APhA-ASP

Proposed Resolutions for Region 3

Policy Proposal Forum

October 21, 2023

APhA Academy of Student Pharmacists
Midyear Regional Meetings

PROPOSED RESOLUTION FORM

Proposed Resolution Title/Topic:
2023.1: Prescription Drug Monitoring Program (PDMP) Reform

Proposed wording *(desired action(s)):*
APhA-ASP advocates for the formation of an integrable nationwide Prescription Drug Monitoring Program (PDMP).

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

Integrating the Prescription Drug Monitoring Program (PDMP) data into the electronic health record (EHR) allows providers seamless access to patients' controlled substance prescription histories, thereby reducing inappropriate prescribing and overdoses. More than 40 US states have passed legislation creating a prescription drug monitoring program. According to the CDC, PDMPs are among the most hopeful state-initiated interventions to refine opioid prescribing and guide clinical practice. Currently, prescribers of opioid medications are encouraged to utilize the PDMP to identify patients at risk of drug misuse and abuse when prescribing controlled substances, but this practice is not mandated. As the opioid epidemic intensifies, integrating the PDMP data with the electronic health record would streamline health information to the provider and promote appropriate opioid prescribing.

Sources:
https://ojin.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-25-2020/No3-Sept-2020/Deterrents-to-Integrating-PDMP.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:

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APhA Academy of Student Pharmacists
Midyear Regional Meetings

PROPOSED RESOLUTION FORM

Region #: 3

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

Proposed Resolution Title/Topic:
2023.2: Working Conditions

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

1. APhA-ASP recognizes that patient safety and pharmacy staff well-being is compromised by poor working conditions and actively supports that a pharmacist should not work alone without at least one fully trained pharmacy staff member, such as an experienced pharmacy technician, pharmacy intern or pharmacist.
    a. If this is not possible due to staffing constraints, the pharmacist should be authorized to close the pharmacy, without retaliation, due to the inability to practice competently and safely due to fatigue, lack of concentration, or workload present.

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

This resolution is an addition to 1998.12 addressing the working conditions of pharmacy personnel. This addition focuses on specifying the exact needs in pharmacies currently to help with those working conditions that are leading to burnout among pharmacists and technicians. Enforcing that a pharmacist should never work alone without at least one fully trained pharmacy staff member, such as an experienced pharmacy technician, pharmacy intern, or pharmacist will help to improve working conditions. If this is not possible due to staffing constraints, the pharmacist should have the authority, without retaliation, to close the pharmacy to ensure safe practicing measures are being used.

One of the major causes of medication errors is distraction. Nearly 75% of medication errors have been attributed to this cause. This cause can be from the amount of workload, similar drug names, interruptions, lack of support staff, insufficient time to counsel patients, and illegible handwriting.[1] The Massachusetts Board of Registration in Pharmacy conducted a survey in which pharmacists identified reasons for errors. Pharmacists are not finding the time to do the job with which they have been charged; counseling is not being done. As a result, patients are more often asked by the clerk to sign a statement waiving their consultations. The issue of failure to consult would be eliminated if the staffing were adequate. According to the ECRI top 10 patient safety concerns of 2022, staffing shortages was listed as the number one concern.

In many different community pharmacy settings, it is normal for pharmacists to dispense 300 or more prescriptions a day, which translates to 37.5 prescriptions an hour in an 8-hour shift; that in turn translates to 1.6 minutes per prescription. During this time a pharmacist must verify the accuracy of the information from the prescription entered, check the patient profile for duplications/interactions, contact prescribers if any issues arise, call the insurer as needed, verify that the contents of the prescription vial are accurate, and counsel the patient on the medication.[2] This is completely impossible for one person to do accurately while also doing technician tasks to run a pharmacy. When the pharmacist is working alone it can be challenging to accomplish all these tasks; therefore, causing pharmacists to rush through certain processes leading to increased medication errors and putting patients' safety at risk.

Medication errors are a common issue in healthcare and cost billions of dollars nationwide while inflicting significant morbidity and mortality. While national attention has been paid to errors in medication dispensing issues, it remains a widespread problem. The best method to enhance patient safety is to ensure a pharmacist is never working alone without a fully trained pharmacy staff member to assist or allow the pharmacist to take charge by closing the pharmacy when staffing is unavailable. Putting our patient's safety first will decrease medication related errors in the future.

Pros:

- Pharmacists can return their focus to the patient and patient-centered care. - Gives pharmacists a voice and helps them to be a valued healthcare professional - Not only pharmacists, but all pharmacy personnel can safely and effectively help patients use medications for optimal health and wellness outcomes.

Cons:

- Small, independently owned pharmacies may not be able to hire additional pharmacy personnel and may have to close permanently if additional staff are required. - Pharmacists may experience salary cuts if pharmacies are required to hire more staff.

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.[1]

Our rationale is that this statement is extremely broad and with more specificity in what exactly needs to be done to help this situation we can effectively make a change.

References:

1. Medication dispensing errors and prevention - statpearls - NCBI bookshelf. Accessed October 7, 2023. https://www.ncbi.nlm.nih.gov/books/NBK519065/.
2. Pharmacy staffing levels can threaten patient lives. Drug Topics. November 14, 2020. Accessed October 7, 2023. https://www.drugtopics.com/view/pharmacy-staffing-levels can-threaten-patient-lives.
3. California AB1286: 2023-2024: Regular session. LegiScan. Accessed October 7, 2023. https://legiscan.com/CA/text/AB1286/id/2704946.
4. [1]APhA-ASP Adopted Resolutions

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APhA Academy of Student Pharmacists
Region 3 Midyear Regional Meeting

PROPOSED RESOLUTION FORM

Region #: 3
Proposing APhA-ASP Chapter: Campbell University College of Pharmacy and Health Sciences

Proposed Resolution Title/Topic:
2023.3: Expand prescribing rights and establish billing protocols to pharmacists for services related to hormonal contraceptives.

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

1. APhA-ASP advocates for expanding, to all states, the prescriptive authority for pharmacists to provide hormonal contraceptives to persons 18 years and older or less than 18 years old with parent or legal guardian consent.
2. APhA-ASP advocates for reimbursement to pharmacists for the evaluation, prescribing and dispensing of hormonal contraceptives, from Medicaid in their respective states.

Background Statement *(List reasons for the action(s)/Pros and Cons/References or resources)*:

Pharmacists are the most accessible healthcare provider and can play a pivotal role in providing hormonal contraception to our communities. They can provide more convenient and more consistent access to contraceptive care and possibly reduce the number of unintended pregnancies as research shows that these factor influence the utilization of contraception.[1] Since 2020, ten additional states have expanded the prescriptive authority to include contraceptives, bringing the total to 24 states that allow prescriptive authority for contraception through either statewide protocol, a standing order or collaborative practice agreements (CPA).[1] A study in California showed that 74% of participants stated they chose to obtain contraception from a pharmacist because it was more convenient and quicker than scheduling an appointment with their doctor.[2] The convenience factors may also include eliminating the need to take time off from work or finding child care during a doctor's visit. In the state of Oregon, it was estimated that within two years of implementing the prescriptive protocol for pharmacists, 51 unintended pregnancies were prevented and the state saved $1.6 million dollars in other healthcare costs. The findings in the study also showed, based on reported satisfaction in health status, an improvement in women's quality of life.[3]

One of the challenges of executing this authority is the obstacle of billing for the services associated with counseling, prescribing and dispensing of contraceptive agents. Several states have implemented plans to provide reimbursement for these services. New Mexico has a plan to reimburse pharmacists and other health care providers at the same rate. In Hawaii, some insurers have billing codes specifically for pharmacists to use when providing these services. In Maryland, after enrolling in the pharmacist prescriber program through Medicaid, a pharmacist can bill for providing "patient assessments" to determine eligibility for contraception specific to each patient, as well as counseling and other cognitive services involved in choosing a birth control option.[3] Maryland also requires private insurance plans to reimburse pharmacists for in-network services just as they would for other health care providers.[4]

References:

1. Jones KB. Advancing contraception access in states through expanded pharmacist prescribing. . 2023. https://www.americanprogress.org/article/advancing-contraception-access-in-states-through-expanded-pharmacist-prescribing/.

2. Rafie S, Wollum A, Grindlay K. Patient experiences with pharmacist prescribed hormonal contraception in california independent and chain pharmacies. *Journal of American Pharmacists Association*. 2022;62(1):378-386. https://www.japha.org/article/S1544-3191(21)00463-5/fulltext. Accessed October 13, 2023. doi: https://doi.org/10.1016/j.japh.2021.11.002.

