Joint Council Resolution 1901: Suicide Awareness and Prevention

To support the goal of zero suicides; further,

To collaborate with key stakeholders in support of suicide awareness and prevention; further,

To acknowledge that optimal suicide awareness and prevention efforts focus both on patients and on the healthcare workforce; further,

To recognize that pharmacists, as key providers on the patient care team, are integral to suicide awareness and prevention efforts, and to acknowledge the vital role of other members of the pharmacy workforce in those efforts; further,

To foster the use and development of clinically validated tools to aid the pharmacy workforce in assessing the influence of medications and other factors on suicidality; further,

To provide education that assists the pharmacy workforce in their continuing professional development efforts related to suicide awareness and prevention; further,

To support the inclusion of suicide awareness and prevention principles throughout pharmacy curricula and postgraduate educational and training programs; further,

To encourage efforts that support universal education and training of healthcare providers in suicide awareness and prevention; further,

To advocate for adequate government and healthcare organization funding for suicide awareness and prevention; further,

To enhance awareness of local, state, and national suicide awareness and prevention resources, including the National Suicide Prevention Lifeline funded by the Substance Abuse and Mental Health Services Administration; further,

To foster education and research on suicide awareness and prevention.

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:
• Held a webinar discussing the unique roles of a pharmacist in the public health crisis of suicide prevention. Topics focused on recognizing and identifying suicide risk factors as well as evaluating a patient’s level of suicide risk. The webinar was adapted into a CE program available at:
  • AJHP article – “Pharmacists can help implement suicide prevention goal” [https://academic.oup.com/ajhp/article/76/22/1814/5580694](https://academic.oup.com/ajhp/article/76/22/1814/5580694)
  • AJHP article – “Pharmacy student takes national stage on well-being” [https://academic.oup.com/ajhp/article/76/18/1369/5535566](https://academic.oup.com/ajhp/article/76/18/1369/5535566)
  • Launch of ASHP Portal – Wellbeing & You [https://wellbeing.ashp.org/](https://wellbeing.ashp.org/)

**Council on Pharmacy Practice 1902: Safe Administration of Hazardous Drugs**

To advocate that all healthcare settings proactively conduct an interprofessional assessment of risk for exposure to hazardous drugs (HDs) during administration, including when closed-system transfer devices (CSTDs) cannot be used; further,

To advocate for pharmacist involvement in the development of policies, procedures, and operational assessments regarding administration of HDs, including when CSTDs cannot be used; further,

To encourage device and pharmaceutical manufacturers and the Food and Drug Administration to foster development of CSTD-compatible, ready-to-administer HD products.

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 2019 Midyear Clinical Meeting – Hazardous Drug Alert! NIOSH Handling and EPA Waste Updates for 2019. Available at: [https://www.eventscribe.com/2019/midyear/fsPopup.asp?efp=T0hGUU9FTkY2NDg0&PresentationID=540121&mode=presinfo](https://www.eventscribe.com/2019/midyear/fsPopup.asp?efp=T0hGUU9FTkY2NDg0&PresentationID=540121&mode=presinfo)

**Council on Pharmacy Practice 1903: Compounded Sterile Preparation Verification**

To advocate that health systems adopt automation and information technology to facilitate in-process and final verification of compounded sterile preparations (CSPs) to ensure CSP quality; further,

To advocate that, until such time as automation or technology can be implemented, independent in-process and final verification of CSPs be performed; further,

To oppose the use of the syringe pull-back method or other proxy methods of CSP verification.

*This policy supersedes ASHP policy 1617.*

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 Article: Multicenter study to evaluate the benefits of technology-assisted workflow on i.v. room efficiency, costs, and safety. Available at: https://academic.oup.com/ajhp/article/76/12/895/5506878?searchresult=1

**Council on Public Policy 1904: Notification of Drug Product Price Increases**

To advocate for manufacturers to provide notice and justification to the public and healthcare providers in advance of drug price increases; further,

To advocate for transparency in drug product pricing decisions.

This policy has been published in *ASHP Best Practices* (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts. ASHP has incorporated this policy into our work on drug pricing, including it in numerous statements for the record on the congressional side and in comment letters to HHS and CMS on the regulatory side.

**Council on Public Policy 1905: Mitigating Drug Product Shortages**

To advocate for ongoing federal evaluation of how drug product shortages present risks to national security and public health; further,

To advocate that drug product manufacturers be required to disclose manufacturing sites and sources of active pharmaceutical ingredients (APIs) to facilitate such a risk assessment; further,

To recommend that the Food and Drug Administration (FDA) require drug product manufacturers to have contingency plans for maintaining drug supplies; further,

To advocate that drug product manufacturers be required to provide a specific reason for a shortage and an estimated timeline for resolution in their Food and Drug Administration Safety and Innovation Act notifications to FDA; further,

To advocate that FDA be required to publicly provide quality ratings for 503B outsourcing facilities preparing copies of drug products under the exemption for products on FDA's shortage list; further,

To advocate that the Federal Trade Commission be required to evaluate the potential for drug product supply chain interruptions when considering manufacturer consolidations.

This policy has been published in *ASHP Best Practices* (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts. This policy has formed the basis for the drug shortage summit on national security in 2018. We have also referenced it in meetings with policymakers regarding federal and state bills on drug pricing. Most recently, the policy was incorporated into recommendations to the Hill, which translated to drug shortage bills in the House and Senate. Additionally, parts of the policy were included in ASHP’s white paper on COVID-19 emergency response policy recommendations.

**Council on Public Policy 1906: Emergency Supplies of Drug Products**

To advocate for states to allow any pharmacist, during a declared emergency, to dispense without a prescription an emergency supply of a drug product in quantities that meet the needs of patients.

This policy has been published in *ASHP Best Practices* (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts. This policy is included in our communications with policymakers and healthcare stakeholders regarding policy considerations for effective COVID-19 response.
Council on Public Policy 1907: Credentialing and Privileging by Regulators, Payers, and Providers for Collaborative Practice

To advocate expansion of collaborative practice agreements in which the prescriber and pharmacist agree upon the conditions under which the pharmacist initiates, monitors, and adjusts a patient’s drug and non-drug therapy; further,

To support (1) the development (as a professional initiative by pharmacist associations rather than as a government activity) of national standards for determining a pharmacist’s competence to provide medication management services and (2) the appropriate use of these standards by clinical privileging systems, government authorities, and public or third-party payers; further,

To advocate pharmacists be included as providers in medical staff bylaws; further,

To support the use of credentialing and/or clinical privileging by hospitals, health systems, and payers in a manner that is consistent with other healthcare professionals to assess a pharmacist’s competence to engage in medication management services within the hospital or health system.

This policy supersedes ASHP policy 0905.

This policy has been published in ASHP Best Practices (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts. ASHP regularly incorporates this policy into our state and federal work on provider status. Most recently, it was incorporated into comments to a CMS request for information on Scope of Practice. The policy has also factored into letters of support for state provider status bills as well as in the ASHP white paper on COVID-19 emergency response policy recommendations.

Council on Public Policy 1908: 340B Drug Pricing Program Sustainability

To affirm the intent of the federal drug pricing program (the “340B program”) to stretch scarce federal resources as far as possible, reaching more eligible patients and providing more comprehensive services; further,

To advocate for continued access to the 340B program in accordance with the intent of the program; further,

To advocate that reimbursement and contracting policies promote 340B program stability and to oppose reimbursement and savings reductions to covered entities; further,

To advocate for clarification and simplification of the 340B program and any future federal discount drug pricing programs with respect to program definitions, eligibility, and compliance measures to ensure the integrity of the program; further,

To encourage 340B participants to provide appropriate stewardship of the 340B program; further,

To educate pharmacy leaders and health-system administrators about the internal partnerships and accountabilities and the patient-care benefits of program participation; further,

To educate health-system administrators, risk managers, and pharmacists about the resources required to support 340B program compliance and documentation; further,

To encourage communication and education concerning the value of the 340B program; further,
To advocate that the Health Resources & Services Administration Office of Pharmacy Affairs have sufficient regulatory authority to enforce compliance for all stakeholders with the 340B program.

*This policy supersedes ASHP policy 1817.*

This policy has been published in *ASHP Best Practices* (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts. The policy has been incorporated into agency comment letters on both drug prices and Medicare payment policy, highlighting the importance of safeguarding 340B and combatting the idea that 340B contributes to high drug prices. Similar language has appeared in ASHP’s drug price-related statements for the record and letters to Hill and Senate offices.

