

House of Delegates

REPORT ON IMPLEMENTATION OF 2020

ASHP HOUSE OF DELEGATES ACTIONS AND RECOMMENDATIONS

Council on Therapeutics 2001: Safety and Effectiveness of Ethanol for Prevention or Treatment of Alcohol Withdrawal Syndrome

To oppose the use of oral or intravenous ethanol for the prevention or treatment of alcohol withdrawal syndrome (AWS) because of its poor effectiveness and safety profile; further,

To support hospital and health-system efforts that prohibit the use of oral or intravenous ethanol therapies to prevent or treat AWS; further,

To support the removal of oral or intravenous ethanol from hospital and health systems for the prevention and treatment of AWS; further,

To educate clinicians about evidence-based therapies for AWS.

This policy supersedes ASHP policy 1514.

This policy has been published in *ASHP Best Practices* (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

Council on Therapeutics 2002: Excipients in Drug Products

To advocate that manufacturers remove unnecessary, potentially allergenic excipients from all drug products; further,

To encourage manufacturers to publicly disclose all excipients in drug products; further,

To advocate that the Food and Drug Administration require manufacturers to declare the name and derivative source of all excipients in drug products on the official label; further,

To advocate that vendors of medication-related databases incorporate, expand, and maintain interoperable information about excipients; further,

To promote research that evaluates the safety of excipients to guide clinical practice and to support the reporting and dissemination of this information via published literature, registries, and other mechanisms; further,

To foster education on the potential adverse events that may be caused by excipients; further,

To encourage documentation of allergic reactions or intolerances to or restrictions on specific excipients in the health record.

This policy supersedes ASHP policy 1528.

This policy has been published in *ASHP Best Practices* (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

Council on Therapeutics 2003: Anticancer Treatment Parity

To support anticancer treatment parity legislation at both the state and federal level that ensures equality of access and insurance coverage for all anticancer drug products approved by the Food and Drug Administration (FDA); further,

To advocate all insurers and manufacturers design plans containing limits on out-of-pocket expenditure so that patient cost sharing for anticancer treatment is equivalent, regardless of treatment modality or route of administration; further,

To encourage the development of policies and endorse practices that contribute to a decrease in anticancer treatment costs to the consumer; further,

To continue to foster the development of best practices, including adherence monitoring strategies, and education on the safe use and management of anticancer agents, regardless of route of administration.

This policy supersedes ASHP policy 1516.

This policy has been published in *ASHP Best Practices* (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

Council on Therapeutics 2004: Evaluation of Abuse-Deterrent Drug Mechanisms

To encourage manufacturers to develop safe and efficacious abuse-deterrent formulations for drugs known to be abused and misused; further,

To promote research on the efficacy of abuse-deterrent mechanisms in preventing prescription drug abuse, and to support the reporting and dissemination of this information; further,

To advocate for legislation that would limit out-of-pocket expenditures for such formulations.

This policy supersedes ASHP policy 1512.

This policy has been published in *ASHP Best Practices* (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

Council on Therapeutics 2005: Quality Consumer Medication Information

To support efforts by the Food and Drug Administration (FDA) and other stakeholders to improve the quality, consistency, accessibility, targeting, and simplicity of consumer medication information (CMI); further,

To encourage the FDA to work in collaboration with patient advocates and other stakeholders to create evidence-based models and standards, including establishment of a universal literacy level and standardized, patient-focused templates, for CMI; further,

To advocate that research be conducted to validate these models in actual-use studies in pertinent patient populations; further,

To advocate that FDA explore alternative models of CMI content development and maintenance that will ensure the highest level of accuracy, consistency, and currency, and conforms with health literacy requirements; further,

To advocate that the FDA engage a single third-party author to provide editorial control of a highly structured, publicly and easily accessible central repository of CMI in a format that is suitable for ready export; further,

To advocate for laws and regulations that would require all dispensers of medications to comply with FDA-established standards for unalterable content, format, and distribution of CMI.

This policy supersedes ASHP policy 1513.

This policy has been published in ASHP Best Practices (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

Council on Therapeutics 2006: Pharmacist's Leadership Role in Anticoagulation Therapy Management

To advocate that pharmacists provide leadership in caring for patients receiving drug products for anticoagulant therapy management; further,

To advocate that pharmacists be responsible for coordinating the individualized care of patients receiving drug products for anticoagulation therapy management; further,

To encourage pharmacists who participate in anticoagulation therapy management to educate patients, caregivers, prescribers, and other members of the interprofessional healthcare team about anticoagulant drug product uses, drug interactions, reversal therapies and strategies, adverse effects, the importance of adhering to therapy, access to care, and recommended laboratory testing and other monitoring.

This policy supersedes ASHP policy 1703.

This policy has been published in ASHP Best Practices (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

Council on Therapeutics 2007: Use of Surrogate Endpoints for FDA Approval of Drug Uses

To support efforts by the Food and Drug Administration (FDA) and other stakeholders to qualify the appropriateness of surrogate endpoints; further,

To support the continued use of qualified surrogate endpoints by the FDA as a mechanism to evaluate the effectiveness and safety of new drugs and new indications for existing therapies, when measurement of definitive clinical outcomes is not feasible; further,

To advocate that the FDA consistently enforce existing requirements that drug product manufacturers complete postmarketing studies for drugs approved based on qualified surrogate endpoints in order to confirm that the expected improvement in outcomes occurs, and to require that these studies be completed in a timely manner.

This policy supersedes ASHP policy 1011.

This policy has been published in ASHP Best Practices (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

Council on Pharmacy Management 2008: Health-System Facility Design

To advocate the development and the inclusion of contemporary pharmacy and medication-use specifications in national and state healthcare design standards to ensure adequate space for safe provision of pharmacy products and patient care services; further,

To promote pharmacist involvement in the design-planning and space-allocation decisions of healthcare facilities.

This policy supersedes ASHP policy 0505.

This policy has been published in ASHP Best Practices (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts. The ASHP policy is reflected in the following activities:

[ASHP Statement on the Role of the Medication Safety Leader](#)

[ASHP Statement on the Roles and Responsibilities of the Pharmacy Executive](#) (NOTE: revision of this statement is a new policy recommendation for the 2021 June ASHP House of Delegates)

AJHP article – “Compounding facilities assessment and planning: A focus on USP <797> and USP <800>”
<https://doi.org/10.1093/ajhp/zxaa272>

ASHP Medication Safety Certificate: <https://elearning.ashp.org/products/7846/medication-safety-certificate>

This policy is included in our communications with policymakers and healthcare stakeholders regarding policy, practice, and regulatory considerations for pharmacist leadership and considerations related to effective system design for safe medication use and patient safety.

