

# Summary of the Actions of the ASHP House of Delegates

June 4 and 6, 2017

# The House of Delegates

**Ultimate authority over ASHP professional policies**

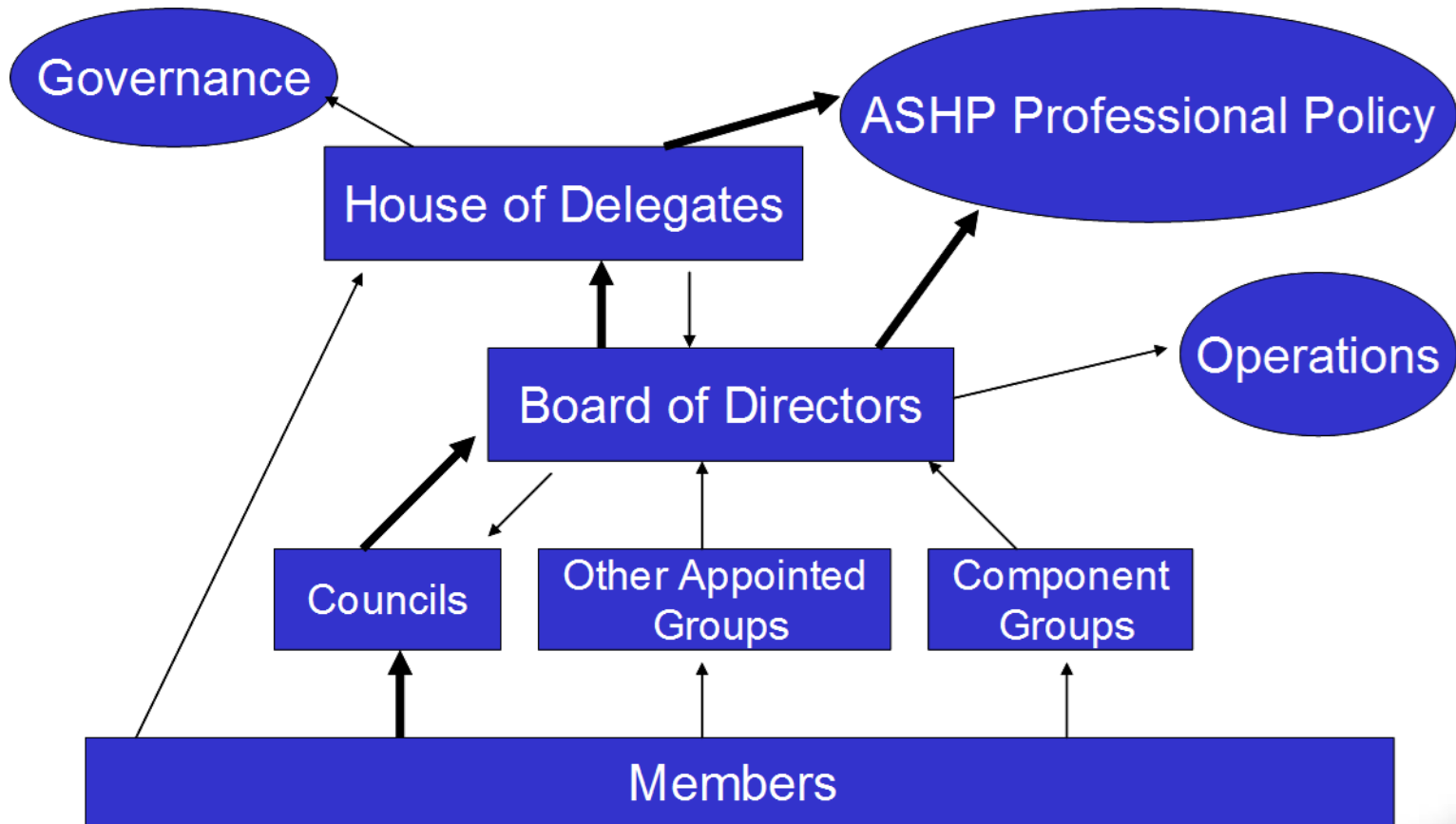
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**One annual session consisting of 4 meetings: 2 meetings at the ASHP Summer Meeting and 2 virtual meetings in the spring and fall**

**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



## 1701 - Ensuring Patient Safety and Data Integrity During Cyber-attacks

*Source: Council on Pharmacy Management*

To advocate that healthcare organizations include pharmacists in (1) assessing cyber-security systems and procedures for vulnerabilities, (2) implementing cyber-security strategies, and (3) reviewing cyber-security breaches and developing corrective actions; further,

To encourage the development of business continuity plans by pharmacy departments; further,

To advocate that healthcare organizations assess vendor systems to validate the security and integrity of data, including an assessment of the minimum amount of patient health information vendors require to provide services.

