

# House of Delegates

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## REPORT ON THE VIRTUAL HOUSE OF DELEGATES

March 19-26, 2021

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### RESULTS OF THE VOTING

From March 19 to 26, the ASHP House of Delegates (roster attached as an Appendix) voted on 21 policy recommendations. Delegates approved 15 recommendations by 85% or more, the threshold for final approval. Six policy recommendations did not meet that threshold and will be slated for consideration at the June meeting of the House.

The 15 policy recommendations **approved** are as follows:

#### **Direct-to-Consumer Clinical Genetic Tests**

*Source: Council on Therapeutics*

*To support research to validate and standardize genetic markers used in direct-to-consumer clinical genetic tests and guide the application of test results to clinical practice; further,*

*To encourage the Food and Drug Administration (FDA) to continue to regulate direct-to-consumer clinical genetic tests as medical devices and work with the National Institutes of Health to evaluate and approve direct-to-consumer clinical genetic tests; further,*

*To advocate that direct-to-consumer clinical genetic tests be provided to consumers through the services of appropriate healthcare professionals who order tests from laboratories certified under the Clinical Laboratories Improvement Amendments of 1988 (CLIA); further,*

*To support FDA policies and procedures regarding advertising of direct-to-consumer clinical genetic tests, including the following requirements: (1) the relationship between the genetic marker and the disease or condition being assessed is clearly presented, (2) the benefits and risks of testing are discussed, and (3) such advertising is provided in an understandable format, at a level of health literacy that allows the intended audience to make informed decisions, and includes a description of the established patient-*

*healthcare provider relationship as a critical source for information about the test and interpretation of test results; further,*

*To encourage health systems to create policies and procedures addressing direct-to-consumer genetic testing results as it relates to confirmatory testing, integration of genomic information into the healthcare record, genetic counseling, and clinical decision-making; further,*

*To encourage pharmacists to educate consumers and clinicians on the potential risks and benefits of direct-to-consumer clinical genetic tests for disease diagnosis and decisions involving drug therapy management.*

*Note: This policy would supersede ASHP policy 1103.*

### **Use of Antimicrobials in Surgical Wounds and Procedures**

*Source: Council on Therapeutics*

*To oppose the use of antimicrobial agents in surgical wounds and procedures not based on evidence; further,*

*To encourage further research to assess the efficacy, safety, and risks of resistance development of antimicrobials used in surgical wounds and procedures; further,*

*To foster evidence-based recommendations on the use of antimicrobial agents in surgical wounds and procedures and on how to prepare those agents according to appropriate sterile practices; further,*

*To advocate that antimicrobial stewardship programs review and monitor the use of antimicrobial agents in surgical wounds and procedures; further,*

*To encourage pharmacists to educate prescribers on adverse outcomes and reactions associated with the use of antimicrobials in surgical wounds and procedures; further,*

*To support clear and consistent documentation of antimicrobial agents used for surgical wounds and procedures in the electronic health record.*

### **Professional Development as a Retention Tool**

*Source: Council on Education and Workforce Development*

*To recognize that pharmacy workforce development is an essential component of staff recruitment, retention, and well-being; further,*

*To recognize that pharmacy workforce development encompasses more than formal education programs and includes informal learning among colleagues, mentoring, participation in activities of professional organizations, and other types of learning; further,*

*To encourage healthcare executives to support pharmacy workforce development programs, including leadership succession planning, as an important benefit that aids in recruiting and retaining qualified staff; further,*

*To support healthcare executives with pharmacy workforce development by providing educational programs, services, and resources.*

*Note: This policy would supersede ASHP policy 0112.*

### **Fostering Leadership Development**

*Source: Council on Education and Workforce Development*

*To work with healthcare organization leadership to foster opportunities, allocate time, and provide resources for members of the pharmacy workforce to move into leadership roles; further,*

*To encourage leaders to seek out and mentor members of the pharmacy workforce in developing administrative, managerial, and leadership skills; further,*

*To encourage members of the pharmacy workforce to obtain the skills necessary to pursue administrative, managerial, and leadership roles; further,*

*To encourage colleges of pharmacy and ASHP state affiliates to collaborate in fostering student leadership skills through development of co-curricular leadership opportunities, leadership conferences, and other leadership promotion programs; further,*

