Proceedings of the 56th annual session of the ASHP House of Delegates, June 20 and 22, 2004

Henri R. Manasse, Jr., Secretary

The 56th annual session of the ASHP House of Delegates was held at the Las Vegas, Nevada, Venetian Hotel and Convention Center, in conjunction with the 2004 Summer Meeting.

First meeting

The first meeting was convened at 2 p.m., Sunday, June 20, by Chair of the House of Delegates Marjorie Shaw Phillips. T. Mark Woods, Vice Chair of the Board of Directors, gave the invocation.

Chair Phillips introduced the persons seated at the head table: Debra S. Devereaux, Immediate Past President of ASHP and Vice Chair of the House of Delegates; Daniel M. Ashby, President of ASHP and Chair of the Board of Directors; Henri R. Manasse, Jr., Executive Vice President of ASHP and Secretary to the House of Delegates; and Joy Myers, Parliamentarian.

Chair Phillips welcomed the delegates and described the purposes and functions of the House. She emphasized that the House has considerable responsibility for establishing policy related to ASHP professional pursuits and pharmacy practice in health systems. She reviewed the general procedures and processes of the House of Delegates.

The roll of official delegates was called. A quorum was present, including 200 voting delegates representing 50 states, the District of Columbia and Puerto Rico, delegates from the federal services, chairs of the sections and forums, ASHP officers, members of the Board of Directors, and ASHP past presidents.

Chair Phillips reminded delegates that the report of the 55th annual session of the ASHP House of Delegates had been published on the ASHP Web site and had been distributed to all delegates. Delegates had been advised earlier to review this report. The proceedings of the 55th House of Delegates session were received without objection.

Chair Phillips called on Steven L. Sheaffer for the report of the Committee on Nominations.[a] Nominees were presented as follows:

President-elect

Roland A. Patry, D.P.H., FASHP, Amarillo, TX, Professor of Pharmacy Practice and Associate Dean, Patient Care Services, Texas Tech School of Pharmacy.

Jill E. Martin, Pharm.D., FASHP, Cincinnati, OH, Assistant Professor, Pharmacy Practice, University of Cincinnati College of Pharmacy.

Board of Directors (2005–2008)

Ernest R. Anderson, Jr., M.S., Burlington, MA, Director of Pharmacy Services, Lahey Clinic Pharmacy Department.

Diane B. Ginsburg, M.S., FASHP, Austin, TX, Clinical Associate Professor, University of Texas College of Pharmacy.

James A. Jorgenson, M.S., FASHP, Salt Lake City, UT, Director of Pharmacy Services and Associate Dean for Clinical Education, University of Utah Hospitals and Clinics.

Lynnae M. Mahaney, M.B.A, Madison, WI, Chief Pharmacy Services, VA Hospital Pharmacy.

Chair, House of Delegates

Michele Weizer Simon., Pharm.D., BCPS, Atlantis, FL, Pharmacy Automation Coordinator, JFK Medical Center.

Marjorie Shaw Phillips, M.S., FASHP, Augusta, GA, Clinical Research/AI/MUE Pharmacist, Medical College of Georgia Hospitals & Clinics.

Treasurer

Chair Phillips called on Board Chair Daniel M. Ashby to present the Board's candidates for the office of Treasurer.

Nominees were presented as follows: Dick R. Gourley, Pharm.D., Memphis, TN, Dean of Pharmacy, University of Tennessee; and Marianne F. Ivey, Pharm.D., M.P.H., FASHP, Cincinnati, OH, Corporate Director, , Pharmacy Services for the Health Alliance of Greater Cincinnati, and Vice Chairman and Associate Professor in the Division of Pharmacy Practice, University of Cincinnati.

A "Meet the Candidates" session to be held on Monday, June 21, was announced.

Chair Phillips announced the candidates for the four sections of ASHP.

Report of President and Chair of the Board. President Ashby referred to the combined report of the Chair

of the Board and the Executive Vice President, which had been previously distributed to delegates and which included all of the actions taken by the Board of Directors since the last House session. He updated and elaborated upon various aspects of the report. (The combined written report presented to the House is included in these Proceedings.) There was no discussion, and the delegates voted to accept the report of the President and Chair of the Board.

Report of Treasurer. Marianne F. Ivey presented the report of the Treasurer. There was no discussion, and the delegates voted to accept the Treasurer's report.

Report of Executive Vice President. Henri R. Manasse, Jr., presented the report of the Executive Vice President. Dr. Manasse reported on the hard-hitting work taking place at ASHP related to quality standards, including the Society's critical input to the U.S. Pharmacopeia's new Chapter 797 on medication compounding and its work with the National Quality Forum on pharmacist involvement in all phases of the medication-use process. He noted that the Leapfrog Group subsequently included the latter recommendation in its "Safe Practice 5." Dr. Manasse went on to talk about the work of scholar-in-residence Sara White on the state of executive pharmacy leadership in the U.S., pointing out that ASHP is in talks with a major university to create a Center for Health-System Pharmacy Leadership. Finally, Dr. Manasse urged delegates to take an active role in recruiting new members, reminding them that ASHP's strength comes from a vital, growing membership.

