



ASHP House of Delegates

2021 Policy Recommendations

The House of Delegates

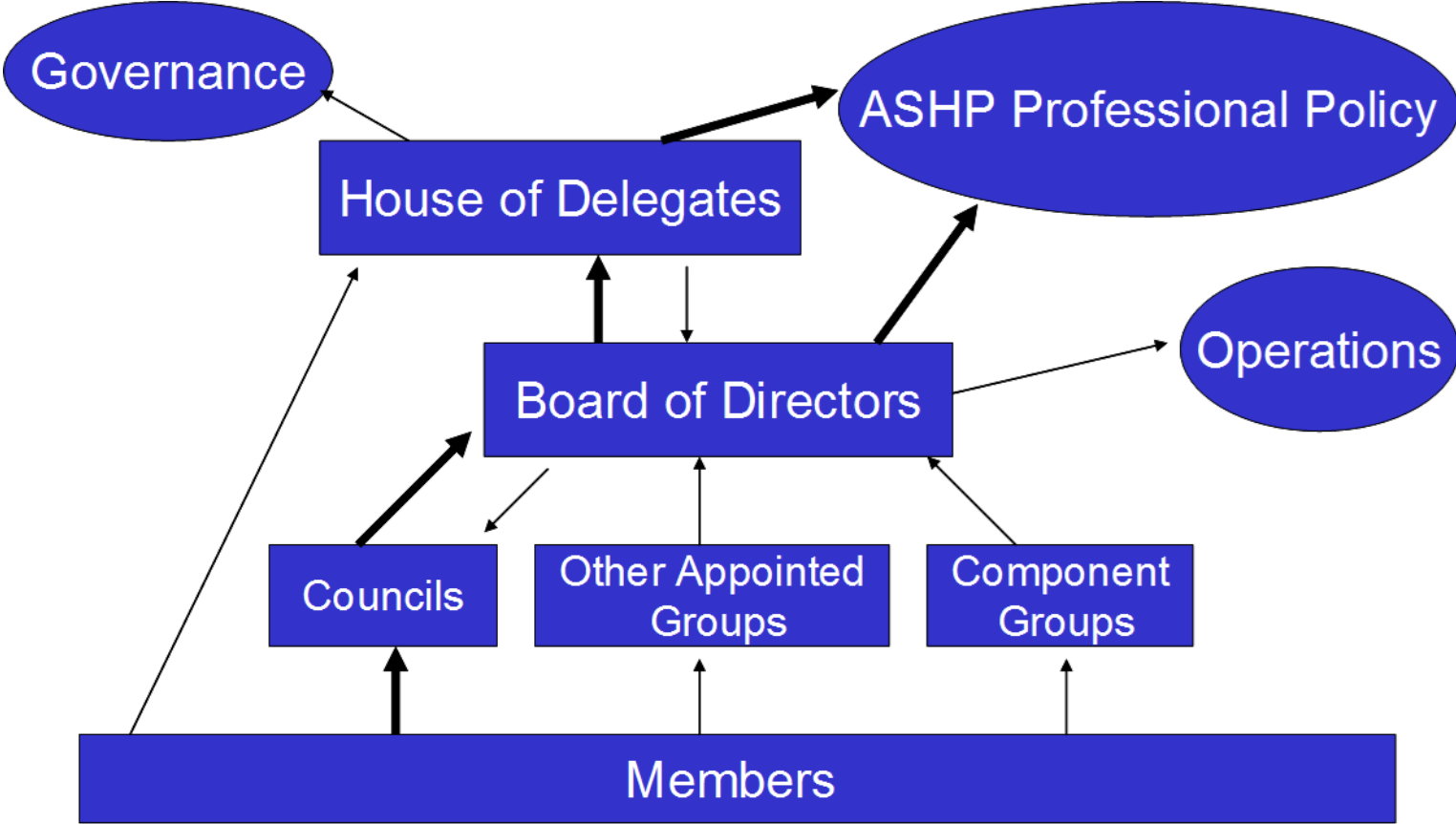
Ultimate authority over ASHP professional policies

One annual session consisting of 5 meetings in 2021:
2 meetings during the June online House of Delegates
and 3 virtual meetings in March, May, and November.