*To reaffirm that residency programs should develop leadership skills through mentoring, training, and leadership opportunities; further,*

*To foster leadership skills for members of the pharmacy workforce, including skills for pharmacists to use on a daily basis in their roles as leaders in patient care.*

*Note: This policy would supersede ASHP policy 1611.*

### **Interprofessional Education and Training**

*Source: Council on Education and Workforce Development*

*To advocate for interprofessional education as a component of didactic and experiential education in pharmacy workforce education and training programs; further,*

*To support interprofessional education, mentorship, and professional development for healthcare professionals and learners; further,*

*To urge collaboration with other healthcare professionals and executives in the development of education and training models for interprofessional, team-based,*

*patient-centered care; further,*

*To foster documentation and dissemination of outcomes achieved as a result of interprofessional education of healthcare professionals.*

*Note: This policy would supersede ASHP policy 1612.*

### **Pharmacy Education and Training Models**

*Source: Council on Education and Workforce Development*

*To promote pharmacy education and training models that: (1) provide experiential and residency training in interprofessional patient care; (2) use the knowledge, skills, and abilities of students and residents in providing direct patient care; and (3) promote use of innovative and contemporary learning models; further,*

*To encourage the collaboration between colleges of pharmacy and residency programs with accreditation agencies on innovative education and training models; further,*

*To support the assessment and dissemination of the impact of these pharmacy education and training models on the quality of learner experiences and patient care outcomes.*

*Note: This policy would supersede ASHP policy 1829.*

### **Pharmacy Internships**

*Source: Council on Education and Workforce Development*

*To encourage state boards of pharmacy to adopt the standardized pharmacy internship hour requirements recommended in the National Association of Board of Pharmacy Model Rules for Pharmacy Interns; further,*

*To support structured requirements, goals, and objectives for pharmacy internship experiences, in alignment with requirements for introductory and advanced pharmacy practice experiences; further,*

*To promote new staffing models that offer expanded roles for pharmacy interns, providing work experiences that build upon their knowledge and help them develop as future pharmacists.*

*Note: This policy would supersede ASHP policy 1110.*

### **Patient Experience**

*Source: Council on Pharmacy Management*

*To encourage the pharmacy workforce to evaluate their practice settings for opportunities to improve the experience patients have with healthcare services and with*

*the outcomes of their drug therapy; further,*

*To educate the pharmacy workforce about the relationship between patient experience and outcomes; further,*

*To develop or adopt tools that will (1) provide a system for monitoring trends in the quality of pharmacy services to patients, (2) increase recognition of the value of pharmacy services, and (3) provide a basis for making improvements in the process and outcomes of pharmacy services in efforts to engage patients and improve their experience; further,*

*To promote use of interactive patient technology (e.g., self-learning teaching resources) to augment patient experience and help prioritize and improve the effectiveness of pharmacy services; further,*

*To facilitate a dialogue with and encourage education of patient experience database vendors to include the value of pharmacy services in the patient experience.*

*Note: This policy would supersede ASHP policy 1616.*

### **Pharmacy Services for Uninsured and Underinsured Patients**

*Source: Council on Pharmacy Management*

*To support the principle that all patients have the right to receive care from pharmacists; further,*

*To declare that pharmacists should play a leadership role in ensuring access to pharmacists' services for indigent or low-income patients who lack insurance coverage or are underinsured; further,*

*To encourage the pharmacy workforce to work with organizational patient assistance, case management, and care coordination teams to ensure seamless patient care transitions for all patients, including uninsured and underinsured patients; further,*

*To advocate better collaboration among health systems, community health centers, state and county health departments, and the federal Health Resources and Services Administration in identifying and addressing the needs of indigent and low-income patients who lack insurance coverage or are underinsured.*

*Note: This policy would supersede ASHP policy 0101.*

### **Patient Access to Pharmacy Services in Small and Rural Hospitals**

*Source: Council on Pharmacy Practice*

*To advocate that critical-access hospitals (CAHs) and small and rural hospitals meet national medication management and patient safety standards, regardless of size or*

*location; further,*

*To provide resources and tools to assist pharmacists who provide services to CAHs and small and rural hospitals in meeting standards related to safe medication use; further,*

