



california **pharmacists** association



Policy Committee Report

Policy Committee Members:

- Kathleen Besinque, PharmD, FASHP, FCSHP, FCPHA
- Jennifer Courtney, PharmD
- George Do, PharmD
- Marina Dykhne, PharmD, APh
- Hyma Gogineni, MSc, PharmD, APh
- Steve Gray, PharmD, JD
- Brandi Hamilton, BS
- Tracy Ho, 2020 PharmD candidate
- Richard Hull, RPh
- Mayzhong Valerie Lee, BS, 2020 PharmD candidate
- Noelle Lee, PharmD
- Nicole Nielsen, BCACP, APh
- Elizabeth Park, PharmD
- Larry Selkow, RPh, BSPHarm
- Bob Scheidtmann, BPh
- Rachel Sperling, PharmD
- Diem Thai, PharmD
- Shannondoah Wong
- Michael Wu, 2020 PharmD Candidate

Clifford Young, RPh, BCGP, FCPHA: Speaker, Chair
Richard Dang, PharmD, APh, BCACP: Speaker-Elect



• CPhA House of Delegates • parliamentary procedure at a glance

TO DO THIS:	YOU SAY THIS:	May I interrupt the speaker?	Do I need a second?	Is it debatable?	Can it be amended?	What vote is needed?	Can it be reconsidered?
Adjourn Meeting	"I move that we adjourn."	No	Yes	No	No	Majority	No ¹
Call an Intermission	"I move that we recess for..."	No	Yes	No	Yes	Majority	No
Complain About Heat, Noise, etc.	"I rise to a question of privilege."	Yes	No	No	No	No Vote	No (USUALLY)
Temporarily Suspend Consideration of an Issue	"I move to table the motion."	No	Yes	No	No	Majority	No
End Debate and Amendments	"I move the previous question."	No	Yes	No	No	2/3	No ¹
Postpone Discussion for a Certain Time	"I move to postpone the discussion until..."	No	Yes	Yes	Yes	Majority	Yes
Give Something Closer Study	"I move to refer the matter to committee."	No	Yes	Yes	Yes	Majority	Yes ²
Amend a Motion	"I move to amend the motion by..."	No	Yes	Yes ³	Yes	2/3**	Yes
Introduce Business	"I move that..."	No	Yes	Yes	Yes	Majority	Yes
• THE MOTIONS ABOVE ARE IN ORDER OF PRECEDENCE. THE MOTIONS BELOW ARE IN NO PARTICULAR ORDER. •							
Protest Breach of Rules or Conduct	"I rise to a point of order."	Yes	No	No	No	No Vote ⁴	No
Vote on a Ruling of the Chair	"I appeal from the chair's decision."	Yes	Yes	Yes	No	Majority ⁵	Yes
Avoid Considering an Improper Matter	"I object to consideration of this motion..."	Yes	No	No	No	2/3 ⁶	— ⁷
Verify a Voice Vote by Having Member Stand	"I call for a division." or "Division!"	Yes	No	No	No	No Vote	No
Request Information	"Point of Information."	Yes	No	No	No	No Vote	No
Reconsider a Hasty Action	"I move to reconsider the vote on..."	Yes	Yes	— ⁸	No	Majority	No
Take Up a Matter Previously Tabled	"I move to take from the table..."	No	Yes	No	No	Majority	No
Suspend Rules Temporarily	"I move to suspend rules so that..."	No	Yes	No	No	2/3	No

**2/3 required per CPhA House of Delegates ByLaws

NOTES:

- 1. Unless vote on question is not yet taken
- 2. Unless the committee has already taken up the subject
- 3. Only if the motion to be amended is debatable
- 4. Except in doubtful cases
- 5. A majority vote in negative needed to reverse ruling of chair
- 6. A 2/3 vote in negative needed to prevent main motion consideration
- 7. Only if the main question or motion was not considered
- 8. Only if motion to be reconsidered is debatable



policy recommendations

Policies represent what CPhA members would like to see in an ideal world. As such, they may not always align with existing laws and regulations. Policies help to guide CPhA staff in responding to legislative proposals and in advocating for the pharmacy profession.

Recommend to Amend

1. TOBACCO, CANNABIS, AND ALCOHOLIC BEVERAGES

Recommendation: The committee recommends that the House of Delegates **amend** policy, Tobacco, Recreational Cannabis, and Alcoholic Beverages, as follows:

The California Pharmacists Association opposes the sale of tobacco products, ~~non-medicinal~~ recreational cannabis-containing products, and alcoholic beverages in all California pharmacies and all facilities that contain a pharmacy.

Background: Policy committee recommends revision to avoid potential confusion with cannabis-containing products, such as CBD products, that may be sold and used for general wellness purposes. The intent of the policy is to oppose use of recreational marijuana.

2. TOBACCO & CANNABIS SALES AND GOVERNMENT

Recommendation: The committee recommends that the House of Delegates **amend** policy, Tobacco & Cannabis Sales and Government Programs, as follows:

The California Pharmacists Association supports exclusion of pharmacies that sell tobacco and/or ~~non-medicinal~~ recreational cannabis products from participation in government-sponsored programs.

