APhA-ASP
AMERICAN PHARMACISTS ASSOCIATION
ACADEMY OF STUDENT PHARMACISTS

APhA

Region 2 Midyear Regional Meeting
Philadelphia, PA
October 25-27, 2019

Proposed Resolutions

R2.1

Proposing APhA-ASP Chapter: Appalachian College of Pharmacy/ Temple University School of Pharmacy

Proposed Resolution Title/Topic: Pharmacists' Role in Public Health

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

1. APhA- ASP encourages increased awareness of the role of pharmacist in public health through dissemination of information among educational institutions, professional societies, policy makers and other health care employers
2. APhA-ASP encourages pharmacists and student pharmacists to partner with local governments to aid in healthcare initiatives whenever possible

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

The importance of pharmacists' role in public health was recognized in 2004 by the American Association of Colleges of Pharmacy in their Pharmacy Education Educational Outcomes who emphasized the pharmacist's role in "health improvement, wellness, and disease prevention." 4 Public health has been defined simply as "what we as a society do to assure the conditions in which people can be healthy." 1 Different from pharmacotherapy, public health initiatives "emphasize the prevention of disease and the health needs of the population as a whole." 2 Public health can be categorized on the macro and micro level. 5 As macro implies, initiatives focus on public health education for entire populations and at the micro level, public health is more patient-centric, such as blood pressure screenings, immunizations etc. On the macro level, pharmacists can provide input into op mal therapy and preventative measures for local legislatures and agencies which can result in guideline modifications and policy updates. On the micro level, during public health crises, pharmacists can play a pivotal role by providing health screenings, education and access to emergency medications.

Pharmacists play a pivotal role in public health. Working in a variety of public settings, pharmacists have ample access to the public, including—but not limited to— community pharmacies, specialty clinics, hospitals and more. Many governments have local healthcare initiatives that can ease access to underserved communities. Embedding pharmacists and student pharmacists in these community events may help promote patient medication adherence, patient health awareness, and decrease the occurrence of preventable illnesses.

In 2017, the Remote Area Medical (RAM) program — a nonprofit organization that collaborates with regional governments and organizations— served about 43,000 individuals with free healthcare services including medical, dental, optical, pharmacy, immunizations, patient education and more. The total cost of free healthcare services and education provided was valued at over $13.5million, indicating a considerably large and unmet need for accessible healthcare. Most RAM attendees come from underserved areas where adequate medical resources are scarce, indicating that such events may be the only opportunity where they are able to seek a healthcare professional. Local initiatives and events similar to RAM can help close healthcare deficits and reduce the spread of preventable diseases, which is why it is pertinent for all local governments, agencies and healthcare intuitions to participate. Local APhA-ASP chapters can play an important role in boos ng pharmacist involvement, outreach, and philanthropy by becoming a news resource for volunteer opportunities and the community. APhA-ASP chapters are encouraged to partner with and promote health initiatives that align with APhA-ASP values. Such partnerships can help local pharmacists and student pharmacists learn more about local health initiatives as well as ways to get involved. Local APhA-ASP chapters are also

encouraged to regularly communicate with their Regional Member-at-large to share and learn of such public health opportunities. The Regional Member-at-large can assist in the facilitation of information and collaboration amongst chapters.

Pros
- Expanding the role of pharmacists
- Able to provide patient-centric care
- Offers ease of access to healthcare and healthcare education for disadvantaged demographics
- Lowers incidence and spread of preventable conditions
- Increased medication adherence
- Lowers medication errors and adverse reactions

Cons
- Inability for reimbursement for additional services
- Discovery of local initiatives may be dependent upon activity and outreach of local APhA-ASP chapter
- Willingness of local governments and intuitions to cooperate
- Access to information if the interested party is not a member of APhA

References:

1. Committee for the Study of the Future of Public Health. The future of public health. Washington, DC: National Academies Press; 1988:1.

2. Higher education for public health. New York: Milbank Memorial Fund; 1976.

3. Healthypeople.gov. (2018). Healthy People 2020 . [online] Available at: https://www.healthypeople.gov/.

4. American Association of Colleges of Pharmacy (AACP) Center for Excellence in Pharmacy Education (CAPE) Educational Outcomes 2004. Available at: www.aacp.org. Accessed: March 10, 2006.

5. Bush PJ, Johnson KW. Where is the public health pharmacist? Am J Pharm Educ. 1979; 43:249–53.

6. ramusa.org/wp-content/uploads/2017-18-Annual-Report.pdf

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

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

1992.10
APhA-ASP encourages the active participate on of pharmacists in health awareness programs for the purpose of educating the public.
2013.1
APhA-ASP encourages all health care professionals who administer immunizations, to have real- me and bi- Directional access to Immunization Informa on System (IIS) (formerly the vaccine/immunization registry)

and patient electronic health records (EHRs). Furthermore, immunization providers should regularly and routinely update the IIS and EHRs to meet both community public health and patient-specific needs.

This resolution addresses the ability for student pharmacists to be involved in disease stage-management but doesn't men on pharmacist intervention and counseling services for smoking cessation on specifically. These proposed resolutions address public health for the public but not pharmacist run programs and formal introduction of education on into the pharmacy curriculum.

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R2.2

Proposing APhA-ASP Chapter: Duquesne University College of Pharmacy

Proposed Resolution Title/Topic: Pharmacist's Prescriptive Power

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

APhA- ASP would encourage the prescriptive power of pharmacists in regards to medications that do not necessarily require a physician visit.

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

A pharmacist's role in the healthcare field is one that is constantly changing, but there is one aspect of the profession that will never change: patient-centered care. Pharmacists have come a long way since the beginning of the profession. From compounding, to dispensing, to counseling, to administering immunizations, the profession has made great strides. Now as (student) pharmacists, we must focus on further evolving our profession. The next step for pharmacists is prescriptive power and this begins with over the counter multivitamins and allergy medications, oral contraceptives, and tobacco cessation products.

Allowing pharmacists to prescribe these medications will significantly improve the health care experience of many patients. First and foremost this would make accessibility much easier for patients. Leading to better menstrual control, better allergy control, and better results in tobacco cessation. A major barrier to patient access to this medications is patient comfortability. A pharmacist is the first line and most accessible health-care professional for patients. It is more comfortable and more convenient for a patient to discuss this with the pharmacists.

"Pharmacists would bring useful skills and expertise" to this area of healthcare and it is clear that it is not only us (the students) who think so. The United Kingdom has granted pharmacists prescriptive power since 2000. Canada has granted pharmacists prescriptive power and 13 states in America have granted (or are in the process of granting) pharmacists prescriptive power. Pharmacists possessing prescriptive power also takes a burden off the primary care provider. This would allow the primary care provider to attend more patients and make more of an impact. In addition, many regions are now experiencing a primary care provider shortage, it is our responsibility as pharmacists to step-up and establish our broaden role as a healthcare provider.

