



Policy Recommendations for the ASHP House of Delegates

as of April 2023

ashp

The House of Delegates

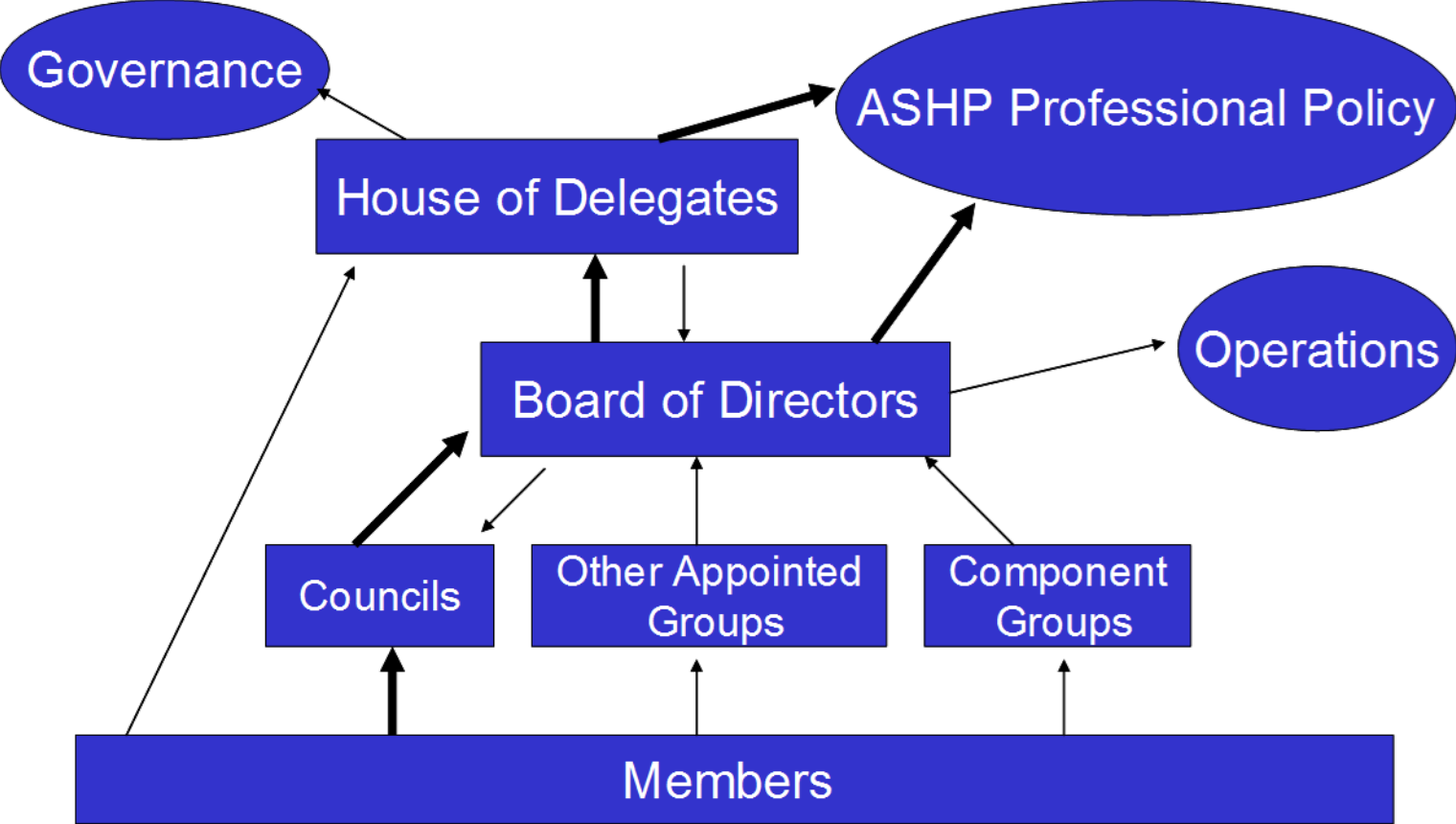


Ultimate authority over
ASHP professional policies

One annual session consisting of 2 in-person meetings at the June House of Delegates and 3 virtual meetings (March, May, and November)

- The House considers professional policy proposals that have been approved by the Board of Directors
- Most of these professional policy proposals are contained in reports from ASHP councils but may come from other component bodies, delegates, or ASHP members

ASHP Policy Process



May or June House of Delegates Meetings

- The policy recommendations in the following slides are scheduled to be considered at the May or June meetings of the House of Delegates.
- If any of the policy recommendations from the March virtual House of Delegates meeting are defeated, they will be considered at the June House meeting.
- Proposed policies are found on the House of Delegates website and are debated on the ASHP House of Delegates Connect community by delegates and other ASHP members.
- All ASHP members, including delegates, are encouraged to use the ASHP House of Delegates Connect community to review and comment on any of the proposed policies. Web-based discussion in advance of a House meeting may influence how delegates vote, and it also permits delegates to discuss potential amendments before the June House.