3. Pages - contraception prescribing. Maryland.gov Enterprise Agency Template Website. /pharmacy/Pages/default.aspx. Accessed Oct 20, 2023

4. .Maryland data | power to decide. https://powertodecide.org/what-we-do/information/national-state-data/maryland. Updated 2023. Accessed Oct 20, 2023.

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:

2016.4 - Increasing Patient Access to Pharmacist-Prescribed Medications
2000.5 - Collaborative, Non-Protocol, Post-Diagnostic Prescriptive Authority
2023.3 - Access to Comprehensive Reproductive Health Care

The rationale for our resolution is to advocate for expanded prescribing rights to pharmacists for hormonal contraceptives in all 50 states based on each state's protocol in place currently and to advocate for protocols to be enacted so that pharmacists can bill for their services involved in counseling, prescribing and dispensing contraception. 2016.4 describes the training for pharmacists as part of a healthcare team for several things including contraception. It does not address the prescriptive authority or the ability to bill for services involved. 2000.5 focuses on prescriptive authority but is not specific to hormonal contraceptives nor the ability to bill for services related to contraception. 2023.3 is focused on the rights of patient access to care that includes contraception and does not address the pharmacist's prescriptive authority or billing for related services.

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APhA Academy of Student Pharmacists
Midyear Regional Meetings

American Pharmacists Association

PROPOSED RESOLUTION FORM

Region #: 3

Proposing APhA-ASP Chapter: East Tennessee State University – Bill Gatton College of Pharmacy

Proposed Resolution Title/Topic:
2023.4: Naloxone Education Within the Pharmacy Curriculum

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

APhA-ASP encourages pharmacy schools to incorporate training and education on the proper administration of Naloxone and how it works to counteract an overdose, into the curriculum of opioid education.

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

- March 29th 2023, the FDA approved naloxone hydrochloride nasal spray for over-the-counter (OTC), nonprescription, use.
    - Increased access therefore increases the number of patient interactions regarding counseling on how to recognize an overdose, how to properly administer naloxone, and how naloxone works.
    - Proper administration increases the chance of survival rate from overdose.
    - Practice on counseling on naloxone increases student confidence, leading to better patient education.

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:

2023.3– Opioid Education within the Pharmacy Curriculum

- With the resolution to enhance didactic and experiential education on opioid counseling, it is integral to include proper technique on how to administer naloxone hydrochloride nasal spray. Especially with the increased access to life-saving medications.
    - It is not enough to simply administer naloxone. Pharmacy students need to know how to properly counsel patients on how to administer naloxone. Understanding that multiple doses may be needed, emergency services need to be called, and that a person could wake up aggressive from experiencing withdrawal symptoms.
    - Increasing students' comfortability on counseling has the potential to improve patient survival in an overdose situation.

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APhA Academy of Student Pharmacists
Midyear Regional Meetings

PROPOSED RESOLUTION FORM

Region #: 3

Proposing APhA-ASP Chapter: Lake Erie College of Osteopathic Medicine School of Pharmacy

Proposed Resolution Title/Topic:
2023.5: Revision of 2019.2: Increased access to opioid reversal agents

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

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

Addendum:

4. APhA-ASP supports the funding of local drug free community programs to allow better access to opioid reversal products.
5. APhA-ASP recommends that Naloxone or other opioid reversal agents should be available in public spaces and readily available such as AEDs.
6. APhA-ASP recommends that pharmacists should be authorized at a national level to administer Narcan to overdosed patients based on clinical judgement.

Background Statement (list reasons for the action(s) / pros and cons / references or resources):
The FDA has recently approved Naloxone 4 mg nasal spray over the counter to allow better access to opioid reversal, many retailers are setting it at 45 dollars for 2 inhalers. Some of the patient population that needs access to this life saving medication might not be able to afford this medication. The price of these medications can change and vary depending on retailers as they set the price. For this reason, we should use already existing infrastructure set up due to the opioid epidemic such as the local Drug Free programs. Many of these programs focus on reaching out to patients in the community who need help. The CDC reports that these programs have effectively lowered drug use in young adults and has made an impact due to reaching out. Having Opioid reversal agents more accessible in public space (similar to AED) with easy to read instructions could decrease the opioid overdose deaths. The VA has started doing at all their facilities due to it taking a long time to get the medication to the overdosed person. Pharmacists are the most accessible health workers and they should be authorized to administer Narcan to patients if they believe patients have overdosed based on clinical judgment.

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:

2019.2: Increased access to opioid reversal agents. We believe due to current changes with Naloxone being over the counter there should be updates on efforts to make it even more accessible to the patient population that needs it the most. We believe that the more accessible opioid reversal agents are the less likely for over deaths to occur. We believe that as AEDs have become more available in public spaces and have made an impact so can Naloxone.

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APhA Academy of Student Pharmacists
Midyear Regional Meetings

PROPOSED RESOLUTION FORM

Region #: 3

Proposing APhA-ASP Chapter: Lipscomb University College of Pharmacy

Proposed Resolution Title/Topic:
2023.6: Pharmacists prescribing epinephrine autoinjector refills

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

APhA-ASP supports the authorization of pharmacists-prescribing epinephrine auto-injector refills to improve both patient accessibility to life-saving treatments who have an established history of anaphylaxis and overall public health outcomes.

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

Anaphylaxis is a severe allergic reaction that can rapidly escalate to a life-threatening emergency and requires immediate intervention for the best possible outcomes. Anaphylaxis recognition is based on sudden and rapid onset of symptoms, airway and/or breathing and/or circulation problems, skin and/or mucosal changes (flushing, urticaria, angioedema)[1]. Epinephrine auto-injectors are the first-line treatment for anaphylaxis[2]. Epinephrine is the most extensively studied medication for anaphylaxis. However, due to ethical considerations, there have been no randomized, placebo-controlled trials conducted on humans experiencing anaphylaxis using epinephrine. The evidence supporting its usage is derived from observational studies, randomized controlled clinical pharmacology studies conducted on patients who are not currently experiencing anaphylaxis, studies conducted on animal models to investigate anaphylaxis, and epidemiologic studies, which include studies on fatalities. Multiple case series have indicated that the failure to promptly administer epinephrine during treatment is a consistent factor in anaphylaxis fatalities[3,4]. Prompt assessment and treatment of anaphylaxis is critical as respiratory or cardiac arrest and death can occur within minutes. A review by R S Pumphrey found that the median time to respiratory or cardiac arrest was 30 minutes for food, 15 minutes for venom, and 5 minutes for iatrogenic reactions. This review concluded that immediate recognition of anaphylaxis and early use of epinephrine is critical for successful treatment[4]. A retrospective study showed that 234 children who were given epinephrine for food-induced anaphylaxis found that administering epinephrine before reaching the emergency department was linked to a significantly reduced likelihood of being admitted to the hospital. The exact duration between food exposure and epinephrine administration could not be determined, but children who received epinephrine earlier (often due to having an epinephrine autoinjector) were discharged from the emergency department quicker and had a lower likelihood of needing to be admitted to the hospital, in comparison to those who only received it upon arrival (17 percent versus 43 percent)[5]. Patients with previous experience with anaphylaxis are at a higher risk for recurring episodes. The likelihood of the condition reoccurring has been assessed in various retrospective studies involving diverse patient populations. The presence of both asthma and the requirement for epinephrine to address the initial episode increased the risk of recurrence[6,7,8]. All clinicians should follow the National Institute for Health and Care Excellence (NICE) guidelines for assessing and referring patients who have had anaphylaxis. These guidelines include that all patients should be referred to a specialist clinic

for allergy assessment, offer patients epinephrine auto-injector to carry with them, and counsel on appropriate auto-injector techniques[1].

Adding pharmacists' ability to prescribe refills on epinephrine auto-injectors will allow patients to obtain their necessary medication more quickly and conveniently. Some patients may also face barriers in scheduling appointments with healthcare providers to obtain prescriptions for epinephrine auto-injectors. By allowing pharmacists to prescribe refills, these barriers are reduced, ensuring patients receive their necessary medication promptly. Individuals with a history of anaphylaxis are at risk of experiencing subsequent episodes. Allowing pharmacists to prescribe refills ensures that these patients are less likely to miss doses of their life-saving medication, thereby reducing the risk of severe allergic reactions. In conclusion, APhA-ASP's support in the authorization of pharmacists-prescribing epinephrine auto-injector refills is founded on the potential to save lives, improve access to critical medication, and ensure timely responses to anaphylactic emergencies.