"Although there will be barriers and battles to overcome, the policy that emerges will be all the better for them." It is understood that pharmacists will not be able to simply prescribe these medications. Certain measures must be put in place to ensure patient safety; such as, patient screenings and counseling. In addition, some areas where prescriptive power is already in place require pharmacists to take some sort of course (similar to a CE) to be able to prescribe these medications. These are all great standards to ensure the patient is safe and to hold pharmacists accountable for this new responsibility they are assuming.

"Prescribing [certain medications (like birth control)] is a major step in pharmacists' ability to take some workload off physicians, use their knowledge to the fullest, and enhance the patient's health care experience. Gauging the success of this can be a springboard for more prescriptive power for pharmacists, which is a huge goal when implementing new legislation. Action and policy coinciding to better serve the community is what gives this profession a great sense of purpose."

References:

1. https://www.pharmacytimes.com/publications/issue/2018/november2018/prescriptive-authority-for-pharmacists-oral-contraceptives

2. https://www.pharmacist.com/article/tale-two-countries-path-pharmacist-prescribing-united-kingdom-and-canada

3. https://www.pharmacytimes.com/conferences/apha-2018/pharmacists-role-in-managing-contraceptive-care-continues-to-evolve

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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R2.3

Proposing APhA-ASP Chapter: Fairleigh Dickinson University School of Pharmacy

Proposed Resolution Title/Topic: Autism Spectrum Disorder

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

APHA-ASP encourages students to support the needs of patients with Autism Spectrum Disorder, to promote education and acceptance within the community, and to implement patient centered interventions and treatment provide direct care to patient population.

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

Autism spectrum disorder (ASD) is a developmental disorder that affects communication and behavior. Most symptoms and diagnosis occur under the age of 2. Autism Spectrum disorder can vary from slight or severe symptoms, which makes diagnosis difficult (1) The DSM-5 guidelines state that people with ASD will experience one of the following: difficulty with communication and interaction with other people, restricted interests and repetitive behaviors or symptoms that hurt the person's ability to function properly in school, work, and other areas of life (2).

Although etiology is not completely known, it is believed that can be caused by a combination of genetic and environmental factors. Risk factors include having siblings or parents with ASD, having older parents, having family history of Down syndrome, fragile X, and Rett Syndrome, or having a low birth weight (3). Diagnosis can be confirmed as early as the age of 2 years old in a 2 stage process. The first stage is the "General Development Screening During Well-Child Check up", which is recommended by the American Academy of Pediatrics to be done for all babies at 9,18,24 and 30 months old (1). Children at higher risk or parents who answer a questionnaire that puts a child in the higher category risk may undergo further testing (4). The second stage of "Additional Evaluation". The current team of diagnosis is made up of a developmental pediatrician, a child psychologist, a neuropsychologist and a speech language pathologist. The evaluation assess cognitive level or thinking skills, language skills, and age appropriate skills (eating or dressing independently) (1). The team does not include the opinion of a clinical or staff pharmacist.

Diagnosing ASD in adults is more difficult and has similar signs and symptoms of ADHD. Signs doctors or neuropsychologist look for include difficulty in social communication and interaction, sensory issues, isolation, and aggression (4). The diagnosis of ASD in adults in undergoing reevaluation. Comorbidities include Asperger's syndrome and pervasive developmental disorder (1).

Current therapy includes behavioral, psychological, educational therapy and the possible use of medication to reduce irritability, aggression, repetition of movement, anxiety, depression, hyperactivity and attention problems (5). It is important that pharmacists are involved in care because there are many side effects with the antipsychotics used in treatment with an increased risk of polypharmacy. Side effects medications include weight gain, sedation, headache, gastrointestinal problems, akathisia, and cognitive dysfunction. With one or more medication classes combined, the risk for drug–drug interactions and adverse effects increases. Further, there is little evidence examining the effects of these medications for the physiological and psychological development of pediatric patients (2).

In a cross-sectional design with an online survey for pharmacists in the state of Mississippi was used to assess Pharmacist knowledge of autism disorder and resources in the community. It was determined that out of 147 participants, 23% did not know that autism is a development disorder, 32% did not believe autism

was linked to genetics, 18% believed that vaccines cause autism, and greater than 90% believed that they would benefit from autism CE credits (6). Many pharmacists are not aware of ASD and are not educated adequately. We need to have the education and awareness of this disorder to better counsel our patients and have a more direct involvement in patient care. Providing education through APHA will give pharmacists a greater understanding of the disorder and how pharmacists can be more involved. This action allows for pharmacists to have a larger role in a patients direct care for children and adults with autism. The number of people in America diagnosed with Autism has increased dramatically in the last 10 years, which is why pharmacists should be involved in each step of diagnosis and treatment. Pharmacists have the ability to counsel on non-pharmacological and pharmacological treatment, safety, efficacy, adverse reactions and optimal dosing for adults and pediatric patients. Also, as pharmacists are leaders in the community, we have the ability to help patients and family members with resources that are available.

References:

1. Autism Spectrum Disorder. National Institute of Mental Health. Available at: https://www.nimh.nih.gov/health/topics/autism-spectrum-disorders-asd/index.shtml#part_145436. Accessed October 10, 2019.

2. Horace AE, Ahmed F. Polypharmacy in pediatric patients and opportunities for pharmacists' involvement. Integr Pharm Res Pract. 2015;4:113–126. Published 2015 Aug 21. doi:10.2147/IPRP.S64535

3. Screening and Diagnosis of Autism Spectrum Disorder for Healthcare Providers. Centers for Disease Control Center and Prevention. Available at: https://www.cdc.gov/ncbddd/autism/hcp-screening.html. Accessed October 10, 2019.

4. Baird G, Cass H, Slonims V. Diagnosis of autism. BMJ. 2003;327(7413):488–493. doi:10.1136/bmj.327.7413.488.

5. LeClerc S, Easley D. Pharmacological therapies for autism spectrum disorder: a review. P T. 2015;40(6):389–397.

6. Khanna R, Jariwala K. Awareness and knowledge of autism among pharmacists. Research in Social and Administrative Pharmacy. 2012;(8): 464-471. doi:10.1016/j.sapharm.2011.11.002.

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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R2.4

Proposing APhA-ASP Chapter: Hampton University School of Pharmacy

Proposed Resolution Title/Topic: Standardization of a Cannabis/THC Program

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

APhA-ASP should encourages pharmacists and student pharmacists to be educated on the topic of cannabis/THC uses within pharmacy practice

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

Pharmacists and student pharmacists should be educated on the correct way to formulate and dispense Cannabis and THC products to patients who are interested in receiving this type of therapy. The use of Cannabis for medicinal purposes is a very controversial topic and has had successful results among patients who use it. Over the past two decades, the interest of cannabis use has been steadily increasing from 100 patients in 2001 to over 270,000 as of 2018.