**Council on Public Policy 1909: Pharmacist Authority to Provide Medication-Assisted Treatment (1909)**

To advocate for the role of the pharmacist in medication-assisted treatment (MAT) for opioid use disorder, including patient assessment, education, prescribing, and monitoring of pharmacologic therapies; further,

To pursue the development of federal and state laws and regulations that recognize pharmacists as providers of MAT for opioid use disorder; further,

To foster additional research on clinical outcomes of pharmacist-driven MAT; further,

To advocate for the removal of barriers for all providers to be able to provide MAT to patients.

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 1910: Therapeutic Use of Cannabidiol**

To support continued research and to provide education on the therapeutic uses, adverse effects, and drug interactions of cannabidiol (CBD); further,

To oppose use of CBD-containing products not regulated by the Food and Drug Administration; further,

To advocate for enhanced public education regarding safe use of CBD-containing 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 Education and Workforce Development 1911: Pharmacy Expertise in Sterile Compounding**

To support colleges of pharmacy in providing sterile compounding and aseptic technique instruction in didactic and experiential curricula that reflect the needs of the workforce; further,

To promote the use of sterile compounding training programs to foster an increase in the number of pharmacists and pharmacy technicians with sterile compounding expertise; further,

To advocate that pharmacists and pharmacy technicians who work in sterile compounding attain compounded sterile preparations advanced certifications.

*This policy supersedes ASHP policy 0915.*

This policy has been published in *ASHP Best Practices* (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts, including updating of ASHP certificate programs and implementation of a dedicated Section of Inpatient Care Practitioner Advisory Group on Compounding Practice. The ASHP Guidelines on Compounding Sterile Preparations is under revision by expert members. Additionally, ASHP offers board review and recertification courses for pharmacists in compounded sterile...

preparations. ASHP is a supporter of PTCB's Certified Compounded Sterile Preparation Technician (CSPT) certification.

**Council on Education and Workforce Development 1912: Pharmacy Technician Training and Certification**

To advocate for adoption of a national standard for accreditation of pharmacy technician education and training programs; further,

To advocate that a pharmacy technician education and training program accredited by ASHP and the Accreditation Council for Pharmacy Education (ACPE) be required for all new pharmacy technicians by the year 2022; further,

To advocate that all pharmacy technicians be required to obtain and maintain Pharmacy Technician Certification Board certification; further,

To foster expansion of ASHP/ACPE-accredited pharmacy technician education and training programs.

*This policy supersedes ASHP policy 1609.*

This policy has been published in *ASHP Best Practices* (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts. ASHP continues to advocate for adoption of a national standard for ASHP/ACPE Accreditation Council for Pharmacy Education (ACPE) accreditation of pharmacy technician education and training programs, PTCB certification, and state licensure.

**Council on Pharmacy Management 1913: Pharmaceutical Distribution Systems**

To support drug distribution business models that meet the requirements of hospitals and health systems with respect to availability and timely delivery of products, minimizing short-term outages and long-term product shortages, managing and responding to product recalls, fostering product-handling and transaction efficiency, preserving the integrity of products as they move through the supply chain, and maintaining affordable service costs; further,

To oppose manufacturers, distributors, and wholesalers restricting or making availability of drug products contingent on how those products are used; further,

To encourage selection of a wholesale distributor that (1) purchases products only from a manufacturer before distribution to the purchasing end user; (2) is licensed in the state where it is conducting business; (3) complies with the requirements of the Drug Supply Chain Security Act; (4) is accredited under the National Association of Boards of Pharmacy Verified-Accredited Wholesale Distributors program; and (5) uses information systems that are interoperable with common types of pharmacy systems.

*This policy supersedes ASHP policy 1707.*

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:

- In conjunction with the American Hospital Association (AHA) and the Federation of American Hospitals (FAH), ASHP released a new report finding that continued rising drug prices, as well as shortages for many critical medications, are impacting patient care and putting strains on hospital budgets and operations. The report was prepared based on analysis conducted by NORC at the University of Chicago, an independent research institution.

<table>
<thead>
<tr>
<th>Council on Pharmacy Management 1914: Safe Medication Preparation, Compounding, and Administration in All Sites of Care</th>
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<tbody>
<tr>
<td>To advocate that all sites of care be required to meet the same regulatory standards for medication preparation, compounding, and administration to ensure safety and quality.</td>
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<tr>
<td>This policy has been published in <em>ASHP Best Practices</em> (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts. The ASHP policy is reflected in the following activities:</td>
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<tr>
<th>Council on Pharmacy Management 1915: Pharmacy Department Business Partnerships</th>
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<tbody>
<tr>
<td>To recognize that a key objective of pharmacy departments is to provide medication management services across the continuum of patient care, and that pharmacy leaders should proactively evaluate potential business partnerships against this objective; further,</td>
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<tr>
<td>To recognize that hospitals and health-system pharmacy leaders must ensure that business partners meet all applicable patient safety and accountability standards; further,</td>
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<tr>
<td>To provide education and tools for pharmacy leaders to aid in the evaluation of and development of business partnerships; further,</td>
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<tr>
<td>To educate health-system administrators on the importance of pharmacy leadership in evaluating and developing pharmacy-related business partnerships; further,</td>
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<tr>
<td>To encourage health-system pharmacy leaders to consider evolving healthcare financing systems when evaluating and developing business partnerships.</td>
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*This policy supersedes ASHP policy 1416.*

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

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<tr>
<th>Council on Pharmacy Management 1916: Intimidating or Disruptive Behavior</th>
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<tr>
<td>To affirm the professional responsibility of the pharmacist to ensure patient and workplace safety by communicating with other healthcare personnel to clarify and improve medication management; further,</td>
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<tr>
<td>To advocate that hospitals and health systems adopt zero-tolerance policies for intimidating or disruptive behaviors in their institutions; further,</td>
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</tbody>
</table>
To encourage hospitals and health systems to develop and implement education and training programs for all healthcare personnel to encourage effective communication, set expectations for standards of conduct, promote use of de-escalation techniques, and discourage intimidating or disruptive behaviors; further,

To encourage colleges of pharmacy and residency training programs to incorporate training in communications and managing intimidating or disruptive behaviors; further,

To collaborate with other organizations to advocate codes of conduct that do not allow intimidating or disruptive behavior in hospitals and health systems; further,

To encourage hospitals and health systems to adopt processes for identification and reporting of intimidating or disruptive behaviors to evaluate and mitigate unacceptable behaviors in a timely and effective manner.

This policy supersedes ASHP policy 0919.

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 Councils Discuss Firearms and Workplace Violence to offer guidance on policy development, with a special focus on the pharmacy profession’s role in preventing workplace violence and firearm-related injury and death.
- ASHP Participates on NQF Action Team to Prevent Healthcare Workplace Violence
- Workplace violence is nearly four times more likely to occur in healthcare settings. The National Quality Forum hosted an in-person meeting last week to continue its work to reduce healthcare workplace violence. Multiple healthcare organizations, community partners, patients, and federal agencies, including ASHP, are collaborating to identify implementation strategies to promote healthcare workplace safety. Findings of the Action Team will be shared within the next six months.

Pharmacy Technician Forum 1917: Pharmacy Technician Student Drug Testing

To advocate for the use of pre-enrollment, random, and for-cause drug testing as a mandatory component throughout any accredited or unaccredited pharmacy technician training program and practice experience, based on defined criteria with appropriate testing validation procedures; further,

To encourage pharmacy technician training programs to develop policies and processes to identify impaired individuals; further,

To encourage pharmacy technician training programs to facilitate access to and promote programs for treatment and to support recovery; further,

To encourage pharmacy technician training programs to use validated testing panels that have demonstrated effectiveness detecting commonly misused, abused, or illegally used substances.

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 Resolution 1918: Minimum Educational Qualification Standards for Pharmacists

To support minimum educational qualification standards for pharmacists to practice pharmacy that are consistent with the licensing standards of state boards of pharmacy; further,
|---------------------------------------------------------------|

**To oppose the basic education requirement within the Office of Personnel Management Classification & Qualifications - General Schedule Qualification Standards - Pharmacy Series, 0660, requiring a Doctor of Pharmacy or Doctor of Philosophy degree as the minimum qualification to practice pharmacy.**

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 Inpatient Care Practitioners 1919: ASHP Statement on the Role of the Medication Safety Leader**

To approve the ASHP Statement on the Role of the Medication Safety Leader.

This policy has been published in *ASHP Best Practices* (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts. The availability of this document has been widely promoted to ASHP members.

