

# House of Delegates

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## Policies Approved by the ASHP House of Delegates June 2021

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### **Universal Influenza Vaccination**

*Source: Council on Therapeutics*

To advocate for universal annual administration of influenza vaccinations to the United States population; further,

To advocate that annual influenza vaccination be a national public health priority; further,

To support the development of safe, effective, and affordable universal influenza vaccination, with the goal of long-term immunity.

*Note: This policy supersedes ASHP policy 0601.*

### **Vaccine Confidence**

*Source: Council on Therapeutics*

To recognize the importance of vaccination to public health in the United States; further,

To affirm that members of the pharmacy workforce are integral members of the interprofessional team to promote disease prevention and health equity through vaccine confidence and access; further,

To foster education, training, and the development of resources to assist healthcare professionals in building vaccine confidence; further,

To promote pharmacy workforce engagement with patients, healthcare providers, and caregivers, and to educate patients on the risks of vaccine hesitancy and the importance of timely vaccination.

### **Therapeutic Indication in Clinical Decision Support**

*Source: Council on Therapeutics*

To encourage healthcare organizations to optimize the use of clinical decision support systems with indications-based prescribing; further,

To advocate to the Food and Drug Administration, the National Council for Prescription Drug

Programs, and other organizations to select and implement a single standard coding system for labeled therapeutic indications that can be integrated throughout the medication-use process, enabling optimum clinical workflows and decision support functionality; further,

To advocate for federal and state laws and regulations to include diagnosis-based indication(s) on medication order(s) and prescription(s), and to allow the withholding of indication on medication prescription labels when patient privacy risks outweigh benefits.

*Note: This policy supersedes ASHP policy 1608.*

### **Preventing Exposure to Allergens**

*Source: Council on Therapeutics*

To advocate for pharmacy workforce participation in the collection, assessment, documentation, and reconciliation of a complete list of allergens and intolerances pertinent to medication therapy, including food, excipients, medications, devices, and supplies; further,

To promote the education of the healthcare team and patients on the differences between medication-related allergic reactions and medication intolerances; further,

To encourage vendors of electronic health records to create readily available and distinct data fields with consistent designations for medication allergies and intolerances; further,

To advocate that vendors of medication-related databases incorporate and maintain information about medication-related allergens and cross-reactivity; further,

To encourage the accurate and complete documentation of allergens and intolerances within the electronic medical record, including detailed descriptions of the reactions occurring upon exposure, for the purpose of clinical decision-making; further,

To advocate that pharmacists actively review allergens and intolerances pertinent to medication therapy and minimize patient and healthcare worker exposure to known allergens, as feasible.

*Note: This policy supersedes ASHP policy 1619.*

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

*Source: Council on Therapeutics*

To discourage the use of tobacco, tobacco products, and electronic nicotine delivery systems due to their long-term adverse health effects; further,

To oppose the distribution and sale of tobacco, tobacco products, and electronic nicotine delivery systems by pharmacies or facilities that contain a pharmacy; further,

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

To promote legislation that supports pharmacist prescriptive authority for tobacco-cessation

medications; further,

To promote the pharmacist's interprofessional role 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 supersedes ASHP policy 1625.*

### **Use of Race Correction in Clinical Algorithms**

*Source: Council on Therapeutics*

To recognize that clinical algorithms that only use race or ethnicity as a variable can contribute to inequities and adverse outcomes; further,

To oppose the use of race or ethnicity correction in clinical algorithms unless there is strong evidence to support its use; further,

To advocate that health systems remove algorithms based on race or ethnicity from all sources of therapy decisions, medication information, and the electronic health record, where strong evidence does not support its use; further,

To support further research on the impact of race or ethnicity on drug therapy and outcomes; further,

To advocate that if research includes considerations based on race or ethnicity, the reason for its use as a variable be specified; further,

To provide education on the limitations and appropriate use of race- or ethnicity-corrected clinical algorithms; further,

To support uniform documentation in the electronic health record of a patient-identified designation of race or ethnicity.

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

*Source: Council on Therapeutics*

To advocate that state board of pharmacy regulations include penicillin allergy skin testing under pharmacists' scope of practice; further,

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

To advocate for documentation and de-labeling of penicillin allergies, intolerances, reactions,

and severities in the medical record when appropriate to facilitate optimal antimicrobial selection; further,

To recommend the use of penicillin skin testing, graded antibiotic challenges, and oral direct challenges in appropriate candidates when clinically indicated to optimize antimicrobial selection; further,

To support the education and training of pharmacists in the assessment, management, and documentation of penicillin allergies, intolerances, and adverse events; further,

To advocate for reimbursement for pharmacists' patient care services involved in penicillin allergy skin testing; further,

To educate patients, healthcare providers, and the public about the risks of inaccurate penicillin allergy labeling and the role of pharmacists in health-record reconciliation and the value of pharmacist-driven health-record reconciliation, including penicillin skin testing.