As the use of medicinal cannabis is frequently becoming legal in various states in the U.S., it is imperative that students become educated about its uses. A total of 33 states have legalized marijuana for medicinal use. As the Pharmacy world is becoming saturated, this new and upcoming source of medicinal practice will create new jobs in the upcoming years. The University of Maryland School of Pharmacy has recently opened a course for medicinal cannabis use in the Fall 2019 Semester.

Also, based on a Royal Pharmaceutical Society 80% of pharmacists agreed that cannabis should be legalized for medicinal use. Pharmacists are currently being trained to provide consultations to patients and keep accurate inventories. Also, cannabis is being moved to a Schedule 2 drug which will allow for it to be dispensed in a professional setting under strict regulations. Educating students early about new policies concerning cannabis and its effects on patients through the standardization of a cannabis program is a great way of ensuring that they are well-informed about newly formed cannabis policies.

References:

1. https://www.pharmacytoday.org/article/S1042-0991(17)31966-7/fulltext

2. https://www.baltimoresun.com/politics/bs-md-sun-investigates-marijuana-20181207-story.html

3. https://www.pharmaceutical-journal.com/news-and-analysis/features/medical-cannabis-what-will-pharmacys-role-be/20205193.article?firstPass=false

4. https://www.rti.org/emerging-issue/marijuana-research

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:

2019.3 — Role of Pharmacists and Pharmacy Education in Patient Care Involving Cannabis

This proposal is different from other cannabis-related proposals because it includes a pharmacists and pharmacy students earning about the correct way to administer cannabis but also normalize the concept of having pharmacy students learn about the standardization of cannabis through an elective course.

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R2.5

Proposing APhA-ASP Chapter: Howard University College of Pharmacy/ Notre Dame of Maryland University: School of Pharmacy

Proposed Resolution Title/Topic: Reducing negative health outcomes caused by flavored electronic cigarettes

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

APhA-ASP supports regulations that prohibit the sale of flavored electronic cigarette cartridges and the expansion of smoking cessation education to address the rising cases of lung injury and deaths caused by these products.

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

For many patients struggling with Tobacco Use Disorder, electronic cigarettes ("e-cigarettes") have been presented as a method to help quit smoking. By smoking e-cigarettes (also known as vaping), these individuals are able to still satisfy their nicotine craving without producing the now stigmatized cigarette smoke scent. However, the problem is that these e-cigarette products are not any less harmful or dangerous to smokers, and have never received an actual FDA Approved Indication for smoking cessation. Additionally, there is a public misconception that these e-cigarettes are less addictive and harmful, making them more appealing to those who otherwise would not have ever considered smoking cigarettes. This is particularly concerning for the youth of America, as flavored vaping products have been attributed to a recent rise in the number of teenage smokers. Studies have found that among middle and high school students, 3.62 million were current users of e-cigarettes in 2018.[1] A closer study at these demographics found that E-cigarette use, from 2017 to 2018, increased 78 percent among high school students (11.7% to 20.8%) and 48 percent among middle school students (3.3% to 4.9%) from 2017 to 2018.[1] According to a 2013-2014 survey, 81 percent of current youth e-cigarette users cited the availability of appealing flavors as the primary reason for use.[2] The Centers for Disease Control estimates the numbers of lung injuries and deaths associated with vaping continue to rise. As recently as September 24th 2019, 805 confirmed cases of lung injury from e-cigarettes were reported in over 46 states and 12 deaths in 10 states.[3] The FDA has recently begun to move forward with an initiative to remove flavored vape products because of their wide appeal to younger customers. APhA-ASP is mindful of the growing epidemic of e-cigarettes in recent history, and pharmacists should be doing everything they can to support these regulations and intervene either before patients start these devices for the first time, or when they are attempting to quit.

As both student and practicing pharmacists, we have a duty to our patients as often their most accessible healthcare professionals. We need to make a conscious effort to update smoking cessation practices to better address e-cigarette use, better educate our patients, end popular misconceptions, and ultimately help our community achieve their best health by avoiding preventable issues caused by vaping.

References:

1. Cullen KA, Ambrose BK, Gentzke AS, Apelberg BJ, Jamal A, King BA. Notes from the Field: Increase in use of electronic cigarettes and any tobacco product among middle and high school students — United States, 2011–2018. MMWR Morbid Mortal Wkly Rep. 2018;67(45):1276–1277.

2. Villanti AC, Johnson AL, Ambrose BK, et al. Use of flavored tobacco products among U.S. youth and adults; findings from the first wave of the PATH Study (2013-2014)

3. Centers for Disease Control. Update number of cases of lung injury associated with e-cigarette use, or vaping September 2019

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

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

Author of Proposed Resolution: Brittany Botescu & Stephanie Reid

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R2.6

Proposing APhA-ASP Chapter: Marshall University School of Pharmacy

Proposed Resolution Title/Topic: Increasing the Opportunity to Counsel Patients Regarding Excipients for New Prescription Medications

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

APhA-ASP encourages the opportunity to counsel patients who have allergies (specifically to food products) about excipients found in prescription medication in order to prevent or reduce drug related allergic reactions. For each patient starting a new medication therapy, opportunity of counseling by the pharmacist will be provided. This opportunity of new medication counseling of excipients could be accepted or declined by the patient should they choose.

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

Drug products are made up of both an active pharmaceutical ingredient and a mixture of inactive ingredients called excipients. Excipients are defined by the FDA as “any component of a drug product other than the active ingredient”. These excipients include diluents, fillers, preservatives, binders, coloring agents, and lubricants. According to a study printed on Science Translational Medicine, greater instances of adverse reactions triggered by an inactive ingredient in a medication have been documented in clinical reports. Many of the allergic reactions due to an excipient are type I hypersensitivity reactions, which are mediated by immunoglobulin E recognition of an antigen and result in symptoms related to histamine release. These symptoms may include urticaria, angioedema, bronchospasm, and anaphylaxis. These rare effects can lead to severe adverse events in small patient subpopulations. On the other hand, intolerances to an excipient may cause symptoms such as malabsorption, which may cause gastrointestinal symptoms. This possibly could lead to adverse drug events that affect a much larger population and in turn lead to less medication adherence and decreasing a patient’s well-being. The increased opportunity to counsel patients starting a new medication would allow patients to have a greater understanding of what ingredients are found in their medication. It also allows for greater focus on patient allergies and inactive ingredients that are never considered to play a role in patient safety. The difficulty of increasing the opportunity to counsel on excipients is that the vast majority of individual inactive ingredients in pills or capsules are largely not reported by manufacturers. Thus, it is not easily accessible to patients and health care providers.

