

House of Delegates

Policies Approved by the ASHP House of Delegates March-June 2022

2201

State-Specific Requirements for Pharmacist and Pharmacy Technician Continuing Education

Source: Council on Education and Workforce Development

To advocate for the standardization of state pharmacist and pharmacy technician continuing education requirements; further,

To advocate that state boards of pharmacy adopt continuing professional development as the preferred model to maintain competence.

This policy supersedes ASHP policy 1111.

2202

ASHP Statement on Professionalism

Source: Council on Education and Workforce Development

To approve the ASHP Statement on Professionalism.

This statement supersedes the ASHP Statement on Professionalism dated June 26, 2007.

2203

Preceptor Skills and Abilities

Source: Council on Education and Workforce Development

To collaborate with pharmacy organizations and colleges of pharmacy on the development of standards to enhance the quality of experiential education and pharmacy residency precepting; further,

To provide tools, education, and other resources to develop and evaluate preceptor skills.

This policy supersedes ASHP policy 1201.

2204**Mobile Health Tools, Clinical Apps, and Associated Devices**

Source: Council on Pharmacy Management

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

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

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

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

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

To encourage patient education and assessment of competency in the use of mobile health technologies; further,

To enhance patient awareness on how to access and use validated sources of health information integrated with mobile health tools, clinical apps, and associated devices.

This policy supersedes ASHP policy 1708.

2205**Transitions of Care**

Source: Council on Pharmacy Management

To encourage the pharmacy workforce to assume responsibility for medication-related aspects of ensuring the continuity of care as patients move from one care setting to another; further,

To encourage the development, optimization, and implementation of technologies that facilitate sharing of patient-care data across care settings and interprofessional care teams; further,

To advocate that health systems provide sufficient resources to support the important roles of the pharmacy workforce in supporting transitions of care; further,

To encourage payers to provide reimbursement for transitions of care services; further,

To encourage the development of strategies to address the gaps in continuity of pharmacist patient care services, including effective patient engagement.

This policy supersedes ASHP policy 1208.

2206

Continuous Performance Improvement

Source: Council on Pharmacy Management

To encourage the pharmacy workforce to establish multidisciplinary continuous performance improvement (CPI) processes within their practice settings to assess the effectiveness and safety of patient care services, adherence to standards, and quality and integrity of practice; further,

To encourage the pharmacy workforce to use contemporary CPI techniques and methods for ongoing improvement in their services; further,

To support the pharmacy workforce in their development and implementation of CPI processes.

This policy supersedes ASHP policy 0202.

2207

Institutional Review Board and Investigational Use of Drugs

Source: Council on Pharmacy Practice

To support mandatory education and 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 principal investigators discuss their proposed clinical drug research with representatives of the pharmacy department before submitting a proposal to the IRB; further,

To advocate for the pharmacist's roles in ethical clinical research, including but not limited to serving as a principal investigator, developing protocols, executing research, determining rational-use decisions for the off-label use of drug products, and publishing research findings, and for adequately resourced, sustainable models for filling those roles; further,

To advocate that IRBs include pharmacists as voting members; further,

To advocate that IRBs inform pharmacy of all approved clinical research involving drugs within the hospital or health system; further,

To advocate that pharmacists act as liaisons between IRBs and pharmacy and therapeutics committees in the management and conduct of clinical drug research studies; further,

To support pharmacists' management of drug products used in clinical research.

This policy supersedes ASHP policy 0711.

2208

Pharmacist's Role in Team-Based Care

Source: Council on Pharmacy Practice

To recognize that pharmacists, as core members and medication-use experts on interprofessional healthcare teams, increase the capacity and efficiency of teams for delivering evidence-based, safe, high-quality, and cost-effective patient-centered care; further,

To advocate to policymakers, payers, and other stakeholders for the inclusion of pharmacists as care providers within team-based care and as the provider of comprehensive medication management services; further,

To assert that all members of the interprofessional care team have a shared responsibility in coordinating the care they provide and are accountable to the patient and each other for the outcomes of that care; further,

To urge pharmacists on healthcare teams to collaborate with other team members in establishing and implementing quality and outcome measures for care provided by those teams.

