



House of Delegates

Board of Directors Report: Policy Recommendations for the November 2023 Virtual House of Delegates

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COUNCIL ON PHARMACY PRACTICE 2022-2023

POLICY RECOMMENDATIONS

The Council on Pharmacy Practice is concerned with ASHP professional policies related to the responsibilities of pharmacy practitioners. Within the Council's purview are (1) practitioner care for individual patients, (2) practitioner activities in public health, (3) pharmacy practice standards and quality, (4) professional ethics, (5) interprofessional and public relations, and (6) related matters.

Vivian Bradley Johnson, *Board Liaison*

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Amanda Wollitz (Florida)
Anna Legreid Dopp, *Secretary*

1. End-of-Life Treatment and Care

- 1 To support the position that end-of-life treatment and care is part of the continuum of
- 2 care that the pharmacy workforce should provide to patients; further,
- 3 To support the position that the pharmacy workforce has a professional obligation to
- 4 work in a collaborative and compassionate manner with patients, family members,
- 5 caregivers, and other professionals to help fulfill the care needs, especially the quality-of-
- 6 life needs, of patients of all ages receiving end-of-life treatment and care; further,
- 7 To support research on the needs of patients receiving end-of-life treatment and care;
- 8 further,
- 9 To provide education and continuing education to the pharmacy workforce on end-of-life
- 10 treatment and care, including education on clinical, managerial, professional, and legal
- 11 issues; further,
- 12 To urge the inclusion of such topics in the curricula of colleges of pharmacy and pharmacy
- 13 technician education and training programs.

Note: This policy would supersede ASHP policy 0307.

Rationale

The National Cancer Institute defines end-of-life care as care provided to people near the end of life who have stopped treatment aimed at curing or controlling their disease. It includes physical, emotional, social, and spiritual support for the patient and their family. End-of-life care may also be referred to as palliative care, supportive care, comfort care, and hospice care. As medication-use experts across the continuum of care, the pharmacy workforce is expected to encounter patients requiring end-of-life treatment and care. The pharmacy workforce therefore needs to be competent, collaborative, and compassionate in the provision of care for patients at the end of life.

In 2016, ASHP published the ASHP Guidelines on the Pharmacist's Role in Palliative and Hospice Care. The guidelines outlined essential and desirable administrative and clinical roles of the pharmacy workforce as well as practice development, advocacy, and advancement initiatives. The guidelines support pharmacists providing direct patient care, medication order review and reconciliation, and education and medication counseling within hospice programs. The guidelines also include pharmacist support of transitions of care (including from aggressive treatment to comfort care), student and clinician training in the unique needs of this population, and contribution to the body of knowledge via writing, speaking, or research to improve treatments and processes.

Background

The Council reviewed ASHP policy 0307, Pharmacist Support for Dying Patients, as part of sunset review and voted to recommend amending it as follows (underscore indicates new text; ~~strike through~~ indicates deletions):

To support the position that end-of-life treatment and care for dying patients is part of the continuum of care that the pharmacy workforce ~~pharmacists~~ should provide to patients; further,

To support the position that the pharmacy workforce has ~~pharmacists have~~ a professional obligation to work in a collaborative and compassionate manner with patients, family members, caregivers, and other professionals to help fulfill the ~~patient~~ care needs, especially the quality-of-life needs, of ~~dying~~ patients of all ages receiving end-of-life treatment and care; further,

To support research on the needs of ~~dying patients~~ receiving end-of-life treatment and care; further,

To provide education and continuing education to the pharmacy workforce ~~pharmacists~~ on end-of-life treatment and care ~~caring for dying patients~~, including education on clinical, managerial, professional, and legal issues; further,

To urge the inclusion of such topics in the curricula of colleges of pharmacy and pharmacy technician education and training programs.

The Council made the amendments to update the language to more current terminology regarding end-of-life treatment and care. Importantly, the revised language is consistent with existing death-with-dignity laws. The Council also decided to broaden the policy language to recognize the role other members of the pharmacy workforce, particularly pharmacy technicians, have in end-of-life care and treatment.

