

Summary of the Actions of the ASHP House of Delegates

June 9 and 11, 2019

The House of Delegates

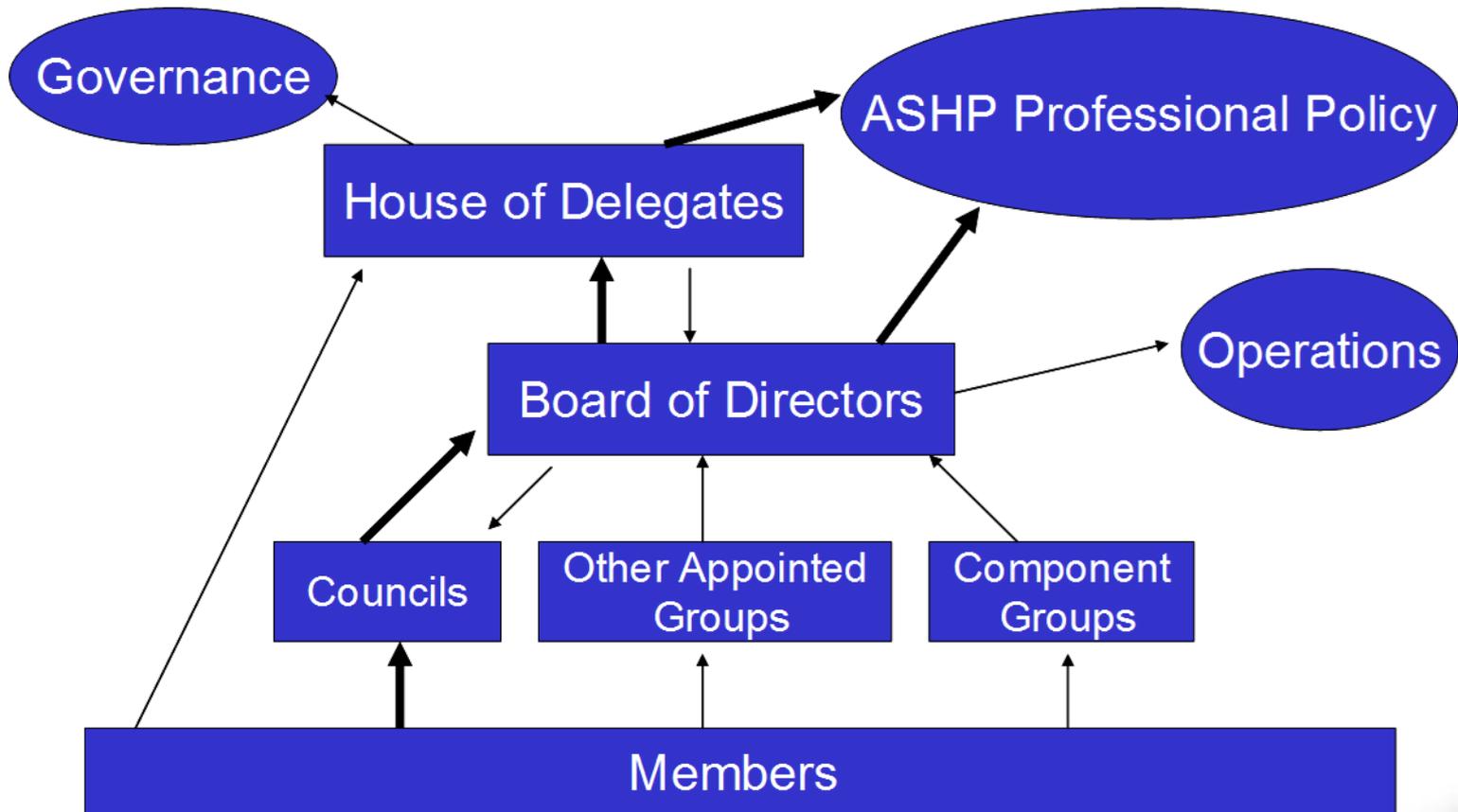
Ultimate authority over ASHP professional policies

One annual session consisting of 4 meetings: 2 meetings at the ASHP Summer Meetings and 1 virtual meeting 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



2019 ASHP House of Delegates Policy Recommendations

During the 2019 Policy Cycle, the House of Delegates has considered 22 policies to date:

- The March Virtual House of Delegates voted to approve the four policies on the ballot, all of which were discontinuations.
- The June House of Delegates considered and debated 18 policies and one resolution.
- At the June meeting, 14 were amended or edited.
- In total, the 2019 House of Delegates approved 22 new policies, and one resolution.
- The House of Delegate may hold a virtual meeting in November.

