Proceedings of the 53rd annual session of the ASHP House of Delegates, June 4 and 6, 2001

Henri R. Manasse, Jr., Secretary

The 53rd annual session of the ASHP House of Delegates was held at the Los Angeles Convention Center, in conjunction with Annual Meeting 2001.

First meeting

The first meeting was convened at 3 p.m., Monday, June 4, by Chair of the House of Delegates Roland A. Patry. Steven L. Sheaffer, Vice Chair of the Board of Directors, gave the invocation.

Chair Patry introduced the persons seated at the head table: Bruce E. Scott, Immediate Past President of ASHP and Vice Chair of the House of Delegates; Mick L. Hunt, Jr., President of ASHP and Chair of the Board of Directors; Henri R. Manasse, Jr., Executive Vice President of ASHP and Secretary to the House of Delegates; and Joy Myers, Parliamentarian.

Chair Patry welcomed the delegates and described the purposes and functions of the House. He emphasized that the House has considerable responsibility for establishing policy related to ASHP professional pursuits and pharmacy practice in health systems. He reviewed the general procedures and processes for the House of Delegates.

The roll of official delegates was called. A quorum was present, including 192 voting delegates representing 49 states and the District of Columbia, delegates from the federal services, student delegates, chairs of the sections of Home Care Practitioners and Clinical Specialists, officers and members of the Board of Directors, and past presidents of ASHP.

Chair Patry reminded delegates that the report of the 52nd annual session of the ASHP House of Delegates had been published on the ASHP Web site and had been distributed to all delegates. Delegates had been advised earlier to review this report. The proceedings of the 52nd House of Delegates session were received without objection.

Chair Patry called on Kevin J. Colgan for the report of the Committee on Nominations.[a] Nominees were presented as follows:

President-elect

Debra S. Devereaux, M.B.A., FASHP, Laramie, WY, Manager, Drug Utilization Review Program, University of Wyoming School of Pharmacy

Lois M. Nash, M.S., Houston, TX, Pharmacy Services Director, Methodist Hospital

Board of Directors (2002–2005)

Cynthia Brennan, Pharm.D., M.H.A., Seattle, WA, Assistant Director, Ambulatory Pharmacy, Harborview Medical Center

David W. Fuhs, Pharm.D., M.S., FASHP, St. Paul, MN, Clinical Manager, United Hospital

William H. Puckett, M.S., M.B.A., FASHP, Houston, TX, Administrative Director of Pharmacy, St. Luke's Episcopal Health System

Barbara A. White, FASHP, Mount Vernon, MO, Business Technology Analyst, Missouri Rehabilitation Center, University of Missouri Health Care

Chair, House of Delegates

Roland A. Patry, Dr.P.H., FASHP, Amarillo, TX, Professor of Pharmacy Practice and Associate Dean, Patient Care Services, Texas Tech School of Pharmacy

Larry C. Clark, Pharm.D., M.S., BCPS, Denver, CO, Director of Pharmacy, Exempla Saint Joseph Hospital, and Adjunct Associate Professor, University of Colorado School of Pharmacy

A "Meet the Candidates" session to be held on Wednesday, June 6, was announced.

Chair Patry called on Board Chair Mick L. Hunt, Jr., to present the Board's candidates for the office of Treasurer. Nominees were presented as follows: Paul W. Abramowitz, Pharm.D., FASHP, Iowa City, IA, Director, Department of Pharmaceutical Care, The University of Iowa Hospitals and Clinics; and Marianne F. Ivey, Pharm.D., M.P.H., FASHP, Cincinnati, OH, Corporate Director, Pharmacy Services, Health Alliance of Greater Cincinnati.

President and Chair of the Board. President Hunt referred to his report to the House, which had previously been distributed to delegates and which included all of the actions taken by the Board of Directors since the last House session. He urged delegates to support proposals that had been brought to the House by the Board, namely, mission and vision statements and a dues authority amendment. (The complete report presented to the House is included in these Proceedings.) There was no discussion, and the delegates voted to accept the report of the President and Chair of the Board.

President Hunt, on behalf of the Board of Directors, then moved adoption of the proposed ASHP Mission Statement, which reads as follows:

ASHP believes that the **mission of pharmacists** is to help people make the best use of medications.

The **mission of ASHP** is to advance and support the professional practice of pharmacists in hospitals and health systems and serve as their collective voice on issues related to medication use and public health.

It was moved and seconded to amend the statement by removing the first paragraph. The amendment failed. It was then moved and seconded to amend the second paragraph by deleting the words "and support," changing the word "pharmacists" to "pharmacy," adding the words "to support and advocate for patients and for pharmacy practitioners in their patient health care roles" after the words "systems and," and deleting "serve as their collective voice on issues related to medication use and public health." After discussion, these amendments were defeated. The proposal as originally presented was approved.

President Hunt, on behalf of the Board of Directors, moved adoption of the proposed ASHP Vision Statement, which read as follows:

ASHP expresses the following desired vision for pharmacy practice in hospitals and health systems and dedicates itself to achieving this vision:

1. The health and quality of life of patients will be enhanced significantly as pharmacists exercise leadership and collaboration in improving both the use of medications by individuals and the overall process of medication use.
2. Most pharmacists will spend most of their time managing patient medication therapy and providing related patient care services.
3. The primary image of pharmacists among patients, health professionals, and administrators will be that of caring and compassionate medication-use experts.
4. Patients who take medications will increasingly value and request the services of pharmacists to help them obtain the most benefit from their therapy.
5. Pharmacists and other health professionals will redesign the medication-use process with the goal of achieving significant improvements in (a) patient safety, (b) prudent use of human resources, and (c) efficiency.
6. Pharmacists will lead a data-driven and evidence-based program to foster best practices in medication use.

It was moved and seconded to substitute new language for the proposed ASHP Vision Statement. After discussion, new language was approved. It read as follows:

ASHP expresses the following desired vision for pharmacy practice in hospitals and health systems and dedicates itself to achieving this vision that pharmacists

1. Will significantly enhance patients' health-related quality of life by exercising leadership in improving both the use of medications by individuals and the overall process of medication use.
2. Will spend their time managing patient medication therapy and providing related patient care and public health services.
3. Will be the primary individuals responsible for medication use and drug distribution systems.
4. Will be recognized as patient care providers and sought out by patients to help them achieve the most benefit from their therapy.
5. Will take a leadership role to continuously improve and redesign the medication-use process with the goal of achieving significant advances in (a) patient safety, (b) health-related outcomes, (c) prudent use of human resources, and (d) efficiency.
6. Will lead evidence-based medication-use programs to implement best practices.
7. Will have an image among patients, health professionals, administrators, and public policymakers as caring and compassionate medication-use experts.

It was moved and seconded to amend item 2 by changing the words "spend their time managing" to "prioritize activities to focus on." After discussion, the amendment was defeated. It was then moved and seconded to amend item 2 by deleting the words "spend their time" and changing the words "managing" to "manage" and "providing" to "provide." After discussion, the amendments were approved. It was then moved and seconded to add an item 8, which read: "That ASHP will facilitate the development of pharmacists as state, national, and international leaders in health care." After discussion, the amendment was defeated. The substitute statement as amended was then approved. It reads as follows (italic type indicates material added; strikethrough indicates material deleted):

ASHP Vision Statement for Pharmacy Practice in Hospitals and Health Systems

ASHP expresses the following desired vision for pharmacy practice in hospitals and health systems and dedicates itself to achieving this vision that pharmacists:

1. Will significantly enhance patients' health-related quality of life by exercising leadership in improving both the use of medications by individuals and the overall process of medication use.