COUNCIL ON PHARMACY PRACTICE 2023-2024

POLICY RECOMMENDATIONS

The Council on Pharmacy Practice is concerned with ASHP professional policies related to the responsibilities of pharmacy practitioners. Within the Council's purview are (1) practitioner care for individual patients, (2) practitioner activities in public health, (3) pharmacy practice standards and quality, (4) professional ethics, (5) interprofessional and public relations, and (6) related matters.

Jennifer E. Tryon, *Board Liaison*

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Todd Lemke (Minnesota)
Helen Park (California)
Josie Quick (North Dakota)
Aaron Steffenhagen (Wisconsin)
Emma Waldthausen, *Student* (Alabama)
Anna Legreid Dopp, *Secretary*

1. Standardization of Oral Liquid Medication Concentrations

- 1 To discontinue ASHP policy 1401, Standardization of Oral Liquid Medication
- 2 Concentrations, which reads:
- 3 To advocate for the development of nationally standardized drug concentrations for
- 4 oral liquid medications; further,
- 5 To encourage all health care providers and organizations to standardize
- 6 concentrations of oral liquid medications; further,
- 7 To promote effective instruction of patients and caregivers on how to properly
- 8 measure and administer oral liquid medications.

Background

The Council felt that there is no longer a need for ASHP policy 1401, given the recently revised ASHP policy 2319, Standardization of Medication Concentrations, Dosing Units, Labeled Units, and Package Sizes, which reads:

To support adoption of nationally standardized medication concentrations, dosing units, labeled units, and package sizes for medications administered to adult and pediatric patients,



and to advocate that the number of standard concentrations, dosing units, labeled units, and package sizes be limited as much as possible; further,

To encourage interprofessional collaboration on the adoption and implementation of these standards across the continuum of care; further,

To encourage manufacturers and registered outsourcing facilities to provide medications in those standardized concentrations, labeled units, and package sizes.

In their discussion, the Council acknowledged the broadened scope of policy 2319 and felt it includes oral medications. The Council also noted that the third clause in ASHP policy 1401 related to patient education is captured elsewhere in ASHP policy.

2. Pharmacist's Role in Providing Care for an Aging Population

- 1 To discontinue ASHP policy 0902, Pharmacist's Role in Providing Care for an Aging
- 2 Population, which reads:

- 3 To encourage expansion of geriatric health care services; further,

- 4 To foster expanded roles for pharmacists in caring for geriatric patients; further,

- 5 To support successful innovative models of team-based, interdisciplinary geriatric
- 6 care; further,

- 7 To increase training of pharmacists in caring for geriatric patients within college of
- 8 pharmacy curricula, in ASHP-accredited postgraduate-year-one residencies, and
- 9 through the expansion of the number of ASHP-accredited postgraduate-year-two
- 10 geriatric pharmacy residency programs.

Background

The Council felt that there is no longer a need for ASHP policy 0902 due to overlap with existing ASHP policies, such as ASHP policies 2213, Criteria for Medication Use in Geriatric Patients, and 2208, Pharmacist's Role in Team-Based Care. In its discussion, the Council expressed the need to consider patients across the continuum of care and all age groups, rather than calling out specific populations. The Council also indicated that if specialized training needs to be emphasized for caring for geriatric patients, that it can be referenced in the rationale of ASHP policy 0917, Pharmacy Residency Training.

COUNCIL ON PHARMACY MANAGEMENT

POLICY RECOMMENDATIONS

The Council on Pharmacy Management is concerned with ASHP professional policies related to the leadership and management of pharmacy practice. Within the Council's purview are (1) development and deployment of resources, (2) fostering cost-effective use of medicines, (3) payment for services and products, (4) applications of technology in the medication-use process, (5) efficiency and safety of medication-use systems, (6) continuity of care, and (7) related matters.