*To promote allocation policies that address the unique challenges faced by CAHs and small and rural hospital pharmacies in procuring medications and supplies.*

*Note: This policy would supersede ASHP policy 1022.*

### **Integrated Approach for the Pharmacy Enterprise**

*Source: Council on Pharmacy Practice*

To discontinue ASHP policy 1618, Integrated Approach for the Pharmacy Enterprise, which reads:

*To advocate that pharmacy department leaders promote an integrated approach for all pharmacy personnel involved in the medication-use process; further,*

*To advocate a high level of coordination of all components of the pharmacy enterprise across the continuum of care for the purpose of optimizing (1) medication-use safety, (2) quality, (3) outcomes, and (4) drug therapy.*

### **Pharmacist Role in Medication Reconciliation**

*Source: Council on Pharmacy Practice*

To discontinue ASHP policy 1117, Pharmacist Role in Medication Reconciliation, which reads:

*To affirm that an effective process for medication reconciliation reduces medication errors and supports safe medication use by patients; further,*

*To advocate that pharmacists, because of their distinct knowledge, skills, and abilities, should take a leadership role in interdisciplinary efforts to develop, implement, monitor, and maintain effective medication reconciliation processes; further,*

*To encourage community-based providers, hospitals, and health systems to collaborate in organized medication reconciliation programs to promote overall continuity of patient care; further,*

*To declare that pharmacists have a responsibility to educate patients and caregivers on their responsibility to maintain an up-to-date and readily accessible list of medications the patient is taking and that pharmacists should assist patients and caregivers by assuring the provision of a personal medication list as part of patient counseling, education, and maintenance of an individual medical record.*

## **Pharmacist Involvement in the Strategic National Stockpile**

Source: Council on Public Policy

*To advocate for the inclusion of pharmacist expertise in the development and maintenance of the Strategic National Stockpile (SNS); further,*

*To advocate for transparency and improvement of SNS processes, including standardization of the request process and enhanced periodic review of SNS contents; further,*

*To advocate that pharmacists lead distribution of medications and related supplies requested from the SNS.*

## **Medication Price-Gouging Laws**

Source: Council on Public Policy

*To advocate for price-gouging laws that include medications.*

*Note: This policy would supersede ASHP policy 1622.*

## **Redistribution of Unused Medications**

Source: Council on Public Policy

To discontinue ASHP policy 0611, Redistribution of Unused Medications, which reads:

*To advocate that any program for the return and reuse of medications comply with all federal and state laws (including laws regarding controlled substances); further,*

*To advocate that in order to ensure patient safety and provide an equal standard of care for all patients, such a program should include the following elements: (1) compliance with practice standards, accreditation standards, and laws related to prescription dispensing; (2) a requirement that these medications must not have been out of the possession of a licensed health care professional or his or her designee; (3) protection of the privacy of the patient for whom the prescription was originally dispensed; (4) inclusion of only those drug products that are in their original sealed packaging or in pharmacy-prepared unit-of-use packaging that is not expired and has been properly stored; (5) the presence of a system for identifying medications for the purpose of a drug recall or market withdrawal; (6) a definition of patient eligibility for participation in the program; and (7) adequate compensation of participating pharmacists for any associated costs.*

The six policy recommendations that **did not achieve the 85% threshold for approval** are as follows:

### **Vaccine Hesitancy**

Source: Council on Therapeutics

*To recognize the significant negative impact vaccine hesitancy has on public health in the United States; further,*

*To affirm that pharmacists are integral members of the interprofessional team to address vaccine hesitancy and promote disease prevention efforts; further,*

*To foster education, training, and the development of resources to assist healthcare professionals in identifying factors that lead to vaccine hesitancy and addressing vaccine hesitancy; further,*

*To promote pharmacist engagement with vaccine-hesitant patients, healthcare providers, and caregivers, and to educate those populations on the risks of vaccine hesitancy and the importance of timely vaccination.*

### **Tobacco, Tobacco Products, and Electronic Nicotine Delivery Systems**

Source: Council on Therapeutics

*To discourage the use, distribution, and sale of tobacco, tobacco products, and electronic nicotine delivery systems (e.g., vaporizers, vape pens, hookah pens, and electronic cigarettes and pipes) in and by pharmacies; further,*