Recommendations. Chair Phillips called on members of the House of Delegates for Recommendations. (The name(s) and state(s) of the delegate(s) who introduced the item and the subject of the item precede each Recommendation.)

Betty Dong (CA): Definition of a Pharmacist
Recommendation: That ASHP collaborate with appropriate dictionary publishers to change the (dictionary) definition of pharmacy and pharmacist to acknowledge the responsibility of pharmacists providing patient care services and its implications for patient care and safety in addition to the accepted definitions relating to the preparation and dispensing of medications and patient counseling.

Background: Antiquated definitions of pharmacies and the practice of pharmacy in dictionaries do not acknowledge the expanded role of pharmacists in accordance with their training and expertise and contribute to the public's perception of pharmacists as "pill pushers." These antiquated and restrictive definitions may also impact negatively on attracting and recruiting students into the pharmacy profession.

Council reports. (Note: The policy recommendations of the ASHP councils were published in the April 1, 2004, issue of *AJHP*. The complete council reports, including background on the policy recommendations and information on other council activities, were published on the ASHP Web site and were distributed to delegates.)

Chair Phillips outlined the process used to generate council reports. She announced that each council's recommended policies would be introduced as a block. She further advised the House that any delegate could raise questions and discussion without having to "divide the question" and that a motion to divide the question is necessary only when a delegate desires to amend a specific proposal or to take an action on one proposal separate from the rest of the recommendations; requests to divide the question are granted unless another delegate objects.

(Note: Policy recommendations are presented here in the order in which they were published, not in the order in which they were discussed for purposes of amendment. Policy recommendations not amended were approved as a block.)

Janet A. Silvester, Board Liaison to the **Council on Administrative Affairs**, presented the council's policy recommendations A through G.

After a request to consider Policy A separately, it was moved and seconded to amend the first paragraph by striking the first sentence and replacing it with "To support the principle that all patients should have 24-hour access to a pharmacist responsible for their care"; by striking the parenthetical phrase "(when 24 hour pharmacist services are not feasible and onsite pharmacist review is not available) and adding the words "when onsite pharmacist review is not available" at the end of the second paragraph; and in the last paragraph by deleting the parenthetical phrase "(e.g., age, sex, current medication profile, diagnoses, laboratory values, and allergies)." The amendments were approved. There was no discussion and Policy Recommendation A as amended was then adopted.[b] It reads as follows (italic type indicates material added; strikethrough indicates material deleted):

A: Scope and Hours of Pharmacy Services

~~To advocate pharmacist services in all hospitals for as many hours each day as needed for appropriate patient care; further,~~ *To support the principle that all patients should have 24-hour access to a pharmacist responsible for their care; further,*

To advocate ~~(when 24-hour pharmacist services are not feasible and onsite pharmacist review is not available)~~ alternative methods of pharmacist review of medication orders (such as remote review) before drug administration *when onsite pharmacist review is not available*; further,

To support the use of remote medication order review systems that communicate pharmacist approval of orders electronically to the hospital's automated medication distribution system; further,

To promote the importance of pharmacist access to pertinent patient information ~~(e.g., age, sex, current medication profile, diagnoses, laboratory values, and allergies)~~, regardless of proximity to patient.

(This proposed policy would supersede policy 9706.)

B. Standardization, Automation, and Expansion of Manufacturer-Sponsored Patient-Assistance Programs

To advocate standardization of application criteria, processes, and forms for manufacturer-sponsored patient assistance programs (PAPs); further,

To advocate the automation of PAP application processes through computerized programs, including Web-based models; further,
To advocate expansion of PAPs to include high-cost drugs used in inpatient settings.

C. Electronic Information Systems

To advocate the use of electronic information systems, with appropriate security controls, that enable the integration of patient-specific data that are accessible in all components of a health system; further,

To urge computer software vendors and pharmaceutical suppliers to provide standards for definition, collection, coding, and exchange of clinical data used in the medication-use process; further,

To pursue formal and informal liaisons with appropriate health care associations to ensure that the interests of patient care and safety in the medication-use process are fully represented in the standardization, integration, and implementation of electronic information systems; further,

To strongly encourage health-system administrators, regulatory bodies, and other appropriate groups to provide health-system pharmacists with full access to patient-specific clinical data.

(Note: This proposed policy would supersede ASHP policy 9909.)

D. Workload Monitoring and Reporting

To advocate the development and implementation of a pharmacy workload monitoring system that analyzes the impact of pharmacy services on patient outcomes; further,

To define pharmacy workload as all activities related to providing pharmacy patient care services; further,

To continue communications with health-system administrators, consulting firms, and professional associations on the value of pharmacists' services and on the use of valid and reliable data to assess pharmacy workload and staffing effectiveness; further,

To encourage practitioners and vendors to develop and use a standard protocol for collecting and reporting pharmacy workload data and patient outcomes; further,

To advocate to health-system administrators, consulting firms, and vendors of performance-measurement services firms the use of comprehensive pharmacy workload and staffing effectiveness measurements.

(Note: This proposed policy would supersede ASHP policy 9907.)