1901 - Suicide Awareness and Prevention

Source: Council on Education and Workforce Development, Council on Pharmacy Management, Council on Pharmacy Practice, Council on Public Policy, and Council on Therapeutics

To support the goal of zero suicides; further,

To collaborate with key stakeholders in support of suicide awareness and prevention; further,

To acknowledge that optimal suicide awareness and prevention efforts focus both on patients and on the healthcare workforce; further,

To recognize that pharmacists, as key providers on the patient care team, are integral to suicide awareness and prevention efforts, and to acknowledge the vital role of other members of the pharmacy workforce in those efforts; further,

To foster the use and development of clinically validated tools to aid the pharmacy workforce in assessing the influence of medications and other factors on suicidality; further,

1901 - Suicide Awareness and Prevention – (cont'd)

To provide education that assists the pharmacy workforce in their continuing professional development efforts related to suicide awareness and prevention; further,

To support the inclusion of suicide awareness and prevention principles throughout pharmacy curricula and postgraduate educational and training programs; further,

To encourage efforts that support universal education and training of healthcare providers in suicide awareness and prevention; further,

To advocate for adequate government and healthcare organization funding for suicide awareness and prevention; further,

To enhance awareness of local, state, and national suicide awareness and prevention resources, including the National Suicide Prevention Lifeline funded by the Substance Abuse and Mental Health Services Administration; further,

To foster education and research on suicide awareness and prevention.

1902 - Safe Administration of Hazardous Drugs

Source: Council on Pharmacy Practice

To advocate that all healthcare settings proactively conduct an interprofessional assessment of risk for exposure to hazardous drugs (HDs) during administration, including when closed-system transfer devices (CSTDs) cannot be used; further,

To advocate for pharmacist involvement in the development of policies, procedures, and operational assessments regarding administration of HDs, including when CSTDs cannot be used; further,

To encourage device and pharmaceutical manufacturers and the Food and Drug Administration to foster development of CSTD-compatible, ready-to-administer HD products.

1903 - Compounded Sterile Preparation Verification

Source: Council on Pharmacy Practice

To advocate that health systems adopt automation and information technology to facilitate in-process and final verification of compounded sterile preparations (CSPs) to ensure CSP quality; further,

To advocate that, until such time as automation or technology can be implemented, independent in-process and final verification of CSPs be performed; further,

To oppose the use of the syringe pull-back method or other proxy methods of CSP verification.

This policy supersedes ASHP policy 1617.



1904 - Notification of Drug Product Price Increases

Source: Council on Public Policy

To advocate for manufacturers to provide notice and justification to the public and healthcare providers in advance of drug price increases; further,

To advocate for transparency in drug product pricing decisions.

1905 - Mitigating Drug Product Shortages

Source: Council on Public Policy

To advocate for ongoing federal evaluation of how drug product shortages present risks to national security and public health; further,

To advocate that drug product manufacturers be required to disclose manufacturing sites and sources of active pharmaceutical ingredients (APIs) to facilitate such a risk assessment; further,

To recommend that the Food and Drug Administration (FDA) require drug product manufacturers to have contingency plans for maintaining drug supplies; further,

To advocate that drug product manufacturers be required to provide a specific reason for a shortage and an estimated timeline for resolution in their Food and Drug Administration Safety and Innovation Act notifications to FDA; further,

To advocate that FDA be required to publicly provide quality ratings for 503B outsourcing facilities preparing copies of drug products under the exemption for products on FDA's shortage list; further,

To advocate that the Federal Trade Commission be required to evaluate the potential for drug product supply chain interruptions when considering manufacturer consolidations.

1906 - Emergency Supplies of Drug Products

Source: Council on Public Policy

To advocate for states to allow any pharmacist, during a declared emergency, to dispense without a prescription an emergency supply of a drug product in quantities that meet the needs of patients.