2. Will ~~spend their time managing~~ *manage* patient medication therapy and ~~providing~~ *provide* related patient care and public health services.
3. Will be the primary individuals responsible for medication use and drug distribution systems.
4. Will be recognized as patient care providers and sought out by patients to help them achieve the most benefit from their therapy.
5. Will take a leadership role to continuously improve and redesign the medication-use process with the goal of achieving significant advances in (a) patient safety, (b) health-related outcomes, (c) prudent use of human resources, and (d) efficiency.
6. Will lead evidence-based medication-use programs to implement best practices.
7. Will have an image among patients, health professionals, administrators, and public policymakers as caring and compassionate medication-use experts.

(See the report of the second meeting of this session, "Board of Directors duly considered matters," for final action on the above issue.[b])

President Hunt, on behalf of the Board of Directors, then moved adoption of the proposal to amend Article 3.2 of the ASHP Bylaws, which reads as follows:

> To amend Article 3.2 of the ASHP Bylaws to grant sole authority to the Board of Directors to establish the dues rate for active members.

After discussion, the proposal was adopted.

Treasurer. David A. Zilz presented the report of the Treasurer. There was no discussion, and the delegates voted to accept the Treasurer's report.

Executive Vice President. Henri R. Manasse, Jr., presented the report of the Executive Vice President. He supplemented his report with brief comments on some of its elements. He thanked the ASHP Board of Directors and staff for their dedication and hard work, and he acknowledged several staff members celebrating notable anniversaries with the Society: William A. Zellmer, 31 years; Marilyn Sullivan, 35 years; Marla Davis, 25 years; Georgia Birdsall, 25 years; and Gerald K. McEvoy, 20 years. He also recognized John P. Santell, director of ASHP's Center on Pharmacy Practice Management, who would be leaving ASHP at the end of the month. Dr. Manasse praised David A. Zilz for diligent service and commitment during his six-year term as ASHP Treasurer. He highlighted continuing efforts to keep members informed through the ASHP Web site and ASHP NewsLink services. He noted the completion of a tagging program that has converted ASHP's drug information database into SGML/XML format; this will allow ASHP to spin off several new products. He also noted the planned restructuring of the educational component of the 2002 Annual Meeting in Baltimore.

Recommendations. Chair Patry called on members of the House of Delegates for Recommendations. (The name and state of the delegate who introduced the item and the subject of the item precede each Recommendation.)

David M. Arrington (MD): Bar coding of unit-of-use packages by manufacturers

> *Recommendation:* That ASHP actively promote the bar coding of unit-of-use packages by manufacturers and repackagers. This goal should be advocated both with manufacturers and with FDA and other regulatory bodies.
>
> *Background:* Many products in unit-of-use packages do not have bar codes. It is generally recognized that the use of bar codes and other machine-readable codes, as part of a medication error reduction program, can have a substantial impact.

Ted Friedman (NY): Drug shortages

Recommendation: That ASHP create strategic alliances with the American Medical Association, American Nurses Association, Pharmaceutical Research and Manufacturers of America, and other national organizations to address planned and unplanned drug shortages by developing recommendations and pertinent education regarding these shortages and potential drug alternatives.

Background: Patients and health care providers need accurate information and interdisciplinary guidance in understanding and planning for short-term and long-term drug shortages. These strategic alliances will provide the necessary tools to our colleagues and our patients, with reliable, consistent, timely, and authoritative information to navigate through these shortages.

Jeanne Ezell (TN): Machine-readable drug identification on prescription containers

Recommendation: That ASHP work with other national pharmacy organizations and technology vendors to establish a standard for machine-readable drug identification labeling on all outpatient prescription containers.

Background: Whenever patients come to a hospital emergency department or are admitted to the hospital, there is an effort to identify all medications the patient is taking at home. Usually the patient brings a bag of medication containers or a family member goes home and brings in a bag of medicines for the physician or nurse to list. This time-consuming task is often fraught with inaccuracies if a medication is missed or incomplete or inaccurate information is transferred from the containers to paper. If all prescription containers had bar codes identifying the medications, the health care provider could scan the containers and then run all the medications through a drug interaction or drug–disease interaction check. Machine-readable coding would enhance the home medication listing and provide valuable information about possible causes of any medication-related problems on admission. This process could also enhance decision-making about which medications to continue after an emergency visit or on admission to the hospital.

Mike Magee (FL): Pharmaceutical waste disposal

Recommendation: Considering recent scrutiny by departments of environmental protection in Florida and other states, along with the confusing array of regulations from several agencies, the Florida Society of Health-System Pharmacists (led by member Phil Johnson) recommends that ASHP develop a position statement on pharmaceutical waste disposal.

Background: Information has been submitted to ASHP staff.

John Manzo (NY): Benchmarking contemporary health-system pharmacy services

Recommendation: That ASHP take a leadership role in creating adequate and relevant measures for national benchmarking of contemporary health-system pharmacy services and medication-use systems.

Background: There is no national, agreed-upon tool for defining and measuring the complex and dynamic services provided by health-system pharmacists. The ability to benchmark contemporary health-system pharmacy services and medication-use processes among similar health systems with similar scopes of service would be extremely valuable to the advancement of pharmaceutical care and patient safety advocacy. ASHP is in a unique position to facilitate this process.

Frank Sosnowski (NY): Voting in the ASHP House of Delegates (HOD)

Recommendation: That ASHP invest in an automated audience-response system to facilitate accurate and timely voting and consensus during the sessions of the HOD.

Background: As a profession and organization that prides itself on its leadership in the application of state-of-the-art technologies, ASHP should invest in an automated audience-response system. This would dramatically speed the process of voting and provide statistical data for use by the HOD and the Board of Directors.

Chair Patry announced that Recommendations would be referred to the appropriate ASHP bodies and staff for study and action.

Council reports. (Note: The policy recommendations of the ASHP councils were published in the April 1, 2001, issue of *AJHP*. The complete council reports, including background on the policy recommendations and information on other council activities, were published on the ASHP Web site [ashp.org, under "Policy and Governance"] and were distributed to delegates.)

Chair Patry outlined the process used to generate council reports. He announced that each council's recommended policies would be introduced as a block. He further advised the House that any delegate can raise questions and discussion without having to "divide the question" and that a motion to divide the question is necessary only when a delegate desires to amend a specific proposal or to take an action on one proposal separate from the rest of the recommendations. Requests to divide the question are granted unless another delegate objects.

Daniel M. Ashby, Board Liaison to the Council on Administrative Affairs, presented the council's policy recommendations A through F. After a request to consider Policy Recommendation D separately, it was moved and seconded to amend the recommendation by adding a third paragraph, which read: "further, To facilitate a dialogue with and education of national patient satisfaction database vendors on the role and value of clinical pharmacy services." After discussion, the amendment was approved. Policy Recommendation D as amended was then adopted. It reads as follows (italic type indicates material added):

D. Patient satisfaction

To encourage pharmacists to establish mechanisms within their practice settings that measure the level of satisfaction patients have with pharmacy services and with the outcomes of their drug therapy; further,

To construct such mechanisms in a manner that will (1) provide a system for monitoring trends in the quality of pharmacy services to patients, (2) increase recognition of the value of pharmacy services, and (3) provide a basis for making improvements in the process and outcomes of pharmacy services*; further,*

To facilitate a dialogue with and education of national patient satisfaction database vendors on the role and value of clinical pharmacy services.

