

## PROPOSED RESOLUTION FORM

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**Region #: 8**

**Proposing APhA-ASP Chapter:** California Northstate University

**Proposed Resolution Title/Topic:**

Role of Pharmacists in Managing Drug Allergies and Anaphylactic Reactions  
(APhA-ASP Resolution 2023.1)

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

1. APhA-ASP strongly encourages pharmacists to take a more active role in management and prevention of anaphylaxis and allergic reactions.
2. APhA-ASP strongly encourages pharmacists and pharmacy personnel to enhance their awareness of anaphylactic reactions.

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

Anaphylaxis is a severe, life-threatening allergic reaction. These reactions are rapid in onset, and can lead to death. The role of pharmacists in managing drug allergies and anaphylaxis is crucial in the context of patient care and public health. With their specialized understanding of medications and knowledge of allergic reaction mechanisms, pharmacists play a key role in multiple areas of anaphylaxis management, including prevention, education, and immediate treatment. Pharmacists are encouraged to provide comprehensive patient counseling to educate patients about the signs, symptoms, and triggers of allergic reactions. According to a study investigating the effectiveness of education initiatives to improve patients' knowledge in preventing recurring drug allergies by Jarernsiripornkul et. al, pharmacist counseling in addition to a brochure improved patients' knowledge of drug allergies compared to using a brochure alone. Counseling should include emphasizing the seriousness and unpredictable nature of anaphylaxis along with the importance of promptly using an epinephrine auto-injector and proper technique.

Patients should be encouraged to replace their epinephrine auto-injectors before the expiration date or after using it. Additionally, patients should be informed of the lifesaving benefits of using an outdated autoinjector if it is the only available option at the time of an emergency, provided there is no discoloration or precipitates present. Patient safety can be improved through pharmacist risk assessment through identification of triggers and the assessment of comorbidities and concurrent medications that may carry the risk of triggering an anaphylactic response. Additionally, ensuring the readiness of all pharmacy staff to recognize and manage potential triggers of anaphylaxis falls within the realm of pharmacists' responsibilities. By incorporating comprehensive risk assessment and patient education strategies, pharmacists can enhance patient safety, foster proactive management approaches, and empower patients to recognize and respond to potential anaphylactic triggers.

**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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**Resources:**

1. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4384266/>
2. <https://www.ncpa.co/issues/APAUG12-CE.pdf>
3. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5367766/>

## PROPOSED RESOLUTION FORM

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**Region #: 8**

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

**Proposed Resolution Title/Topic:**

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

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

APhA-ASP advocates to comprehensively educate the public about the evolving roles of the pharmacist on healthcare teams, industry, government, informatics, and to promote the profession of pharmacy as the medication experts through the use of diverse and appropriate media outlets

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

The role of the pharmacist continues to evolve as our nation's healthcare system rapidly evolves as well. Not only do pharmacists play a key role in the healthcare teams, but also in any realm of providing medication and health education. Innovative team-based models are being implemented across industries where pharmacists take on roles that are critical to communicate proper education about medication therapy, management and overall wellbeing of one's health. Therefore, media outlets, traditional and new, must amplify the voices of pharmacists by sharing these innovations within our healthcare dynamics and the critical role that pharmacists hold.

**References:**

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3819958/>

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

Yes\_\_\_ No\_\_x\_

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

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## PROPOSED RESOLUTION FORM

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Region #: 8

Proposing APhA-ASP Chapter: Loma Linda University School of Pharmacy

Proposed Resolution Title/Topic:  
*Sufficient Staffing in the Workplace*

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

*APhA-ASP advocates for Pharmacists-in-charge (PIC) to ensure not only compliance with regulations but also to prioritize sufficient staffing. This ensures that pharmacists and pharmacy technicians have ample time for accurate medication dispensation and optimal patient service.*

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

Pros:

1. **Increased Accountability:** Designating a Pharmacist-in-charge (PIC) ensures better oversight.
2. **Enhanced Patient Safety:** PIC accountability and mandatory staff presence improve safety measures.
3. **Flexibility in Operations:** Interim PIC provisions allow for uninterrupted pharmacy functioning.
4. **Expanded Technician Roles:** Technicians can perform more tasks, optimizing workflow.
5. **Protection for Pharmacies:** Confidential error reporting offers protection against public backlash.
6. **Better Staff Welfare:** Mandatory assisting employee prevents pharmacist burnout.

