

House of Delegates

REPORT ON THE VIRTUAL HOUSE OF DELEGATES

March 13-20, 2026

RESULTS OF THE VOTING

Between March 13 and 20, the ASHP House of Delegates (roster attached as an Appendix) voted on 16 policy recommendations. Delegates approved 12 policy recommendations by 85% or more, the threshold for final approval. Four policy recommendations did not receive 85% of the votes and will be further considered by the House of Delegates later in the year.

POLICY RECOMMENDATIONS APPROVED

The 12 policy recommendations **approved** are as follows (percentage of delegates voting to approve follows the policy title):

Responsible Integration of Artificial Intelligence in Pharmacy Education and Training (98.1%)

Source: Council on Education and Workforce Development

To advocate for the responsible integration of artificial intelligence (AI) into pharmacy education and training programs to support learner development and practice readiness; further,

To advocate for development of competencies for discerning AI-generated content, including strategies to validate the accuracy, credibility, and applicability of information produced by AI systems; further,

To collaborate on the development of standards for AI use in pharmacy education and training.

Fostering Leadership Development (*discontinuation*) (95%)

Source: Council on Education and Workforce Development

To discontinue ASHP policy 2104, Fostering Leadership Development, which reads:

To work with healthcare organization leadership to foster opportunities, allocate time, and provide resources for members of the pharmacy workforce to move into leadership roles; further,

To encourage leaders to seek out and mentor members of the pharmacy workforce in developing administrative, managerial, and leadership skills; further,

To encourage members of the pharmacy workforce to obtain the skills necessary to pursue administrative, managerial, and leadership roles; further,

To encourage colleges of pharmacy and ASHP state affiliates to collaborate in fostering student leadership skills through development of co-curricular leadership opportunities, leadership conferences, and other leadership promotion programs; further,

To reaffirm that residency programs should develop leadership skills through mentoring, training, and leadership opportunities; further,

To foster leadership skills for members of the pharmacy workforce, including skills for pharmacists to use on a daily basis in their roles as leaders in patient care.

Safe Use of Controlled Substances Through Regulatory Reform (89.2%)

Source: Council on Pharmacy Management

To advocate for the reform of the Controlled Substances Act (CSA) to align with contemporary healthcare practice standards, with input from pharmacists and other stakeholders; further,

To urge the Drug Enforcement Administration (DEA) to issue transparent and practical guidance when interpreting and applying laws and regulations related to the CSA and other drug laws that affect patient care; further,

To encourage the DEA and other regulatory agencies to balance regulatory requirements with patient access to medically necessary controlled substances when developing regulations and interpreting and enforcing laws and regulations; further,

To promote collaboration among the DEA, professional associations, and regulatory agencies to identify and reduce: 1) barriers to patient care; 2) burdens on healthcare workers; and 3) cost of healthcare delivery in the establishment and enforcement of controlled substance laws and regulations.

Pharmacy Leadership of Infusion Services (85.2%)

Source: Council on Pharmacy Management

To encourage healthcare organizations to engage pharmacists and pharmacy leaders in the development and management of infusion service lines; further,

To advocate for payment commensurate with the level and complexity of care and services

provided to support sustainable infusion business models; further,

To advocate for the elimination of site of care restrictions to ensure patient preference and continuity of care in infusion services; further,

To encourage use of technology that integrates with patient medical records to enhance medication safety and streamline authorization and adjudication processes.

Name Change (*discontinuation*) (99%)

Source: Council on Pharmacy Management

To discontinue ASHP policy 9411, Name Change, which reads:

To change the name of the American Society of Hospital Pharmacists, Inc. (ASHP) to the American Society of Health-System Pharmacists, Inc. (ASHP), effective January 1, 1995; further,

To amend the ASHP Charter, Second Article, by deleting Hospital and substituting Health-System; further,

To amend and restate the ASHP Bylaws, Article 1.1, to conform to the amended ASHP Charter; further,

To declare that this Charter amendment is advisable, and direct that the Charter amendment be submitted to the House of Delegates and the membership for consideration.

The ASHP membership approved this action by mail ballot, September 1994.