E. Documentation of Pharmacist Patient Care Services

To encourage the documentation of pharmacist patient care services in order to validate their impact on patient outcomes and total cost of care.

(Note: This proposed policy would supersede ASHP policy 9910.)

F. Pharmacist Involvement in Emergency Preparedness

To discontinue ASHP policy 9904, Emergency Preparedness.

G. Diversifying Pharmaceutical Services.

To discontinue ASHP policy 9905, Diversifying Pharmaceutical Services.

Cynthia Brennan, Board Liaison to the **Council on Educational Affairs**, presented the Council's Policy Recommendations A and B.

A. Continuing Professional Development

To endorse the concept of continuing professional development (CPD), which involves personal self-appraisal, educational plan development, plan implementation, documentation, and evaluation; further,

To strongly encourage the development of a variety of

mechanisms and tools that pharmacists can use to assess their CPD needs; further,

To support the efforts of individual pharmacists to understand CPD (including the fact that various options are available for self-assessment) and to implement CPD; further,

To collaborate with other pharmacy organizations in the development of effective strategies for piloting the implementation of CPD; further,

To strongly support objective assessment of the outcomes of implementation of CPD; further,

To encourage colleges of pharmacy and accredited pharmacy residency programs to teach the principles, concepts, and skills of CPD.

Following a request to separate Policy B, it was moved and seconded to amend by deleting the words "issues related to" and by adding the word "the" in the first sentence; by adding the words "technicians', pharmacy students' in the last paragraph; and, by adding a note which reads "(Although race and ethnicity are the more prevalent and obvious components of culture, there are many factors that shape a health care provider's values, ideas, attitudes and experience toward health care. These factors include, but are not limited to age, gender, disability, sexual orientation, geographic location, preferred language, native vs. foreign born status and customs, beliefs and practices.)"

There was no discussion and the amendments were approved. Policy Recommendation B, as amended was then adopted.[b] It reads as follows (italic type indicates material added; strikethrough indicates material deleted):

B. Cultural Diversity among Health Care Providers

To foster awareness of *the* ~~issues related to~~ cultural diversity of health care providers; further,

To foster recognition of the impact that cultural diversity of health care providers may have on the medication-use process; further,

To develop pharmacy practitioners', *technicians', pharmacy students',* and educators' cultural competencies.

(Note: Although race and ethnicity are the more prevalent and obvious components of culture, there are many factors that shape a health care provider's values, ideas, attitudes and experience toward health care. These factors include, but are not limited to age, gender, disability, sexual orientation, geographic location, preferred language, native vs. foreign born status and customs, beliefs and practices.)

William H. Puckett, Board Liaison to the **Council on Legal and Public Affairs**, presented the Council's Policy Recommendations A through H.

A. Medicare Prescription Drug Benefit

To strongly advocate a fully funded prescription drug program for eligible Medicare beneficiaries that maintains the continuity of patient care and ensures the best use of medications; further,

To recommend that the program should at a minimum contain the following: (1) appropriate product reimbursement based on transparency of drug costs, (2) payment for indirect costs and practice expenses related to the provision of pharmacy services, based on a study of those costs, (3) appropriate coverage and payment for patient care services provided by pharmacists, and (4) open access to the pharmacy provider of the patient's choice.

(Note: *Fully funded* means the federal government will make adequate funds available to fully cover the Medicare program's share of prescription drug program costs; *eligible* means the federal government may establish criteria by which Medicare beneficiaries qualify for the prescription drug program.)

(Note: This proposed policy would supersede ASHP policy 0317.)

B. Compounding by Health Professionals

To advocate the adoption, in all applicable state laws and regulations governing health care practice, of the intent of the requirements and the outcomes for patient safety as described in *United States Pharmacopeia* Chapter 797 ("Pharmaceutical Compounding—Sterile Preparations").

Following a request to consider Policy Recommendation C separately, it was moved and seconded to delete the parenthetical phrase in the first paragraph which reads "(or another comparable nationally validated, psychometrically sound certification program approved by the state board of pharmacy)." Following discussion, the amendment was defeated. It was then moved and seconded to delete the phrase "as an interim measure until the optimal model is fully implemented" in the third paragraph. There was no discussion and the amendment was approved. Policy Recommendation C, as amended, was then adopted.[b] It reads as follows (strikethrough indicates material deleted):

C: Uniform State Laws and Regulations Regarding Pharmacy Technicians

To advocate that pharmacy move toward the following model with respect to technicians as the optimal approach to protecting public health and safety: (1) development and adoption of uniform state laws and regulations regarding pharmacy technicians, (2) mandatory completion of a nationally accredited standardized program of education and training as a prerequisite to pharmacy technician certification, and (3) mandatory certification by the Pharmacy Technician Certification Board (or another comparable nationally validated, psychometrically sound certification program approved by the state board of pharmacy) as a prerequisite to the state board of pharmacy granting the technician permission to engage in the full scope of responsibilities authorized by the state; further,

To advocate registration of pharmacy technicians by state boards of pharmacy; further,

To advocate, with respect to certification, ~~as an interim measure until the optimal model is fully implemented,~~ that individuals be required either (1) to have completed a nationally accredited standardized program of education and training or (2) to have at least one year of full-time equivalent experience as pharmacy technicians before they are eligible to become certified; further,

To advocate that licensed pharmacists be held accountable for the quality of pharmacy services provided and the actions of pharmacy technicians under their charge.