(See the report of the second meeting of this session, "Board of Directors duly considered matters," for final action on the above issue.[b])

It was then requested to consider Policy Recommendation B separately. It was moved and seconded to delete the last paragraph of the policy. Policy Recommendation B as amended was then adopted. It read as follows (strikethrough indicates material deleted):

B. Medication formulary system management

To declare that decisions on the management of a medication formulary system (1) should be based on clinical, ethical, legal, social, philosophical, quality-of-life, safety, and pharmacoeconomic factors that result in optimal patient care, and (2) must include the active and direct involvement of physicians, pharmacists, and other appropriate health care professionals.~~; further,~~

~~To declare that decisions on the management of a medication formulary system should not be based solely on economic factors.~~

(Note: This policy supersedes policy 9803.)

(See the report of the second meeting of this session, "Board of Directors duly considered matters," for final action on the above issue.[b])

After a request to consider Policy Recommendation A separately, it was moved and seconded to add the following language after the word "coverage" in paragraphs 2 and 3: "and patients who are underinsured." After discussion, the amendments were approved. It was then moved and seconded to change "pharmacy directors" in the second paragraph to "pharmacists." The amendment was approved. Policy Recommendation A as amended was then adopted. It reads as follows (italic type indicates material added; strikethrough indicates material deleted):

A. Pharmacy benefits for the uninsured

To support the principle that all patients have the right to receive care from pharmacists, further,

To declare that health system ~~pharmacy directors~~ *pharmacists* should play a leadership role in ensuring access to pharmacists' services for indigent or low-income patients who lack insurance coverage *and for patients who are underinsured*; further,

To advocate better collaboration among health systems, community health centers, state and county health departments, and the federal Health Resources and Services Administration (HRSA) in identifying and addressing the needs of indigent and low-income patients who lack insurance coverage *and of patients who are underinsured.*

(See the report of the second meeting of this session, "Board of Directors duly considered matters," for final action on the above issue.[b])

After a request to consider Policy Recommendation F separately, it was moved and seconded to amend the first paragraph by changing the word "verified" to "verifiable," adding the words "and to support the goal that all medications be verified" after the word "technology," and deleting the word "drugs" and changing the preceding word from "the" to "they." After discussion, the amendments were approved. It was then moved and seconded to change the order of the two paragraphs. After discussion, the amendment was defeated. It was then moved and seconded to amend the second paragraph by adding the word "manufacturers'" before "single-unit" and deleting the word "product" after "drug." The amendment was approved. Policy Recommendation F as amended was then adopted. It reads as follows (italic type indicates material added; strikethrough indicates material deleted):

F. Machine-readable coding

To declare that the identity of all medications should be ~~verified~~ *verifiable* through machine-readable coding technology *and to support the goal that all medications be verified* before the*y* ~~drugs~~ are administered to patients in the inpatient setting; further,

To urge the Food and Drug Administration to mandate that standardized machine-readable coding be placed on all *manufacturers'* single-unit drug ~~product~~ packaging to (1) ensure the accuracy of medication administration, (2) improve efficiencies within the medication-use process, and (3) improve overall public health and patient safety.

(See the report of the second meeting of this session, "Board of Directors duly considered matters," for final action on the above issue.[b])

After a request to consider Policy Recommendation C separately, it was moved and seconded to add the following paragraph: "further, To declare that stronger leadership by pharmacists and the pharmaceutical industry is needed to identify pharmacoeconomic models for health systems to justify the use of these products." The amendment was defeated. Policy Recommendation C was then adopted. It reads as follows:

C. Gene therapy

> To declare that health-system decisions on the selection, use, and management of gene therapy agents should be based on the same principles as a medication formulary system in that (1) decisions are based on clinical, ethical, legal, social, philosophical, quality-of-life, safety, and pharmacoeconomic factors that result in optimal patient care and (2) such decisions must include the active and direct involvement of physicians, pharmacists, and other appropriate health care professionals.

After a request to consider Policy Recommendation E separately, it was moved and seconded to add "well-designed" before the words "computerized entry" and to add "developed," before "planned" in item 1. The amendments were defeated. Policy Recommendation E was then adopted. It reads as follows:

E. Computerized prescriber order entry

> To advocate the use of computerized entry of medication orders or prescriptions by the prescriber when (1) it is planned, implemented, and managed with pharmacists' involvement, (2) such orders are part of a single, shared database that is fully integrated with the pharmacy information system and other key information system components, especially the patient's medication administration record, (3) such computerized order entry improves the safety, efficiency, and accuracy of the medication-use process, and (4) it includes provisions for the pharmacist to review and verify the order's appropriateness before medication administration except in those instances when review would cause a medically unacceptable delay.
>
> (Note: This policy supersedes policy 9806.)

Debra S. Devereaux, Board Liaison to the Council on Educational Affairs, presented the Council's Policy Recommendations A through G. After a request to consider Policy Recommendation B separately, it was moved and seconded to add "ACPE-accredited" after "innovative" in the first sentence.The amendment was approved. Policy Recommendation B as amended was then adopted. It reads as follows (italic type indicates material added):

B. Nontraditional Pharm.D. accessibility

> To encourage colleges of pharmacy to continue to develop innovative *ACPE-accredited* programs that meet the professional advancement needs of practitioners, using distance learning and other advanced technologies where appropriate; further,
>
> To identify and publicize mechanisms available to baccalaureate-degree pharmacists for overcoming barriers to the attainment of the Pharm.D. degree.

(See the report of the second meeting of this session, "Board of Directors duly considered matters," for final action on the above issue.[b])

After a request to consider Policy Recommendation D separately, it was moved and seconded to amend the recommendation by adding the words "the adoption of" after "fosters," deleting the words "professional socialization (e.g., adopting)" before "high professional," deleting the word "making" before "a commitment," deleting the word "developing" before "habits," deleting the word "internalizing" before "a commitment," and adding "(a)" before high professional," "(b)" before "high personal," "(c)" before "a commitment to serve," "(d)" before "habits," and "(e)" before "a commitment to lifelong." The amendments were approved. Policy Recommendation D as amended was then adopted. It reads as follows (italic type indicates material added; strikethrough indicates material deleted):

D. Professional socialization

> To encourage pharmacists to serve as mentors to students, residents, and colleagues in a manner that fosters *the adoption of* ~~professional socialization (e.g., adopting~~ *(a)* high professional aspirations for pharmacy practice*,* ~~and~~ *(b)* high personal standards of integrity and competence, *(c)* ~~making~~ a commitment to serve humanity, (*d)* ~~developing~~ habits of analytical thinking and ethical reasoning, and *(e)* ~~internalizing~~ a commitment to lifelong learning~~)~~.

(See the report of the second meeting of this session, "Board of Directors duly considered matters," for final action on the above issue.[b])

After a request to separate Policy Recommendation C, it was moved and seconded to add the word "accredited" after "uniform" and delete the phrase "or have attained comparable skills through practice experience." After discussion, the amendment was defeated. It was then moved and seconded to change the word "practice" before the word "experience" to "work." After discussion, the amendment was approved. Policy Recommendation C as amended was then adopted. It reads as follows (italic type indicates material added; strikethrough indicates material deleted):

C. Training for pharmacy technicians working in health systems

> To support the goal that technicians working in health systems have completed a uniform, standards-based program of training or have attained comparable skills through ~~practice~~ *work* experience.

(See the report of the second meeting of this session, "Board of Directors duly considered matters," for final action on the above issue.[b])

Policy Recommendations A, E, F, and G were then adopted. They read as follows:

A. Nonaccredited pharmacy degree programs

> To support the position that every educational program that offers a pharmacy degree must be accredited by the American Council on Pharmaceutical Education (ACPE), regardless of licensure status of students enrolled.