Council on Pharmacy Practice 2009: Role of the Pharmacy Workforce in Identifying and Caring for Victims of Human Trafficking

To recognize that human trafficking is a significant public health problem in the U.S.; further,

To affirm that the pharmacy workforce has important roles in identifying and caring for victims of human trafficking; further,

To foster education, training, and the development of resources to prepare the pharmacy workforce for their roles in identifying and caring for victims of human trafficking.

This policy has been published in ASHP Best Practices (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

Council on Pharmacy Practice 2010: Use of Two Patient Identifiers in the Outpatient Setting

To encourage the use of two identifiers to confirm patient identity when transferring filled prescriptions to the possession of the patient or patient’s agent for outpatient use.

This policy supersedes ASHP policy 1024.

This policy has been published in ASHP Best Practices (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

Council on Public Policy 2011: Credentialing and Privileging by Regulators, Payers, and Providers of Collaborative Practice

To recommend the use of credentialing and privileging in a manner consistent with other healthcare professionals to assess a pharmacist's competence to engage in patient care services.

This policy supersedes ASHP policy 1907.

This policy has been published in ASHP Best Practices (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

Council on Public Policy 2012: Importation of Drug Products

To oppose wholesale importation of drug products as a method to lower drug costs.

This policy supersedes ASHP policy 0413.

This policy has been published in ASHP Best Practices (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

Council on Public Policy 2013: Public Quality Standards for Biologic Products

To oppose federal or state legislation that would remove the requirement for biologic products to adhere to public quality standards; further,

To review and evaluate current public standards to ensure that they are relevant and appropriate to biologic products.

This policy has been published in ASHP Best Practices (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

Council on Therapeutics 2014: Naloxone Availability

To recognize the public health benefits of naloxone for opioid reversal; further,

To support efforts to safely expand patient and public access to naloxone; further,

To support state efforts to authorize pharmacists' prescribing authority for naloxone for opioid reversal; further,

To advocate for the development of affordable formulations of naloxone to increase accessibility; further,

To foster standardized education on the role of naloxone in opioid reversal and its proper administration, safe use, and appropriate follow-up care; further,

To support legislation that provides protections for those seeking or providing medical help for overdose victims.

This policy supersedes ASHP policy 1510.

This policy has been published in ASHP Best Practices (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

Council on Pharmacy Management 2016: Medication Formulary System Management

To declare that decisions on the management of a medication formulary system, including criteria for use, (1) should be based on clinical, ethical, legal, social, philosophical, quality-of-life, safety, comparative effectiveness, and pharmaco-economic factors that result in optimal patient care; (2) must include the active

and direct involvement of physicians, pharmacists, and other appropriate healthcare professionals; and (3) should not be based solely on economic factors; further,

To support the concept of a standardized medication formulary system among components of integrated health systems when standardization leads to improved patient outcomes; further,

To oppose independent payer-directed formulary decisions that would increase the complexity of the medication-use system.

This policy supersedes ASHP policies 9601 and 1805.

This policy has been published in ASHP Best Practices (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts. The ASHP policy is reflected in the following activities:

ASHP podcast – “Best Practices in Formulary Management Unique Strategies for Biosimilar Adoption”
<https://www.ashp.org/Professional-Development/ASHP-Podcasts/ASHP-Advantage/Best-Practices-in-Formulary-Management-Unique-Strategies-for-Biosimilar-Adoption>

ASHP podcast – “Best Practice in Formulary Management: Integrating Biosimilars Into Your IT Systems”
<https://www.ashp.org/Professional-Development/ASHP-Podcasts/ASHP-Advantage/Best-Practice-in-Formulary-Management-Integrating-biosimilars-into-your-IT-systems>

ASHP podcast – “Best Practice in Formulary Management: Keeping Patients Safe From White Bagging”
<https://www.ashp.org/Professional-Development/ASHP-Podcasts/ASHP-Advantage/Best-Practice-in-Formulary-Management-Keeping-Patients-Safe-From-White-Bagging>

ASHP podcast – “Best Practice in Formulary Management: Biosimilar Reimbursement Challenges”
<https://www.ashp.org/Professional-Development/ASHP-Podcasts/ASHP-Advantage/Best-Practice-in-Formulary-Management-Biosimilar-Reimbursement-Challenges>

ASHP Advantage Formulary Toolkit: <https://formularytoolkit.org/>

Council on Pharmacy Practice 2017: Role of the Pharmacy Workforce in Preventing Accidental and Intentional Firearm Injury and Death

To recognize that accidental and intentional firearm injury and death in the U.S. is a public health crisis; further,

To affirm that the pharmacy workforce has important roles in the comprehensive public health and medical approach to reducing death and disability from firearm injury.

This policy has been published in ASHP Best Practices (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

Council on Pharmacy Practice 2018: Safe Use of Transdermal System Patches

To encourage hospitals and health systems to implement policies and procedures to ensure safe use of transdermal system patches; further,

To advocate for enhanced patient and consumer education and product safety requirements for transdermal system patches; further,

To encourage manufacturers of transdermal system patches to collaborate with pharmacists and other stakeholders to identify and implement packaging, labeling, and formulation changes that prevent accidental exposure and facilitate safe disposal.

This policy supersedes ASHP policy 1404.

This policy has been published in ASHP Best Practices (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

Council on Public Policy 2019: Access to Affordable Healthcare

To advocate for access to affordable healthcare for all, including coverage of medications and related pharmacist patient care services; further,

To advocate that the full range of available methods be used to (1) ensure the provision of appropriate, safe, and cost-effective healthcare services; (2) optimize treatment outcomes; (3) minimize overall costs without compromising quality; and (4) ensure patient choice of healthcare providers, including pharmacy services; further,

To advocate that healthcare payers seek to optimize continuity of care in their design of benefit plans.

This policy supersedes ASHP policy 1001.

This policy has been published in ASHP Best Practices (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

Council on Public Policy 2020: Care-Commensurate Reimbursement

To advocate that reimbursement for healthcare services be commensurate with the level of care provided, based on the needs of the patient.

This policy has been published in ASHP Best Practices (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

Council on Public Policy 2021: Funding, Expertise, and Oversight of State Boards of Pharmacy

To advocate appropriate oversight of pharmacy practice and the pharmaceutical supply chain through coordination and cooperation of state boards of pharmacy and other state and federal agencies whose mission it is to protect the public health; further,

To advocate representation on state boards of pharmacy and related agencies by pharmacists and pharmacy technicians; further,

To advocate that hospitals and health systems are adequately represented on state boards of pharmacy; further,

To advocate for dedicated funds for the exclusive use by state boards of pharmacy and related agencies including funding for the training of state board of pharmacy inspectors and the implementation of adequate inspection schedules to ensure the effective oversight and regulation of pharmacy practice, the integrity of the pharmaceutical supply chain, and protection of the public; further,

To advocate that inspections be performed only by individuals with demonstrated competency in the applicable area of practice.