Background: Policy committee recommends revision to avoid potential confusion with cannabis-containing products, such as CBD products, that may be sold and used for general wellness purposes. The intent of the policy is to oppose use of recreational marijuana.

[contract for both upside and downside Pay-for-Performance \(P4P\) programs.](#)

Background: The policy committee wants to make sure to include not just PBMs, but all payers must be fair, transparent, current and reasonable. We chose the term "reasonable" because it represents not only contractual provisions and the standards of the industry, but it includes the general principles of "fairness and equity." This allows a court or arbitrator to evaluate not just the provisions of a contract but encourages them to also evaluate the relative bargaining power of the payer and the pharmacy.

The term referencing "local pharmacies" was chosen because information gathered at this year's APHA meeting in Seattle made it abundantly clear that most local pharmacy managers, or even owners are not informed of the terms of the contracts with payers that were executed by their corporate leadership or their Pharmacy Services Organizations, respectively, on their behalf. Most never receive a copy of the contract or are made aware of the "Downside" risk of not meeting the contract's terms. Not only are they expected to meet the contract's terms but the financial viability of the pharmacy, and thus their jobs, often depend on avoiding financial penalties such as retroactive reimbursement penalties, on prescription drug and dispensing payments – past or future.

P4P in healthcare is supposed to provide financial incentives for practitioners to provide and promote the best clinical and patient lifestyle practices to provide positive health outcomes for their patients. If the practitioners meet the P4P terms of the contract some can get extra payment. If they exceed the performance terms, they can get even higher extra payment. That is called the "Upside" provisions of the contract.

Other contracts only have "Downside" provisions whereby the practitioners are financially penalized for their patients not achieving positive outcomes as described in the contract. Some contracts have BOTH "Upside" and "Downside" provisions whereby the outcome goals contain a "threshold" provision that avoids a "Downside" penalty but also has one or more "Upside" provisions whereby the practitioners can earn extra payments. Thus, the practitioners or practitioner groups can decide how much they want to risk, if any.

While physicians, hospitals and other practitioners often have an opt-in ability to "Upside" P4P contracts, pharmacists and pharmacies often have only "Downside" contract provisions. Worse, since the pharmacies are only "reimbursed" or "payed" for the drug and dispensing costs, if there is a "Downside" provision on a clinical outcome, the financial penalty is applied to the drug and dispensing claims since there are no "clinical"

compensation funds to which it can be applied – past or future. Thus, pharmacies are often forced to take the risk of "Downside" contract provisions that result in having to either refund payments for drug and dispensing costs or forgo portions of such future payments.

Additionally, pharmacies may not have the sufficient population base to realistically be able to meet average P4P scores for the different quality or outcome measures, and by the terms of the contract, they may not be able to reject serving certain high risk or non-compliant patients. Most pharmacists have not been educated, trained or have experience in calculating what is essentially an "insurance risk" for their particular patient population. Whereas the PBM, HealthPlan, Self-funded employer has developed the P4P provisions to apply across the entire coverage population.

The third line of the policy had been adapted from page 29 of the 2018 CPhA Policy Manual under the heading Managed Care. It recognizes that CPhA, the Pharmacy Schools and perhaps others have a responsibility to sufficient education and training available. In the fourth provision of the policy, it is recognized that it is also the pharmacist's duty to become educated about payer organizations policies and operations regarding the contracts they are accepting or for which they are being held responsible.

2. DIGITAL HEALTH DEVICES AND TECHNOLOGIES

Recommendation: The committee recommends that the House of Delegates **adopt** policy, Digital Health Devices and Technologies, as follows:

[The California Pharmacists Association supports education about digital health devices and technologies in pharmacy school curricula and for the pharmacy workforce.](#)

[The California Pharmacists Association supports inclusion of pharmacists in the development of digital health devices and technologies.](#)

[The California Pharmacists Association supports that digital health devices and technologies be interoperable with and integrated into pharmacy management systems and electronic health records.](#)

[The California Pharmacists Association supports involvement of pharmacists in utilization of digital health devices and technologies to optimize patient outcomes.](#)

Background: Digital health encompasses a variety of technologies to improve health and wellness, ranging from apps and wearable devices to telehealth and telemedicine. Examples include smart pills, insulin pens, and inhalers that can track use in real-time. As digital

New Policy Proposals

1. PHARMACY BENEFIT MANAGER (PBM) REIMBURSEMENT

Recommendation: The committee recommends that the House of Delegates **adopt** policy, Pharmacy Benefit Manager (PBM) Reimbursement, as follows:

[The California Pharmacists Association supports reimbursement rates that are fair, transparent, current, and reasonable to all local pharmacies and pharmacists by Pharmacy Benefits Managers \(PBMs\) and other payers, such as health plans, trust funds, government and self-funded employers.](#)

[The California Pharmacists Association supports the ability of pharmacies and pharmacists to](#)



health devices and technologies become more common, healthcare providers – including pharmacists – will need to incorporate digital health into their practices.