## 1702 - Reduction of Unused Prescription Drug Products

*Source: Council on Pharmacy Practice*

To recognize that unused prescription drug products contribute to drug misuse, abuse, and diversion; further,

To advocate for research, education, and best practices to ensure appropriate quantities of prescription drug products are prescribed, including but not limited to partial fills or refills; further,

To advocate that pharmacists take a leadership role in reducing excess quantities of unused prescription drug products.

## 1703 - Pharmacist's Leadership Role in Anticoagulation Therapy Management

*Source: Council on Therapeutics*

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

To advocate that pharmacists be responsible for coordinating the individualized care of patients receiving medications 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 medication uses, drug interactions, adverse effects, the importance of adhering to therapy, access to care, and recommended laboratory testing and other monitoring.

*This policy supersedes ASHP policy 0816.*



## 1704 - Medical Aid in Dying

*Source: Board of Directors*

To affirm that a pharmacist's decision to participate or decline to participate in medical aid in dying for competent, terminally ill patients, where legal, is one of individual conscience; further,

To reaffirm that pharmacists have a right to participate or decline to participate in medical aid in dying without retribution; further,

To take a stance of studied neutrality on legislation that would permit medical aid in dying for competent, terminally ill patients.

*This policy supersedes ASHP policy 9915.*



## 1705 - Workforce Diversity

*Source: Council on Education and Workforce Development*

To affirm that a diverse and inclusive workforce contributes to health equity and health outcomes; further,

To advocate for the development of a workforce whose background, perspectives, and experiences reflect the diverse patients for whom pharmacists provide care.



## 1706 - Ensuring Patient Safety and Data Integrity During Cyber-attacks

*Source: Council on Education and Workforce Development*

To encourage all educators of the pharmacy workforce to use ASHP statements, guidelines, and professional policies as an integral part of education and training.

*This policy supersedes ASHP policy 0705.*

## 1707 - Pharmaceutical Distribution Systems

*Source: Council on Pharmacy Management*

To support drug 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 making availability of drug products contingent on how those products are used.

*This policy supersedes ASHP policy 1016.*



## 1708 - Mobile Health Tools, Clinical Apps, and Associated Devices

*Source: Council on Pharmacy Management*

To advocate that patients, pharmacists, and other healthcare professionals be involved in the selection, approval, and management of mobile health tools, clinical software applications ("clinical apps"), and associated devices used by clinicians and patients for patient care; further,

To foster development of tools and resources to assist pharmacists in designing and assessing processes to ensure safe, accurate, supported, and secure use of mobile health tools, clinical apps, and associated devices; further,

To advocate that decisions regarding the selection, approval, and management of mobile health tools, clinical apps, and associated devices should further the goal of delivering safe and effective patient care and optimizing outcomes; further,

To advocate that mobile health tools, clinical apps, and associated devices that contain health information be interoperable and, if applicable, be structured to allow incorporation of health information into the patient's electronic health record and other essential clinical systems to facilitate optimal health outcomes; further,

To advocate that pharmacists be included in regulatory and other evaluation and approval of mobile health tools, clinical apps, and associated devices that involve medications or medication management.

## 1709 - Controlled Substance Diversion Prevention

*Source: Council on Pharmacy Management*

To encourage healthcare organizations to develop controlled substances diversion prevention programs and policies that delineate the roles, responsibilities, and oversight of all personnel who have access to controlled substances to ensure compliance with applicable laws and scopes of practice; further,

To encourage healthcare organizations to ensure that all healthcare workers are appropriately screened for substance abuse prior to initial employment and surveillance, auditing, and monitoring are conducted on an ongoing basis to support a safe patient-care environment, protect co-workers, and discourage controlled substances diversion.

## 1710 - Revenue Cycle Compliance and Management

*Source: Council on Pharmacy Management*

To encourage pharmacists to serve as leaders in the development and implementation of strategies to optimize medication-related revenue cycle compliance, which includes verification of prior authorization, patient portion of payment, billing, reimbursement, and financial documentation for the healthcare enterprise; further,

To advocate for the development of consistent billing and reimbursement policies and practices by both government and private payers; further,

To advocate that information technology (IT) vendors enhance the capacity and capability of IT systems to support and facilitate medication-related purchasing, billing, and audit functions; further,

To investigate and publish best practices in medication-related revenue cycle compliance and management.