This policy supersedes ASHP policy 1507.

This policy has been published in ASHP Best Practices (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

Council on Public Policy 2022: Dispensing by Nonpharmacists and Nonprescribers

To reaffirm the position that to ensure optimal patient outcomes all medication dispensing functions must be performed by, or under the supervision of, a pharmacist; further,

To reaffirm the position that any relationships that are established between a pharmacist and other individuals in order to carry out the dispensing function should preserve the role of the pharmacist in (a) maintaining appropriate patient safety, (b) complying with regulatory and legal requirements, and (c) providing individualized patient care; further,

To advocate that all medication dispensing, regardless of setting, be held to the same regulatory standards that apply to dispensing by a pharmacist; further,

To urge pharmacists to assume a leadership role in medication dispensing in all settings to ensure adherence to best practices.

This policy supersedes ASHP policy 0010.

This policy has been published in ASHP Best Practices (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

Council on Public Policy 2023: New Categories of Licensed Pharmacy Personnel

To oppose the creation of new categories of licensed pharmacy personnel.

This policy has been published in ASHP Best Practices (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

Council on Therapeutics 2024: Safety and Efficacy of Compounded Topical Formulations

To encourage pharmacists to take a leadership role in developing processes that would ensure quality, safety, and effectiveness of compounded topical formulations; further,

To advocate that ASHP expand its repository of evidence-based formulations that could serve as a resource for compounding topical formulations; further,

To advocate that public and private payers and healthcare providers collaborate to create standardized and efficient methods for authorizing payment for medically necessary compounded topical formulations; further,

To encourage hospitals and health systems to develop policies and procedures to guide clinicians in making informed decisions regarding the prescribing and use of compounded topical formulations; further,

To encourage pharmacists to take a leadership role in developing and providing education on the safety and efficacy of compounded topical formulations to providers and consumers.

This policy has been published in ASHP Best Practices (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

Council on Therapeutics 2025: Postmarketing Studies

To advocate that Congress grant the Food and Drug Administration (FDA) authority to require the manufacturer of an approved drug product or licensed biologic product to conduct postmarketing studies

on the safety of the product when the agency deems it to be in the public interest and to require additional labeling or withdrawal of the product on the basis of a review of postmarketing studies; further,

To advocate that Congress provide adequate funding to FDA and other agencies to fulfill this expanded mission related to postmarketing surveillance and studies; further,

To advocate that such studies compare a particular approved drug product or licensed biologic product with (as appropriate) other approved drug products, licensed biologic products, medical devices, or procedures used to treat specific diseases; further,

To advocate expansion of studies of approved drug products or licensed biologic products to improve safety and therapeutic outcomes and promote cost-effective use; further,

To encourage impartial public-private partnerships or private-sector entities to also conduct such studies.

This policy supersedes ASHP policies 1004 and 0515.

This policy has been published in ASHP Best Practices (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

Council on Therapeutics 2026: Gabapentin as a Controlled Substance

To advocate that the Drug Enforcement Administration classify gabapentin as a Schedule V substance due to its potential for abuse and patient harm.

This policy has been published in ASHP Best Practices (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

Council on Education and Workforce Development 2027: Residency Training for Pharmacists Who Provide Direct Patient Care

To recognize that optimal direct patient care by a pharmacist requires the development of clinical judgment, which can be acquired only through experience and reflection on that experience; further,

Pharmacists who provide direct patient care should have completed an ASHP-accredited residency or have attained comparable skills through practice experience; further,

To support the position that the completion of an ASHP-accredited postgraduate-year-one residency be required for all new college or school of pharmacy graduates who will be providing direct patient care.

This policy supersedes ASHP policies 0701 and 0005.

This policy has been published in ASHP Best Practices (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

Council on Pharmacy Management 2028: Pharmacist's Role in Health Insurance Benefit Design

To advocate that pharmacy practice leaders collaborate with internal and external partners who design, negotiate, and select their own organization's health plans and pharmacy benefit management contracts to preserve patient continuity of care and the integrity of the health-system pharmacy enterprise; further,

To provide education and resources for all partners on the health plan development process, analysis of pharmacy benefit design, contemporary formulary review processes, and application of medication safety principles on formulary decision-making.

This policy has been published in ASHP Best Practices (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts. The ASHP policy is reflected in the following activities:

ASHP Advantage Formulary Toolkit: <https://formularytoolkit.org/>

ASHP podcast – “ASHP Specialty Pharmacy State of Practice in Hospitals and Health Systems – Future Directions Summit” <https://www.ashp.org/Professional-Development/ASHP-Podcasts/Hot-Topics-in-Pharmacy-Practice/Specialty-Pharmacy-Summit>

Partnered with organizations and companies representing the U.S. pharmaceutical supply and payment chain; wholesalers; retail, specialty, and managed care pharmacies; health insurance providers and other payers; and pharmacy benefit managers in sending policy principles to the Vice President and Congress to promote uninterrupted patient access to medications during the COVID-19 pandemic

Collaborated with Vizient, Premier, and HCA leadership on ASHP’s white bagging advocacy efforts

ASHP News- “ASHP Specialty Pharmacy Summit Leads the Way”

https://www.ashp.org/News/2021/02/16/ASHP-Specialty-Pharmacy-Summit-Leads-the-Way?utm_source=021621-generalnewslink&utm_medium=email

Council on Pharmacy Management 2029: Preserving Patient Access to Pharmacy Services by Medically Underserved Populations

To advocate for funding and innovative payment models to preserve patient access to acute and ambulatory care pharmacy services by rural or medically underserved populations; further,

To support the use of telehealth to maintain pharmacy operations and pharmacist-led comprehensive medication management that extend patient care services to and enhance continuity of care for rural or medically underserved populations; further,

To advocate that the advanced communication technologies required for telehealth be available to rural or medically underserved populations; further,

To advocate for funding of loan forgiveness or incentive programs that recruit pharmacists and pharmacy technicians to practice in rural or medically underserved populations.