For pharmacists to make the most of opportunities afforded by digital health, change is needed in several key areas:

- Education for student pharmacists and pharmacists about digital health.
- Involvement of pharmacists in development of digital health technologies and devices.
- Incorporation of digital health into existing pharmacy systems. Access alone is not enough if it requires additional steps to log into outside systems, adding an extra burden to current workflows.
- Active involvement by pharmacists in using digital health devices and technologies to improve patient health.

3. ELECTRONIC SYSTEM PROCESS FOR CALIFORNIA BOARD OF PHARMACY

Recommendation: The committee recommends that the House of Delegates adopt policy, Electronic System Process for California Board of Pharmacy, as follows:

The California Pharmacists Association supports the implementation of an electronic licensure application process for licencees by the Board of Pharmacy in order to facilitate timely licensure.

The California Pharmacists Association supports the provision of sufficient resources for the Board of Pharmacy to provide timely processing of applications for all licencees in order to better serve the public.

Background: California Board of Pharmacy uses a paper system for licensure applications for technicians, interns and pharmacists. California BOP requires all applicants to wait a minimum of 45 days prior to reaching out for additional information. This slow turn-around lengthens the licensure process for each applicant taking some applicants up to six months to attain licensure.

4. ADVANCED PHARMACY TECHNICIAN

Recommendation: The committee recommends that the House of Delegates adopt policy, Advanced Pharmacy Technician, as follows:

The California Pharmacists Association supports the role of an Advanced Pharmacy Technician to enhance the ability of the pharmacist to provide patient-centered care.

The California Pharmacists Association supports additional requirements for the recognition of an Advanced Pharmacy Technician, such as:

- A minimum of three years of work experience as a Pharmacy Technician with the equivalent of at least 1 year of experience in the relevant area of practice in an advanced role.

- Receive certification as a Pharmacy Technician through an organization recognized by BOP.
- Completion of an approved Advanced Technician certificate training program or equivalent CE.
- Obtain additional hours of accredited CE, per registration cycle, relevant to the area of practice, in order to maintain recognition as an Advanced Pharmacy Technician.

Background: Pharmacy technicians are an integral part of how pharmacists are able to service their patients. With the advent of the advanced practice/provider-pharmacist, new opportunities are available for technicians to extend pharmacy practice potential.

Attempts at advancing pharmacy technicians to enhance pharmacy practice have been made in the past several years. There is a much wider scope of practice expectations coming in the near future for the advanced practitioner – pharmacist and technician.

It is the goal of this policy by CPhA to address the coming needs and advancements in this area of the profession so pharmacists are better suited to explain advanced provider practice standards and how advancement of the pharmacy technician practice can lead to better outcomes for patients.

Regulatory bodies and lawmakers establish the requirements for this advanced pharmacy technician practice. CPhA must establish a flexible, inclusive, and cutting-edge approach to help shape those who will enhance the abilities to practice at the top of pharmacist license and education. Currently, legislation and education sources are lining up for the coming advanced practice pharmacy technician. This proposed policy will set the foundation for potential educational, experiential, and idealized requirements and scope of practice that pharmacists want the pharmacy technician to possess in order to do this work.

5. CANNABINOID (CBD)

Recommendation: The committee recommends that the House of Delegates adopt policy, Cannabinoid (CBD), as follows:

The California Pharmacists Association supports the development of health care provider education related to the clinical efficacy, safety, and management of patients using derivatives from either marijuana or hemp plants and their various components.

The California Pharmacists Association supports pharmacist participation in furnishing derivatives from either marijuana or hemp plants and their various components when scientific data support the legitimate medical use of the products and delivery mechanisms, and federal, state, or territory laws or regulations permit pharmacists to furnish them.

The California Pharmacists Association supports regulatory changes that further facilitate patient access to products containing

cannabinoid (CBD) or derivatives collected from hemp that meet government standards for purity and potency.

Background: CBD has become a popular product readily available for the public consumers to use. Because of its various applications, and the fact that it can be compounded into almost any formulation (such as creams, oils, and lotions), it has become desirable and used amongst an extremely diverse set of populations. The use of CBD is expected to grow in the forthcoming years. In 2019, it is forecasted that cannabis products sales will exceed roughly \$3.1 billion, with increases to \$80 billion by 2030 across the nation. In California, CBD containing products of various formulations can be found from online vendors to local coffee shops to pharmacy chains and independent pharmacies.

There is confusion regarding its legality at the federal and state level. At the federal level, the 2018 Farm Bill legalized the production and sale of hemp and its extracts. Hemp cannot contain more than 0.3% THC. Anything with more THC is classified as marijuana, is considered a schedule 1 drug by the Drug Enforcement Administration and is federally illegal. As a result, industrial hemp has been excluded from the federal classification of marijuana.

Currently, the only approved health use of CBD is the seizure drug Epidiolex, despite having other suspected benefits. Thus, the FDA prohibits the sale of CBD in any unapproved health products, dietary supplements or food, although it has currently limited its enforcement and has only issued warning letters to select manufacturers.

