APhA-ASP
AMERICAN PHARMACISTS ASSOCIATION
ACADEMY OF STUDENT PHARMACISTS

APhA

Region 6 Midyear Regional Meeting
Dallas, TX
November 1-3, 2019

Proposed Resolutions

R6.1

Proposing APhA-ASP Chapter: Harding University

Proposed Resolution Title/Topic: Therapeutic Interchange within Community Pharmacy

Proposed wording (desired action(s)):

APhA-ASP strongly encourages expansion of community pharmacists' scope of practice by adopting a therapeutic interchange program within all states.

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

The unrelenting rise in health related costs has created a healthcare crisis in the United States, forcing patients to go without life sustaining medications. Providers are left feeling overwhelmed, trying to balance the pressure from insurance company quality metrics while ensuring patients have easy access to their prescribed medications. With rising healthcare costs and insurance plans creating tighter formularies, often times patients are left feeling unaware of uncovered medications until they arrive at their community pharmacy counter. Because pharmacists have to wait to fill the medication until a prescriber responds to the request to change to a covered alternative, this often times leads to a patient's delay to therapy and, ultimately, suboptimal adherence outcomes. The pharmacist is in the ideal position to bridge the divide between the physician and the insurance company, ensuring patients receive optimal care. By utilizing the fact that pharmacists are the most accessible healthcare professionals and allowing pharmacists to practice at the top of their degree by expanding pharmacists' scope of practice, we will meet our primary goals which are: improved adherence, optimized drug therapy, and reaching clinical health targets and quality metrics. In achieving these stated goals, we will improve overall patient health, decrease the physician's work load, and drive down healthcare costs.

The current community pharmacy model could be enhanced if all states adopted therapeutic interchange. This kind of program is not novel to the world of pharmacy. Hospitals have utilized these services under provider protocols since as early as 2002. Kentucky, Arkansas, and Idaho have bravely paved the path for therapeutic interchange practice within community pharmacy, and we have an opportunity to extend this ability to pharmacists in all states. In these pioneer states, community pharmacists are allowed to use their clinical judgement to substitute medications within a therapeutic class for situations such as when a medication is not covered by the patient's insurance plan or if the patient has an allergy. The insurance would then be billed for the substituted medication. It is a requirement that providers opt-in to the therapeutic interchange, thereby giving the pharmacist authority to make such changes. Additionally, pharmacists are required to notify the doctor of changes within twenty-four hours. We urge immediate consideration for this proposal in order to better serve our patients, preserve public health, and evolve the pharmacist's role in healthcare.

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

APhA Academy of Student Pharmacists
Region 6 Midyear Regional Meeting 2019

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R6.2

Proposing APhA-ASP Chapter: St. Louis College of Pharmacy

Proposed Resolution Title/Topic: Emergency Contraception

Proposed wording (desired action(s)):

APhA-ASP encourages pharmacies to supply emergency contraception products near the pharmacy counter in an effort to encourage patient initiated interactions and counseling.

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

The unrestricted sale of emergency contraceptives over the counter has allowed many women the choice of avoiding an unplanned pregnancy, with the caveat that it is more effective the sooner they take the medication. However, knowledge about the morning after pill and how it should be taken may not be as accessible as the pill itself. As accessible health care professionals, pharmacists play a critical role in educating young and adult women about their sexual health.

In many pharmacies, emergency contraceptives are generally stocked in the family planning aisle, which could be far from the pharmacy counter.[1] Encouraging pharmacies to stock emergency contraception products closer to the pharmacy may give pharmacists an opportunity to offer counseling to young and adult women who wish to purchase emergency contraception and may have questions and reservations about the pill.

In an effort to build patient and pharmacist relationships, supplying emergency contraceptives near the pharmacy will allow for accessible counseling for those that may be too hesitant to come to the counter. Pharmacist education is important in these circumstances as we could counsel the patient on when and how to take the pill, since timing is essential to efficacy.[1] Counseling can also be beneficial for women who are not currently on regular contraception, which puts them at risk for unwanted pregnancies.[2]

Cons:
Keeping emergency contraceptives near the counter could also cause a barrier to patients who wish to be more discreet about purchasing emergency contraceptives or family planning products. Pharmacists could also be more hesitant to counsel patients because of their own ethics and morals, which is generally discouraged in pharmacy practice, however it still occurs in the profession.

References:

1. Cleland K, Bass J, Doci F, Foster AM. Access to emergency contraception in the over-the-counter era. Women's Health Issues. 2016;26(6):622-627.
2. Glasier A, Manners R, Loudon JC, Muir A. Community pharmacists providing emergency contraception give little advice about contraceptive use: a mystery shopper study. 2010; 82(6):538-542.

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

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APhA Academy of Student Pharmacists
Region 6 Midyear Regional Meeting 2019

R6.3

Proposing APhA-ASP Chapter: Southwestern Oklahoma State University

Proposed Resolution Title/Topic:
Chemical Dependency & Habit-Forming Substances; Pharmacists Recovery Network
1986.2 – Re-entry of the Impaired Student Pharmacist

Proposed wording *(desired action(s)):*
1986.2 – Re-entry of the *Recovering* Student Pharmacist
APhA-ASP supports that schools and colleges of pharmacy should institute or seek the establishment of administrative procedures which allow re-entry of *recovering* student pharmacists who have successfully completed recognized treatment and rehabilitation programs and are undergoing follow-up care.

Background Statement (list reasons for the action(s) / pros and cons / references or resources):
Pharmacists are growing into their roles as vital parts of the healthcare team responsible for assisting our patients during their recovery process. When speaking with or about patients with substance use disorders we strive to only use positive and non-demeaning language[1]. SAMHSA has created the Guide to the Use of Language recommended to replace stigmatizing language from healthcare professionals[2]. SAMHSA flags "impaired" as a potentially derogatory and stigmatizing term. We recommend changing the word "impaired" in Resolution 1986.2, "Re-entry of the Impaired Pharmacist", to "recovering" in the title of the resolution and in the statement. Recovery is a word supported by SAMHSA to use when discussing the status of a patient, or in this case a student, during their journey with substance use disorder. Recovery is defined by SAMHSA as, "the process of improved physical, psychological, and social well-being and health after having suffered from a substance-related condition."[2] As pharmacists, we shouldn't speak about our patients in a stigmatizing way as being impaired, and we believe that we shouldn't speak about our fellow student pharmacists with that language either. We are passionate about supporting them through their recovery process, and by changing this wording we believe it will further encourage them to continue to reach their health and wellness goals while continuing to be successful student pharmacists.

Pros:
- Reduces the stigma of student pharmacists who have substance use disorder
- The term "impaired" indicates that someone is under the influence of a substance. Using "recovering" indicates that the student is actively treating a disease, but not currently impaired.