References:

“Inactive” ingredients in oral medications: By Daniel Reker, Steven M. Blum, Christoph Steiger, Kevin E. Anger, Jamie M. Sommer, John Fanikos, Giovanni Traverso Science Translational Medicine13 Mar 2019

1. Retrieved from https://www.cdc.gov/drugoverdose/epidemic/index.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:

APhA Academy of Student Pharmacists
Region 2 Midyear Regional Meeting 2019

Author of Proposed Resolution: Adam Younes

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R2.7

Proposing APhA-ASP Chapter: Philadelphia College of Pharmacy: University of the Sciences

Proposed Resolution Title/Topic: : Implementing Optional Industry IPPE Rotation

Proposed wording *(desired action(s)):*
APhA-ASP encourages exposing pharmacy students to what pharmacists do in the industry setting early on in their education through having an optional industry IPPE rotation available to students.

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

Reasons for actions:
There is minimal exposure to what industry pharmacists do in school. The purpose of IPPE rotations is to expose students to what pharmacists do in various settings and to enhance what they learn in school. In a study called "The opinion of preceptors and students of very early IPPE rotations delivered concurrently with didactic courses" results showed that students having this early exposure has helped improve their understanding of the practice of pharmacy. Having an optional industry IPPE rotation will further enhance their understanding of pharmacy practice. Industry pharmacists possess certain skills such as conducting literature searches and analysis, providing presentations on specific topics, answering clinical questions which may include on and off label information, overseeing product development and marketing, and being knowledgeable in drug safety. If students are exposed to what industry pharmacists do early on and they really like it, they can prepare themselves for a fellowship early on. Something to take into consideration is where to place this optional rotation in the curriculum. A possible option can be having this rotation fit in the last week of the community IPPE. There can be leeway in the last week to allow for students who feel they have sufficient community experience to have the option to experience what it is like to be an industry pharmacist.

Cons:
Have to develop activities for students to complete while on this rotation
Have to figure out where to place this rotation in the curriculum
Have to partner with various pharmaceutical industries to allow students to go there

Pros:
Will expose students to what industry pharmacists do early on which can help them with figuring out what they want to do after graduation (ex. Pursuing a fellowship)
Will help students have a better understanding of the pharmaceutical industry
Will enhance what they learn in school about drug safety, literature searches, and product development

References:

1. https://www-sciencedirect com.db.usciences.edu/science/article/pii/S1877129715301854?via%3Dihub

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

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

Author of Proposed Resolution: Jenny James

Author Phone Number: **215-279-0066**

Author Email Address: **jjames15@mail.usciences.edu**

R2.8

Proposing APhA-ASP Chapter: Rutgers University Earnest Mario School of Pharmacy

Proposed Resolution Title/Topic: Standardized and Extended Emergency Prescription Refill Protocol For Disasters

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

APhA-ASP encourages state boards of pharmacy to develop a standardized protocol allowing pharmacists practicing in the state and neighboring states to provide refills, not-pursuant to a prescription, during a declared state of emergency, natural disaster, or man-made disaster for up to 30 days to ensure continuity of care for patients that are affected.

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

Disasters such as Hurricane Maria and Katrina have displaced many patients during the immediate aftermath, and have highlighted the need for states to adopt regulations that address the issues healthcare faces in the wake of these disasters. Due to their experience with previous disasters, some states have already adopted such systems in place as shown with Florida's 30-day emergency prescription refill during state declared emergencies,[1,2] but many states have failed to adopt comprehensive emergency prescription refill protocols that factor in the difficulties patients face.[3] Analysis of the effect of these disasters on healthcare resources has shown that pharmacists can play a key role in ensuring emergency healthcare resources are not overburdened with patients pursuing refills for maintenance medications.[4]

Past disasters have illustrated the dangers of disrupting patient medications, and research into the treatment of patients in the aftermath of disasters has recommended that systems be put in place to authorize emergency prescription refills that are up to 30 days.[5,6] The need for such protocols were shown during the aftermath of Hurricane Katrina in Jefferson County, Alabama. The preface and aftereffect to the landfall of Hurricane Katrina showed that permitting pharmacists to authorize refills for chronic medications when the provider cannot be contacted relieved the burden placed on emergency departments.[4]

Currently, most states in the United States allow some level of emergency refills, but most regulations include a restriction on quantity and do not include stipulations for disasters. Emergency protocols that are put into place by state boards of pharmacy should take into account the potential of patients being displaced from neighboring states and the need to extend emergency refills to up to 30 days. When patients are displaced during disasters there is a high risk of patients forgetting or losing track of their medications or medical records,[7] which presents a problem to pharmacists when determining if a larger emergency supply of medications is needed. The pharmacist must make the decision based on their professional judgment, but the lack of information from displaced people means it may hinder the pharmacist's ability to make that professional judgment.

During disasters, patients who are displaced into neighboring states still run the risk of having issues with maintaining their maintenance medications. These complications will place an easily preventable burden on providers who may not have preestablished patient-provider relationships. The complication of many patients leaving disaster stricken states without complete medical records can be avoided by creating emergency prescription refill protocols that take into account patients who are displaced from a neighboring state that had a disaster or state of emergency declared. Pharmacists should be given the ability to make the professional judgment that if a patient has been displaced due to another state's disaster, the patient would be eligible for a natural disaster refill.

Expanding emergency prescription protocols to include stipulations for longer duration refills during disasters can ease the burden placed on the healthcare system, improve patient care, and overall health outcomes before, during, and after disasters.

Pros:

- Allows the continuation of care for patients with chronic diseases that are affected by a natural disaster
- Potentially decreases the amount of money spent on healthcare by preventing a patient to be admitted in the hospital
- Decreases the burden healthcare professionals in the emergency department during a disaster.

Cons:

- Verifying if someone relocates to a safe haven in a different state is a victim of a disaster.
- Limited information about patient for pharmacist to make their judgement.
- Potential harm due to continuing medication might not be needed.

References:

1. 465.0275. Emergency prescription refill. Title XXXII Regulation of Professions and Occupations, Chapter 465. Revisor of Statutes, State of Florida. http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0400-0499/0465/Sections/0465.0275.html. Approved April 14, 2016.

2. Gov. DeSantis declares a State of Emergency in FL for Hurricane Dorian. Florida Board of Pharmacy https://floridaspharmacy.gov/latest-news/gov-desantis-declares-a-state-of-emergency-in-fl-for-hurricane-dorian/ Published August 29, 2019.

3. Kim, J. A Review of State Emergency Prescription Refill Protocols. https://www.healthcareready.org/blog/state-emergency-refills. Published November 5, 2014.

4. Hogue, Michael D., et al. "The Nontraditional Role of Pharmacists after Hurricane Katrina: Process Description and Lessons Learned." *Public Health Reports*, vol. 124, no. 2, Mar. 2009, pp. 217–223, doi:10.1177/003335490912400209.

5. Emergency Prescription Drug Refills CMS Report 3-I-15. Council of Medical Service, American Medical Association, https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/public/about-ama/councils/Council%20Reports/council-on-medical-service/i15-cms-report3.pdf. Published 2015.