Reviews policy proposals that have been approved by
the Board of Directors

Most of these professional policy proposals are
contained in reports from ASHP councils

ASHP Policy Process



March Virtual House of Delegates

The 21 policy recommendations on the next slides will be voted on during the March virtual House of Delegates to be held March 19-26.

- The online voting process does not permit amendments.
- Delegates are encouraged to vote against recommendations they feel should be amended.
- $\geq 85\%$ votes needed for approval
- $< 85\%$ policies will be presented at the June House
- Policies not reaching that level of consensus will be considered by the House of Delegates in June.

COT: Direct-to-Consumer Clinical Genetic Tests

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

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

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

COT: Direct-to-Consumer Clinical Genetic Tests (cont'd)

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

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

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

Note: This policy would supersede ASHP policy 1103.

COT: Vaccine Hesitancy

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

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

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

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

COT: Tobacco, Tobacco Products, and Electronic Nicotine Delivery Systems

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

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

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

COT: Tobacco, Tobacco Products, and Electronic Nicotine Delivery Systems (cont'd)

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

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

Note: This policy would supersede ASHP policy 1625.

COT: Use of Antimicrobials in Surgical Wounds and Procedures

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

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

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

COT: Use of Antimicrobials in Surgical Wounds and Procedures (cont'd)

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

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

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

CEWD: Professional Identity Formation

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

Note: This policy would supersede ASHP policy 1113.

CEWD: Professional Development as a Retention Tool

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

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

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

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

Note: This policy would supersede ASHP policy 0112.

CEWD: Fostering Leadership

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

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

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

CEWD: Fostering Leadership (cont'd)

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

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

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

Note: This policy would supersede ASHP policy 1611.

CEWD: Interprofessional Education and Training

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

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

To urge collaboration with other healthcare professionals and executives in the development of education and training models for interprofessional, team-based, patient-centered care; further,

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

Note: This policy would supersede ASHP policy 1612.

CEWD: Pharmacy Education and Training Models

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

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

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

Note: This policy would supersede ASHP policy 1829.

CEWD: Pharmacy Internships

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

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

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

Note: This policy would supersede ASHP policy 1110.

CEWD: Zero Tolerance of Harassment and Discrimination

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

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

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

CPM: Patient Experience

To encourage the pharmacy workforce to evaluate their practice settings for opportunities to improve the experience patients have with healthcare services and with the outcomes of their drug therapy; further,

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

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

CPM: Patient Experience (cont'd)

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

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

Note: This policy would supersede ASHP policy 1616.

CPM: Minimizing the Use of Abbreviations

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

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

Note: This policy would supersede ASHP policy 0604.

CPM: Pharmacy Services for Uninsured and Underinsured Patients

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

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

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

CPM: Pharmacy Services for Uninsured and Underinsured Patients (cont'd)

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

Note: This policy would supersede ASHP policy 0101.

CPhP: Standardized Documentation and Attribution of Clinical Interventions by Pharmacists

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

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

CPhP: Patient Access to Pharmacy Services in Small and Rural Hospitals

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

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

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

Note: This policy would supersede ASHP policy 1022.

CPhP: Integrated Approach for the Pharmacy Enterprise

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

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

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

CPhP: Pharmacist Role in Medication Reconciliation

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

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

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

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

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

CPuP: Pharmacist Involvement in the Strategic National Stockpile

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

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

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

CPuP: Medication Price-Gouging Laws

To advocate for price-gouging laws that include medications.

Note: This policy would supersede ASHP policy 1622.

CPuP: Redistribution of Unused Medications

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

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

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

June House of Delegates

- The policy recommendations in the next set of slides are scheduled to be considered at the June online meeting of the House of Delegates June 6 and 8.
- If any of the policy recommendations from the March virtual House of Delegates meeting are defeated, they will be considered to the June House meeting.
- Proposed policies are found on the House of Delegates website and are debated on the ASHP House of Delegates Connect community by delegates and other ASHP members.
- All ASHP members, including delegates, are encouraged to use the ASHP House of Delegates Connect community to review and comment on any of the proposed policies. Web-based discussion in advance of a House meeting may influence how delegates vote, and it also permits delegates to discuss potential amendments before the June House.