References:

1. *Tommasello, Anthony. (2004). Substance abuse and pharmacy practice: What the community pharmacist needs to know about drug abuse and dependence. Harm reduction journal.*
2. *Kelly, J. F., & Hoeppner, B. (2015). A biaxial formulation of the recovery construct. Addiction Research & Theory, 23(1), 5-9.*

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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R6.4

Proposing APhA-ASP Chapter: Texas A&M Irma Lerma Rangel College of Pharmacy

Proposed Resolution Title/Topic:
Patient-centered pharmacological preventive care implementation

Proposed wording (desired action(s)):
APhA-ASP supports the implementation of patient-centered pharmacological preventive interventions by providing pharmacy services that may include, but are not limited to, medication therapy management, adherence monitoring, and education for patients at risk of developing certain chronic conditions which may include, but are not limited to, diabetes, dyslipidemia, hypertension, and COPD.

Background Statement (list reasons for the action(s) / pros and cons / references or resources):
Through the years, the field of pharmacy continues to evolve and there are more opportunities to be involved in patient care. Furthermore, pharmacists are beginning to be recognized as health care providers, and thus more opportunities arise for the modern-day pharmacist. Therefore, we can take advantage of these opportunities to take a leading role in direct patient care by offering patient-centered pharmacological services that can improve health-care outcomes. Currently, pharmacists can provide some services that include, but are not limited to, medication therapy management, medication adherence programs, patient education, and counseling. Evidence suggest that medication adherence programs for COPD, hypercholesteremia, hypertension, and diabetes can help save billions of dollars in health expenditures. Using these pharmacy services for preventive care can improve patients' health-care outcomes and avoid the future costs of treatment of these chronic diseases. There is also evidence that preventive care for pre-diabetes can also help reduce health-care expenditures and improve patient health outcomes. By combining our expertise in pharmacological treatment and our medication services, there is potential for a pharmacist to have an impact in patients' health outcomes. Theoretically under this proposal, pharmacists can establish a patient-centered pharmacological preventive intervention using either one or a combination of pharmacy services such as medication therapy management, mediation adherence, or patient education programs on patients at risk of developing certain chronic conditions such as, diabetes, hypertension, COPD, hypercholesteremia, etc., by using these pharmacy services and with constant monitoring of disease parameters. With the collaboration of the patient's participation and insurance coverage, this preventive intervention may be useful in preventing the progression of these conditions and therefore save the patient from unnecessary hospitalizations, disease burden, medications, etc. Under provider status, pharmacists can seek reimbursement for these services and open the door for more involvement in patient care.

References:

- Iuga AO, McGuire MJ. Adherence and health care costs. *Risk Manag Healthc Policy*. 2014;7:35–44. Published 2014 Feb 20. doi:10.2147/RMHP.S19801
- Chisholm-Burns, Marie A. & Spivey, Christina A.. 2012. The 'cost' of medication nonadherence: Consequences we cannot afford to accept. Journal of the American Pharmacists Association 52: 823-826. Doi: 10.1331/JAPhA.2012.11088. https://doi.org/10.1331/JAPhA.2012.11088
- Bertram, M.Y., Lim, S.S., Barendregt, J.J. et al. Diabetologia (2010) 53: 875. https://doi.org/10.1007/s00125-010-1661-8
- Ahn, SangNam, Basu, Rashmita, Smith, Matthew Lee, Jiang, Luohua, Lorig, Kate, Whitelaw, Nancy & Ory, Marcia G.. 2013. The impact of chronic disease self-management programs: healthcare savings

through a community-based intervention. BMC Public Health 13: 1141. doi: 10.1186/1471-2458-13-1141. https://doi.org/10.1186/1471-2458-13-1141

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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R6.5

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

Proposed Resolution Title/Topic:
Minimum pharmacist requirement for class A pharmacies based on daily prescriptions filled.

Proposed wording *(desired action(s)):*
APhA-ASP encourages the state board of pharmacy to set a minimum requirement on the number of pharmacists to work in a retail setting based on the amount of prescriptions filled daily.

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

In order to improve overall patient safety and health outcomes, pharmacists should be allowed to put into practice all of the skills that are acquired during their four years of training. As the workload and community expectations of pharmacists increases, pharmacists should have the opportunity to provide patient education appropriately. There is currently no limit on how many prescriptions a pharmacist can fill on their own.

We propose a requirement for an additional pharmacist once the pharmacy has filled a minimum of 300 prescriptions per day or 2,100 prescriptions per week. This in turn will improve the pharmacist's availability to provide the quality of patient education provided to the patients. It will improve medication therapy management opportunities, reduce pharmacy-related errors, and improve overall health outcomes. It will also improve the working environment for pharmacists and technicians; and decrease pharmacist burnout and stress. It will also increase job opportunities for pharmacists. Some challenges that may be encountered include a potentially reduction in salary for pharmacists.
Reference(s):

Preventing Medication Errors in Pharmacy. (n.d.). Retrieved from https://www.pharmacytimes.com/news/preventing-medication-errors-in-pharmacy.

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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R6.6

Proposing APhA-ASP Chapter: Texas Tech University Health Sciences Center School of Pharmacy

Proposed Resolution Title/Topic: Food Allergy Warning Labels

Proposed wording *(desired action(s)):*
APhA-ASP supports inclusion of an allergy alert provided by manufacturers on manufacturer bottles if an ingredient is used from the "Big-8" allergy list that may cause the patient to have an allergic reaction to.

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

The "Big-8" allergy list consists of the eight major allergenic foods that account for about 90% of food allergies across the nation, which include the following: milk, eggs, fish, crustacean shellfish, tree nuts, peanuts, wheat, and soybean. Allergies are concerning enough that a law was created called the Food Allergen Labelling And Consumer Protection Act of 2004. This law required disclosure of such allergies on any processed food. Patients are often exposed to the allergies when hidden in processed foods.[1]

Though a list of inactive ingredients can be found in the package insert, it is our duty as pharmacists to alert our patients. APhA has previously shown support for allergy education and advocacy. The intent of this resolution is to alert pharmacists to a potential allergy. Pharmacists can either flag the interaction in the patients profile, provide a warning label on their medication upon dispensing counsel their patients on the warnings if necessary. Pharmacists can educate their patients about the importance of inert ingredients that may include "Big-8" allergens and appropriate preventative measures. Additionally, pharmacists can educate children and adults in public settings about food allergies in medications and how to prevent them.[2]

The benefits of having allergy alerts for any "Big-8" allergen for medications on manufacturer bottles are substantial. The drug-allergy alerts can inform patients and physicians of the severity of the adverse reactions, the nature of the reaction, the actions either the pharmacist and/or physician can take to mitigate the reactions' effects, the consequences of the problem if it is not properly addressed, and the resources that would allow the physician and pharmacist to learn more about the drug reactions. If redesigned correctly to where the pharmacist or physician can see the information about the allergy alert, the healthcare professional would be able to find the information quickly to respond to the patient's concerns and then peruse through the more specific details of the patient's drug-allergy reactions that can help the physician or pharmacist decide how to respond to the adverse reaction.[3]