(Note: *Certification* is the process by which a nongovernmental agency or association grants recognition to an individual who has met certain predetermined qualifications specified by that agency or association. *Registration* is the process of making a list or being enrolled in an existing list; registration should be used to help safeguard the public through interstate and intrastate tracking of the technician work force and preventing individuals with documented problems from serving as pharmacy technicians.)

(Note: This proposed policy would supersede ASHP policy 0322).

Following a request to separate Policy Recommendation D, it was moved and seconded to substitute the following language for the original motion: "To advocate for the continuation and application of laws and regulations enforced by the Food and Drug Administration and state boards of pharmacy with respect to the importation of pharmaceuticals in order to: (1) maintain the integrity of the pharmaceutical supply chain and avoid the introduction of counterfeit products into the United States, (2) provide for continued patient access to pharmacist review of all medications and preserve the patient-pharmacist-prescriber relationship, and, (3) provide adequate patient counseling and education, particularly to patients taking multiple high-risk medications; further, To urge the FDA and state boards of pharmacy to vigorously enforce federal and state laws in relation to importation of pharmaceuticals by individuals, distributors (including wholesalers), and pharmacies that bypass a safe and secure regulatory framework.

(Note: This proposed policy would supersede ASHP policy 0320.)

Following discussion, the substitute language was approved. Policy Recommendation D as substituted was then adopted.[b] It reads as follows (italic type indicates material added; strikethrough indicates material deleted):

D. Importation of Pharmaceuticals

~~To oppose importation of pharmaceuticals except in cases in which the Food and Drug Administration determines it would be necessary for the health and welfare of United States citizens.~~

~~(Note: This proposed policy would supersede ASHP policy 0320.)~~

To advocate for the continuation and application of laws and regulations enforced by the Food and Drug Administration and state boards of pharmacy with respect to the importation of pharmaceuticals in order to:(1) maintain the integrity of the pharmaceutical supply chain and avoid the introduction of counterfeit products into the United States, (2) provide for continued patient access to pharmacist review of all medications and preserve the patient-pharmacist-prescriber relationship, and,(3) provide adequate patient counseling and education, particularly to patients taking multiple high-risk medications; further,

To urge the FDA and state boards of pharmacy to vigorously enforce federal and state laws in relation to importation of pharmaceuticals by individuals, distributors (including wholesales), and pharmacies that bypass a safe and secure regulatory framework.

(Note: This proposed policy would supersede ASHP policy 0320.)

Following a request to separate Policy Recommendation E, it was moved and seconded to amend by deleting the phrase "the associated pharmaceutical services", and by adding the words "patient care services provided, medications." There was no discussion and the amendments were approved. Policy Recommendation E, as amended, was then adopted.[b] It reads as follows (italic type indicates

material added; strikethrough indicates material deleted):

E. Home Intravenous Therapy Benefit

To support the continuation of a home intravenous therapy benefit under federal and private health insurance plans, and expand the home infusion benefit under Medicare Part B at an appropriate level of reimbursement for ~~the associated pharmaceutical services~~, *patient care services provided, medications,* supplies, and equipment.

(Note: This proposed policy would supersede ASHP policy 9004.)

F. Home Health Care

To discontinue ASHP policy 8212, Home Health Care.

G. NABP Model Pharmacy Practice Act Language

To discontinue ASHP policy 9409, NABP Model Pharmacy Practice Act Language on the Responsibility of the Pharmacist for Overall Medication Distribution Systems.

Following a request to consider Policy Recommendation H separately, it was moved and seconded to not discontinue Policy Recommendation H but to change the title to something more appropriate. Following discussion, Policy Recommendation H was defeated.

Brian L. Erstad, Board Liaison to the **Council on Organizational Affairs**, presented the Council's report which did not contain any policy recommendations. There was no discussion and the report was received.

Bonnie L. Senst, Board Liaison to the **Council on Professional Affairs**, presented the Council's Policy Recommendations A through C.

A. Pharmaceutical Counterfeiting

To foster increased pharmacist and public awareness of drug product counterfeiting; further,

To encourage pharmacists to purchase and handle medications in ways that enhances the transparency and integrity of the drug product supply chain; further,
To encourage pharmacists to identify instances of drug product counterfeiting and to respond by assisting the patient in receiving appropriate treatment and monitoring, documenting patient outcomes, and notifying the patient, prescriber, and appropriate state and federal regulatory bodies (e.g., the Food and Drug Administration's MedWatch system); further,

To provide consumers and health professionals with information on how to avoid counterfeit drug products and how to recognize, respond to, and report encounters with suspicious drug products; further,

To foster research and education on the extent, methods, and impact of drug product counterfeiting and on strategies for preventing and responding to drug product counterfeiting.