*To advocate for tobacco-free environments in hospitals and health systems; further,*

*To promote the role of pharmacists in tobacco-cessation counseling and comprehensive medication management; further,*

*To join with other interested organizations in statements and expressions of opposition to the use of tobacco, tobacco products, and electronic nicotine delivery systems; further,*

*To educate the public and patients on the risks of nicotine consumption through traditional and electronic delivery systems.*

*Note: This policy would supersede ASHP policy 1625.*

### **Professional Identity Formation**

Source: Council on Education and Workforce Development

*To encourage the pharmacy workforce and pharmacy education and training programs to foster professional identity formation.*

*Note: This policy would supersede ASHP policy 1113.*

### **Zero Tolerance of Harassment and Discrimination**

*Source: Council on Education and Workforce Development*

*To assert that the pharmacy workforce has a right to expect and responsibility to ensure a profession in which all individuals are treated with respect and civility, free of all harassment and discrimination, including but not limited to sexual harassment and malicious behaviors; further,*

*To commit to a culture of responsibility and accountability within the profession with zero tolerance of harassment and discrimination; further,*

*To foster the development of tools, education, and other resources to promote such a culture.*

### **Minimizing the Use of Abbreviations**

*Source: Council on Pharmacy Management*

*To support efforts to minimize the use of abbreviations in healthcare; further,*

*To encourage education of healthcare professionals and learners (e.g., residents, students) on minimizing the use of abbreviations across all patient care settings.*

*Note: This policy would supersede ASHP policy 0604.*

### **Standardized Documentation and Attribution of Clinical Interventions by Pharmacists**

*Source: Council on Pharmacy Practice*

*To promote the use of standardized documentation of clinical interventions by pharmacists in a patient's health record to improve patient outcomes and allow for the attribution of pharmacist services across the continuum of care; further,*

*To advocate for the standardization in the measurement of clinical interventions by pharmacists on patient outcomes.*

## **NOTES ON VOTING**

Over 95% (204) of delegates to the virtual House of Delegates participated in the voting, with 96% (153) of state delegates voting. All Board members voted, 99% of registered past presidents voted, and 88% of state delegations had 100% participation by their delegates.

**HOUSE OF DELEGATES**  
**Casey H. White, Chair**  
**Kathleen S. Pawlicki, Vice Chair**

**As of March 26, 2021**

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<b>STATE</b>	<b>DELEGATES</b>	<b>ALTERNATES</b>	
<b>Alabama (3)</b>	Lea Eiland Laura Matthews Whitney White	Jeff Kyle	
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<b>Kansas (3)</b>	Jennifer McKenna Katherine Miller Joanna Robinson	Mary Durham Brian Gilbert Megan Ohrlund Katie Wilson
<b>Kentucky (3)</b>	Dale English Joan Haltom Devlin Smith	Tina Claypool Brett Cornell Scott Hayes

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<b>Massachusetts (4)</b>	Caryn Belisle Jackie MacCormack-Gagnon Monica Mahoney Melissa Ortega	Marla O'Shea-Bulman
<b>Michigan (4)</b>	Jesse Hogue Jessica Jones Margaret Malovrh Stephen Stout	Marla Ekola Lama Hsaiky
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<b>Puerto Rico (2)</b>	Mirza Martinez Carlos Mendez	Stephanie Pagan
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<b>SECTIONS AND FORUMS</b>	<b>DELEGATES</b>	<b>ALTERNATES</b>
<b>Ambulatory Care Practitioners</b>	Jessica Skelley	Daniel Trulove
<b>Clinical Specialists and Scientists</b>	Joel Marrs	Douglas Slain
<b>Inpatient Care Practitioners</b>	Gregory Burger	Delia Carias
<b>Pharmacy Informatics and Technology</b>	Seth Hartman	Barry McClain
<b>Pharmacy Practice Leaders</b>	Philip Brummond	Jeffrey Little
<b>Specialty Pharmacy Practitioners</b>	Matthew Rim	Tara Kelley
<b>Community Pharmacy Practitioners</b>	Melissa Ortega	
<b>Pharmacy Educators</b>	Timothy Brown	Marie A. Chisholm-Burns
<b>New Practitioners Forum</b>	Kellie Musch	Erin Boswell
<b>Pharmacy Student Forum</b>	Jeffrey Clark	Autumn Pinard
<b>Pharmacy Technician Forum</b>	Glen Gard	JoAnne Myhre
<b>FRATERNAL</b>	<b>DELEGATES</b>	<b>ALTERNATES</b>
<b>U.S. Air Force</b>	Maj. Rohin Kasudia	Maj. Jin Kim
<b>U.S. Army</b>	LTC Joe Taylor	LTC Rob Brutcher
<b>U.S. Navy</b>	LCDR Jason Galka	LT Chirag Patel
<b>U.S. Public Health Service</b>	LCDR Carol Coats	LCDR Kali Autrey
<b>Veterans Affairs</b>	Dr. Heather Ourth	Dr. Virginia Torrise