References:

1. Emergency treatment of anaphylactic reactions: Guidelines for healthcare providers (2008) Resuscitation Council UK. Available at: https://www.resus.org.uk/library/additional-guidance/guidance-anaphylaxis/emergency-treatment (Accessed: 20 October 2023).
2. Dodd A, Hughes A, Sargant N, Whyte AF, Soar J, Turner PJ. Evidence update for the treatment of anaphylaxis [published online ahead of print, 2021 Apr 23]. Resuscitation. 2021;163:86-96. doi:10.1016/j.resuscitation.2021.04.010
3. Anchor J, Settipane RA. Appropriate use of epinephrine in anaphylaxis. Am J Emerg Med. 2004;22(6):488-490. doi:10.1016/j.ajem.2004.07.016
4. Pumphrey RS. Lessons for management of anaphylaxis from a study of fatal reactions. Clin Exp Allergy. 2000;30(8):1144-1150. doi:10.1046/j.1365-2222.2000.00864. 5. Fleming JT, Clark S, Camargo CA Jr, Rudders SA. Early treatment of food-induced anaphylaxis with epinephrine is associated with a lower risk of hospitalization. J Allergy Clin Immunol Pract. 2015;3(1):57-62. doi:10.1016/j.jaip.2014.07.004
6. Shaker MS, Wallace DV, Golden DBK, et al. Anaphylaxis-a 2020 practice parameter update, systematic review, and Grading of Recommendations, Assessment, Development and Evaluation (GRADE) analysis. *J Allergy Clin Immunol*. 2020;145(4):1082-1123. doi:10.1016/j.jaci.2020.01.017
7. Cardona V, Ansotegui IJ, Ebisawa M, et al. World allergy organization anaphylaxis guidance 2020. *World Allergy Organ J*. 2020;13(10):100472. Published 2020 Oct 30. doi:10.1016/j.waojou.2020.100472
8. Lee S, Bashore C, Lohse CM, et al. Rate of recurrent anaphylaxis and associated risk factors among Olmsted County, Minnesota, residents: A population-based study [published correction appears in Ann Allergy Asthma Immunol. 2017 Mar;118(3):384]. Ann Allergy Asthma Immunol. 2016;117(6):655-660.e2. doi:10.1016/j.anai.2016.09.444

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:

2014.2 – Dispensing and Administering Medications in Life-Threatening Situations APhA-ASP supports pharmacists' authority to dispense and administer medications, including but not limited to, naloxone, epinephrine auto-injectors, and albuterol inhalers, without a prescription in a life-threatening situation prior to the arrival of emergency medical services.

Our proposed resolution advocating for the authorization of pharmacist-prescribed epinephrine auto-injector refills introduces a vital expansion of the pharmacist's role in healthcare. Empowering pharmacists to prescribe epinephrine auto-injector refills addresses a pressing need and significantly enhances accessibility to life-saving treatment for individuals with a well-documented history of anaphylaxis. Pharmacists, as highly trained healthcare professionals, possess exceptional expertise in medication management. Their proficiency extends to providing comprehensive education and guidance on the appropriate utilization of epinephrine auto-injectors. This critical role is underscored by their in-depth knowledge of drug interactions and their ability to offer patient counseling, rendering them exceptionally well-suited for this role.

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APhA Academy of Student Pharmacists
Midyear Regional Meetings

PROPOSED RESOLUTION FORM

Region #: 3

Proposing APhA-ASP Chapter: Medical University of South Carolina

Proposed Resolution Title/Topic:
2023.7: Federal and State Regulation Pocket Guide

Proposed wording *(desired action(s)):*
APhA-ASP advocates for the creation of accessible information to pharmacists. Our chapter supports the implementation of a quick access guide that encompasses federal and state pharmacy regulations.

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

Within the pharmacy industry, it is important to not only be aware of the federal rules of regulations but also state rules and regulations. We think opening the access to information to allow for quick reviews filtered by state in an app or pocket book format will allow for less pharmacy audits. Since Covid, more individuals are willing to move and experience new opportunities: The downside of this trend is that laws change across state lines and they tend to all blur together. Offering a reference guide divided into individual state sections further allows quick law regulations to be manually checked and followed. It's important to understand that students training and receiving an education in one place may not be accurately prepared to seamlessly transition into practice in another state and this addition could increase confidence and thus increase professional practice.

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 Meetings

PROPOSED RESOLUTION FORM

Region #: 3

Proposing APhA-ASP Chapter: Mercer University College of Pharmacy

Proposed Resolution Title/Topic:
2023.8: Suicide Research Within the Pharmacy Profession

Proposed wording *(desired action(s)):*
APhA- ASP calls for the research of suicide within the pharmacy profession to expand on the limited data available on pharmacist suicide rates.

Background Statement (list reasons for the action(s) / pros and cons / references or resources):
Healthcare professionals in all areas of care are facing an increased risk of suicide, and this problem is not only in the United States but also occurring worldwide. With a quick Google search on "healthcare professional suicide rates," statistics and a plethora of data are provided for physicians, registered nurses, and dentists, to name a few. However, there is a lack of consistent data on suicide rates among pharmacists. According to a study published by the Journal of American Pharmacist Association, JAPhA, the suicide rate among pharmacists is higher compared to the general population, with the suicide rate for pharmacists at 20:100,000, compared to the general public's rate of 12:100,000[1]. This same study mentions that the crude rate, or new cases per year, ratio of suicide was higher in female pharmacists than in male pharmacists[1]. This is a concerning ratio given that the pharmacy profession has been primarily comprised of two-thirds of women since 2019[2]. During the 2020-2021 academic year, more women received their Doctor of Pharmacy Degrees than men, with a ratio of 61.3% - 38.7% respectively[3]. This is one of the few studies that recognize the problem that pharmacists are facing. Conducting further research on suicide is essential to help identify pharmacy members at high risk of suicide and what factors put them at risk.

Steps to bring awareness to suicide in the profession of pharmacy have been taken this year. In September 2023, the American Society of Health-System Pharmacists, ASHP, and the American Pharmacist Association, APhA, partnered to announce the newly established Pharmacy Workforce Suicide Awareness Day, which will be observed on September 20 every year.[4] However, the decisions leading to suicide need to be understood. The Mayo Clinic has created the Well-Being Index (WBI) for Pharmacy Personnel, an assessment tool on the APhA website to help pharmacy personnel assess the types of distress they are going through and access resources available based on their results[5]. The lack of data on pharmacist suicide rates and the increasing risk of suicide due to growing demands in the work environment is a trend that needs to be evaluated and addressed. The WBI for pharmacy personnel is a research-validated online tool aiming to identify pharmacists who are distressed and at an increased risk for professional consequences[6].

Research on pharmacy suicide rates will benefit all members of the profession, including schools and colleges of pharmacy, by bringing light to these issues and causing individuals to address the challenges faced within the profession and develop methods to decrease the risk of suicide. With new studies, data, and statistics becoming available, concern should increase, and steps to mediate the problem can be taken. Resources, education, and the implementation of mental health training are not enough if the risk factors are still taking pharmacists to a place where they feel the need to end their own lives. Unlike other

parts of healthcare, methods to reduce suicide rates and the conditions that lead to them should be made proactively before it is too late.

Citation:

1. Lee KC, Ye GY, Choflet A, et al. Longitudinal analysis of suicides among pharmacists during 2003-2018. Journal of the American Pharmacists Association. 2022;62(4):1165-1171. doi:10.1016/j.japh.2022.04.013
2. *Antrim A. Study Finds Increased Gender, Racial Diversity in Pharmacy Field. Pharmacy Times. May 2020*
3. Lopez EJ, Nguyen NT. The Pharmacy Student Population: Applications Received 2020-21, Degrees Conferred 2020-21, Fall 2021 Enrollments. American journal of pharmaceutical education. 2022;86(6):9228-9794. doi:10.5688/ajpe9228
4. American Pharmacist Association. (2023). Pharmacy Workforce Suicide Awareness Day. APhA. Retrieved October 1, 2023, from https://www.pharmacist.com/Advocacy/Well-Being-and Resiliency/suicide awareness#:~:text=Recognized%20annually%20on%20September%2020th,Pharmacy%20Workf orce%20Suicide%20Awareness%20Day.
5. American Pharmacist Association. (2023). Well-Being Index for Pharmacy Personnel. APhA. Retrieved October 19, 2023, from https://www.pharmacist.com/Advocacy/Well-Being-and Resiliency/Well-being-Index-for-Pharmacy-Personnel

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:

2023.1 - Call for Further Mental Health Research to Improve Patient Care

The adopted resolution calls for peer–reviewed mental health research within the pharmacy profession which will ultimately help improve patient care. The resolution discusses conducting research on all members of the pharmacy profession, including pharmacists, pharmacy students, and pharmacy personnel. The resolution aims to address the mental health challenges within the profession, and the professional consequences like poor patient care, but does not address the personal consequences of mental health challenges like suicide. The addition of this proposed resolution will provide the profession of pharmacy with new and current research on pharmacist suicide rates. The long-term goal of this addition to the mentioned resolution is to increase awareness of suicide through research and cause discussion on how individuals within the pharmacy profession need just as much help as those they care for.

