



House of Delegates

REPORT ON PROPOSED AMENDMENTS

June 2023 Meetings

(updated as of June 9, 10:00 a.m. ET)

This report contains proposed amendments to policy recommendations submitted as of 9 a.m. ET, June 9 for consideration at the First Delegate Caucus. Delegates may still submit amendments at the Caucus and from the floor at the First Meeting of the House. Please provide a print copy of your proposed amendments to ASHP staff in the Delegate Workroom or at the staff table at the side of the meeting room before the House get underway.

Council on Pharmacy Practice 1: Emergency Medical Kits

Amendments proposed by Liz Wade (NH), Jesse Hogue (MI), Cassie Schmitt (MN), and Karen Nolan (RI):

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

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

To collaborate with other professions and stakeholders to determine appropriate standardize the contents of and locations for EMKs, and to develop guidelines and standardized training for proper use of EMK contents by designated personnel employed in those settings.

Council on Pharmacy Practice 2: Raising Awareness of the Risks Associated with the Misuse of Medications

Amendments proposed by Edward Saito (OR):

To encourage support the pharmacy workforce ~~pharmacists to engage~~ in community outreach

efforts to provide education to authorities, patients, and the community on the risks associated with use of medications for nonmedical purposes or from nonmedical sources; ~~further,~~

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

Council on Pharmacy Practice 3: Standardization of Medication Concentrations

Amendments proposed by Kevin Marvin (VT), Martha Roberts (RI), and Joanna Robinson (IA):

To support adoption of nationally standardized medication drug concentrations, ~~and~~ dosing units, labeled units, and package sizes for oral, parenteral, and topical medications administered to adult and pediatric patients, and to limit those standard sized concentrations and dosing units to one concentration and one dosing unit when as much as possible; further,

To encourage interprofessional collaboration on the adoption and implementation of these standard sized drug concentrations and dosing units 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 ~~when it is clinically appropriate and feasible.~~

Note: This policy would supersede ASHP policy 1306.

Council on Pharmacy Practice 4: Pharmacoequity

Amendments proposed by Bernice Man (IL) and Jesse Hogue (MI):

To ~~recognize~~ raise awareness that disparities in ~~standards of care~~ social determinants of health and clinical practice negatively impact healthcare outcomes and compromise pharmacoequity in marginalized and underserved populations; further,

~~To recognize the impact of social determinants of health on pharmacoequity and patient outcomes; further,~~

To advocate for drug availability, drug pricing structures, and insurance coverage determinations that promote pharmacoequity; further, [MOVED FROM BELOW]

To advocate that the pharmacy workforce identify and address threats and patient vulnerabilities to pharmacoequity as part of comprehensive medication management services; further,

To advocate for resources, including technology, that improve access to care for marginalized and underserved populations where pharmacy access is limited; further,

To ~~raise awareness about implicit and unconscious~~ encourage the pharmacy workforce to identify and mitigate biases es in healthcare decision-making that ~~may~~ compromise

pharmacoequity; ~~further,~~

~~To advocate for drug availability, drug pricing structures, and insurance coverage determinations that promote pharmacoequity [MOVED ABOVE].~~

Council on Pharmacy Practice 5: Medication Administration by the Pharmacy Workforce

Amendments proposed by Jesse Hogue (MI):

To support the position that the administration of medications is ~~part of~~ within the ~~routine~~ scope of pharmacy practice; further,

~~To support the position that members of the pharmacy workforce who administer medications should be skilled to do so; further,~~

To advocate that states grant pharmacists and appropriately supervised student pharmacists and pharmacy technicians the authority to administer medications; further,

To support the position that pharmacists should be participants in establishing procedures in their own work settings with respect to the administration of medications (by anyone) and monitoring the safety and outcomes of medication administration.

Note: This policy would supersede ASHP policy 9820.

Council on Pharmacy Practice 6: Reducing Healthcare Sector Carbon Emissions to Promote Public Health

No amendments have been proposed for this policy recommendation.

To promote reducing carbon emissions from the healthcare sector through collaboration with other stakeholders; further,

To encourage members of the pharmacy workforce to seek out opportunities to engage in efforts to reduce carbon emissions in their workplaces and communities.