B. Ready-To-Use Packaging for All Settings

To advocate that pharmaceutical manufacturers provide all medications used in ambulatory care settings in unit-of-use packages; further,

To urge the Food and Drug Administration to support this goal; further,

To encourage pharmacists to adopt unit-of-use packaging for dispensing prescription medications to ambulatory patients; further,

To support continued research on the safety benefits and patient adherence associated with unit-of-use packaging and other dispensing technologies.

(Note: A *unit-of-use package* is a container-closure system designed to hold a specific quantity of a drug product for a specific use and intended to be dispensed to a patient without any modification except for the addition of appropriate labeling.)

C. ASHP Statement on the Use of Dietary Supplements

To approve the ASHP Statement on the Use of Dietary Supplements.

(This policy supersedes ASHP policies 0223, 0304, and 0324.)

Chair Phillips reminded delegates of the process for submitting New Business items for consideration of the second meeting of the House session. Announcements were made. The meeting adjourned at 3:55 p.m.

Second meeting

The second and final meeting of the House of Delegates session convened on Tuesday, June 22, at 4:30 p.m. A quorum was present.

Chair Phillips announced the appointment of tellers to canvass the ballots for the election of Chair of the House of Delegates and Treasurer of ASHP. Those appointed were Ken Schell (CA), Lt. Col. Jasper Watkins (Army), and Dee Ann Wedemeyer Oleson (IA).

Recommendations. Chair Phillips called on members of the House of Delegates for Recommendations. (The name(s) and state(s) of the delegate(s) who introduced the item

and the subject of the item precede each Recommendation.)

Mary Ann Kliethermes and Barbara Prosser of the ASHP Section of Home, Ambulatory, and Chronic Care Practitioners: Addition of language to ASHP Policy 0203

Recommendation: That ASHP insert the following language in the reference policy: To support the use of technology to allow patients the ability to move their health care information as it pertains to medication management with them as they move through the continuum of care; further, to strongly recommend that the health-system pharmacist take the lead in information technology development and processes to facilitate this information transfer.

Background: This policy deals with the issue of pharmacist involvement in the planning of electronic systems to facilitate clinical decision support. As the changes in Medicare are defined and the pharmacist assumes a key role in medication therapy management, the need for patient information transfer will become imperative. The pharmacist must rise to the challenge of his/her roles in patient care and medication management

Frank G. Saya (CA): Implementation of USP Chapter 797

Recommendation: Recommend the leadership of ASHP continue to work with the appropriate regulatory agencies to provide input into the adoption of the intent of USP chapter 797 and to request input from pharmacist practitioners in acute care settings as to their concerns regarding the feasibility, practicality, and necessity of implementing all requirements of the guidelines.

Background: There are concerns regarding the lack of evidence to support many of the requirements of USP Chapter 797 and that not all requirements are necessary and can be implemented in all settings.

Julie Nelson (TX): Advocacy for Equal Enforcement of USP Chapter 797

Recommendation: That ASHP work with other health care provider groups and regulatory bodies to educate their members on the requirements of USP Chapter 797 and to advocate for the development of consistent enforcement practices for all sites preparing sterile preparations for patient use.

Background: Pharmacy compliance with USP Chapter 797 will be enforced through the various state boards of pharmacy. The consistent enforcement of USP 797 regulations in non-pharmacy settings is essential to ensure that patient safety is optimized.

David Tomich and John Swenson (WA): Adoption of a Pharmacy Resident Experience Portfolio (PREP)

Recommendation: That ASHP accredited residency programs require all pharmacy residents to maintain a portfolio of their professional accomplishments.

Background: This is not intended to require another document but to allow the resident to have a medium that highlights the depth and breadth of their residency. This would be used for marking the resident to future employers and the residency to future residents and it falls in line with continuing professional development.

Randy Kuiper (MT): Labeling of Latex Status on All Medical Containers and Products

Recommendation: That ASHP develop a policy and advocate that all medication containers and devices be required to indicate on the label whether or not it contains latex.

Background: Latex contained in drug vials and medical devices can cause patient harm in latex allergic individuals. Currently, the status of whether or not a product contains latex is not clearly indicated. For patient safety, it should be required on the label of the product.

Stephen R. Novak (NC): Development of Pharmacy Informatics Curriculums and Residencies

Recommendation: To encourage training and development of pharmacy informatics specialists through curriculum offerings in schools of pharmacy and provision of informatics focused residencies.

Background: There is a rapidly growing demand for pharmacy informatics specialists due to patient safety initiatives (COPE, bar coded medication administration, etc.) and increasingly sophisticated electronic patient care systems. Provision of a pharmacy informatics curriculum in schools of pharmacy and development of informatics focused residencies will stimulate career development in this vital area.

Michael Rubino (CT): Medication Safety – Unapproved Abbreviations

Recommendation: ASHP should support the medication safety efforts of health systems by communication with schools of pharmacy, medicine, nursing, and allied health to eliminate the educational practice of teaching abbreviations that could lead to medication error, particularly those included in the JCAHO National Patient Safety Goals.

