

House of Delegates

Policies Approved by the 2020 ASHP House of Delegates (as of June 9)

2001

Safety and Effectiveness of Ethanol for Prevention or Treatment of Alcohol Withdrawal Syndrome

Source: Council on Therapeutics

To oppose the use of oral or intravenous ethanol for the prevention or treatment of alcohol withdrawal syndrome (AWS) because of its poor effectiveness and safety profile; further,

To support hospital and health-system efforts that prohibit the use of oral or intravenous ethanol therapies to prevent or treat AWS; further,

To support the removal of oral or intravenous ethanol from hospital and health systems for the prevention and treatment of AWS; further,

To educate clinicians about evidence-based therapies for AWS.

This policy supersedes ASHP policy 1514.

2002

Excipients in Drug Products

Source: Council on Therapeutics

To advocate that manufacturers remove unnecessary, potentially allergenic excipients from all drug products; further,

To encourage manufacturers to publicly disclose all excipients in drug products; further,

To advocate that the Food and Drug Administration require manufacturers to declare the name and derivative source of all excipients in drug products on the official label; further,

To advocate that vendors of medication-related databases incorporate, expand, and maintain interoperable information about excipients; further,

To promote research that evaluates the safety of excipients to guide clinical practice and to support the reporting and dissemination of this information via published literature, registries, and other mechanisms; further,

To foster education on the potential adverse events that may be caused by excipients; further,

To encourage documentation of allergic reactions or intolerances to or restrictions on specific excipients in the health record.

This policy supersedes ASHP policy 1528.

2003

Anticancer Treatment Parity

Source: Council on Therapeutics

To support anticancer treatment parity legislation at both the state and federal level that ensures equality of access and insurance coverage for all anticancer drug products approved by the Food and Drug Administration (FDA); further,

To advocate all insurers and manufacturers design plans containing limits on out-of-pocket expenditure so that patient cost sharing for anticancer treatment is equivalent, regardless of treatment modality or route of administration; further,

To encourage the development of policies and endorse practices that contribute to a decrease in anticancer treatment costs to the consumer; further,

To continue to foster the development of best practices, including adherence monitoring strategies, and education on the safe use and management of anticancer agents, regardless of route of administration.

This policy supersedes ASHP policy 1516.

2004

Evaluation of Abuse-Deterrent Drug Mechanisms

Source: Council on Therapeutics

To encourage manufacturers to develop safe and efficacious abuse-deterrent formulations for drugs known to be abused and misused; further,

To promote research on the efficacy of abuse-deterrent mechanisms in preventing prescription drug abuse, and to support the reporting and dissemination of this information; further,

To advocate for legislation that would limit out-of-pocket expenditures for such formulations.

This policy supersedes ASHP policy 1512.

2005**Quality Consumer Medication Information**

Source: Council on Therapeutics

To support efforts by the Food and Drug Administration (FDA) and other stakeholders to improve the quality, consistency, accessibility, targeting, and simplicity of consumer medication information (CMI); further,

To encourage the FDA to work in collaboration with patient advocates and other stakeholders to create evidence-based models and standards, including establishment of a universal literacy level and standardized, patient-focused templates, for CMI; further,

To advocate that research be conducted to validate these models in actual-use studies in pertinent patient populations; further,

To advocate that FDA explore alternative models of CMI content development and maintenance that will ensure the highest level of accuracy, consistency, and currency, and conforms with health literacy requirements; further,

To advocate that the FDA engage a single third-party author to provide editorial control of a highly structured, publicly and easily accessible central repository of CMI in a format that is suitable for ready export; further,

To advocate for laws and regulations that would require all dispensers of medications to comply with FDA-established standards for unalterable content, format, and distribution of CMI.

This policy supersedes ASHP policy 1513.

2006**Pharmacist's Leadership Role in Anticoagulation Therapy Management**

Source: Council on Therapeutics

To advocate that pharmacists provide leadership in caring for patients receiving drug products for anticoagulant therapy management; further,

To advocate that pharmacists be responsible for coordinating the individualized care of patients receiving drug products for anticoagulation therapy management; further,

To encourage pharmacists who participate in anticoagulation therapy management to educate patients, caregivers, prescribers, and other members of the interprofessional healthcare team about anticoagulant drug product uses, drug interactions, reversal therapies and strategies, adverse effects, the importance of adhering to therapy, access to care, and recommended laboratory testing and other monitoring.

This policy supersedes ASHP policy 1703.