**Council on Therapeutics 1920: Research on Drug Use in Obese Patients**

To encourage drug product manufacturers to conduct and publish pharmacokinetic and pharmacodynamic research in obese patients to facilitate safe and effective dosing of medications in this patient population, especially for medications most likely to be affected by obesity; further,

To encourage manufacturers to include in the Food and Drug Administration (FDA)–approved labeling detailed information on characteristics of individuals enrolled in drug dosing studies; further,

To advocate that the FDA develop guidance for the design and reporting of studies that support dosing recommendations in obese patients; further,

To advocate for increased enrollment and outcomes reporting of obese patients in clinical trials of medications; further,

To encourage independent research on the clinical significance of obesity on drug use, as well as the reporting and dissemination of this information via published literature, patient registries, and other mechanisms; further,

To recognize that pharmacists are medication therapy experts who should provide guidance on appropriate drug dosing for obese patients.

*This policy supersedes ASHP policy 1515.*

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 1921: Testing and Documentation of Penicillin Allergy as a Component of Antimicrobial Stewardship**

To advocate involvement of pharmacists in the clarification and assessment of penicillin allergy, intolerance, and adverse drug events; further,

To advocate for documentation and de-labeling of penicillin allergies, intolerances, reactions, and severities in the medical record when appropriate to facilitate optimal antimicrobial selection; further,

To recommend the use of penicillin skin testing, graded antibiotic challenges, and oral direct challenges in appropriate candidates when clinically indicated to optimize antimicrobial selection; further,
To support the education and training of pharmacists in the assessment, management, and documentation of penicillin allergies, intolerances, and adverse events; further,

To advocate that state board of pharmacy regulations include penicillin allergy skin testing under pharmacists’ scope of practice.

This policy supersedes ASHP policy 1517.

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 1922: Antimicrobial Use in Agriculture

To advocate that the Food and Drug Administration (FDA) eliminate future approval of antimicrobials for nontherapeutic uses in agricultural animals that represent a safety risk by contributing to antimicrobial resistance; further,

To encourage efforts to phase out and eliminate the nontherapeutic uses of antimicrobials previously approved by the FDA; further,

To support the therapeutic use of antimicrobials in animals only under the supervision of a veterinarian; further,

To encourage the agricultural industry to report to the appropriate regulatory bodies the specific antimicrobials used, the purpose or indication for their use, and the settings in which they are used; further,

To encourage the FDA, Centers for Disease Control and Prevention, and other stakeholders to monitor and limit, when effective alternatives are available, the therapeutic use of antimicrobials that are essential to the treatment of critically ill human patients; further,

To advocate for the inclusion of pharmacists in antimicrobial surveillance and related public health efforts based on pharmacists’ knowledge of antimicrobial drug products and antimicrobial resistance.

This policy supersedes ASHP policy 1009.

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

High-Cost Drug Management Impacting Patients and Pharmacies (Recommendation): Jerome Wohleb (NE)

Position/guidance statement for high-cost medication being developed impacting viability of health systems and pharmacies.

Background: Specialty drugs are critical to the integrated health systems and hospitals for patient access, optimum care, and vertical integration of healthcare driving excellent patient care outcomes. However, new gene therapy and rare orphan drugs may exceed reimbursement models projected by CMS and commercial payers. These multi-million dollar drugs could compromise health-system viability.

The ASHP Council on Pharmacy Management discussed the issue at its meetings during the 2019–2020 Council year and agreed to continue to study the issue in its 2020-2021 meetings.

Home Infusion Pharmacy Standing Working Group (Recommendation): Carol Rollins (AZ)
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<tr>
<th><strong>Recommend that ASHP appoint a standing working group on home infusion pharmacy to keep the small but active home infusion pharmacy group involved in the multiple issues that impact home infusion pharmacy, especially with the home infusion SAG having been dissolved.</strong></th>
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<tbody>
<tr>
<td>During the upcoming year, the Section of Ambulatory Care Practitioners Educational Steering Committee will include education related to home infusion pharmacy practice as a part of their standing work. Items may include a webinar, educational session proposals, and maintenance of the Home Infusion resource center on ashp.org. ASHP will continue to evaluate how best to incorporate home infusion pharmacy practice within its educational offerings, resources, and member volunteer opportunities.</td>
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**Certificate Program in Pediatric Nutrition Support (Recommendation): Carol Rollins (AZ)**

Recommend development of a pharmacy-oriented certificate program in pediatric nutrition support pharmacy that includes the entire range of pediatric patients and a second subset of the certificate for pharmacists that only work with neonatal patients; further, the primary emphasis of the certificate program should be parenteral nutrition (PN).

Background: Pediatric patients requiring nutrition support, especially parenteral nutrition, are high-risk patients, and PN is a high-risk product. Few colleges/schools of pharmacy teach pediatric nutrition support and no pharmacy residency, including PGY2 pediatric residencies require training in pediatric nutrition support.

ASHP is dedicated to providing education and programming for the smallest patients cared for by our members. As with all areas of specialty practice, including pediatric nutrition support, ASHP continually evaluates the educational needs for their members including how to best reach the highest number of members and the vehicle that would make the most impact. ASHP believes that this particular topic would be best executed through the activities of the ASHP Sections and Forums.

The Section of Clinical Specialists and Scientists Pediatric Section Advisory Group is dedicated to updating and maintaining the Pediatric Resource Center and providing education and resources to assist members with topics related to pediatrics. Within the resource center, there is a page dedicated to Pediatric Nutrition, Fluids and Electrolytes where you can find guidelines and articles specific to pediatric nutrition. These resources are evaluated annually and updated to meet member needs. Additionally, each September when the Section Advisory Group reconvenes, they consider new projects for the year. We can certainly place on our list for consideration a mini-educational series on pediatric nutrition support similar to the programming found on Emergency Care Resource Center that address emergency medicine topics, or perhaps as a webinar on pediatric nutrition support.

**ASHP Response to State Laws Approving Importation of Drugs from Canada (Recommendation): Jennifer Davis (CO) Colorado delegation**

To minimize confusion and clarify ambiguity in the current ASHP policy statement, ASHP should issue a renewed statement opposing state and federal movements approving importation of drugs from Canada solely based on cost due to its lack of feasibility.

Background: Several states have passed legislation allowing importation of drugs from Canada if approved by Secretary Azar (CO, VT, FL). See Colorado Senate Bill 5. These bills are not actionable and are creating confusion. ASHP should educate officials and the community about the futility of this approach.

During Policy Week in September, ASHP’s Council on Public Policy reviewed existing ASHP policy and proposed revised policy. In the interim, ASHP continues to oppose importation broadly at both the state and federal levels. ASHP recently engaged with our Florida affiliate to assist them in addressing their importation bill, and ASHP will continue to engage with Congress and the Administration to educate policymakers about the pitfalls of importation and to oppose the idea that it is a viable or effective solution to high drug prices.
Development and Implementation of a Pharmacy Resident Research Database (Recommendation): Tyler Vest
New Practitioners Forum
The New Practitioners Forum recommends that ASHP consider development and implementation of a comprehensive resident research database.

Background: Most pharmacy residents complete a research or quality improvement project as a required component of their ASHP-accredited pharmacy residency. Currently, there is no centralized system for recording and retrieving these projects. Our goal is to seek development of a comprehensive database to house resident research projects for the purposes of connecting residents, preceptors, programs, and health systems over similar research projects and areas of interests all while maintaining relevance rather than duplication. Simultaneously, the quality and content of these research projects would continue to rise and advance the boundaries of pharmacy practice in allowing for larger, potentially more impactful projects.

ASHP recognizes the importance that research plays in the career development of all pharmacists as well as being able to connect with others within the profession who share the same research interests. Over the past year ASHP has been exploring the best format, engagement strategies and methods to connect members with similar research interests.

Unifying Name for Pharmacists Providing Direct Patient Care (Recommendation): Jannet Carmichael Past President
ASHP should study, select, and market a name for pharmacists who perform direct patient care services that would be recognizable to the public.

Background: Many names have been promulgated over the years for pharmacists with an advanced scope of practice. Pharmacy education has been elevated; residency training is more common; formal specialties credentials and certificates are available, and years of experience have led to many trained professional pharmacists providing direct patient care. The public may be confused about who these pharmacists are. ASHP should define and name (e.g., pharmacist practitioner) these pharmacists and market this name to the public.

The unifying name for pharmacists providing direct patient care is an important issue that ASHP will be studying carefully through our work with GTMRx, changes in in states to expand the scope of practice and recognize pharmacists as providers, and enhanced practice models in prominent organizations like the VA, Kaiser, and other systems. ASHP is involved in an array of efforts that may lead to more focused terminology.

International Pricing Index (IPI) Model (Recommendation): Patti Hawkins, Josh Fleming, Anastasia Jenkins, Kristie Gholson, Wes Pitts (MS)
ASHP should develop official policy to oppose the implementation of the IPI model.