Kimberley W. Benner, *Board Liaison*

Council Members (2023-2024)

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Jason Wong (Oregon)
Eric Maroyka, *Secretary*

1. Pharmacist Leadership of Pharmacy Practice

- 1 To affirm the importance of an organizational structure in hospitals and health systems
- 2 that places administrative, clinical, and operational responsibility for pharmacy practice
- 3 under a pharmacist leader; further,
- 4 To affirm the role of the pharmacist leader in oversight and supervision of all pharmacy
- 5 personnel; further,
- 6 To recognize the role of other members of the pharmacy workforce in leadership and
- 7 management roles within pharmacy departments.

Note: This policy would supersede ASHP policy 0918.

Rationale

The [ASHP Long-Range Vision for the Pharmacy Workforce in Hospitals and Health Systems](#) sees a growing role for other members of the pharmacy workforce, to include nonpharmacists, in management and leadership positions in hospitals and health systems. Many factors are fueling this expansion, including a shortage of experienced pharmacist leaders, pharmacists' salaries,

and the growing complexity of the pharmacy enterprise. There are many functions in the pharmacy department that can be led or managed by nonpharmacists, including management of technological, business, or financial matters. Although nonpharmacists fill many important supporting leadership and management roles within pharmacy departments, a pharmacist should lead the pharmacy enterprise, supervise and manage all pharmacy personnel, and be responsible for the administrative, clinical, and operational functions of pharmacy departments in hospitals and health systems. Specifically, a pharmacist leader should have operational decision-making authority related to pharmacy practice. The intrinsic value a pharmacy executive brings to an organization's enterprise and executive leadership is further described in the [ASHP Statement on the Roles and Responsibilities of the Pharmacy Executive](#). Use of other specialized members of the pharmacy workforce expertise will vary, depending on the size and complexity of the pharmacy enterprise. These roles will be more prevalent in large facilities and less so in small or rural facilities, where there is likely to be less specialization in pharmacy functions.

Background

The Council reviewed ASHP policy 0918, Pharmacist Leadership of the Pharmacy Department, as part of sunset review and voted to recommend amending it as follows (underscore indicates new text; ~~strike through~~ indicates deletions):

To affirm the importance of an organizational structure in hospitals and health systems that places administrative, clinical, and operational responsibility for ~~the pharmacy department~~ practice under a pharmacist leader; further,

To affirm the role of the pharmacist leader in oversight and supervision of all pharmacy personnel; further,

To recognize the ~~supporting~~ role of ~~nonpharmacists~~ other members of the pharmacy workforce in leadership and management roles within pharmacy departments.

The Council emphasized that a pharmacist leader, rather than a nonpharmacist, should exercise and maintain operational decision-making authority for pharmacy practice, a broader term beyond "department."

2. Documentation of Patient-Care Services in the Permanent Health Record

- 1 To advocate for public policies that support documentation of patient-care services
- 2 provided by the pharmacy workforce in the permanent patient health record; further,
- 3 To promote inclusion of the pharmacy workforce in organization-based credentialing and
- 4 privileging processes and in collaboration with an organization's clinical informatics team
- 5 to ensure accurate and complete documentation of the care provided to patients and to

- 6 validate the impact of patient care provided by the pharmacy workforce on patient
7 outcomes and cost of care; further,
- 8 To advocate that electronic health records be designed with a common documentation
9 space to accommodate all healthcare team members and support the communication
10 needs of pharmacy.

Note: This policy would supersede ASHP policy 1419.

Rationale

Documentation in the patient record is critical for a complete record for patient care and communication among members of the healthcare team. Documentation should be done within an electronic health record (EHR). Organization-based privileging is the process used by a healthcare organization, after evaluating a practitioner's credentials, to assure stakeholders that the healthcare professional has the competencies and experience to provide certain direct patient care services. Privileging grants that individual practitioner permission to deliver those patient care services and document the rendering of those services in the permanent health record. ASHP supports the use of use of post-licensure credentialing, privileging, and competency assessment, in a manner consistent with other healthcare professionals, to practice pharmacy as a direct patient-care practitioner (see ASHP policies 2011, Credentialing and Privileging by Regulators, Payers, and Providers of Collaborative Practice, and 1415, Credentialing, Privileging, and Competency Assessment). Pharmacy technicians, within their scope of practice, have documented activities (e.g., medication history documentation) in the record as part of team-based care documentation. When documenting electronically, use of standardized and coded formats allows for improved measurement of patient outcomes.

