APhA-ASP Region 5 Proposed Resolutions

2019

Creighton University, Drake University, University of Iowa, University of Minnesota, University of Nebraska Medical Center, North Dakota State University, South Dakota State University, University of Wyoming

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Proposing APhA-ASP Chapter: Creighton University

Proposed Resolution Title/Topic:
Cultural competency training

Proposed wording *(desired action(s)):*
APHA-ASP supports the incorporation of cultural competency skills into pharmacy training programs for pharmacy students and cultural competency training for pharmacists annually

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

The United States is a melting pot of cultures from across the world, thereby making it a vastly diverse country. It is estimated that ethnic minorities constitute a third of the US population. It is therefore imperative to make accommodation in healthcare to provide the needs of this population. Ethnic minorities, affect healthcare by presenting with rare diseases uncommon to the US, speak different languages, have different mannerisms, and have different ideas guarding the use of medication therapy for the management of their current disease states.

Considering the cultural differences, be it ethnic or by virtue of sexual orientation, it is necessary to incorporate cultural competency into the academic curriculum as a mandate for pharmacy students and into continuing education programs for pharmacists and pharmacy technicians. The addition of cultural competency to the curriculum will enhance the overall practice of pharmacy. Student pharmacists will be exposed first-hand to the diverse array of patients they will encounter during their future practice. For practicing pharmacists and all other pharmacy staff, an annual CE course will continue to create awareness on cultural competency and its impact on their practice.

The pros of a cultural competency program include gaining a conscious awareness of ethnic/other populations including LGBTQ, the ability to professionally assist patients from different backgrounds while being aware of their body language and how it can be interpreted, how to effectively communicate and provide the necessary care to improve the overall goal of patient care. In some cultures, making eye contact with people in authority is unacceptable. Whereas, in the US eye contact can be interpreted as a sign of developing trust or rapport. I work in a pharmacy that provides services to a diverse refugee population, individuals with disabilities and members of the LGBTQ community. I have seen the impact of cultural competency firsthand between patients and our staff. Irrespective of the workload on a given day, we make an effort to use an interpreter for non-English speaking patients to ensure that they're well informed on the use of new medications and to answer any questions they may have. In a different environment where cultural competency awareness is not prioritized, patients may feel inadequate when it comes to asking questions regarding their medication

therapy and this can eventually lead to misuse of medications and non-adherence. Providing cultural awareness bridges the gap and creates a safe space for the patient to be involved in their care.

The cons of this program could be the resistance it may be met with by individuals who aren't willing or ready to grasp the essence of cultural competency in the practice of pharmacy and pharmacy education. As pharmacists it is pertinent to have an open mind, coupled with the absence of prejudice towards others and therefore the importance of this may be difficult for the prejudiced to realize.

References

Haack, S., & Phillips, C. (2012). Teaching cultural competency through a pharmacy skills and applications course series. *American journal of pharmaceutical education*, *76*(2), 27. doi:10.5688/ajpe76227

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:

2004.5 - Cultural Diversity Awareness
APhA-ASP encourages schools and colleges of pharmacy to offer foreign language and cultural diversity electives that have an emphasis on patient care.

The current adopted resolution does not encompass the cultural competency foundation necessary to provide basic patient care services. Cultural competency is not limited to the learning foreign languages.it includes awareness of patient's body language, awareness that a patient is from a different background and may require an interpreter service to discuss their new medication or changes to their medication therapy, and most importantly the creation of a safe environment where patients can easily communicate their concerns without hesitation. Its foundation is rooted in creating a culturally conscious and aware workplace for both patients and colleagues. Though knowledge of a foreign language may facilitate

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

Proposed Resolution Title/Topic: Mental Health First Aid

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

APhA-ASP encourages colleges and schools of pharmacy to provide access to formal mental health first aid training for student pharmacists, faculty, and staff to learn skills to respond to signs of mental health conditions and substance use.

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

Pharmacists are one of the most frequently visited health care providers within communities in the United States. Pharmacists are able to assess the needs of the community they serve, and provide accessible care for patients with mental health conditions. Mental Health First Aid is a training program that focuses on decreasing stigma, educating on symptoms of mental health concerns, and learning skills to provide assistance during a crisis. There is evidence to support that this formal training can increase confidence of pharmacy professionals when interacting with patients experiencing a mental health crisis and providing patients with needed help and resources.