In California, as of November 2016, the Adult Use of Marijuana Act (Proposition 64) legalized the use of recreational marijuana for adults aged 21 years older and established laws to regulate the cultivation, distribution, sale, and use of marijuana. While marijuana and cannabis products are now legal for, non-medical and recreational use in the state, the California Department of Public Health continues to assert that CBD derived from hemp is illegal. As a result of the conflicting stance, there is currently proposed legislation to clarify the use of hemp in the state.

Consumers are asking about and using CBD products and pharmacists should be involved in the research, education, and sale of such products.

6. SAFETY IN THE WORKPLACE

Recommendation: The committee recommends that the House of Delegates adopt policy, Safety in the Workplace, as follows:

The California Pharmacists Association supports the development of policies, resources and practices to support pharmacy personnel's safety and well-being in the workplace.

Background: Existing workplace policies only address pharmacy robberies.



parliamentary overview

Michael Pastrick, CPhA House of Delegates Parliamentarian

Governing Documents For Establishing Association Policy

The HOD is established by Article V of the CPhA Constitution. Chapter IV, Article II of the Association Bylaws, establishes the duties of the HOD. It states that the HOD; a) interprets the objectives of the Association and serves as the legislative and policy making body, b) shall consider all appropriate proposals coming from the Board of Trustees, constituent bodies, delegates and Standing and Special Committees, and c) shall adopt Bylaws for the conduct of its business.

Chapter VII, Article I of the Association Bylaws, establishes the Committees of the Association. Committees proposing Policy/Standards of Practice (SOP) shall submit recommendations to the HOD for consideration and adoption as Association Policy/SOP.

Chapter IV, Article VI of the Association Bylaws establishes that the presence of one-third (1/3) of qualified Delegates shall constitute a quorum of the HOD.

The HOD Bylaws, Chapter IV, establishes the Reference Committee process for receiving and acting upon the reports of the Policy Committees and such items of New Business that may be referred by the Speaker of the House of Delegates. As required by House Bylaws, Chapter IV, Section 2, the Reference Committees will function in accordance with the Standing Rules of the House.

A procedure for establishing Standing Rules of HOD is set out in Chapter V of the HOD Bylaws. Standing Rules of the House may be suspended upon a two-thirds (2/3) majority vote of the delegates present and voting.

The HOD Rules of Order are established in Chapter VI of the HOD Bylaws. The HOD is governed by the Constitution and Bylaws of the Association. The Rules of Order (parliamentary authority) not otherwise provided for by Association Constitution and Bylaws, HOD Bylaws, or HOD Standing Rules is Robert's Rules of Order (Revised).

HOD Standing Rule I governs the procedure for Policy/SOP adoption. It establishes the form of proposed Policy Statements/SOP, requires that Policy Committee Reports be submitted at the first session of the HOD and calls for the referral of Policy Committee

Reports to a Reference Committee. It further governs the conduct of Reference Committee Hearings and the treatment of New Business Items submitted prior to the opening session of the HOD. Standing Rule I also governs the recommendations that may be made by the Reference Committees and the actions which may be taken by the HOD in considering Reference Committee reports.

HOD Standing Rule IV governs the review of Association policies over 5 years in age. It requires review by Policy Committee and sets forth the actions available to the committee; a) policies which are determined to still be valid shall be retained without further HOD action, b) policies which are determined to still be valid and of such significance as to preclude the need for regular review on a five (5) year basis shall be retained and archived without further HOD action, c) policies in need of update are recommended for amendment (or for repeal and substitution of new language - a "strike and substitute" form of amendment), d) may recommend to amend and archive policies and e) may recommend repeal of policy. These proposals are then forwarded to a Reference Committee, which then acts on the recommendations in accordance with HOD Standing Rule I.

HOD Standing Rule IV also governs the review of Association Standards of Practice (SOP) over 5 years in age. It requires review by Policy Committee and sets forth the actions available to the committee; a) SOPs which are determined to still be valid shall be retained without further HOD action, b) SOPs in need of update are recommended for amendment (or for repeal and substitution of new language - a "strike and substitute" form of amendment), or c) may recommend repeal of SOPs. As with policy recommendations, these proposals are then forwarded to a Reference Committee, which then acts on the recommendations in accordance with HOD Standing Rule I.

In the absence of any specific rule offered by the Association Constitution and Bylaws, HOD Bylaws, or HOD Standing Rules, Robert's Rules of Order (Revised) is the controlling parliamentary authority for HOD action.

Important Considerations

Reference Committee Hearings - Anyone in attendance may address a Reference Committee.

HOD Sessions - Any CPhA member may have the privilege of the floor (HOD Bylaws - cannot be waived for non-members). Only delegates may offer motions or vote.

The Chief Executive Officer of the California Pharmacists Association is a voting member of the HOD by virtue of his/her position as Secretary of the HOD.

Motions made by a committee (e.g., the Reference Committee) do not require a "second".

Prior to voting, the Speaker should restate the motion as follows: "All those in favor of the motion to _____ signify by saying AYE - all those opposed signify by saying NAY."

The Speaker does not ask for abstentions.

The Speaker should announce the result of the vote (the motion passes, the motion is defeated, etc).