Background: The American Hospital Association published a letter on December 27, 2018, summarizing concerns with the IPI model proposal. It appears the IPI model would have third parties or vendors “dispensing” and shipping in certain drugs that are to be used in hospitals, clinics, etc. This ‘forced white bagging’ does not address the root problem which is high drug costs from manufacturers. In addition to the negative direct financial impact, the administrative burden and patient safety issues are paramount.

In addition to our formal comment letter opposing IPI, ASHP’s Council on Public Policy will be reviewing all of our pricing and related current policy to determine if we need new policy that is specifically responsive to elements of the IPI model. There have been rumors that the model will not move forward – some key Republican policymakers have voiced their dissent – but ASHP has also heard that the Administration may
move forward with a much less ambitious 5-year voluntary demonstration program. Regardless, ASHP will provide ongoing updates to members on the IPI model.

**Substance Abuse in the Elderly: The Unique Issues and Concerns that Pharmacists Can Address (Recommendation): Karen L. Kier (OH) Ohio delegation**

Data suggest that the elderly have a higher rate of substance abuse than other demographics and this results in unique opportunities for pharmacists to be involved in their care.

**Background:** Recent data suggest higher rates of substance abuse in the elderly and the impact this can have on medication issues, hospitalizations, and falls. HHS publication #SMA-11-4618 indicates that treatment of elderly substance abuse will double by 2020. Bensholf and Harrawood discuss in their article the unique issues this presents for the healthcare profession and health systems.

The Council on Pharmacy Practice discussed this topic during Policy Week 2019 but determined that no new policy is needed in addition to existing ASHP policy on substance abuse.

**Pharmacist’s Role in Educating the Public on the Dangers of Vaping (Recommendation): Karen L. Kier (OH) Ohio delegation**

To encourage pharmacists to engage in community outreach to educate the public on the dangers of vaping and to oppose consumer advertising of vaping products.

**Background:** ASHP policy 1625 discusses position on e-cigarettes and tobacco products but does not address pharmacists’ role in educating the public on the dangers of vaping. Considering the September 12, 2018, FDA Commissioner’s statement on youth vaping as an epidemic, pharmacists should lead the way in educating and community outreach. (See similar outreach as stated in ASHP policy 1305.) Also to directly oppose DTC on TV and print on vaping.

Recently, the ASHP Council on Therapeutic revisited Policy 1224, Tobacco and Tobacco Products, and recognized the potential influence that electronic cigarettes would have in the future and updated the policy language and title of the policy to include the use of e-cigarettes. This policy encourages pharmacists to join with other interested organizations in statements and expressions of opposition to the use of tobacco, tobacco products, and electronic nicotine delivery systems. ASHP’s policy on Direct-to-Consumer Advertising Policy also addresses the concerns for direct to consumer advertising for nicotine-containing devices such as e-cigarettes. In addition, the ASHP Therapeutic Position Statement on the Cessation of Tobacco Use addresses the role of the pharmacist in education and prevention strategies. Together, these policies and statements allow ASHP support and advocacy on issues related to electronic nicotine delivery systems such as the youth vaping epidemic.

**Transparency of Pharmacy Payer Networks (Recommendation): Section of Specialty Pharmacy Practitioners**

The SSPP recommends development of a policy on transparency of pharmacy provider networks.

**Background:** Pharmacy payer networks may be structured to allow access of health system pharmacies or to restrict access of health system pharmacies. The trend to restrict access is increasing. The new policy should support full transparency of all requirements for access for all pharmacies and demonstrate equal treatment of health system pharmacies.

The ASHP Council on Pharmacy Management discussed this issue at its Policy Week meeting and proposed policy.

**Minimization of ASHP Expenditures in States that Pass Laws and Regulations That Limit or Deny Access to Healthcare (Recommendation): Brian I. Kawahara (CA)**
<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Details</th>
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<tr>
<td><strong>That the ASHP Board of Directors adopt policies that avoids minimize ASHP expenditures in state where laws have been passed legislation and/or regulations designed to force values upon their citizens leading to the denial, removal, or prohibition of their constitutional rights and freedoms, that denies and individual of legal age and sound mind, their ability to access healthcare or interferes with patient physician confidentiality.</strong></td>
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**Background:** Recently several states have passed laws which infringe upon the access of healthcare and/or a decision between physician and patient for a healthcare procedure. Since pharmacists are patient advocates, ASHP should protect basic rights to healthcare. This recommendation is written broadly to cover not only current laws and regulations but future infringements on these basic rights.

As a nonprofit 501(c)6 organization, ASHP is a membership-based association whose mission is to support the professional practice of pharmacists to achieve optimal patient care health outcomes. ASHP achieves this mission through a multi-prong approach such as offering education and meetings, advocacy at the federal and state level, policy development, career services, publishing, support for state its affiliates, and more. Implementing the mission and vision of ASHP requires expenditures. Limiting expenditures in select states would reduce ASHP’s ability to support its members.

The intent of the recommendation is to protect patient access to care. Access to health care is a top priority for ASHP advocacy. The mission of ASHP is to help people achieve optimal health outcomes. Pharmacists can achieve this aim only if patients have access to care. ASHP regularly works to support legislation that conforms to these ideals and to promote access to the full benefit of pharmacist-provided patient care services to achieve better healthcare. This includes providing education for pharmacists to ensure members are using best practices to improve patient care coordination, policies that address drug pricing, orphan drugs, biosimilar medications, patient’s right of access to therapy, chemotherapy parity, compassionate use programs, access to oral contraceptives, access to pharmacist care within provider networks, access to pharmacy services in small and rural hospitals, and numerous statements wherein the foundation of these documents is patient care access. It is these policies, guidelines and statements that permit ASHP to advocate for patient access to care. These ASHP priorities speak directly to the intent of the recommendation, which is to advocate and support for access to healthcare.

**ADA Accessibility at ASHP Functions (Recommendation):** Mindy Burnworth (AZ)

To support further incorporation of American Disabilities Act (ADA) accessibility needs for individuals at ASHP functions.

**Background:** ASHP has been proactive in sending basic registration emails for RDC and HOD events. Consider adding a question to determine if ADA accessibility needs are required in advance. For example, for those individuals who are mobile via wheelchair, seating should be located at a convenient location free of obstructions and accessible to microphones and prepared in advance to prevent an awkward or embarrassing situation in that moment. In addition, instead of the “front and back” microphones; have a “small” and “TALL” microphone in speaker rooms and the House floor, or a “mobile and immobile” microphone.

ASHP fully complies with all of its obligations under the American with Disabilities Act and works diligently to ensure that all of our attendees, including those with disabilities, are able to fully participate in our meetings and events, including RDC and HOD events. To that end we ask any attendee who may require accommodation to contact the ASHP Conference and Convention Division prior to the applicable meeting so that we may accommodate their request.

**CBD Guidance Document (Recommendation):** Craig Kirkwood (VA)

For ASHP to develop a guidance document to assist healthcare pharmacists for managing the diversity and variation in state and federal laws and regulations pertaining to CBD.
ASHP recognizes the difficult legal, ethical, and therapeutic landscape members must navigate when caring for patients whose medication regimen includes the use of CBD. Given the ever-changing landscape of legal and regulatory issues surrounding CBD as well as the therapeutic questions, ASHP is dedicated to addressing concerns and will evaluate needs for their members including how to best reach the highest number of members and the vehicle that would make the most impact. This format may be in the form of a guidance document, podcast or webinar and will depend on the need for timely dissemination and relevance as this topic evolves.

ASHP is currently engaging with FDA as the agency works to develop a framework for regulating CBD. We are also closely monitoring developments in states. Given the pace of policymaking and the lack of consensus at the state and federal levels the oversight regime for CBD will be dynamic, so the member resources we develop (i.e., guidance document, podcast, webinar, etc.) will undergo regular revision to ensure they remain current.

**High Significance of Joint Council Recommendations (Recommendation): Mindy Burnworth (AZ)**

To support further activities (such as policy development) associated with joint collaboration among the councils to emphasize significance of importance.

**Background:** Many policies cross various councils and with group collaboration a more robust policy may be created. For example, 2019 Suicide Awareness and Prevention was created and passed.

ASHP appreciates your support for joint collaboration among ASHP Councils. The Joint Meetings during Policy Week engages Council members, Section and Forum leaders, external guests, and has resulted in robust policy positions, statements, and ASHP programs on a number of relevant and timely issues impacting our patients. ASHP highly values the unique viewpoints shared by all Policy Week participants. ASHP intends to continue the Joint Meeting during Policy Week as appropriate and plans to implement a similar model for the 2019 ASHP Policy Week.

