

PROPOSED RESOLUTIONS

2010.1 – Pharmacists’ Right to Privilege

APhA-ASP supports the legal right of a pharmacist to refuse to testify in a trial or other legal proceeding about any statement made to him/her by a patient, on the basis that communications within the pharmacist-patient relationship are confidential.

2010.2 – Substance Abuse Education

APhA-ASP supports pharmacist and student pharmacist involvement in substance abuse education for prescribers and other health care professionals, patients, and the public to decrease and prevent substance abuse. This education may include, but is not limited to, abuse of prescription, OTC, and herbal medications, alcohol, nicotine, and illicit drugs.

2010.3 – E-Prescribing and Computerized Prescriber Order Entry (CPOE) Systems

1. APhA-ASP encourages the use of e-prescribing and Computerized Prescriber Order Entry (CPOE) systems that improve patient care.
2. APhA-ASP encourages the development of standardized and interoperable e-prescribing and CPOE systems that reduce medication errors, ensure secure transmission of prescriptions and patient information, and improve workflow for prescribers and pharmacy personnel.
3. APhA-ASP encourages that state and federal regulatory agencies update regulations to allow for the transmission of controlled substance (CII – CV) prescriptions through e-prescribing and CPOE systems.
4. APhA-ASP supports e-prescribing and CPOE systems that are cost-effective and do not place a disproportionate financial burden on pharmacies.
5. APhA-ASP encourages the development of education and training programs to enhance prescriber, pharmacist and all other users understanding of e-prescribing and CPOE systems.
6. APhA-ASP encourages pharmacists, student pharmacists, pharmacy associations, and boards of pharmacy to take an active role in the development, regulation, and integration of e-prescribing and CPOE systems. APhA-ASP also encourages these stakeholders to take part in studies to determine the safety and security of e-prescribing and CPOE systems.

2010.4 – Direct-to-Consumer Advertising

1. APhA-ASP recommends that pharmaceutical companies convert their direct-to-consumer prescription medication advertisements to disease state education and prevention advertisements.
2. APhA-ASP opposes false or misleading advertising for prescription drugs or any promotional efforts that encourage indiscriminate use of medications.
3. APhA-ASP acknowledges the benefits of direct-to-consumer advertising, but recognizes that prescribers, pharmacists, and other health care professionals are ultimately responsible for medication selection and are the best resource for disease state education.

2010.5 – Standardization of Student Pharmacist Internship Requirements

APhA-ASP encourages the National Association of Boards of Pharmacy (NABP) to work with state boards of pharmacy and other stakeholders to standardize student pharmacist internship requirements for pharmacist licensure.

APhA-ASP recommends that standardization includes, but is not limited to:

- a. A minimum number of intern hours required to take mandated licensure exams.
- b. A maximum hour requirement per calendar week when concurrent with academic program.
- c. The elimination of a minimum hour requirement per calendar week.
- d. The inclusion of a standardized number of hours obtained through IPPEs and APPEs.
- e. The elimination of required areas of practice outside of the curriculum needed to fulfill internship hours.
- f. The establishment of a uniform date to obtain a student pharmacist intern license.
- g. Interstate recognition of and minimum requirements for preceptor status.