1907 - Credentialing and Privileging by Regulators, Payers, and Providers for Collaborative Practice

Source: Council on Public Policy

To advocate expansion of collaborative practice agreements in which the prescriber and pharmacist agree upon the conditions under which the pharmacist initiates, monitors, and adjusts a patient's drug and non-drug therapy; further,

To support (1) the development (as a professional initiative by pharmacist associations rather than as a government activity) of national standards for determining a pharmacist's competence to provide medication management services and (2) the appropriate use of these standards by clinical privileging systems, government authorities, and public or third-party payers; further,

To advocate pharmacists be included as providers in medical staff bylaws; further,

To support the use of credentialing and/or clinical privileging by hospitals, health systems, and payers in a manner that is consistent with other healthcare professionals to assess a pharmacist's competence to engage in medication management services within the hospital or health system.

This policy supersedes ASHP policy 0905.



1908 - 340B Drug Pricing Program Sustainability

Source: Council on Public Policy

To affirm the intent of the federal drug pricing program (the “340B program”) to stretch scarce federal resources as far as possible, reaching more eligible patients and providing more comprehensive services; further,

To advocate for continued access to the 340B program in accordance with the intent of the program; further,

To advocate that reimbursement and contracting policies promote 340B program stability and to oppose reimbursement and savings reductions to covered entities; further,

To advocate for clarification and simplification of the 340B program and any future federal discount drug pricing programs with respect to program definitions, eligibility, and compliance measures to ensure the integrity of the program; further,

To encourage 340B participants to provide appropriate stewardship of the 340B program; further,

1908 - 340B Drug Pricing Program Sustainability – (cont'd)

To educate pharmacy leaders and health-system administrators about the internal partnerships and accountabilities and the patient-care benefits of program participation; further,

To educate health-system administrators, risk managers, and pharmacists about the resources required to support 340B program compliance and documentation; further,

To encourage communication and education concerning the value of the 340B program; further,

To advocate that the Health Resources & Services Administration Office of Pharmacy Affairs have sufficient regulatory authority to enforce compliance for all stakeholders with the 340B program.

This policy supersedes ASHP policy 1817.

1909 - Pharmacist Authority to Provide Medication-Assisted Treatment

Source: Council on Public Policy

To advocate for the role of the pharmacist in medication-assisted treatment (MAT) for opioid use disorder, including patient assessment, education, prescribing, and monitoring of pharmacologic therapies; further,

To pursue the development of federal and state laws and regulations that recognize pharmacists as providers of MAT for opioid use disorder; further,

To foster additional research on clinical outcomes of pharmacist-driven MAT; further,

To advocate for the removal of barriers for all providers to be able to provide MAT to patients.

1910 – Therapeutic Use of Cannabidiol

Source: Council on Therapeutics

To support continued research and to provide education on the therapeutic uses, adverse effects, and drug interactions of cannabidiol (CBD); further,

To oppose use of CBD-containing products not regulated by the Food and Drug Administration; further,

To advocate for enhanced public education regarding safe use of CBD-containing products.

1911 - Pharmacy Expertise in Sterile Compounding

Source: Council on Education and Workforce Development

To support colleges of pharmacy in providing sterile compounding and aseptic technique instruction in didactic and experiential curricula that reflect the needs of the workforce; further,

To promote the use of sterile compounding training programs to foster an increase in the number of pharmacists and pharmacy technicians with sterile compounding expertise; further,

To advocate that pharmacists and pharmacy technicians who work in sterile compounding attain compounded sterile preparations advanced certifications.

This policy supersedes ASHP policy 0915.



1912 - Pharmacy Technician Training and Certification

Source: Council on Education and Workforce Development

To advocate for adoption of a national standard for accreditation of pharmacy technician education and training programs; further,

To advocate that a pharmacy technician education and training program accredited by ASHP and the Accreditation Council for Pharmacy Education (ACPE) be required for all new pharmacy technicians by the year 2022; further,

To advocate that all pharmacy technicians be required to obtain and maintain Pharmacy Technician Certification Board certification; further,

To foster expansion of ASHP/ACPE-accredited pharmacy technician education and training programs.

This policy supersedes ASHP policy 1609.



1913 - 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 restricting or making availability of drug products contingent on how those products are used; 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 program; and (5) uses information systems that are interoperable with common types of pharmacy systems.

This policy supersedes ASHP policy 1707.