Motions generally require a simple majority (50% + 1) for adoption. However, Standing Rule I and HOD Bylaws require 2/3 majority vote for adoption of amendments. Other specific motions (end debate, suspension of rules) require a 2/3 majority vote.

Standing Rule I allows for amendments to proposed policy only when such amendments are proposed by a Reference Committee. Standing Rule I require a 2/3 majority vote for adoption.

In order to amend proposed policy "from the floor" it is necessary to "suspend the rules" (Standing Rule I). It requires a motion to suspend the rules (for a specific purpose, e.g., to offer amendment language). The motion requires a "second", is not debatable and requires a 2/3 majority vote.

Upon a suspension of the rules, the main motion (proposed policy language) may be amended ("I move to amend Section ___ to read ____"). The amendment requires a "second" and is debatable. The amendment itself can be further amended (amendment



of an amendment) and requires a "second" and it debatable. When debate comes to an end, the order of voting is - last amendment, first amendment and then the main motion. HOD Bylaws require a 2/3 majority vote for adoption.

Motions to end debate ("call for the question") should be handled with care and should not be called out from the body but rather be made by a delegate at the microphone when recognized by the Speaker. If there are members still at the microphone the Speaker can indicate that he/she will end debate after the last speaker. Motions to end debate require a "second", are not debatable and require a 2/3 majority vote.

Motions to refer the matter to committee take precedence over motions to adopt (amend, reject, repeal) association policy. Motions to refer require a "second", are debatable and require a simple majority (50% + 1).

Calls for a division of the House (verification of a voice vote) must be recognized by the Speaker. A standing vote is asked for by the Speaker. Association staff will proceed with the standing vote.

Standing Rule IV calls for the review of policies over 5 years in age. Policy Committees determine which policies are to be retained or retained and archived without the need for further HOD action because of the parliamentary principle that a "motion to reaffirm an item previously approved" serves no useful purpose - the item remains in effect (Roberts Rules of Order). Standing Rule IV incorporates this principle for items retained or retained and archived.

Roberts Rules of Order - see attached chart that discuss various aspects of parliamentary procedure including "types of motions" and "precedence". "Precedence" means some motions outrank other motions and can be taken up while another motion is pending. If a motion "takes precedence" it will be acted upon first. Note that while Roberts Rules of Order typically requires only a "simple majority" for adoption of an amendment, CPhA HOD Bylaws and Standing Rules require a 2/3 majority vote for adoption of an amendment.

Most important rule: The Speaker of the House of Delegates rules on issues before the House. The Parliamentarian does not rule - only advises the Speaker.

a delegate's guide

How CPhA Policy Becomes Reality

According to CPhA bylaws, adopted in 1970 and amended periodically, the Association is governed by two separate and distinct bodies - a Board of Trustees and a House of Delegates. The bylaws divide authority between these two bodies, assigning responsibility for establishing association policy to the House of Delegates and giving the Board of Trustees responsibility for implementing policy and governing CPhA's operations.

In both areas, final authority really rests with the association's membership, since members elect the Board of Trustees and appoint or elect delegates to represent them in the House of Delegates.

The Board of Trustees: The governing body The Association's governing body consists of fourteen (14) members, twelve (12) of which are elected by the general membership; The Officers and Board of Trustees consist of the President, President-Elect, Immediate Past President, Speaker and Speaker-Elect of the

House of Delegates, Chief Executive Officer/ Secretary, six (6) Trustees elected from among the active membership of the Association and one (1) Student Pharmacist Trustee elected from among the membership of the Academy of Student Pharmacists.

Elected every year are the President-Elect and Speaker-Elect of the House of Delegates. The Treasurer is elected every other year to a two-year term of office. Trustees are elected to three (3) year terms of office, with staggered terms such that two Trustees are elected every year. The Chief Executive Officer/ Secretary is appointed by and serves at the pleasure of the Board of Trustees.

In accordance with the bylaws, the Board is charged with the overall responsibility of governing the association. The Board's activities include: Establishing priorities in implementing CPhA's policies; Approving the annual budget Employing the Association's CEO; Approving policy and other Committee appointments; and Creating Special Interest Groups or other specialty sections.



House of Delegates will be held in Sacramento, CA.



September 14 & 15, 2019.

Sheraton Grand Sacramento Hotel

Policy Committees: A vital role in the Association

The Association has one or more policy Committees - appointed annually by CPhA's incoming president. Committee membership is solicited through announcements in the California Pharmacist and the weekly CEO Message.

Members of the policy Committee(s) meet annually at CPhA headquarters in Sacramento and may also meet by conference call. All CPhA members are invited to recommend topics for consideration by the policy



Committees – both in the area of policy and Standards of Practice. Proposals are submitted and Committee members receive background material on all subjects.

After the Committee meeting, a report containing the recommendations and accompanying background information is presented and sent to Committee members for approval. Any member of the Committee disagreeing with the report has an opportunity to prepare a minority report.

Committee reports are placed on the CPhA website and are emailed to members of the House of Delegates in order to have time to discuss policy issues with their respective association members prior to the Annual Meeting.

