessed October 18, 2023. <https://www.cdc.gov/tb/statistics/default.htm>
3. Healthcare and Public Health (HPH) Sector. Public Health Emergency. Updated August 11, 2021. Accessed October 18, 2023. <https://www.phe.gov/Preparedness/planning/cip/HPH/Pages/default.aspx>
4. Creating community-clinical linkages between community pharmacists and physicians. Atlanta, GA: Centers for Disease Control and Prevention, US Department of Health and Human Services. Published April 2017. Accessed October 18, 2023. <https://www.cdc.gov/dhds/pubs/docs/ccl-pharmacy-guide-high-res.pdf>
5. Jakeman B, Logothetis SJ, Roberts MH, Bachyrycz A, Fortune D, Borrego ME, et al. Addressing latent tuberculosis infection treatment through a collaborative care model with community pharmacies and a health department. *PudMed Central*. 2020;17:E14. doi: 10.5888/pcd17.190263
6. Aruru M, Truong H-A, Clark S. Pharmacy emergency preparedness and response (PEPR): A proposed framework for expanding pharmacy professionals' roles and contributions to emergency preparedness and response during the COVID-19 pandemic and beyond. *Research in Social and Administrative Pharmacy*. 2021;17(1):1967-1977. doi:10.1016/j.sapharm.2020.04.002

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 This resolution co-supports the initiative to put in place legislation that can enhance Pharmacists' efforts in the health sector to combat established health crises in one of the ways pharmacists were utilized in the COVID-19 pandemic, point of care testing. It also extends authority that we would like implemented for a pharmacist to work within the full scope of their knowledge, gaining prescriptive authority. We would also like to increase awareness and active roles in combating the human immunodeficiency virus (HIV), Influenza, tuberculosis, and COVID-19. Author of

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**APhA Academy of Student Pharmacists
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Proposed Policy Resolution Form

Region #: 2

Proposing APhA-ASP Chapter: Notre Dame of Maryland University

Proposed Resolution Title/Topic:

APhA-ASP supports policies to expand tele-pharmacy utilization and to standardize statewide tele-pharmacy rules. (*APhA-ASP Resolution 2023.5*)

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

APhA-ASP supports policies to expand tele-pharmacy utilization and to standardize statewide tele-pharmacy rules.

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

While its specific definition varies by state, telepharmacy can generally be defined as “provision of pharmacy services through telecommunication.”¹ “More broadly, telehealth” or “telemedicine” can be defined as remote delivery of client services, though this definition also varies by state.² While telepharmacy is beneficial to patients by enabling greater access to pharmacy services and allowing pharmacists more flexibility in their practice, there is not enough support for telepharmacy utilization within state laws.

As of this year, only 28 states allow any form of telepharmacy, with the degree and forms of regulation for them varying by state.¹ Some of the most broadly permitted telepharmacy services include automated dispensing devices (or “kiosks”) and remote dispensing at a staffed location (either within a remote pharmacy/clinic, or in a facility like a hospital or long-term care facility).³

The first widescale utilization of telepharmacy dates back to the early 2000s, when number of rural pharmacy had shut down in North Dakota, resulting in many residents being underserved.¹ In response, a grant was given to the North Dakota State University College of Pharmacy to implement a statewide program allowing pharmacists at a central location to “receive, check, and verify prescriptions received telephonically from remote locations.”¹ This initiative ultimately provided pharmacy-related services to over 80,000 North Dakota residents. Since then, many other states, particularly those with numerous rural communities such as Idaho and Montana, have followed suit, passing legislation to permit use of telepharmacy in regular practice.¹

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However, even in states where telepharmacy is permitted, there are restrictions that place a burden on state Boards of Pharmacy and pharmacists, limiting the flexibility of remote pharmacy services available to patients.¹ The limitations placed on telepharmacy may vary from geographic restrictions, to staffing requirements, to permitted providers. For instance, in Iowa, there is a geographic restriction in which a telepharmacy site cannot be implemented within 10 miles of an already existing pharmacy.¹ Relaxing some of these restrictions would have significant benefits in supporting pharmacy practice and patient care in numerous ways.

In 2017, the American Society of Health-System Pharmacists (ASHP) published a statement saying that “ASHP advocates that telepharmacy be applied to suitable functions of pharmacy operations and patient care to improve patient outcomes, expand access to healthcare, and enhance patient safety.”¹ One 2012 national survey of hospitals found that 34% of inpatient pharmacies in the U.S. did not offer 24-hour pharmacy coverage, a need that could be addressed through use of telepharmacy services.⁴ Telepharmacy would have uses in services including: IV admixture verification, patient counseling and monitoring, medication selection, order review, and dispensing.⁴ As demonstrated in the previously mentioned program in North Dakota, telepharmacy expansion would also help underserved populations who may be unable to access in-person services, especially in rural areas or “pharmacy deserts,” areas which are at least 10 miles away from the nearest pharmacy.⁵ While there would be some concerns that must be addressed, such as updating security protocols to account for more regular use of telepharmacy, greater support for telepharmacy services would ultimately provide substantial benefits to underserved patient populations and make pharmacists more accessible to all patients.