Background

The Council reviewed ASHP policy 1419, Documentation of Patient-Care Services in the Permanent Health Record, as part of sunset review and voted to recommend amending it as follows (underscore indicates new text; ~~strikethrough~~ indicates deletions):

To advocate for public ~~and organizational~~ policies that support pharmacist documentation of patient-care services provided by the pharmacy workforce in the permanent patient health record; further,

To promote inclusion of the pharmacy workforce in organization-based credentialing and privileging processes and in collaboration with an organization's clinical informatics team to ensure accurate and complete documentation of the care provided to patients and to validate the impact of ~~pharmacist~~ patient care provided by the pharmacy workforce on patient outcomes and ~~total~~ cost of care; further,

To advocate that electronic health records be designed with a common documentation space to accommodate all healthcare team members and support the communication needs of pharmacy.

The Council discussed the lengthy first clause in the existing policy and felt advocating for public policies seems reasonable but not so for organizational policies. Promoting incorporation in an organization-based credentialing and privileging process and in collaboration with an organization's clinical informatics team seem practical and actionable. There is some crossover with ASHP policy 2137, Documentation of Pharmacist Patient Care, but that policy focuses more on documentation, billing, and attribution for services rendered. There was some discussion about a need for advocacy to support documentation of activities by pharmacy technicians within their scope of practice (e.g., medication history documentation) as part of team-based care documentation.

3. Pharmaceutical Distribution Systems

- 1 To support pharmaceutical distribution business models that meet the requirements of
- 2 hospitals and health systems with respect to availability and timely delivery of products;
- 3 further,
- 4 To oppose manufacturers, distributors, and wholesalers restricting or making availability
- 5 of products contingent on how those products are used or through exclusive distribution
- 6 channels; further,
- 7 To encourage selection of a wholesale distributor that (1) purchases products only from a
- 8 manufacturer before distribution to the purchasing end user; (2) is licensed in the state
- 9 where it is conducting business; (3) complies with the requirements of the Drug Supply
- 10 Chain Security Act; (4) is accredited under the National Association of Boards of
- 11 Pharmacy Drug Distributor Accreditation program; and (5) uses information systems that
- 12 are interoperable with common types of pharmacy systems.

Note: This policy would supersede ASHP policy 1913.

Rationale

Wholesalers and distributors have traditionally contracted with hospitals and health systems for pharmaceutical product distribution and other services. Many wholesalers have made a large portion of their revenue through speculative buying and other business practices that are no longer desirable because of requirements for pedigrees, the risk of buying counterfeit or adulterated products, demands by manufacturers to limit product transactions leading to supply chain disruption, and the need to manage recalls. These changes, plus the vast diversification of many wholesaler distributors, have resulted in new business models that will affect how hospitals acquire and manage pharmaceutical products. These changing models for distribution may result in higher costs for hospitals and health systems, as current wholesaler distribution systems have become very efficient. ASHP supports support drug distribution business models that meet the requirements of hospitals and health systems with respect to

availability and timely delivery of products (e.g., that minimize short-term outages and long-term product shortages, disclose disruptions in product availability, manage and respond to product recalls, foster product-handling and transaction efficiency, preserve the integrity of products as they move through the supply chain, and provide affordable service costs).

Additionally, some manufacturers and distributors have required that pharmacies ensure certain products are not used or sold for use for particular purposes, and there are concerns that this practice could grow. ASHP supports wholesaler and distribution business models that meet the requirements of hospitals and health systems, which includes the ability for pharmacies to obtain products for established patient care uses without restriction.

