June 9, 2020

TO: House of Delegates

FROM: Paul W. Abramowitz, Pharm.D., Sc.D. (Hon), FASHP
Chief Executive Officer
Secretary, House of Delegates

SUBJECT: Final Board Actions on Policy Recommendations Amended and New Business Approved at the First Meeting of the 2020 House of Delegates Session

At its first meeting on June 7, the House of Delegates approved four policy recommendations without amendment:

- Council on Public Policy policy recommendation 2;
- Council on Public Policy policy recommendation 5;
- Council on Education and Workforce Development policy recommendation 1; and
- Council on Pharmacy Practice policy recommendation 1.

The House of Delegates amended 13 policy recommendations, including nonsubstantive editorial changes to four policy recommendations, as detailed below.

The Board of Directors met on Monday, June 8, to duly consider those amendments and editorial suggestions. The Board agreed with all the House’s amendments and editorial changes, with minor editorial changes noted below. **No further action by the House is required for the 13 policies for which the Board has accepted the House amendments and editorial suggestions.**

In addition, the Board accepted the two New Business items approved by the House, as further described below. **No further action by the House is required for the two items of New Business approved by the House.**
Amended Policy Language Accepted by the Board

In the text below, amendments made by the House are delineated as follows: Words added are underlined; words deleted are stricken. Text added as minor editorial changes by the Board is indicated in bold double underline; text deleted as minor editorial changes by the Board is indicated in bold double strikethrough. Because the Board has accepted the House amendments to the policies that follow, no further action by the House is required.

Council on Public Policy

1. Access to Affordable Healthcare

To advocate for access to affordable healthcare for all residents of the United States, including coverage of medications and related pharmacist patient care services; further,

To advocate that the full range of available methods be used to (1) ensure the provision of appropriate, safe, and cost-effective healthcare services; (2) optimize treatment outcomes; (3) minimize overall costs without compromising quality; and (4) ensure patient choice of healthcare providers, including pharmacy services; further,

To advocate that healthcare payers seek to optimize continuity of care in their design of benefit plans.

Note: This policy would supersede ASHP policy 1001.

The Board duly considered and agreed with the amended language.

3. Funding, Expertise, and Oversight of State Boards of Pharmacy

To advocate appropriate oversight of pharmacy practice and the pharmaceutical supply chain through coordination and cooperation of state boards of pharmacy and other state and federal agencies whose mission it is to protect the public health; further,

To advocate representation on state boards of pharmacy and related agencies by pharmacists and pharmacy technicians; further,

To advocate that hospitals and health systems are adequately represented on state boards of pharmacy; further,

To advocate for dedicated funds for the exclusive use by state boards of pharmacy and related agencies including funding for the training of state board of pharmacy inspectors and the implementation of adequate inspection schedules to ensure the effective oversight and regulation of pharmacy practice, the integrity of the pharmaceutical supply chain, and protection of the public; further,
To advocate that inspections be performed only by pharmacists competent about individuals with demonstrated competency in the applicable area of practice.

*Note: This policy would supersede ASHP policy 1507.*

The Board duly considered and agreed with the suggested editorial change in clause 3 and the amended language in the final clause.

4. Dispensing by Nonpharmacists and Nonprescribers

To reaffirm the position that to ensure optimal patient outcomes all medication dispensing functions must be performed by, or under the supervision of, a pharmacist; further,

To reaffirm the position that any relationships that are established between a pharmacist and other individuals in order to carry out the dispensing function should preserve the role of the pharmacist in (a) maintaining appropriate patient protection and safety, (b) complying with regulatory and legal requirements, and (c) providing individualized patient care; further,

To advocate that all medication dispensing, regardless of setting, be held to the same regulatory standards that apply to dispensing by a pharmacist; further,

To urge pharmacists to assume a leadership role in medication dispensing in all settings to ensure adherence to best practices.

*Note: This policy would supersede ASHP policy 0010.*

The Board duly considered and agreed with the suggested editorial changes.

Council on Therapeutics

1. Safety and Efficacy of Compounded Topical Formulations

To encourage pharmacists to take a leadership role in developing advocate for the development of processes that would ensure potency, quality, safety, and effectiveness and standardization of compounded topical formulations; further,

To advocate that public and private entities establish a process to evaluate and regulate the safety, efficacy, and composition of compounded topical formulations; further,

To advocate that ASHP expand its repository of evidence-based formulations that could serve as a resource for compounding topical formulations; further,

To advocate that public and private payers and healthcare providers collaborate to create standardized and efficient methods for authorizing payment for medically necessary compounded topical formulations; further,
To encourage hospitals and health systems to develop policies and procedures to guide clinicians in making informed decisions regarding the prescribing and use of compounded topical formulations; further,

To encourage pharmacists to take a leadership role in developing and providing education on the safety and efficacy of compounded topical formulations to providers and consumers.

The Board duly considered and agreed with the amended language.