Council on Therapeutics 1. Availability and Use of Fentanyl Test Strips

Amendments proposed by Martha Roberts (RI):

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

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

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

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

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

Council on Therapeutics 2. Manipulation of Drug Products for Alternate Routes of Administration

No amendments have been proposed for this policy recommendation.

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

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

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

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

Council on Therapeutics 3. DEA Scheduling of Controlled Substances

Amendments proposed by Ryan Gibbard (OR) and Myra Thomas (LA):

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

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

To advocate that the United States Congress, with input from stakeholders, adopt clear definitions of ~~define~~ the terms *potential for abuse*, *currently accepted medical use*, and *accepted safety for use* in the Controlled Substances Act; further,

To advocate for monitoring the ~~effect~~ **impact** of DEA scheduling of products under the Controlled Substances Act and other abuse-prevention efforts (e.g., prescription drug monitoring programs) ~~to assess the impact~~ on patient access to ~~these medications~~ therapy and

on ~~the practice burden of~~ healthcare providers workload; further,

To advocate for the alignment elimination of federal and state laws ~~to eliminate that create~~ barriers to research on and therapeutic evidence-based use of Schedule I substances.

Note: This policy would supersede ASHP policy 1315.

Council on Therapeutics 4. Pharmacist Prescribing Authority for Antiretroviral Therapy for the Prevention of HIV/AIDS

Amendments proposed by Amy Sipe (MO):

To affirm that drug products for pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) for human immunodeficiency virus (HIV) infection prevention should be provided to individuals in a manner that ensures safe and appropriate use; further,

To oppose reclassification of currently available drugs used for PrEP and PEP to nonprescription status; further,

To advocate for legislation and regulation that expands pharmacist scope of practice to encompass initiation of PrEP and PEP therapy; further,

To advocate that the therapies and associated care for PrEP and PEP are available to patients with zero cost-sharing; further,

To support establishment of specific and structured criteria to guide comprehensive pharmacist interventions related to PrEP and PEP; further,

To support the research, education, and training of the pharmacy workforce on the therapeutic, psychosocial, and operationalization considerations of pharmacist-provided PrEP and PEP therapy; further,

To support educating the public regarding the public health benefits of PrEP and PEP and to support the U.S. Department of Health and Human Services Ending the HIV Epidemic in the U.S. initiative that strives to end the HIV epidemic in the United States by 2030.

Council on Therapeutics 5. Point-of-Care Testing and Treatment

Amendments proposed by Monica Dziuba (LA):

To advocate for laws and regulations that would include performing point-of-care testing (POCT) and associated diagnosis, referral, prescribing, dosing, and dispensing clinically indicated by POCT in pharmacists' scope of practice; further,

To support the development of specific and structured criteria for pharmacist diagnosis, referral, prescribing, dosing, and dispensing based on POCT; further,

To support the diagnosis identification and tracking of reportable diseases through pharmacist-managed POCT and reporting to public health agencies when appropriate; further,

To foster research on patient access and public health improvements, cost savings, and revenue streams associated with pharmacist-managed POCT and related patient care services; further,

To promote training and education of the pharmacy workforce to competently engage in POCT and related patient care services.

Note: This policy would supersede ASHP policy 2229.

Council on Therapeutics 6. Nonprescription Availability of Oseltamivir

Jodi Taylor (TN) and Jesse Hogue (MI) propose defeating and retiring policy 2116 through New Business Item

To support a behind-the-counter practice model that expands access to oseltamivir; further,

To support interoperable documentation of oseltamivir dispensing and associated testing accessible by all members of the healthcare team in outpatient and inpatient settings; 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 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.

Note: This policy would supersede ASHP policy 2116.

Council on Therapeutics 7. Over-the-Counter Availability of Oral Contraceptives

Amendments proposed by Jesse Hogue (MI) and Audra Sandoval (ID):

To advocate that over-the-counter (OTC) oral contraceptives be available without age restriction only under conditions that ensure safe use, including the availability of pharmacist consultation to ensure appropriate self-screening and product selection; further,

~~To support the development, implementation, and use of clinical decision-making tools and education to facilitate pharmacist consultation; further,~~

To encourage the Food and Drug Administration to require manufacturers to include all patients of childbearing age, including adolescents, in studies to determine the safety and ~~efficacy~~ effectiveness of OTC oral contraceptives; further,

To advocate that ~~the proposed reclassification of these products be accompanied by coverage changes by third-party payers to ensure all insurers and manufacturers maintain coverage and limits on out-of-pocket expenditure so~~ that patient access and privacy are ~~is~~ not compromised.