Ready-to-use Packaging for all Settings (*discontinuation*) (95.1%)

Source: Council on Pharmacy Practice

To discontinue ASHP policy 0402, Ready-to-Use Packaging for all Settings, which reads:

To advocate that pharmaceutical manufacturers provide all medications used in ambulatory care settings in unit-of-use packages; further,

To urge the Food and Drug Administration to support this goal; further,

To encourage pharmacists to adopt unit-of-use packaging for dispensing prescription medications to ambulatory patients; further,

To support continued research on the safety benefits and patient adherence associated with unit-of-use packaging and other dispensing technologies.

(Note: A unit-of-use package is a container--closure system designed to hold a specific

quantity of a drug product for a specific use and intended to be dispensed to a patient without any modification except for the addition of appropriate labeling.)

ASHP Statement on Reporting Medical Errors (*discontinuation*) (98.5%)

Source: Council on Pharmacy Practice

To discontinue ASHP policy 0023, ASHP Statement on Reporting Medical Errors, which reads:

To approve the ASHP Statement on Reporting Medical Errors.

Integrity of Pharmacist Provided Health Information (92.7%)

Source: Council on Public Policy

To oppose any governmental restriction on pharmacists' ability to provide evidence-based health information to patients; further

To urge policymakers to protect pharmacists' professional autonomy in educating patients on medications, public health issues, and emerging scientific developments; further

To oppose the elimination, suppression, manipulation, or politicization of evidence-based public health data and drug safety information by any entity; further

To advocate for legislation that protects scientific integrity and ensures transparency in the dissemination of public health information; further

To affirm that pharmacists are trusted and reliable medication experts and have the professional responsibility to disseminate evidence-based, health information to patients and communities.

Pharmacist Engagement in and Payment for Telehealth (*discontinuation*) (98%)

Source: Council on Public Policy

To discontinue ASHP policy 2141, Pharmacist Engagement in and Payment for Telehealth, which reads:

To advocate for pharmacists' provision of telehealth services in all sites of care; further,

To advocate that reimbursement for pharmacists' provision of telehealth services be commensurate with the complexity and duration of service and consistent with other healthcare providers.

Deregulation of Prescription Drugs (94.1%)

Source: Council on Therapeutics

To oppose legislation or regulations that permit reclassification of prescription medications to over-the-counter (OTC) status outside of the established Food and Drug Administration (FDA) review and approval process.

Drug Dosing in Conditions that Alter Pharmacokinetics and Pharmacodynamics (90.5%)

Source: Council on Therapeutics

To encourage research on the pharmacokinetics and pharmacodynamics of drugs in acute and chronic conditions; further,

To encourage drug product manufacturers and other stakeholders to conduct and publicly report pharmacokinetic and pharmacodynamic research in pediatric, adult, geriatric, and patients at the extremes of weight to facilitate safe and effective dosing of drugs in these patient populations; further,

To advocate healthcare provider education and training that facilitate optimal patient-specific dosing in populations of patients with altered pharmacokinetics and pharmacodynamics; 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.

This policy will supersede ASHP policy 1804

Direct-to-Consumer Clinical Genetic Tests (87.9%)

Source: Council on Therapeutics

To support research to validate and standardize genetic markers used in direct-to-consumer clinical genetic tests and guide the application of test results to clinical practice; further,

To encourage the Food and Drug Administration (FDA) to continue to regulate direct-to-consumer clinical genetic tests as medical devices and work with the National Institutes of Health to evaluate and approve direct-to-consumer clinical genetic tests; further,

To advocate that direct-to-consumer clinical genetic tests be provided to consumers through the services of appropriate healthcare professionals who order tests from laboratories certified under the Clinical Laboratories Improvement Amendments of 1988 (CLIA); further,

To support FDA policies and procedures regarding advertising of direct-to-consumer clinical genetic tests, including the following requirements: (1) the relationship between the genetic marker and the disease or condition being assessed is clearly presented, (2) the benefits and risks of testing are discussed, (3) such advertising is provided in an understandable format, at a level of health literacy that allows the intended audience to make informed decisions, and includes a description of the established patient-healthcare provider relationship as a critical source for information about the test and interpretation of test results; and (4) how patient information is collected, protected, shared, and used; further,

To encourage health systems to create policies and procedures addressing direct-to-consumer genetic testing results as it relates to confirmatory testing, integration of genomic information

into the healthcare record, genetic counseling, and clinical decision-making; further,

To encourage pharmacists to educate consumers and clinicians on the potential risks and benefits of direct-to-consumer clinical genetic tests for disease diagnosis and decisions involving drug therapy management.