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APhA Academy of Student Pharmacists
Midyear Regional Meetings

PROPOSED RESOLUTION FORM

Region #: 3

Proposing APhA-ASP Chapter: Presbyterian College School of Pharmacy

Proposed Resolution Title/Topic:
2023.9: Adding around-the-clock pharmacies to hospital emergency departments.

Proposed wording (desired action(s)):
APhA-ASP supports legislative changes that allow pharmacists to provide 24/7 access to prescription pickup within hospital emergency departments.

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

Emergency departments are at the forefront of providing immediate health care to patients regardless of their ability to pay. The medical care provided is often acute in nature and is dependent on efficient administration and continuation of medications to treat an acute illness.
Although 24-hour community pharmacies are available, many patients who seek medical treatment at the emergency department do not have reliable transportation or the ability to pay for their prescription. Data shows the median emergency room readmission rate within 30-days of discharge is approximately 14% for all payers including Medicaid. However, the median readmission rate for Medicare payers is 16.9%.[2,3]

While many patients consider the emergency department a secure option for seeking medical care, regardless of their ability to pay, community pharmacies may not offer the same level of assurance. According to a study published in the American Journal of Health System Pharmacists, of the 4,444 patients discharged from the emergency department with a prescription to be filled at a 24-hour pharmacy within the emergency department, 510 of them did not utilize the pharmacy and did not take their prescribed medication. The majority of patients who did not take the medication returned to the emergency department within 30-days of discharge and were readmitted.[1,2]

As a chapter, we recognize the importance adding around-the-clock pharmacies within emergency departments to aid in the implementation of programs targeting the readmission rates of hospitals and emergency departments. However, access and ability to pay for prescriptions given upon discharge are additional contributing factors to higher readmission rates. Upon implementation of a 24-hour pharmacy within an emergency department per the study mentioned above, 88.5% of patients received and took their medications prescribed at discharge. An increase in medication adherence has the potential to eliminate the need for decreased readmission rates.[1]

Pros:[1,2]

- Decreases the lack of transportation from the emergency department to the pharmacy.
- Allows for patients to receive their prescription regardless of their ability to pay.
- Increases promptness of patient receiving and continuing medical care upon discharge.
- Provides the opportunity to

explain medication administration instructions in the patient or caregiver's language prior to discharge.

Cons:[1,2]

- The potential of inadvertently encouraging visits to the emergency department instead of seeking an urgent care or primary physician.
- Staffing a 24-hour outpatient pharmacy.
- Economic advantages for hospitals over community pharmacies.
- States such as Massachusetts and Washington forbid the practice.

References:

1. Farris B, Shakowski C, Mueller SW, Phong S, Kiser TH, Jacknin G. Patient nonadherence to filling discharge medication prescriptions from the emergency department: Barriers and clinical implications. Am J Health Syst Pharm. 2018 Mar 1;75(5):316-320. doi: 10.2146/ajhp170198.

2. Weldon, Eric Bomberg. AAP advocates for 24/7 pharmacies in emergency departments. Healio News. https://www.healio.com/news/pediatrics/20230530/aap-advocates-for-247-pharmacies-in-emergency-departments. May 23, 2023. Accessed October 11, 2023.

3. Statistical Brief #278. Healthcare Cost and Utilization Project (HCUP). July 2021. Agency for Healthcare Research and Quality, Rockville, MD. www.hcup us.ahrq.gov/reports/statbriefs/sb278-Conditions-Frequent-Readmissions-By-Payer 2018.jsp.

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 Meetings

PROPOSED RESOLUTION FORM

Region #: 3

Proposing APhA-ASP Chapter: Samford University

Proposed Resolution Title/Topic:
2023.10: Medication Shortage Management

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

1. APhA-ASP strongly urges APhA to establish a task force to proactively manage medication shortages. This task force should work collaboratively with pharmaceutical companies and the Food and Drug Administration (FDA) to develop strategies for mitigating drug shortages.

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

Medication shortages pose a significant challenge to pharmacies, healthcare providers, and patients. These shortages can result in delays in treatment, compromised patient care, and increased costs.[1] Therefore, it is crucial for pharmacy professionals to address this issue proactively and develop effective strategies to manage medication shortages. This proposal aims to highlight the importance of medication shortage management and provide practical recommendations for addressing this problem.

Medication shortages can be the result of several distinct factors, including quality issues, delays, or supply chain issues.[2] The University of Utah Drug Information Service has reported that active medication shortages are higher in 2023 then they have been in a decade.[3] These factors have affected production of hundreds of different medications, impacting many patients. There is a desperate need for a strategy to effectively manage medication shortages through collaborative practices, clear procedures, and information dissemination.[4]

In 2018, a task force was developed by the Food and Drug Administration (FDA) responsible for finding the root cause of medication shortages. The task force reported three main causes of shortages along with recommendations to these problems. The root-causes they identified within pharmaceutical companies included a lack of incentive to manufacture less expensive drugs, a lack of incentive to produce quality medications, and regulatory issues that make it difficult to amend any disruptions.

In 2019, they implemented their solutions which focused on incentivizing and educating pharmaceutical companies. By the following year (2020), they saw large increases in the medications that were previously on short supply.[5] However, the medication-shortages are even higher today than before the task force was created.[3] With this, it is vital to enlist the assistance of health care providers along with the federal agencies to address these issues. Pharmacists and other health-care workers provide a unique perspective that more closely aligns with the needs of the patients. For this reason, utilizing health-care workers would not only improve communication about medication shortages but would also allow for higher patient advocacy.

References

1. Atif M, Sehar A, Malik I, Mushtaq I, Ahmad N, Babar Z-U-D. What impact does medicines shortages have on patients? A qualitative study exploring patients' experience and views of healthcare professionals. BMC health services research. August 17, 2021. Accessed October 16, 2023. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8369330/#:~:text=Medicines%20shortages%20have %20drastic%20implications,adverse%20drug%20reactions%20%5B21%5D.

2. Center for Drug Evaluation and Research. Drug shortages. U.S. Food and Drug Administration. Accessed October 16, 2023. https://www.fda.gov/drugs/drug-safety-and-availability/drug-shortages.

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4. CL; V. The drug shortage crisis in the United States: Causes, impact, and management strategies. P & T : a peer-reviewed journal for formulary management. 2011. Accessed October 17, 2023. https://pubmed.ncbi.nlm.nih.gov/22346307/.

5. Center for Drug Evaluation and Research. Report: Drug shortages: Root causes and potential solutions. U.S. Food and Drug Administration. Accessed October 17, 2023. https://www.fda.gov/drugs/drug-shortages/report-drug-shortages-root-causes-and-potential solutions.

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 Meetings

American Pharmacists Association

PROPOSED RESOLUTION FORM

Region #: 3

Proposing APhA-ASP Chapter: South College School of Pharmacy

Proposed Resolution Title/Topic:
2023.11: Pharmacist Assessment and Prescription of Antibiotic Prophylaxis for Lyme Disease

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

1. APhA-ASP recognizes the pharmacist's role as an accessible healthcare professional with the ability to clinically assess patients for indications and contraindications to antimicrobial prophylaxis after suspected exposure to an *I. scapularis* (deer tick) bite.
2. APHA-ASP recognizes that incidences of *B. burgdorferi* (Lyme Disease) infection are increasing in the United States and pose a serious public health risk.
3. APhA-ASP advocates for the pharmacist's ability to utilize shared clinical decision making to prescribe single-dose antimicrobial prophylaxis against *B. burgdorferi* infections in identified at-risk individuals in a timely manner following suspected exposure.

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

Lyme disease is an infection caused by the bacteria *B.* burgdorferi, which is spread by the bite of an infected deer tick (*I. scapularis*). Early symptoms of infection include fever, headache, fatigue, and a characteristic "bullseye" rash. Untreated, the disease may progress and lead to systemic symptoms in the joints, cardiovascular system, and nervous system. Although most cases, when treated, have good outcomes, the disease may be debilitating for some individuals, leaving these patients to suffer with persistent musculoskeletal pain, nerve pain, fatigue, and memory impairment[1].