6. Report of the Task Force on Emergency Preparedness, Response, and the US Drug Distribution System. National Association of Boards of Pharmacy, https://nabp.pharmacy/wp-content/uploads/2016/07/06-07TF_Emergency_Preparedness.pdf. Uploaded September 28 2016.

7. Ochi, Sae et al. "Disaster-driven evacuation and medication loss: a systematic literature review." *PLoS currents* vol. 6 ecurrents.dis.fa417630b566a0c7dfdbf945910edd96. 18 Jul. 2014, doi:10.1371/currents.dis.fa417630b566a0c7dfdbf945910edd96
Disaster-Driven Evacuation and Medication Loss: a Systematic Literature

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:

2018.3
APhA-ASP encourages state boards of pharmacy to develop a standardized protocol allowing pharmacists to provide refills, not-pursuant to a prescription, during a state of emergency, natural disaster, or man-made disaster.

The addition to the resolution will emphasize that protocols put in place by states should include emergency prescription refills in that state and neighboring states for up to 30 days as determined by the pharmacists. This will ensure during disasters when many patients are displaced on short notice, they will be able to obtain sufficient emergency supplies of medications without overburdening emergency departments and other providers.

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R2.9

Proposing APhA-ASP Shenandoah University Bernard J. Dunn School of Pharmacy

Proposed Resolution Title/Topic: Mandatory Lunch Breaks for Pharmacists

Proposed wording *(desired action(s)):*
APhA-ASP strongly advocates for mandatory lunch breaks for pharmacists working over 6 hours a day.

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

In recent years, pharmacists have gained increasing responsibilities and capabilities to provide health services. At the same time, in many major chains, there has been cutting of hours for techs leading to increased strain on the pharmacists. Immunizations and medication reviews have added to the workload and often include quotas provided by chain pharmacies. However, the work atmosphere has not adjusted in a way to compensate for the increased workload. Many surveyed pharmacists indicate they do not have enough time or staff support to complete their jobs while also being able to take a break or lunch. The Oregon Pharmacy Board did a study and it was reported that “more than 50% of pharmacists working in chain community pharmacies disagreed or strongly disagreed with the statement that they had a work environment that was conducive to providing safe and effective patient care.” Following this, they instituted mandatory breaks and were commended for it by the National Association of Boards of Pharmacy.

Long periods of time without break cause increased risk of an error in oversight or dispensing, which could lead directly to patient harm. Community pharmacy is a career that requires a great deal of multitasking and frequent interruptions are part of the job, which already lends itself to mistakes, and this risk is increased when the pharmacist has not had a chance to rest. Pharmacist workload increases the risk for medication errors as well. As it stands, most pharmacies employ a 30-minute break without closing the pharmacy, and the pharmacist rarely gets to take that time without interruption. If certain quality of life changes were introduced, it would improve both patient outcomes and pharmacist satisfaction and health. Some changes proposed by the Illinois General Assembly include to “require a pharmacy technician to work alongside a pharmacist at all times, limit prescription fills to 10 per hour, mandate nonworking breaks, and cap pharmacist working hours at 8 hours per day.” While not all of these changes could be easily instituted, a mandatory non-working lunch would be a major step, and can be applied widely. The Arizona Board of Pharmacy has instituted a policy that strongly endorses and encourages this type of break. As mentioned above, the main things to gain are improved patient outcomes and increased job satisfaction and safe productivity in pharmacy employees. The major con would be a potential inability to meet quotas or billable hours set by chain pharmacies resulting in pushback from them in implementation of this policy. That being said, if the APhA-ASP takes a stance to push for mandatory breaks, it could have a significant impact in expanding similar policies across the nation.

References:

Tsao, N. W., Lynd, L. D., Gastonguay, L., Li, K., Nakagawa, B., & Marra, C. A. (2016). Factors associated with pharmacists' perceptions of their working conditions and safety and effectiveness of patient care. Canadian pharmacists journal : CPJ = Revue des pharmaciens du Canada : RPC, 149(1), 18–27. doi:10.1177/1715163515617777

https://pharmacy.az.gov/lunch-break

https://www.medscape.com/viewarticle/879719

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:

2001.6 - Quality of Work Life for Pharmacists and Pharmacy Interns – Breaks

The prior stance is important, but not strong enough for the worsening quality of life many community pharmacists are enduring.

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R2.10

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

Proposed Resolution Title/Topic: The use of Fentanyl Testing Strips as a Harm Reduction Strategy for Overdose Prevention in Continuation with Naloxone Distribution and Opioid and Overdose Education.

Proposed wording *(desired action(s)):*
APhA-ASP encourages the distribution and use of Fentanyl Testing Strips for patients with substance use disorders as a strategy to help decrease the risk of opioid related overdoses due to fentanyl-contaminated illicit drugs.

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

The opioid crisis continues to cause increased overdose deaths in the United States, and in 2016 over 63,000 people died due to drug overdoses; 60% of those deaths involved an opioid. In 2017, around 70,000 overdose deaths occurred in the US, and opioids were involved in about 47,000 of those deaths.[3] The 2017 Centers for Disease Control and Prevention (CDC) Report determined that illicitly manufactured Fentanyl (IMF) was detected in 56% of opioid deaths leading to an overdose. Fentanyl is a synthetic opioid that is more potent than heroin with a quick onset of action.[1] Consuming IMF can cause a more severe respiratory depression as compared to other opioids, leading to sudden overdose and death.[2] There is an urgent need to minimize this risk and many harm reduction organizations have ramped up opioid education and Naloxone distribution. These organizations have also been distributing Fentanyl Testing Strips (FTS) to people who inject or use opioids in an effort to help detect the presence of Fentanyl and Fentanyl analogs. The FTS are easy to use and interpret; one red line is positive for the presence of IMF and two red lines indicates that no IMF is present in the substance. The use of FTS has been successfully employed in communities such as Greensboro, North Carolina, leading to a change in drug use behavior and perceptions of overdose safety.[1] In other states, such as California, Vermont, and Maine, government sponsored health departments have begun to provide funding for purchasing and dispersing FTS through syringe service programs.[2] Widespread expansion of FTS to all communities in the country must now be a priority.

The use of FTS is one strategy for harm reduction, amongst many others such as increased access to Naloxone and opioid overdose education. Despite proven benefits, harm reduction strategies still face stigma, causing a barrier to implementation. To combat this, it is necessary to take action to equip our communities with the tools needed to reduce opioid overdose deaths in the United States. FTS as a harm reduction strategy can reduce opioid overdose deaths, and pharmacists can take action by providing FTS along with Naloxone and opioid overdose education.