This policy supersedes ASHP policy 1215.

2209

Drug Testing as Part of Diversion Prevention Programs

Source: Council on Public Policy

To advocate for the use of pre-employment and random or for-cause drug testing during employment based on defined criteria and with appropriate testing validation procedures; further,

To support employer- or government-sponsored drug diversion prevention programs that include a policy and process that promote the recovery of impaired individuals; further,

To advocate that employers use validated testing panels that have demonstrated effectiveness detecting commonly abused or illegally used substances.

This policy supersedes ASHP policy 1717.

2210**Drug Samples**

Source: Council on Public Policy

To oppose drug sampling or similar drug marketing programs that circumvent appropriate pharmacy oversight or control.

This policy supersedes ASHP policy 9702.

2211**Naloxone Availability**

Source: Council on Therapeutics

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

To support efforts to safely expand patient and public access to naloxone through independent pharmacist prescribing authority, encouraging pharmacies to stock naloxone, supporting availability of affordable formulations of naloxone (including zero-cost options), and other appropriate means; further,

To advocate for statewide naloxone standing orders to serve as a prescription for individuals who may require opioid reversal or those in a position to aid a person requiring opioid reversal; further,

To support and foster standardized education and training on the role of naloxone in opioid reversal and its proper administration, safe use, and appropriate follow-up care, and dispelling common misconceptions to the pharmacy workforce and other healthcare professionals; further,

To support the use of objective clinical data, including leveraging state prescription drug monitoring programs and clinical decision-making tools, to facilitate pharmacist-initiated screenings to identify patients who may most benefit from naloxone prescribing; further,

To encourage the co-prescribing of naloxone with all opioid prescriptions; further,

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

This policy supersedes ASHP policy 2014.

2212**Safe and Effective Therapeutic Use of Invertebrates**

Source: Council on Therapeutics

To recognize use of medical invertebrates (e.g., maggots and leeches) as an alternative treatment in limited clinical circumstances; further,

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

To advocate that pharmacy departments, in cooperation with other departments, provide oversight of medical invertebrates to assure appropriate formulary consideration and safe procurement, storage, use, and disposal; further,

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

This policy supersedes ASHP policy 1724.

2213

Criteria for Medication Use in Geriatric Patients

Source: Council on Therapeutics

To support comprehensive medication management, including assessment of physiologic and pharmacokinetic factors, as a central component of providing safe and effective medication therapy to geriatric patients; further,

To oppose use of the Beers criteria or similar criteria by the Centers for Medicare & Medicaid Services, other accreditation and quality improvement entities, and payers as the sole indicator to assess the appropriateness of prescribing for geriatric patients based on known limitations in the evidence evaluating the association between use of medications listed in such criteria and subsequent adverse drug events; further,

To advocate for the development, refinement, and validation of new criteria that consider drug-, disease-, and patient-specific factors, and criteria and quality measures that demonstrate the ability to decrease the occurrence of adverse drug events in geriatric patients; further,

To support research to assess the clinical application of existing and proposed criteria, including assessment of their correlation to patient outcomes and strategies for implementation; further,

To encourage inclusion of validated criteria in clinical decision support systems and other information technologies to facilitate prescribing and deprescribing for geriatric patients; further,

To acknowledge that such criteria are intended as a guide and should not replace the clinical judgment of pharmacists and other clinicians.

This policy supersedes ASHP policy 1221.

2214**Medication Adherence**

Source: Council on Therapeutics

To recognize that medication adherence improves the quality and safety of patient care when the following elements are included: (1) assessment of the appropriateness of therapy, (2) provision of patient education, and (3) confirmation of patient comprehension of information necessary to support safe and appropriate use of prescribed therapies; further,

To advocate that the pharmacy workforce take a leadership role in interdisciplinary efforts to improve medication adherence; further,

To recognize that clinicians, patients, and caregivers share accountability for the outcomes of medication therapies, and that the central role patients and their caregivers have in disease management includes responsibility for following instructions for safe and effective medication use; further,

To encourage development, evaluation, and dissemination of models and tools that improve adherence, including those that combine existing strategies that have demonstrated effectiveness; further,

To oppose misinformation or disinformation that leads patients to decline education and clinical information regarding their medication therapy; further,

To support the development of mechanisms to document medication adherence interventions, including information technology solutions; further,

To advocate for payment models that facilitate an expanded role for the pharmacy workforce in and provide reimbursement for medication adherence efforts.