Our chapter was inspired to draft this policy after reading about Ontario Health's 2023 initiative allowing for pharmacists to prescribe a one-time dose of doxycycline to certain exposed individuals. This process was created and implemented to help reduce the increasing the spread of Lyme Disease due to deer tick bites[2].

According to the Centers of Disease Control and Prevention, approximately 30,000 cases of Lyme Disease are reported in the United States each year, but it is estimated that nearly 450,000 cases go undiagnosed and untreated annually[3]. These reported numbers are based on diagnosis codes attached to insurance claims, so it is difficult to know the exact number of annual cases. Compared to rates of Lyme Disease since 1991, the number of cases in the United States has doubled and is expected to increase every year[4]. Our chapter believes that pharmacists, being the most accessible healthcare providers in the United States[5], can emulate Canada's prophylaxis model and play a significant role in reducing the public health impact from Lyme Disease in the United States.

Canada's model relies on clinical assessment by a pharmacist to screen for appropriateness of prophylactic therapy. A patient will present to a pharmacy with a concern of a tick bite, and a pharmacist will assess them based on tick attachment time, geographic area of the tick bite, and contraindications to doxycycline therapy. If the pharmacist deems it appropriate, they may prescribe and dispense a one-time dose of doxycycline 200 mg by mouth once for adults or 4 mg/kg (max 200 mg) by mouth once for children. These patients then follow-up with the pharmacist in 30 days for monitoring. If signs or symptoms of Lyme Disease present within those 30 days, the patient is referred to a physician. In this Canadian model, the prescribing is done under the pharmacist's license and scope of practice, only

requiring the pharmacist to notify the patient's physician once the medication has been prescribed and dispensed[6].

It is the vision of our chapter that a similar process can be implemented across the United States, especially in areas such as the Midwest and New England, where Lyme Disease is particularly rampant[7]. In our policy draft, we chose not to outline a specific treatment regimen so that, in the event that guidelines for Lyme Disease prophylaxis change, the policy will not need to be amended. However, the dosing used in the Canadian process is the current recommended regimen for prophylaxis of Lyme Disease by the 2020 Guidelines for the Prevention, Diagnosis, and Treatment of Lyme Disease[8].

We envision that pharmacists in the United States would utilize collaborative practice agreements or standing order protocols in order to provide similar services as our Canadian colleagues. This is where the American Pharmacists Association's advocacy will come into play. With a policy in support of expansion of the pharmacist's scope of practice into acute management of Lyme Disease prophylaxis, our chapter hopes to increase public awareness of the risks and prevention Lyme Disease through ticks as vectors of transmission in an effort to reduce the number of new cases per year.

Resources:

1. Centers for Disease Control and Prevention. Lyme Disease. Cdc.gov. Reviewed January 19, 2022. Accessed October 15, 2023. https://www.cdc.gov/lyme/index.html
2. Government of Canada. Lyme Disease: For Health Professionals. Canada.ca. Reviewed October 19, 2023. Accessed October 19, 2023. https://www.canada.ca/en/public-health/services/diseases/lyme-disease/health-professionals-lyme-disease.html
3. Centers for Disease Control and Prevention. Data and Surveillance. Cdc.gov. Reviewed August 29, 2022. Accessed October 19, 2023. https://www.cdc.gov/lyme/datasurveillance/index.html
4. United States Environmental Protection Agency. Climate Change Indicators: Lyme Disease. Epa.gov. Reviewed October 13, 2023. Accessed October 15, 2023. https://www.epa.gov/climate-indicators/climate-change-indicators-lyme-disease#:~:text=The%20incidence%20of%20Lyme%20disease,2018%20(see%20Figure%201).
5. Valliant SN, Burbage SC, Pathak S, Urick BY. Pharmacists as accessible health care providers: quantifying the opportunity. J Manag Care Spec Pharm. 2022 Jan;28(1):85-90. doi: 10.18553/jmcp.2022.28.1.85. PMID: 34949110; PMCID: PMC8890748.
6. Public Health Ontario. Assessment and Prescribing Algorithm for Pharmacists: Antibiotic Prophylaxis to Prevent Lyme Disease Following a Tick Bite. Publichealthontario.ca. Published April, 2023. Accessed October 15, 2023. https://www.publichealthontario.ca/-/media/Documents/L/2023/lyme-disease-assessment-prescribing-algorithm-antibiotic-prophylaxis.pdf
7. Centers for Disease Control and Prevention. Lyme Disease Map. Cdc.gov. Reviewed July 19, 2023. Accessed October 15, 2023. https://www.cdc.gov/lyme/datasurveillance/lyme-disease-maps.html
8. Lantos PM, Rumbaugh J, Bockenstedt LK, et al. Clinical Practice Guidelines by the Infectious Diseases Society of America (IDSA), American Academy of Neurology (AAN), and American College of Rheumatology (ACR): 2020 Guidelines for the Prevention, Diagnosis, and Treatment of Lyme Disease. *Arthritis Rheumatol*. 2021;73(1):12-20. doi:10.1002/art.41562

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 Meetings

American Pharmacists Association

PROPOSED RESOLUTION FORM

Region #: 3

Proposing APhA-ASP Chapter: Union University College of Pharmacy

Proposed Resolution Title/Topic:
2023.12: Diabetes Testing and Injection Supplies Prescribing

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

APhA-ASP encourages pharmacist prescribing power for their patients' diabetes testing and injection supplies (pen needles or syringes).

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

We think it is important to allow pharmacists more freedom when it comes to our area of expertise, such as being able to prescribe diabetes testing and injection supplies. We think the relationship between prescribers and pharmacists in retail settings needs to be more like institutional settings, where prescribers and pharmacists regularly communicate with each other to decide the best course of action for the patient. As it stands, it is the responsibility of the pharmacist to call the prescriber if there is an issue, when we have the means of preventing issues in the first place.

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:

2016.4

Author of Proposed Resolution: **Zachary Turner**

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APhA Academy of Student Pharmacists
Midyear Regional Meetings

American Pharmacists Association

PROPOSED RESOLUTION FORM

Region #: 3

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

Proposed Resolution Title/Topic:
2023.13: Drug Shortage Procedure Implementation (APhA-ASP Amendment 2012.2)

Proposed wording *(desired action(s)):*
APhA-ASP encourages different pharmacy organizations to come together and establish definitive standards in response to drug shortages for diverse pharmacy settings to adhere to.

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

A drug shortage is defined by the Food and Drug Administration (FDA) as, “a period of time deemed when the demand or projected demand for the drug within the United States exceeds the supply of the drug,” (FDA, 2023). This is occurring more frequently in pharmacies, especially in community settings. A response to a patient regarding a drug shortage often includes uncertainty about when the drug will be received, leading a patient to receive delayed therapy. Delayed therapy has a substantial impact on patients causing them to experience suboptimal therapy, adverse events, and clinical complications (Atif et. al, 2021).

For reference, the top five drug shortages include antimicrobials, chemotherapy, CNS medications, fluid and electrolyte medications, and hormone agents (American Society of Health System Pharmacists (ASHP), 2023). All these shortages have the same impact because they prevent optimal therapeutic outcomes and have the potential to decrease the patient’s quality of life. There is not a unified standard in place that can be mirrored by all pharmacies to prepare for such circumstances. ASHP states, “...organization has the necessary infrastructure and a well-defined management strategy in place before a shortage occurs. To effectively respond to drug product shortages, several essential elements of infrastructure must be in place before a shortage occurs: a drug shortage team, a resource allocation committee, and established processes for approving alternative therapies and addressing ethical considerations,” (ASHP, 2023). However, implementation of these philosophies are different in every pharmacy due to a lack of a protocol that can provide better guidance in how to best respond to these situations.

It must be acknowledged that guidelines or protocols can take years to compose. However, the implementation of a guideline would have a substantial impact on patient care. A multifaceted approach in which various pharmacy organizations, such as APhA, ASHP, NCPA, AMCP, and IPhO, can help to address drug shortage issues could have a substantial impact in alleviating drug shortages in different areas of pharmacy. Such techniques can include reviewing substitutes for different drugs, extending the expiration dates of drugs experiencing shortages, and accelerating communication from the drug manufacturer to the pharmacy. A wider array of pharmacy practice involved in this decision-making will result in increased preparation. This would help to ensure patients are provided with a solution and clear expectation rather than uncertainty when their medication is not in stock. However, ensuring generalizability across different pharmacy settings may be difficult based on one guideline. At the very least, a guideline would provide an outline for all pharmacies to follow when faced with a drug shortage,

regardless of the class of the medication. Cost allocation must also be considered in the implementation of a guideline. Expected costs are associated with implementation, counseling on alternative medications, and a regulatory body to ensure compliance to guidelines.