E. Education about vaccines

> To strongly encourage health-system pharmacists to use opportunities to educate at-risk patients or their caregivers and parents or guardians in hospital and clinic settings about the importance of immunizations; further

To assist in the identification and distribution of educational materials that ASHP members can provide about immunizations**.**

F. Professional development as a retention tool

To recognize that pharmacy department staff development is an essential component of staff recruitment and retention as well as quality of work life; further,

To recognize that staff development encompasses more than formal inservice or external programs and includes informal learning among colleagues, mentoring, and other types of learning; further,

To strongly encourage pharmacy directors and health-system administrators to support staff development programs as an important benefit that aids in recruiting and retaining qualified practitioners; further,

To assist pharmacy directors with staff development initiatives by providing a variety of educational programs, services, and resource materials.

(Note: This policy supersedes policy 8706.)

G. Council on Educational Affairs

To discontinue ASHP policy 8411, Dissolution of Council on Educational Affairs, which reads:

> To ask that the Board of Directors of ASHP reevaluate the objectives and purpose of the ASHP Council on Educational Affairs and that the Council on Educational Affairs be dissolved if appropriate responsibilities cannot be identified for it.

Jill E. Martin, Board Liaison to the Council on Legal and Public Affairs, presented the Council's Policy Recommendations A through E. After a request to consider Policy Recommendation A separately, it was moved and seconded to amend the recommendation by adding the words "if such licensure would authorize technicians to practice independently" after the word "technicians" in the fourth paragraph. It was then moved and seconded to amend the amendment by changing the word "practice" to "work." The amendment to the amendment was defeated. The original amendment was approved. Policy Recommendation A as amended was then adopted. It read as follows (italic type indicates material added):

A. Credentialing of pharmacy technicians

To advocate and support registration of pharmacy technicians by state boards of pharmacy (registration is the process of making a list or being enrolled in an existing list; registration should be used to help safeguard the public through interstate and intrastate tracking of the technician work force and preventing individuals with documented problems from serving as pharmacy technicians); further,

To advocate and support certification of pharmacy technicians (certification is the process by which a nongovernmental agency or association grants recognition to an individual who has met certain predetermined qualifications specified by that agency or association); further,

To advocate the adoption of uniform standards for the education and training of all pharmacy technicians to ensure competency; further,

To oppose state licensure of pharmacy technicians *if such licensure would authorize technicians to practice independently* (licensure is the process by which an agency of government grants permission to an individual to engage in a given occupation upon a finding that the applicant has attained the minimal degree of competency necessary to ensure that the public health, safety, and welfare will be reasonably well protected); further,

To advocate that licensed pharmacists should be held accountable for the quality of pharmacy services provided and the work of pharmacy technicians under their charge.

(Note: This policy supersedes policies 9704 and 9912.)

(See the report of the second meeting of this session, "Board of Directors duly considered matters," for final action on the above issue.[b])

After a request to consider Policy Recommendation C separately, it was moved and seconded to delete the words "compounding and dispensing services and" in the second paragraph and add "and compounding and dispensing services" before the word "further." The amendment was approved. Policy Recommendation C as amended was then adopted. It reads as follows (italic type indicates material added; strikethrough indicates material deleted):

C. Product reimbursement and pharmacist compensation

To pursue, in collaboration with public and private payers, the development of improved methods of reimbursing pharmacies for the cost of drug products dispensed and associated overhead; further,

To pursue, with federal and state health-benefit programs and other third-party payers, the development of a standard mechanism for compensation of pharmacists for ~~compounding and dispensing services and~~ patient care services *and compounding and dispensing services*; further,

To pursue changes in federal, state, and third-party payment programs to (1) define pharmacists as providers of patient care and (2) issue provider numbers to pharmacists that allow them to bill for patient care services; further,

To assist pharmacists in their efforts to attain provider status and receive compensation for patient care services.

(Note: This policy supersedes ASHP policy 0004.)

(See the report of the second meeting of this session, "Board of Directors duly considered matters," for final action on the above issue.[b])

Policy Recommendations B, D, and E were then adopted. They read:

B. Restricted distribution systems

To reiterate support for the current system of drug distribution in which prescribers and pharmacists exercise their professional responsibilities on behalf of patients; further,

To acknowledge that there may be limited circumstances in which constraints on the traditional drug distribution mechanism may be appropriate if the following principles are met: (1) the requirements do not interfere with the continuity of care for the patient; (2) the requirements preserve the pharmacist–patient relationship; (3) the requirements are based on scientific evidence fully disclosed and evaluated by physicians, pharmacists, and others; (4) there is scientific consensus that the requirements are necessary and represent the least restrictive means to achieve safe and effective patient care; (5) the cost of the product and any associated

product or services are identified for purposes of reimbursement, mechanisms are provided to compensate providers for special services, and duplicative costs are avoided; (6) all requirements are stated in functional, objective terms so that any provider who meets the criteria may participate in the care of patients; and (7) the requirements do not interfere with the professional practice of pharmacists, physicians, and others; further,

To strongly encourage pharmaceutical manufacturers and the Food and Drug Administration to consult with practicing pharmacists when they contemplate the establishment of a restricted distribution system for a drug product.

(Note: This policy supersedes ASHP policy 9104.)

D. Patient adherence programs as part of health insurance coverage

To support the pharmacist's role in patient medication adherence programs that are part of health insurance plans; further,

To support those programs that (1) maintain the direct patient–pharmacist relationship; (2) are based on the pharmacist's knowledge of the patient's medical history, indication for the prescribed medication, and expected therapeutic outcome; (3) use a communication method desired by the patient; (4) are consistent with federal and state regulations for patient confidentiality; and (5) are consistent with ASHP policy on confidentiality of patient health care information.

E. Promotion of a pharmacist's professional image

To discontinue ASHP policy 8810, Promotion of a Pharmacist's Professional Image, which reads:

> To develop a formalized public relations campaign to promote the professional image of pharmacists practicing in organized health care settings.

T. Mark Woods, Board Liaison to the Council on Organizational Affairs, presented the Council's Policy Recommendations A through D. After a request to consider Policy Recommendation D separately, it was moved and seconded to change the word "consideration" to "priority." After discussion, the amendment was defeated. Policy Recommendation D was then adopted. It reads as follows:

D. State affiliate membership and ASHP appointments

To give consideration to ASHP members who also hold membership in their state affiliate when making appointments to ASHP councils, committees, commissions, and other appointed bodies.

(Note: This policy supersedes policy 8412.)

Policy Recommendations A, B, and C were then adopted. They read:

A. Bylaws definition of the term "state"

To amend the ASHP Bylaws, Article 10 Section 1.2, by adding the phrase "…and Puerto Rico."

B. Increasing number of state delegates in the House

To amend the ASHP bylaws, Articles 7.1 and 7.1.1.1, to increase the number of allowable state delegates in the ASHP House of Delegates to 163 to accommodate the addition of two delegates to represent ASHP active members in Puerto Rico.

C. Periodic reexamination of ASHP's organizational structure and governing process

To assign to the Board of Directors responsibility for ensuring that ASHP has a mechanism for examining periodically the organizational structure and governing processes of ASHP.

(Note: This policy supersedes policy 8811.)

After the approval of the above policies, Chair Patry welcomed Mitchell Nazario and Juan Feliu as the official delegates from Puerto Rico. They were given a standing ovation and then joined other delegates at their places in the House.