**Exploration of Flexible Pharmacy Staffing Models to Support the Working Professional (Recommendation): Justin Konkol (WI)**

ASHP should study, publish, and promote staffing models that provide flexibility for practitioners that recognizes the changing priorities of the workforce while maintaining consistent, safe, high quality patient care.

**Background:** Members are being challenged to evolve/modify staffing models to meet their staff members changing priorities for additional flexibility in the workplace being identified through staff engagement surveys and published literature on the workforce. Leaders are being challenged to maintain high-quality and consistent patient care services from their customers and have to work through individual HR departmental rules. Promoting models that balance patient care with staff priorities would help the profession.

The ASHP Council on Pharmacy Management discussed this issue at its Policy Week meeting and proposed policy.

**Work-Life Integration Through Family Participation at Pharmacy Continuing Education Events (Recommendation): Mindy Burnworth (AZ)**

To further support ASHP’s emphasis on work-life integration by offering family friendly participation and attendance at live CE events.

**Background:** Building on the availability if childcare at the MCM, ASHP has taken strides to emphasize the importance of work-life integration. CE requirements may be more easily obtained for working mothers and fathers if children are allowed to participate in the events. For example, considering offering an inaugural CE
program whereby children are taught about “look alike” medications (human or animal) to candy and safe medication use. For the pharmacist parents, share tips on how to prevent overdose of medications by children or pets.

ASHP understands the importance of promoting healthy work-life balance at our meetings and in the daily lives of our members, patients and staff. ASHP will explore the potential viability of incorporating family-friendly events into our meetings keeping our meeting purpose and scheduling priorities in mind. As you mentioned, ASHP began offering childcare services as the 2018 Midyear Clinical Meeting as well as improving the amenities in the mother’s room and wellness room to further support the work-life integration of meeting attendees.

Pharmacists Can Mitigate the Primary Care Physician Shortage (Recommendation): Lucas Schulz (WI)

Recommend that the Pharmacists Can Mitigate the Primary Care Physician Shortage clause 2 delete “comprehensive medication management” and replace with “medication management services” to be consistent with the Joint Commission on Pharmacy Practice.

ASHP is a member leader of the Joint Commission of Pharmacy Practitioners (JCPP), and has actively endorsed JCPP’s definition of medication management services. ASHP has recently joined the GTMRx Institute Board of Directors a new organization that brings together multiple stakeholder groups to identify solutions for effective and appropriate use of medications. The interprofessional coalition seeks to adopt the more overarching term of comprehensive medication management. ASHP is currently working to adopt the JCPP and GTMRx terminology where appropriate and as indicated throughout ASHP policy positions.

Policy on Pharmacist Participation in the Emerging Healthcare Gig Economy (Recommendation): David Hager (WI)

That ASHP create policy on the professional obligations of pharmacists participating in the emerging healthcare contingent work facilitated by digital platforms, more commonly referred to as the “gig economy”.

Background: Aspen RxHealth intends to create the first gig economy for pharmacists in 2019. These pharmacists will be connected to patients and paid by health plans to optimize therapy. Resulting recommendations may be regarding patients cared for by health system pharmacists, by pharmacists outside of their system. This could lead to competing recommendations to providers. We should recognize the value in providing this work opportunity for those seeking additional income given student debt, so careful policy will need to be crafted.

The ASHP Council on Education and Workforce Development discussed this issue at its Policy Week meeting. A summary of that discussion is included in the Board Reports on Council Recommendations.

Pharmacists Role in the Care of a Solid Organ Transplant (Recommendation): Justin Konkol (WI)

ASHP to continue to educate to CMS that a pharmacist should be the primary discipline qualified to provide pharmacy services on the SOT content care team.

Background: CMS interpretive guidelines updated on 3/29/2019 expanded the language to include other disciplines qualified to provide pharmacology services.

ASHP recognizes the importance of the Solid Organ Transplant pharmacist. In 2018, ASHP was one of two organizations that submitted to BPS the Petition to Recognize Solid Organ Transplantation Pharmacy as a Specialty. This petition included the importance of role that solid organ transplant pharmacist in caring for this patient population.

Additionally, in June of 2019, the ASHP Board of Directors approved the ASHP Guidelines on Pharmacy Services in Solid Organ Transplantation. These guidelines outline role of the pharmacist in all phases of care including pre-transplantation, perioperative, post-transplantation and ambulatory setting and pharmacist
involvement in treatment of key patient populations and as a member of the patient care team. ASHP has shared this document with CMS and requested that the agency revise its interpretative guidelines to reflect the pharmacist’s position as medication expert on the SOT team. ASHP will also continue to push CMS to recognize the vital role of pharmacists in hospital and health generally and to educate them about pharmacist education, training, and specialization.

Methods for Continuation of Training in Nutrition Support Pharmacy (Recommendation): Carol Rollins (AZ) and delegates from MA, TX, PA

Recommend ASHP appoint a group of pharmacists trained in or who have experience as a program director for a nutrition support pharmacy residency and/or fellowship to determine effective methods to assure continued training of pharmacists in the specialized knowledge associated with nutrition support pharmacy and the benefits to patient safety from such training, especially for complex patients requiring parenteral and enteral nutrition for both acute and ongoing care.

Background: With sunsetting of accreditation by ASHP for PGY2 nutrition support pharmacy residencies, there is a lack of formally recognized training programs in nutrition support. While nutrition support is included in a couple of PGY2 residency programs, the majority of those programs depend on nutrition support trained pharmacists to provide that training. ASPEN provides nutrition support training; however, pharmacy-specific topics, especially more in-depth topics, are rarely accepted for presentation because of perceived lack of participation from the ASPEN membership, which is overwhelmingly dietitians. Shortages of parenteral nutrition products over the past decade have highlighted the importance of pharmacy-specific knowledge related to nutrition support as errors have occurred when products which are therapeutic equivalents (e.g., amino acids) are treated as generic equivalents when there are significant differences in products that affect patient safety and product efficacy (e.g., increased risk of precipitation, instability, component inactivation). As a registered dietitian myself and one who has taught dietetic interns parenteral nutrition for over three decades, I can state with assurance that dietitians are NOT prepared to handle nutrition support without more in-depth post-registration/licensure training, nor is any healthcare professional.

ASHP recognizes the need for pharmacists to be knowledgeable and competent when addressing patient nutritional needs. In May of 2019, in collaboration with the American Society for Parenteral and Enteral Nutrition (ASPEN), ASHP launched a Nutrition Support Certificate. This new certificate program will teach the fundamental concepts related to nutrition support care for adult patients and provides offers 19.25 hours of continuing education credit. The curriculum consists of 11 educational modules that review best practices for ordering, access, preparation, and administration of nutrition support and provide an overview of potential complications that could result from enteral or parenteral nutrition.

Additionally, the newly launched Clinical Pharmacy Resource Center also has resources dedicated Nutrition Support including guidelines, articles and presentations from ASHP on nutrition support. This resource is reviewed and updated on an annual basis by the Nutrition Support Roundtable Discussion Leader (formerly called Network Facilitators).

Finally, the Midyear Clinical Meeting has also had a dedicated Nutrition Support Networking Session for practitioners for over the past ten years and is continuing this forum for this year’s Midyear Clinical Meeting as the rebranded Roundtable Discussion Session.

Proportionate Delegate Allocation for Pharmacy Technicians, Pharmacy Student, and New Practitioner Forums (Recommendation): Mindy Burnworth (AZ), Tara McNulty (FL), Jen Towle (NH), Florida delegation

Background: As the involvement of the newly created Pharmacy Technician Forum continues to expand, reconsideration of the number of delegates allocated to represent pharmacy technicians may need to be
revised. Consideration for determining parallel needs for the Pharmacy Student Forum may be necessary as well.

Per ASHP bylaws, the ASHP House of Delegates is comprised of state delegates who represent the proportionate number of pharmacist members in each state plus the Board of Directors, Past Presidents, Fraternal Delegate representatives, and the Chair of each Section and Forum.

The Forums have an official role within the House of Delegates through their respective delegate. The delegate is the Chair of the Executive Committee who is best positioned to represent the collective voice of their component group. Forum delegates as well as other component group delegates (e.g. Sections, Fraternal, etc.) are not apportioned by membership quantity as with state delegates per the ASHP bylaws.

Outside of the ASHP House of Delegates, the Forums may directly influence ASHP policy through the work of their advisory groups and through the Executive Committee. Each Forum may initiate policy directly with the Board of Directors and also through the ASHP House of Delegates process. Forum Chairs are invited and supported by ASHP to attend and contribute to Council deliberations. Lastly, student members and new practitioners serve on ASHP Councils. This year, ASHP has technician representation to the Council on Pharmacy Practice. Through these multiple mechanisms, the Forums have a direct role in policy development, which is the intent of the policy recommendation.