References

- 1) Le T., Toscani M., Colaizzi, J. Telepharmacy: A New Paradigm for Our Profession. *Journal of Pharmacy Practice*. 2020; 33(2):176-182.
- 2) Center for Connected Health Policy. State Telehealth Laws and Medicaid Program Policies: Spring 2023. <https://www.cchpca.org/resources/state-telehealth-laws-and-reimbursement-policies-report-spring-2023/> (accessed 2023 September 20)
- 3) Pharmacy Times. State Regulation of Telepharmacy. <https://www.pharmacytimes.com/view/state-regulation-of-telepharmacy>. (accessed 2023 October 8).
- 4) Alexander E., Butler C., Darr A., et al. ASHP Statement on Telepharmacy. *American Journal of Health-System Pharmacy*. 2017; 74(9):e236-e241.
- 5) Urick B., Adams J., Bruce M. State Telepharmacy Policies and Pharmacy Deserts. *JAMA Netw Open*. 2023;6(8):e2328810.

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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:

2020.13 – Telepharmacy education

The related resolution pertains specifically to pharmacy education, while the Proposed Resolution pertains to pharmacy practice and regulations as a whole.

Author of Proposed Resolution: Philip Do / Jasra Zaheer

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**APhA Academy of Student Pharmacists
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Proposed Policy Resolution Form

Region #: 2

Proposing APhA-ASP Chapter: Virginia Commonwealth University

Proposed Resolution Title/Topic:

Legislative Recommendations/ Political Action (*APhA-ASP Resolution 2023.6*)

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

APhA-ASP encourages the National Association of Boards of Pharmacy (NABP) in partnership with schools and colleges of pharmacy to facilitate students taking their licensure exams after the completion of their advanced pharmacy practice experiences (APPE) during their fourth year of pharmacy school before graduation.

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

This proposition seeks to encourage the National Association of Boards of Pharmacy (NABP) in partnership with schools and colleges of pharmacy to create a schedule that will allow for students to complete the North American Pharmacist Licensure Examination (NAPLEX) after completing their advanced pharmacy practice experiences (APPE) for the following reasons:

1. Ensuring the Continuity of Knowledge: Early completion of the NAPLEX allows for students to have a shorter gap between the completion of their academic curriculum and the knowledge needed for the exam.
2. Promotion of Timely Preparation and Entry into the Workforce, Fellowship or Residency: Students can often feel overwhelmed in dealing with NAPLEX preparation, and entering a residency, fellowship, or the workforce at the same time. Given that more students are seeking post-graduate training or education, an earlier Authorization to Test (ATT) will allow for fourth year students to accomplish their licensure before engaging in their post graduate endeavors. Student Pharmacists entering the work force benefit from earlier licensure and a quicker start to their professional career which includes salary and benefits.
3. Employer, Fellowship and Residency Benefits from Licensed Graduates: Residency and Fellowship Directors and Employers benefit from having graduates that are fully licensed because the candidates are now able to be completely committed to their new positions or post-graduate training. The current landscape has resulted in postgraduate training programs having to compete with the attention given to preparation for the NAPLEX upon the first 90-days of the program. There is the added benefit of a reduction of the possibility

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of a candidate failing their licensure during their residency and having to dedicate additional time to retaking the exam.

Currently, other professional 4-year programs have their licensure examinations integrated into their curriculum. Schools of Dentistry have students take their licensure exam in the summer between their third and fourth year. Schools of Medicine have students take their USMLE Step 1 exam after their second year and their Step 2 during their fourth year. Schools of Pharmacy will be able to gain similar advantages by integrating dedicated time for the licensure exam into the fourth-year curriculum. Student pharmacists, however, would not be able to be officially licensed until after their degree is conferred from the School/College of Pharmacy.

As the field of pharmacy grows towards expanding patient care services and due its consequent growth in fellowships and residencies; the implementation of this resolution will allow for students to graduate and be better prepared to fully participate and engage in their post-graduate programs.

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:

1999.9 - Timing of Licensure Examinations. The rational for the addition of this proposed resolution is that it will help identify the curriculum and regulation changes that are needed for students to receive their Authorization to Test (ATT) earlier and complete their NAPLEX before starting residency or fellowship.

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**APhA Academy of Student Pharmacists
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Proposed Policy Resolution Form

Region #: 2

Proposing APhA-ASP Chapter: West Virginia University

Proposed Resolution Title/Topic:

Dietary Supplement Identification/OTC Products (*APhA-ASP Resolution 2023.7*)

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

For example: APhA-ASP encourages pharmacists and student pharmacists to actively incorporate health literacy assessment into the development and implementation of each patient care plan.

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

Currently in Code of Federal Regulations Title 21 Section 206, dietary supplements are not required to have an imprint. Based on experience, many of these products are similar in color, size, and shape, making it impossible to determine which supplement is which when they are placed side-by-side. This can be especially difficult for patients who utilize a pill organizer. The medications can become mixed and unidentifiable.