This policy has been published in ASHP Best Practices (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts. The ASHP policy is reflected in the following activities:

ASHP webinars:

“Telehealth Management Pearls” <https://elearning.ashp.org/products/8377/telehealth-management-pearls>

“Telehealth Management Pearls Part II” <https://elearning.ashp.org/products/8827/telehealth-management-pearls-part-ii>

ASHP News - “Rural Hospitals Prepare, Respond to COVID-19”

<https://www.ashp.org/news/2020/06/17/rural-hospitals-prepare-respond-to-covid-19>

ASHP participated in the National Quality Forum's (NQF) Measures Applications Partnership (MAP) Rural Health Workgroup that developed a final recommendations report, published in September, that includes a list of rural-relevant measures that should be prioritized for future testing of statistical approaches to address low case-volume and discusses reporting challenges, gaps, and future considerations for rural health measurement. https://www.qualityforum.org/MAP_Rural_Health_Workgroup.aspx

ASHP partnered with other Pharmacist organizations to submit comments to CMS's request for information regarding maternal and infant health in rural communities.

<https://www.ashp.org/-/media/assets/advocacy-issues/docs/GRD-CMS-Maternal-Health-RFI-Joint-Comments.ashx?la=en&hash=D5CF8341062958AD5312B47096A52A9E6EFF4A48>

ASHP led an effort calling on the Biden Transition team to keep telehealth flexibilities by sending a letter to President-elect Biden's transition team to make the recent change in rules on direct supervision permanent.

<https://www.ashp.org/Advocacy-and-Issues/Key-Issues/Other-Issues/Joint-Letter-to-Biden-Transition-Team>

<https://www.ashp.org/-/media/assets/advocacy-issues/docs/GRD-Biden-Transition-Team-CMS-Virtual-Supervision-Sign-On-Letter.ashx?la=en&hash=4F51D0564EC6326804732CC11310C6AC7EBD3A3F>

CE held at the (virtual) 2020 ASHP Midyear Clinical Meeting and Exhibition

(home study programs <https://www.eventscribe.com/2020/midyear/index.asp?launcher=1>):

“Small & Rural Keynote: Overview of the Rural Hospital Landscape” (Brock Slabach MPH, FACHE, Sr. Vice-President, Member Services at the National Rural Health Association)

“Progressive Models for Underserved Patients in Rural Health Settings”

“The Joint Commission Update 2020: Focus on Small and Rural Hospitals”

“Improving Antibiotic Stewardship Using Multidisciplinary Rounds in a Critical Access Hospital”

“A Marvel-Worthy Diversion Oversight Program in a Small and Rural Hospital”

Council on Pharmacy Management 2030: Interstate Pharmacist Licensure

To advocate for interstate pharmacist licensure to expand the mobility of pharmacists and their ability to practice.

This policy has been published in ASHP Best Practices (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts. The ASHP policy is reflected in the following activities:

ASHP and Other Pharmacy Organizations Submit Letter to the Biden Transition Team

<https://www.ashp.org/Advocacy-and-Issues/Key-Issues/Other-Issues/Joint-Letter-to-Biden-Transition-Team>

Pharmacy Organizations' Joint Policy Recommendations to Combat the COVID-19 Pandemic

<https://www.ashp.org/-/media/assets/pharmacy-practice/resource-centers/Coronavirus/docs/Pharmacist-frontline-COVID19.ashx>

This policy is included in our communications with policymakers and healthcare stakeholders regarding policy, practice, and regulatory considerations for patient access to pharmacist care.

Council on Pharmacy Management 2031: Continuity of Care in Insurance Payer Networks

To oppose provider access criteria that impose discriminatory requirements or qualifications on participation in insurance payer networks that interfere with patient continuity of care or patient site-of-care options.

This policy has been published in ASHP Best Practices (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts. The ASHP policy is reflected in the following activities:

AJHP Theme Issue on Transitions of Care (Volume 77, Issue 12, 15 June 2020)

<https://academic.oup.com/ajhp/issue/77/12>

ASHP News – “White Bagging a Growing Concern for Health Systems”

https://www.ashp.org/News/2021/03/22/White-Bagging-a-Growing-Concern-for-Health-Systems?utm_source=032921-generalnewslink&utm_medium=email

ASHP podcast – “Advocating for Impact: White Bagging - Implications for Patient Safety and Access to Care”

https://www.ashp.org/Professional-Development/ASHP-Podcasts/Advocacy-Updates/White-Bagging---Implications-for-Patient-Safety-and-Access-to-Care?utm_source=031821-membermsg&utm_medium=email&loginreturnUrl=SSOCheckOnly

ASHP News- “ASHP Specialty Pharmacy Summit Leads the Way”

https://www.ashp.org/News/2021/02/16/ASHP-Specialty-Pharmacy-Summit-Leads-the-Way?utm_source=021621-generalnewslink&utm_medium=email

Council on Pharmacy Management 2032: Health-System Use of Medications Supplied to Hospitals by Patients, Caregivers, or Specialty Pharmacies

To support care models in which medications are prepared for patient administration by the pharmacy and are obtained from a licensed, verified source; further,

To encourage hospitals and health systems not to permit administration of medications supplied to the hospital or clinic by the patient, caregiver, or specialty pharmacy when storage conditions or the source cannot be verified, unless it is determined that the risk of not using such a medication exceeds the risk of using it; further,

To advocate adequate reimbursement for preparation, order review, and other costs associated with the safe provision and administration of medications.

This policy supersedes ASHP policy 0806.

This policy has been published in ASHP Best Practices (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts. The ASHP policy is reflected in the following activities:

ASHP News – “White Bagging a Growing Concern for Health Systems”

https://www.ashp.org/News/2021/03/22/White-Bagging-a-Growing-Concern-for-Health-Systems?utm_source=032921-generalnewslink&utm_medium=email

ASHP podcast – “Advocating for Impact: White Bagging - Implications for Patient Safety and Access to Care”

https://www.ashp.org/Professional-Development/ASHP-Podcasts/Advocacy-Updates/White-Bagging---Implications-for-Patient-Safety-and-Access-to-Care?utm_source=031821-membermsg&utm_medium=email&loginreturnUrl=SSOCheckOnly

ASHP News- “ASHP Specialty Pharmacy Summit Leads the Way”

https://www.ashp.org/News/2021/02/16/ASHP-Specialty-Pharmacy-Summit-Leads-the-Way?utm_source=021621-generalnewslink&utm_medium=email

ASHP Medication Safety Certificate: <https://elearning.ashp.org/products/7846/medication-safety-certificate>

Council on Pharmacy Management 2033: Health-System Use of Administration Devices Supplied Directly to Patients

To recommend that hospitals and health systems have a system in place for determining the risk versus benefit of permitting a patient to use his or her own medication administration devices; further,

To advocate that hospitals and health systems have policies and procedures, including the training of staff, on the use and management of medication administration devices and devices that augment medication administration (e.g., continuous glucose monitors); further,

To advocate that hospitals and health systems ensure that pharmacists participate in the identification of medication administration devices brought in by patients and communicate those findings to the interprofessional care team; further,

To advocate for adequate reimbursement for preparation, order review, and other costs associated with the safe provision and administration of medications and use of related devices.