# House of Delegates

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## REPORT ON THE VIRTUAL HOUSE OF DELEGATES

May 13-19, 2021

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### RESULTS OF THE VOTING

From May 13 to 19, the ASHP House of Delegates (roster attached as an Appendix) voted on eight policy recommendations. Delegates approved six policy recommendations and two statements by 85% or more, the threshold for final approval.

The six policy recommendations and two statements **approved** are as follows:

#### Pharmacogenomics

*Source: Council on Therapeutics*

*To advocate that pharmacists take a leadership role in pharmacogenomics-related patient testing, based on current or anticipated medication therapy; further,*

*To advocate for the inclusion of pharmacogenomic test results in medical and pharmacy records in a format that clearly states the implications of the results for drug therapy and facilitates availability of the genetic information throughout the continuum of care and over a patient's lifetime; further,*

*To encourage health systems to support an interprofessional effort to implement appropriate pharmacogenomics services and to determine appropriate dissemination of actionable genetic information to appropriate healthcare providers for review; further,*

*To encourage pharmacists to educate prescribers and patients about the use of pharmacogenomic tests and their appropriate application to drug therapy management; further,*

*To advocate that all health insurance policies provide coverage for pharmacogenomic testing to optimize patient care; further,*

*To encourage pharmacy workforce education on the use of pharmacogenomics and its*

*application to therapeutic decision-making.*

*Note: This policy would supersede ASHP policy 1104.*

### **FDA Requirement for Dose-Response Information**

*Source: Council on Therapeutics*

*To advocate that the Food and Drug Administration require drug product manufacturers to (1) identify average dose-response curves for desirable and undesirable effects, and make this information available to healthcare providers; and (2) publish dose-response information, to the extent possible, on factors that lead to differences in pharmacokinetics and pharmacodynamics among individuals; further,*

*To encourage drug product manufacturers to conduct studies on and publicly report minimum effective dose data.*

*Note: This policy would supersede ASHP policy 0602.*

### **Medical Cannabis**

*Source: Council on Therapeutics*

*To recognize that there is limited evidence to support safe and effective use of medical cannabis; further,*

*To encourage research that quantifies the therapeutically active components and defines the effectiveness, safety, and clinical uses of medical cannabis; further,*

*To recognize that there is not a standardized product subject to the same regulations as a prescription drug product, and to advocate for the development of processes that would ensure standardized formulations that would ensure consistent potency and quality of medical cannabis; further,*

*To advocate for the alignment of federal and state laws to eliminate barriers to research on and therapeutic use of medical cannabis, including review of medical cannabis's status as a Schedule I controlled substance, and its potential for reclassification; further,*

*To encourage healthcare organizations to develop policies and procedures regarding the handling of medical cannabis consistent with applicable laws, regulations, and accreditation standards; further,*

*To promote the documentation of medical cannabis use and indication in the electronic health record; further,*

*To encourage education that prepares pharmacists as part of an interprofessional team to educate patients, caregivers, healthcare providers, and healthcare administrators about therapeutic and legal aspects of medical cannabis use.*

*Note: This policy would supersede ASHP policy 1101.*

### **Nonprescription Availability of Oseltamivir**

*Source: Council on Therapeutics*

*To support expanded access to oseltamivir through a proposed intermediate category of drug products, as described by ASHP policy, that would be available from all pharmacists and licensed healthcare professionals (including pharmacists) who are authorized to prescribe medications, rather than nonprescription designation; further,*