2. Postmarketing Studies

To advocate that Congress grant the Food and Drug Administration (FDA) authority to require the manufacturer of an approved drug product or licensed biologic product to conduct postmarketing studies on the safety of the product when the agency deems it to be in the public interest and to require additional labeling or withdrawal of the product on the basis of a review of postmarketing studies; further,

To advocate that Congress provide adequate funding to FDA and other agencies to fulfill this expanded mission related to postmarketing surveillance and studies; further,

To advocate that such studies compare a particular approved drug product or licensed biologic product with (as appropriate) other approved drug products, licensed biologic products, medical devices, or procedures used to treat specific diseases; further,

To advocate expansion of studies of approved drug products or licensed biologic products to improve safety and therapeutic outcomes and promote cost-effective use; further,

To encourage impartial public-private partnerships or private-sector entities to also conduct such studies.

Note: This policy would supersede ASHP policies 1004 and 0515.

The Board duly considered and agreed with the amended language.

3. Gabapentin as a Controlled Substance

To advocate that the Drug Enforcement Administration classify reschedule gabapentin to as a Schedule V substance due to its low potential for abuse and patient harm.

The Board duly considered and agreed with the suggested editorial changes.
Council on Pharmacy Management
1. Pharmacist’s Role in Health Insurance Benefit Design

To advocate that pharmacy practice leaders collaborate with internal and external partners who design, negotiate, and select their own organization’s health plans and pharmacy benefit management contracts to preserve patient continuity of care and the integrity of the health-system pharmacy operations. enterprise; further,

To provide education and resources for all partners on the health plan development process, analysis of pharmacy benefit design, contemporary formulary review processes, and application of medication safety principles on formulary decision-making.

The Board duly considered and agreed with the amended language.

2. Preserving Patient Access to Pharmacy Services by Medically Underserved Populations

To advocate for funding and innovative payment models to preserve patient access to acute and ambulatory care pharmacy services in by rural and or medically underserved populations areas; further,

To support the use of telepharmacy telehealth to maintain pharmacy operations and pharmacist-led comprehensive medication management that extend patient care services to and enhance continuity of care in for rural and or medically underserved populations areas; further,

To advocate that the advanced communication technologies required for telepharmacy telehealth be available in to rural and or medically underserved populations areas; further,

To advocate for funding of loan forgiveness or incentive programs that recruit pharmacists and pharmacy technicians to practice in rural and or medically underserved populations areas.

The Board duly considered and agreed with the amended language, with the minor editorial changes noted. Note that the title has been revised to match the amended language.

3. Interstate Pharmacist Licensure

To advocate for multistate interstate pharmacist licensure to expand the mobility of pharmacists and their ability to practice remotely.

The Board duly considered and agreed with the amended language. Note that the title has been revised to match the amended language.
4. Continuity of Care in Insurance Payer Networks

To oppose provider access criteria that impose discriminatory requirements or qualifications on participation in pharmacy insurance payer networks that interfere with patient continuity of care or patient site-of-care options.

The Board duly considered and agreed with the amended language. Note that the title has been revised to match the amended language.

5. Health-System Use of Medications Supplied to Hospitals by Patients, Caregivers, or Specialty Pharmacies

[CLAUSE MOVED]To support care models in which medications are prepared for patient administration by the pharmacy and are obtained from a licensed, verified source; further,

To encourage hospitals and health systems not to permit administration of medications brought supplied to the hospital or clinic by the patient, caregiver, or specialty pharmacy when storage conditions or the source cannot be verified, unless it is determined that the risk of not using such a medication exceeds the risk of using it; further,

[CLAUSE MOVED]To support care models in which medications are prepared for patient administration by the pharmacy and are obtained from a licensed, verified source; further,

To advocate adequate reimbursement for preparation, order review, and other costs associated with the safe provision and administration of medications.

Note: This policy would supersede ASHP policy 0806.

The Board duly considered and agreed with the suggested editorial changes.

6. Health-System Use of Administration Devices Supplied Directly to Patients

To encourage hospitals and health systems not to permit the use of medication administration devices with which the staff is unfamiliar (e.g., devices brought in by patients), unless it is determined that the risk of not using such a device exceeds the risk of using it; further,

To encourage hospitals and health systems to train staff on the handling and use of medication administration devices brought in by patients; further,

To recommend that hospitals and health systems have a system in place for determining the risk versus benefit of permitting a patient to use his or her own medication administration devices; further,
To advocate that hospitals and health systems have policies and procedures, including the training of staff, on the use and management of medication administration devices and devices that augment medication administration (e.g., continuous glucose monitors); further,

[CLAUSE MOVED]To advocate that hospitals and health systems ensure that pharmacists participate in the identification of medication administration devices brought in by patients and communicate those findings to the interprofessional care team; further,

To advocate for adequate reimbursement for preparation, order review, and other costs associated with the safe provision and administration of medications and use of related devices; further,

[CLAUSE MOVED]To advocate that hospitals and health systems ensure that pharmacists participate in the identification of medication administration devices brought in by patients and communicate those findings to the interprofessional care team.

Note: This policy would supersede ASHP policy 0806.

The Board duly considered and agreed with the amended language, with the minor editorial change of inserting “that” in the first clause.