However, drug allergy alerts can pose a number of drawbacks for the pharmacist to consider and potentially correct in the future such as alert fatigue. Alert fatigue is defined as a scenario where the physician or pharmacist is presented with a high frequency of less-important alerts and the professional does not have enough time to read through every alert to decide on the best possible action. Some alerts may be repetitive to the point where the physician and/or pharmacist could receive an alert for the same allergic reaction of a patient if he/she continues to take either the same medication or a medication from a similar medication class. Taking the drawbacks into account, the alert fatigue or repetitive alerts could be potentially resolved by incorporating this interaction as an electronic alert on the patient's profile and adding a note if the interaction is already acknowledged by the patient.[3]

Sources:

1. Allergenic Foods and their Allergens, with links to Informall. Institute of Agriculture and Natural Resources website. https://farrp.unl.edu/informallbig8. Accessed September 27, 2019.
2. Berger, K. Pharmacists Can Play An Important Role in Food Allergy Education. Pharmacy Times website. https://www.pharmacytimes.com/contributor/karen-berger/2018/02/pharmacists-can-play-an-important-role-in-food-allergy-education. February 20, 2018. Accessed September 27, 2019.
3. Belden J, Patel J, Lowrance N, et al. Inspired EHRs: Designing for Clinicians. 2. Columbia, Missouri: The Curators of the University of Missouri.; 2014. http://inspiredehrs.org/. Accessed September 27, 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: N/A

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R6.7

Proposing APhA-ASP Chapter: University of Arkansas for Medical Sciences

Proposed Resolution Title/Topic:
Addition of Financial Literacy Courses in Pharmacy Curriculum

Proposed wording *(desired action(s)):*
APhA-ASP encourages the addition of an elective financial literacy course to the didactic portion of the curriculum for colleges of pharmacy.

Background Statement (list reasons for the action(s) / pros and cons /references or resources):
The American Association of Colleges of Pharmacy performed a survey released in 2018 that found that 85% of pharmacy students use student loans to pay for school. Learning to budget loans and avoid over-borrowing while attending pharmacy school can significantly benefit college of pharmacy students. The same survey found that the national average of borrowed money at the time of graduation totaled $217,542[1]. Students must be prepared to handle the financial stress that repaying loans can have on an individual or family after graduation.

The need for effective money management skills goes far beyond student loan debt for many pharmacists, especially those who are interested in independent ownership. Understanding 401(k)s and IRAs, along with other investment or retirement options, is vital to ensure that future pharmacists remain financially stable. With a median salary in the US of $124,170[2], pharmacists are in the top 5% of earners in the country[3], and without basic knowledge of financial literacy, significant money handling mistakes could occur. This is why every pharmacy school should, at a minimum, have an elective financial literacy course offered during the didactic portion of their curriculum.

Cons:
The main area of concern for this proposal is finding a qualified faculty member to teach the course. Other topics that may be considered cons are that MBA joint degree options may take care of the need for such a course and that Financial Aid offices are available to aid students while they are enrolled in school.

Sources:
1. Hornsby, T., Anne, M., Travis, Ashley, A, K., Tran, L., … Harrison, A. (2019, April 22). A Prescription to Cure Pharmacy School Debt. Retrieved from https://www.studentloanplanner.com/pharmacy-school-debt/.
2. U.S. News and World Report. (2019). How Much Can a Pharmacist Expect to Get Paid? Retrieved from https://money.usnews.com/careers/best-jobs/pharmacist/salary.
3. Wall Street Journal. (2016, March 2). What Percent Are You? Retrieved from https://graphics.wsj.com/what-percent/.

Supporting Information:
1. Ulbrich, T. R., & Kirk, L. M. (2017). It's Time to Broaden the Conversation About the Student Debt Crisis Beyond Rising Tuition Costs. *American Journal of Pharmaceutical Education*, *81*(6).
2. Chui, M. A. (2009). An Elective Course in Personal Finance for Health Care Professionals. *American Journal of Pharmaceutical Education*, *73*(1), 6.

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

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R6.8

Proposing APhA-ASP Chapter: UIW APhA-ASP

Proposed Resolution Title/Topic:
Break and Lunch Culture of Pharmacy

Proposed wording *(desired action(s)):*
1. APhA-ASP encourages employers & employees of pharmacy to cultivate an environment which mandates, implements and promotes pharmacists, pharmacy interns, pharmacy technicians, and anyone else working on the pharmacy team to take at least a 30-minute break every 6 hours, for the purpose of promoting and maintaining the well-being and resilience of all pharmacists, student pharmacists, pharmacy technicians, and pharmaceutical scientists in all practice settings to preserve pharmacy's efforts in optimizing health outcomes.

Background Statement (list reasons for the action(s) / pros and cons / references or resources):
The culture of many pharmacies now days is one of maximizing profit. With this attitude taken by numerous companies the practice is people being worked to their maximum capacity. Many pharmacists are working as the only pharmacist on duty with as little as one other technician to help. On top of that fact, the time of workdays in a lot of these companies has increased due to low number of staff pharmacists. This stretch of capability in some cases leads to professional burnout. In a study performed by Thomas et al. they found that some evidence of rising workloads leads to decreased health and well-being, and concerns over patient safety as a direct result of those increased workloads. They concluded that workloads have increased in community pharmacy, and that the work environment has become increasingly stressful. This stress can significantly impact patient safety. If a pharmacist is not allowed time to decompress or relax for a period of time, they can miss information in regard to a patient's drug dosing, drug and disease interactions, and maybe not counsel on all the key points as needed. An independent pharmacist in the study states that "We need a strong professional body to represent its members (individual pharmacists at the coal face, who have trained to and most of whom want to work to a high standard of professionalism) not those who are prepared to risk patient safety for the sake of even more profit through their greedy self-serving schemes administered by bullying tactics." This refers to the culture that we are adding more and more duties to the pharmacist without adding extra help or even time to unwind and process all the information. The picture presented is a workforce that is under pressure to perform yet struggling with increased workload and regulation that ultimately could threaten patient safety.
In a study by William et al. linkages between burnout with error likelihood and suboptimal patient care are based on the premise that stressed, dissatisfied, burned out, anxious, and depressed doctors are not able to fully engage with patients. This lack of connection leads to lack of caring about the patient as a person, which can perpetuate the cycle of risking patient safety. Why should we a pharmacists and pharmacies set ourselves up for failure when we can actively practice behaviors that benefit all without placing anyone in harm's way.

Resources:

APhA Statement on Commitment to the Well-being and Resiliency of Pharmacists and Pharmacy Personnel . (0AD). Retrieved from https://www.pharmacist.com/apha-statement-commitment-well-being-and-resiliency-pharmacists-and-pharmacy-personnel

Dyrbye, Lotte N., et al. "Burnout among health care professionals: a call to explore and address this underrecognized threat to safe, high-quality care." *NAM perspectives* (2017).

Thomas, Peter G. "Burnout and Work Engagement Levels in Community Pharmacists Residing in Three Counties of the United Kingdom." *Portsmouth Research Portal*, University of Portsmouth, 2011, https://researchportal.port.ac.uk/portal/en/theses/burnout-and-work-engagement-levels-in-community-pharmacists-residing-in-three-counties-of-the-united-kingdom(dbc82596-2dcd-487a-a2fb-ffdb7aaa2285).html.
Williams, Eric S., et al. "The relationship of organizational culture, stress, satisfaction, and burnout with physician-reported error and suboptimal patient care: results from the MEMO study." *Health care management review* 32.3 (2007): 203-212.