This policy supersedes ASHP policy 1222.

2215**ASHP Statement on the Pharmacy Technician's Role in Pharmacy Informatics**

Source: Section of Pharmacy Informatics and Technology

To approve the ASHP Statement on the Pharmacy Technician's Role in Pharmacy Informatics.

This statement supersedes the ASHP Statement on the Pharmacy Technician's Role in Pharmacy Informatics dated June 3, 2013.

2216**Career Counseling**

Source: Council on Education and Workforce Development

To advocate that structured student-centered career counseling begin early and continue throughout college of pharmacy curricula; further,

To urge pharmacists to partner with colleges of pharmacy for participation in structured and unstructured student-centered career counseling; further,

To encourage colleges of pharmacy to provide professional development opportunities for faculty and other pharmacy professionals to promote equitable and inclusive student-centered career counseling approaches; further,

To urge colleges of pharmacy to develop an assessment process to evaluate the equity and inclusivity of their career counseling.

This policy supersedes ASHP policy 8507.

2217

Workforce Diversity

Source: Council on Education and Workforce Development

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

To advocate for the development and retention of a workforce whose background, perspectives, and experiences reflect the diverse patients for whom care is provided; further,

To advocate that institutions incorporate diversity, equity, and inclusion initiatives into daily practices and strategic plans.

This policy supersedes ASHP policy 1705.

2218

Pharmacy Executive Oversight of Areas Outside Pharmacy

Source: Council on Pharmacy Management

To advocate for opportunities for pharmacy leaders to assume healthcare executive leadership roles outside the pharmacy department; further,

To urge pharmacy leaders to seek out formal and informal opportunities to provide such leadership; further,

To encourage pharmacy leaders to use tools, resources, and credentialing identified by national pharmacy and professional healthcare organizations to demonstrate competence and readiness for healthcare executive leadership; further,

To encourage pharmacy leaders to support development of leaders with a broader scope of executive responsibilities by balancing generalization and service-line specialization in their career development and the career development of rising pharmacy leaders; further,

To advocate for healthcare organization structures that provide pharmacy leaders with opportunities to assume leadership responsibilities outside the pharmacy department; further,

To promote continuing professional development opportunities in executive leadership to provide pharmacy leaders with evidence of a commitment to lifelong learning and leadership excellence.

2219

Hospital-at-Home Care

Source: Council on Pharmacy Practice

To affirm that patients treated in the hospital-at-home (HAH) setting are entitled to the same level of care as those treated in an inpatient hospital setting; further,

To support HAH care models that provide high-quality, patient-centered pharmacist care, including but not limited to: (1) clinical pharmacy services that are fully integrated with the care team; (2) a medication distribution model that is fully integrated with the providing organization's distribution model and in which the organization's pharmacy leader retains authority over the medication-use process; (3) information technology (IT) systems that are integrated or interoperable with the organization's IT systems and that allow patient access to pharmacy services, optimize medication management, and promote patient safety; and (4) ensuring the safety of the pharmacy workforce throughout the HAH care delivery process; further,

To advocate that pharmacists be included in the planning, implementation, and maintenance of HAH programs; further,

To advocate for legislation and regulations that would promote safe and effective medication use in the HAH care setting, and for adequate reimbursement for pharmacy services, including clinical pharmacy services, provided in the HAH care setting; further,

To provide education, training, and resources to empower the pharmacy workforce to care for patients in HAH care settings and to support the organizations providing that care; further,

To encourage research on HAH care models.

2220

Promoting Telehealth Pharmacy Services

Source: Council on Pharmacy Practice

To advocate for innovative telehealth pharmacy practice models that (1) enable the pharmacy workforce to promote clinical patient care delivery, patient counseling and education, and efficient pharmacy operations; (2) improve access to pharmacist comprehensive medication management services; (3) advance patient-centric care and the patient care experience; and (4) facilitate pharmacist-led population and public health services and outreach; further,

To advocate for removal of barriers to access to telehealth services; further,

To advocate for laws, regulations, and payment models for telehealth services that are equitable to similar services provided in person by health systems, with appropriate accountability and oversight; further,

To encourage comparative effectiveness and outcomes research on telehealth pharmacy services.