*To support diagnosis and tracking of influenza through pharmacist-driven influenza point-of-care testing and reporting to the appropriate public health agencies prior to oseltamivir dispensing; further,*

*To support intraoperative documentation of oseltamivir dispensing and associated testing to all members of the healthcare team in outpatient and inpatient settings; further,*

*To advocate that specific and structured criteria be established for prescribing, dosing, and dispensing of oseltamivir for treatment and prophylaxis by pharmacists; further,*

*To advocate that pharmacist-provided counseling for oseltamivir and patient education on influenza be required for dispensing; further,*

*To continue to promote influenza vaccination by pharmacists, despite oseltamivir availability; further,*

*To advocate that the proposed reclassification of oseltamivir be accompanied by coverage changes by third-party payers to ensure that patient access is not compromised and that pharmacists are reimbursed for the clinical services provided.*

### **Education and Training in Telehealth**

*Source: Council on Education and Workforce Development*

*To acknowledge that telehealth is a growing modality that supports the pharmacy workforce in providing direct patient care; further,*

*To support training and education for the pharmacy workforce in innovative models that support telehealth services; further,*

*To promote the incorporation of students and residents into virtual modalities of care and interdisciplinary collaboration; further,*

*To foster documentation and dissemination of best practices and outcomes achieved by*

*the pharmacy workforce as a result of telehealth services.*

### **Supply Chain Resilience During Disasters and Public Health Emergencies**

*Source: Council on Pharmacy Management*

*To support building an enhanced and resilient hospital and health-system supply chain that is lean and economical during normal operations yet nimble enough to support patient care needs during large surges in demand for pharmaceuticals and medical supplies; further,*

*To advocate for ongoing federal evaluation of a national hazard vulnerability assessment to determine how pandemics and disasters present risks to healthcare and public health critical infrastructure; further,*

*To advocate for the development of critical pharmaceutical and medical supply requirement listings based on a national hazard vulnerability assessment to guide the composition of government and distributor-managed emergency stockpiles; further,*

*To urge Congress and state legislatures to direct medical supply and pharmaceutical distributors to manage both “private sector-owned” medical materiel (just-in-time for normal operations) and government-owned/distributor-managed emergency stockpiles (just-in-case for emergencies) that can flow into the private sector supply chain when release of government-owned materiel during public health emergencies, disasters, or contingencies is authorized.*

### **ASHP Statement on the Pharmacist’s Role in Public Health**

*Source: Council on Pharmacy Practice*

*To approve the ASHP Statement on the Pharmacist’s Role in Public Health.*

### **ASHP Statement on the Pharmacist’s Role in Clinical Pharmacogenomics**

*Source: Section of Clinical Specialists and Scientists*

*To approve the ASHP Statement on the Pharmacist’s Role in Clinical Pharmacogenomics.*

## **NOTES ON VOTING**

A total of 94% (201) of delegates to the virtual House of Delegates participated in the voting, with 94% (155) of state and territorial delegates voting. All Board members and 99% of registered past presidents voted, and 81% of state delegations had 100% participation by their delegates.

## HOUSE OF DELEGATES

**Casey H. White, Chair**  
**Kathleen S. Pawlicki, Vice Chair**

**As of May 19, 2021**

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Paul C. Walker, Board Liaison, Council on Therapeutics			
Casey H. White, Chair, House of Delegates			
<b>PAST PRESIDENTS</b>			
R. David Anderson	Debra Devereaux	Robert Lantos	Steven Sheaffer
Roger Anderson	Fred Eckel	Herman Lazarus	Kelly Smith
John Armitstead	Rebecca Finley	Jill Martin Boone	Thomas Thielke
Daniel Ashby	Lisa Gersema	James McAllister	Sara White
Paul Baumgartner	Diane Ginsburg	Gerald Meyer	T. Mark Woods
Jill Boone	Harold Godwin	John Murphy	David Zilz
Cynthia Brennan	Mick Hunt	Cynthia Raehl	
Bruce Canaday	Clifford Hynniman	Philip Schneider	
Jannet Carmichael	Marianne Ivey	Kathryn Schultz	
Kevin Colgan	Stan Kent	Bruce Scott	
<b>STATE</b>	<b>DELEGATES</b>	<b>ALTERNATES</b>	
<b>Alabama (3)</b>	Lea Eiland Laura Matthews Whitney White	Jeff Kyle	
<b>Alaska (2)</b>	Gretchen Glaspay Ursula Iha	Michelle Locke Nielsen Angharad Ratliff	
<b>Arizona (3)</b>	Melinda Burnworth Christopher Edwards Danielle Kamm	Janelle Duran Christi Jen Carol Rollins	
<b>Arkansas (2)</b>	Christy Agee Kendrea Jones		