Sam K. Shimomura, on behalf of Douglas J. Scheckelhoff, Board Liaison to the Council on Professional Affairs, presented the Council's Policy Recommendation A. The policy was adopted. It reads as follows:

A. Institutional review boards

To support mandatory training on human-subject protections and research bioethics for members of institutional review boards (IRBs), principal investigators, and all others involved in clinical research; further,

To advocate that institutional review boards include a pharmacist as a voting member.

Chair Patry reminded delegates of the process for submitting New Business items. Announcements were made. The meeting adjourned at 6:18 p.m.

Second meeting

The second and final meeting of the House of Delegates session convened on Wednesday, June 6, at 2:30 p.m. A quorum was present.

Chair Patry recognized delegate Nazario (PR), who expressed the appreciation of his delegation for the House action amending the Bylaws to allow the addition of two delegates from Puerto Rico.

Chair Patry announced the appointment of tellers to canvass the ballots for the election of Chair of the House of Delegates and Treasurer. Those appointed were Jeanne Ezell (TN), David Pudim (CT), and Michelle Weizer-Simon (FL).

Recommendations. Chair Patry called on members of the House of Delegates for Recommendations. (The name and state of the delegate who introduced the item and the subject of the item precede each Recommendation.)

Douglas Smith (IL): Technician training

Recommendation: The Illinois and Texas delegations recommend that the Council on Educational Affairs create a policy on pharmacy technician training, as preparation for entry into the pharmacy work force, that calls for uniform, standards-based training of individuals who intend to work as technicians in all pharmacy settings.

Background: While on-the-job training has been the mainstay of pharmacy technician training in the past, that training has varied from site to site, has not been based on uniform standards in many cases, and is now becoming exceedingly difficult to manage as a result of current and foreseeable staffing shortages. Formal training programs will provide managers with individuals who have higher levels of skills and knowledge prior to employment, facilitate rapid system training, and result in quicker incorporation of these individuals into the work force.

Suggested outcome: As pharmacists continue to move toward managing patients' medication therapy, it will become increasingly important to employ well-trained and highly committed support personnel who will be able to manage the entire medication distribution system.

Doug Lang (MO): ASHP policy consolidation

Recommendation: That the following policies, as well as related Recommendations brought forth in the House by 2001 delegates, be returned to the appropriate ASHP councils to be reviewed for potential consolidation: 2001 Council on Educational Affairs Policy E, Education about vaccines, and policy 0019, Pharmacists' role in immunization; 2001 Council on Professional Affairs Policy A, Institutional review boards, and policy 0022, Investigational use of drugs; and 2001 Council on Administrative Affairs Policy F, Machine-readable coding, and policy 9906, Use of machine-readable code technology. Further, that, prior to drafting policy recommendations, the councils seek opportunities to ensure that the policy statements are clear, concise, pertinent, and timely.

Background: It appears at times we have failed to review current policy statements of the organization when drafting new policy statements. Health care policy is a very dynamic process. What we develop today may not stand up to the changes we face tomorrow. It is imperative that we refine our current policy statements to address these ongoing changes.

Suggested outcome: Whenever possible, to have a policy statement that addresses an issue in its entirety. We should not have multiple policy statements addressing the same issue. Having a single concise policy statement serves the membership well. If we fail to do so, as an organization we run the risk of becoming disjointed and in conflict with our own policy statements. Additionally, we need to review the impact of our policy statements to ensure that the language is reflected in our ASHP Guidelines and Technical Assistance Bulletins. For example, the issue of voting pharmacist members of institutional review boards should be reflected in the ASHP Guideline on Clinical Drug Research, and mandatory training on human-subject protections and research bioethics should similarly be contained in such practice standards.

Kevin Purcell (TX): Vision statement

Recommendation: Create a second component of the vision statement that specifically addresses the vision for ASHP as an organization. The current vision statement that was approved at the first meeting of the House of Delegates is more of a vision for the practice of pharmacy in hospitals and health systems.

Suggested outcome: The ASHP Board should develop this second component of the vision statement and present the revised statement to the House of Delegates next year. Possible statements that describe a vision for ASHP are as follows: (1) ASHP will be the national and international leader in recognizing and developing pharmacists as state, national, and international leaders in health care, (2) ASHP will be the national and international leader in advocating for patients and pharmacists on issues related to the care of patients and the practice of pharmacy in hospitals and health systems, (3) ASHP will be the national and international leader in developing practice standards for hospital and health-system pharmacy, and (4) ASHP will be the national and international leader in publishing journals, references, textbooks, and manuals related to pharmacy practice and pharmaceutical education and research.

Teri Bair (TX), Diane Ginsburg (TX), and Janet Silvester (VA): ASHP council process

Recommendation: We recommend that the ASHP Board of Directors evaluate and recommend improvements in communication and collaboration (1) among councils and (2) with the Board, to enhance the policymaking process. This process should include input from past council leadership.

Background: Currently, the ASHP President-elect makes new council appointments in the spring prior to the Annual Meeting. These appointments are effective for the year immediately following the Annual Meeting. At this time, there is no formal process for the transition in individual council leadership or for the interchange of ideas and coordination of policy development between council chairs on common issues. At the state affiliate level, committee or council chairs are often nonvoting participants at board meetings, and a similar process would be beneficial at the national level related to policy development. As with the section chairs currently, there should be a formal mechanism for council chairs to participate in these activities with the Board.

Suggested outcome: (1) It is our belief that a meeting for outgoing and incoming council chairs would facilitate the transition of council leadership and allow time for agenda development and planning for efficient handling of issues that affect the purview of multiple councils. This could be scheduled the morning after the conclusion of the House of Delegates at the Annual Meeting. (2) Additionally, there would be benefit to allowing for interface between council leadership during the council deliberations in September to further ensure synchronization and consistency in policy development. (3) Further, the Board should develop a process for eliminating duplicative policies that may address common issues originating from different councils. (4) Develop a mechanism for interaction and communication between the Board of Directors and the council leadership throughout the year. (5) Because council chairs play a significant role in policy development, consider giving each council chair a seat and a vote in the House of Delegates.

Lisa Jaser (CT): Adverse drug event reporting and measuring

Recommendation: ASHP should develop a guidance document that standardizes the definitions for reporting and measuring adverse drug events for the purpose of benchmarking data across health systems.

Suggested outcome: ASHP can add value to the adverse drug event reporting and measuring process by creating suggested standard definitions and methods.

John E. Murphy: Evidence-based drug interaction screening

Recommendation: That ASHP explore ways to improve the process of drug interaction screening and evaluation of the potential significance of drug interactions.

Background: Evidence-based medicine approaches attempt to incorporate good research into treatment decisions so that patient care is optimized. Drug interaction screening programs are overwhelming pharmacists, and many interactions are overridden—sometimes by individuals other than pharmacists. The evaluation of potential interactions requires considerable time that might be better spent helping patients understand their therapy. In an important number of cases the interactions included in screening programs are based on case reports or very limited scientific inquiry. The vast number of interactions that must be dealt with could lead to scenarios in which important interactions are missed simply because of high volume. A *U.S. News & World Report* article on "danger in the drugstore" highlighted interactions that are not caught or discussed with patients or their physicians. The latest Institute of Medicine report suggests that our health care system needs fixing. Recent reports also suggest that important interactions are not included in some programs.

Suggested outcome: Research on time and effort spent screening interactions that are of limited to no potential significance. A professional panel that establishes guidelines for adding or deleting drug interactions from screening programs, so that the fear of liability is reduced for the companies that develop screening software.