Nonetheless, the benefits of a guideline prepared by multiple pharmacy organizations in response to drug shortage situations would immensely improve patient therapy and therapeutic outcomes. Giving pharmacies a standard to follow when faced with drug shortages would prevent delayed therapy and mitigate feelings of uneasiness for the patient. It provides pharmacies with structure and preparedness for unexpected shortages. Additionally, evaluating institutional drug shortages can help with resource allocation, by ensuring resources are in place to follow guideline protocol.

Overall, this resolution aims to enhance patient care by preventing a delay in therapy. Stopping this delay at the frontline also prevents more serious adverse events from occurring such as hospitalization. More importantly, this will shift the priority toward the patient by ameliorating the process in handling drug shortages. This way, the patient may receive optimal therapy in a timely manner.

Resources:

- ASHP. (2023a). *Drug shortages statistics*. https://www.ashp.org/drug-shortages/shortage-resources/drug-shortages-statistics?loginreturnUrl=SSOCheckOnly
- ASHP. (2023b). Managing drug product shortages - ashp. https://www.ashp.org/-/media/assets/policy-guidelines/docs/guidelines/managing-drug-product-shortages.ashx
- Atif, M., Sehar, A., Malik, I., Mushtaq, I., Ahmad, N., & Babar, Z.-U.-D. (2021, August 17). *What impact does medicines shortages have on patients? A qualitative study exploring patients' experience and views of healthcare professionals*. BMC health services research. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8369330/#:~:text=Medicines%20shortages%20have%20drastic%20implications,adverse%20drug%20reactions%20%5B21%5D
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- Center for Drug Evaluation and Research, F. (n.d.). *Frequently asked questions about drug shortages*. U.S. Food and Drug Administration. https://www.fda.gov/drugs/drug-shortages/frequently-asked-questions-about-drug-shortages#:~:text=The%20Federal%20Food%2C%20Drug%2C%20and,ability%20to%20supply%20the%20market.

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:

The current resolution from 2012 encourages a solution to drug shortages from a *communication* perspective. However, since this 2012 resolution, there are still evident gaps in procedures to be followed to address drug shortages. This presents a need to establish a universal guideline for pharmacies to follow in a situation where a drug shortage is faced.

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

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APhA Academy of Student Pharmacists
Midyear Regional Meetings

PROPOSED RESOLUTION FORM

Region #: 3

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

Proposed Resolution Title/Topic:
2023.14: Neurodivergence in Schools and Colleges of Pharmacy

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

1. APhA-ASP urges the integration of education on neurodivergence in schools and colleges of pharmacy.

Background Statement (list reasons for the action(s) / pros and cons / references or resources):
Broadly, neurodiversity is the concept that variation in cognitive abilities is normal and expected in a large population and is thus not necessarily pathological; emerging out of opposition to the medical model of disability and support for the social model of disability, advocates of the neurodiversity paradigm argue that, historically, neurodevelopmental variation has been inaccurately viewed as something to be “fixed” or “cured” instead of something to be embraced. While today neurodiversity is inclusive of the full spectrum of neurological, developmental, and cognitive variation, the paradigm is most commonly associated with and applied to conditions such as autism spectrum disorder (ASD), ADHD, dyslexia, and Tourette syndrome.

Approximately twenty percent of the world’s population displays a form of neurodivergence. Furthermore, neurodivergence is disproportionately represented in STEM fields. Highly neurodivergent individuals are more likely to experience discrimination than their neurotypical peers, and noted organizational difficulties, sensory challenges, and communication barriers common in certain neurodivergent populations are likely to impact the delivery of healthcare to neurodivergent individuals. Despite the ubiquity of neurodivergent individuals, education on concepts related to neurodiversity are lacking in most schools and colleges of pharmacy, which can lead to negative health consequences for patients if care is not appropriately individualized for neurodivergent people. A lack of understanding of variation in organizational or communication abilities, for example, may contribute to poor medication adherence, poor patient understanding, and poor health outcomes.

Poor incorporation of concepts related to neurodivergence in schools and colleges of pharmacy is demonstrated by *The American College of Clinical Pharmacy Pharmacotherapy Didactic Curriculum Toolkit*, which is the framework for most pharmacy curricula and which reports that disorders commonly associated with neurodivergence—such as autism and phobias—are categorized as “tier 3” subjects. Tier 3 subjects are those that “Students and residents may not receive education and training on this topic; rather, they will be expected to obtain the required knowledge and skills on their own to provide collaborative, direct patient care if required in their practice.” Furthermore, a literature search in the American Journal of Pharmaceutical Education—the leading journal on pharmacy school curriculum and teaching—for the terms “neurodivergent,” “neurodiversity,” and “neurodivergence” yields 0 results, and a 2017 review of neurological and psychiatric curriculum cTo accommodate for a subset of our neurodiverse patients down the road, pharmacy students would be expected to learn these skills in their

limited free time outside of the classroom setting. Not only would expanding the curriculum to include more time spent on Neurodiverse disorders Doing so would not only help students to communicate and work with colleagues and classmates better, but it is essential in teaching students how to provide the highest quality of care for all patients.

Resources:

1. https://dceg.cancer.gov/about/diversity-inclusion/inclusivity-minute/2022/neurodiversity 2. https://www.accp.com/docs/positions/misc/Flannery_et_al-2019-Journal_of_the_American_College_of_Clinical_Pharmacy.pdf
3. https://www.health.harvard.edu/blog/what-is-neurodiversity-202111232645 4. https://ijms.info/IJMS/article/view/1288
5. https://www.ajpe.org/content/81/7/5925

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 Meetings

American Pharmacists Association

PROPOSED RESOLUTION FORM

Region #: 3

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

Proposed Resolution Title/Topic:
2023.15: Keeping Over-the-Counter Birth Control Pills Behind Pharmacy Counter

Proposed wording *(desired action(s)):*
APhA-ASP urges all community pharmacies to keep over-the-counter birth control pills behind the counter to ensure all patients receive proper counseling, increasing the safety and efficacy of treatment outcomes.

Background Statement (list reasons for the action(s) / pros and cons / references or resources):
Pros: Having Over-the-Counter birth control stored behind the pharmacy counter would allow pharmacists to counsel patients at the point of sale of these products[1]. Education is extremely important for patients to understand the adverse events that could occur, that the medication needs to be taken at the same time daily for maximal effect[2], and that it is not a method for prevention of sexually transmitted diseases[3] or for use in an emergency situation like levonorgestrel. Within these conversations, the pharmacist could also assess if the patient has any contraindications for the medication or pertinent drug interactions[3]. These are all important concepts that a patient would miss if they bought the medication and did not take the time to review the package insert themself. Having the medication behind the pharmacy counter would also prevent theft of these medications as they may be widely sought after[4]. Having a simple anti-theft alarm would not be sufficient, as employees that work in the general store would be able to remove the device, but not provide adequate counseling.

Cons: Having the Over-the-Counter birth control stored behind the pharmacy counter could deter some patients from purchasing the item due to fear of embarrassment of asking a professional for the product. Some patients may also feel uncomfortable being counseled over this medication, especially if there is not a private space available to discuss it in full. Finally, community pharmacists are already overworked and may not have the time to adequately counsel every patient that purchases Over-the-Counter birth control.

References:
1. Over-the-counter birth control: How, when and where to get Opill [Internet]. NBCUniversal News Group; 2023 [cited 2023 Oct 3]. Available from: https://www.nbcnews.com/health/womens-health/opill-over-the-counter-birth-control-pill-when-where-to-get-rcna94151
2. Liddelow C, Mullan B, Boyes M. Adherence to the oral contraceptive pill: the roles of health literacy and knowledge. Health Psychol Behav Med. 2020 Dec 1;8(1):587-600. doi: 10.1080/21642850.2020.1850288. PMID: 34040887; PMCID: PMC8114408.
3. Center for Drug Evaluation and Research. Opill (0.075mg oral norgestrel tablet) Information [Internet]. FDA; [cited 2023 Oct 3]. Available from: https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/opill-0075mg-oral-norgestrel-tablet-information#:~:text=No%2C%20norgestrel%20does%20not%20protect,in%20addition%20to%20oral%20contraceptives.