<b>California (7)</b>	Steven Gray Lisa Gunther Donald Kishi James Scott Kethen So Martin Torres Keith Yoshizuka	Amy Kang Nicole Nguyen
<b>Colorado (3)</b>	Sarah Anderson Karen McConnell Tara Vlasimsky	Jennifer Davis
<b>Connecticut (3)</b>	Elizabeth "Liz" Cohen Molly Billstein-Leber LeeAnn Miller	David Goffman
<b>Delaware (2)</b>	Cheri Briggs Sumit Gandotra	Samantha Landolfi
<b>Florida (5)</b>	Jeffrey Bush Elias Chahine Charzetta James Jennifer Miles Sara Panella	Jessica Bianco
<b>Georgia (3)</b>	Trisha Branan Susan Jackson Christy Norman	Collin Lee Davey Legendre Marjorie Phillips
<b>Hawaii (2)</b>	Joy Matsuyama Janelle Siu	
<b>Idaho (2)</b>	Paul Driver Heather Walser	Jordan Ferro
<b>Illinois (5)</b>	Noelle Chapman Andy Donnelly Charlene Hope Bernice Man Carrie Vogler	Chris Crank Travis Hunerdosse Alifiya Hyderi Mary Moody Jennifer Phillips Carrie Sincak Trish Wegner
<b>Indiana (3)</b>	Chris Lowe Christopher Scott Tate Trujillo	John Hertig
<b>Iowa (3)</b>	John Hamiel Diane Reist Terrel Wiedenfeld	Anthony Pudlo Michael Schnackenberg
<b>Kansas (3)</b>	Jennifer McKenna Katherine Miller Joanna Robinson	Mary Durham Brian Gilbert Megan Ohrlund Katie Wilson
<b>Kentucky (3)</b>	Dale English Joan Haltom Devlin Smith	Tina Claypool Brett Cornell Scott Hayes

<b>Louisiana (3)</b>	Jason Chou Monica Dziuba Kisha Gant	Paul Knecht Heather Maturin Christi Parson
<b>Maine (2)</b>	Matthew Christie Kathryn Sawicki	
<b>Maryland (4)</b>	Joshua Blackwell Nicole Kiehle Janet Lee Kristin Watson	Elizabeth Rodman Molly Wascher
<b>Massachusetts (4)</b>	Caryn Belisle Jackie MacCormack-Gagnon Monica Mahoney Marla O'Shea-Bulman	
<b>Michigan (4)</b>	Jesse Hogue Jessica Jones Margaret Malovrh Stephen Stout	Marla Ekola Lama Hsaiky
<b>Minnesota (3)</b>	Tamara Bezdicek Sue Haight John Pastor	Matthew Ditmore Jessica Swearingen Matt Wolf
<b>Mississippi (3)</b>	Phil Ayers Joshua Fleming Andrews Mays	
<b>Missouri (3)</b>	Laura Butkievich Joel Hennenfent Emily Owen	Davina Dell Steinbeck Ashley Duty Amy Sipe
<b>Montana (2)</b>	Starla Blank Hugh Easley	Lindsey Firman
<b>Nebraska (3)</b>	Ken Kester Katie Reisbig Jerome Wohleb	Michele Faulkner Kim Lueders
<b>Nevada (2)</b>	Kate Ward Adam Porath	
<b>New Hampshire (2)</b>	Dave DePiero Keith Foster	Tonya Carlton
<b>New Jersey (4)</b>	William Herlihy Jessica Hill Julie Kalabalik Nissy Varughese	Barbara Giacomelli Deborah Sadowski Malgorzata Slugocki
<b>New Mexico (2)</b>	Melanie Dodd Traci White	
<b>New York (5)</b>	Angela Cheng Ruth Cassidy Heide Christensen Travis Dick Mark Sinnet	Karen Berger