*This policy supersedes ASHP policy 1205.*



## 1711 - Ready-to-Administer Packaging for Hazardous Drug Products Intended for Home Use

*Source: Council on Pharmacy Practice*

To advocate that pharmaceutical manufacturers provide hazardous drug products intended for home use in ready-to-administer packaging; further,

To advocate that regulators (e.g., the Food and Drug Administration) have the authority to impose requirements on pharmaceutical manufacturers to provide hazardous drug products intended for home use in ready-to-administer packaging; further,

To advocate that when hazardous drug products intended for home use are not available from manufacturers in ready-to-administer packaging, pharmacies repackage those drug products to minimize the risk of exposure; further,

To advocate that hazardous drug products intended for home use be labeled to warn that special handling is required for safety; further,

To advocate that pharmacists provide education to patients and caregivers regarding safe handling and appropriate disposal of hazardous drug products intended for home use.

## 1712 - Expiration Dating of Pharmaceutical Products

*Source: Council on Pharmacy Practice*

To support and actively promote the maximal extension of expiration dates of commercially available pharmaceutical products as a means of increasing access to drugs and reducing healthcare costs; further,

To advocate that the Food and Drug Administration implement procedures to encourage pharmaceutical manufacturers to readily update expiration dates, for as long as possible while maintaining drug potency and safety, to reflect current evidence; further,

To advocate that regulators and accreditation agencies recognize authoritative data on extended expiration dates for commercially available pharmaceutical products.

*This policy supersedes ASHP policy 9309.*



## 1713 - Partial Filling of Schedule II Prescriptions

*Source: Council on Public Policy*

To advocate that state legislatures and boards of pharmacy create consistent laws and rules to allow partial filling of Schedule II drugs; further,

To advocate that public and private entities construct criteria for partial filling to minimize the additional burden on patients, pharmacists, and healthcare organizations; further,

To advocate that pharmacists educate prescribers and patients about options for filling prescriptions for Schedule II drugs, including the risks of overprescribing, while recognizing the patient or caregiver's rights to make their own care and management decisions.



## 1714 - Restricted Drug Distribution

*Source: Council on Public Policy*

To oppose restricted drug distribution systems that (1) limit patient access to medications; (2) undermine continuity of care; (3) impede population health management; (4) adversely impact patient outcomes; (5) erode patients' relationships with their healthcare providers, including pharmacists; (6) are not supported by publicly available evidence that they are the least restrictive means to improve patient safety; (7) interfere with the professional practice of healthcare providers; or (8) are created for any reason other than patient safety.

*This policy supersedes ASHP policy 0714.*

## 1715 - Collaborative Practice

*Source: Council on Public Policy*

To pursue the development of federal and state laws and regulations that authorize pharmacists as providers within collaborative practice; further,

To advocate expansion of federal and state laws and regulations that optimize pharmacists' ability to provide the full range of professional services within their scope of expertise; further,

To advocate for federal and state laws and regulations that would allow pharmacists to prescribe and transmit prescriptions electronically; further,

To acknowledge that as part of these advanced collaborative practices, pharmacists, as active members in team-based care, must be responsible and accountable for medication-related outcomes; further,

To support affiliated state societies in their pursuit of state-level regulations allowing collaborative practice for pharmacists.

*This policy supersedes ASHP policy 1217.*



## 1716 - Greater Competition Among Generic and Biosimilar Manufacturers

*Source: Council on Public Policy*

To advocate for legislation and regulations that promote greater competition among generic and biosimilar pharmaceutical manufacturers.

*This policy supersedes ASHP policy 0222.*



## 1717 - Drug Testing

*Source: Council on Public Policy*

- To recognize the use of pre-employment and random or for-cause drug testing during employment based on defined criteria and with appropriate testing validation procedures; further,
- To support employer-sponsored drug programs that include a policy and process that promote the recovery of impaired individuals; further,
- To advocate that employers use validated testing panels that have demonstrated effectiveness detecting commonly abused or illegally used substances.

*This policy supersedes ASHP policy 9103.*

## 1718 - Therapeutic and Psychosocial Considerations of Transgender Patients

*Source: Council on Therapeutics*

- To support medication and disease management of transgender patients as a part of care unique to this population; further,
- To advocate that transgender patients have access to pharmacist care to ensure safe and effective medication use; further,
- To promote research on, education about, and development and implementation of therapeutic and biopsychosocial best practices in the care of transgender patients; further,
- To encourage structured documentation of both a patient's birth sex and self-identified gender in electronic health records.

## 1719 - Pharmacist's Leadership Role in Glycemic Control

*Source: Council on Therapeutics*

- To advocate that pharmacists provide leadership in caring for patients receiving medications for management of blood glucose; further,
- To advocate that pharmacists be a member of the interprofessional healthcare team that coordinates glycemic management programs; further,
- To encourage pharmacists who participate in glycemic management to educate patients, caregivers, prescribers, and other members of the healthcare team about glycemic control medication uses, metrics, drug interactions, adverse effects, lifestyle modifications, the importance of adhering to therapy, access to care, and recommended laboratory testing and other monitoring.