This policy supersedes ASHP policy 0806.

This policy has been published in ASHP Best Practices (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts. The ASHP policy is reflected in the following activities:

Executive summary of the meeting of the 2020 ASHP Commission on goals: preparing the healthcare workforce for a digital future <https://doi.org/10.1093/ajhp/zxaa395>

ASHP CE webinar (home study): “Syringe Infusion Pumps: A Comprehensive Overview and Considerations for Use at Low Delivery Rates” <https://elearning.ashp.org/products/8373/syringe-infusion-pumps-a-comprehensive-overview-and-considerations-for-use-at-low-delivery-rates>

ASHP Medication Safety Certificate: <https://elearning.ashp.org/products/7846/medication-safety-certificate>

Council on Pharmacy Management 2034: Staffing for Safe and Effective Patient Care

To encourage pharmacy leaders to work in collaboration with physicians, nurses, health-system administrators, and others to outline key pharmacist services that are essential to safe and effective patient care and employee engagement; further,

To encourage pharmacy leaders to be innovative in their approach and to factor into their thinking the potential benefits and risks of flexible staffing models, telehealth practices, legal requirements, accreditation standards, professional standards of practice, and the resources and technology available in individual settings.

This policy supersedes ASHP policy 0201.

This policy has been published in ASHP Best Practices (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts. The ASHP policy is reflected in the following activities:

CE held at the (virtual) 2020 ASHP Midyear Clinical Meeting and Exhibition – (home study programs <https://www.eventscribe.com/2020/midyear/index.asp?launcher=1>)

‘Remote Pharmacy Work Models That "Really Work"’

‘Story Telling with Data: Leveraging Dashboards to "Wow" Executives’

ASHP Foundation Pharmacy Forecast 2021: Strategic Planning Advice for Pharmacy Departments in Hospitals and Health Systems <https://doi.org/10.1093/ajhp/zxaa429>

The high-value pharmacy enterprise framework: Advancing pharmacy practice in health systems through a consensus-based, strategic approach <https://doi.org/10.1093/ajhp/zxaa431>

ASHP and Other Pharmacy Organizations Submit Letter to the Biden Transition Team

<https://www.ashp.org/Advocacy-and-Issues/Key-Issues/Other-Issues/Joint-Letter-to-Biden-Transition-Team>

This policy is included in our communications with policymakers and healthcare stakeholders regarding policy, practice, and regulatory considerations for pharmacist leadership and considerations related to effective system design for safe medication use and patient safety.

Council on Pharmacy Practice 2035: Role of the Pharmacy Workforce in Violence Prevention

To recognize that violence in the U.S. is a public health crisis; further,

To affirm that the pharmacy workforce has important roles in a comprehensive public health and medical approach to violence prevention, including leadership roles in their communities and workplaces; further,

To encourage members of the pharmacy workforce to seek out opportunities to engage in violence prevention efforts in their communities and workplaces; further,

To promote collaboration between the pharmacy workforce and community and healthcare organizations in violence prevention efforts; further,

To foster education, training, and the development of resources to prepare the pharmacy workforce for their roles in violence prevention; further,

To support research and dissemination of information on the effectiveness of pharmacy-focused violence-prevention strategies.

This policy has been published in ASHP Best Practices (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

House of Delegates 2036: Racial and Discriminatory Inequities

To acknowledge that racism, discrimination, and inequities exist in healthcare and society; further,

To assert that racism, or any form of discrimination or injustice, has no value in society and cannot be tolerated; further,

To fervently commit to creating a just and inclusive healthcare system and society.

This policy has been published in ASHP Best Practices (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

House of Delegates 2037: Support of the World Health Organization

To strongly support the mission and work of the World Health Organization in its role in public health preparedness, prevention, and control to improve the health and well-being of people globally.

This policy has been published in ASHP Best Practices (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

Section of Pharmacy Informatics and Technology 2038: ASHP Statement on the Use of Artificial Intelligence in Pharmacy

To approve the ASHP Statement on the Use of Artificial Intelligence in Pharmacy.

This policy has been published in ASHP Best Practices (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

Council on Therapeutics 2039: Complementary, Alternative, and Integrative Medicine Products

To promote awareness of the impact of complementary, alternative, and integrative medicine (CAM) products on patient care, particularly drug interactions, medication safety concerns, and the risk of contamination and variability in active ingredient content; further,

To advocate for the documentation of CAM products in the health record to improve transparency and optimize patient safety; further,

To advocate for the inclusion of up-to-date and readily available information about CAM products and their characteristics in medication-related databases; further,

To provide education on the impact of CAM product administration on patient care within healthcare organizations.

This policy supersedes ASHP policy 1511.

This policy has been published in ASHP Best Practices (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

Council on Therapeutics 2040: Premarketing Comparative Clinical Studies

To advocate that Congress grant the Food and Drug Administration (FDA) authority to require premarketing comparative clinical trials when appropriate alternative agent(s) exist on the market, to elucidate the new agent's role and place in therapy for the proposed indication; further,

To recommend that drug manufacturers include a summary of premarketing comparative study results in official product labeling, when available; further,

To advocate that Congress provide adequate funding to FDA and other agencies to support the additional tasks required by such premarketing comparative studies.

This policy supersedes ASHP policy 1506.

This policy has been published in ASHP Best Practices (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

Council on Therapeutics 2041: Safety of Intranasal Route as an Alternative Route of Administration

To encourage the development of institutional guidance and advocate for further research on the pharmacokinetic and pharmacodynamic characteristics of drugs not approved for intranasal administration; further,

To foster the development of educational resources on the safety of intranasal administration of drugs not approved for that route; further,

To encourage manufacturers to develop intranasal formulations in ready-to-use devices.

This policy supersedes ASHP policy 1601.