Cons:

1. **Increased Reporting Burdens:** Error reporting can add administrative tasks.
2. **Staff Flexibility Limitations:** Mandates on pharmacist assistance can burden small pharmacies.
3. **Overdependence Risk:** Expanded technician roles might dilute pharmacist oversight.
4. **Potential Costs:** Some stipulations may increase operational costs.
5. **Ambiguity:** Some terms, like "unanticipated circumstances", can cause implementation inconsistencies.

**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:**

CA AB1286

In light of recent reports of understaffing issues and pharmacist walkouts throughout the country, a legislative mandate can significantly address pharmacist burnout and reduce medication errors.

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

## PROPOSED RESOLUTION FORM

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**Region #: 8**

**Proposing APhA-ASP Chapter:**

Midwestern University College of Pharmacy, Glendale Campus

**Proposed Resolution Title/Topic:**

Revision to 1988.6: Accessibility and Service to Persons with Disabilities

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

Add to current policy: APhA-ASP supports the accessibility and service to persons with disabilities. APhA-ASP advocates for further implementation of pharmacist education and training to improve health disparities when working with patients who have intellectual, developmental, and physical disabilities.

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

Pharmacists are at the epicenter of patient interaction within the healthcare field. The integration of inclusive health is a necessity to improve patient outcomes for populations that need access to specialized care. According to the CDC, up to 27% of adults in the United States currently have an intellectual or physical disability. The issue pharmacists currently face is effectively caring for a large population of people with these disabilities while also tackling the challenge of low adult medication adherence. It is imperative to understand the consequences of a lack of inclusivity when working with patients in this specific demographic. The pharmacy community must encourage increased educational initiatives like supplemental training, expanded community involvement, and dedicated learning opportunities to build meaningful relationships and trust within this population. Pharmacists worldwide excel in improving patient outcomes, but this proposal would attempt to add more tangible skill-building experiences to increase expertise in an area that may not be commonly prioritized.

Becoming a specialized pharmacist requires extensive training with numerous clinical hours that are integrated with active learning. For example, when collaborating with a unique patient population like pediatrics, a pharmacist must complete extended experience in this setting, which may include both a PGY1 and PGY2 residency, or an additional experience of at least four years working with adolescents. Patients with intellectual, developmental, or physical disabilities also require specialized assistance like other patient populations in the healthcare field, but we do not see similar requirements that allow pharmacists to be successful in their interactions.

Federal guidelines and a majority of state laws require a pharmacist to counsel patients when dispensing a new medication. Along with these mandates, each pharmacist should have the skill of delivering an individualized consultation in a way that will allow their patient to understand and follow their medication regimen appropriately. It is estimated that 50% of medications for chronic diseases are not taken as prescribed, which inevitably leads to a preventable 125,000 deaths each year in the United States. These numbers increase when working with patients who have additional barriers to their complex medication schedules.

This resolution strongly advocates for the inclusive training initiatives along with educational opportunities for all pharmacists and pharmacy students to provide exceptional care to patients who have physical, developmental, and intellectual disabilities. Inclusive health initiatives are an ever-growing discipline and must continue to adapt in the healthcare field as we discover innovative ways to engage in meaningful interactions for patients with unique needs.

## **References**

1. Centers for Disease Control and Prevention. Disability and Health Data System (DHDS) [Internet]. [updated 2023 May; cited 2023 May 15]. Available from: <http://dhds.cdc.gov>
2. Anderson, Katy. "Why You Should Take Medication as Prescribed." Edited by Kristi C. Torres, *The Checkup*, SingleCare, 5 July 2023, [www.singlecare.com/blog/medication-adherence/](http://www.singlecare.com/blog/medication-adherence/).