References:

1 - Peiper, Nicholas C., Clarke, Sarah, Vincent, Louise B., Ciccarone, Dan, Kral, Alex H., Zibbell, Jon E. Fentanyl rest strips as an opioid overdose prevention strategy: Finds from a syringe services program in the Southeastern United States. International Journal of Drug Policy. 2019;63: 122-128. https://doi.org/10.1016/j.drugpo.2018.08.007

2 – Goldman, Jacqueline E., Waye, Katherine M., Periera, Kobe A., Krieger, Maxwell S. Yedinak, Jesse L., Marshall, Brandon D. L. Perspectives on rapid fentanyl test strips as a harm reduction practice among

young adults who use drugs: a qualitative study. Harm Reduction Journal. 2019; 16:3. https://doi.org/10.1186/s12954-018-0276-0

3- Drug Overdose Deaths. Centers for Disease Control and Prevention. Reviewed June 27, 2019. https://www.cdc.gov/drugoverdose/data/statedeaths.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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R2.11

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

Proposed Resolution Title/Topic: : The APHA Pharmacist & Patient-Centered Diabetes Care Certification should be incorporated into pharmacy curriculum.

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

APhA-ASP encourages all schools/colleges of pharmacy to integrate the Pharmacist & Patient-Centered Diabetes Care training course into curriculum.

Background Statement:

This would reduce travel and registration costs for students. This training will give student pharmacists access to information that will allow them to make more significant impacts on diabetes management. Additionally, this will standardize some of the training that students receive, so that quality of care can be guaranteed. Difficulties will include, verifying the educators at all institutions are upholding standards and the upfront costs of educator training.

Pros:
- Affordability for students
- Accessibility
- Standardization
- Improved management and outcomes

Cons:
- Costs to institution
- Adjusting curriculum
- Scheduling
- Additional training

References:

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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R2.12

Proposing APhA-ASP Chapter: University of Maryland School of Pharmacy/ West Virginia University School of Pharmacy

Proposed Resolution Title/Topic: Financial Planning and Education for Student Pharmacists

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

APhA-ASP encourages the implementation of financial literacy education and advising into the curriculum of all accredited schools of pharmacy.

Background Statement:

According to the 2018 AACP Graduate Survey, 84.8% of Doctor of Pharmacy (PharmD) graduates took out an average of $166,528 in student loans[1]. However, the average salary of the pharmacists, according to the Bureau of Labor and Statistics, was $126,120[2]. Since 2009, the average pharmacy student debt has risen approximately 60%[1,3]. Studies have shown that student debt for PharmD students and the pressures associated with debt can influence career decision making[4]. Specifically, students in debt prefer to enter practice after graduation versus completing postgraduate training and are often limited to chain community settings[4]. Outside of career choice, the pressure of student debt causes increased stress for pharmacy students, increased fear of loan debt outside of pharmacy, and less inclination to donate to schools of pharmacy post-graduation[5,6]. Not only does a lack of financial literacy affect current PharmD students, it has affected prospective students too. Applications to pharmacy schools are on a downward trend and can be associated with the assumption that PharmD graduates are entering a saturated job market with significant student debt[7].

Despite these findings, financial literacy education is not a requirement for ACPE accreditation and is currently not implemented in all Doctor of Pharmacy programs[8]. Financial literacy education can lead to improvements in the mental well-being of student pharmacists as well as prevent students from making career decisions based on their financial status[4,5]. A study found that taking a personal finance course in college correlated with higher levels of investment knowledge[9]. Additionally, the topics taught in a personal finance course would be beneficial to those pharmacy students hoping to manage or own a pharmacy upon graduation. As an association dedicated to expanding opportunities for pharmacists and student pharmacists, as well as advocating for the advancement of the pharmacy profession, we should acknowledge this as a significant obstacle. We must teach student pharmacists the necessary financial information to allow them to choose career paths that provide them with the most job satisfaction and professional advancement. We must also teach prospective students the necessity of future pharmacists in healthcare, and that becoming a pharmacist is an economically viable career choice. APhA-ASP should encourage the implementation of financial literacy courses focusing on student debt to decrease associated stress and pressure.

References:

1. American Association of Colleges of Pharmacy. American association of colleges of pharmacy graduating student survey.https://www.aacp.org/sites/default/files/201808/2018%20GSS%20National%20Summary%20Report.pdfPublished July 2018. Accessed September 24, 2019.

2. U.S. Bureau of Labor and Statistics. Occupational outlook handbook.https://www.bls.gov/ooh/healthcare/home.htmUpdated September 4, 2019. Accessed September 24, 2019.

3. American Association of Colleges of Pharmacy. Pharmacy education: student pharmacist Q&A.https://www.aacp.org/sites/default/files/2017-10/Student%20Pharmacist%20QA-flyer.pdfPublished 2014. Accessed September 24, 2019.

4. Hagemeier NE, et al. Student pharmacists' personal finance perceptions, projected indebtedness upon graduation, and career decision-making. Am J Pharm Educ. 2019;83(4):580-586.https://www.ajpe.org/doi/pdf/10.5688/ajpe6722Accessed September 24, 2019.

5. Chisholm-Burns MA, Spivey CA, Jaeger MC, Wiliams J. Association between pharmacy students' toward debt, stress, and student loans. Am J Pharm Educ. 2017; 81(7):1-11.https://www.ajpe.org/doi/pdf/10.5688/ajpe8175918Accessed September 24, 2019.

6. Mattingly TJ II. Before we talk about student debt cancelation, can we talk about the interest rates? Am J Pharm Educ. https://www.ajpe.org/doi/pdf/10.5688/ajpe7761Accessed September 24, 2019.
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8. https://www.ajpe.org/doi/pdf/10.5688/ajpe6959 Accessed October 11, 2019.

9. Accreditation Council for Pharmacy Education. Self-assessment instrument for the professional degree program of colleges and schools of pharmacy.https://www.acpe-accredit.org/pdf/Rubric2016Guidelines1.0bUpdate2019.pdfPublished July 2016. Accessed September 24, 2019.

10. Peng, TC.M., Bartholomae, S., Fox, J.J. et al. J Fam Econ Iss (2007) 28: 265. https://doi.org/10.1007/s10834-007-9058-7. Accessed October 9, 2019.

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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R2.13

Proposing APhA-ASP Chapter: University of Maryland Eastern Shore School of Pharmacy and Health Professions

Proposed Resolution Title/Topic: Efforts to Provide Mental Health Resources for Pharmacy Students

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

APhA-ASP encourages schools and colleges of pharmacy to actively incorporate mental health resources (i.e. counseling services, check-ins with an advisor regarding mental health, and education).