This policy has been published in ASHP Best Practices (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

Council on Pharmacy Management 2042: Controlled Substances Diversion Prevention

To enhance awareness by the pharmacy workforce, other healthcare workers, and the public of the potential threats to the public and patient care and safety presented by diversion of controlled substances; further,

To encourage healthcare organizations to develop controlled substances diversion prevention programs (CSDPPs) and supporting policies that delineate the core administrative elements and system- and provider-level controls needed to deter diversion of controlled substances at all stages of medication use; further,

To encourage healthcare organizations to address in their CSDPPs the roles, responsibilities, and oversight of all workers who may have access to controlled substances to ensure compliance with applicable laws and scopes of practice; further,

To encourage healthcare organizations to ensure that all healthcare workers are appropriately screened for substance abuse prior to initial employment and that surveillance, auditing, and monitoring are conducted on an ongoing basis to support a safe patient-care environment, protect co-workers, and discourage controlled substances diversion; further,

To advocate that pharmacists take principal roles in collaborative, interdisciplinary efforts by organizations of healthcare professionals, patient advocacy organizations, and regulatory authorities to develop and promote best practices for preventing drug diversion and appropriately using controlled substances to optimize and ensure patient access and therapeutic outcomes; further,

To advocate that the Drug Enforcement Administration and other regulatory authorities interpret and enforce laws, rules, and regulations to support patient access to appropriate therapies, minimize burdens on pharmacy practice, and provide reasonable safeguards against fraud, misuse, abuse, and diversion of controlled substances.

This policy supersedes ASHP policies 1614 and 1709.

This policy has been published in ASHP Best Practices (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts. The ASHP policy is reflected in the following activities:

ASHP CE webinar (home study) – “Establishing Services Around Diversion Prevention”

<https://elearning.ashp.org/products/8256/establishing-services-around-diversion-prevention>

ASHP Advantage CE webinar: “Addressing the Challenges of Controlled Substances Diversion in the Health System”

https://www.ashpadvantage.com/diversion/webinar2/?utm_source=021621-generalnewslink&utm_medium=email

AJHP Report - Report of the ASHP Opioid Task Force <https://doi.org/10.1093/ajhp/zxaa117>

CE held at the (virtual) 2020 ASHP Midyear Clinical Meeting and Exhibition – “A Marvel-Worthy Diversion Oversight Program in a Small and Rural Hospital” (home study program

<https://www.eventscribe.com/2020/midyear/index.asp?launcher=1>)

Council on Pharmacy Management 2043: Drug Product Supply Chain Integrity

To encourage the Food and Drug Administration (FDA) and relevant state authorities to take the steps necessary to ensure that (1) all drug products entering the supply chain are thoroughly inspected and tested to establish that they have not been adulterated or misbranded and (2) patients will not receive improperly labeled and packaged, deteriorated, outdated, counterfeit, adulterated, or unapproved drug products; further,

To encourage FDA and relevant state authorities to develop and implement regulations to (1) restrict or prohibit licensed drug distributors (drug wholesalers, repackagers, and manufacturers) from purchasing legend drugs from unlicensed entities and (2) ensure accurate documentation at any point in the distribution chain of the original source of drug products and chain of custody from the manufacturer to the pharmacy; further,

To advocate for the establishment of meaningful penalties for companies that violate current good manufacturing practices (cGMPs) intended to ensure the quality, identity, strength, and purity of their marketed drug product(s) and raw materials; further,

To advocate for improved transparency so that drug product labeling includes a readily available means to retrieve the name and location of the facility that manufactured the specific lot of the product and the country of origin of the active pharmaceutical ingredient; further,

To advocate that this readily retrievable manufacturing information be available prospectively to aid purchasers in determining the quality of a drug product and its raw materials; further,

To foster increased pharmacist and public awareness of drug product supply chain integrity; further,

To urge Congress and state legislatures to provide adequate funding, or authority to impose user fees, to accomplish these objectives.

This policy supersedes ASHP policy 1602.

This policy has been published in ASHP Best Practices (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts. The ASHP policy is reflected in the following activities:

ASHP and Others Request FDA Use Enforcement Discretion Under the Drug Supply Chain Security Act
<https://www.ashp.org/-/media/assets/advocacy-issues/docs/GRD-FDA-Enforcement-Discretion-Under-the-Drug-Supply-Chain-Security-Act.aspx?la=en&hash=B46A6EB45DCB2CCE08FFB35DFD66470D2B249AAA>

AJHP report – “Virtual Summit on Safe, Effective, and Accessible High-Quality Medicines as a Matter of National Security” <https://doi.org/10.1093/ajhp/zxaa392>

ASHP News- “ASHP Specialty Pharmacy Summit Leads the Way”
https://www.ashp.org/News/2021/02/16/ASHP-Specialty-Pharmacy-Summit-Leads-the-Way?utm_source=021621-generalnewslink&utm_medium=email

Council on Pharmacy Practice 2044: Drug Names, Labeling, and Packaging Associated with Medication Errors

To urge drug manufacturers, drug packagers and repackagers, outsourcing pharmacies, and the Food and Drug Administration to involve patients, practicing pharmacists, nurses, and physicians in decisions about drug names, labeling, and packaging to help eliminate (a) look-alike and sound-alike drug names, and (b) labeling and packaging characteristics that contribute to medication errors; further,

To inform pharmacists and others, as appropriate, about specific drug names, labeling, and packaging that have documented association with medication errors.

This policy supersedes ASHP policy 0020.

This policy has been published in ASHP Best Practices (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

Autoverification (Recommendation): New Hampshire delegates Keith Foster, Kristine Willett, Elizabeth Wade

To recommend that ASHP develop a call to action for regulatory agencies to clarify the role of autoverification in electronic health records

The ASHP Office of Practice Advancement and the ASHP Government Relations Division will consider opportunities for engagement with regulatory agencies and accrediting bodies to clarify the role of autoverification within electronic health records. In particular, research supporting risk-stratified assisted verification and protocol-base algorithms will need to be explored to identify an optimal order verification model before widespread adoption is pursued. ASHP has frequent contact with standard setting organizations like The Joint Commission so we have added this as a topic to discuss with them at an upcoming meeting. ASHP will specifically make the request to TJC for some clarification or guidance on the issue of autoverification and MM 05.01.01. ASHP developed an [Autoverification Implementation Toolkit](#) to assist hospitals and health systems in ensuring the safe and effective use of medications and patient safety when implementing targeted autoverification.

Amendment to CPM 1808 Patient Access to Pharmacist Care within Provider Networks Recommendation): JoAnn Stubbings, Section of Specialty Pharmacy Practitioners

On behalf of the Section of Specialty Pharmacy Practitioners, I would like to recommend the Council consider the following amendment to 1808 Patient Access to Pharmacist Care within Provider Networks: To advocate that the criteria developed by the healthcare payer is transparent to and standardized across all network providers in order to ensure the same level of patient care within the network.

The ASHP Council on Pharmacy Management discussed this issue at its Policy Week meeting and proposed policy. The Council also sought the review of the proposed amendments and suggestions on policy recommendation wording from the executive committees of the Section of Specialty Pharmacy Practitioners and the Section of Pharmacy Practice Leaders.