**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:**

1988.6 Updating the resolution to increase the training and educational opportunities that are offered to pharmacists and student pharmacists to improve quality of care for patients who have physical, developmental, and intellectual disabilities

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## PROPOSED RESOLUTION FORM

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**Region #: 8**

**Proposing APhA-ASP Chapter:** Regis University

**Proposed Resolution Title/Topic:** Expansion of Pharmacist Duties to Injectable Hormones

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

APhA advocates for the expansion of pharmacy practice to include the administration of injectable progestin contraception in pharmacy settings for patients who are receiving their maintenance injections.

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

The expansion of practice would allow patients to receive their contraception without follow-up provider appointments or having to pick up the medication from a pharmacy to receive the injection at their providers office. 22 states currently allow the prescribing of hormonal contraception by pharmacists: Arizona, Arkansas, California, Colorado, Delaware, District of Columbia, Hawaii, Idaho, Illinois, Maryland, Minnesota, Nevada, New Hampshire, New Jersey, New Mexico, North Carolina, Oregon, South Carolina, Utah, Vermont, Virginia, and West Virginia. This is limited to oral and/or patches. Depo-Provera can be administered in the deltoid similar to the routine vaccinations pharmacists already administer: influenza, Tdap, Varicella, Covid-19, MMR, Hepatitis, etc.

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

Yes\_\_\_ No\_\_X\_

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

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## PROPOSED RESOLUTION FORM

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**Region #: 8**

**Proposing APhA-ASP Chapter:** Roseman University of Health Sciences College of Pharmacy

**Proposed Resolution Title/Topic:** Information Technology for Underserved Communities

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

APhA-ASP encourages the integration of digital health technologies in pharmacy practice, such as telehealth services, mobile health apps, and remote patient monitoring, with a focus in underserved communities to promote healthy practices within the communities that are unable to get the assistance they need.

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

The use of digital health solutions that encompass telehealth services and remote patient monitoring can encourage healthy habits within underserved communities. These applications would include features such as medication reminders, medication and symptom tracking, dosage information, and an option to contact a pharmacist. Due to the opportunity to enhance the health education and medication awareness in underserved communities, telehealth and digital health applications would allow access to timely medication advice and treatment by managing serious illness or prevent long term hospitalization. The focus on underserved communities would allow a commitment to health equity and allow all communities to get the assistance they need. Many communities face barriers that hinder their access to quality healthcare services. This would allow an opportunity for pharmacists to leverage their clinical expertise and skills for more impactful patient care.

**References:**

1. Nkemdirim Okere A, Balogun A, Smith A, Stevens J. Association between pharmacist-led telehealth services and improvements in cardiovascular outcomes among patients with cardiovascular risk factors: A scoping review. *Int J Cardiol Cardiovasc Risk Prev.* 2023;19:200206. Published 2023 Aug 22. doi:10.1016/j.ijcrp.2023.200206
2. Ralston JD, Cook AJ, Anderson ML, et al. Home blood pressure monitoring, secure electronic messaging and medication intensification for improving hypertension control: a mediation analysis. *Appl Clin Inform.* 2014;5(1):232-248. Published 2014 Mar 12. doi:10.4338/ACI-2013-10-RA-0079
3. Milani RV, Lavie CJ, Bober RM, Milani AR, Ventura HO. Improving Hypertension Control and Patient Engagement Using Digital Tools. *Am J Med.* 2017;130(1):14-20. doi:10.1016/j.amjmed.2016.07.029
4. Baldoni S, Amenta F, Ricci G. Telepharmacy Services: Present Status and Future Perspectives: A Review. *Medicina (Kaunas).* 2019;55(7):327. Published 2019 Jul 1. doi:10.3390/medicina55070327

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Yes  No

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

2004.6 - Information Technology

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

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## PROPOSED RESOLUTION FORM

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**Region #:** 8

**Proposing APhA-ASP Chapter:** University of Arizona R. Ken Coit College of Pharmacy

**Proposed Resolution Title/Topic:** Incorporation of Policy and Advocacy Education into PharmD Curriculum

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

APhA-ASP supports the introduction of a policy education elective into the PharmD curriculum, specifically emphasizing the importance of advocacy, how to become an advocate, and what advocacy can result in for the advancement of pharmacy practice.