Note: This policy would supersede ASHP policy 1410.

Council on Therapeutics 8. Responsible Medication-Related Clinical Testing and Monitoring

No amendments have been proposed for this policy recommendation.

To recognize that overuse of clinical testing leads to unnecessary costs, waste, and patient harm; further,

To encourage the development of standardized measures of appropriate clinical testing to better allow for appropriate comparisons for benchmarking purposes and use in research; further,

To promote pharmacist accountability and engagement in interprofessional efforts to promote judicious use of clinical testing and monitoring, including multi-faceted, organization-level approaches and educational efforts; further,

To promote research that evaluates pharmacists' contributions and identifies opportunities for the appropriate ordering of medication-related procedures and tests; further,

To promote the use of interoperable health information technology services and health information exchanges to decrease unnecessary testing.

Note: This policy would supersede ASHP policy 1823.

Council on Therapeutics 8. Therapeutic and Psychosocial Considerations of Patients Across the Gender Identity Spectrum

Amendments proposed by Brittany Tschaen (DE) and Bernice Man (IL):

To recognize the role of gender-affirming care in achieving health equity and reducing health disparities; further,

To advocate that gender identity ~~be considered in~~ is a critical component of medication and disease management of patients across the gender identity spectrum; further, **[MOVED FROM**

BELOW]

To advocate for equitable access to ~~and broad insurance coverage of~~ gender-affirming care, including access to a pharmacist who ensures safe and effective medication use ~~medication, medical, and surgical therapies~~; further,

~~To advocate that patients across the gender identity spectrum have access to pharmacist care to ensure safe and effective medication use without discriminatory barriers; further,~~

~~To advocate that gender identity be considered in medication and disease management of patients across the gender identity spectrum; further,~~ [MOVED ABOVE]

To promote research, ~~on, education about, and~~ development, and implementation of therapeutic and biopsychosocial best practices in the care of patients across the gender identity spectrum; further,

To encourage the incorporation of specific education and training regarding patient gender identity into educational standards and competencies for the pharmacy workforce; further,

To encourage easily accessed, structured documentation of a patient's sex assigned at birth, self-identified gender, preferred name and pronouns, and relevant medical history in electronic health records.

Note: This policy would supersede ASHP policy 1718.

Council on Therapeutics 9. Removal of Injectable Promethazine from Hospital Formularies

Amendments proposed by Ashley Duty (OH), Jesse Hogue (MI), and Brian Gilbert (KS):

To ~~advocate that~~ support the restricted use of injectable promethazine ~~be removed from hospital formularies~~ only within health systems that delineate its limited place in therapy and establish strategies for dosing and administration that mitigate risk; further,

To encourage regulatory and safety bodies ~~the Food and Drug Administration~~ to review ~~the~~ patient safety data and ~~consider withdrawing~~ encourage research on adverse events related to administration of injectable promethazine ~~from the market~~.

Note: This policy would supersede ASHP policy 1831.

Council on Education and Workforce Development: Well-Being and Resilience of the Pharmacy Workforce

Amendments proposed by Ashley Duty (OH), Martha Roberts (RI), Liz Wade (NH), and Ryan Gibbard (OR):

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

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

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

To ~~encourage empower~~ individuals ~~and institutions~~ to embrace well-being and resilience as a ~~personal responsibility that should be~~ priority supported by organizational culture; further,

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

To encourage hospitals and health systems to invest in the development and assessment of interprofessional programs ~~aimed at prevention, recognition, and treatment of that reduce~~ occupational burnout while supporting well-being, and to support nonpunitive participation in these programs; ~~further,~~

~~To encourage education, research and dissemination of findings on stress, burnout, and well-being; further,~~

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

Note: This policy would supersede ASHP policy 1825.

Section of Pharmacy Educators: ASHP Statement on Precepting as a Professional Obligation

No amendments have been proposed for this policy recommendation.

To approve the ASHP Statement on Precepting as a Professional Obligation.