The Mental Health First Aid Act in 2016 provides grants to groups of individuals to help identify and appropriately respond to persons with a mental illness, and to provide education regarding resources that are available in the community for the individual. This funding may be utilized to support this policy's implementation.

According to the National Institute on Mental Health, 1 in 5 adults in the United States experience a mental health condition in a given year. Only 41% of those adults received mental health services. The incidence of mental health illness, suicide, and substance use in the country is increasing. This policy identifies and supports a growing public health need by training more student pharmacists. Mental Health First Aid can prevent unnecessary hospital admittance and doctors visits; thus, preventing avoidable costs.

Rickles N, Wertheimer A, Huang Y. Training community pharmacy staff how to help manage urgent mental health crises. *Pharmacy*. 2019; 7(3): 133. https://www.mdpi.com/2226-4787/7/3/133/htm. Published September 16, 2019. Accessed September 25, 2019.

National Institute of Mental Health. nimh.nih.gov. https://www.nimh.nih.gov/health/statistics/mental-illness.shtml. Updated February 2019. Accessed September 25, 2019.

The Mental Health First Aid act. mentalhealthfirstaid.org. https://www.mentalhealthfirstaid.org/about/legislation-policy/. Updated 2019. Accessed September 25, 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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Proposing APhA-ASP Chapter: University of Iowa

Proposed Resolution Title/Topic: Generic Drugs

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

1) APhA-ASP encourages the application of high standards of safety and efficacy for generic drugs and the sites at which they are manufactured
2) APhA-ASP encourages the production and storage of generic drugs in various geographical sites to minimize the risk of drug shortages upon natural disaster
3) APhA-ASP supports the requirement of all pharmacists to obtain and document the national drug code (NDC) of narrow therapeutic index (NTI) drugs when transferring to or from another pharmacy

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

A majority of prescription drugs in the US are filled with a generic formulation of the brand name drug due primarily to cost and availability. This is not a major concern with most drugs, but there are some medications that have a narrow therapeutic index (NTI) and may cause severe side effects when too much or too little is in the body. Bioequivalence guidelines for NTI drugs are rarely strict enough. In many NTI drugs, small changes in dose or blood concentration can lead to "serious therapeutic failures, or adverse drug reactions."[1] These changes can result from changing from one generic manufacturer to another or from brand name to generic.[1] It is common practice to switch from one formulation to another whether it be for cost purposes or due to drug shortages, especially since these rules are governed by state laws. Pharmacists, prescribers, and patients are not legally required on a federal level to be notified of any generic drug substitutions for NTI drugs, which puts patient at risk for undesirable side effects and even serious complications (i.e. seizure).

The Food and Drug Administration (FDA) has established criteria to determine bioequivalence between two generic drugs. The generic drug under investigation is compared to the brand drug, or reference drug. The generic area under the curve (AUC) and efficacy must fall within 80-125% of the brand drug.[2] This can pose an issue when switching patients *between generic formulations of NTI drugs*. Theoretically, if one generic falls at the 80% mark, while the other falls at 125%, then that could result in a 45% difference in AUC and therapeutic effect between the two generics. Although differences that dramatic are unlikely, there are some drugs where even the slightest difference in serum drug concentration could result in reduced or enhanced therapeutic effect. For example, if the drug at hand is an antiepileptic drug, then any small change in serum drug concentration could be enough to provoke a seizure.[3] Dangerous events like this may occur when a prescription is transferred between pharmacies or when drug shortages require pharmacies to switch between generic drugs. This is because

pharmacists are not currently required to dispense the same generic product, per National Drug Code (NDC) or notify the prescriber or patient of any changes in medication potency. Pharmacists are uniquely positioned to enhance patient safety in these circumstances and ensure NTI drugs are never unnecessarily switched between manufacturers when avoidable.