Background: There are ample data supporting the danger of using medical abbreviations that can be misinterpreted and cause errors. Although health systems are now

required by JCAHO to eliminate the use of specific abbreviations, schools of pharmacy, medicine, nursing, and allied health continue to teach many of these abbreviations.

Jean Scholtz and Ted Rice (PA): Multiple Nationally Accredited Standardized Pharmacy Technician Training Programs

Recommendation: ASHP take into account the possibility that the model for technician training would encompass more than one nationally accredited standardized training program.

Background: Our experience in Pennsylvania has demonstrated distinct training needs among various pharmacy practice settings that warrant the need for choice among nationally standardized training programs. In recognizing such, any pharmacy technician legislation in Pennsylvania would need to incorporate the opportunity for more than one standardized training program to be developed. The current policy proposal regarding a nationally accredited standard for pharmacy technician training seems to limit the possibility of having several types of accredited pharmacy technician training programs as may be dictated by the needs of individual states. The proposed limitation of the policy as written does not appear to offer the ability for the states to choose the test that would most closely meet the needs of their individual technician population as evidenced in the various practice settings for pharmacy technicians.

Teresa Hudson and Justin Boyd (AR), Diane Ginsburg (TX), Barbara Poe (OK): Membership Payment Options

Recommendation: We recommend that ASHP implement monthly bank drafts as an option for payment of membership dues and for contributions to the ASHP Foundation and ASHP PAC.

Background: This strategy has been successfully implemented by other professional organization and has been discussed during RDCs for at least three years. It has the potential to increase membership, increase the funding and, therefore, the effectiveness of the PAC and to strengthen the work of the Foundation. I am aware this topic has been discussed and evaluated among ASHP staff. However, I believe it is imperative we move beyond evaluation to implementation.

David B. Moore (MD): Revise the Term "Transparency" in the Policy "Medicare Prescription Drug Benefit."

Recommendation: Replace the word "transparency" with a phrase that better reflects the intent of the policy entitled "Medicare Prescription Drug Benefit."

Background: The term "transparency" has come to mean information available to everyone. The intent of the policy is to have drug costs known to the purchaser, in this case the Centers for Medicare and Medicaid Services (CMS). I suggest using the phrase "negotiated disclosure of full drug cost between supplier and purchaser" or similar language. This avoids the disclosure of proprietary information to competitors or others that do not have a need to know.

Lee Vermeulen (WI), (this Recommendation was also signed by 38 delegates from 14 states and six past presidents): *Recommendation of Board Guidelines on State Affiliates.*

Recommendation: In support of the ASHP Board policy on state affiliation approved April 15, 2004, it is recommended that the affiliation guidelines, to be developed for the implementation of the policy, allow state affiliates to choose an organizational structure that most successfully advances the professional practice of pharmacy in hospitals and health systems within their respective states**.**

Background: We believe state affiliate leaders are best able to determine the structure of their own organizations. Affiliate status should be extended to state-based pharmacy organizations that agree to represent the interests of ASHP members in a manner consistent with the ASHP by-laws and that can demonstrate they tangibly advance the needs of ASHP members.

Charles J. Arrison (NJ): Generic Pharmaceutical Supply

Recommendation: To support legislative and regulatory initiatives designed to maintain the supply of safe and effective generic pharmaceuticals for our patients.

Background: Since the unfortunate discovery of adulterated and mislabeled generic pharmaceuticals in the late 1980s, legislative and regulatory initiatives have improved the safety and quality of generic drugs. The public's confidence in generics has improved and the Society is committed to support this ongoing effort to maintain improvement on behalf of pharmacists and the patients served.

Dennis Williams (NC): Response to FDA proposed Rule

Recommendation: ASHP should submit written comments to the FDA concerning the proposed rule about the phaseout of CFC containing albuterol products, including the potential negative impact on patients' health due to a significant increase in acquisition costs of albuterol MDI products when generic alternatives are not available.

Background: The FDA has specifically requested responses about the appropriate effective date of the rule, which may be early 2006. Generic albuterol inhalers cost $23 less than branded products. The increased costs would affect consumers' out-of-pocket payments and co-pays, insurance carriers, and the health system. Increased acquisition costs can be associated with a negative effect on the health of patients because of access problems.

A moderate phaseout plan (later effective date) may be more appropriate than an aggressive phaseout plan (earlier date) because of expected cost implications related to the lack of generic products.

Charles J. Arrison (NJ): Standardization of Auxiliary Medication Name Labels

Recommendation: To urge pre-printed label vendors to adopt a standard color scheme for auxiliary medication labels and to incorporate "tall man" lettering for the purpose of further differentiating medication labeling for patient safety.

Background: Auxiliary medication labels are used at the bedsides by many in hospitals to label syringes, i.v. containers, pump channels, lines, etc. There is currently no standardization of labels available through vendors. The American Society of Testing Materials has developed a color standardization that is not widely adopted and, if used with "tall man" lettering, would further the patient safety goals of many health care practitioners.

Board of Directors duly considered matters. The Board reported on five professional policies that were amended at the first House meeting. Pursuant to Bylaws section 7.3.1.1, the Board met on the morning of June 22, 2004, to "duly consider" the amended policies. The Board presented its recommendations as follows.