*Note: This policy supersedes ASHP policy 1921.*

### **Use of Unapproved Gene Therapy Products, Drugs, Biologics, and Medical Devices (Biohacking)**

*Source: Council on Therapeutics*

To advocate for enhanced government oversight and regulation of use of gene therapy, drugs, biologic products, and medical devices created outside of the Food and Drug Administration approval process (i.e., "biohacking"), and aggressive enforcement of those regulations; further,

To oppose the use of biohacking on vulnerable and at-risk populations and those unable to provide consent; further,

To promote education of healthcare professionals regarding use of biohacking and its implications in the medical setting; further,

To encourage the pharmacy workforce to include questions about the use of biohacking when obtaining medication histories; further,

To encourage the pharmacy workforce to ensure that patients using biohacking are educated about the risks and benefits of these treatments, including lack of regulatory oversight; further,

To recommend that health systems use a consistent method for documenting the use of biohacking in the electronic health record.

### **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, described as the process of developing a commitment to: (1) high professional standards of pharmacy practice, (2) high personal standards of integrity

and competence, (3) service to humanity, (4) a just and inclusive healthcare system and society, (5) analytical thinking and ethical reasoning, (6) continuing professional development, (7) acquisition of personal leadership skills, (8) development of effective interpersonal skills, (9) maintenance of personal well-being and resiliency, and (10) membership and participation in professional organizations.

*Note: This policy supersedes ASHP policy 1113.*

### **Career Opportunities for Pharmacy Technicians**

*Source: Council on Education and Workforce Development*

To promote pharmacy technicians as valuable contributors to healthcare delivery; further,

To advocate that pharmacy technicians complete an education and training program accredited by ASHP and the Accreditation Council for Pharmacy Education (ACPE), and maintain Pharmacy Technician Certification Board certification; further,

To advocate that pharmacy technicians complete ACPE-approved certificate programs that provide training for their current or anticipated roles; further,

To develop and disseminate information about career and training opportunities that enhance the recruitment and retention of qualified pharmacy technicians; further,

To encourage employers to offer career advancement opportunities (e.g., career ladders) for pharmacy technicians; further,

To urge compensation for pharmacy technicians commensurate with advanced roles and responsibilities.

*Note: This policy supersedes ASHP policy 1610.*

### **Zero Tolerance of Harassment, Discrimination, and Malicious Behaviors**

*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, with zero tolerance for all forms of harassment, discrimination, and malicious behaviors; further,

To commit to a culture of responsibility and accountability within the profession, and promote anti-retaliation policies and timely follow-up; further,

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

### **Standardizing and Minimizing the Use of Abbreviations**

*Source: Council on Pharmacy Management*

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

To oppose use of abbreviations when communicating with patients to enhance transparency

and understanding; further,

To encourage education of healthcare professionals and learners on standardizing and minimizing the use of abbreviations across all patient care settings.

*Note: This policy supersedes ASHP policy 0604.*

### **Optimal Pharmacy Staffing**

*Source: Council on Pharmacy Management*

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

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

To encourage pharmacy leaders to develop contingency plans for changes in staffing models to accommodate rapid changes in the healthcare environment and the needs of patients and staff; further,

To encourage pharmacy leaders to develop key performance indicators to support safe staffing models.

*Note: This policy supersedes ASHP policy 2034.*

### **Patient Access to Pharmacist Care Within Provider Networks**

*Source: Council on Pharmacy Management*

To advocate for laws and regulations that require healthcare payer provider networks to include pharmacists providing patient care services within their scope of practice when such services are covered benefits; further,

To advocate for laws and regulations that require healthcare payer provider networks to consider all qualified pharmacists who apply to participate as a provider in the network and to reimburse all participating providers fairly and equitably for services that are a covered benefit; further,

To acknowledge that healthcare payers may develop and use criteria to determine provider access to its networks to ensure the quality and viability of healthcare services provided; further,

To advocate for laws and regulations that would help ensure the same level of patient care within a payer network by requiring healthcare payers to (1) disclose to participating providers and those applying to participate the criteria used to include, retain, or exclude providers; (2) ensure that those criteria are standardized across all network providers; and (3) collect data on

how well providers meet those criteria and report that data to providers; further,

To advocate for comparative, transparent sharing of performance and quality measure data based on those criteria.

*Note: This policy supersedes ASHP policy 1808.*

### **Role of the Pharmacy Workforce in Pandemic Preparedness and Response**

*Source: Council on Pharmacy Practice*

To advocate that all healthcare organizations include pandemic preparedness in emergency preparedness planning; further,

To encourage all healthcare organizations to be actively engaged with their regional healthcare coalitions and to promote collaboration and communication among healthcare workers, healthcare organizations, government agencies, industry, and other stakeholders in pandemic preparedness and response; further,

To promote pharmacy workforce involvement in networks at the federal, state, local, and institutional levels for emergency response; further,

To advocate that pharmacy personnel be included as leaders on teams responsible for pandemic preparedness planning and response at the federal, state, local, and institutional levels, and that they integrate such planning into emergency preparedness planning for their workplaces; further,

To encourage all healthcare organizations to establish criteria for evidence-based medication-use decisions, even when such evidence is scarce, incomplete, or conflicting, and recognize the unique role that pharmacy personnel have in ensuring the safe and effective use of medications based on best available evidence and resources; further,

To advocate that healthcare organizations recognize the unique and collective stress a pandemic places on healthcare workers and provide suitable resources to maintain workers' well-being and resilience; further,

To support research on and provide resources and education to aid the pharmacy workforce in preparing for and responding to pandemics.