2221

Tamper-Evident Packaging on Multidose Products

Source: Council on Pharmacy Practice

To support the standardization and requirement of tamper-evident packaging on all multidose prescription and nonprescription products; further,

To encourage proper safety controls be in place to prevent harm and ensure proper disposal of multidose products.

This policy supersedes ASHP policy 9211.

2222

Pharmacist's Role in Medication Procurement, Distribution, Surveillance, and Control

Source: Council on Pharmacy Practice

To affirm the pharmacist's expertise, responsibility, and oversight in the procurement, distribution, surveillance, and control of all medications used within health systems and affiliated services; further,

To assert that the pharmacy leader retains the authority to determine the safe and reliable sourcing of medications; further,

To assert that the pharmacy workforce is responsible for the coordination of medication-related care, including optimizing access, ensuring judicious stewardship of resources, and providing intended high-quality clinical care; further,

To encourage payers, manufacturers, wholesalers, accreditation bodies, and governmental entities to enhance patient safety by supporting the health-system pharmacy workforce's role in medication procurement, distribution, surveillance, and control.

This policy supersedes ASHP policy 0232.

2223**ASHP Statement on the Role of the Pharmacy Workforce in Emergency Preparedness**

Source: Council on Pharmacy Practice

To approve the ASHP Statement on the Role of the Pharmacy Workforce in Emergency Preparedness.

This statement supersedes the ASHP Statement on the Role of Health-System Pharmacists in Emergency Preparedness dated June 2, 2002.

2224**Drug Desensitization**

Source: Council on Therapeutics

To encourage an allergy reconciliation process to ensure allergy documentation is accurate and complete for drug desensitization; further,

To advocate for pharmacist involvement in the interdisciplinary development of institutional drug desensitization policies and procedures; further,

To support the creation and implementation of drug desensitization order sets and safeguards in the electronic health record to minimize potential error risk; further,

To recommend appropriate allocation of resources needed for the drug desensitization process, including adequate availability of allergic reaction management resources near the desensitization location; further,

To support the education and training of pharmacists regarding allergy reconciliation, drug desensitization processes, and allergic reaction prevention and management; further,

To recommend patient education and appropriate documentation in the electronic health record of the outcomes of the drug desensitization process.

2225**ASHP Statement on Pharmacist Prescribing of Statins**

Source: Council on Therapeutics

To approve the ASHP Statement on Pharmacist Prescribing of Statins.

This statement supersedes the ASHP Statement on Over-the-Counter Availability of Statins dated June 14, 2005.

2226**ASHP Statement on the Role of Pharmacists in Primary Care**

Source: Section of Ambulatory Care Practitioners

To approve the ASHP Statement on the Role of Pharmacists in Primary Care.

This statement supersedes the ASHP Statement on the Pharmacist's Role in Primary Care dated June 7, 1999.

2227**ASHP Statement on Telehealth Pharmacy Practice**

Source: Section of Pharmacy Informatics and Technology

To approve the ASHP Statement on Telehealth Pharmacy Practice.

This statement supersedes the ASHP Statement on Telepharmacy dated November 18, 2016.

2228**Role of the Pharmacist in Service-Line Development and Management**

Source: Council on Pharmacy Management

To recognize pharmacists bring unique clinical, operational, and financial expertise to help organizations develop and manage high-value health-system service lines; further,

To support the role of pharmacy leadership in the development and management of high-value health-system service lines.