**Electronic Processing for HAK Whitney Award Seating (Recommendation): Brandon Ordway, Matt Ditmore, Paul Krogh, Kevin Dillion (MN); Jamie Sinclair, Lisa Mascardo, David Weetman (IA); Past President Chris Jolowsky**

Develop an electronic HAK Whitney Award ticket exchange for seating.

The current ticket exchange, while nostalgic, has run its course. Attendees arrive different days and times for the meeting. The current process is inefficient as attendees balance their travel, work responsibilities and session attendance with need to queue up for a good seat at the table. This also disadvantages those who arrive late. We recommend being able to request seats and tables electronically (after confirming that someone has a valid ticket).

ASHP takes delegate comments very seriously and based on the information you have provided understand the challenges that exist with the current process. We agree that a review of the process is needed and a discussion on the possibility and options available for electronic table selection. While this type of research and possible change takes time, we hope we are able to offer a solution at some point in the not too distant future.

**Medicare Administrative Contractor Actions That Interfere with Safe Pharmacy Practice (Recommendation): Jennifer Davis (CO)**

We recommend that ASHP work with CMS and its Medicare administrative contractors (MACs) to oppose reimbursement practices that restrict compounding flexibility and compromise safety.

Background: Some MACs have started to deny reimbursement for waste of drug products if the smallest vial size/NDC is not used. In some cases, use of the smallest vial size or specific NDCs increases the cost of CSTDs and increases the complexity of compounding.

ASHP is pursuing this issue with CMS and will raise it in the next round of FDA compounding guidance comments, which will likely be completed early next year.

**Raise ASHP-PAC Visibility (Recommendation): Jeff Little (KS)**

In an effort to raise awareness for the ASHP-PAC, ASHP should evaluate further opportunities to publicize the publicly reported PAC data including financial statements and recipients of PAC funding.
Background: In attempting to fundraise for the ASHP-PAC over the years, the PAC Advisory Committee has found there is a lack of awareness about the ASHP-PAC in the general membership. Many members do not know where the PAC money goes, how much money the ASHP-PAC spends, or even in some cases that ASHP has a PAC. ASHP should evaluate potential opportunities when there is a captive audience of ASHP members to raise awareness of the PAC.

ASHP has been focusing the PAC on events that allow our members to meet directly with political candidates. We are doing this by hosting PAC-sponsored events around ASHP meetings. During Policy Week ASHP sponsored a breakfast with Rep. Brett Guthrie and a dinner with Rep. Lisa Blunt Rochester, both of whom have been supporters of issues important to pharmacists.

ASHP is also using the PAC to support one-on-one events with our team. ASHP staff attended a PAC-sponsored event with Buddy Carter, whom many of you know is a pharmacist and has been supportive of the profession.

ASHP will be sharing more about the work of the PAC and how we use it to support candidates who have been engaged on issues relevant to pharmacy. ASHP members will also start to see requests for members to contribute to the PAC tied to our GR news updates and policy action alerts. ASHP will publish information about the political candidates who receive contributions from the PAC.

**Dose Rounding of High-Cost Medications to Reduce Waste and Reduce Cost (Recommendation): Kevin Marvin (VT, NH, MA, RI, ME, CT)**

We recommend that ASHP initiate an effort to develop specific standards for the rounding of BSA and weight-based dosing for all such ordered medications to reduce waste and medication costs; furthermore, such effort shall include specific recommendations for EHR and label communication of this rounding from ordering to medication administration in collaboration with the Hematology and Oncology Pharmacists Association (HOPA).

Background: Many facilities when implementing dose rounding are doing it inconsistently. Through rounding workflows pharmacists are converting the weight-based doses to non-weight-based doses and therefore compromising safe therapy monitoring, dose checking and administration workflows. HOPA has developed recommendations for what information needs to be carried on a rounded order/label. Best practice standards are needed to support these rounding workflows.

ASHP currently has several policies that address the concerns outlined in the HOPA Statement on Dose Rounding of Biologic and Cytotoxic Anticancer Agents. Policy 1525, Standardization of Doses, addresses the need for standardization and simplification to reduce variability in processes with risk for error, including dose rounding. Safety and economic considerations for medications are reflected in 1812, Availability and Use of Appropriate Vial Sizes. Attention to body size, both in BSA, weight, and changes that may occur during a patient’s life are reflected in 1721, Clinical Significance of Accurate and Timely Height and Weight Measurements, and the call in 1811, Use of International System of Units for Patient- and Medication-Related Measurements, advocates that all medication related measurements are performed and recorded in the appropriate units. Further, 1822, Rational Use of Medications, promotes evidence-based prescribing and deprescribing for indication, efficacy, safety, duration, cost, and suitability for the patient, and 1516, Chemotherapy Parity, encourages fostering the development of best practices, including adherence, monitoring strategies, and education on the safe use and management of chemotherapy agents.

Further, the ASHP Statement on the Pharmacy and Therapeutics Committee and the Formulary System charges hospitals and health systems to seek the “most medically appropriate and cost-effective to best serve the health interests of a given patient population” and the ASHP Statement on the Pharmacist’s Role in Clinical Informatics section on Data, Information, and Knowledge Management identifies that a system “Ensures that data are accurate, accessible, complete, consistent, current, timely, precise, at the
appropriate level of granularity, reliable, relevant, conforming, and understandable across all data-quality management domains.”
Rounding of specific medications based on BSA and weight can be explored as a future project of the Standardize 4 Safety initiative. The current Standardize 4 Safety projects are within the scope of a contract with the Food and Drug Administration. As that work is completed, the initiative may expand beyond the initial scope.

**ASHP Standardize 4 Safety Expansion (Recommendation): Kevin Marvin (VT, NH, MA, RI, ME, CT)**

We recommend that ASHP continue with expansion of the ASHP Standarization for Safety Initiative with the goal to develop standards that support a goal of sharable order sets, therapy protocols and IV pump libraries across health systems and to increase the availability of pre-packaged products to include: standardized dosing units of measure, standardized common recommended doses, and standardized unit of use package sizes or injectable and oral liquid medications for all adult, pediatric, and neonatal use.

**Background:** The standardization of medication ordering, preparation, and administration has tremendous potential to increase safety, efficiency, and availability of medications and the medication use process. Such efforts should be considered as a continuous quality improvement effort as opposed to a project with a defined beginning and end. ASHP is well positioned to lead this initiative to develop and support the appropriate decision making structures for this continuing pharmacist driven effort.

The current Standardize 4 Safety initiative is supported through a contract with the FDA and the scope includes adult and pediatric continuous infusions, oral liquids, and intermittent medications. In addition to standardizing concentrations across health systems, one of the goals of the initiatives is to provide manufacturers and outsourcers with a reference for the development of unit-of-use and prepackaged products. As the initial scope of the project is completed and the contract with the FDA concludes, the Standardize 4 Safety initiative will explore other opportunities to improve standardization, include shareable order sets and pump libraries.

**Collaborate with CDC, FDA to Provide More Guidance on Blood Borne Pathogen Testing for Diversion from HCWs Involving Tampering (Recommendation): Tricia Meyer, Tammy Cohen, Jeff Wagoner, Steve Knight, Katie Morneau, Sid Phillips, Lea Eiland, Roger Woolf (TX delegation)**

ASHP to work with CDC, FDA to develop recommendations when healthcare worker diversion involves tampering, used/shared needles/syringes that may expose patients to harm that support and justify testing of implicated HCW for blood borne pathogens.

**Background:** Numerous outbreaks have been described by CDC due to HCW diversion. CDC, FDA mention/comment on further testing for HCW.

ASHP has asked CDC to collaborate with us on guidance for testing of healthcare workers found to be diverting controlled substances.

**Nutrition Support Education of Pharmacists (Recommendation): Texas delegation, Tammy Cohen, Steven Knight, Katie Morneau, Tricia Meyer, Sidney Phillips, Jeffrey Wagoner on behalf of Todd Canada; Arizona delegates Carol Rollins, Mindy Burnworth**

Incorporate nutrition support training, especially related to parenteral nutrition into existing PGY1 competency areas, goals, and objectives.

