The House of Delegates

Ultimate authority over ASHP professional policies

One annual session consisting of 2 in-person meetings at the June House of Delegates and 3 virtual meetings (March, May, and November)

- The House considers professional policy proposals that have been approved by the Board of Directors
- Most of these professional policy proposals are contained in reports from ASHP councils but may come from other component bodies, delegates, or ASHP members
ASHP Policy Process

Governance

House of Delegates

Board of Directors

Councils

Other Appointed Groups

Component Groups

ASHP Professional Policy

Operations

Members
Between March 17 and 24, the House of Delegates voted on 17 policy recommendations.

- The online voting process does not permit amendments.
- Delegates are encouraged to vote against recommendations they feel should be amended.
- >85% votes needed for approval
- Policies not reaching that level of consensus will be considered by the House of Delegates in June
Results of March 2023 virtual House of Delegates

Delegates approved the following 10 recommendations by 85% or more, the threshold for final approval.

Seven policy recommendations did not meet that threshold and will be slated for consideration at the June meeting of the House.
CEWD: Education and Training in Digital Health

To acknowledge that digital health is a growing modality that supports the pharmacy workforce in providing patient care; further,

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

To advocate for involvement of the pharmacy workforce in research on digital health services and outcomes.
CEWD: Education and Training in Telehealth

To discontinue ASHP policy 2117, Education and Training in Telehealth, which reads:

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.
CPM: Digital Therapeutics Products

To affirm the essential role of the pharmacist in the team-based evaluation, implementation, use, and ongoing assessment of digital therapeutic products to ensure the safety, effectiveness, and efficiency of medication use; further,

To encourage the pharmacy workforce to promote broader and more equitable use of digital therapeutic products by identifying and addressing barriers to patient and healthcare worker access to those products; further,

To encourage clinicians and researchers to establish evidence-based frameworks to guide use of digital therapeutic products; further,
To advocate that insurance coverage and reimbursement decisions regarding digital therapeutic products be made on the basis of those evidence-based frameworks.
CPM: Interoperability of Patient-Care Technologies

To encourage interdisciplinary development and implementation of standards that foster foundational, structural, semantic, and organizational interoperability of health information technology (HIT); further,

To encourage the integration, consolidation, and harmonization of medication-related databases used in patient-care technologies to reduce the risk that outdated, inaccurate, or conflicting data might be used and to minimize the resources required to maintain such databases; further,
To encourage healthcare organizations to adopt HIT that utilizes industry standards and can access, exchange, integrate, and cooperatively use data within and across organizational, regional, and national boundaries.

Note: This policy would supersede ASHP policy 1302.
CPhP: Patient Medication Delivery Systems

To foster the clinical and technical expertise of the pharmacy workforce in the use of medication delivery systems; further,

To advocate for key decision-making roles for the pharmacy workforce in the selection, implementation, maintenance, and monitoring of medication delivery systems; further,

To urge hospitals and health systems to directly involve departments of pharmacy and interprofessional stakeholders in performing appropriate risk assessments before new medication delivery systems are implemented or existing systems are upgraded; further,
CPhP: Patient Medication Delivery Systems (cont’d)

To advocate that medication delivery systems employ patient safety-enhancing capabilities and be interoperable with health information systems; further,

To encourage continuous innovation and improvement in medication delivery system technologies; further,

To foster development of tools and resources to assist the pharmacy workforce in designing and monitoring the use of medication delivery system.
CPhP: Education About Performance-Enhancing Substances

To encourage pharmacists to engage in and advise community outreach efforts informing the public on the risks associated with the use of performance-enhancing substances, including but not limited to medications; further,

To educate patients on the importance of disclosing the use of performance-enhancing substances that may or may not be prescribed for legitimate medical indications; further,

To encourage pharmacists to advise athletic authorities, athletes, the community, and healthcare providers on the dangers of performance-enhancing substances and other products that are prohibited in competition; further,
To advocate for the role of the pharmacist in all aspects of performance-enhancing substances control.