The National Institute on Aging (NIA) encourages people to get familiar with their medications especially as they age. The NIA says to “make sure you can tell them apart by size, shape, color, or the number imprinted on the pill.” However, patients cannot do this when some of their supplements look identical.

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:

1998.8- FDA Regulation of Complementary and Alternative Medicines and Dietary Supplements

This Proposed Resolution further encourages dietary supplements to be treated as medications and become regulated by the FDA. However, requiring imprints can be done ahead of full FDA regulation of the dietary supplements.

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**APhA Academy of Student Pharmacists
Midyear Regional Meeting**

Proposed Policy Resolution Form

Region #: 2

**Proposing APhA-ASP Chapter: University of Maryland
Eastern Shore (UMES)**

Proposed Resolution Title/Topic:
CGM Material Coverage (*APhA-ASP Resolution 2023.8*)

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

APhA-ASP encourages coverage of continuous glucose monitoring materials for those with type 2 diabetes mellitus, and supports technology and processes that simplify and break down barriers to the coverage process for CGM materials.

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

There is often a lengthy process to third party coverage for CGM materials that can leave patients waiting weeks for their supplies. Although this process involves balancing the patient's need for the device, use of device, and cost to healthcare, it can take precious time the patient needs to monitor their blood glucose. This process involves prior authorizations and paperwork back and forth from the pharmacy to the doctors office to the insurance company. Supporting technology and processes that simplify and shorten this process can improve patient outcomes.

Current studies show that CGM may be more helpful than fingerstick self-monitoring bloodglucose machines (SMBG). In a 2019 metanalysis use of CGM found HbA1c decreased by 0.25% compared to SMBG¹.

Found a similar margin error in SMBG versus CGM².

Pros: Better control of hypoglycemic episodes, more glucose information (don't only have values around meal time or certain basal times).

Cons: CGM materials are more expensive than traditional fingerstick methods. If your phone is dead or lack access to technology, you can't use CGM.

Please use only one form for each proposed resolution. Forms must be submitted by the Chapter via email to the APhA-ASP Regional Delegate 4 weeks prior to the start of the Midyear Regional Meeting.

References:

1.) Janapala, R. N., Jayaraj, J. S., Fathima, N., Kashif, T., Usman, N., Dasari, A., Jahan, N., & Sachmechi, I. (2019, September 12). *Continuous glucose monitoring versus self-monitoring of blood glucose in type 2 diabetes mellitus: A systematic review with meta-analysis*. *Cureus*. Retrieved October 17, 2022, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6822918/>

2.) Heinemann, L., Stuhr, A., Brown, A., Freckmann, G., Breton, M. D., Russell, S., & Heinemann, L. (2018, September). *Self-measurement of blood glucose and continuous glucose monitoring - is there only one future?* *European endocrinology*. Retrieved October 17, 2022, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6182926/>

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:

2017.2 Durable Medical Equipment and Medical Devices Ease of Access.

Relevant to our proposal because it supports regulatory and legislative changes that allow pharmacists who are trained to prescribe DME. And supports financially viable compensation methods. In this proposal we are not stating that CGM is objectively better than SMBG, just that studies have shown it to be just as useful, and we support processes that simplify coverage.

Author of Proposed Resolution: Maeva Singuep

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**APhA Academy of Student Pharmacists
Midyear Regional Meeting**

Proposed Policy Resolution Form

Region #: 2

Proposing APhA-ASP Chapter: Wilkes University

Proposed Resolution Title/Topic:

Patient Care (APhA-ASP Resolution 2023.9)

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

A pharmacist shall be permitted to prescribe and dispense oral contraceptives to a patient if said pharmacist has met the requirements from the Pennsylvania Board of Pharmacy.

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

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: Philip Davis

Author Phone Number: _____

Author Email Address: philip.davis1@wilkes.edu

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**APhA Academy of Student Pharmacists
Midyear Regional Meeting**

Proposed Policy Resolution Form

Region #: 2

Proposing APhA-ASP Chapter: Appalachian College of Pharmacy

Proposed Resolution Title/Topic:

Barriers to Timely Patient Access to Medication (APhA-ASP Resolution 2023.10)

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

APhA-ASP encourages Pharmacy and pharmacy staff to fill and release scripts in a timely manner to ensure that there are minimal gaps in patient care.

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

There is a growing need to address the increasing delays patients experience when picking up their medications, with 82% of patients report having experienced medication delays. A federal/state mandate might be a favorable direction, as it has the power to directly impact equitable corporate policy, which has the potential to change the real-world pharmacy climate to one that better supports patient health, pharmacy staffing, and in creating a working environment that facilitates better patient care.

References:

"2022 Medication Access Data Guide - Assets.Ctfassets.Net." <https://insights.covermymeds.com/research-and-analysis/industry-reports>, CoverMyMeds LLC, 8 Feb. 2022, assets.ctfassets.net/70w6ftfzv4je/6E13LC9SBkokbavq06IUfZ/18d7d06a512c03f6a74ce52771f567b3/CoverMyMeds_2022MedicationAccess_DataGuide__1_.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: Shobhit Sood

Author Phone Number: 626-466-6132

Author Email Address: shobhit.sood@students.acp

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