Frank G. Saya (CA): Responsibility of pharmacists for ensuring the safety of the medication-use process; right to refuse to dispense

Recommendation: That ASHP charge the appropriate Council with developing policy that (1) explicitly states the right and responsibility of a pharmacist to refuse to dispense a medication if, in the professional judgment of the pharmacist, the medication or dose of medication ordered by the prescriber would cause significant patient morbidity or mortality, (2) encourages all health-system pharmacies to develop policies that support a pharmacist who exercises this responsibility and procedures that clearly outline the lines of authority, and (3) encourages schools of pharmacy to ensure that all students are aware of the right and responsibility to protect patients from harm.

Background: Prescribing errors represent the majority of medication errors in health systems. By evaluating medications for appropriateness, pharmacists serve an essential role in preventing prescribing errors. The Joint Commission on Accreditation of Healthcare Organizations has recognized the importance of this role by requiring pharmacists' review of medication orders prior to administration to patients. However, current standards of practice do not always seem to explicitly support the pharmacist's right and responsibility to refuse to dispense medications in situations where there is potential for patient morbidity and mortality. As part of the interview process at Cedars-Sinai Medical Center, all applicants for residency and staff pharmacist positions are asked what they would do if, upon review of a medication order, they believed that the prescriber's order would result in significant patient morbidity or mortality. Several applicants have stated that if, after several attempts to persuade a physician to change a medication or dose of medication, the physician still refused to accept the recommendation, the applicant would document his or her efforts in the chart in an attempt to be exonerated from legal liability and would dispense the medication as ordered. This response reflects a lack of understanding of the pharmacist's responsibility to ensure safety.

Suggested outcome: Policies developed as recommended and submitted to the 2002 House of Delegates.

Barbara Poe (OK), Darin Smith (OK): Inclusion of indication or desired outcome

Recommendation: That ASHP work with the National Association of Boards of Pharmacy and other regulatory bodies to mandate inclusion on prescriptions of the indication or desired therapeutic outcome. This requirement should also be applied to computerized prescriber order entry.

Background: For pharmacists to be filling prescriptions or medication orders without benefit of knowing the indication or desired therapeutic outcome adds an unacceptable element of risk in an era focusing on enhanced patient safety.

Barbara Poe (OK), Darin Smith (OK): Availability of unit dose packaging

Recommendation: That ASHP work with FDA and pharmaceutical manufacturers to ensure the continued and enhanced availability of unit dose packaging.

Background: Point-of-care systems require machine-readable code that has forced unit dose packaging and the inherent associated risks back to the individual institutional level. Additionally, certain high-volume, branded pharmaceuticals are unavailable in unit dose packaging, and other medications that once were available in unit dose packaging no longer are. Individual institutional repackaging of such high volumes of medication introduces an unacceptable level of risk in an era focusing on enhanced patient safety.

Carl Heisel (OR): Implementation of policy 8802

Recommendation: That ASHP develop a plan to implement policy 8802. As stated in the policy, this should include developing resources and support mechanisms to assist ASHP affiliated state societies in planning, organizing, and implementing statewide continuing-education (CE) programs.

Background: This 13-year-old policy has yet to be implemented (at least from the perspective of the state affiliates). The policy reads as follows: "To identify potential educational program resources and support

mechanisms that would assist ASHP-affiliated state chapters to plan, organize, and implement statewide continuing education programs; further, to investigate the availability of ASHP resources for assisting affiliated state chapters in meeting their educational programming and support mechanism needs."

Suggested outcome: Identify individuals to make presentations at statewide CE programs. ASHP could develop a list of presenters, by subject matter, for use by affiliate seminar committees. ASHP could also act as a clearinghouse for distributing evaluations of presentations. Most presentations at ASHP events and affiliate programs are evaluated by the audience, but this information is not shared with the planners of future CE presentations. ASHP could maintain a database of evaluations of presentations at ASHP meetings and affiliate meetings. This would be a terrific aid in planning statewide CE meetings.

Karren Weeks Crowson (AL): Drug shortages and pricing

Recommendation: That ASHP facilitate discussions among group purchasing organizations, the pharmaceutical industry, and regulatory agencies about pricing of drugs that are in short supply and about contingency plans for adequate drug supplies when a manufacturer decides to discontinue a critical drug.

Background: Pricing of drugs in short supply from third-party vendors is not regulated; prices may exceed four times the usual price. Also, currently, a manufacturer may discontinue a critical product without ensuring that adequate supplies will be available from another manufacturer.

Jody Jacobson (CA): Opposition to "Pharm.D." as a generic term for pharmacists

Recommendation: When promoting pharmacists as professionals, eliminate the limiting language "Pharm.D." and instead use the more inclusive term "pharmacist" in all literature for the public, except in direct reference to education. Many pharmacists with the B.S. or Ph.D. degree, for example, perform clinical functions. It is divisive and misleading to use the term "Pharm.D." as a generic reference to pharmacists.

Russ Lazzaro (NJ), Henry Lubinski (NJ), Catherine Hansen (NJ): ASHP state affiliate membership

Recommendation: To actively encourage members to join ASHP's state affiliates.

Background: ASHP Bylaws Article 8 directs the Society to "…promote and strengthen affiliations with affiliated state chapters…", and to "…[further] the organizational strength of affiliated chapters." Council on Organizational Affairs Policy Recommendation D," State affiliate membership and ASHP appointments," approved 6/4/01, directs ASHP to give consideration to ASHP members who also hold membership in their state affiliate when making appointments to councils, committees, commissions, and other appointed bodies. This policy is anticipated to increase the talent pool for consideration for ASHP appointments to various bodies. It is anticipated to be mutually beneficial for ASHP and its state affiliates to increase the effectiveness of the states in supporting and fulfilling the mission of ASHP and, collectively, its affiliated state societies.

Suggested outcome: ASHP's membership materials would be customized, perhaps by Zip code, to display information on and encourage members to join affiliated state societies. ASHP membership materials would contain state affiliate contact information, perhaps including name, address, and telephone number. ASHP membership materials might also be accompanied by state affiliate membership applications containing standard applicant data. Responses to ASHP membership inquiries received through the Society's Web site might also provide and display state affiliate-specific information to the user/prospective member.

William Puckett (TX): Order of meetings relating to HOD activities

Recommendation: Consider changing the dates of the regional delegate conferences (RDCs) and Board meetings so that the Board can duly consider the deliberations and recommendations of the delegates attending the RDCs in preparation for the HOD.

Background: The outcomes of the RDCs are "lost," as far as having substantial impact prior to the caucuses and HOD meeting.

Suggested outcome: Having delegate input from the RDCs would enable the Board to better analyze and consider policy recommendations.

Tom Woller (WI): Expiration dating of medications

Recommendation: That ASHP adopt an advocacy position with FDA to require more extensive expiration date-finding studies for new and existing medications.

Background: In many cases, the expiration dates of medications (particularly injectable products) are set in a manner that fails to optimize the ability to use the medication within the expiration date. FDA should be encouraged to adopt a policy that would require pharmaceutical manufacturers to conduct extensive expiration date-finding studies in an effort to identify the longest legally allowable expiration date for products.

Suggested outcome: Establishment of an official position statement and action taken by ASHP consistent with the intent of the position statement.

Tom Woller (WI): House procedures involving roll call

Recommendation: To explore more expedient methods of conducting roll call as part of the first session of the HOD at the Annual Meeting.

Background: Roll call takes too long and takes time away from other, more important business of the House.

Suggested outcome: Establishment of a roll call procedure that takes little or no time away from the House.