1. Singh A, Maisch NM, Saad M. A Closer Look at Generic Interchangeability in Narrow Therapeutic Index Drugs. 2014;39(6):8–12.
2. Paveliu MS, Bengea S, Paveliiu FS. Generic Substitution Issues: Brand-generic Substitution, Generic-generic Substitution, and Generic Substitution of Narrow Therapeutic Index (NTI)/Critical Dose Drugs. Maedica 2011;6(1):52–8.
3. Atif, M., Azeem, M., & Sarwar, M. R. (2016). Potential problems and recommendations regarding substitution of generic antiepileptic drugs: a systematic review of literature. *SpringerPlus*, *5*(1). doi: 10.1186/s40064-016-1824-2

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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Proposing APhA-ASP Chapter: University of Minnesota

APhA-ASP supports the amendment of Resolution 2013.1 to read:

Proposed Amended Resolution Title/Topic: Expanding Immunization Privileges for Pharmacists and Student Pharmacists

Proposed wording:

1. APhA-ASP encourages access to a nation-wide immunization information system (IIS) that is available to providers and patients across state lines in order to assist with timely and appropriate vaccination. ~~APhA-ASP encourages all health care professionals who administer immunizations, to have real-time and bi-Directional access to the Immunization Information 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.
2. APhA-ASP encourages pharmacy stakeholders to promote legislative efforts that would enable pharmacists and student pharmacists to administer all CDC-recommended immunizations per protocol and address community-specific needs regarding patient age restrictions.

Background Statement:

Immunizations are a critical component of individual and public health in preventing outbreaks and reducing the overall cost of care. The CDC recommends an appropriate vaccine schedule for all patient populations to ensure that they are adequately protected from disease. Health records are important for following these immunization schedules because patients can now receive immunizations in many different healthcare settings. Keeping records aligned at various locations can be a challenge, however, especially when the patient has providers in multiple states.

Examples of patients who may face challenges due to scattered immunization records include students who attend school in a different state, military families who move frequently, and retired patients who spend the summer in one state and winter in another. The responsibility in each case falls on the patient to include their immunization records on their packing list. Patients may receive duplicate vaccinations or miss out on important disease prevention. We propose that immunization records be entered by the provider into a nationwide system that can be accessed by both the patient and their provider in any state.

A significant barrier to regular vaccination within various healthcare settings is the variability of immunization information systems (IIS) and their expected utilization state to state. There are currently 64 separate IIS's in the United States and each is unique to the state or geographic area it covers. Reporting to these databases is not universally mandatory and

data exchange is difficult across jurisdiction lines due to state specific patient privacy laws. As of 2017, utilization of IIS's varied from 6.9% to 98% across state lines.

Current significant barriers to utilization of IIS's include lack of training on how to use these systems, inefficient communication between electronic health records and an IIS, and no legal mandate to utilize IIS's. A national immunization information system, if designed efficiently, would address many of these barriers. One system would be easier for providers to utilize, even if they move through different places of employment.

Providers and patients would only have to learn one system if they moved across state lines, so they would have less required training in the long run of how to use this data effectively. If a streamlined, user friendly, national system were utilized, providers will not have as many barriers to administering and reporting vaccinations.

However, having access to a patient's records could ensure that they receive necessary vaccinations. Patients often are not aware that they are lacking important immunizations, so a provider should be able to review this information at their visit. For many adults, visits to a doctor are infrequent and sporadic, so the sooner this information can be reviewed, the better.

With the current setup, the clinic or patient needs to contact previous providers, and there may be several, in order to get complete vaccination records. The patient may also need to provide consent via a signature in order to transfer those records. One online system that is accessible at any location would streamline the process and increase patient access to the preventative care they need.

References:
1. Srivastav, A., Black, C. L., Lutz, C. S., Fiebelkorn, A. P., Ball, S. W., Devlin, R., Kim, D. K. (2018). U.S. clinicians' and pharmacists' reported barriers to implementation of the Standards for Adult Immunization Practice. *Vaccine* , *36* (45), 6772–6781. https://doi.org/10.1016/j.vaccine.2018.09.024
2. *2017 IISAR Data Participation Rates* . Centers for Disease Control and Prevention. Updated June 7, 2019. Accessed via https://www.cdc.gov/vaccines/programs/iis/annual-report-iisar/2017-data.html#adult

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:
2013.1 - Expanding Immunization Privileges for Pharmacists and Student Pharmacists
We propose a change to specify that the immunization information system be a nation-wide program and accessible to both providers and patients.

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Proposing APhA-ASP Chapter: Univeristy of Nebraska Medical Center

Proposed Resolution Title/Topic: Pharmacotherapeutic Education and Research Regarding Electronic Cigarettes

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

1. APhA-ASP supports research toward increased knowledge into, but not limited to, the chemical constituents of electronic cigarettes, possible therapeutic use of electronic cigarettes in regards to smoking cessation and potential remodeling of electronic cigarette devices to increase safety.
2. APhA-ASP recommends the application, regulation and development of continued educational materials in relation to electronic cigarettes in order to expand pharmacist and student pharmacist contribution to healthcare teams.
3. APhA-ASP encourages the expansion of curricula in schools of pharmacy in regards to, but not limited to, the pharmacological effects, potential drug interactions regarding the constituents of electronic cigarettes with other medications, the many different classifications of electronic cigarettes and safety concerns in regards to electronic cigarettes to enhance both knowledge and competency.