Note: This policy would supersede ASHP policy 1305.
CPuP: Support for FDA Expanded Access (Compassionate Use) Program

To advocate that the Food and Drug Administration (FDA) Expanded Access (Compassionate Use) Program be the primary mechanism for patient access to drugs for which an investigational new drug application (IND) has been filed, in order to preserve the integrity of the drug approval process and assure patient safety; further,

To advocate for broader patient access to such drugs under the FDA Expanded Access Program; further,

To advocate that IND applicants expedite review and release of drugs for patients who qualify for the program; further,

To advocate that the drug therapy be recommended by a physician and reviewed and monitored by a pharmacist to assure safe patient care; further,
CPuP: Support for FDA Expanded Access (Compassionate Use) Program (cont’d)

To advocate for the patient's right to be informed of the potential benefits and risks via an informed consent process, and the responsibility of an institutional review board to review and approve the informed consent and the drug therapy protocol; further,

To support the use of the Right-to-Try pathway in instances in which all other options have been exhausted, provided there is (1) a robust informed consent process, and (2) institutional and clinical oversight by a physician and a pharmacist.

*Note: This policy would supersede ASHP policy 1508.*
CPuP: Biosimilar Medications

To encourage the development of safe and effective biosimilar medications in order to make such medications more affordable and accessible; further,

To encourage research on the safety, effectiveness, and interchangeability of biosimilar medications; further,

To support legislation and regulation to allow Food and Drug Administration (FDA) approval of biosimilar medications that are also determined by the FDA to be interchangeable and therefore supports substitution for the reference product without the intervention of the prescriber; further,
CPuP: Biosimilar Medications (cont’d)

To oppose the implementation of any state laws restricting biosimilar interchangeability; further,

To oppose any state legislation that would require a pharmacist to notify a prescriber when a biosimilar deemed to be interchangeable by the FDA is dispensed; further,

To require post marketing surveillance for all biosimilar medications to ensure their continued safety, effectiveness, purity, quality, identity, and strength; further,

To advocate for adequate reimbursement for biosimilar medications that are approved by the FDA; further,
CPuP: Biosimilar Medications (cont’d)

To promote and develop education of pharmacists, providers, and patients about biosimilar medications and their appropriate use within hospitals and health systems; further,

To advocate for patient, prescriber, and pharmacist choice in selecting the most clinically appropriate and cost-effective therapy.

Note: This policy would supersede ASHP policy 1816.
CPuP: Licensure of Pharmacy Graduates

To support state licensure eligibility of a pharmacist who has graduated from a foreign or domestic pharmacy program accredited by the Accreditation Council for Pharmacy Education (ACPE) or accredited by an ACPE-recognized accreditation program.

Note: This policy would supersede ASHP policy 0323.
COT: Pharmacogenomics

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, evidenced-based effort to implement appropriate pharmacogenomics services and to identify and determine appropriate dissemination of actionable information to appropriate healthcare providers for review; further
COT: Pharmacogenomics (cont’d)

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 advocate that drug product manufacturers and researchers conduct and report outcomes of pharmacogenomic research to facilitate safe and effective use of medications; further,

To encourage research into the economic and clinical impact of preemptive pharmacogenomic testing; 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 2113*
Delegates did not approve the following seven recommendations by 85% or more, the threshold for final approval, and they will be slated for consideration at the June meeting of the House.
CEWD: Well-Being and Resilience of the Pharmacy Workforce

To affirm that occupational burnout adversely affects an individual's well-being and healthcare outcomes; further,

To acknowledge that the healthcare workforce encounters unique stressors throughout their education, training, and careers that contribute to occupational burnout; further,

To declare that healthcare workforce well-being and resilience requires shared responsibility among healthcare team members and between individuals and organizations; further,

To be considered by the House of Delegates in June
To encourage individuals to embrace well-being and resilience as a personal responsibility that should be supported by organizational culture; further,

To promote that pharmacy leadership collaborate with their institutions to assess the well-being and resilience of the pharmacy workforce and identify effective prevention and intervention strategies; further,

To encourage hospitals and health systems to invest in the development and assessment of programs aimed at prevention, recognition, and treatment of occupational burnout, and to support participation in these programs; further,
To encourage education, research and dissemination of findings on stress, burnout, and well-being; further,

To collaborate with other professions and stakeholders to identify effective prevention and intervention strategies that support well-being at an individual, organizational, and system level.