House of Delegates: Establishes CPhA policies

The House of Delegates serves as the Association’s legislative body. Most of the delegates are appointed or elected from CPhA’s local affiliates, Special Interest Groups, and student chapters. Delegate representation is based on the number of members in each affiliate organization: Each affiliated local association is entitled to two delegates for the first 50 active members and one delegate for each additional 25 active members or major fraction thereof. Each affiliated student chapter shall be entitled to two delegates for up to the first 100 student members and one additional delegate for each additional 50 student members or major fraction thereof. Each recognized academy shall be entitled to one delegate.

Recognized non-affiliated associations such as The California Society of Health-Systems Pharmacists (CSHP) are also given seats in the House of Delegates.

Other voting delegates include members of the Board of Trustees; past presidents and past speakers of the House of Delegates. Local associations, Special Interest Groups, and student chapters are urged to appoint or elect delegate representatives early each year so that each delegate will have a full opportunity to review and discuss policy Committee reports with their respective bodies.

Delegates meet at the Annual Meeting at the direction of the Speaker of the House. The delegates act officially in several areas:

- Acting upon the reports submitted by each of the policy Committees;
- Adopting any new business items introduced

by delegates in accordance with House rules; Reaffirming CPhA’s Code of Ethics; and Electing the Speaker-elect of the House of Delegates.

Reference Committees encourage open discussion

The Speaker appoints one or more reference Committees consisting of at least seven (7) members to review the policy Committee reports and items of new business referred by the Speaker. One representative of each policy Committee serves on the reference Committee that hears the report of that policy Committee. The reference Committees serve as a hearing body to obtain input and, if necessary, further refine policy proposals. The reference Committee hearing – similar to a legislative Committee – allows everyone an opportunity to speak on the issues and to allow for consensus building. This use of the reference Committees expedites final action at the House’s closing session; where there is insufficient time to rehear debate. Because of this, it is important for delegates to attend these hearings. Delegates who fail to attend or participate in reference Committee hearings are denying themselves the opportunity to be heard on important issues. Following the hearings, the reference Committee(s) convenes to make recommendations on policy Committee reports or any new business items submitted prior to the Opening Session of the House of Delegates. They may recommend adoption or rejection of policy Committee proposals, or they may recommend referral of the matter back to the policy Committee. They may also recommend to: 1) amend policy recommendations, 2) archive newly adopted policy and 3) repeal existing policies. Reference Committee recommendations are only recommendations, and delegates are not bound by reference Committee actions.

The reference Committee reports, containing their recommendations on policy Committee reports and new business items, are available on the day immediately following the reference Committee hearings. This allows time for delegates to caucus and discuss final language to be presented for House action at the closing session. It is important that delegates educate themselves on the issues at the reference Committee hearings and come prepared to vote at the final session.

The closing session is for voting, not debating

The closing session of the House is not intended to be an open forum to discuss issues that are not relevant to the policy Committee reports. Any items that obviously need further study should be referred back to the Committee. The floor of the House is not the appropriate place to rewrite policy or to attempt implementing a poorly written policy. Delegates should come to the closing session with a formed opinion and ready to vote.

Board of Trustees – Implementation of Association Policy

After the House of Delegates has adopted a policy statement, it is up to the Board of Trustees to determine the best way to implement the policy. In some cases, implementation may require extensive staff time and considerable expenditure of Association funds. The Board considers these factors and assigns priorities based on the availability of resources. For example, if an item requires legislative enactment, the Board must make decisions about finding an appropriate bill sponsor, developing background information, identifying witnesses to testify at legislative hearings and timing the introduction of the bill.

This legislative process has served CPhA well since its adoption in 1970. This carefully constructed process – and the policies it has produced – is one reason CPhA has become the strongest state pharmacy association in the nation.



delegate information

Selection of Delegates

Most Delegates are selected by their respective local pharmacy association, school of pharmacy, or Special Interest Group. All current active memberships are counted each year, and these numbers are used to determine the number of delegates per local association, school, and Special Interest Group according to the formulas stipulated in the CPhA Bylaws. Notifications are sent to local association presidents, ASP presidents and Special Interest Group Chairpersons advising them on the number of delegates they are entitled for representation at the upcoming Annual Meeting. These Presidents/ Chairpersons are responsible for completing and submitting a delegate appointment form in a timely manner. Members of the Board of Trustees, past presidents, past speakers of the House of Delegates also serve as delegates. Recognized non-affiliated associations, such as the California Society of Health Systems Pharmacists are also represented in the House according to the CPhA Constitution and Bylaws.

Delegate Mailings

Delegates receive at least one mailing (may be by email) prior to the Annual Meeting. This mailing contains the policy Committee reports, this general delegate information sheet, a copy of the House of Delegates Bylaws, a copy of the Standing Rules, a copy of Board Policy 6 as well as New Business and Policy Amendment forms. Delegate mailings are sent only to active delegates. Alternates do not receive the mailings unless specifically requested.

Seating of Delegates

Delegates have assigned seating at both sessions of the House. Seating charts are designed and posted at the entrance to the room in which the House of Delegates is meeting. Delegate plaques are placed at each delegate's seat. Delegates must have a "DELEGATE" ribbon affixed to their badge and be seated with his/her delegation in order to vote.