Labor and Reimbursement Practices for Frontline Pharmacy Personnel During Unprecedented Times

(Recommendation): Arizona delegation Mindy Burnworth, Christi Jen, Christopher Edwards; Andrew Mays, Mississippi

To advocate that ASHP ensure that pharmacy personnel are included in federal legislation regulating labor and reimbursement practices for frontline essential workers with known exposure to serious disease for which adequate protection cannot be provided or during a natural disaster, public health emergency, pandemic, and unprecedented times.

ASHP has been, and will continue to, advocate for pharmacist inclusion in any bill that provides additional protection or pay for frontline workers. ASHP is also aggressively advocating to Congress (and CMS) for direct payor reimbursement (i.e., provider status) for pharmacists providing COVID-19 vaccines and treatment. Additionally, we're working closely with members and affiliates at the state level to advance state regulation or legislation that supports pharmacists/provides additional protections.

Alternative and Virtual Residency Learning Experiences during Unprecedented Times (Recommendation): Arizona delegation Mindy Burnworth, Christi Jen, Christopher Edwards; Andrew Mays, Mississippi

Alternative and Virtual Residency Learning Experiences during Unprecedented Times

To recognize that in-person, hands-on clinical experience provides the most meaningful learning opportunities in resident learners, further;

To encourage ASHP explore the impact of virtual or alternative learning experiences during residency training (PGY1, PGY2) during exceptional or unprecedented times, further;

To encourage that ASHP Residency Accreditation Standards address virtual or alternative learning experiences during exceptional or unprecedented times.

The ASHP residency standards already allow for virtual or alternative learning experiences during times like the COVID-19 pandemic. We allow for remote preceptors as well. We outlined this in our [Q&A on Pandemic Effects on Residency Programs](#) in the COVID-19 resource center. We share your interest in assuring that residency programs have some latitude to adapt during unusual situations such as the pandemic and still meet the spirit of the accreditation standards. We are in the process of revising the residency accreditation standards and will keep this in mind as we move forward.

Role of the Pharmacy Workforce in Pandemics (Recommendation): Arizona delegation Mindy Burnworth, Christi Jen, Christopher Edwards; Andrew Mays, Mississippi

To recognize that pandemics in the U.S. are a public health crisis; further,

To affirm that the pharmacy workforce has important roles in a comprehensive public health and medical approach to pandemics, including leadership roles in their communities and workplaces; further,

To foster the continued expansion of education, training, and resources to prepare the pharmacy workforce for their roles during a pandemic; further,

To support research and dissemination of information on the effectiveness of pharmacy-focused pandemic-management strategies.

The topic of pandemic preparedness and response was discussed at the joint council and commission session during Policy Week 2020. The Council on Pharmacy Practice developed the Role of the Pharmacist and Pharmacy Technician in Pandemic Preparedness and Response draft policy.

Dissemination of ASHP Political Action Committee Report during House Proceedings (Recommendation): Mindy Burnworth, Arizona; Jeff Little, Kansas

To affirm that ASHP is committed to advocacy as a professional obligation; further,

To strongly encourage that ASHP disseminate the ASHP Political Action Committee (PAC) Report in its entirety as a line item during the annual House of Delegates proceedings.

ASHP is currently discussing how the ASHP-PAC Report can best be conveyed to the House of Delegates. We are looking into a possible spoken report during the proceedings or have written report that would be a part of the materials given to the delegates and alternates.

ASHP Pharmacy Residency Verification Database (Recommendation): Florida delegation: Farima Fakheri Raof, Bill Kernan, Jeffrey Bush, Dave Lacknauth, Michael DeCoske, Gary Dalin

ASHP to develop a Pharmacy Residency Training Verification Database

ASHP has been working on a credential verification database for some time. We have gathered all of the historical completion information on residency training that is available to us and additionally have a mechanism to get each residency year completion data from PharmAcademic. What has not been completed is the development of an outward facing portal for easy access to this data by members or employers. We still plan to do this but the project has been a lower priority given all of the needs resulting from the pandemic. If someone inquires at ASD@ashp.com now about residency completion information, we can access this information and answer the question.

ASHP Residency Trained Credential (Recommendation): Florida delegation: Farima Fakheri Raof, Bill Kernan, Jeffrey Bush, Dave Lacknauth, Michael DeCoske, Gary Dalin

ASHP to explore the creation of a Residency Training Credential to be used by pharmacists who have successfully completed an accredited residency training program

The Council on Education and Workforce discussed the topic at its Policy Week meetings in September. See the June Board Reports for more information.

Primary Source of Raw Materials for Medication (Recommendation): Brian I. Kawahara, California

ASHP should recommend that the FDA and other government entities mandate manufacturers find and use more than one source of raw materials for medications especially those needed for emergent situation (e.g., those needed on crash carts, oncology medications, etc.)

This is an ongoing area of advocacy for ASHP. ASHP advocacy resulted in new shortage reporting requirements in the CARES Act (e.g., the third COVID relief bill), which included reporting for API.

Even outside of shortage prevention, ASHP recognizes that a robust raw materials and API pipeline is critical to our supply chain. ASHP continues to advocate for additional manufacturer responsibility and transparency related to API sourcing. ASHP's July joint Summit on Safe, Effective, and Accessible High-Quality Medicines as a Matter of National Security touched on this issue as well. The Council on Public Policy discussed this topic at its Policy Week meeting; see the June Board Reports on Councils for more information.

Virtual Access to ASHP Midyear (Recommendation): New York Delegation; Liz Shlom, Karen Berger, Heide Christensen, Ruth Cassidy, Frank Sosnowski

We recommend that ASHP plan to provide virtual access to meetings and events at the ASHP Midyear 2020.

ASHP values your thoughts on virtual access to the ASHP Midyear Clinical Meeting and Exhibition based on the continuing situation with COVID-19 and the travel restrictions that have been imposed by many health systems. Staff at ASHP have been busy evaluating virtual platforms that would allow us to conduct the meeting as a hybrid (live and virtual offerings) or if necessary based on the situation over the coming months to pivot to an all virtual environment. We are finalizing selection of the vendor and will soon

announce to the ASHP membership and other stakeholders our plans to have an option for virtual access to the ASHP Midyear Clinical Meeting and Exhibition.

Pharmacist Role in Global Health Threats (Recommendation): David Hager, Wisconsin

[ASHP create policy in relation to the pharmacists role in Global Health Threats including pandemics.](#)

The topic of pandemic preparedness and response was discussed at the joint council and commission session during Policy Week 2020 and a more focused discussion was held within the Councils, specifically Council on Education and Workforce Development and Council on Pharmacy Practice. The Council on Pharmacy Practice developed the Role of the Pharmacist and Pharmacy Technician in Pandemic Preparedness and Response policy recommendation.