Background Statement

Pharmacy school and graduate education in general can be taxing on students' mental health. A study from Nature Biotechnology concluded that graduate students are "more than six times as likely to experience depression and anxiety compared to the general population." The study suggests the reasoning behind this increased risk may be due to social isolation and feelings of inadequacy. These issues are present in pharmacy programs and greater steps need to be taken to aid students in their management of their mental health. The APhA-ASP should encourage schools and colleges of pharmacy to incorporate mental health resources for their pharmacy students. This can include counseling services and mandatory monthly meetings with advisors specifically to discuss mental health status. Also, the APhA-ASP should encourage schools of pharmacy to include strategies to benefit students' own mental health when educating them about mental health in patients.

Pros
- Aid students who are struggling with their mental health while in pharmacy school.
- Increase mental health awareness.
- Reduce the stigma surrounding mental health issues.

Cons
- Cost to the colleges and universities.

References:

Evans TM, Bira L, Gastelum JB, Weiss LT, Vanderford NL. Evidence for a mental health crisis in graduate education. Nature Biotechnology. 2018;36(3):282-284. doi:10.1038/nbt.4089

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:

2017.3 Efforts to Reduce Mental Health Stigma

This resolution targets the education of pharmacy students and professionals on patient mental health awareness. It discusses the APhA-ASP's support of the inclusion and expansion of mental health training and education to reduce the stigma surrounding mental health; however, it does not address the

mental health of pharmacy students or professionals. Pharmacy school can be challenging and taxing on students' mental health. Although many schools have a level of mental health resources available to their entire school population, the APhA-ASP should take a specific stance advocating for increased mental health support for pharmacy students. This will aid in their original resolution of destigmatizing mental health overall.

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R2.14

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

Proposed Resolution Title/Topic: Advocacy Training for Student Pharmacists

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

APhA-ASP encourages schools and colleges of pharmacy to require advocacy training as part of the curriculum using standardized modules individualized for each state in which a school or college of pharmacy is located.

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

Most major pharmacy organizations have a policy and legislative division for its members. It is not by coincidence that this is the case. The only way for pharmacy to continue to be a sustaining profession is to continue to advocate for the services and benefits that we offer not only to our patients but the health care system in general. When taught things in the pharmacy curriculum it is easy for students to anticipate the value and purpose of a subject area, but if something as important as advocacy is not being highlighted how are student pharmacists going to understand the full necessity of it?

In order for the value of advocacy to be shown to students, it must be valued by the institution from which student pharmacists are receiving their education. Using resources such as state pharmacy associations, schools and colleges of pharmacy can utilize connections and trainings offered by the associations to create government relations training programs for student pharmacists. Currently, the Pennsylvania Pharmacists Association (PPA) has a government relations advocacy program for student pharmacists, otherwise known as GRASP, is an online module course utilized by all schools and colleges of pharmacy in Pennsylvania to prepare students for advocacy work. These modules include a final mock legislator appointment to prepare students for legislative days and any other future exposure to meeting with legislators.

The value of this program can be seen during Pennsylvania's Pharmacy Legislative Day and has helped pass legislation in the past few years. If all states had a form of standardized education for their student pharmacists, then the limits would not exist for what the profession could do. Schools and colleges of pharmacy could use this standardization to its advantage by creating well-rounded, educated, and passionate pharmacists for the future.

Pros:

- Advocacy is the key to the future of pharmacy
- Legislators are more receptive to hearing from members of a profession over a lobbyist

Cons:

- Not every state pharmacy association is as collaborative with schools and colleges of pharmacy as the Pennsylvania Pharmacists Association (PPA)

References:

1. Jonathan Sin, Advocating for pharmacy: Role of the student pharmacist, American Journal of Health-System Pharmacy, Volume 71, Issue 21, 1 November 2014, Pages 1836–1837, https://doi.org/10.2146/ajhp130531 https://www.papharmacists.com/page/GRASP

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:

2005.5 - Legislative Education
APhA-ASP encourages the development of educational programs that foster political awareness and promote legislative action within the profession of pharmacy.

The current resolution encourages education for political awareness but the adopted resolution suggests a solution as to how to incorporate this type of education into the curriculum of current schools and colleges of pharmacy with the collaboration of state pharmacy associations.

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R2.15

Proposing APhA-ASP Chapter: Virginia Commonwealth University School of Pharmacy

Proposed Resolution Title/Topic: Assure Adequate Dispensing Fees

Proposed wording:

APhA-ASP promotes legislation requiring a minimum dispensing fee be paid separate of ingredient cost as determined by impartial research.

Background Statement:

Pharmacy reimbursement is a topic of concern for any practicing retail pharmacist. In chain pharmacies, lower reimbursements have led to reduction of both pharmacist and tech hours. Independent pharmacies have begun to close due to financial burden. Pharmacies must fight to resist predatory practices which lead to diminished patient choice and an increasingly overburdened workforce.

One facet in how pharmacies are being underpaid is the state of the dispensing fee. Alongside ingredient cost, which is the cost of the actual medication, dispensing fees are intended to cover overhead incurred in the process of filling a prescription. While the actual cost to pharmacies is unknown, and likely differs pharmacy to pharmacy, the general consensus on dispensing cost ranges from $10-18 per prescription.

Contrast this to dispensing fees actually paid in today's market. Medicare, for example, paid $2.27 per prescription as dispensing fee in 2008. A 2008 pharmacy with a dispensing cost of $10 and a weekly workflow of five hundred Medicare prescriptions would run a deficit of $550 per day or $200,000 per year. The situation has only deteriorated since then as dispensing fees continue to drop, in some cases below $1. Conversely, dispensing cost to pharmacies continue to rise. In an economy where pharmacies are expected to accept negative reimbursement and DIR fees as part and parcel of contracting with insurance companies, this loss is unacceptable.

APhA-ASP must address this by demanding a minimum dispensing fee based on an impartial, transparent study. Contract negotiation can only go so far against under-regulated entities such as PBMs. The only way to assure pharmacies are paid what they are owed is through state or federal legislation.

A current example of this is a state law in Iowa which mandates a Medicaid dispensing fee of $10.07 based on a biennial survey. At minimum, every state should perform such a survey and compensate its pharmacies fairly. Extending this to third party payers is a more difficult, but worthwhile task.

There will be resistance to this; there is great pressure on the healthcare industry to reduce spending on drugs. In pursuing this goal APhA-ASP should maintain that we are not seeking greater profit, but payment for the valuable services we are currently providing. Should the profession continue to ignore this threat, retail pharmacy as we know it will not survive.

References:

https://www.law.uh.edu/healthlaw/perspectives/2009/(LC)%20Pharmacy.pdf

https://www.va.gov/COMMUNITYCARE/revenue_ops/admin_costs.asp
https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/IA/IA-18-018.pdf

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

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

Author of Proposed Resolution: Darren Kalten & Dean Bakoulas

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R2.16

Proposing APhA-ASP Chapter: Wilkes University Nesbitt School of Pharmacy

Proposed Resolution Title/Topic: Universal Inclusion of Epinephrine Auto-Injectors in AED Kits - How Patient Safety and Public Health Have Become Intertwined

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

APhA - ASP supports the universal inclusion of epinephrine auto - injectors with automated external defibrillators (AEDs) in the promotion of widespread patient safety in public entities, as well as the utilization of pharmacists in certification programs, educational opportunities, and emergency preparedness situations.