Miscellaneous

If a local association submits the name of a delegate who is already seated as a delegate by virtue of being a Board of Trustees member, a past president, past speaker, or a Special Interest Group delegate, the local association president may be asked to submit an alternate. If a Board of Trustee member, past president, past speaker or Special Interest Group delegate sits as a local association delegate they are only entitled to a single vote.

If delegates' names are not received prior to the Annual Meeting, they must be submitted prior to the Opening Session of the House of Delegates.

If a delegate is unable to attend a session of the House of Delegates and someone is assigned to replace him/her, a Delegate Replacement form must be completed and signed by an officer of the organization which he/she represents. This must be done prior to the session which the delegate plans to attend.

collaborative practice agreements

a resource for pharmacists

new on-demand course



Pharmacists are often cited as the most accessible health care professional; over 85% of the US population lives within 5 miles of a community pharmacy. Pharmacists can improve patients' health when they are part of the patient's health care team.

One way to meet this goal is with a Collaborative Practice Agreement (CPA) between pharmacists and other health care providers. This course will review different approaches to building relationships with other healthcare providers that can lead to establishing a CPA and provide resources that can easily be adapted to any practice.

register now
cpha.com/CPA





overview

A Brief Overview of Parliamentary Procedures derived from the CPhA House of Delegates By Laws, Standing Rules and Robert's Rules of Order

Motions are Allowed from Delegates Only

1. MOTIONS TO ADOPT REFERENCE COMMITTEE REPORT

- Made by Chair of Reference Committee.
- Motions from a Committee do not require a second
- **If motion to adopt is approved:** Policy Committee report, section thereof, or referred New Business item is considered adopted.
- **If motion to adopt is defeated:** Policy Committee report, section thereof, or referred New Business item is considered defeated unless a motion to refer is presented and approved by the House. Previous policy (if applicable) stays in effect.
- Takes a simple majority vote to adopt.

2. MOTIONS TO REJECT REFERENCE COMMITTEE REPORT

- Made by Chair of Reference Committee.
- Motions from a Committee do not require a second
- **If motion to reject is approved:** Policy Committee Report, section thereof, or New Business item is defeated. Previous policy (if applicable) stays in effect.
- **If motion to reject is defeated:** Policy Committee Report, section thereof, or New Business item is considered adopted unless a motion to refer is presented and approved by the House.
- Takes a simple majority vote to reject.

3. MOTIONS TO REFER REFERENCE COMMITTEE REPORT

- Generally made by Chair of Reference Committee, however may be made by a Delegate at any time during debate on a motion to adopt, reject or repeal.
- Motions from a Committee do not require a second, however, motions to refer originating from the floor do require a second.
- **If motion to refer is approved:** Policy Committee Report, section thereof, or New Business item is referred to next year's Committee for review.
- **If Reference Committee motion to refer is defeated:** Policy Committee Report, section thereof, or New Business item requires a motion for adoption as originally submitted.

- **If motion is approved,** Policy Committee Report, section thereof, or referred New Business item is

adopted as submitted.

- **If motion is defeated,** Policy Committee Report, section thereof, or referred New Business item is considered rejected.
- **If a motion from the floor to refer is defeated,** debate returns to the motion pending at the time the referral motion was made.

- Takes a simple majority vote to refer.

4. MOTIONS TO AMEND

- House Rules only allow amendments to Policy Committee reports be made by the Reference Committee. Amendments to Reference Committee reports from the floor require suspension of House Rules (see No 6 below).
- Under House Bylaws and Standing Rules, motions to amend require 2/3 majority for adoption.

5. MOTIONS TO ARCHIVE A NEWLY ADOPTED POLICY

- Made by Chair of Reference Committee.
- Motions from a Committee do not require a second
- **If motion to archive is approved,** the policy is archived and will not be subject to the housekeeping provisions of the Standing Rules.
- **If the motion to archive is defeated,** the policy remains in place and continues to be subject to the housekeeping provisions of the Standing Rules.

6. MOTIONS TO SUSPEND THE RULES OF THE HOUSE OF DELEGATES

- Must be made by a Delegate
- Must be seconded
- Motion should include specific reason for which Delegate wishes rules suspended.
- Motion not debatable.
- Takes a 2/3 majority vote to suspend the rules.

7. MOTIONS TO RECONSIDER A PREVIOUSLY CONSIDERED ISSUE

- Must be made by a Delegate who voted on the prevailing side.
- Must be seconded.
- Takes precedence over any other motion.
- Motion is debatable.
- Takes a simple majority vote to succeed.

8. CALLS

A call for the question, if recognized by the Speaker, limits debate to that which has already been given or otherwise recognized in advance by the Chair.

- Must be seconded
- Not debatable
- Takes a two-thirds majority vote to succeed

A call for the division of the question, if recognized by the Speaker, requires that each whole numbered section of a report, as submitted by a Policy or Reference Committee, be considered separately and be put to a separate vote.