- Regarding the first item from the Council on Administrative Affairs, titled "Scope and Hours of Pharmacy Services," the Board agreed that the amended language was acceptable.

- Regarding the second item, from the Council on Educational Affairs titled "Cultural Diversity among Health Care Providers," the Board agreed that the amended language in the primary policy was acceptable; however, the Board deleted the Note, as an editorial matter, because the report of the Ad Hoc Committee on Ethnic Diversity and Cultural Competence is expected to present a thorough exposition on the various facets of cultural diversity. Policy Recommendation C as adopted reads as follows:

B. Cultural Diversity among Health Care Providers

To foster awareness of the cultural diversity of health care providers; further,

To foster recognition of the impact that cultural diversity of health care providers may have on the medication-use process; further,

To develop pharmacy practitioners', technicians', pharmacy students', and educators' cultural competencies.

- Regarding the third item, from the Council on Legal and Public Affairs, titled "Uniform State Laws and Regulations Regarding Pharmacy Technicians," the Board agreed that the amending language was not acceptable.

It was then moved and seconded to reconsider Policy Recommendation C in its original form. Following discussion, Policy Recommendation C was adopted. It reads as follows:

C. Uniform State Laws and Regulations Regarding Pharmacy Technicians

To advocate that pharmacy move toward the following model with respect to technicians as the optimal approach to protecting public health and safety: (1) development and adoption of uniform state laws and regulations regarding pharmacy technicians, (2) mandatory completion of a nationally accredited standardized program of education and training as a prerequisite to pharmacy technician certification, and (3) mandatory certification by the Pharmacy Technician Certification Board (or another comparable nationally validated, psychometrically sound certification program approved by the state board of pharmacy) as a prerequisite to the state board of pharmacy granting the technician permission to engage in the full scope of responsibilities authorized by the state; further,

To advocate registration of pharmacy technicians by state boards of pharmacy; further,

To advocate, with respect to certification, as an interim measure until the optimal model is fully implemented, that individuals be required either (1) to have completed a nationally accredited standardized program of education and training or (2) to have at least one year of full-time equivalent experience as pharmacy technicians before they are eligible to become certified; further,

To advocate that licensed pharmacists be held accountable for the quality of pharmacy services provided and the actions of pharmacy technicians under their charge.

(Note: *Certification* is the process by which a nongovernmental agency or association grants recognition to an

individual who has met certain predetermined qualifications specified by that agency or association. *Registration* is the process of making a list or being enrolled in an existing list; registration should be used to help safeguard the public through interstate and intrastate tracking of the technician work force and preventing individuals with documented problems from serving as pharmacy technicians.)

(Note: This proposed policy would supersede ASHP policy 0322).

- Regarding the fourth item, from the Legal and Public Affairs, titled "Importation of Pharmaceuticals," the Board agreed that the amended language was acceptable.

- Regarding the fifth item, from the Council on Legal and Public Affairs, titled "Home Intravenous Therapy Benefit," the Board agreed that the amendment was acceptable with an editorial change. Policy Recommendation E as adopted reads as follows:

E. Home Intravenous Therapy Benefit

To support the continuation of a home intravenous therapy benefit under federal and private health insurance plans, and expand the home infusion benefit under Medicare Part B at an appropriate level of reimbursement for pharmacists' patient care services, medications, supplies, and equipment.

(Note: This proposed policy would supersede ASHP policy 9004.)

New Business. Chair Phillips announced that, in accordance with Article 7 of the Bylaws, there were three items of New Business to be considered. She noted that if an item of New Business is approved for referral to the Board, the delegates' discussion, ideas, and comments on the item become a part of the referral.

Chair Phillips called on John Swenson (WA) to introduce the item of New Business, titled, "Uniform State Laws and Regulations Regarding Pharmacy Technicians." Following discussion, the item was defeated.

Chair Phillips then call on Lourdes Cuellar (TX), to present the second item of New Business titled, "Health Disparities." It was moved and seconded to amend the first sentence of the motion by deleting the words "of zero tolerance" following the word "policy"; deleting the words "and advocate" following the word "disparities" ; adding the words "advocates that" before the words "all patients" ; and by deleting the following paragraph "This motion is consistent with the Department of Health and Human Services "Healthy People 2010" Report that has the goal of eliminating disparities in health care and helps members fulfill the mission and vision of ASHP." The amendments were approved. Following discussion, the House voted to approve for referral to the Board of Directors. It reads as follows (italic type indicates material added; strikethrough indicates material deleted):

Health Disparities

Motion: That ASHP adopt a policy ~~of zero tolerance~~ towards health care disparities ~~and advocate~~ that *advocates that* all patients have equal access to health care and health providers, including pharmacists.

Further, that ASHP provide education and training to pharmacy practitioners that supports and recognizes that differences exist in how racial and ethnic minorities respond to health care treatment, in how they seek and accept recommended treatment, and in the roles played by language, cultural barriers, age, access to care and ability to pay.