**Background:** Pharmacy nutrition support education and training has reached a nadir with sun setting of the Nutrition Support PGY2 competency areas, goals, and objectives this past year. The lack of ASHP (outside of a proprietary certificate program) and health-system pharmacy leadership/administrative support for safe nutrition care practices has led to the incorporation of these specific duties into a general pharmacy role.
including the compounding or outsourcing of parenteral nutrition. Currently only PGY2 Pharmacotherapy and Critical Care competency areas, goals, and objectives have nutrition support as a required patient experience or direct patient care (pediatrics and oncology do not) and only enteral nutrition is required for PGY2 Geriatrics. Health-system pharmacy leadership is expecting all pharmacist to be competent in the use of parenteral and enteral nutrition when it is not a fundamental component of any PGY1 training program. It should be advocated for pharmacists in direct patient care to have nutrition support training by 2020 especially in the era of drug shortages and with electronic health records bypassing connectivity to automated compounders.

ASHP will share your recommendation with the Commission on Credentialing (COC) as we begin the review of the standards for the next revision. ASHP has nearly completed the revision of all of the competency areas, goals and objectives (CAGOs) and will begin again with the revision of the standards that were published in 2016. Those revisions will be followed again by a review and revision of the associated CAGOs. There is a standards subcommittee of the COC that will discuss your recommendation.

**Creation of a Section Advisory Group for Investigational Drug Services (IDS) (Recommendation): Elyse MacDonald, Kavish Choudhury, Erin Fox, UT delegation, IN delegation**

IDS pharmacy practice is becoming more complex from the operational and clinical perspectives, so much so, in pharmacy practice in this area is become more recognized as a specialty.

**Background:** There are not many “homes” in pharmacy organizations for IDA practitioners. Also, IDS practice touches many specialties, (e.g., oncology, informatics) which brings pharmacy staff from these areas to collaborate to conduct studies accurately. Practice in IDS needs the opportunity to expand services outside of the central pharmacy. Joining pharmacy practitioners together to discuss IDS-related issues will help move this pharmacy specialty forward as research continues to grow.

ASHP values Investigational Drug Services members and the importance of their role. In 2018, ASHP published the new ASHP Guidelines for the Management of Investigational Drug Products. New ASHP Draft Guidelines on Clinical Drug Research are currently under revision. At the Midyear Clinical Meeting there is an Investigational Drug Services Roundtable session held annually. Additionally, there is a dedicated Connect Community, the Investigational Drug Service (IDS) and IRB Practitioner community, and a resource center on Investigational Drug Services.

A few years ago, the Section of Inpatient Care Practitioners proposed an Investigational Drug Pharmacists webinar series or annual webinar. Please let me know if you would be interested in developing this type of educational activity. We would welcome your enthusiasm for this important pharmacy service.

**Parity of Reimbursement for Pharmacist Services (Recommendation): Davena Norris, Melanie Dodd (NM)**

Recommend a policy be developed regarding parity of reimbursement for services provided by pharmacists acting within their scope of practice when these same services are reimbursed if provided by a physician or other healthcare provider.

**Background:** It remains difficult for pharmacists to get reimbursed for patient care services despite state provider status. Several states are working to pass payment parity legislation, such as Texas HB 3441 and NM HB 578. HB 578 would prevent insurers from discriminating with respect to reimbursement against any pharmacist who is acting within the scope of his/her license and require insurers to reimburse pharmacists at the same rate that the plan reimburses a physician or physician assistant for that service.

Regarding state payment parity legislation, the ASHP Government Relations Division (GRD) is considering opportunities for engagement regarding non-discriminatory pay parity policies for the provision of patient care services (e.g., comprehensive medication management) by pharmacists acting within their scope of practice.
### ASHP Organizational Task Force (Recommendation): M. Woods, S. Sheaffer, D. Ginsburg, J. Boone (Past Presidents)

Given the recent development of the Technician Forum and Specialty Pharmacy Section we recommend ASHP consider the formation of an Organizational Task Force to review, assess, and optimize the effectiveness of the current policy development process and membership engagement.

The ASHP Board of Directors and staff are constantly evaluating ASHP’s membership engagement and policy development processes, and welcomes suggestions on how to do so, including through a quality improvement conference call with delegates following the Summer Meetings.

### Pharmacy of Distinction (Recommendation): Leigh Briscoe-Dwyer (NY)

That ASHP explore the development of an accreditation program for health-system pharmacy, similar to that of the Magnet Recognition Program that recognizes pharmacies of distinction that have met standards for quality, service, cost, and human resources.

ASHP is evaluating your recommendation for such a recognition, similar to the Magnet Recognition Program, for costs, structure requirements, and expected interest and demand. We are also discussing how this might compare to other types of recognition models that ASHP might develop.

### Use of Certificate Program Materials for Student, Resident, and Multiple Pharmacist Training (Recommendation): Carol Rollins, Delegates from MA, TX, PA, AZ

Recommend that ASHP develop a plan for use of certificate program materials in training program involving multiple students, residents, and/or pharmacists that includes a group rate with or without actual certification exam completion; further, that ASHP identify a select group of topic experts who could be contracted to serve as facilitators for the training process.

Background: ASHP has invested considerable time and finances, as well as volunteer time, into developing the various certificate programs because a need for such information has been identified. Developing a plan to allow training of groups (students, residents, pharmacists) using the already developed materials would leverage ASHP investment and likely would reach a broader audience if group pricing were developed (e.g., it might be possible for affiliates, colleges/schools of pharmacy, and/or residency programs to offer the program as many now do for APhA certificate programs). Having a non-certificate option (i.e., materials are reviewed by the certificate exam is not completed) at a reduced price could potentially increase the pharmacists/trainees who receive the information associated with certificate programs and still provide improved patient safety. Many colleges/schools of pharmacy lack faculty with expertise in the areas covered by the ASHP certificate programs and having an option of the high quality ASHP certificate program information available at an affordable price would allow pharmacy trainees the benefit of learning from the experts, especially if an option were available for an expert identified by ASHP to be brought in to facilitate the training process.

Since ASHP began creating professional certificate programs in 2016, we have engaged in discussion with colleges of pharmacy, health systems, and various international groups to consider and develop various approaches that allow the incorporation of our certificate programs into student, resident, technician, and pharmacist training. For example, we have created an “institutional” model of our sterile product preparation certificate program that allows an institution to have students or staff complete our program and be reviewed by the institution’s approved reviewer rather than the ASHP reviewers. We will continue to be open and actively engage in discussion with organizations and/or institutions to identify opportunities to incorporate professional certificate programs into their various training needs. Group discounts are available for all of our programs, depending on the number of learners enrolled in the program and we continue to be open to negotiation if new collaborative relationships are identified.
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<th>Revision of Article 7.1 in the ASHP Bylaws to Increase the Number of Fraternal Delegates allotted to the Department of Veterans Affairs (Recommendation): Heather Ourth, Veterans Affairs</th>
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<tr>
<td>On behalf of the nearly 9,000 VHA pharmacists, we recommend amending article 7.1 in the ASHP Bylaws to increase the number of fraternal delegates allotted to the Department of Veterans Affairs.</td>
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**Background:** The Department of Veterans Affairs has nearly 9,000 pharmacists of which over 4,500 have a scope of practice that includes prescriptive authority and over 600 residents are trained through ASHP accredited residency programs each year. VA would request amending the bylaws and increase the number of fraternal delegates allotted to the system. APhA

Per ASHP bylaws, the ASHP House of Delegates is comprised of state delegates who represent the proportionate number of ASHP pharmacist members in each state plus the Board of Directors, Past Presidents, Fraternal Delegate representatives, and the Chair of each Section and Forum. ASHP apportionment is based on ASHP membership size versus workforce employment. The Department of Veterans Affairs has an official role within the House of Delegates through their respective delegate. The VA delegate as well as other fraternal delegates (United States Army, Navy, Air Force, Public Health Service) and ASHP component group delegates (ASHP Sections, and Forums) are not apportioned by ASHP membership quantity as with state delegates per the ASHP bylaws. In addition to the ASHP House of Delegates, members from the Department of Veterans Affairs may directly influence ASHP policy through a multitude of mechanisms. ASHP members who practice within the Department of Veterans Affairs have engaged with ASHP policy development by serving on ASHP Councils and/or ASHP Section Committees. ASHP members from the VA have served in additional influential positions including the ASHP Presidency, on the Board of Directors, and other task forces and committees. In addition to the designed delegate for the VA, ASHP members in the VA may also be represented in the House of Delegates by engaging at the state level as a state delegate. Through these multiple mechanisms, the VA may have a direct role in policy development, which is the intent of the policy recommendation.

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<th>Recertification Materials to State Affiliates (Recommendation): Ursula Iha, Carla Darling, Michelle Eby (AK, DC, AZ)</th>
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<tr>
<td>Recommend that ASHP develop a plan to provide board certified pharmacotherapy pharmacists recertification materials to state affiliates for continuing education.</td>
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**Background:** We believe that the ability to provide intensive programs will improve the quality and attendance for our state’s continuing education programs and conventions. It will help to increase membership and elevate the profession at the grassroots level.