<b>North Carolina (4)</b>	Michael Melroy Mary Parker Mollie Scott Tyler Vest	
<b>North Dakota (2)</b>	Brody Maack Maari Loy	
<b>Ohio (5)</b>	Rachel Chandra Amanda Hansen Harrison Jozefczyk Kebral Nelson Rebecca Taylor	Robert Parsons
<b>Oklahoma (3)</b>	Emily Gray Edna Patatanian	Wiley Williams
<b>Oregon (3)</b>	Andrew Gibler Edwards Saito Victoria Wallace	Zach McCall
<b>Pennsylvania (4)</b>	Danielle Auxer Brad Cooper Arpit Mehta David Zimmerman	Scott Bolesta Lawrence Carey Paul Green
<b>Puerto Rico (2)</b>	Mirza Martinez Carlos Mendez	Stephanie Pagan
<b>Rhode Island (2)</b>	Margaret Charpentier Shannon Levesque	Martha Roberts Karen Nolan
<b>South Carolina (3)</b>	Carolyn Bell Natasha Nicol Jennifer Thompson	Sarah Desai
<b>South Dakota (2)</b>	Thaddaus Hellwig Laura Stoebner	Joseph Berendse Andrea Darr
<b>Tennessee (4)</b>	Joseph Krushinski Agatha Nolen Jennifer Pauley Jennifer Robertson	Lucy Shell
<b>Texas (6)</b>	Latresa Billings Kirk Evoy Steven Knight Sarah Lake-Wallace Patricia Meyer Randy Martin	Binita Patel
<b>Utah (3)</b>	Ashley Ryther Karen Gunning Anthony Trovato	Cole Sloan
<b>Vermont (2)</b>	Kevin Marvin Jeffrey Schnoor	Blake Porter

<b>Virginia (4)</b>	Catherine Floroff Lisa Hammond Craig Kirkwood Darren Stevens	Brad McDaniel
<b>Washington, D.C. (2)</b>	Kong Wong Michelle Eby	Meenakshi Shelat
<b>Washington State (4)</b>	Susan Teil Boyer Rena Gosser Roger Woolf Karen White	
<b>West Virginia (2)</b>	Derek Grimm Todd Karpinski	Jonathan Kline
<b>Wisconsin (4)</b>	Christina Andros Terry Audley David Hager Justin Konkol	Tom Dilworth John Muchka Kate Schaafsma Lucas Schulz
<b>Wyoming (2)</b>	Jamie Homecker Tonja Woods	Linda Martin
<b>SECTIONS AND FORUMS</b>	<b>DELEGATES</b>	<b>ALTERNATES</b>
<b>Ambulatory Care Practitioners</b>	Jessica Skelley	Daniel Trulove
<b>Clinical Specialists and Scientists</b>	Joel Marrs	Douglas Slain
<b>Inpatient Care Practitioners</b>	Gregory Burger	Delia Carias
<b>Pharmacy Informatics and Technology</b>	Seth Hartman	Barry McClain
<b>Pharmacy Practice Leaders</b>	Philip Brummond	Jeffrey Little
<b>Specialty Pharmacy Practitioners</b>	Matthew Rim	Tara Kelley
<b>Community Pharmacy Practitioners</b>	Melissa Ortega	
<b>Pharmacy Educators</b>	Timothy Brown	Marie A. Chisholm-Burns
<b>New Practitioners Forum</b>	Kellie Musch	Erin Boswell
<b>Pharmacy Student Forum</b>	Jeffrey Clark	Autumn Pinard
<b>Pharmacy Technician Forum</b>	Glen Gard	JoAnne Myhre
<b>FRATERNAL</b>	<b>DELEGATES</b>	<b>ALTERNATES</b>
<b>U.S. Air Force</b>	Maj. Rohin Kasudia	Maj. Jin Kim
<b>U.S. Army</b>	LTC Joe Taylor	LTC Rob Brutcher
<b>U.S. Navy</b>	LCDR Jason Galka	LT Chirag Patel
<b>U.S. Public Health Service</b>	LCDR Carol Coats	LCDR Kali Autrey
<b>Veterans Affairs</b>	Dr. Heather Ourth	Dr. Virginia Torrise