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

The role of a pharmacist and what pharmacists provide for patients has been evolving at a significantly faster rate starting at the end of the 20th century, and it will continue to expand in the near future. Advocacy is essential for the advancement of the profession, however many future and current pharmacists are not aware of the importance of their voice in regards to change. Therefore, it is critical that we encourage student pharmacists and pharmacists at large to advocate for the profession of pharmacy to create a better future for pharmacy practice and patient care.

Our proposed resolution begins with the illustration of pharmacists' extensive capabilities, with the intention to shift outdated and potentially harmful perceptions of pharmacists in the community. Historically, pharmacists have been viewed and compensated solely as the dispenser of medications to patients, which has not shifted with respect to our current capabilities.<sup>1</sup> There are currently fourteen BPS recognized specialties and over 200 different certifications in pharmacy practice that demonstrate the knowledge and accomplishments of individual pharmacists, all of which increase what pharmacists can provide for patients in modern practice. However, pharmacists are largely not seen as a resource by patients, and many prescribers remain unaware of the value that pharmacists can provide in collaborative practice. When surveyed, 48.3% of the population expressed that they considered pharmacies to be a medication supply shop, another 22% thought of pharmacies as a place to buy their medication, and only 1% saw the pharmacist as a resource available to them.<sup>4</sup> Another study from New Mexico found that 68% of physicians were unaware of the types of advanced practice pharmacists within the state.<sup>5</sup> The studies surveyed different populations, but both established that pharmacists largely are not seen as healthcare providers, and the current perception does not match our capabilities. It is imperative that we first impress upon future pharmacists the qualifications we have to make a difference on patient care, and opportunities for growth and greater professional responsibilities.

The second aspect of this proposed resolution is an explanation of the ways that individuals can advocate and make a difference. A common misconception is that individuals cannot make a significant difference and that it is up to large organizations to represent the profession and push it forward. This could not be further from the truth as individuals can make a difference locally by forming networks with other pharmacists in the region, building relationships with physicians to establish trust in our capabilities, and demonstrating to patients what other services we can already provide beyond the handoff of medication.<sup>2</sup> The creation of local networks of pharmacists and conversations for how we together can make a difference in the improvement of patient care along with an increase in the recognition of our abilities by physicians that we communicate with. Cooperation with pharmacists beyond the scope of single employers and with the physicians that we commonly interact with are essential for broadening the daily

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responsibilities of pharmacists. The awareness of patients for the services we can provide them is essential for the public perception of pharmacists to change to that of a service provider.

The final aspect of this proposed resolution is to present examples of successful advocacy, the policies that are created as a result, and demonstrate how it is essential for the future of the profession. The reference of recent successes provides concrete examples for the attainable results of a strong, unified effort, with one such example being the Pharmacy and Medically Underserved Areas Enhancement Act, S. 1491 introduced to the Senate in May of 2023. The Act is a movement to increase underserved Medicare patients' access to essential healthcare services by enabling pharmacists to play a larger role, and to compensate pharmacists as providers to do so. This is a substantial step forward in the advancement of the profession, but we must maintain that continuous advocacy is imperative for the growth of the profession, recognition of the capabilities of a pharmacist, and the end goal of providing the best possible patient care.

The organization of the course will cover all the matters previously discussed. The three primary goals will be to affirm the importance of changing the perception of pharmacists on multiple levels, demonstrate the impact an individual can have on the perception of pharmacists and the utilization of our abilities, and the reinforcement of the importance of successful advocacy with examples of recent and current policy. An APhA affiliated faculty member to coordinate the course would provide the strongest foundation of knowledge for student pharmacists to draw upon, and should be the choice when implementing it. The inclusion of guest speakers with experience in or adjacent to policy implementation and advocacy will be instrumental in providing additional perspectives for the advancement of the modern day pharmacist.

The inclusion of policy education into the PharmD curriculum will foster the next generation of proactive pharmacists. We will be setting up the next generation of pharmacists with the tools and knowledge that they need to continue to elevate the profession to a position that better reflects our capabilities.