4. Long M, Sobel L, Salganicoff A. Over-the-counter oral contraceptive pills [Internet]. 2023 [cited 2023 Oct 3]. Available from: https://www.kff.org/womens-health-policy/issue-brief/over-the-counter-oral-contraceptive-pills/

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 Meetings

American Pharmacists Association

PROPOSED RESOLUTION FORM

Region #: 3

Proposing APhA-ASP Chapter: University of North Carolina Eshelman School of Pharmacy

Proposed Resolution Title/Topic:
2023.16: Accountable Care Organizations

Proposed wording *(desired action(s)):*
APhA-ASP encourages strategic partnerships between community pharmacies and Accountable Care Organizations (ACOs) and Patient Centered Medical Homes (PCMHs) to promote and obtain full access to electronic health records to facilitate continuity of care across all practice settings and to receive adequate reimbursement for pharmacy services through value-based payment models.

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

In 2007, APhA-ASP passed resolution 2007.2, calling for collaboration between public and private healthcare organizations to develop standardized and secure electronic health records (EHRs) as a means of facilitating continuity of care across all healthcare settings.[1] While this resolution is still important today and strides have been made to increase EHR utility, community pharmacies still face issues with EHR access and with reimbursement for the services they provide. Due to the absence of "provider status", there is limited ability to bill for services delivered to patients under Medicare Part B.[2] Two areas in which the United States continually struggles within healthcare are cost and access.[3] In order to combat this, U.S. healthcare is currently trending away from fee-for-service based care in favor of value-based care, meaning that providers will be reimbursed depending on the health of their patient population, rather than just providing a service. Newfound mechanisms to accelerate value-based care include advocacy for ACOs and PCMHs, which not only help to alleviate physician workload and patient dissatisfaction, but allow for coordinated care and the opportunity for pharmacy integration. ACOs and PCMHs strive to achieve the "triple aim" of healthcare: a better patient experience, improved population health, and lower healthcare costs.

Accountable Care Organizations (ACOs) were created as part of the Affordable Care Act (ACA) with the intention of improving the quality of healthcare while decreasing its cost.[4] An ACO is a group of healthcare providers and hospitals who partner together to provide high-quality, coordinated care for a defined population. They are accountable for the quality of care provided to their patients and are incentivized to provide the highest quality care by meeting quality metrics, thereby earning shared cost savings. A Patient Centered Medical Home (PCMH) is a patient centered healthcare delivery model where the physician coordinates the care plan for patients with the end goal of maximizing outcomes.[5] PCMHs differ from ACOs in that they are tailored to individual patient needs and do not emphasize reimbursements. PCMHs can be incorporated into ACOs to help maximize outcomes and shared cost savings.

Community pharmacies play an integral role in filling several gaps of care, especially in underserved communities with limited healthcare access. Pharmacists in these settings know their community of

patients very well and provide a number of services that impact patient care. Some of these provided services include Medication Therapy Management (MTM), Chronic Care Management (CCM), Remote Patient Monitoring (RPM), and vaccinations, which all assist in disease prevention and management and ultimately help to reduce the number of physician visits and hospitalizations.[6] ACOs, whose primary goal is to improve outcomes and reduce hospitalizations, would greatly benefit from partnerships with community pharmacies as they would see improvements in their metrics and subsequently shared cost savings. Community pharmacies would help increase touch points with patients, as they are more easily accessible to certain patient populations, especially those most at risk of poor outcomes. While community pharmacies are already providing services to assist in disease prevention and management, partnering with ACOs would allow for more funding and greater reimbursement to the community pharmacies than ever seen before, helping them stay in business and serve their constituents for longer.

While there exists an integrated support for community pharmacies called Community Pharmacy Enhanced Services Network (CPESN), it does not provide the same level of access to personal health records and reimbursements for services that integration into an ACO or PCMH with a value-based payment model would.[7] The goal of CPESN is to coordinate care between community pharmacies to improve outcomes by providing face-to-face access for patients and provide services such as medication reconciliation, immunizations, and comprehensive medication reviews. While there is some reimbursement from Medicare and Medicaid, as of now there is no incentive received for achieving certain outcomes and there is limited coordination of care between the community pharmacy and surrounding health systems.[8]

One way this partnership could be achieved is through setting up Clinically Integrated Network (CIN) to CIN partnerships. CPESN is an example of a CIN and each ACO has their own CIN. Forming partnerships between CINs, such as CPESN and a specific ACO, will not only help to drive data exchanges in turn providing full EHR access, but will also create contracts that will allow community pharmacies to be better reimbursed for their services.[9] Additionally, these partnerships will allow for a more team-based approach and working with providers to achieve “comprehensive primary care”. “Comprehensive primary care” is the concurrent management and prevention of both physical and mental health problems and aligns with the “triple aim” of new healthcare delivery models.[10] This is best exemplified in the Starfield Model, which focuses on delivering “comprehensive primary care” by creating delivery systems that are informed by social determinants of health, delivered by healthcare professionals in partnership with the community.[11,12] Additionally, the Starfield model focuses on the “4Cs” of primary care which are comprehensive care, first contact of care, coordination of care, and continuity of care.[13] Community pharmacy is a key player in the success of this model, as the pharmacists may be some of the only healthcare professionals readily accessible to the community. Community pharmacies and pharmacists are performing MTM, which should be an integral part of “comprehensive primary care” as they are taking the time to review all medications prescribed to a patient by all providers to address issues such as duplicate prescriptions and unnecessary medications.[14] The creation of CIN to CIN partnership and more broadly strategic partnerships between community pharmacies and ACOs will facilitate data exchanges more seamlessly, allowing MTMs among other services to be provided in a more comprehensive fashion.

While APhA-ASP resolution 2007.2 advocates for full access to personal health records, there are no resolutions that address partnerships with ACOs and their potential impact on community pharmacy practice.[1] This would be a mutually-beneficial relationship in which ACOs would benefit through assistance in disease state management, reduced hospitalizations, and closed gaps in care, while community pharmacies would benefit from improved access to EHRs to better serve their communities. Oftentimes, there is miscommunication between providers and community pharmacies in terms of patient

conditions or prescription reasoning, which leads to back and forth communication that is cumbersome and time-consuming. By having access to the EHRs, this time expense would virtually be eliminated and pharmacies would be able to spend more of their time caring for their patients rather than dealing with communicative hassles. Strategic partnership with an ACO would also improve opportunities for community pharmacies to receive reimbursements and remain profitable to serve their constituents without worrying about financial burden. Partnerships would lead to improved access and quality of care, as well as reduced costs, leading to increased shared cost savings. In 2020, APhA-APPM published a series of case studies highlighting the successful integration of pharmacies into ACOs/PCMHs. Ten case studies were presented across a range of states, ACOs, and care settings and all demonstrated the mechanisms by which pharmacies were able to successfully integrate as well as highlighted the positive outcomes that were seen as a result of ACO/PCMH integration. Many of these studies had collaborative practice agreements in place allowing pharmacists to use billing codes for appointments ranging from 15 minutes to 1 hour.[15] This report should serve as a testament to the range of possibilities that could be explored with pharmacy partnerships with ACOs. We hope for APhA-ASP to consider encouraging these partnerships moving forward to better serve at-need patient populations.

Pros:

- Improved access and reimbursement for pharmacies and pharmacists by creating contracts for services provided
    - CPESN has a framework in place to be paid for the services pharmacies are already providing, ACO/PCMH integration would provide better reimbursements
    - With the support and shared cost savings from ACO involvement, the impact of DIR fees may be lessened, making pharmacies more profitable
- More jobs created for pharmacists in population health management positions
- Demonstrates the benefits of pharmacy involvement to other health professions, driving advancements in practice
- Improved continuity of care for patients between hospitalizations and doctors visits

Cons:

- Coordination of EHRs between the operating systems community pharmacies and health systems uses pose initial difficulty
- Potential reluctance among pharmacies already affiliated with CPESN to join an ACO
- Pharmacies focus would shift toward specific patient populations

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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 Meetings

American Pharmacists Association

PROPOSED RESOLUTION FORM

Region #: 3

Proposing APhA-ASP Chapter: University of Puerto Rico

Proposed Resolution Title/Topic:
2023.17: Addressing Pharmacist Walkouts

Proposed wording *(desired action(s)):*
APhA-ASP encourages professional pharmacy organizations to address the pharmacist walkouts and advocate for specific measures to improve pharmacists and technicians working conditions.

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

Pharmacists working nationwide in known chain pharmacies are walking out in protest over inadequate working conditions. The pharmacy staffer's principal argument is that by being overworked and understaffed, the patient's health is being put at risk (Goodkind, 2023). Heavy vaccination workload, specifically at the time of flu and COVID-19 vaccinations and testing, are one of the issues pharmacists are facing. By walking out, they hope to raise awareness on these important issues. The walkouts are a result of burnout among the pharmacists and pharmacy staff. Pharmacists say they are overwhelmed, and pharmacies are understaffed (Schmidt, 2023). The protests are set to escalate if the chain pharmacies do not meet the demands of adequate staffing and overall better working conditions, so as to offer quality healthcare to the community.