2229**Pharmacist's Role in Respiratory Pathogen Testing and Treatment**

Source: Council on Therapeutics

To advocate that state board of pharmacy regulations include respiratory pathogen testing and associated prescribing or dispensing under pharmacists' scope of practice; further,

To support the development of specific and structured criteria for pharmacist prescribing, dosing, and dispensing of antimicrobials for treatment of respiratory infections; further,

To advocate for laws and regulations that would allow pharmacists to dispense antimicrobials when clinically indicated or refer patients, as appropriate, based on point-of-care testing; further,

To support the diagnosis and tracking of reportable diseases through pharmacist-driven testing and reporting to appropriate public health agencies prior to dispensing of antimicrobials; further,

To advocate for reimbursement for pharmacists' patient care services involved in respiratory pathogen testing and treatment; further,

To promote training and education of the pharmacy workforce to competently engage in respiratory pathogen testing and treatment when clinically indicated.

2230**Advancing Diversity, Equity, and Inclusion in Education and Training**

Source: Council on Education and Workforce Development

To advocate that health systems and organizations cultivate training and education partnerships that advance diversity, equity, and inclusion; further,

To advocate that all members of the pharmacy workforce actively participate in the equitable training and education of people from marginalized populations.

2231**Cultural Competency**

Source: Council on Education and Workforce Development

To foster the ongoing development of cultural humility and competency within the pharmacy workforce; further,

To educate the pharmacy workforce to interact with patients and caregivers in a manner that demonstrates respect for and responsiveness to personal and social identities; further,

To educate healthcare providers on the importance of providing culturally congruent care to achieve quality care and patient engagement.

This policy supersedes ASHP policy 1613.

2232**Revenue Cycle Management and Reimbursement and Pharmacist Compensation for Drug Product Dispensing**

Source: Council on Pharmacy Management

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

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

To collaborate with payers in developing optimal methods of reimbursing pharmacies and pharmacists for the costs of drug products dispensed, pharmacy and pharmacist services, and associated overhead; further,

To educate the pharmacy workforce and stakeholders about those methods; further,

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

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

This policy supersedes ASHP policies 1710 and 1807.

2233

Value-Based Purchasing

Source: Council on Pharmacy Management

To support value-based purchasing reimbursement models when they are appropriately structured to improve healthcare quality, patient satisfaction, and clinical outcomes, and encourage medication error reporting and quality improvement; further,

To affirm the role of pharmacists in actively leading the design and interdisciplinary implementation of medication-related value-based purchasing initiatives; further,

To support pharmacy workforce efforts to ensure safe and appropriate medication use by using data and technology for continuous quality improvement in pharmacy-designed, medication-related value-based purchasing initiatives; further,

To advocate that the Centers for Medicare & Medicaid Services and others guide the development of a common portfolio of measures for potential alignment across regulated programs, federal programs and agencies, and the private sector.

This policy supersedes ASHP policy 1209.

2234

Financial Management Skills

Source: Council on Pharmacy Management

To foster the systematic and ongoing development of management skills for the pharmacy workforce in the areas of (1) health-system economics, (2) business plan development, (3) financial analysis, (4) metrics for clinical and distributive services, (5) pharmacoeconomic analysis, (6) diversified pharmacy services, (7) compensation for pharmacists' patient-care services, and (8) revenue cycle compliance and management; further,

To encourage colleges of pharmacy to incorporate these management areas in course work, electives (e.g., financial and managerial accounting), and experiential education; further,

To promote the growth of dual PharmD/MBA degree programs, postgraduate training, and other degree programs focused on financial management, and similar certificates or concentrations; further,

To encourage financial management skills development in pharmacy residency training programs; further,

To provide education for new practitioners and student pharmacists on foundational skills for business administration and personal financial management; further,

To promote education on financial management for other members of the pharmacy workforce (e.g., pharmacy technicians, data scientists, inventory specialists, department business managers).

This policy supersedes ASHP policy 1207.

2235

Use of Inclusive Verbal and Written Language

Source: Council on Pharmacy Practice

To recognize that stigmatizing and derogatory language can be a barrier to safe and optimal patient care as well as compromise effective communication among healthcare team members; further,

To promote the use of inclusive verbal and written language in patient care delivery and healthcare communication; further,

To urge healthcare leadership to promote use of inclusive language; further,

To provide education, resources, and competencies for the pharmacy workforce to champion the use of inclusive verbal and written language.