7. Staffing for Safe and Effective Patient Care

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 support the following principles:

• Sufficient qualified staff must exist to ensure safe and effective patient care;
• During periods of staff shortages, pharmacists must exert leadership in directing resources to services that are the most essential to safe and effective patient care;
• Within their own organizations, pharmacists should develop contingency plans to be implemented in the event of insufficient staff—actions that will preserve services that are the most essential to safe and effective patient care and will, as necessary, curtail other services; and
• Among the essential services for safe and effective patient care is pharmacist review of new medication orders before the administration of first doses; in settings where patient acuity requires that reviews of new medication orders be conducted at any hour.
and similar medication-use decisions be made at any hour, there must be 24-hour
access to a pharmacist.

Note: This policy would supersede ASHP policy 0201.

The Board duly considered and agreed with the amended language. The Board noted that the
struck text language in the third clause will be included in the rationale to the new policy
position.

Board Actions on New Business

The House approved two items of New Business, Racial and Discriminatory Inequities and ASHP
Support of WHO. Because the Board had not previously taken action on these items, the Board
duly considered and took the actions on them described below.

Racial and Discriminatory Inequities

To acknowledge that racism, discrimination, and inequities exist in healthcare
and society; further,

To assert that racism, or any form of discrimination or injustice, has no value in
society and cannot be tolerated; further,

To fervently commit to creating a just and inclusive healthcare system and society.

Suggested Outcomes

1. Form a diverse, representative task force and convene a summit to study
   systemic racism with the goal of creating new resources and deliverables for
   members that contribute to breaking down the barriers that contribute to
   systemic racism in healthcare and society as a whole.
2. Prioritize the development of workshops and symposia for national meetings
   (i.e., ASHP Clinical Midyear, ASHP Summer Meeting, ASHP Preceptors
   Conference, ASHP Leadership Conference, and student conferences) that
   educate members on implicit bias and systemic racism that seek to dismantle
   racism, prejudice and ethnic oppression, and support freedom and human
dignity.
3. Perform a comprehensive review of existing ASHP policies (i.e., Cultural
   Competence, Racial and Ethnic Disparities in Healthcare) to ensure that they are
   up-to-date and reflect ASHP’s commitment to standing against racism of any
   kind.
4. Establish a Section Advisory Group on Inclusion, Diversity, and Racial Equity
   within the new Section of Pharmacy Educators to develop recommendations and
   best practices in pharmacy education that positively impact the next generation
   of pharmacists and technicians.
5. Request that each ASHP Section and Forum identify a plan for addressing racial, discriminatory inequities in healthcare within their charges and deliverables.

6. Incorporate new standards for education about implicit bias and systemic racism into ASHP-accredited programs including residency programs and technician programs.

7. Engage the pharmacy workforce in listening meetings that seek to understand the impact of racism on the lives of African American patients and healthcare professionals and identify strategies to improve healthcare equity and create an inclusive pharmacy workforce.

8. Create an ASHP Connect community that promotes health equity and social justice and showcases blogs and stories of how systemic racism impacts patients and healthcare professionals as well as success stories from individuals and organizations who are striving to promote human dignity and dismantle racism.

9. Establish new collaborations with organizations both inside and outside of pharmacy who have demonstrated commitment to decreasing health inequities (e.g., American Medical Association, American Public Health Association, HBCUs, and NAACP).

10. Create and implement an action plan for recruitment of under-represented minorities to the profession of pharmacy in order to ensure that the pharmacy workforce reflects our patient populations.

The Board accepted the New Business as an ASHP policy position and will forward the suggested outcomes to the Task Force on Racial Diversity, Equity, and Inclusion for their consideration. The Board noted that the New Business was approved unanimously by the House.

ASHP Support of the World Health Organization

To encourage ASHP and its members to strongly support the mission and work of the World Health Organization in its role in public health preparedness, prevention, and control to improve the health and well-being of people globally; further,

To prioritize the revision of the ASHP Statement on the Role of Health-System Pharmacists in Public Health.

Background

In an age of global travel between and among countries the efforts to prevent, control, treat and eradicate diseases and conditions that decrease health and well-being of all peoples are critical to all countries independent of factors such as income and education. Addressing new vectors of disease transmission and behavioral conditions related to lifestyles and environmental conditions continue to provide challenges that need to be addressed. Agencies such as WHO that provide evidence-based warnings, guidelines, education, research and advocacy and collect data to help countries prepare their public health infrastructure are critical in providing all peoples with the tools and resources needed to address critical health
issues globally. The current ASHP Statement on the Role of Health-System Pharmacists in Public Health was published in 2008 and should be reviewed and updated.

**Suggested Outcomes**
The ASHP HOD will approve this new business and emphasize the importance of the role of WHO through its statement on the role of pharmacists in public health.

The Board accepted the first clause of the New Business as an ASHP policy position, revised with minor editorial changes to meet ASHP policy position style, as follows:

To strongly support the mission and work of the World Health Organization in its role in public health preparedness, prevention, and control to improve the health and well-being of people globally.

The Board concluded that the second clause of the New Business is not professional policy, but referred it to the Council on Pharmacy Practice as a recommendation.