### **Role of the Pharmacy Workforce in Supporting Patient Access to Medical Supplies**

*Source: Council on Pharmacy Practice*

To support patient access to medical supplies as part of a comprehensive treatment plan; further,

To advocate for policies that empower pharmacy personnel to facilitate patient access to and effective use of medical supplies, including reimbursement policies; further,

To educate pharmacists, other healthcare professionals, payers, and policymakers about the

role of pharmacy personnel in helping patients obtain and use medical supplies; further,

To collaborate with other healthcare professional and patient advocacy organizations to advocate for expanded patient access to medical supplies.

*Note: For purposes of this policy, “medical supplies” includes durable medical equipment, Food and Drug Administration-approved medical devices, and other nondurable disposable healthcare materials.*

### **Documentation of Pharmacist Patient Care**

*Source: Council on Pharmacy Practice*

To promote the use of standardized, integrated documentation of pharmacist care provision in a patient’s health record; further,

To advocate that documentation by pharmacists in the medical record be used for billing and attribution of value without requiring additional documentation from other clinicians; further,

To advocate for standardized measurement of pharmacist care provision and the attribution of those activities to patient-centered outcomes.

### **Influenza Vaccination Requirements to Advance Patient Safety and Public Health**

*Source: Council on Pharmacy Practice*

To advocate that hospitals and health systems require healthcare workers to receive an annual influenza vaccination in accordance with U.S. Centers for Disease Control and Prevention Advisory Committee on Immunization Practices recommendations; further,

To encourage the hospital and health-system pharmacy workforce to take a lead role in developing and implementing policies and procedures for vaccinating healthcare workers and in providing education on the patient safety benefits of annual influenza vaccination; further,

To work with the federal government and others to improve the vaccine development and supply system in order to ensure a consistent and adequate supply of influenza virus vaccine.

*Note: This policy supersedes ASHP policy 0615.*

### **Safe and Effective Extemporaneous Compounding**

*Source: Council on Pharmacy Practice*

To affirm that extemporaneous compounding of medications, when done to meet immediate or anticipatory patient needs, is part of the practice of pharmacy and is not manufacturing; further,

To support the principle that medications should not be extemporaneously compounded when drug products are commercially and readily available in the form necessary to meet patient needs; further,

To encourage the pharmacy workforce members who compound medications to use only drug



substances that have been manufactured in Food and Drug Administration-registered facilities and that meet official United States Pharmacopeia (USP) compendial requirements, where those exist; further,

To advocate that all compounding activities meet applicable USP standards and federal and state regulations; further,

To support the principle that the pharmacy workforce be adequately trained and have sufficient facilities and equipment that meet technical and professional standards to ensure the quality of compounded medications; further,

To encourage USP to develop drug monographs for commonly compounded preparations; further,

To educate prescribers and other healthcare professionals about the potential risks associated with the use of extemporaneously compounded preparations.

*Note: This policy supersedes ASHP policy 0616.*

### **Universal Immunization for Vaccine-Preventable Diseases in the Healthcare Workforce**

*Source: Council on Pharmacy Practice*

To support policies that promote universal vaccination for preventable infectious diseases among healthcare workers, including all members of the pharmacy workforce, as a safeguard to patient and public health; further,

To encourage the use of evidence-based risk assessments to determine inclusions in and exemptions from mandatory vaccine requirements; further,

To support employers in establishing and implementing mandatory vaccine requirements for vaccines approved by the Food and Drug Administration (FDA) and encouraging the use of vaccines that have received FDA emergency use authorization, if risk assessments determine it would promote patient and public health; further,

To urge healthcare organizations to have policies that address additional infection prevention practices required for exempted healthcare workers; further,

To develop tools, education, and other resources to promote vaccine confidence, increase vaccination rates, and prevent vaccine-preventable diseases among healthcare workers.

### **Pharmacist Engagement in and Payment for Telehealth**

*Source: Council on Public Policy*

To advocate for pharmacists' provision of telehealth services in all sites of care; further,

To advocate that reimbursement for pharmacists' provision of telehealth services be commensurate with the complexity and duration of service and consistent with other healthcare providers.

**Pharmacy Services in a State of Emergency**

*Source: Council on Public Policy*

To advocate that states grant temporary licensure, registration, or any other necessary state-mandated credentials to eligible pharmacies and members of the pharmacy workforce during states of emergency; further,

To encourage expedient licensure or registration for eligible members of the pharmacy workforce during states of emergency; further,

To advocate that state and federal regulatory agencies allow for flexibilities necessary to provide patient care during a declared state of emergency.

**ASHP Statement on the Roles and Responsibilities of the Pharmacy Executive**

*Source: Council on Pharmacy Management*

To approve the ASHP Statement on the Roles and Responsibilities of the Pharmacy Executive.