ASHP supports using strict vendor vetting policies to prevent sales from nonreputable or gray market vendors. Vendors should purchase products only from a manufacturer, not a secondary source; be licensed in the state in which it operates; comply with the requirements of the Drug Supply Chain Security Act; be accredited under the National Association of Boards of Pharmacy (NABP) Drug Distributor Accreditation program; and use information systems that are interoperable with common types of pharmacy systems. NABP accreditation requires a rigorous [criteria compliance review](#).

Background

The Council reviewed ASHP policy 1913, Pharmaceutical Distribution Systems, as part of an advisory panel recommendation and sunset review and voted to recommend amending it as follows (underline indicates new text; ~~striketrough~~ indicates deletions):

To support ~~drug~~ pharmaceutical distribution business models that meet the requirements of hospitals and health systems with respect to availability and timely delivery of products, ~~minimizing short-term outages and long-term product shortages, managing and responding to product recalls, fostering product-handling and transaction efficiency, preserving the integrity of products as they move through the supply chain, and maintaining affordable service costs;~~ further,

To oppose manufacturers, distributors, and wholesalers restricting or making availability of ~~drug~~ products contingent on how those products are used or through exclusive distribution channels; further,

To encourage selection of a wholesale distributor that (1) purchases products only from a manufacturer before distribution to the purchasing end user; (2) is licensed in the state where it is conducting business; (3) complies with the requirements of the Drug Supply Chain Security Act; (4) is accredited under the National Association of Boards of Pharmacy ~~Verified Accredited Wholesale Distributors~~ Drug Distributor Accreditation program; and (5) uses information systems that are interoperable with common types of pharmacy systems.

The Council reacted to recommendations made by a member advisory panel established to

review and assess select ASHP policies for updates related to implications of patient continuity of care within payer networks. The work of the advisory panel was the result of a previous voted action from the Council. Although opposition to limited distribution drugs (LDDs) is covered in ASHP policy 1714, Restricted Drug Distribution, Council members agreed to cite opposition to manufacturers and distributors limiting access of medications to select pharmacies in this policy recommendation. Council members also mentioned being mindful of manufacturers recognizing and starting to restrict distribution to health-system-only specialty pharmacies because they have demonstrated a higher level of quality than specialty pharmacies operated by pharmacy benefit managers. If this trend continues, it may motivate health-system specialty pharmacies to resist less-restrictive distribution models.

COUNCIL ON PUBLIC POLICY

POLICY RECOMMENDATION

The Council on Public Policy is concerned with ASHP professional policies related to laws and regulations that have a bearing on pharmacy practice. Within the Council's purview are (1) federal laws and regulations, (2) state laws and regulations, (3) analysis of public policy proposals that are designed to address important health issues, (4) professional liability as defined by the courts, and (5) related matters.

Council Members (2023-2024)

Caryn Belisle, *Chair* (Massachusetts)
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Jordan Dow (Wisconsin)
Courtney Henry (Virginia)
Rohin Kasudia (District of Columbia)
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Rachel Root (Minnesota)
Cassandra Schmitt (Minnesota)
Harshal Shukla (New York)
Vincent Tabares (Kansas)
Tyler Vest (North Carolina)
Jillanne Schulte Wall, *Secretary*

1. Licensure of Pharmacy Graduates

- 1 To discontinue the ASHP policy Licensure of Pharmacy Graduates, which reads:
- 2 To support state licensure eligibility of a pharmacist who has graduated from a
- 3 foreign or domestic pharmacy program accredited by the Accreditation Council for
- 4 Pharmacy Education (ACPE) or accredited by an ACPE-recognized accreditation
- 5 program.

Background

During Policy Week 2022, the Council reviewed ASHP policy 0323, Licensure for Pharmacy Graduates of Foreign Schools, as part of sunset review and voted to recommend amending it as follows (underscore indicates new text):

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.

The Council was concerned that although the title of the policy specifically referenced foreign schools, the language was so generic that it could be applied to any program. Further, the

Council suggested making the policy generally applicable to all graduates of ACPE-accredited programs by changing the title to “Licensure of Pharmacy Graduates,” noting that graduation from an accredited program should be sufficient for licensure eligibility, regardless of whether the program is foreign or domestic.