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

- Pros/reasons:
    - Allergies, specifically anaphylactic reactions, among children, teenagers, and adults have become an increasing concern across the nation. Approximately 32 million Americans suffer from food allergies alone, whom 6 million are children. According to the American Academy of Allergy, Asthma & Immunology (AAAAI), anaphylaxis can be defined as the involvement of two or more organ systems when exposed to a potential allergen results in swelling, hives, hypotension, and in severe cases, shock. Such symptoms typically will start within five minutes to thirty minutes of coming into contact with the allergen. If untreated, this can be fatal, as the time course is very sensitive. Adverse reactions if not treated have been seen after 8 hours after exposure and up to 72 hours after exposure to the allergen. This is considered to be a biphasic reaction, which only occur in 1% - 20% of anaphylaxis episodes. This reaction can occur from foods, medications, latex, insect stings, etc. By allowing a readily available lifesaving medication to be stocked in a universal location known by many, prevention of deaths are possible.

    - The approximate rate of anaphylaxis in the United States is assumed to be one in 50 Americans, but is now considered to be much higher: about one in twenty according to the Asthma and Allergy Foundation of America (AAFA). Annually in the United States, anaphylaxis results in hundreds of thousands of emergency room visits and results in hundreds of deaths related to such an event.

    - Pharmacists involvement includes: the dispensing of this medication, therefore are also responsible for patients' safety, counseling on administration, and emergency preparedness by being required to have active Cardiopulmonary Resuscitation and Basic Life Support certifications. This ties into the proposal of the inclusion of epinephrine in AED kits.

      - The aforementioned public entities include but are not limited to: schools, hospitals, amusement parks, movie theaters, sports and recreation events, and summer camps.

    - Referencing the Journal of Asthma and Clinical Immunology, at least 1.6% of the population experiences some form of anaphylaxis in their lifetime, where 60% of those individuals is not

adequately equipped with some form of life-saving epinephrine. This study was conducted in Montreal, Canada and measured the amount of visits for anaphylaxis in a pediatric emergency department and the benefits of early epinephrine administration conducted over a 4-year study. Taken from JACI, "an overall total of 965 anaphylaxis cases were identified (50% prospectively). The percentage of anaphylaxis cases among all ED visits more than doubled over the 4-year period from 0.20% (95% CI, 0.18-0.24) to 0.41% (95% CI, 0.36 - 0.45), with the largest annual increase between 2013-2014 and 2014-2015 (0.11%)." More data related to this study can be found using the link attached in the "References" section. Even though the study was conducted internationally, it can easily be replicated in America as patients admitted to the hospital for anaphylactic related episodes requiring epinephrine can be followed longitudinally. Both the prospective and retrospective data collection studies were approved by the McGill University Health Centre Ethics Review Board and can be considered to be quite reliable.

- Referencing research provided by the National Institute of Allergy and Infectious Diseases (NIAID), epinephrine is the first line of treatment, which is one of many reasons as to why more than 20% of patients require an additional dose. Taken directly from their research, if a patient responds poorly to the initial dose or has ongoing or progressive symptoms despite initial dosing, repeated dosing may be required after 5 to 15 minutes. Reports of patients receiving epinephrine for food-induced or non-food-induced anaphylaxis note that as high as 10%-20% of individuals who receive epinephrine will require more than 1 dose before recovery of symptoms."

- Regarding legislation for stocking epinephrine in public areas, President Obama signed the "School Access to Emergency Epinephrine Act" in 2013, however this was limited strictly to schools and no other areas where allergic reactions or anaphylaxis can occur. As Stated on the Food Allergy Research and Education (FARE) website on an article entitled "Public Access To Epinephrine," multiple states have current legislation regarding stocking undesignated epinephrine in the case of an emergency, however such definition varies state by state. As proposed, epinephrine can be stocked in the aforementioned places, however it is not a unified effort to have emergency epinephrine on hand. Colleges and universities are also behind on stocking undesignated epinephrine, as only a small number of states have laws that require post-secondary education institutions have access to supplies on campus. Thirty-three of the fifty states have current legislation pertaining to keeping a supply on hand. Pennsylvania was not one of these states. Due to allergens being impossible to avoid, several states have enacted legislation to increase the availability, however this is not uniform throughout the nation. States such as Alaska have expanded the pharmacists scope of practice to administer epinephrine if the patient was to suffer an allergic reaction after the administration of a vaccine. Bills regarding the Federal Aviation Administration (FAA) have even begun to be introduced to Congress, however they have yet to have any further action since 2015.

- Formulations of epinephrine auto-injectors include adult (0.3 mg) and pediatric (0.15 mg) dosing in brand and generic equivalents. Available products include: Adrenaclick, Auvi-Q, EpiPen Jr, EpiPen, and Epinephrine Injection, USP Auto-injector - authorized generic.

- Cons:
  - Potential threats to this policy include theft and cost, due to the rising costs of epinephrine and possible shortages of the medication throughout the country.

References:

- Anaphylaxis: AAAAI. (n.d.). Retrieved from https://www.aaaai.org/conditions-and-treatments/conditions-dictionary/anaphylaxis

- Hochstadter, E., Clarke, A., Schryver, S. D., Lavieille, S., Alizadehfar, R., Joseph, L., … Ben-Shoshan, M. (2016). Increasing visits for anaphylaxis and the benefits of early epinephrine administration: A 4-year study at a pediatric emergency department in Montreal, Canada. Journal of Allergy and Clinical Immunology, 137(6). doi: 10.1016/j.jaci.2016.02.016

- Public Access to Epinephrine. (n.d.). Retrieved from https://www.foodallergy.org/public-access-to-epinephrine

- AAFA. (n.d.). Retrieved from https://www.aafa.org/epinephrine-stocking-in-schools/

- Noble, A. A. (2016). Increasing Access to Epinephrine. The National Conference of State Legislatures, 24(15). Retrieved from http://www.ncsl.org/research/health/increasing-access-to-epinephrine.aspx

- EpiPen. (n.d.). Retrieved from https://www.epipen.com/hcp/about-epipen-and-generic/dosage-and-administration

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:

- **2007.7** - Automated External Defibrillators (AEDs) in Pharmacies

- **2014.2** – Dispensing and Administering Medications in Life-Threatening Situations

The adopted resolutions stated above primarily support the pharmacist's duty to counsel and duty to understand the use of an Epinephrine Auto-Injector. They only provide a reference to the aforementioned policy proposal and do not serve to be amended in any way. This final proposal would enforce the inclusion of EpiPens in AED kits as a method of emergency preparedness and including pharmacists as a significant source as educators and healthcare providers.

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