ASHP has spent considerable time exploring the concept you have recommended and has learned through this exploration that it is challenging to expand at the state and regional level. Planning and conducting BPS recertification activities is a complex process and one not easily localized. ASHP has previously piloted a program with a large state affiliate that was not deemed to be a successful model. ASHP is open to suggestions for how this might easily be done but to date we have not discovered options that are prudent to pursue.

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<tr>
<th>Therapeutic Uses of Cannabinoid Derivatives (Recommendation): Daniel Dong (CA)</th>
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<tr>
<td>I recommend that ASHP develop a broad professional policy on the research, education, therapeutic uses, and adverse effects of cannabinoid derivatives.</td>
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**Background:** I recommend that ASHP develop a broad professional policy on cannabinoid derivatives to potentially avoid having separate professional policies covering each individual derivative such as CBD oil. This will allow ASHP to have a professional policy when these new entities become commonly used.
ASHP continues to monitor and evaluate the need for professional policies for specific drug classes, particularly those that have a complicated provenance and differences in state and federal laws. ASHP recognizes the difficult legal, ethical and therapeutic landscape members must navigate when caring for patients whose medication regimen includes the use of Cannabinoid Derivatives. Given the ever-changing landscape of legal and regulatory issues surrounding Cannabinoid Derivatives as well as the therapeutic questions, ASHP is dedicated to addressing concerns and will evaluate needs for their members including how to best reach the highest number of members and the vehicle that would make the most impact.

ASHP is currently engaging with FDA as the agency works to develop a framework for regulating Cannabinoid Derivatives. We are also closely monitoring developments in states. Given the pace of policymaking and the lack of consensus at the state and federal levels the oversight regime for Cannabinoid Derivatives will be dynamic, so the member resources we develop (i.e., guidance document, podcast, webinar, etc.) will undergo regular revision to ensure they remain current.

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<th>Pharmacist* Practice Across State Lines (Recommendation): Steven Gray (self) *(not pharmacy dispensing)</th>
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<td>ASHP, as the national organization for pharmacists, should actively pursue the ability to practice CMM across state borders.</td>
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<td>Background: Too many states require a pharmacist in a “Center of Excellence” in another state to be licensed also in the state in which the patient resides. This prevents patients from getting the best care from the practitioners of their choice.</td>
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<td>This item was discussed at several council meetings during Policy Week, and the Council on Pharmacy Management proposed policy.</td>
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<th>Licensed Pharmacist Assistant (Recommendation): Elizabeth Wade, Staci Hermann (NH)</th>
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<td>To recommend that ASHP evaluate the role of a licensed pharmacist assistant.</td>
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<td>Background: Other countries have pharmacists, pharmacy technicians, and a licensed pharmacist assistant role. As our pharmacy technician workforce meets more challenging demands for training and certification, the pay scale for technicians has not risen to meet the same level of skill. New Hampshire has introduced legislation for the role of a new licensed pharmacist assistant. It would be helpful for ASHP to assist with research of this role in other countries and the potential risks and benefits of having such a role in the United States.</td>
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<td>ASHP opposed creation of a licensed pharmacist assistant category starting in 1996, with the White Paper on Pharmacy Technicians. In 2000, delegates approved a resolution taking language from the White Paper opposing the category. In 2005, the House revised the policy to oppose the creation of any new category of licensed personnel. In 2012, when ASHP came out for licensure of pharmacy technicians, the policy was revised to avoid contradiction. The Council on Public Policy considered the topic at its Policy Week meeting and proposed policy.</td>
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<tr>
<th>Task Force for ASHP’s Relationship with Schools of Pharmacy (Recommendation): Christene Jolowsky, Diane Ginsburg, Steve Sheaffer (Past Presidents)</th>
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<tr>
<td>Recommend that ASHP convene a task force to address relationships with schools of pharmacy.</td>
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| Background: APhA and AACP have a well-established working relationship. Both have prominent visibility at each others’ meetings, along with a high level of support of APhA through schools’ faculty. Students often see ASHP meetings as a requirement for residencies, not as a sustained organizational choice. Health-system
pharmacy is vital to the profession. There is value in strengthening the exposure to ASHP on campuses, and strengthening our relationships with students and faculty.

ASHP needs to continue to maintain strong and collegial relationships with colleges and schools of pharmacy, and to continue to nurture and grow those relationships. Academic intuitions represent a significant portion of ASHP’s membership interests including student pharmacists, faculty, student and residency preceptors, and Deans. It is vital that academia educate and support the workforce needs to advance hospitals and health-system pharmacy practice. Furthermore, academia is dependent on ASHP member practice sites and expertise in order to educate student learners in the many diverse, complex, and growing areas of hospital and health-system pharmacy.

ASHP has recently significantly enhanced its focus in this important area. In July, we hired a new staff leader, Gina Luchen, to serve in a new position of Director of Academic Programs, which is aimed at nurturing and growing the important relationship between schools and ASHP. Gina is a graduate of the University of Kansas School of Pharmacy, completed an ASHP-accredited PGY1 residency in community practice and the ASHP Executive Fellowship. This new position is intended to lead efforts to grow academic engagement and membership in ASHP, and to be a focused resource for our current and growing membership in this important area. The position will serve as a liaison with schools and colleges of pharmacy and ASHP-accredited residency programs and will manage relationships with Deans, faculty, student and residency preceptors, residency directors, among others.

In addition to the new position, ASHP will be engaging a wide-variety of members in academia to provide feedback and advice through surveys, focus groups, direct outreach, visits to schools and other programs, and other means to crowdsource thoughts and ideas from a wide-array of members. We have also recently hired a new Chief Marketing Officer who has brought on new talent to help us better engage broad and targeted subsets of ASHP’s members, including those engaged in academia and post-graduate training, as a top-priority group to help get broader input and an informed strategy.

These activities show how focused ASHP is on this important area, and the work ASHP is doing to get a great amount of input directly from our colleagues in academia.

**Mental Health First Aid (Recommendation): Julie Kalabalik, Lu Brunetti, Paul Goebel (NJ)**

ASHP should develop a policy on advocating mental health first aid training for pharmacists, pharmacy technicians, and support staff.

**Background:** APhA 2019 House of Delegates adopted a policy encouraging healthcare personnel to receive mental health training. Pharmacists practice in settings that place them in ideal situations to identify mental health issues; however, appropriate mental health training will provide the tools needed to identify mental health issues.


The ASHP Council on Education and Workforce Development discussed this issue at its Policy Week meeting. A summary of that discussion is included in the Board Reports on Policy Recommendations.

**Inclusion of Pharmacists as Part of Optimal Team-Based Care in AHA Training Videos (Recommendation): Jodi Taylor (NY, LA, IN, MO, MS, AL, OH, OR, NM, NC, MN, DC, AK, KY, WI, WA, VA, TX, MI, ME, WV, MA)**

ASHP should petition the American Heart Association (AHA) to ensure that pharmacists are appropriately represented as part of optimal team-based care in Acute Cardiovascular Life Support (ACLS) training videos.

**Background:** The AHA ACLS course materials emphasize the importance of effective team dynamics and role selection for team members to maximize team effectiveness during cardiac arrest codes; however, the
A course video showcases multiple team members delivering care without the assistance of a pharmacist. Literature and ASHP policy 1527 support the inclusion of the pharmacist in emergency response teams. New AHA training materials will be developed after release of the 2020 guideline update.

** Of note, the Tennessee Pharmacists Association House of Delegates, at the recommendation of the Tennessee Society of Health-System Pharmacists, adopted a resolution to work with ASHP to petition the AHA on behalf of pharmacists in 2018.

ASHP will be discussing the issue of appropriately representing the role of pharmacists as part of optimal team-based care in Acute Cardiovascular Life Support (ACLS) training videos. ASHP often works collaboratively with the American Heart Association (AHA) on team-based initiatives and will continue advocate for the pharmacists’ role in patient care initiatives, including depicting the pharmacist’s role in ACLS course materials.

**Pharmacist’s Role in the Selection of Health-System’s Pharmacy Benefit Manager (PBM) (Recommendation): Samm Anderegg (TX, SOPIT)**

Pharmacy leadership should be directly involved in the selection of their health system’s pharmacy benefit manager servicing their employee’s health plan.

Background: The PBM market is an oligopoly. Many health systems are self-insured entities and have control over which PBM provides pharmacy benefits. PBMs inflate costs, over charging health systems. Currently very few pharmacy leaders are involved in the process.

The ASHP Council on Pharmacy Management discussed this issue at its Policy Week meeting and proposed policy.