2007**Use of Surrogate Endpoints for FDA Approval of Drug Uses**

Source: Council on Therapeutics

To support efforts by the Food and Drug Administration (FDA) and other stakeholders to qualify the appropriateness of surrogate endpoints; further,

To support the continued use of qualified surrogate endpoints by the FDA as a mechanism to evaluate the effectiveness and safety of new drugs and new indications for existing therapies, when measurement of definitive clinical outcomes is not feasible; further,

To advocate that the FDA consistently enforce existing requirements that drug product manufacturers complete postmarketing studies for drugs approved based on qualified surrogate endpoints in order to confirm that the expected improvement in outcomes occurs, and to require that these studies be completed in a timely manner.

This policy supersedes ASHP policy 1011.

2008**Health-System Facility Design**

Source: Council on Pharmacy Management

To advocate the development and the inclusion of contemporary pharmacy and medication-use specifications in national and state healthcare design standards to ensure adequate space for safe provision of pharmacy products and patient care services; further,

To promote pharmacist involvement in the design-planning and space-allocation decisions of healthcare facilities.

This policy supersedes ASHP policy 0505.

2009**Role of the Pharmacy Workforce in Identifying and Caring for Victims of Human Trafficking**

Source: Council on Pharmacy Practice

To recognize that human trafficking is a significant public health problem in the U.S.; further,

To affirm that the pharmacy workforce has important roles in identifying and caring for victims of human trafficking; further,

To foster education, training, and the development of resources to prepare the pharmacy workforce for their roles in identifying and caring for victims of human trafficking.

2010**Use of Two Patient Identifiers in the Outpatient Setting**

Source: Council on Pharmacy Practice

To encourage the use of two identifiers to confirm patient identity when transferring filled prescriptions to the possession of the patient or patient's agent for outpatient use.

This policy supersedes ASHP policy 1024.

2011

Credentialing and Privileging by Regulators, Payers, and Providers of Collaborative Practice

Source: Council on Public Policy

To recommend the use of credentialing and privileging in a manner consistent with other healthcare professionals to assess a pharmacist's competence to engage in patient care services.

This policy supersedes ASHP policy 1907.

2012

Importation of Drug Products

Source: Council on Public Policy

To oppose wholesale importation of drug products as a method to lower drug costs.

This policy supersedes ASHP policy 0413.

2013

Public Quality Standards for Biologic Products

Source: Council on Public Policy

To oppose federal or state legislation that would remove the requirement for biologic products to adhere to public quality standards; further,

To review and evaluate current public standards to ensure that they are relevant and appropriate to biologic products.

2014

Naloxone Availability

Source: Council on Therapeutics

To recognize the public health benefits of naloxone for opioid reversal; further,

To support efforts to safely expand patient and public access to naloxone; further,

To support state efforts to authorize pharmacists' prescribing authority for naloxone for opioid reversal; further,

To advocate for the development of affordable formulations of naloxone to increase accessibility; further,

To foster standardized education on the role of naloxone in opioid reversal and its proper administration, safe use, and appropriate follow-up care; further,

To support legislation that provides protections for those seeking or providing medical help for overdose victims.

This policy supersedes ASHP policy 1510.

2015

Network Connectivity and Interoperability for Continuity of Care

Source: Council on Pharmacy Management

To advocate the use of electronic information systems, with appropriate security controls, that enable the integration of patient-specific data that is accessible in all components of a health system; further,

To support the use of technology that allows the transfer of patient information needed for appropriate medication management across the continuum of care; further,

To urge computer software vendors and pharmaceutical suppliers to provide standards for definition, collection, coding, and exchange of clinical data used in the medication-use process; further,

To pursue formal and informal liaisons with appropriate healthcare associations to ensure that the interests of patient care and safety in the medication-use process are fully represented in the standardization, integration, and implementation of electronic information systems; further,

To strongly encourage health-system administrators, regulatory bodies, and other appropriate groups to provide health-system pharmacists with full access to patient-specific clinical data; further,

To advocate that client-vendor agreements include timelines for data destruction; further,

To oppose the selling of data for unauthorized uses; further,

To educate health-system leaders about potential use and misuse of shared data.

This policy supersedes ASHP policy 0507.

2016

Medication Formulary System Management

Source: Council on Pharmacy Management

To declare that decisions on the management of a medication formulary system, including criteria for use, (1) should be based on clinical, ethical, legal, social, philosophical, quality-of-

life, safety, comparative effectiveness, and pharmacoeconomic factors that result in optimal patient care; (2) must include the active and direct involvement of physicians, pharmacists, and other appropriate healthcare professionals; and (3) should not be based solely on economic factors; further,

To support the concept of a standardized medication formulary system among components of integrated health systems when standardization leads to improved patient outcomes; further,

To oppose independent payer-directed formulary decisions that would increase the complexity of the medication-use system.

This policy supersedes ASHP policies 9601 and 1805.

2017

Role of the Pharmacy Workforce in Preventing Accidental and Intentional Firearm Injury and Death

Source: Council on Pharmacy Practice

To recognize that accidental and intentional firearm injury and death in the U.S. is a public health crisis; further,

To affirm that the pharmacy workforce has important roles in the comprehensive public health and medical approach to reducing death and disability from firearm injury.