Note: This policy would supersede ASHP policy 1825.
CPhP: Emergency Medical Kits

To recognize the importance of immediate, readily accessible emergency medical kits (EMKs) in locations inaccessible to emergency medical services; further,

To advocate for the inclusion of pharmacist expertise in the interprofessional decisions related to stocking and maintaining medications in EMKs; further,

To collaborate with other professions and stakeholders to determine appropriate locations for EMKs.

To be considered by the House of Delegates in June
CPhP: Raising Awareness of the Risks Associated with the Misuse of Medications

To encourage pharmacists to engage in community outreach efforts to provide education on the risks associated with use of medications for nonmedical purposes or from nonmedical sources; further,

To encourage pharmacists to advise authorities, patients, and the community on the dangers of using medications for nonmedical purposes.

To be considered by the House of Delegates in June
CPhP: Standardization of Medication Concentrations

To support adoption of nationally standardized drug concentrations and dosing units for medications administered to adult and pediatric patients, and to limit those standardized concentrations and dosing units to one concentration and one dosing unit when possible; further,

To encourage interprofessional collaboration on the adoption and implementation of standardized drug concentrations and dosing units across the continuum of care; further,

To encourage manufacturers and outsourcing facilities to provide medications in those standardized concentrations when it is clinically appropriate and feasible.

Note: This policy would supersede ASHP policy 1306.

To be considered by the House of Delegates in June
COT: Availability and Use of Fentanyl Test Strips

To affirm that fentanyl test strips (FTS) have a place in harm reduction strategies for people who use drugs; further,

To support legislation that declassifies FTS as drug paraphernalia; further,

To promote continued widespread availability of and access to FTS at limited to no cost to the public; further,

To foster research, education, training, and the development of resources to assist the pharmacy workforce, other healthcare workers, patients, and caregivers in the use and utility of FTS; further,

To be considered by the House of Delegates in June
COT: Availability and Use of Fentanyl Test Strips (cont’d)

To support the pharmacy workforce in their roles as essential members of the healthcare team in educating the public and healthcare providers about the role of FTS in public health effort.

To be considered by the House of Delegates in June
COT: Manipulation of Drug Products for Alternate Routes of Administration

To advocate that the Food and Drug Administration encourage drug product manufacturers to identify changes in pharmacokinetic and pharmacodynamic properties of drug products when manipulated for administration through an alternate delivery system or different route than originally studied, and to make this information available to healthcare providers; further,

To collaborate with stakeholders to increase research on clinically relevant changes to pharmacokinetic and pharmacodynamic properties of drug products when manipulated or administered through a different route and to enhance the aggregation and publication of and access to this data; further,

To be considered by the House of Delegates in June
COT: Manipulation of Drug Products for Alternate Routes of Administration (cont’d)

To research and promote best practices for manipulation and administration of drug products through alternate routes when necessary; further,

To foster pharmacist-led development of policies, procedures, and educational resources on the safety and efficacy of manipulating drug products for administration through alternate routes.

To be considered by the House of Delegates in June
COT: DEA Scheduling of Controlled Substances

To advocate that the Drug Enforcement Administration (DEA) establish clear, measurable criteria and a transparent process for scheduling determinations; further,

To urge the DEA to use such a process to re-evaluate existing schedules for all substances regulated under the Controlled Substances Act to ensure consistency and incorporate current science-based evidence concerning scheduling criteria; further,

To advocate that the United States Congress define the terms potential for abuse, currently accepted medical use, and accepted safety for use in the Controlled Substances Act; further,

To be considered by the House of Delegates in June
COT: DEA Scheduling of Controlled Substances (cont’d)

To monitor the effect of DEA scheduling of products under the Controlled Substances Act and other abuse-prevention efforts (e.g., prescription drug monitoring programs) to assess the impact on patient access to these medications and on the practice burden of healthcare providers; further,

To advocate for the alignment of federal and state laws to eliminate barriers to research on and therapeutic use of Schedule I substances.

*Note: This policy would supersede ASHP policy 1315.*

To be considered by the House of Delegates in June