This policy will supersede ASHP policy 2101

POLICY RECOMMENDATIONS NOT APPROVED

The House **voted to not approve** the following four policy recommendations (percentage of delegates voting to approve follows the policy title):

Promoting Environmental Sustainability in Healthcare (71.4%)

Source: Council on Pharmacy Practice

To acknowledge the importance of environmental sustainability in promoting and preserving public health; further,

To encourage implementation of environmentally conscious clinical and operational practices that reduce waste within the healthcare system; further,

To advocate for legislation and regulation that enables waste-minimization efforts in medication-use practices; further,

To encourage members of the pharmacy workforce to seek out opportunities that promote environmental sustainability and health.

Body Size Inclusivity (82.8%)

Source: Council on Pharmacy Practice

To recognize that body size bias influences health outcomes, social interactions, and decisions across workplaces and healthcare settings; further,

To promote the use of body size inclusivity in practice to ensure a comprehensive, patient-centered approach to care; further,

To encourage adoption of best practices that minimize body size bias across professional and healthcare settings.

Dosing of Combination Antibiotics (72.1%)

Source: Council on Therapeutics

To advocate for Food and Drug Administration approved labeling of combination antibiotics with dosing instructions that include each component; further,

To support the reduction of available formulations; further,

To encourage healthcare organizations to adopt strategies that ensure appropriate dosing of combination antibiotics; further,

To educate stakeholders and the public regarding the safe dosing and administration of combination antibiotics for pediatrics and adults.

Evidence-Based Medicine (70.3%)

Source: Council on Therapeutics

To define evidence-based medicine as the conscientious, explicit, and judicious appraisal and application of the best-available current data integrated with provider expertise and patient values to inform the development and implementation of professional policies, standards, and clinical practice decisions.

NOTES ON VOTING

Ninety-six percent (205) of delegates to the virtual House of Delegates participated in the voting.

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Leigh A. Briscoe-Dwyer, Vice Chair

As of March 11, 2026

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STATE	DELEGATES	ALTERNATES	
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Minnesota (3)	Sue Haight Lance Oyen Cassie Schmitt	Kristine Almeida Benjamin Anderson Ryan Hannan
Mississippi (2)	Joshua Fleming Andrew Mays	Lauren Breite
Missouri (3)	Mariah Hollabaugh Tony Huke Mel Smith	Zach Gunter Cassie Heffern Taryn Mondiello
Montana (2)	Elizabeth Klein JoEllen Maurer	
Nebraska (3)	Fred Massoomi Katie Reisbig David Schmidt	Tiffany Goeller Jolyn Merry
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South Carolina (3)		
South Dakota (2)		
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Utah (3)	Stephanie Barrus Shannon Inglet Jeff Olson	Kristi Smith Teshia Sorensen
Vermont (2)	Stacey Dalpoas Amanda Kennedy	
Virginia (4)	June Javier Matt Jenkins Kathy Koehl Rodney Stiltner	Zach Krauss Brian Spoelhof
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Wyoming (2)	Jaime Hornecker Channa Richardson	
SECTIONS AND FORUMS	DELEGATES	ALTERNATES
Ambulatory Care Practitioners	Ashley Parrott	Canice Coan
Clinical Specialists and Scientists	Angela Colella	Brian Potoski
Community Pharmacy Practitioners	Amanda Place	Jordan Rush
Digital and Telehealth Practitioners	Lisa Stump	Melanie Engels
Inpatient Care Practitioners	Molly Billstein Leber	Elizabeth Wade
Pharmacy Educators	Tim Brown	Jodi Taylor
Pharmacy Informatics and Technology	David Agüero	Bryan Shaw
Pharmacy Practice Leaders	Anthony Scott	Rebecca Taylor
Specialty Pharmacy Practitioners	Karen Thomas	Thom Platt
New Practitioners Forum	Luning Shi	Zach Krauss
Pharmacy Student Forum	Katy Xia	Deanna Laughlin
The Pharmacy Technician Society	Daniel Nyakundi	Charlotte Hook
FRATERNAL	DELEGATES	ALTERNATES
U.S. Air Force	Elizabeth Tesch	Rohin Kasudia
U.S. Army	Gregory Hare	Daniel Zsido
U.S. Navy	Terence Cusack	Chirag Patel
U.S. Public Health Service	Jeffrey Gildow	Chenoa Shelton
Veterans Affairs	Terri Jorgenson	Tera Moore