2236

Pharmacist Prescribing in Interprofessional Patient Care

Source: Council on Pharmacy Practice

To advocate that healthcare delivery organizations establish credentialing and privileging processes for pharmacists that delineate scope of practice, support pharmacist prescribing, and ensure that pharmacists who prescribe are accountable, competent, and qualified to do so; further,

To advocate for comprehensive medication management that includes autonomous prescribing authority for pharmacists as part of optimal interprofessional care; further,

To advocate that all pharmacists on the interprofessional team have a National Provider Identifier (NPI); further,

To advocate that payers recognize pharmacist NPIs.

This policy supersedes ASHP policy 1213.

2237**Universal Vaccination for Vaccine-Preventable Diseases in the Healthcare Workforce**

Source: Council on Pharmacy Practice

To support policies and mandates that promote universal vaccination for preventable infectious diseases among healthcare workers, including all members of the pharmacy workforce, as a safeguard to patient and public health; further,

To encourage the use of evidence-based risk assessments to determine inclusions in and exemptions from mandatory vaccine requirements; further,

To support employers in establishing and implementing mandatory vaccine requirements for healthcare workers if evidence-based risk assessments determine they are safe and promote patient and public health; further,

To urge healthcare organizations to have policies that address additional infection prevention practices required for exempted healthcare workers; further,

To develop tools, education, and other resources to promote vaccine confidence, increase vaccination rates, and minimize vaccine-preventable diseases among healthcare workers.

This policy supersedes ASHP policies 2138 and 2140.

2238**Patient Disability Accommodations**

Source: Council on Public Policy

To promote safe, inclusive, and accessible care for patients with disabilities; further,

To advocate for research to enhance capabilities in meeting the needs of patients with disabilities; further,

To advocate for inclusion of caring for patients with disabilities in college of pharmacy and pharmacy technician program curricula and in postgraduate residencies; further,

To support pharmacy workforce training to improve awareness of the barriers patients with disabilities face and ensure equitable care.

2239**Drug Pricing Proposals**

Source: Council on Public Policy

To advocate for drug pricing and transparency mechanisms that ensure patient access to affordable medications, preserve existing clinical services and patient safety standards, and do not increase the complexity of the medication-use system.

2240**Post-Intensive Care Syndrome**

Source: Council on Therapeutics

To recognize that multidimensional rehabilitation is essential for recovery after intensive care; further,

To support research on and dissemination of best practices in the prevention, identification, and treatment of post-intensive care syndrome (PICS) in patients of all ages; further,

To advocate that health systems support the development and implementation of interdisciplinary clinics, inclusive of pharmacists, to treat patients with PICS, including provisions for telehealth and innovative practice models to meet the needs of patients with PICS; further,

To advocate for the integration of post-ICU patient and ICU caregiver support groups; further,

To provide education on the role of the pharmacist in caring for patients with PICS.

2241**Human Use of Veterinary Pharmaceuticals**

Source: Council on Therapeutics

To oppose human use of pharmaceuticals approved only for veterinary use; further,

To support use of veterinary pharmaceuticals only under the supervision of a licensed veterinarian in compliance with the Animal Medicinal Drug Use Clarification Act of 1994; further,

To encourage state and federal regulatory bodies as well as other stakeholders to monitor the misuse of veterinary pharmaceuticals and, when appropriate, limit the public availability of those pharmaceuticals; further,

To educate healthcare professionals and the public about the adverse effects of human consumption of veterinary pharmaceuticals; further,

To encourage research, monitoring, and reporting on the adverse effects of human consumption of veterinary pharmaceuticals to define the public health impact of and to quantify the strain these agents place on the healthcare system.

2242**Use of Intravenous Drug Products for Inhalation**

Source: Council on Therapeutics

To encourage healthcare organizations to develop an interdisciplinary team that includes pharmacists and respiratory therapists to provide institutional guidance; safety recommendations regarding preparation, dispensing, delivery, and exposure; and electronic

health record support for prescribing and administration of intravenous drug products for inhalational use; further,

To advocate for further research on the pharmacokinetic and pharmacodynamic characteristics of drugs not approved for inhalational administration, devices for administration, and the effects of excipients; further,

To foster the development of educational resources on the safety and efficacy of inhalational administration of drug products not approved for that route and devices for administration; further,

To encourage manufacturers to develop ready-to-use inhalational formulations when evidence supports such use.