Johnny Goad (NM): ASHP policy positions

Recommendation: That the appropriate body within ASHP review, revise as needed, and consolidate all existing technician-related policy positions to create a single, comprehensive policy position relating to pharmacy technicians; further, that ASHP seek to identify other topic areas where such review, revision, and consolidation of related policy positions might enhance the policy process.

Background: As an integral component of ASHP governing documents, the catalog of professional policy positions adopted by ASHP should serve as an accessible and readily retrievable reference for members and other users. Existing policy positions related to pharmacy technicians appear in a disjointed and fragmented manner within the current catalog. In fact, policy 8610, titled "Pharmacy Technicians," is not referenced in the catalog index under the topic of pharmacy technicians. With the two pharmacy technician-related policies adopted by the HOD in 2001, there are currently five separate ASHP policy positions specifically addressing pharmacy technician issues, including 0007, 9613, and 8610.

Suggested outcome: (1) Increase awareness of ASHP policy positions related to pharmacy technicians. (2) Facilitate access to technician-related policy positions. (3) Reduce duplication and redundancy in ASHP policy positions. (4) Improve the overall ASHP policy process.

Paul Driver (ID): Development of pharmacists as national and international leaders

Recommendation: ASHP will promote pharmacists as state, national, and international leaders in health care. Pharmacists should have leadership roles in organizations such as the United States Pharmacopeia (USP), Drug Enforcement Administration, FDA, National Institutes of Health, Centers for Disease Control and Prevention, and World Health Organization. Consideration should be given to a pharmacist for all appointed positions to organizations whose responsibility includes drug therapy issues or public health.

Background: This recommendation was introduced Monday as an amendment to the proposed vision statement. Although it may not have fit the vision statement proposed, it is a valid issue to be addressed by ASHP. Currently, many of the positions in the previously mentioned organizations are being filled by nonpharmacists, most frequently physicians and nurses. Pharmacists, the drug therapy experts, should be present to provide guidance and input on all medication-related matters, especially at the national and international levels. As part of the public relations agenda, it is ASHP's role to facilitate this process. Consideration should be given to pharmacists in patient care roles.

Suggested outcome: Policy will be written by councils of ASHP.

Board of Directors duly considered matters. The Board reported on one Board policy and nine Council policy recommendations that were amended at the first House meeting. Pursuant to Bylaws Section 7.3.1.1, the Board met on the morning of June 6, 2001, to "duly consider" the amended policy recommendations. The Board presented its recommendations as follows.

Regarding the first item, from the Board of Directors, titled "ASHP Vision Statement for Pharmacy Practice in Hospitals and Health Systems," the Board agreed that the substitute motion and the amendments were acceptable. (See the report of the first meeting of this session, "President and Chair of the Board.")

Regarding the second item, from the Council on Administrative Affairs, titled "Pharmacy benefits for the uninsured," the Board agreed that the amendments were acceptable. (See the report of the first meeting of this session, "Council reports.")

Regarding the third item, from the Council on Administrative Affairs, titled "Medication formulary system management," the Board agreed that the amendment was not acceptable and moved for reconsideration of the original policy. The move for reconsideration was approved. After discussion, Policy Recommendation B in its original form was adopted. It reads as follows:

B. Medication formulary system management

To declare that decisions on the management of a medication formulary system (1) should be based on clinical, ethical, legal, social, philosophical, quality-of-life, safety, and pharmacoeconomic factors that result in optimal patient care, and (2) must include the active and direct involvement of physicians, pharmacists, and other appropriate health care professionals; further

To declare that decisions on the management of a medication formulary system should not be based solely on economic factors.

(Note: This policy supersedes policy 9803.)

Regarding the fourth item, from the Council on Administrative Affairs, titled "Patient satisfaction," the Board agreed that the amendment was acceptable. (See the report of the first meeting of this session, "Council reports.")

Regarding the fifth item, from the Council on Administrative Affairs, titled "Machine-readable coding," the Board agreed that the amendments were acceptable. (See the report of the first meeting of this session, "Council reports.")

Regarding the sixth item, from the Council on Educational Affairs, titled "Nontraditional Pharm.D. accessibility," the Board agreed that the amendment was acceptable. (See the report of the first meeting of this session, "Council reports.")

Regarding the seventh item, from the Council on Educational Affairs, titled "Training for pharmacy technicians working in health systems," the Board agreed that the amendment was acceptable. (See the report of the first meeting of this session, "Council reports.")

Regarding the eighth item, from the Council on Educational Affairs, titled "Professional socialization," the Board agreed that the amendments were acceptable. (See the report of the first meeting of this session, "Council reports.")

It was then moved and seconded to reconsider Policy Recommendation A, from the Council on Legal and Public Affairs, titled "Credentialing of pharmacy technicians." The motion to reconsider was approved. It was then moved and seconded to approve Policy Recommendation A as originally submitted to the House of Delegates. After discussion, Policy Recommendation A was adopted. It reads as follows:

A. Credentialing of pharmacy technicians

> To advocate and support registration of pharmacy technicians by state boards of pharmacy (registration is the process of making a list or being enrolled in an existing list; registration should be used to help safeguard the public through interstate and intrastate tracking of the technician work force and preventing individuals with documented problems from serving as pharmacy technicians); further,
>
> To advocate and support certification of pharmacy technicians (certification is the process by which a nongovernmental agency or association grants recognition to an individual who has met certain predetermined qualifications specified by that agency or association); further,
>
> To advocate the adoption of uniform standards for the education and training of all pharmacy technicians to ensure competency; further,
>
> To oppose state licensure of pharmacy technicians (licensure is the process by which an agency of government grants permission to an individual to engage in a given occupation upon a finding that the applicant has attained the minimal degree of competency necessary to ensure that the public health, safety, and welfare will be reasonably well protected); further,
>
> To advocate that licensed pharmacists should be held accountable for the quality of pharmacy services provided and the work of pharmacy technicians under their charge.
>
> (Note: This policy supersedes policies 9704 and 9912.)

Regarding the final item, from the Council on Legal and Public Affairs, titled "Product reimbursement and pharmacist compensation," the Board agreed that the amendment was acceptable. (See the report of the first meeting of this session, "Council reports.")

New Business. Chair Patry announced that, in accordance with Article 7 of the Bylaws, there were four items of New Business to be considered. He noted that if an item of New Business is approved for referral to the Board, the delegates' discussion, ideas, and comments on the item become a part of the referral.

Chair Patry called on Laura K. Mark (DC) to introduce the first item of New Business, titled "Increasing the visibility of candidates for ASHP elected office." After discussion, the item was approved for referral to the Board of Directors. It reads as follows:

Increasing the visibility of candidates for ASHP elected office

> *Motion:* To provide additional information about the candidates for ASHP elected offices.

Background: Currently, a small percentage of members of ASHP vote in the election of candidates for office. An even smaller percentage of members attend the candidates' forum held at the ASHP Annual Meeting. One possible reason members do not vote is lack of familiarity with the candidates and their views on issues. Candidates prepare an extensive response when asked to submit their name to the nominations committee. However, members receive only a brief biography with their ballot. Increasing the exposure of candidates to the membership could enhance participation in ASHP elections.

Suggested outcome: Provide an online forum (question-and-answer format) for candidates on the ASHP Web site; provide the response that was submitted to the Committee on Nominations on the ASHP Web site; ask the candidates to respond to one or two of the same questions and publish their responses in *AJHP,* on the ASHP Web site, or both; and, on the mailed ballot, provide information to members on how to further research the candidates' views.