2018

Safe Use of Transdermal System Patches

Source: Council on Pharmacy Practice

To encourage hospitals and health systems to implement policies and procedures to ensure safe use of transdermal system patches; further,

To advocate for enhanced patient and consumer education and product safety requirements for transdermal system patches; further,

To encourage manufacturers of transdermal system patches to collaborate with pharmacists and other stakeholders to identify and implement packaging, labeling, and formulation changes that prevent accidental exposure and facilitate safe disposal.

This policy supersedes ASHP policy 1404.

2019

Access to Affordable Healthcare

Source: Council on Public Policy

To advocate for access to affordable healthcare for all, 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.

This policy supersedes ASHP policy 1001.

2020

Care-Commensurate Reimbursement

Source: Council on Public Policy

To advocate that reimbursement for healthcare services be commensurate with the level of care provided, based on the needs of the patient.

2021

Funding, Expertise, and Oversight of State Boards of Pharmacy

Source: Council on Public Policy

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 individuals with demonstrated competency in the applicable area of practice.

This policy supersedes ASHP policy 1507.

2022

Dispensing by Nonpharmacists and Nonprescribers

Source: Council on Public Policy

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 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.

This policy supersedes ASHP policy 0010.

2023

New Categories of Licensed Pharmacy Personnel

Source: Council on Public Policy

To oppose the creation of new categories of licensed pharmacy personnel.

2024

Safety and Efficacy of Compounded Topical Formulations

Source: Council on Therapeutics

To encourage pharmacists to take a leadership role in developing processes that would ensure quality, safety, and effectiveness 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.

2025

Postmarketing Studies

Source: Council on Therapeutics

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.

This policy supersedes ASHP policies 1004 and 0515.

2026

Gabapentin as a Controlled Substance

Source: Council on Therapeutics

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

2027

Residency Training for Pharmacists Who Provide Direct Patient Care

Source: Council on Education and Workforce Development

To recognize that optimal direct patient care by a pharmacist requires the development of clinical judgment, which can be acquired only through experience and reflection on that experience; further,

Pharmacists who provide direct patient care should have completed an ASHP-accredited residency or have attained comparable skills through practice experience; further,

To support the position that the completion of an ASHP-accredited postgraduate-year-one residency be required for all new college or school of pharmacy graduates who will be providing direct patient care.

This policy supersedes ASHP policies 0701 and 0005.

2028

Pharmacist's Role in Health Insurance Benefit Design

Source: Council on Pharmacy Management

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 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.

2029**Preserving Patient Access to Pharmacy Services by Medically Underserved Populations**

Source: Council on Pharmacy Management

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

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

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

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

2030**Interstate Pharmacist Licensure**

Source: Council on Pharmacy Management

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

2031**Continuity of Care in Insurance Payer Networks**

Source: Council on Pharmacy Management

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

2032**Health-System Use of Medications Supplied to Hospitals by Patients, Caregivers, or Specialty Pharmacies**

Source: Council on Pharmacy Management

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 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,

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

This policy supersedes ASHP policy 0806.

2033

Health-System Use of Administration Devices Supplied Directly to Patients

Source: Council on Pharmacy Management

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,

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.

This policy supersedes ASHP policy 0806.

2034

Staffing for Safe and Effective Patient Care

Source: Council on Pharmacy Management

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

To encourage pharmacy leaders to be innovative in their approach and to factor into their thinking the potential benefits and risks of flexible staffing models, telehealth practices, legal

requirements, accreditation standards, professional standards of practice, and the resources and technology available in individual settings.

This policy supersedes ASHP policy 0201.

2035

Role of the Pharmacy Workforce in Violence Prevention

Source: Council on Pharmacy Practice

To recognize that violence in the U.S. is a public health crisis; further,

To affirm that the pharmacy workforce has important roles in a comprehensive public health and medical approach to violence prevention, including leadership roles in their communities and workplaces; further,

To encourage members of the pharmacy workforce to seek out opportunities to engage in violence prevention efforts in their communities and workplaces; further,

To promote collaboration between the pharmacy workforce and community and healthcare organizations in violence prevention efforts; further,

To foster education, training, and the development of resources to prepare the pharmacy workforce for their roles in violence prevention; further,

To support research and dissemination of information on the effectiveness of pharmacy-focused violence-prevention strategies.

2036

Racial and Discriminatory Inequities

Source: House of Delegates

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.

2037

Support of the World Health Organization

Source: House of Delegates

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.

2038

ASHP Statement on the Use of Artificial Intelligence in Pharmacy

Source: Section of Pharmacy Informatics and Technology

To approve the ASHP Statement on the Use of Artificial Intelligence in Pharmacy.