## 1720 - Drug Dosing in Conditions That Modify Pharmacokinetics or Pharmacodynamics

*Source: Council on Therapeutics*

- To encourage research on the pharmacokinetics and pharmacodynamics of drugs in acute and chronic conditions; further,
- To support development and use of standardized models, laboratory assessment, genomic testing, utilization biomarkers, and electronic health record documentation of pharmacokinetic and pharmacodynamic changes in acute and chronic conditions; further,
- To collaborate with stakeholders in enhancing aggregation and publication of and access to data on the effects of such pharmacokinetic and pharmacodynamic changes on drug dosing within these patient populations.

## 1721 - Clinical Significance of Accurate and Timely Height and Weight Measurements

*Source: Council on Therapeutics*

To encourage pharmacists to participate in interprofessional efforts to ensure accurate and timely patient height and weight measurements are recorded in the patient medical record to provide safe and effective drug therapy; further,

To encourage drug product manufacturers to conduct and publicly report pharmacokinetic and pharmacodynamic research in pediatric, adult, and geriatric patients at the extremes of weight and weight changes to facilitate safe and effective dosing of drugs in these patient populations, especially for drugs most likely to be affected by weight; further,

To encourage independent research on the clinical significance of extremes of weight and weight changes on drug use, as well as the reporting and dissemination of this information via published literature, patient registries, and other mechanisms; further,

To advocate that clinical decision support systems and other information technologies be structured to facilitate prescribing and dispensing of drugs most likely to be affected by extremes of weight and weight changes.



## 1722 - Pain Management

*Source: Council on Therapeutics*

To advocate fully informed patient and caregiver participation in pain management decisions as an integral aspect of patient care; further,

To advocate that pharmacists actively participate in the development and implementation of health-system pain management policies and protocols; further,

To support the participation of pharmacists in pain management, which is a multidisciplinary, collaborative process for selecting appropriate drug therapies, educating patients, monitoring patients, and continually assessing outcomes of therapy; further,

To advocate that pharmacists lead efforts to prevent inappropriate use of pain therapies, including engaging in strategies to detect and address patterns of abuse and misuse; further,

To foster the development of educational resources on multimodal pain therapy, substance abuse and prevention of adverse effects; further,

To encourage the education of pharmacists, pharmacy students, and other healthcare providers regarding the principles of pain management and substance abuse that encourage holistic, supportive approaches and reduce stigma surrounding opioid-use disorders.

*This policy supersedes ASHP policy 1106.*



## 1723 - Clinical Investigations of Drugs Used in Elderly and Pediatric Patients

*Source: Council on Therapeutics*

To advocate for increased enrollment and outcomes reporting of pediatric and geriatric patients in clinical trials of medications; further,

To encourage drug product manufacturers to conduct pharmacokinetic and pharmacodynamic research in pediatric and geriatric patients to facilitate safe and effective dosing of medications in these patient populations.

*This policy supersedes ASHP policy 0229.*

## 1724 - Safe and Effective Therapeutic Use of Invertebrates

*Source: Council on Therapeutics*

To recognize use of medical invertebrates as an alternative treatment in limited clinical circumstances; further,

To educate pharmacists, patients, and the public about the risks and benefits of medical invertebrates use and about best practices for use; further,

To advocate that pharmacy departments, in cooperation with other departments, provide oversight of medical invertebrates to assure appropriate formulary consideration and safe procurement, storage, control, prescribing, preparation, dispensing, administration, documentation, clinical and regulatory monitoring, and disposal; further,

To encourage independent research and reporting on the therapeutic use of medical invertebrates.

## 1725 - Drug Dosing in Extracorporeal Therapies

*Source: Council on Therapeutics*

To encourage research on the pharmacokinetics and pharmacodynamics of drug dosing in extracorporeal therapies; further,

To support development and use of standardized models of assessment of the pharmacokinetics and pharmacodynamics of drug dosing in extracorporeal therapies; further,

To collaborate with stakeholders in enhancing aggregation of data on the pharmacokinetics and pharmacodynamics of drug dosing in extracorporeal therapies; further,

To encourage the education of the pharmacy workforce and other healthcare providers regarding the basic principles of and drug dosing in extracorporeal therapies.

*This policy supersedes ASHP policy 1606.*



## Three Items Were Referred

**Resolution: FDA Criteria for Specialty Drug Products Available through Restricted Drug Distribution**

**New Business: Reduction of Waste from Single-Dose Vials**

**CPM 1: Any Willing Provider Status for Pharmacists and Pharmacies**

## 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>