That ASHP and the ASHP Foundation collaborate with other appropriate entities to promote research by pharmacists, health care organizations, and state organizations with the goal of improving health in populations where disparities exist.

~~This motion is consistent with the Department of Health and Human Services "Healthy People 2010" Report that has the goal of eliminating disparities in health care and helps members fulfill the mission and vision of ASHP.~~

Background: Health disparities, including but not limited to racial and ethnic disparities, unnecessarily increase the financial burden to our health care system and are a major public health problem. In addition, they can create a barrier to effective use of medication in the treatment and management of acute and chronic diseases. While health disparities exist in many populations, significant differences exist in quality of care and outcomes for racial and ethnic minorities even when access and payment are not an issue. Language barriers, lack of knowledge about ethnic and racial minority cultures, and bias (conscious and subconscious) by health care practitioners play a significant role in creating health disparities. The background statement submitted to delegates included quoted material from a report on health disparities by the Institute on Medicine.

Suggested Outcome: Policy Development – That ASHP develop a policy that addresses health disparities. Education – That ASHP educate members on identifying health disparities and provide tools to assist members resolve these disparities as it relates to medication

therapy. Advocacy – That ASHP advocate and support all efforts to eliminate health disparities.

Chair Phillips then called on Amanda Hurd (Student Forum) to present the last item of New Business, titled "Professionalism in Pharmacy." Following discussion, this item was approved for referral to the Board of Directors. It reads as follows:

Professionalism in Pharmacy

Motion: To encourage practitioners, administrators, faculty members, preceptors, and pharmacy students to enhance and model professionalism in order to provide optimal patient care by pharmacists while strengthening the integrity of the profession; further,

To commit to serve the primary interests of patients before their own and to demonstrate compassion and respect for patients and their families, other health care providers, and colleagues; further,

To develop mechanisms to monitor and assess professionalism with health systems and colleges of pharmacy while continuing to promote the professional image of pharmacy.

Background: This motion was drafted by the 2003-2004 Student Forum Executive Committee in response to an article published in the *American Journal of Pharmaceutical Education* titled "Student Professionalism." This paper pointed out the decline of student professionalism found through colleges of pharmacy. It was also noted that ASHP was not mentioned anywhere in this paper as having a part in developing professionalism. The Student Forum feels strongly on this issue and wishes to see ASHP have something on the books regarding professionalism.

Suggested Outcome: We would like to see the Board refer this motion to a council to further develop this policy. In addition, we would like to see this policy lead to enhanced student programming resources directed to fostering and improving professionalism.

Election of House Chair and Treasurer. Chair Phillips conducted the election for Chair of the House of Delegates and Treasurer of ASHP. She called delegates to present completed official ballots to tellers, who certified the eligibility of delegates to vote. After the balloting, the tellers counted the ballots.

Recognition. Chair Phillips recognized members of the Board who were continuing in office. She also introduced members of the Board who were completing their terms of office.

As a token of appreciation on behalf of the Board of Directors and members of ASHP, Chair Phillips presented President Ashby with an inscribed gavel commemorating his term of office. President Ashby recognized the service of Chair Phillips as Chair of the House of Delegates and a member of the Board of Directors.

Chair Phillips recognized Debra Devereaux's years of service as a member of the Board, in various presidential capacities, as Chair of the Board, and as Vice Chair of the House of Delegates.

Chair Phillips then installed the chairs of ASHP's sections and forums: Rita Jew, Section of Clinical Specialists and Scientists, Mary Ann Kliethermes, Section of Home, Ambulatory, and Chronic Care Practitioners, Scott Mark, Section of Pharmacy Practice Managers, Amanda Hord, Student Forum, and Deborah Frieze, New Practitioners Forum. Dr. Phillips then recognized the remaining members of the executive committees of sections and forums.

Chair Phillips then called on Vice Chair Devereaux to preside over the House for the remainder of the meeting.

Vice Chair Devereaux announced that Marjorie Shaw Phillips and Marianne F. Ivey had been elected as Chair of the House and Treasurer, respectively.

Installation. Vice Chair Devereaux installed T. Mark Woods as President of ASHP, Agatha L. Nolen and Phillip J. Schneider as members of the Board of Directors, Marjorie Shaw Phillips as Chair of the House of Delegates, and Marianne F. Ivey as Treasurer. She introduced the families of newly installed Board Members.

Parliamentarian. Vice Chair Devereaux thanked Joy Myers for service to ASHP as parliamentarian.

Adjournment. The 56th annual session of the House of Delegates adjourned at 6:40 p.m.

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[a]The Committee on Nominations included Charles Jastram, Chair (LA), Steven Sheaffer, Vice Chair (PA), Jeanne Ezell (TN), Teresa Hudson (AR), Michael Magee (FL) Steven Spravzoff (AZ), Sharm Steadman (SC).

[b] See the report of the second meeting of this session, "Board of Directors duly considered matters," for final action on this issue. When the House of Delegates amends a professional policy recommendation submitted to it by the Board, the ASHP Bylaws (Section 7.3.1.1) require the Board to reconsider the matter before it becomes final policy. The Board reports the results of its due consideration of amended proposals during the second meeting of the House.