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

Without a doubt, it has become very apparent that over the recent decade we have seen an increase in the use of electronic cigarettes. These devices have become highly used among teenage populations showing that 1 in 4 high school students use electronic cigarettes for dripping.[1] According to the CDC, there have been 805 reports of lung injury cases in 46 states and 12 deaths confirmed in 10 states.[4] It is unclear whether it is the specific chemicals or particular device that is leading to such harmful results. The current absence of our understanding of this topic is not only costing health institutions money, but it is endangering our patients. It is very clear that the prevalence and risks associated with such devices justifies research in the potential benefits, liabilities and safety concerns regarding both the chemical composition and the electronic device.

It is clear from the current research that has been conducted that the general constituents of electronic cigarettes are nicotine, flavorings, and a humectant.[6] The nicotine is often times delivered as an aerosol as opposed to being presented as a constituent in combusted smoke. We do not currently know how this difference in delivery of the nicotine might affect patients. The flavorings have been studied separately to be safe in food, but we do not know how they might affect patients when entering the bloodstream via the lungs. In regards to the inhaled aerosolized humectants like propylene glycol and glycerol we do not have access to research in pertaining to their safety. Although propylene glycol has been

approved for other products, the inhalation of vaporized nicotine in propylene glycol is not FDA approved.[6]

In addition to concerns regarding the constituents, the devices themselves are also a safety concern. Most of the devices are powered by lithium batteries which can lead to the risk of fires and explosion. The aerosol properties are influenced by the heating coils and atomizer and thus potentially affecting the health of the user.[6] The power used can change the mass of the aerosol being produced, with the higher the power commonly leading to denser aerosol per puff. According to the American Nonsmoker's Rights Foundation, the concentration of the particles are higher than in conventional tobacco cigarette smoke. Increased research is warranted to better understand the impacts of the aerosolized constituents and potential ways the device could be made safer.

It has been noted time and time again that smoking is one of the largest risk factors among countless disease states. A study conducted on high school students demonstrated that those using electronic cigarettes at 9th grade were more likely to become combustible tobacco smokers within the next year.[2] Another study conducted in adults in Europe showed that individuals who used electronic cigarettes were more likely to not quit combustible smoking than those that did not use electronic cigarettes.[3] Many smokers have previously used electronic cigarettes as a form of smoking cessation. Randomized control trials have shown moderate evidence demonstrated that electronic cigarettes were more effective with nicotine than without.[6] Along with this, there have been observational studies that showed moderate evidence that the greater frequency use of electronic cigarettes the greater the chances for cessation.[6] The conflicting data suggesting that there needs to be greater research in the potential benefits or risks associated with electronic cigarettes as a form of smoking cessation.

As student pharmacists it is imperative that we become equipped with the necessary skills through our educational institutions to better address this concern. Increased education on the topic of electronic cigarettes will not only help us grow as future pharmacists, but it will provide us with the tools needed to increase awareness and establish better quality patient care. The current lack of both research and education on this topic provided to both pharmacist and student pharmacists is not only alarming, but it is worrisome. Ultimately, both pharmacists and student pharmacists, will become faced with patients that will want to know chemical composition, how concomitant use of electronic cigarettes can affect their current medication list or even potential adverse effects. A study conducted among pharmacy students in the University of Texas at Austin looked into the ability of a student pharmacists to conduct cessation counsel on e-cigarette use and traditional cigarette smoking. The study found that 59% of students reporting that they had no training on e-cigarette cessation compared to normal cigarette smoking cessation.[5]

REFERENCES:

1. National Institute on Drug Abuse. (2019, September). Electronic Cigarettes (E-cigarettes).

Retrieved September 2019, fromhttps://www.drugabuse.gov/publications/drugfacts/electronic- cigarettes-e-cigarettes.