However, soon after House ratification of the policy in March 2023, ACPE made a number of changes to its accreditation process for foreign schools of pharmacy. Given the potential impact of these changes on the licensure process for graduates of foreign schools, the Council felt it was prudent to discontinue the policy until it could be aligned with the revised ACPE process.

COUNCIL ON EDUCATION AND WORKFORCE DEVELOPMENT POLICY RECOMMENDATION

The Council on Education and Workforce Development is concerned with ASHP professional policies related to the quality and quantity of pharmacy practitioners. Within the Council's purview are (1) student education, (2) postgraduate education and training, (3) specialization, (4) assessment and maintenance of competence, (5) credentialing, (6) balance between workforce supply and demand, (7) development of technicians, and (8) related matters.

Kimberley W. Benner, *Board Liaison*

Council Members (2022-2023)

Angela Bingham, *Chair* (Pennsylvania)
Joshua Blackwell, *Vice Chair* (Texas)
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Jennifer Robertson (Tennessee)
Caroline Sierra (California)
Ted Walton (Georgia)
David Zimmerman (Pennsylvania)
Sophia Chhay, *Secretary*

1. Promotion of the Pharmacy Profession

- 1 To promote the professional image of the pharmacy workforce and collaborate with
- 2 stakeholders to enhance public understanding of the pharmacy profession's important
- 3 roles in patient care and its many professional and personal rewards; further,
- 4 To promote diverse careers in pharmacy to attract applicants with skills and attributes
- 5 aligned with the needs and demands of the pharmacy workforce and professional
- 6 identity formation; further,
- 7 To develop and disseminate resources that provide insight into the diverse career
- 8 opportunities within the pharmacy profession; further,
- 9 To encourage educators and counselors in primary and secondary education or trade
- 10 schools to make students aware of the benefits of careers in the pharmacy workforce.

Note: This policy would supersede ASHP policy 1828.

Rationale

The success of ASHP's advocacy efforts relies on public perception of the pharmacists, student pharmacists, and pharmacy technicians we represent. Promoting the image of pharmacy, which consistently ranks among the [most trusted professions](#), to the general public, public policymakers, payers, other healthcare professionals, and healthcare organization decision-makers is an ongoing priority for ASHP. In addition, as stated in the [ASHP Statement on Professionalism](#), one of the fundamental services of a professional is recruiting, nurturing, and securing new practitioners to that profession's ideals and mission. Moreover, professional identity formation is defined as the process of internalizing a profession's core values and beliefs. The recruitment of pharmacists and pharmacy technicians is essential to meet current and future healthcare demands and needs to begin in high school or even earlier, when students are exploring potential careers. ASHP is committed to highlighting opportunities for pharmacy careers in all health-system settings to maintain a pool of quality candidates for those careers.

Background

The Council reviewed ASHP policy 1828, Promoting the Image of Pharmacists and Pharmacy Technicians, as part of sunset review and voted to recommend amending it as follows (underscore indicates new text; ~~strike~~ indicates deletion):

~~To promote the professional image of pharmacists and pharmacy technicians who work in all settings of health systems to the general public, public policymakers, payers, other healthcare professionals, and healthcare organization decision-makers~~ the pharmacy workforce and collaborate with stakeholders to enhance public understanding of the pharmacy profession's important roles in patient care and its many professional and personal rewards; further,

To promote diverse careers in pharmacy to attract applicants with skills and attributes aligned with the needs and demands of the pharmacy workforce and professional identity formation; further,

To develop and disseminate resources that provide insight into the diverse career opportunities within the pharmacy profession; further,

To encourage educators and counselors in primary and secondary education or trade schools to make students aware of the benefits of careers in the pharmacy workforce.

The Council recommended amending the policy to reflect the need to collaborate with key stakeholders to enhance the public image and understanding of the pharmacy profession's roles in patient care. Further, Council members felt this policy needed to underscore the many benefits of diverse careers in pharmacy and address recruitment to the profession more broadly.