2243

Enrollment of Underrepresented Populations in Clinical Trials

Source: Council on Therapeutics

To support the enrollment of underrepresented populations in clinical trials; further,

To advocate that drug product manufacturers and researchers conduct and report outcomes of pharmacokinetic, pharmacodynamic, and pharmacogenomic research in underrepresented populations to facilitate safe and effective dosing of medications in these patient populations; further,

To advocate that if such research considers age, sex, gender, ethnicity, or race, the reason for such consideration be based on validated ethical or scientific reasons and be specified in the research protocol; further,

To foster the use and development of postmarketing research strategies to support the safe and effective use of drug products for approved and off-label indications in underrepresented populations; further,

To advocate that pharmacists should be involved in the design of clinical trials to provide guidance on drug dosing, administration, and monitoring in all patient populations.

This policy supersedes ASHP policy 1723.

2244

Pediatric Dosage Forms

Source: Council on Therapeutics

To support research on and development of pediatric-specific drug formulations; further,

To encourage manufacturers to develop formulations suitable for pediatric administration during research that includes pediatric patients; further,

To encourage manufacturers of off-patent medications that are used in pediatric patients to develop formulations suitable for pediatric administration; further,

To advocate that manufacturers comparably price a newly developed pediatric-specific commercial product to that of its extemporaneously prepared formulation; further,

To educate prescribers and caregivers regarding the nuances of pediatric drug administration to ensure the availability of an appropriate dosage form is considered when selecting and administering safe and effective therapies for a pediatric patient.

This policy supersedes ASHP policy 9707.

2245

Substance Use Disorder

Source: Council on Therapeutics

To affirm that a patient with a substance use disorder (SUD) has a chronic condition with associated neurodevelopmental, physiologic, and psychosocial changes; further,

To recognize that dehumanizing language and stigmatization regarding SUD and persons who use drugs (PWUD) create barriers to healthcare access and result in poor clinical outcomes; further,

To recognize the disproportionately harmful health impact that criminalization and policing practices related to SUD and PWUD have had on communities, particularly those of color; further,

To advocate for destigmatization efforts and elimination of barriers to care for SUD and PWUD; further,

To support risk mitigation and harm reduction strategies, including syringe services programs, recognizing the roles they have in public health efforts to reduce infectious disease burden, improve access to healthcare, improve patient trust, and reduce expenditures; further,

To advocate for expansion of comprehensive medication management services provided by pharmacists for prevention, treatment, and recovery services within the interprofessional care team and throughout the continuum of care; further,

To support pharmacists leading community-based comprehensive preventive health and treatment programs; further,

To encourage the inclusion of longitudinal SUD training in didactic pharmacy curricula, starting with an early initiation of education; use of evidence-based practices, including risk mitigation, harm reduction, and destigmatizing communication strategies; and increasing experiential education pertaining to SUD; further,

To support and foster standardized education and training on SUD, including dispelling common misconceptions to the pharmacy workforce and other healthcare professionals.

This policy supersedes ASHP policy 9711.

2246

Autoverification of Medication Orders

Source: Council on Pharmacy Practice

To recognize the importance of pharmacist verification of medication orders, and the important role pharmacists have in developing and implementing systems for autoverification of select medication orders; further,

To recognize that autoverification of select medication orders under institution-guided criteria can help expand access to pharmacist patient care; further,

To discourage implementation of autoverification as a means to reduce pharmacist hours; further,

To promote and disseminate research, standards, and best practices on the safety and appropriateness of autoverification of medication orders; further,

To encourage healthcare organizations to develop policies, procedures, and guidelines to determine which care settings, medications, and patient populations are appropriate candidates for autoverification of select medication orders in order to support the implementation of autoverification models for those circumstances; further,

To advocate for regulations and accreditation standards that permit autoverification of select medication orders in circumstances in which it has proven safe.