Opposition to Patent Protection by Transfer to Native American Populations (Recommendation): David Hager, Wisconsin

[To craft policy in opposition of pharmaceutical companies use of Native American's sovereign status under federal law made the patents immune from administrative review from the US patent office.](#)

ASHP does have policy that speaks to patent abuses, including Policy 1821: Ensuring Effectiveness, Safety, and Access to Orphan Drug Products, which provide us some flexibility to push back against patent transfer. However, we don't believe additional policy is needed at this time because the U.S. Supreme Court ruled in 2019 that drug manufacturers cannot skirt patent law by transferring patents to Native American tribes, effectively outlawing the practice.

Productivity Metrics (Recommendation): Molly Leber, Connecticut

[Recommend that ASHP create a Task Force or develop a White Paper around safe staffing ratios, future guidance on the use of productivity metrics and value based care](#)

The ASHP Council on Pharmacy Management discussed this issue at its Policy Week meeting and recommended exploration of principles related to best practice staffing model considerations for hospitals and health systems. The Council acknowledged that productivity metrics in and of themselves cannot be relied upon to support a particular practice model and that a combination of factors most effectively expresses the work and efforts of a pharmacy service. An ASHP Foundation funded effort is being planned that seeks to influence patient health by alignment with national quality strategy efforts, standardized demonstration of pharmacy services outcomes, and metrics identification for a sustainable practice model.

Virtual Regional Delegate Conferences (Recommendation): Washington, DC Metro delegation: Michelle Eby, Kit Wong

[Beginning in 2021, we recommend that all Regional Delegate Conferences \(RDCs\) are held virtually.](#)

The 2020 and 2021 ASHP Virtual Regional Delegates Conferences were successful in convening delegates to review and discuss the policy proposals coming to the House of Delegates. ASHP was pleased to see the high level of engagement, which was augmented by the conveniences of virtual offerings. Going forward we will consider a range of virtual and/or live options for RDCs in the future based on member preferences and any continued impact caused by COVID-19.

Survey of Strategic Planning Performed by Health-System Pharmacies (Recommendation): Andrew Donnelly, Illinois

[Recommend that the extent, if any, of strategic planning in health-system pharmacies be assessed by ASHP via a stand alone survey or in conjunction with a broader survey being performed by ASHP.](#)

The ASHP National Survey team included pharmacy department strategic planning questions in the 2020 ASHP National Survey of Pharmacy Practice in Hospital Settings. Results were reported out during the 2020 Midyear Clinical Meeting and were also be submitted for publication in *AJHP*.

Hospital/Health-System and Insurer Partnership (Recommendation): Justin Konkol, Wisconsin

Encourage ASHP to engage with Insurers and Health-Systems around developing sustainable financial models for both interested parties to prevent segmented care from occurring (primary care in a non-affiliated clinic, infusion at a non-health-system infusion entity).

The ASHP Council on Pharmacy Management discussed this issue at its Policy Week meeting and proposed policy. The Council also sought the review of the proposed amendments and suggestions on policy recommendation wording from the executive committees of the Section of Specialty Pharmacy Practitioners and the Section of Pharmacy Practice Leaders. Additionally, ASHP stands opposed to payer-mandated white bagging models that jeopardize optimal, safe, and effective medication use.

Development and Creation of Sustainable Telehealth Business Models (Recommendation): Justin Konkol, Wisconsin

Recommend ASHP help members create and develop robust toolkits and business plans around implementing, sustaining, and growing telehealth services.

The ASHP Section of Ambulatory Care Practitioners Section Advisory Groups incorporated this recommendation into their work during the past year. Educational approaches included an FAQ document with examples of successful models implemented during COVID-19 and webinars.

Developing an engaged work-from-home, pharmacy workforce (Recommendation): Justin Konkol, Wisconsin

I would encourage ASHP to help develop and create training, tools, and programming for pharmacy leaders around how to best manage, maintain, and engage pharmacy team members with team members working in multiple sites.

The ASHP Section of Ambulatory Care Practitioners Section Advisory Groups incorporated this recommendation into their work during the past year. Areas of education included webinars on successful work-from-home models, podcasts, and FAQs highlighting workflow and considerations for implementation and monitoring.

Investigational Drug Services Sustainable Business Model (Recommendation): Justin Konkol, Wisconsin

Would encourage ASHP to help develop toolkits, staffing metrics and other useful business tools to manage departments who manage investigational drug programs.

ASHP has consistently supported Investigational Drug Services pharmacists. ASHP currently has a number of resources available, including the ASHP Guidelines for the Management of Investigational Drug Products, Investigational Drug Services Resource Center, and Investigational Drug Service (IDS) and IRB Practitioners Connect Community, as well as a live roundtable event at annually at the ASHP Midyear Clinical Meeting. ASHP is investigating conducting a national survey of institutions with investigational drug services.

Opposition to Laws and Regulations That Limit or Deny Access to Health Care and Health Care Information and Interferes with Provider/Patient Relations (Recommendation): Brian I. Kawahara, California

That ASHP opposes the passage of federal, state, and local health care legislation and/or regulations that are designed use values or religious philosophies rather than scientifically based evidence to deny or interfere with the ability of a patient to access provider services and/or health care information to make a decisions about their health care, resulting in the denial, removal, or prohibition of their constitutional rights and freedoms, even though the individual is of legal age and sound mind.

The ASHP Council on Public Policy discussed this issue at its Policy Week meeting; see the June Board Reports on Councils for more information.

Best Practice for Managing a Strategic National Stockpile (Recommendation): Colorado Delegation: Michelle Then, Jennifer Davis, Karen McConnell

We recommend that ASHP work with state, federal, and industry partners to create a best practice for managing a strategic national stockpile of critical medications for hospitals as well as creating a plan for

distribution of new drugs/vaccines to ensure adequate supply, transparency and prompt response in the event of pandemics and emergencies.

The ASHP Council on Pharmacy Management discussed this issue at its Policy Week meeting and proposed policy related to supply chain resilience during disasters and public health emergencies. ASHP is also engaging with HHS ASPR and other public and private sector partners regarding the roles of the Strategic National Stockpile and other Federal and military stockpiles in providing pandemic supplies on an ongoing or emergency basis, including their roles in allocating supplies across States, localities, tribes, and territories, sustaining supplies during a pandemic, and in contingency planning to ensure adequate preparedness for future pandemics and public health emergencies.