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

If yes, please provide the number and title of the adopted resolution(s) as well as your rationale for the addition of this Proposed Resolution:
2001.6 - Quality of Work Life for Pharmacists and Pharmacy Interns – Breaks
APhA-ASP supports an environment which encourages pharmacists and pharmacy interns to take at least a 30-minute break when working 6 or more hours.

- Our reason for addition of this proposed resolution is to amend the wording of this resolution to further clarify the necessity of providing breaks/lunches and include impact of not receiving these

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R6.9

Proposing APhA-ASP Chapter: The University of Kansas School of Pharmacy APhA-ASP

Proposed Resolution Title/Topic: Syringe/Needles Safe Disposal

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

APhA-ASP encourages pharmacists nationwide to participate in safe syringe disposal through patient counseling on safe disposal practices and by providing or selling sharps containers in the pharmacy. APhA-ASP also encourages pharmacists to educate their community members about local safe syringe disposal programs and to advocate for national and local disposal laws and regulations regarding proper syringe disposal.

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

APhA-ASP encourages increased community access to syringe disposal boxes through pharmacies and increasing patient education regarding safe disposal practices. A 2013 article in *American Nurse Today* reported that over 7.8 billion needles are used each year by more than 13 million people, not including lancets for diabetes patients. An increasing number of disease states, such as diabetes, chronic migraines, cancer, HIV, and Hepatitis C are treated via injectable medications, and consequently, injuries due to inappropriate syringe and needle disposal has been on the rise. In a 2018 journal article by Huang, diabetic patients who use needles as part of their medication regimen were studied, and it was found that a large portion of those patients do not dispose of their syringes properly. In Miami, only about 5% of syringes and needles are properly disposed of, and 95% of syringes and needles end up in the trash or streets due to the want of safe syringe disposal programs and lack of public awareness. Given the absence of a national protocol for community syringe disposal and the real need for increased patient education, this issue is a priority for the profession of pharmacy. Implementing this resolution will protect local citizens, sanitation workers, law enforcement, and healthcare providers by decreasing avoidable needle-stick injuries. Increasing patient education and access to safe disposal boxes for needles and syringes, particularly in the pharmacy setting, would enable patients who use needles for their chronic disease management to be informed about the available resources. Depending on funding, pharmacies may be able to stock needle disposal boxes, although this may be a limiting factor for independent pharmacy owners, as well as other community pharmacies with limited funding. Many pharmacies across the country, such as CVS and Walgreens, are using the company "Sharps" to provide safe disposal boxes to their community. Patients can mail their used syringes to this company, which, for a small price, will dispose of syringes appropriately. While many pharmacy settings have started providing accessible needle and syringe disposal boxes, encouraging this practice nationally would prompt all states to be proactive, and pharmacists would become more involved in providing these services. One example of a community syringe disposal program is an electronic kiosk called "Zeedles" in the state of New York, where users can drop off their syringes and/or their own syringe containers. The New York Health Department also encourages pharmacists to play an active role in the safe disposal of syringes by educating their communities on available resources, as well as providing options within pharmacies for vulnerable populations. One population that may remain vulnerable within a similar program is illicit drug users. These community members may not utilize these resources as the majority of these disposals are located within healthcare facilities. This may increase their fear of being caught, and the risk of exposure to dirty needles may continue. One way to counter this problem would be to arrange for community needle disposal boxes in different locations of the community, such as in high risk areas and outside of healthcare facilities. This would help provide illicit drug users with a means of disposing of used needles safely, which, in turn, would keep our communities safe by

keeping used needles out of the streets. A national effort is needed to accomplish consistent community needle and syringe collection and disposal, and encouraging consistent laws and guidelines for all fifty states would advance this effort and would reduce the number of exposures to contaminated needles and the spread of disease in our communities. Implementation would require collaboration and standardization between state and local governments and healthcare settings.

Resources:

Admin. "Safe Sharps Disposal in the Home." American Nurse Today, 7 Nov. 2017, www.americannursetoday.com/safe-sharps-disposal-in-the-home/.

"CVS/Pharmacy Offers Customers Safe Disposal Program for Medications." CVS Health, CVS , 16 Aug. 2011, https://cvshealth.com/newsroom/press-releases/cvspharmacy-offers-customers-safe-disposal-program-medications.

"Department of Health." Guidelines for Pharmacies Interested in Accepting Hypodermic Needles, Syringes and Other Sharps Used Outside of Health Care Settings for Safe Disposal, https://www.health.ny.gov/diseases/aids/providers/prevention/harm_reduction/needles_syringes/esap/guidelines/pharmacies/index.htm.

Huang, Li et al. "Factors Contributing to Appropriate Sharps Disposal in the Community Among Patients With Diabetes." Diabetes spectrum : a publication of the American Diabetes Association vol. 31,2 (2018): 155-158. doi:10.2337/ds17-0033

Land, Emily, et al. "Syringe Access Programs Increase Safe Syringe Disposal." San Francisco AIDS Foundation, San Francisco AIDS Foundation, 4 June 2019, https://www.sfaf.org/collections/beta/syringe-access-programs-increase-safe-syringe-disposal/.

Levine, Harry, et al. "Syringe Disposal among People Who Inject Drugs before and after the Implementation of a Syringe Services Program." Drug and Alcohol Dependence, vol. 202, 2019, pp. 13–17., doi:10.1016/j.drugalcdep.2019.04.025.

Turnberg, Wayne L, and T Stephen Jones. "Community Syringe Collection and Disposal Policies in 16 States." Journal of the American Pharmaceutical Association (Washington,D.C. : 1996), U.S. National Library of Medicine, 2002, www.ncbi.nlm.nih.gov/pubmed/12489626.

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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R6.10

Proposing APhA-ASP Chapter: ULM College of Pharmacy

Proposed Resolution Title/Topic:
Increasing pharmacy student knowledge of therapeutic psychoactive drugs.

Proposed wording *(desired action(s)):*
APhA-ASP encourages pharmacy schools educate students on the therapeutic administration and pharmacokinetic properties of psychoactive drugs, MDMA and psilocybin, used in the treatment of depression, PTSD and smoking cessation.

Background Statement (list reasons for the action(s) / pros and cons / references or resources):
There are drugs that were previously thought to have no medical benefit which are currently under clinical trials or gaining new FDA approvals for serious indications that are not responsive to current standards of care. Two of these are the psychoactive drugs MDMA and psilocybin, which are not currently being taught in pharmacy curriculum.