#### References:

1. Apollonio D. E. (2014). Political advocacy in pharmacy: challenges and opportunities. *Integrated pharmacy research & practice*, 3, 89–95. <https://doi.org/10.2147/IPRP.S47334>
2. Boechler, L., Despins, R., Holmes, J., Northey, J., Sinclair, C., Walliser, M., & Perepelkin, J. (2015). Advocacy in pharmacy: Changing "what is" into "what should be". *Canadian pharmacists journal : CPJ = Revue des pharmaciens du Canada : RPC*, 148(3), 138–141. <https://doi.org/10.1177/1715163515577693>
3. Alsharif N. Z. (2019). The Need for Disruptive Innovation in Pharmacy. *American journal of pharmaceutical education*, 83(10), 837719. <https://doi.org/10.5688/ajpe837719>
4. Ilardo, M. L., & Speciale, A. (2020). The Community Pharmacist: Perceived Barriers and Patient-Centered Care Communication. *International journal of environmental research and public health*, 17(2), 536. <https://doi.org/10.3390/ijerph17020536>
5. Pham, Ngoc-Yen T et al. "Awareness and perceptions of advanced practice pharmacists among health care providers in New Mexico." *Journal of the American Pharmacists Association : JAPhA* vol. 61,1 (2021): 101-108. doi:10.1016/j.japh.2020.10.001

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

**Yes\_\_\_ No\_x\_**

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

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## PROPOSED RESOLUTION FORM

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**Region #:** 8

**Proposing APhA-ASP Chapter:**  
University of New Mexico College of Pharmacy

**Proposed Resolution Title/Topic:**  
2023 – Mandated Patient-Pharmacist Counseling Rooms in Retail Pharmacies

**Proposed wording (*desired action(s)*):**  
APhA-ASP supports the inclusion of mandated patient-pharmacist counseling rooms for immunization administration and clinical practices.

**Background Statement (list reasons for the action(s) / pros and cons / references or resources):**  
Proper medication counseling is important to ensure patient understanding of the use of the medication, dosing, frequency, potential side effects/adverse effects, etc. However, appropriate counseling can be difficult in retail pharmacies because of the pharmacy work environment. Some retail pharmacies provide counseling rooms, while others do not have conventional counseling rooms. Pharmacists may resort to other areas in the pharmacy to provide counseling. Providing counseling rooms will promote patient confidentiality and provide privacy when counseling needs to be given to patients, which is why mandating counseling rooms should be required in retail pharmacies.

Counseling rooms in retail pharmacies can be used for administration of vaccines and clinical practices, along with the role of providing proper counseling to patients. Retail pharmacies may or may not have a specific area where patients can get vaccines, as well as any clinical practice needed like blood pressure measurement. To ensure safety of both the patient and pharmacist during administration of vaccines and clinical practices, counseling rooms in retail pharmacies should be mandated. Privacy will also be established with mandated counseling rooms in all retail pharmacies.

**Are there any adopted resolutions currently on the books related to this Proposed Resolution?**  
Yes\_\_\_ No\_x\_

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

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## PROPOSED RESOLUTION FORM

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**Region #:** 8

**Proposing APhA-ASP Chapter:** University of California, San Diego

**Proposed Resolution Title/Topic:**

*Insulin Price Caps*

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

*APhA supports the implementation of price caps on insulin to aid patients in affordably managing diabetes.*

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

Human insulin is not expensive to produce (~\$2.28–3.37 per 1000-unit vial), yet the price has continued to skyrocket over the course of the past two decades, with the average price of a vial of insulin reaching \$98.70 in 2018. Affordability becomes a serious issue, and in some cases, patients will have to choose between skipping insulin doses or putting off other payments in order to continue taking insulin. In 2021, 1 in 5 US adults younger than 65 living with diabetes reported rationing insulin due to affordability issues. Rationing insulin is extremely dangerous and can lead to poor health outcomes, such as hyperglycemia, increased risk of conditions such as cardiovascular disease, stroke, kidney disease, neuropathy, retinopathy, and in severe cases, diabetic ketoacidosis and death. Price caps will be able to remedy this issue by making insulin more affordable to patients who depend on it.