- Must be seconded
- Not debatable
- Takes a simple majority vote to succeed

A call for a division of the House requires that a show of hands or a standing of delegates occur for each side of the question and be counted accordingly.

- Call maker need not have the floor
- Does not require a second
- Not debatable
- Call does not require a vote

9. ACTIONS ON NEW BUSINESS ITEMS NOT REVIEWED BY A REFERENCE COMMITTEE

are governed by House Bylaws and Robert's Rules of Order. The House of Delegates may adopt, reject, amend or refer the item of new business.



code of ethics

PREAMBLE

It shall be the obligation of a pharmacist always to maintain the highest standards of professional conduct and to practice the profession in the best interest of the public health. In order to preserve the dignity and the integrity of the profession of pharmacy and define its obligations to the public, the members of the California Pharmacists Association have adopted the following rules of conduct.

SECTION 1

A pharmacist should hold the health and safety of patients to be of first consideration; a pharmacist should render to each patient the full measure of his or her ability as an essential health practitioner.

SECTION 2

A pharmacist should never knowingly condone the dispensing, promoting or distributing of drugs or medical devices or assist therein, which are not of good quality, which do not meet standards required by law or which lack therapeutic value for the patient.

SECTION 3

A pharmacist should always strive to perfect and enlarge his or her professional knowledge. A pharmacist should utilize and make available this knowledge as may be required in accordance with his or her best professional judgment.

SECTION 4

A pharmacist has the duty to observe the law, to uphold the dignity and honor of the profession, and to accept its ethical principles. A pharmacist should not engage in any activity that will bring discredit to the profession and should expose, without fear or favor, illegal or unethical conduct in the profession.

SECTION 5

A pharmacist should seek at all times only fair and reasonable remuneration for his or her services. A pharmacist should never agree to or participate in transactions with practitioners of other health professions or any person under which fees are divided or which may cause financial or other exploitation in connection with the rendering of professional services.

SECTION 6

A pharmacist should respect the confidential and personal nature of professional records; except where the best interest of the patient requires or the law demands, the pharmacist should not disclose such information to anyone without proper patient authorization.

SECTION 7

A pharmacist should not agree to practice under terms or conditions which tend to interfere with or impair the proper exercise of professional judgment and skill, which tend to cause a deterioration of the quality of service or which require consent to unethical conduct.

SECTION 8

A pharmacist should strive to provide information to patients regarding professional services truthfully, accurately and fully and should avoid misleading patients regarding the nature, cost or value of the pharmacist's professional services.

SECTION 9

A pharmacist should associate with organizations having for their objective the betterment of the profession of pharmacy; a pharmacist should contribute of his or her time and funds to carry on the work of these organizations.

Revised 01/17/01



amendment form

Please submit all amendments in writing, print clearly, and submit to CPhA staff.

Reference Committee Hearing: September 14, 2019

Closing Session: September 15, 2019

Amendments

To be submitted and introduced by delegates only.

Introduced by: _____

On behalf of: _____

Delegate Affiliation: _____

Subject: _____

Title of Item: _____

Item should be amended as follows: _____



new business form

In order for New Business to be considered by the House of Delegates Reference Committee, items must be submitted in writing by **the Opening Session of the House of Delegates**. For items to be considered at the final Closing Session of the House, they must be submitted in writing by **4:00pm on September 14, 2019**.

Further, Standing Rule 1 requires that any New Business submitted must include background information and that authors should be prepared to present the material. Items submitted without background information will be considered incomplete and will not be forwarded to the Policy Committee, the Reference Committee or the House of Delegates for consideration.

2019 House of Delegates Meeting

To be submitted and introduced by delegates only

PLEASE PRINT LEGIBLY

Introduced by: _____

Date: _____

On behalf of: _____

Delegate Affiliation: _____

Subject: _____

Motion:

The California Pharmacists Association _____

Background: _____

Please use additional paper if space is needed.



2019 house of delegates elections

I would like to be slated as a candidate for: Speaker-Elect NCPA Delegate

Name: _____

Employer/Position: _____

Education: _____

CPhA Special Interest Group Affiliation(s):

Local Pharmacy Association Activities:

State Pharmacy Association Activities:

National Pharmacy Association Activities:

Other Pharmacy Organization Activities:

Please submit form to Sheila Johnston at sjohnston@cpha.com or hand to a CPhA Staff member at onsite meeting.



house of delegates schedule

Saturday, September 14, 2019

1:30pm-3:30pm

House of Delegates Opening Session

3:30pm-5:00pm

Reference Committee Hearing

Be prepared to deliberate and recommend changes to the Policy Committee Report.

5:00pm-6:00pm

Reference Committee Report Writing

6:00pm-7:00pm

Hosted Reception

7:00pm-10:00pm

CE Dinner & Program

Topic: Cannabinoid Science for the Pharmacist

Speakers: Dr. Thomas Kupiec and Dr. Lisa Wells

Sunday, September 15, 2019

6:30am

Reference Committee Report available

7:00am-10:00am

Caucus Meetings

Local chapters and student delegations review Reference Committee Report.

11:00am-1:00pm

House of Delegates Closing Session & Installation of Officers

Be prepared to vote on policies debated.