PTSD is a debilitating condition that is related to increased mortality, cardio-metabolic morbidity, and suicide risk. PTSD has detrimental impact on a patients' daily life, relationships and often leads to severe depression. From 2002-2011 there was an estimated cost-utilization $34.9 billion in inflation-adjusted charges due to hospitalizations for PTSD.[1] MDMA has been recently approved with a Breakthrough Therapy Designation(BTD) by the FDA.[2] MDMA administered under the supervision of psychotherapist, up to 3 sessions with MDMA and up to 12 non-drug sessions, has been shown to be statistically more efficacious long-term (12 months) in men and women over the current standards of care (paroxetine or sertraline).[3]

Smoking cessation is notoriously unsuccessful with current standards of care.[4] Johns Hopkins is showing some preliminary results from a pilot study that demonstrate psilocybin therapy as a 67% success in smoking abstinence at a 12 month follow-up and 60% at a long-term follow up.[5] There is a larger study currently in the enrollment phase.

Even though pharmacists would not necessarily be dispensing these medications, as they are used in treatment under the supervision of a licensed psychotherapist, pharmacists may be dispensing other medication to patients undergoing these therapies, and it would be beneficial to know about any potential drug-drug interactions, adverse effects, or precautions/contraindications associated with these medications.

Some cons to this proposal would be overcoming the stigma associated with the recreational use of these drugs, finding information on the pharmacokinetic profiles, having a clear understanding of dosing in order to effectively teach the material, and identifying all of the possible drug-drug interactions.

References:

1. Haviland MG, Banta JE, Sonne JL, Przekop P. Posttraumatic stress disorder-related hospitalizations in the United States (2002–2011): rates, co-occurring illnesses, suicidal ideation/self-harm, and hospital charges. *J Nerv Ment Dis* (2016) 204:78–86. doi: 10.1097/NMD.0000000000000432

2. Food and Drug Administration. *Guidance for industry; expedited programs for serious conditions — drugs and biologics*. Silver Spring, MD: US Dept. of Health and Human Services (2014).

3. Feduccia AA, Jerome L, Yazar-Klosinski B, Emerson A, Mithoefer MC and Doblin R (2019) Breakthrough for Trauma Treatment: Safety and Efficacy of MDMA-Assisted Psychotherapy Compared to Paroxetine and Sertraline. *Front. Psychiatry* 10:650. doi: 10.3389/fpsyt.2019.00650

4. Mottillo S, Filion KB, Bélisle P, et al. Behavioural interventions for smoking cessation: a meta-analysis of randomized controlled trials. *Eur Heart J*. 2009 Mar 1;30(6):718–30. doi: 10.1093/eurheartj/ehn552.

5. Johnson MW, Garcia-Romeu A, Griffiths RR. Long-term follow-up of psilocybin-facilitated smoking cessation [published correction appears in Am J Drug Alcohol Abuse. 2017 Jan;43(1):127]. *Am J Drug Alcohol Abuse*. 2017;43(1):55–60. doi:10.3109/00952990.2016.1170135

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.
Our resolution seeks to expand the education on marijuana therapy resolution to include all psychoactive drugs with therapeutic indications or benefits.

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R6.11

Proposing APhA-ASP Chapter: University of Missouri - Kansas City

Proposed Resolution Title/Topic:
Required Verbal Offer of Opioid Reversal Agent and Education for All Non-acute Opioid Prescriptions

Proposed wording *(desired action(s)):*
1. APhA-ASP encourages pharmacists and student pharmacists to offer opioid reversal agents and opioid reversal agent education, for all non-acute opioid prescriptions, while recognizing the patient's right to accept or refuse.
2. APhA-ASP encourages pharmacists and student pharmacists to provide necessary opioid reversal agents to all non-acute prescriptions for opioids to enhance patient safety.

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

The U.S. is currently experiencing an opioid epidemic that results in thousands of overdoses that could potentially be treated with an opioid reversal agent. In a majority of these states, the opioid reversal agent Naloxone can be purchased without a prescription (Cincinnati, 2018). Naloxone does not need to be administered by a healthcare professional. "From 1996 to 2014, at least 26,500 opioid overdoses in the United States were reversed by laypersons using Naloxone" (MedlinePlus, 2019). The opportunity for patients to be offered an opioid reversal agent and then counseled on proper technique would familiarize patients on how to recognize a potential opioid overdose and how to administer the reversal agent for it.

The offer for an opioid reversal agent and counseling should be required with every patient encounter that involves a patient picking up a prescription opioid that is longer than a seven day period (considered acute pain). For those that request a reversal agent should then be counseled on signs of an overdose and how to administer the agent. For those that already have Naloxone at home, they should be counseled on the correct way it should be administered and the signs of an overdose.

The major difference between this resolution and the previous APhA-ASP resolution, "2015.4 Increased Access to Opioid Reversal Agents", is the previous resolution does not have a "requirement" for the offer of an opioid reversal agent. The 2015.4 resolution allows for easier access and education about opioid reversal agents, however, these tools are left up to the discretion of the pharmacist and student pharmacist, which may result in a failure to offer and educate about the opioid reversal agents.

The required offer for an opioid reversal agent and education for non-acute opioid prescriptions, would increase discourse of opioids and reduce the stigma that comes with it. Opioid reversal agents are strongly linked to the word "overdose" and this leads to a strong negative perception of them (Kristina Fiore, 2019). Decreasing the stigma around opioid reversals will decrease the idea of "when" you will overdose and change it to "if" you, or anyone that may have access to opioids, may overdose. A good comparison is "patients should understand that they need Naloxone 'just like you need a fire extinguisher in the house'" (Kristina Fiore, 2019). Similar to a fire extinguisher, an opioid reversal agent is not purchased because the worst case scenario will eventually happen. This proposed resolution allows patients to have increased exposure to the offer and education of opioid reversal agents resulting in an increased population of patients that are educated on what to do if an opioid overdose occurs.

References:
"How Naloxone Saves Lives in Opioid Overdose." MedlinePlus, U.S. National Library of Medicine, 3 Apri. 2019, https://medlineplus.gov/medlineplus-videos/how-naloxone-saves-lives-in-opioid-overdose/ .

DeMio, Terry. "To Save Lives, the Surgeon General Says Get the Opioid Antidote Naloxone. Here's What to Do." Cincinnati.com, Cincinnati Enquirer, 6 Apr. 2018, https://www.cincinnati.com/story/news/nation-now/2018/04/06/opioid-antidote-noprescription/492254002/.

Kristina Fiore (2019). *Naloxone 'Stigma' A Barrier to Prescribing?*. [online] Medpagetoday.com. Available at: https://www.medpagetoday.com/psychiatry/addictions/45164 ..

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:

2015.4 - Increased Access to Opioid Reversal Agents
1.APhA-ASP supports state and federal legislation to increase access to opioid reversal agents.
2.APhA-ASP encourages pharmacists and student pharmacists to provide public education about opioid reversal agents, including proper administration in situations of opioid-related drug overdose.

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R6.12

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

Proposed Resolution Title/Topic: Expansion of Technician Roles

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

1. APhA-ASP supports expanding technician roles in tasks that do not require clinical judgement such as taking verbal prescriptions, performing prescription transfers and clarification of prescriptions with prescribers
2. APhA-ASP supports allowing adequately trained technicians to administer vaccinations under the supervision of a pharmacist.