Some of the strategies implemented by chain pharmacies such as CVS are increasing pharmacy technician's work hours, extra overtime payment for pharmacists, increase in telepharmacy duties and rescheduling of vaccination appointments (Meara, 2023). Although these seem to mitigate some of the main concerns, there is much more to do which would promote safe, fair and realistic workplace practices. Also, pharmacist wellness programs could raise awareness on mental health and work-life balance, labor standards and less focus on numerical data achievement, emphasizing on metrics of holistic patient care could also prove beneficial for the community as a whole. Another strategy that could be implemented is longer pharmacist overlap during rush hours since some tasks cannot be delegated to the rest of the pharmacy staff. In addition, pharmacists can assist stores virtually, helping the on-site pharmacist with reviewing and verifying prescriptions and even answering phone calls. As a result, workload can be alleviated for pharmacists and pharmacy staff working inside the store.

Other strategies that could be implemented could be centered in improving and enhancing pharmacy technicians roles. For example, an increase in overall staffing levels would give help to pharmacists managing their shifts duties. In addition, another strategy that could be implemented would be to increase the scope of practice for pharmacy technicians which allow them to vaccinate with direct pharmacist supervision and ease the workload from the aspect of vaccine administration. Even though the PREP Act authorized qualified technicians to administer immunizations in all 50 states during the pandemic, efforts must be made to make sure pharmacy technicians receive a permanent role at administering vaccines with a wider variety besides COVID-19 and influenza (Johnston and Galvan, 2022).

Pharmacists have been, and continue to be, the most accessible member of the healthcare team, and thus an important cornerstone in caring for the everyday needs of patients. Moreover, as pharmacists' role in healthcare has expanded in recent years, it is undeniable that an impairment in their labor can lead to significant negative consequences in the healthcare system as a whole. Addressing their needs in the workplace would lead to a better quality service and improved attention to all their responsibilities. Pharmacists walking out in protest of unbearable workloads or insufficient aid has been a recent, relevant problem. However, no legislation has been made as of yet to address the concerns, though some of the chain community pharmacies have implemented certain measures to improve working conditions. With that in mind, pharmacists and professional pharmacists organizations can play a key role creating a safe and fair working environment, be it by participating in the creation of new standards that guarantee better conditions or by promoting the change of current norms for the same purpose.

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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:

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

The proposed resolution 2019.1 should be modified to address the problem of pharmacist walkouts occurring in different states and it should incorporate specific measures to improve working conditions for pharmacists, technicians and student pharmacists. There should be more efforts made to prevent burnout in addition to implementing programs for prevention and identification of burnout in the pharmacy profession. These additional efforts should be directed towards alleviating the workload of pharmacists and technicians. Walkouts are a result of the burnout that pharmacists and pharmacy staff experience due to constant and excessive workload. For this reason, this proposed resolution focuses on advocating and implementing strategies to improve pharmacists' and technicians' working conditions.

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APhA Academy of Student Pharmacists
Midyear Regional Meetings

American Pharmacists Association

PROPOSED RESOLUTION FORM

Region #: 3

Proposing APhA-ASP Chapter: University of South Carolina College of Pharmacy

Proposed Resolution Title/Topic:
2023.18: Emergency Medicine Training

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

APhA-ASP urges all schools and colleges of pharmacy to provide mandatory training in the administration of emergency medications, including but not limited to naloxone, epinephrine auto-injectors, glucagon injections, and rescue inhalers.

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

A medical emergency is an acute illness or injury that presents an immediate threat to a person's health. The management of such urgent situations is an integral part of medical practice. In many pharmacy settings, experts may encounter various types of emergent situations, including asthma exacerbations, anaphylactic shock, hypoglycemic episodes, and more. Given pharmacists' significant involvement in immunizations, medication administration, and bedside care, it is essential to ensure that the necessary training is in place to optimize patient outcomes when critical situations arise.

Pharmacists are the most accessible healthcare professionals, as they are readily available to provide guidance and support without the need for appointments in many cases. Consequently, patients may reach out to pharmacists before seeking assistance from other medical personnel during emergencies. Thus, it is imperative that all schools and colleges of pharmacy incorporate mandatory training in the administration of essential medications for critical situations. These emergency interventions should encompass training in the administration of medications such as naloxone, epinephrine auto-injections, and rescue inhalers, among others. The potential benefits of this training outweigh any associated challenges, as the consequences of untreated emergencies can result in severe health complications or even loss of life. The training protocol should encompass live seminars outlining the signs and symptoms of common medical emergencies, as well as providing step-by-step instructions on medication administration, including dosing and monitoring.

Challenges posed by this proposal include issues related to obtaining patient consent for treatment and addressing potential misinformation about the qualifications of pharmacists in emergency care. The enforcement of this training may also introduce added expenses for necessary resources and impose an extra burden on pharmacists in terms of continuing education, which is mandatory to maintain certification in emergency medication administration.

While many areas of pharmacy already provide training in emergency medicine, it is imperative that we strive to bridge gaps in care and prioritize healthcare outcomes by mandating this training for all pharmacists across various patient care settings. This practice will not only reduce patient mortality and

morbidity but also underscore the critical and extensive role that pharmacists play in all healthcare settings.

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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 Meetings

American Pharmacists Association

PROPOSED RESOLUTION FORM

Region #: 3

Proposing APhA-ASP Chapter: University of South Florida Taneja College of Pharmacy

Proposed Resolution Title/Topic:
2023.19: Collaborative Practice Agreement Expansion

Proposed wording *(desired action(s)):*
APhA supports the implementation of collaborative practice agreements that allow community and retail pharmacists increased control over chronic disease management and prescription renewals.

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

We would like to see retail pharmacists implement functions that are of value to their patients and prescribers, such as reworking collaborative practice agreements that give pharmacists more control over chronic disease management, prescription refills, and prescription renewals. This will reduce provider burden and increase patient satisfaction and safety by improving continuity of care and patient interaction. According to a 2023 report released by Surescripts at the Healthcare Information and Management Systems Society (HIMSS) conference, the growth rate of PCPs from 2018-2022 was just 0.6%, highlighting the need for more non-physician providers to expand primary care teams in order to keep up with the needs of a growing aging population[1]. By 2030, every state in the country is expected to have a physician shortage[2]. However, pharmacist supply is projected to increase and meet the demands of the profession over the same period of time[3]. During the COVID pandemic, pharmacists worked together with primary care teams to prescribe certain medications, adjust dosages, and check vital signs, among other vital tasks that positively contributed to overall global health and wellbeing. Adding community and retail pharmacists to primary care teams can extend value-based care to communities where the physician shortage is felt the most and can prevent this issue from expanding further[4,5].

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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 Meetings

American Pharmacists Association

PROPOSED RESOLUTION FORM

Region #: 3

Proposing APhA-ASP Chapter: University of Tennessee Health Science Center

Proposed Resolution Title/Topic:
2023.20: Virtual Verification

Proposed wording *(desired action(s)):* APhA-ASP encourages the development of artificial intelligence that will limit medication dispensing errors due to virtual verification.

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

Technology integration has catalyzed a transformative shift in how we verify and process prescriptions in the fast-evolving landscape of healthcare and pharmaceutical services. Virtual verification, a critical component of this transformation, promises to enhance efficiency, accuracy, and patient safety within the community pharmacy setting. The promise of virtual verification lies in its capacity to improve patient safety and prescription processing, but it also brings several issues that call for careful consideration. Technological advances such as virtual verification and barcode scanning to promote getting the correct pill into the correct vial for the patient need to be revised to eliminate incorrect medication fills (Debono, 2013). Pharmacists essentially never see or touch the medication and are left with a picture to determine if the prescription is correct. This new process requires more trust in pharmacy technicians, who will pull, count, cap, and bag the prescription before verification. The issue is that a simple mistake may result in a patient getting the wrong medication because the pharmacist is verifying with only a photo.
According to a 2015 study regarding barcode scanning technology, barcode scanning did not change the number of errors but rather shifted the types of errors (Oldland, 2015). Besides easily mixing up medications, this process depends on pharmacy technicians doing the work correctly and the imaging system working properly.

Considering the COVID-19 pandemic, further adoption of technology that enables remote verification may occur. To assist this new verification system, artificial intelligence (AI) has the potential to limit dangerous dispensing errors. The development of an AI model that can take a photo and classify a medication inside the pill bottle could eliminate the errors we see with virtual verification today.

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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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