2. Leventhal AM, Strong DR, Kirkpatrick MG, et al. Association of Electronic Cigarette Use With Initiation of Combustible Tobacco Product Smoking in Early Adolescence. JAMA. 2015;314(7):700-707. doi:10.1001/jama.2015.8950

3. Kulik MC, Lisha NE, Glantz SA. E-cigarettes Associated With Depressed Smoking Cessation: A Cross-sectional Study of 28 European Union Countries. Am J Prev Med. 2018;54(4):603-609. doi:10.1016/j.amepre.2017.12.017

4. Center for Disease Control and Prevention. (2019, September 27). Outbreak of Lung Injury Associated with E-Cigarette Use, or Vaping. Retrieved September 29, 2019, from https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html.

5. Nduaguba, S. O., Ford, K. H., Bamgbade, B. A., & Ubanyionwu, O. (2018). Comparison of pharmacy students' self-efficacy to address cessation counseling needs for traditional and electronic cigarette use. Currents in Pharmacy Teaching and Learning, 10(7), 955–963. doi: 10.1016/j.cptl.2018.04.016

6. Stratton, K. R., Kwan, L. Y., & Eaton, D. L. (2018). Public health consequences of e-cigarettes. Washington, DC: National Academies Press. doi: Https://doi.org/10.17226/24952

7. Electronic Smoking Devices and Secondhand Aerosol - American Nonsmokers' Rights Foundation. (2019, October 4). Retrieved October 18, 2019, from https://no-smoke.org/electronic-smoking-devices-secondhand-aerosol/.

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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Proposing APhA-ASP Chapter: North Dakota State University

Proposed Resolution Title/Topic:
Addressing the pharmacist's role in healthcare for the transgender community

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

APhA-ASP supports the amendment of Resolution 2018.1 to read:

2018.1—Education on Lesbian, Gay, Bisexual,Transgender, and Other Identities
APhA–ASP encourages the advancement of optimal patient care for Lesbian, Gay, Bisexual,Transgender, and Other (LGBT+) patients through the implementation of the following measures:

A. Development of continuing education programs with a focus on unique health disparities, specialized pharmacotherapeutic considerations, and advancement of cultural competencies, and;
B. Inclusion of education on topics related to diverse gender and sexual identities in the curriculum of schools and colleges of pharmacy.
C. APhA-ASP strongly encourages pharmacy school curriculum to include LGBT topics specific to the transgender community relating to health promotion, barriers to care, health disparities, and health care resources as part of its accreditation standards and guidelines regarding cultural competency.
D. APhA-ASP strongly encourages providing continuing education requirements for practicing pharmacists on gender affirming pharmacy practice specific to the transgender community to overcome health disparities and to be a knowledgeable and reliable source in the management of the complex medication regimen they may be prescribed.

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

Cultural competency and awareness of health disparities are highly important issues addressed in pharmacy school. The Accreditation Council for Pharmacy Education includes cultural competency as part of its accreditation standards and guidelines, however statements regarding the LGBT population are unclear and not comprehensive. Furthermore, pharmacists in practice recognize the need for pharmacist involvement in providing care for transgender patients, but many do not feel confident in their ability to manage their health concerns. The standard for competent care for pharmacists should be established in the pharmacy school setting with LGBT topics, especially for the transgender community, included in the curriculum. In addition, practicing pharmacists should have continuing education requirements to ensure patients have access to providers with the most up-to-date knowledge and skills needed to supply appropriate medications for gender transition.

The health disparities that exist among transgender persons are substantial. Therefore, it is important that pharmacists and student pharmacists are aware of these health disparities to assist in providing addition therapy or connecting transgender individuals with the resources they need to improve their health. In a survey of 6,450 individuals, it was found that transgender individuals are four times more likely than the general population to live in poverty, have no health insurance, and experience discrimination in the form of refusal of care or verbal harassment by healthcare providers. In addition, mental health for transgender individuals is poor, with 41% of the survey respondents saying they had attempted suicide, as compared to 1.6% of the general population. Furthermore, many of the respondents also reportedly suffer from depression. Data also suggests that transgender women are four times more likely to develop HIV in comparison to the general population.

There are currently no published studies that specifically examine transgender individuals' perceptions of pharmacy care. However, pharmacists should strive to provide environments that are welcoming to all patients. Specific to the transgender community, pharmacists should be mindful of how they address patients and the gender pronouns they use. It could be as simple as asking the patient what name he or she would like to be called and what gender pronoun is preferred. In addition, the pharmacy could consider offering private spaces for consultation.