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 effort to implement appropriate pharmacogenomics services and to determine appropriate dissemination of actionable genetic information to appropriate healthcare providers for review; further,

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

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

To encourage pharmacy workforce education on the use of pharmacogenomics and its application to therapeutic decision-making.

Note: This policy would supersede ASHP policy 1104.

COT: Universal Influenza Vaccination

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 would supersede ASHP policy 0601.

COT: FDA Requirement for Dose-Response Information

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

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

Note: This policy would supersede ASHP policy 0602.

COT: Medical Cannabis

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

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

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

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

COT: Medical Cannabis (cont'd)

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

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

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

Note: This policy would supersede ASHP policy 1101.

COT: Preventing Exposure to Allergens

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

COT: Preventing Exposure to Allergens (cont'd)

To encourage the accurate and complete documentation of allergens 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 pertinent to medication therapy and minimize patient and healthcare worker exposure to known allergens, as feasible; further,

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

Note: This policy would supersede ASHP policy 1619.

COT: Use of Race Correction in Clinical Algorithms

To recognize that clinical algorithms that only use race or ethnicity as a variable can attribute 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.

COT: Testing and Documentation of Penicillin Allergy as a Component of Antimicrobial Stewardship

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,

COT: Testing and Documentation of Penicillin Allergy as a Component of Antimicrobial Stewardship (cont'd)

To advocate that state board of pharmacy regulations include penicillin allergy skin testing under pharmacists' scope of practice; 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 would supersede ASHP policy 1921.

COT: Use of Unapproved Gene Therapy Products, Drugs, Biologics, and Medical Devices (Biohacking)

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 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 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 use of biohacking in the electronic health record.

COT: Nonprescription Availability of Oseltamivir

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

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

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

COT: Nonprescription Availability of Oseltamivir (cont'd)

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

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

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

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

CEWD: Education and Training in Telehealth

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.

CEWD: Career Opportunities for Pharmacy Technicians

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 would supersede ASHP policy 1610.

CPM: Supply Chain Resilience During Disasters and Public Health Emergencies

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

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

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

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

CPM: Optimal Pharmacy Staffing

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 would supersede ASHP policy 2034.

CPhP: Role of the Pharmacist and Pharmacy Technician in Pandemic Preparedness and Response

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

To promote collaboration and communication among healthcare workers, healthcare organizations, government agencies, industry, and other stakeholders in pandemic preparedness and 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,

CPhP: Role of the Pharmacist and Pharmacy Technician in Pandemic Preparedness and Response (cont'd)

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.

CPhP: Role of the Pharmacist and Pharmacy Technician in Supporting Patient Access to Medical Supplies

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.

CPhP: Influenza Vaccination Requirements to Advance Patient Safety and Public Health

To advocate that hospitals and health systems require healthcare workers to receive an annual influenza vaccination except when (1) it is contraindicated, or (2) the worker has religious objections, or (3) the worker signs an informed declination; further,

To encourage hospital and health-system pharmacists 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 would supersede ASHP policy 0615.

CPhP: Safe and Effective Extemporaneous Compounding

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 they are commercially and readily available in the form necessary to meet patient needs; further,

To encourage pharmacists who compound medications to use only drug substances that have been manufactured in Food and Drug Administration-registered facilities that have been inspected within the past two years and that meet official United States Pharmacopeia (USP) compendial requirements where those exist; further,

CPhP: Safe and Effective Extemporaneous Compounding (cont'd)

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

To support the principle that pharmacists 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 would supersede ASHP policy 0616.

CPuP: Pharmacist Engagement in and Payment for Telehealth

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

To advocate that reimbursement for telehealth be sufficient to support the
practice.

ASHP Statement on the Roles and Responsibilities of the Pharmacy Executive

To approve the [ASHP Statement on the Roles and Responsibilities of the Pharmacy Executive](#).

Questions or Suggestions?



Feel free to contact:

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ASHP: <https://www.ashp.org/Pharmacy-Practice/Policy-Positions-and-Guidelines/Participate-in-Guidance-Development>