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

In the current practice of pharmacy, pharmacists are engaging in more clinical services and direct patient care. Many pharmacists are struggling to maintain an adequate workflow in performing their daily tasks (such as verifying and filling) while also integrating more clinical services into their practice setting. The AACP 2014 National Workforce Survey shows that pharmacists in all practice settings listed "having so much work not all can be done well" as the most stressful event in their job.[1] The high amount of stress pharmacists are under is leading to increased rates of burnout and professional dissatisfaction. The optimization of technician roles can potentially lead to decreased stress for pharmacists without negatively impacting patient safety.

Currently 17 states allow technicians to accept verbal prescriptions or perform transfers. In the states that allow for technicians to perform these tasks, the data is very limited, but there is little evidence that shows a negative impact on patient safety.[2] There is some anecdotal evidence of technicians taking prescriptions over the phone causing harm. A very notable case happened in the state of Missouri where a technician misheard a prescription being called in for Metolazone2.5 mg daily for Methotrexate 2.5 mg daily. This mistake ultimately lead to patient death, but this mistake could have possibly been avoided by the pharmacist performing a drug utilization review which would have shown methotrexate 2.5 mg is typically dosed weekly and not daily, alerting the pharmacist that something may be wrong.[3] The Institute of Safe Mediation Practices have created recommendations for prescription transfers by technicians, these recommendations include a prescription pad that prompts for the read back method and having the receiver document the use of the medication (potentially preventing a mistake like the methotrexate/metolazone) but the ISMP goes on to say that these recommendations should be adopted by all people performing transfers and not just pharmacy technicians.[4] While in general, there is a decline in the number of verbal prescriptions being called into pharmacies and verbal transfers, these interruptions still exist. Pharmacists in the community setting are still being interrupted, highlighting an important area where pharmacists could delegate tasks. By allowing technicians to accept verbal prescriptions, transfer prescriptions and clarify prescriptions, pharmacists can minimize the stress of being interrupted by phone calls and maximize workflow without putting their patients at risk.

Idaho was the first state to allow technician immunization. In the pilot program, 25 technicians were taught how to immunize. Between December 2016 and February 2017, the 25 technicians administered 431 vaccines. In March of 2017, a law went into effect, allowing trained technicians to administer vaccinations.[5] The technicians receive a 6-hour training on immunization administration from Accreditation Counsel of Pharmacy Education and basic life support training from the American Heart Association. Technicians began immunizing in early April of 2017.[6] As of December 2018, over 300 technicians had been trained to administer immunizations. An estimated 25,000 vaccinations were administered by technicians, and the vaccination incidence rate was 0. [7] In October 2018, Rhode Island became the second state to allow for technician

immunization but there is not yet data on technicians immunizing in this state.[8] It has been proven that technicians can safely immunize and other equally qualified health care workers such as licensed vocational nurses and certified nurse assistants are administering immunizations in other health care settings. Allowing pharmacy technicians to immunize would allow for pharmacists to maximize their workflow and limiting interruptions.

The expansion of pharmacy technician roles is going to be integral in advancing the profession of pharmacy and preventing professional burnout. By decreasing the number of tasks a pharmacist has to do, pharmacists have more time to devote to caring for patients and reduced stressors. Equipping pharmacists with an environment that allows them to do their job with less stress and more time to utilize their clinical knowledge is vital to protecting patient and ensuring the viability of the profession of pharmacy.

References:

1. Gaither CA, Schommer JC, Doucette WR, et al. National Pharmacist Workforce Survey. April 8, 2015; 2014. Available from http://www.aacp.org/resources/research/pharmacyworkforcecenter/Documents/FinalReportOfTheNationalPharmacistWorkforceStudy2014.pdf
2. Frost TP, Adams AJ. Expanded pharmacy technician roles: Accepting verbal prescriptions and communicating prescription transfers. Research in social & administrative pharmacy : RSAP. https://www.ncbi.nlm.nih.gov/pubmed/27923641. Published November 2017. Accessed September 28, 2019.
3. American Society for Pharmacy Law. Negligence: Missouri State Court Jury Awards $2 Million against Hy-vee in Wrongful Death Suit; 2016. Available from http://www.aspl.org/assets/home-page/2016_News_Articles/mar12016.pdf (Accessed 18 October 2019)
4. Institute for Safe Medication Practice (ISMP). ISMP Key Element III: Communication of Drug Orders and Other Drug Information. Improving Medication Safety in Community Pharmacy: Assessing Risk and Opportunities for Change. Available from: https://www.ismp.org/communityRx/aroc/files/KEIII.pdf(Accessed 18 October 2019).
5. Bright D, Adams AJ. Pharmacy technician–administered vaccines in Idaho. *American Journal of Health-System Pharmacy*. 2017;74(24):2033-2034. doi:10.2146/ajhp170158.
6. Salazar D. Albertsons produces first pharmacy tech in nation to administer immunization (April 18, 2017). www.drugstorenews.com/article/albertsons-produces-first-pharmacy-tech-nation-administer-immunization
7. Adams A, Desselle S, Mckeirnan K. Pharmacy Technician-Administered Vaccines: On Perceptions and Practice Reality. *Pharmacy*. 2018;6(4):124. doi:10.3390/pharmacy6040124.
8. Mckeirnan KC. An Update on Technicians as Immunizers. Pharmacy Times. https://www.pharmacytimes.com/publications/supplements/2019/march2019/an-update-on-technicians-as-immunizers. Published March 19, 2019. Accessed September 27, 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:

APhA Academy of Student Pharmacists
Region 6 Midyear Regional Meeting 2019

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R6.13

Proposing APhA-ASP Chapter: The University of North Texas Health Science Center System College of Pharmacy

Proposed Resolution Title/Topic:
Unwarranted Step Therapy

Proposed wording *(desired action(s)):*
APhA-ASP strongly discourages health benefit plan issuers to require step therapy protocol before providing coverage for a prescription that is in accordance with clinical review criteria readily available to the healthcare industry.

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

Mandates of step therapy from health benefit plan issuers can have a negative impact on the health and welfare of patients. With step therapy, patients are required to "fail first" by insurance providers, before they are able to use the medication originally prescribed by their provider.1 The patient may be obligated to to try a series of medications before the insurance company considers paying for the prescription the provider deemed to be the most appropriate for their patient. 3 There are currently only 20 states in the nation that have legislative procedures that address insurance-mandated step therapy enacted, with 23 of the other states in the process of enacting legislation that addresses insurance-mandated step therapy. 1 Nonetheless, there are still 7 states that would greatly benefit from national legislation against insurance-mandated step therapy.