In order for pharmacists to play a more active role in caring for transgender individuals, it is imperative that they receive education not only in cultural competency, but also on common medications such as sex steroids and other adjunctive therapies that will produce sex characteristics that align with the desired gender expression. Hormonal products that are used for transgender individuals are not FDA approved as their use is considered "off-label." Pharmaceutical care for those transitioning can be complex, involve a large number of medications, and take a long time to achieve maximal effects. Sometimes, therapy can extend 2-3 years with anti-androgen and estrogen therapy and 4-5 years with testosterone therapy. Pharmacists will be able to individualize treatment and monitor medication safety. For example, knowing that a higher-than-normal dose of estradiol can yield added risks for deep vein thrombosis (DVT), pharmacists can be proactive in monitoring patients' blood pressure, weight, pulse, and counseling on signs and symptoms of DVT.

One of the most current guidelines for healthcare professionals in addressing caring for transgender individuals is the 2011 version of the "Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People" published by the World Professional Association for Transgender Health. These guidelines were not written directly for pharmacists, however, they can be helpful for pharmacists becoming familiar with medications used for the purpose of enhancing sex characteristics and allow pharmacists to identify those who are beginning a medical transition or those who have already begun the process. However, it is important to note that these guidelines are already 8-years-old and more up-to-date information should be provided in order to assist pharmacists in providing appropriate therapy.

While this amendment is advocating for the necessary requirements of culturally sensitive curriculum in pharmacy schools, the way it is included should be left to the discretion of the college. A recent article described the successful implementation of transgender-related education into a pharmacy therapeutics course using a combination of lecture and patient videos. The course was designed using an active learning approach, with students developing foundational knowledge by completing pre-assigned readings or watching pre-recorded lectures focusing on terminology, health disparities, prevalence, and pharmacotherapy treatments and then actively applying the knowledge during class time. The course was three hours long, with two of those hours being dedicated to discussion and application of the material in the pre-recorded lectures and the last hour was a panel discussion with various transgender individuals. The course yielded positive results, increasing the confidence of students in providing care for patients that are transgender. This is an example of how a pharmacy school may implement the proposed topics in their curriculum, however, other options that better fit the needs of the college could be explored.

Pharmacy is an evolving field, and there are always opportunities to improve practice. With the incorporation of culturally competent curriculum regarding caring for transgender individuals in pharmacy school, there can be a measure of assurance that students will be more aware of health disparities transgender individuals face, in addition to being familiar with medications needed to help them reach the gender expression that they desire. Additionally, through the process of providing culturally sensitive care, pharmacists can assist in tailoring therapy at the individual level of the patient and be poised to have a substantial positive impact on health in the transgender community.

References

1. Cocohoba J. Pharmacists caring for transgender persons. (2017). American Journal of Health-System Pharmacy; 74(3):170-174. doi-org.ezproxy.lib.ndsu.nodak.edu/10.2146/ajhp151053
2. Redfern J, Jann M. The evolving role of pharmacists in transgender healthcare. (2019). Transgender Health. 4(1). doi.org/10.1089/trgh.2018.0038
3. Newsome C, Chen L, Conklin J. Addition of care for transgender-related patient care into doctorate of pharmacy curriculum: Implementation and preliminary evaluation. (2018). Pharmacy. 6(4):107. doi.org/10.3390/pharmacy6040107

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:

2018.1—Education on Lesbian, Gay, Bisexual,Transgender, and Other Identities

This amendment is meant to encourage curriculum regarding cultural competency related to LGBT, and especially transgender, communities to be to become part of accreditation standards

and guidelines in order to obtain a Doctorate of Pharmacy, rather than just recommending it be included in schools. In addition, we want to express the need for continuing education requirements for pharmacists in practice to become up-to-date on treatment guidelines and health disparities unique to the transgender community.

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Proposing APhA-ASP Chapter: South Dakota State University

Proposed Resolution Title/Topic: Price Reduction of Insulin

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

APhA-ASP encourages state and federal programs focused on the effort of increasing market competition and supply chain transparency, as well as updating regulatory policy, in an effort to reduce the price of insulin.