The second item of New Business, "Safe storage/labeling/handling of neuromuscular blocking agents," was introduced by Past President Philip J. Schneider. After discussion, it was approved for referral to the Board of Directors. It reads:

Safe storage/labeling/handling of neuromuscular blocking agents

Motion: ASHP will advocate immediate action by health-system pharmacists to improve the safety of neuromuscular blocking medications by limiting/controlling access to these medications, recommending storage separate from other medications and use of auxiliary labeling, overwraps, or both to reduce the risk of inadvertent administration of a paralyzing agent and encouraging the development of guidelines to ensure safe use.

Background: The number and severity of errors associated with neuromuscular blocking agents reported to the USP/Institute for Safe Medication Practices (ISMP) Medication Error Reporting Program indicates a need for action. Unlike a similar high-risk drug, potassium chloride, removing the product from areas outside the pharmacy is not always possible. ISMP has called attention to this problem frequently in its newsletter, *Medication Safety Alert!* USP has recently proposed several longer-term strategies, including labeling and packaging design. More immediate, interim measures are needed to reduce the chances of preventable adverse drug events associated with the inadvertent administration of neuromuscular agents. At the most recent meeting of the USP Safe Medication Use Expert Committee, a motion to work with other professional organizations to propose a position statement or advisory regarding the safe use of neuromuscular blocking agents was approved. A specific component of this motion was "recommending specific ways that hospitals can act immediately on issues of storage, accessibility, credentialing, etc."

Suggested outcome: That ASHP communicate directly with its members and U.S. hospitals to recommend immediate action to limit access to neuromuscular blocking agents in areas where inadvertent administration may occur, add distinctive auxiliary labels to vials and i.v. infusion containers, and consider the use of pharmacy-applied overwraps or labeling as an additional alert.

Chair Patry then called on Thomas J. Johnson (SD) to introduce the third item of New Business, titled "Recognition for Senator Timothy P. Johnson (D-SD)." After discussion, the item was approved for referral to the Board of Directors. It reads as follows:

Recognition for Senator Timothy P. Johnson (D-SD)

Motion: To acknowledge and commend Senator Tim Johnson of South Dakota for his leadership in ensuring that the pharmacist's expertise in drug therapy management is properly utilized to provide Medicare beneficiaries a high quality of care; further,

To extend heartfelt appreciation to Senator Johnson for his contribution to the well-being of Medicare patients; further,

To request that the ASHP Board of Directors find appropriate means to convey the Society's appreciation to Senator Johnson.

Background: Over half of Medicare beneficiaries take five or more medications each day, and the complexity of medications is dramatically increasing every year. The services of pharmacists help patients understand and properly benefit from medications. The collaborative drug therapy management services of pharmacists are often vital for patients, particularly the elderly, who are on multiple medications or have multiple conditions.

Medication-related complications, the majority of which are preventable, cost the U.S. economy as much as $177 billion each year. Medical research has repeatedly demonstrated that the drug therapy management services of the pharmacist, provided in collaboration with physicians and other health care practitioners, enhance treatment and control health care costs.

Thirty-one states have authorized pharmacists to engage in collaborative drug therapy management. The Department of Veterans Affairs, the Indian Health Service, and many private insurers recognize and use the knowledge and skills of pharmacists in preventing medication-related complications. Medicare has lagged behind these states and these other providers and insurers in supporting pharmacy services for the benefit of patients.

Access to pharmacist drug therapy management would provide an immediate improvement in care for Medicare beneficiaries. Further, it would establish an important quality and cost-control mechanism that is critical to the infrastructure of any Medicare prescription drug benefit.

On May 25, 2001, Senator Johnson introduced the Medicare Pharmacist Services Coverage Act of 2001 (S. 974) to amend Medicare to recognize pharmacists as health care providers and thereby ensure that Medicare beneficiaries have access to the collaborative drug therapy management services of pharmacists.

The final item of New Business, titled "Recognition for Brian L. Kaatz, Pharm.D., ASHP member, South Dakota," was introduced by Vincent G. Reilly (SD). After discussion, the item was approved for referral to the Board of Directors. It reads as follows:

Recognition for Brian L. Kaatz, Pharm.D., ASHP member, South Dakota

Motion: To acknowledge and commend Brian L. Kaatz, Pharm.D., for his tireless advocacy in seeking better recognition of pharmacist services, including working with U.S. Senator Tim Johnson and his staff to demonstrate the critical role pharmacists play in ensuring safer and more effective use of medications by our nation's elderly; further,

To request that the ASHP Board of Directors find appropriate means to convey the Society's appreciation to Dr. Kaatz.

Background: Dr. Kaatz took a sabbatical from his duties as Professor and Clinical Pharmacy Department Head at the South Dakota State University College of Pharmacy to serve as a fellow in Senator Johnson's office. His prior service as a member of ASHP's Council on Legal and Public Affairs gave him additional experience in grassroots advocacy and policy development. He provided crucial background to the staff and educated Senator Johnson on the important patient care services that pharmacists provide. Dr. Kaatz worked closely with ASHP and other pharmacy organizations to achieve introduction of this important legislation.

On May 25, 2001, Senator Johnson introduced the Medicare Pharmacist Services Coverage Act of 2001 (S. 974) to amend Medicare to recognize pharmacists as health care providers. This landmark legislation would

not be possible without the important grassroots involvement of Dr. Kaatz, which is a model for grassroots advocacy by ASHP members.

Election of House Chair and Treasurer. Chair Patry conducted the election for Chair of the House of Delegates. He called delegates to present completed official ballots to tellers, who certified the eligibility of delegates to vote. After the balloting, the tellers counted the ballots.

Recognition. Chair Patry recognized members of the Board who were continuing in office. He also introduced members of the Board who were completing their terms of office.

As a token of appreciation on behalf of the Board of Directors and members of ASHP, Chair Patry presented President Hunt with an inscribed gavel commemorating his term of office. President Hunt recognized the service of Chair Patry as Chair of the House of Delegates and a member of the Board of Directors.

Chair Patry recognized Bruce E. Scott's years of service as a member of the Board, in various presidential capacities, as Chair of the Board, and as Vice Chair of the House of Delegates.

Chair Patry then recognized the service of Treasurer David A. Zilz, who was completing his second term, and thanked him for his outstanding service to ASHP.

Chair Patry then called on Vice Chair Scott to preside over the House for the remainder of the meeting.

Installation. Vice Chair Scott received the tellers' certified report and announced that Roland A. Patry was the newly elected Chair of the House of Delegates and Marianne F. Ivey was the newly elected Treasurer. Vice Chair Scott then installed Steven L. Sheaffer as President of ASHP, Brian L. Erstad and Bonnie L. Senst as members of the Board of Directors, Roland A. Patry as Chair of the House of Delegates, and Marianne F. Ivey as Treasurer. He introduced the families of President Sheaffer, Board member Senst, and Chair Patry.

Inaugural address. President Steven L. Sheaffer presented his inaugural address, titled "Turning the tide: Bringing about positive change in pharmacy."

Parliamentarian. Vice Chair Scott thanked Joy Myers for service to ASHP as parliamentarian.

Adjournment. The 53rd annual session of the House of Delegates adjourned at 5 p.m.

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[a]The Committee on Nominations included Kevin J. Colgan, Chair; John E. Murphy, Vice Chair; and Kathleen D. Donley, Catherine L. Hansen, Joseph J. McVety, Kenneth H. Schell, and Phillip J. Schneider.

[b]When the House of Delegates amends a professional policy recommendation submitted to it by the Board, the ASHP Bylaws (Section 7.3.1.1) require the Board to review the amended action and make a recommendation to the House on final disposition of the issue.

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