The negative consequences of step therapy affects patients from a wide range of diseases and chronic conditions. They include but are not limited to, HIV/AIDS, Diabetes, Cancer, Epilepsy, Autoimmune diseases, Mental Health, and Alzheimer's disease. Ultimately, step therapy can pose as an obstacle between the patient and their road to recovery/treatment. States that do not regulate step therapy allow the insurance provider to initiate step therapy protocols without demonstrating that it is safe for the patient. Patients can be asked to repeat a medication therapy, even if they have already gone through the step therapy process with another insurer. This can lead to disease progression of the patient and have them running in circles before receiving the actual treatment necessary. Tragically, step therapy can prevent 1 in 5 patients from receiving treatment at all. 2

Step therapy is meant to be a method for insurance issuers to keep their drug prices down, while still claiming to treat the patient. Step therapy gives insurance providers a method to protect their own profits, but can put an obstacle between the patient and the best treatment for them. However, step therapy can actually lead to increased healthcare costs. In a study conducted to compare spending in medications in Georgia's Medication program, step therapy inadvertently increased costs for outpatient services, thus not achieving the goal of reducing overall costs. 3 Similar findings were observed when step therapy was applied to antihypertensive medications. 4

The use of step therapy by insurance providers allows them to disregard clinical guidelines, as well as clinical knowledge of the provider. Additionally, it undermines the relationship between the provider and patient. It takes away the patient and provider selecting the best treatment, and instead puts it in the hands of insurance issuers.

Conclusively, step therapy is a protocol used by insurance companies to save money, but has often led to negative consequences for the patient and their health. It is for these reasons that health benefit plan issuers should be prohibited from requiring step therapy without providing coverage for the best treatment available, as per clinical guidelines or the discretion of the provider.

References:

1. Fink, J. L. (2019, July). Laws in 20 States Address Insurance-Mandated Step Therapy. *Pharmacy Times* Retrieved from https://www.pharmacytimes.com/publications/issue/2019/july2019/laws-in-20-states-address-insurancemandated-step-therapy
2. IfPA (2015, July). AfPA Releases "Understanding Step Therapy" Video. Retrieved from https://allianceforpatientaccess.org/afpa-releases-understanding-step-therapy-video/
3. Farley, J. F. et al. (2008). Retrospective assessment of Medicaid step-therapy prior authorization policy for atypical antipsychotic medications. *Clinical Therapeutics,* 30(8), 1524-1539.
4. Mark, T. et al. (2009). The Effects of Antihypertensive Step-Therapy Protocols on Pharmaceutical and MEdical Utilization and Expenditures. *American Journal of Managed Care,* 15, 123-131.

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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R6.14

Proposing APhA-ASP Chapter: The University of Oklahoma College of Pharmacy

Proposed Resolution Title/Topic:
Discouragement of Underage Use of Electronic Cigarettes and Nicotine Vaporizers

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

1. APhA-ASP discourages nicotinic vaping in all forms, including electronic cigarettes.
2. APhA-ASP understands the role of vaping and use of electronic cigarette products in smoking cessation and excludes legal adults seeking to quit their usage of tobacco and nicotine products.
3. APhA-ASP encourages state and federal legislation to regulate and limit the sales of vaping products to adults only.
4. APhA-ASP encourages curriculum in middle and high schools that discusses the dangers of nicotine products.

Background Statement (list reasons for the action(s) / pros and cons / references or resources):
Lately, media coverage has been firmly dominated by the controversial public health topic of the underage use of nicotine through electronic cigarettes, otherwise known as "vaping." The CDC explains that an e-cigarette heats a liquid and turns it into an inhalable aerosol. Contained in this liquid are nicotine, ultrafine particles that can reach deep into the lungs, volatile organic compounds, carcinogenic chemicals, heavy metals, and a flavoring that makes it more palatable..[1]

Much like smoking traditional tobacco cigarettes, vaping can lead to serious lung injury and irreversible damage. A recent study performed biopsied the lungs of 8 men suffering from respiratory symptoms following e-cigarette use. All of them showed acute lung injury including pneumonia and/or diffuse alveolar damage. [2] Evidence is being made available as to the dangers of vaping, and it is very important that we regulate this now before it becomes an epidemic. According to an article posted by the Washington Post, there have been 33 confirmed deaths and 1,479 lung injuries due to vaping. [3]

Advertising and marketing makes vaping a very attractive trend for the moldable, younger adult population of the United States. The CDC reports that more than 3.6 million middle and high school students used e-cigarettes within a 30-day period in 2018. Further, 4.9% of middle school students and 58.8% of high school students were reported to be vaping in general.

There is clear evidence demonstrated on the dangers of vaping and those who are at high risk, particularly America's youth. Is it mandatory as healthcare providers that we speak up and support the regulation of all tobacco and nicotine products in an effort to decrease future lung injury and death.

References:

1. "About Electronic Cigarettes (E-Cigarettes) | Smoking & Tobacco Use | CDC." *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 2018, www.cdc.gov/tobacco/basic_information/e-cigarettes/about-e-cigarettes.html#what-are-e-cigarettes.
2. Mukhopadhyay, Sanjay, et al. "Lung Biopsy Findings in Severe Pulmonary Illness Associated With E-Cigarette Use (Vaping)." *American Journal of Clinical Pathology*, 2019, doi:10.1093/ajcp/aqz182.
3. Knowles, Hannah. "As Vaping-Linked Deaths Rise to 33, Officials Are Still Seeking Answers." *The Washington Post*, WP Company, 18 Oct. 2019, www.washingtonpost.com/health/2019/10/17/vaping-linked-deaths-rise-officials-expand-lab-testing-cdc-says/.

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: Laura Blanchard and Sarah Downen

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R6.15

Proposing APhA-ASP Chapter: University of Texas at Austin College of Pharmacy

Proposed Resolution Title/Topic:
Standardization of Curriculum for Pharmacy Technicians

Proposed wording *(desired action(s)):*
APhA-ASP encourages national standardized, mandatory requirements in curriculum or training prior to certification for Pharmacy Technicians.

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

It is a common misconception that Pharmacy Technicians are required, by law, to have undergone some form of training before they are allowed to work in a pharmacy preparing and handling prescriptions. Currently, "the Texas Board of Pharmacy does not require training to register as a pharmacy technician". In fact, there is no educational requirement to sit for the PTCE, and so there is no educational requirement to become a pharmacy technician through that licensing agency. According to a public perception survey conducted by The Pharmacy Technician Certification Board in 2016, consumers would seek a different pharmacy with the knowledge of uncertified Technicians working at their pharmacy. An even greater percentage of consumers expressed that their trust in Pharmacy Technicians would increase if they had standardized training and were certified. These concerns are not without reason as Diane Halvorson, the 2016 Certified Pharmacy Technician of the year in 2016, has come to realize "that the majority of medication errors were due to lack of education and preparation".

It becomes clear that there is much to gain in implementing a required standardized training for Pharmacy Technicians who will be handling and preparing prescriptions such as increasing the public's trust in Pharmacy Technicians and their work as well as decreasing the potential for mistakes caused by lack of training and education. Independent pharmacy licensing agencies are also moving towards both a standardized curriculum for pharmacy technician education and *requiring* individuals to complete such a program prior to certification, showing that there is real interest out there in standardizing education for Pharmacy Technicians. The combination of formal training as well as an increase in public trust of Pharmacy Technicians can also pave the way for the expansion of duties held by Pharmacy Technicians.