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

The pharmacy profession polymerizes pharmaceutical knowledge with a golden standard of patient care. With this golden standard comes an expectation of pharmacists to not only strive for advancement in patient care, but also strive for the advancement of the common good. Throughout recent history, pharmacists have been on the forefront of patient care efforts, with one such example: the opioid epidemic. Enhancing the profession's role in these patient care efforts will assist in mitigating public health issues, such as the rising price of insulin. Enacting policies aimed at decreasing the inflating price of insulin allows for improved patient care, in tandem with advancing the common good. Policies aimed at market competition, supply chain transparency, and current regulatory policy will allow for greater affordability of the prominent medication.

Insulin prices have nearly tripled between 2002 and 2013, and continue to rise.[1] In order to combat rising prices many states, organizations, and companies have planned to cap the prices of insulin. Cigna recently unveiled plans to limit the monthly cost of insulin for patients.[3] Following suit, Colorado became the first state to implement a cap on insulin prices.[2] While this may alleviate the price of the medication for many patients, the costs associated with this legislation are expected to burden the rest of the insured population, whose premiums will likely rise.[2] An increase in supply and market competition would be a more permanent solution. It is general economic knowledge that when the supply of a commodity grows, the equilibrium price will be lowered. Therefore, a proliferation of state and federal programs aimed at increasing market competition and supply should decrease the price of insulin.

Furthermore, a report published by the American Diabetes Association's Insulin Access and Affordability Working Group highlighted the need for transparency and recorded concern with the complexity of the supply chain.[1] Similar sentiment was echoed in a press release by the Endocrine Society regarding supply chain transparency.[4] The press release states: "The current climate makes it difficult, if not impossible, to understand how much each stakeholder gains when costs to the patient increase." Without knowing the gains and losses incurred by every player within the supply chain, a solution to the rising cost of insulin becomes complicated. Additionally, the ADA's report also indicated that the regulatory framework regarding biosimilars is a burden on manufacturers.[1] Thereby, the additional need for updated regulatory

policy exists.

Currently, there are no resolutions within APhA-ASP regarding insulin affordability, supply chain transparency, or market competition. As pharmacists are at the forefront of public health issues, enacting policies in an effort to reduce insulin prices would greatly benefit patient care, medication adherence, and the common good.

[1]Cefalu et al. Insulin access and affordability working group: conclusions and recommendations. Diabetes Care. 2018;41(6):1299-1311.

[2]Herper M. Faced with rising anger on drug prices, Cigna plans to reduce insulin costs to $25 a month for many patients. STAT. April 3, 2019. https://www.statnews.com/2019/04/03/cigna-reduce-insulin-cost/. Accessed October 17, 2019.

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

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

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Proposing APhA-ASP Chapter: University of Wyoming

Proposed Resolution Title/Topic: Prescription Drug Monitoring Program Implementation & Utilization

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

1. APhA-ASP supports legislation mandating the implementation, utilization, and consultation of a prescription drug monitoring program (PDMP) in every state.
2. APhA-ASP encourages software enhancements, such as incorporated documentation features, of similar PDMP systems across states in order to increase communication of refused or filled controlled prescriptions.
3. APhA-ASP encourages the new application enhancement to be limited in utilization to controlled substances only in order to protect patient privacy in regard to other medications presented on patients' profile.
4. APhA-ASP encourages pharmacists to communicate to relevant members of the healthcare team refusals to fill via future PDMP enhancements.

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

- Utilization of PDMP systems will help address and curb the issues of abuse, addiction, and diversion of scheduled prescription drugs.
- Implementation of prescription drug monitoring programs in every state creates a potential for nationwide and interstate monitoring of scheduled prescription substances in the future.
- By working to prevent abuse and diversion, pharmacists and providers can provide better care and improve health outcomes.
- While 49 states and 1 US territory have PDMP legislation in place, not all states are fully operational in the utilization of their programs[1].
- Some states do not require consultation of the PDMP before dispensing a controlled substance.
- Implementation of features that document refusals to fill into PDMP systems, will provide further transparency as well as improved communication while also facilitating an adequate workflow in pharmacy settings.
- By being able to notify prescribers of a refusal to fill, healthcare teams will share a better understanding of a patient's treatment as well as reduce instances of abuse, addiction, and diversion.

References:

1. Brandeis University. (2018). Technical Assistance Guide: History of Prescription Drug Monitoring Programs. Technical Assistance Guide: History of Prescription Drug Monitoring Programs. Waltham, MA.

2. State Prescription Drug Monitoring Programs (2016). Retrieved from https://www.deadiversion.usdoj.gov/faq/rx_monitor.htm

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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