References:

<https://doi.org/10.1007/s00125-022-05680-y>

<https://doi.org/10.7249/RRA788-1>

<https://doi.org/10.1001/jama.2023.5747>

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

Yes\_\_\_ No X

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

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## PROPOSED RESOLUTION FORM

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**Region #: 8**

**Proposing APhA-ASP Chapter:** University of Colorado Anschutz Medical Campus Skaggs School of Pharmacy and Pharmaceutical Sciences

**Proposed Resolution Title/Topic:**

*Certificate for pharmacists and pharmacy students as evidence of sufficient knowledge of the appropriate use of translation services when communicating with non-English speaking patients*

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

*APhA-ASP encourages pharmacists and student pharmacists to appropriately and correctly utilize translation resources and services available in inpatient, outpatient, and community settings when communicating with non-English speaking patients about their care plan and overall health.*

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

*There are millions of patients in the US that do not speak English as their first language who are seeking treatment, medical recommendations, or other health care services. As pharmacists and pharmacy students, we pride ourselves on being some of the most accessible health care workers to all members of our community, including those who do not speak English well, or at all, but many of these individuals struggle to receive the same level of care and communication as their English speaking counterparts. It is common for translation services to be readily available, and we should provide more resources to pharmacist on how to properly utilize them. Many people may attempt to use family members to translate or attempt to translate themselves, but this does not guarantee the information about an individual's health is being properly conveyed to that individual. Learning to appropriately use translation services that have been medically certified will help counteract feelings of fear, confusion, noncompliance and other significant barriers that may potentially impact patient care. Furthermore, many health care providers may not consider health literacy when utilizing translators as they may assume the translator will gauge the patients' understanding and do this for them.*

*We believe that by requiring a certificate as proof of education on translation services, pharmacists and pharmacy students will be more adept health care providers, especially for their non-English speaking patients. This certificate would provide validation that they learned about the proper use of translation services, the appropriate time to utilize them, as well as the ramifications of not using them correctly. Pharmacists and pharmacy students should be educated on understanding a patient's health literacy when they are non-English speaking and speak through the translator as they would if speaking to the patient directly so as not to further confuse the patient with complex medical jargon. Pharmacist and pharmacy students should also be educated on the importance of using certified medical translators rather than their own knowledge or patient family members for this same reason. Certification of these translation services skills will help bridge the healthcare gap that continues to exist for non-English speaking patients and encourage them to be more involved in their own health care plan. Furthermore, it would help improve the comfort, confidence, and compliance of non-English speaking patients for overall better prognostic outcomes.*

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

Yes \_\_\_ No X

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

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## PROPOSED RESOLUTION FORM

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Region #: 8

Proposing APhA-ASP Chapter: West Coast University

Proposed Resolution Title/Topic: Pharmacists Role in Immunizations 2023

Recommend to Amend:

1. APhA encourages ~~pharmacists~~ **all pharmacy personnel** to take an active role in achieving the goals of the Healthy People program regarding immunizations through
  - (a) advocacy
  - (b) contracting with other health care professionals
  - (c) administering vaccines to vulnerable patients
2. APhA encourages the availability of all vaccines to all pharmacies in order to meet public health needs.
3. APhA supports the compensation ~~of pharmacists for the administration of immunizations and the reimbursement for vaccine distribution.~~ **and reimbursement of immunization services and vaccine distribution provided at a pharmacy.**
4. APhA should facilitate the development of programs that educate ~~pharmacists~~ **all pharmacy personnel** about their role in immunizations **and their impact on** public health.
5. **APhA advocates for safe vaccination settings that reduce the risks associated with burnout, by avoiding immunization personnel quotas.**

**Background:** Even though already outlawed (**SB-362**), many community pharmacies set quotas on pharmacy personnel to meet performance metrics, which can hinder pharmacy workflow by attributing to work fatigue. This leads to prescription errors due to the already high workload that pharmacy personnel assume.

**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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