Resources

1. How to Become a Pharmacy Technician
    1. https://www.howtobecomeapharmacytech.org/pharmacy-technician-requirements-texas/
2. Survey Shows That Three Quarters of Americans...
    . http://www.ptcb.org/about-ptcb/news-room/news-landing/2016/10/13/survey-shows-three-quarters-of-americans-would-seek-out-a-pharmacy-where-pharmacy-technicians-are-certified#.XYItjcpOm-o
3. Standardization a Pressing Issue…

. https://www.drugtopics.com/associations/standardization-pressing-issue-pharmacy-technicians

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:

1996.7 - Pharmacy Technician National Certification
The above resolution doesn't mention a mandatory, standardized curriculum that Pharmacy Technicians must complete to become certified. To ensure that certified Pharmacy Technicians have the same standard education, the language in this proposal will make sure that they will.

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R6.16

Proposing APhA-ASP Chapter: Ben and Maytee Fisch College of Pharmacy- University of Texas at Tyler

Proposed Resolution Title/Topic:
Patient care

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

1) APhA to support state and federal legislation to increase patient access to epinephrine auto injectors through a physician protocol.
2) APhA encourage pharmacists and student pharmacists to provide public education about epinephrine auto injection, including proper administration in situations of anaphylaxis.

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

There have been many times where patients were unable to pick up their prescription of epinephrine either due to a hold up in the insurance (FARE, 1991), or in a situation where the patient was waiting for their prescriber to authorize more refills on the medication. With the refill authorization situation sometimes, the clinics are closed during the weekend and holiday which deprives the patient of having lifesaving medication. In some instances when the situation occurred, the patient was going to be out of town, and a place where they couldn't have a prescription to be picked up such as a cruise, vacation, or other travel event that limited access to the medication.

In order to alleviate some of these situations, as well as give access of life-saving epinephrine to those who might encounter an anaphylactic situation, epinephrine should be dispensed similar to Narcan, under a protocol system that was written by a physician (Texas Medical Association, 2016). In this situation the patient would not need to have another prescription, if they were waiting for the position to approve more refills, or they could get the cheapest generic alternative that was available on cash or discount (Soule, 2018). This proposal is to give the patients more access to epinephrine at a much faster rate, especially when they're anticipating a situation in which anaphylaxis could be involved.

It would be the duty of the pharmacist to document, and at their professional discretion, dispense the epinephrine under the protocol of the physician. the medications might not also be dispensed to individual patients but can also be used for other authorized entities such as schools, daycare facilities, restaurants, caps, colleges, amusement parks, and other sites where business owners might want to keep epinephrine in stock for their clients in case of an emergency (Adams, 2016).

Resources:

"Insurance Appeal Information for High Epinephrine Cost / Denial of Coverage." *Food Allergy Research & Education*, FARE, 1991, www.foodallergy.org/insurance-appeal-information-high-epinephrine-cost-denial-coverage.

"Standing Order Allows Pharmacists to Prescribe Naloxone." *Texmed*, 11 Oct. 2016, www.texmed.org/Template.aspx?id=36693.

Adams, Alex J. "Pharmacist Prescriptive Authority for Epinephrine Auto-Injectors in Idaho." *INNOVATIONS in Pharmacy*, vol. 7, no. 3, 2016, doi:10.24926/iip.v7i3.457.

Soule, Alexander. "Walgreens to Stock EpiPen Alternative." *Connecticut Post*, Connecticut Post, 6 Sept. 2018, www.ctpost.com/business/article/Walgreens-to-stock-EpiPen-alternative-13209090.php.

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

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

2014.2 – Dispensing and Administering Medications in Life-Threatening Situations

Pharmacists can dispense and administer in life threatening situation without doctor's prescription. In conjunction, this proposal does support the administration, however only in life threatening situation but we want to broaden the access of care to situations including anaphylaxis.

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R6.17

Proposing APhA-ASP Chapter:
Xavier University of Louisiana College of Pharmacy

Proposed Resolution Title/Topic:
Creating More Mental Healthcare Professionals

Proposed wording *(desired action(s)):*
APhA-ASP encourages the use of Collaborative Drug Therapy Management to compensate for a national shortage in mental healthcare professionals.

Background Statement (list reasons for the action(s) / pros and cons / references or resources):
In order to better the field of psychiatry, there should be a collaborative effort between pharmacists and psychiatrists to provide more accessible mental healthcare.There is a surplus of pharmacists in the United States and a shortage of psychiatrists. This is alarming because it is approximated that nearly 1 in every 5 people have a mental illness, yet in 2016 more than half of the nation's counties did not have a psychiatrist. This makes diagnosing and treating mental illness extremely difficult. In fact, two-thirds of the nation's primary care physician's report having trouble referring patients for mental healthcare. I believe it is so hard for many physicians to refer patients for mental healthcare because psychiatrists are in very short supply. To combat this shortage of psychiatrists, the nation can use the surplus of pharmacists. The pharmacists would need to specialize or have a focus in psychiatry. Then they will be deployed into primary care physician's offices or general hospitals to offer their expertise. The pharmacists would be working hand in hand with psychiatrists through Collaborative Drug Therapy Management (CDTM). CDTM is currently recognized in 25 states, and would give the pharmacist authority to order laboratory tests, assess patients, initiate and modify drug therapy, monitor patients, and administer drugs. This would occur through a formal agreement between the pharmacist and the physician/psychiatrist. Ideally, a physician would make formal agreements between numerous trusted pharmacists that they feel have a satisfactory understanding of mental illness and treatment to represent them in a primary care physician's office. This would eliminate the need for some patients to seek admittance into a hospital to receive rather immediate care, because a hospital stay can be rather expensive and very lengthy (especially in regard to mental health.)

Pros include the following: tackling a nationwide shortage of mental healthcare; improving patient outcomes through more personal and directed therapy as opposed to overworking psychiatrists to take care of numerous patients from their and surrounding regions; and decreasing the number of undiagnosed mental illness patients.

Cons include the following: finding psychiatrists willing to participate; physicians willing to allow this collaborative practice in their office; training and specializing so many pharmacists in this field when there is a shortage of psychiatrists to teach them; and funding such a large training program.

References:

1. Trends in Collaborative Drug Therapy Management. (2000, January 1). Retrieved from https://www.medscape.com/viewarticle/409878.
2. What's the Answer to the Shortage of Mental Health Care Providers? (n.d.). Retrieved from https://health.usnews.com/health-care/patient-advice/articles/2018-05-25/whats-the-answer-to-the-shortage-of-mental-health-care-providers.

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:

1997.4 – Collaborative Drug Therapy Protocols

This resolution states that pharmacists should organize and participate in collaborative drug practices with other healthcare professionals. If these collaborative drug practices were all aimed toward psychiatry it would accomplish the very same goals of this proposed resolution.

2017.3 – Efforts to Reduce Mental Health Stigma

This resolution supports the training of mental healthcare professionals and education of the public about mental illness. Better education and psychiatric training of pharmacists would allow a smoother transition into CDTM practices.

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