2247

Pharmacy Workforce's Role in Vaccination

Source: Council on Pharmacy Practice

To affirm that the pharmacy workforce has a role in improving public health and increasing patient access to vaccinations by promoting and administering appropriate vaccinations to patients and employees in all settings; further,

To collaborate with key stakeholders to support the public health role of the pharmacy workforce in the administration of adult and pediatric vaccinations; further,

To advocate that states grant pharmacists and appropriately supervised student pharmacists the authority to initiate and administer all adult and pediatric vaccinations; further,

To advocate that states grant appropriately supervised pharmacy technicians the authority to prepare and administer all adult and pediatric vaccinations; further,

To advocate for the inclusion of pharmacist-provided vaccination training in college of pharmacy curricula and pharmacy technician-provided vaccination training in technician training programs; further,

To advocate that members of the pharmacy workforce who have completed a training and certification program acceptable to state boards of pharmacy and meeting the standards established by the Centers for Disease Control and Prevention may provide such vaccinations; further,

To advocate that state and federal health authorities establish centralized databases for timely documentation of vaccine administrations that are interoperable and accessible to all healthcare providers; further,

To advocate that state and federal health authorities require all vaccination providers to report their documentation to these centralized databases, if available; further,

To encourage the pharmacy workforce to educate all patients, their caregivers, parents, guardians, and healthcare providers to promote vaccine confidence and convey the importance of vaccinations for disease prevention; further,

To encourage the pharmacy workforce to seek opportunities for involvement in disease prevention through community vaccination programs; further,

To foster education, training, and the development of resources to assist the pharmacy workforce and other healthcare professionals in building vaccine confidence; further,

To advocate for adequate staffing, resources, and equipment for the pharmacy workforce to support vaccination efforts to ensure patient safety; further,

To advocate for appropriate reimbursement for vaccination services rendered; further,

To work with federal, state, and local governments and others to improve the vaccine development and supply system in order to ensure an adequate and equitably distributed supply of vaccines.

This policy supersedes ASHP policies 1309 and 2122.

2248**Health-System Use of Drug Products Provided by Outside Sources**

Source: Council on Pharmacy Management

To support care models in which drug products are procured and/or prepared for administration by the pharmacy and are obtained from a licensed, verified source to ensure drug product and patient safety and continuity of care; further,

To encourage hospitals and health systems not to permit administration of drug products supplied to the hospital, clinic, or other healthcare setting by the patient, caregiver, or pharmacy contracted by a healthcare insurance payer or pharmacy benefit manager; further,

To advocate adequate reimbursement for preparation, order review, and other costs associated with the safe provision and administration of drug products; further,

To advocate that insurers and pharmacy benefit managers be prohibited from mandating drug-distribution models that introduce patient safety and supply chain risks or limit patient choice.

This policy supersedes ASHP policy 2032.

2249**Screening for Social Determinants of Health**

Source: Council on Pharmacy Management

To encourage social determinants of health (SDoH) screening and data collection using standardized codes during the provision of pharmacy patient care services; further,

To promote the integration of SDoH data into the design and delivery of clinical pharmacy services, including the creation of targeted interventions and leveraging the use of clinical decision support to improve patient outcomes; further,

To encourage the use of SDoH data in reporting and evaluating the effectiveness of pharmacist patient care; further,

To encourage the use of SDoH data to identify opportunities to reduce healthcare disparities and improve healthcare access and equity; further,

To educate the pharmacy workforce and learners about SDoH principles, including their impact on patient care delivery and health outcomes; further,

To advocate for the funding of community resources related to improving patient access to medications, and the integration of these resources into health-system care delivery models; further,

To encourage research to identify methods, use, and evaluation of SDoH data to positively influence key quality measures and patient outcomes.

2250

Access to Reproductive Health Services

Source: House of Delegates

To recognize that reproductive healthcare includes access to and safe use of medications; further,

To recognize that reproductive health services include pre-conception, conception, post-conception, and termination of pregnancies; further,

To advocate for access to safe, comprehensive reproductive healthcare for all patients, including historically underserved patient groups such as patients of color, those with limited means, and those living in rural areas; further,

To affirm that healthcare workers should be able to provide reproductive healthcare per their clinical judgment and their conscience without fear of legal consequence, workplace sanctions, social stigmatization, harassment, or harm.