1914 - Safe Medication Preparation, Compounding, and Administration in All Sites of Care

Source: Council on Pharmacy Management

To advocate that all sites of care be required to meet the same regulatory standards for medication preparation, compounding, and administration to ensure safety and quality.

1915 - Pharmacy Department Business Partnerships

Source: Council on Pharmacy Management

To recognize that a key objective of pharmacy departments is to provide medication management services across the continuum of patient care, and that pharmacy leaders should proactively evaluate potential business partnerships against this objective; further,

To recognize that hospitals and health-system pharmacy leaders must ensure that business partners meet all applicable patient safety and accountability standards; further,

To provide education and tools for pharmacy leaders to aid in the evaluation of and development of business partnerships; further,

To educate health-system administrators on the importance of pharmacy leadership in evaluating and developing pharmacy-related business partnerships; further,

To encourage health-system pharmacy leaders to consider evolving healthcare financing systems when evaluating and developing business partnerships.

This policy supersedes ASHP policy 1416.



1916 - Intimidating or Disruptive Behavior

Source: Council on Pharmacy Management

To affirm the professional responsibility of the pharmacist to ensure patient and workplace safety by communicating with other healthcare personnel to clarify and improve medication management; further,

To advocate that hospitals and health systems adopt zero-tolerance policies for intimidating or disruptive behaviors in their institutions; further,

To encourage hospitals and health systems to develop and implement education and training programs for all healthcare personnel to encourage effective communication, set expectations for standards of conduct, promote use of de-escalation techniques, and discourage intimidating or disruptive behaviors; further,

To encourage colleges of pharmacy and residency training programs to incorporate training in communications and managing intimidating or disruptive behaviors; further,

To collaborate with other organizations to advocate codes of conduct that do not allow intimidating or disruptive behavior in hospitals and health systems; further,

To encourage hospitals and health systems to adopt processes for identification and reporting of intimidating or disruptive behaviors to evaluate and mitigate unacceptable behaviors in a timely and effective manner.

This policy supersedes ASHP policy 0919.



1917 - Pharmacy Technician Student Drug Testing

Source: Pharmacy Technician Forum

To advocate for the use of pre-enrollment, random, and for-cause drug testing as a mandatory component throughout any accredited or unaccredited pharmacy technician training program and practice experience, based on defined criteria with appropriate testing validation procedures; further,

To encourage pharmacy technician training programs to develop policies and processes to identify impaired individuals; further,

To encourage pharmacy technician training programs to facilitate access to and promote programs for treatment and to support recovery; further,

To encourage pharmacy technician training programs to use validated testing panels that have demonstrated effectiveness detecting commonly misused, abused, or illegally used substances.

1918 - Minimum Educational Qualification Standards for Pharmacists

Source: House of Delegates Resolution

To support minimum educational qualification standards for pharmacists to practice pharmacy that are consistent with the licensing standards of state boards of pharmacy; further,

To oppose the basic education requirement within the Office of Personnel Management Classification & Qualifications - General Schedule Qualification Standards - Pharmacy Series, 0660, requiring a Doctor of Pharmacy or Doctor of Philosophy degree as the minimum qualification to practice pharmacy.

1919 - ASHP Statement on the Role of the Medication Safety Leader

Source: Section of Inpatient Care Practitioners

To approve the ASHP Statement on the Role of the Medication Safety Leader.

This statement supersedes a previous version dated April 13, 2012.



The 2019 House of Delegates received one item of New Business at the June meeting

New Business:

- Submitted in writing (with background) to the onsite ASHP Executive Office by 4:00 p.m. Monday before the second meeting on Tuesday afternoon.
- House decides whether any further action or review should take place (approves or defeats).
- Policy committees will discuss during September meetings.
- Automatic referral to the Board of Directors (report to House at next session).
- New Business items are debatable and amendable.

New Business Item

Pharmacists Can Mitigate the Primary Care Physician Shortage

MOTION:

We recommend that ASHP create a new statement on the physician shortage and the important role that pharmacists play on interprofessional teams. Specific recommendations for elements for such a statement include:

To recognize the shortage of primary care physicians; further,

To advocate that pharmacists are direct care providers who increase access to care and unburden the interprofessional team through comprehensive medication management, population health, and prevention and wellness services; further,

To partner with interprofessional stakeholders at the state and national level to develop solutions to the primary care provider shortage that include the incorporation of pharmacists into primary care models of care.

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>