CPM: Payer-Directed Drug Distribution Models

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.

Note: This policy would supersede ASHP policy 2248.

CPM: Use of Social Determinants of Health Data in Pharmacy Practice

To encourage the use of patient and community social determinants of health (SDoH) data in pharmacy practice to optimize patient care services, reduce healthcare disparities, and improve healthcare access and equity; further,

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

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

Note: This policy would supersede ASHP policy 2249.

CPM: Pharmacy Accreditations, Certifications, and Licenses

To advocate that healthcare accreditation, certification, and licensing organizations adopt consistent standards for the medication-use process, based on established evidence-based principles of patient safety and quality of care; further,

To advocate that health-system administrators allocate the resources required to support medication-use compliance and regulatory demands.

Note: This policy would supersede ASHP policy 1810.

CPM: ASHP Statement on Leadership as a Professional Obligation

To approve the ASHP Statement on Leadership as a Professional Obligation.

CPhP: Emergency Medical Kits

To recognize the importance of immediate, readily accessible emergency medical kits (EMKs) in locations inaccessible to emergency medical services; further,

To advocate for the inclusion of pharmacist expertise in the interprofessional decisions related to stocking and maintaining medications in EMKs; further,

To collaborate with other professions and stakeholders to determine appropriate locations for EMKs.

CPhP: Raising Awareness of the Risks Associated with the Misuse of Medications

To encourage pharmacists to engage in community outreach efforts to provide education on the risks associated with use of medications for nonmedical purposes or from nonmedical sources; further,

To encourage pharmacists to advise authorities, patients, and the community on the dangers of using medications for nonmedical purposes.

CPhP: Standardization of Medication Concentrations

To support adoption of nationally standardized drug concentrations and dosing units for medications administered to adult and pediatric patients, and to limit those standardized concentrations and dosing units to one concentration and one dosing unit when possible; further,

To encourage interprofessional collaboration on the adoption and implementation of standardized drug concentrations and dosing units across the continuum of care; further,

To encourage manufacturers and outsourcing facilities to provide medications in those standardized concentrations when it is clinically appropriate and feasible.

Note: This policy would supersede ASHP policy 1306.

CPhP: Reducing Healthcare Sector Carbon Emissions to Promote Public Health

To promote reducing carbon emissions from the healthcare sector through collaboration with other stakeholders; further,

To encourage members of the pharmacy workforce to seek out opportunities to engage in efforts to reduce carbon emissions in their workplaces and communities.

CPhP: Pharmacoequity

To recognize that disparities in standards of care negatively impact healthcare outcomes and compromise pharmacoequity in marginalized and underserved populations; further,

To recognize the impact of social determinants of health on pharmacoequity and patient outcomes; further,

To advocate that the pharmacy workforce identify and address threats and patient vulnerabilities to pharmacoequity as part of comprehensive medication management services; further,

CPhP: Pharmacoequity (cont'd)

To advocate for resources, including technology, that improve access to care for underserved populations where pharmacy access is limited; further,

To raise awareness about implicit and unconscious bias in healthcare decision-making that may compromise pharmacoequity; further,

To advocate for drug availability, drug pricing structures, and insurance coverage determinations that promote pharmacoequity.

CPhP: Medication Administration by the Pharmacy Workforce

To support the position that the administration of medications is part of the routine scope of pharmacy practice; further,

To support the position that members of the pharmacy workforce who administer medications should be skilled to do so; further,

To advocate that states grant pharmacists and appropriately supervised student pharmacists and pharmacy technicians the authority to administer medications; further,

To support the position that pharmacists should be participants in establishing procedures in their own work settings with respect to the administration of medications (by anyone) and monitoring the safety and outcomes of medication administration.

Note: This policy would supersede ASHP policy 9820.

COT: Availability and Use of Fentanyl Test Strips

To affirm that fentanyl test strips (FTS) have a place in harm reduction strategies for people who use drugs; further,

To support legislation that declassifies FTS as drug paraphernalia; further,

To promote continued widespread availability of and access to FTS at limited to no cost to the public; further,

To foster research, education, training, and the development of resources to assist the pharmacy workforce, other healthcare workers, patients, and caregivers in the use and utility of FTS; further,

COT: Availability and Use of Fentanyl Test Strips (cont'd)

To support the pharmacy workforce in their roles as essential members of the healthcare team in educating the public and healthcare providers about the role of FTS in public health effort.

COT: Manipulation of Drug Products for Alternate Routes of Administration

To advocate that the Food and Drug Administration encourage drug product manufacturers to identify changes in pharmacokinetic and pharmacodynamic properties of drug products when manipulated for administration through an alternate delivery system or different route than originally studied, and to make this information available to healthcare providers; further,

To collaborate with stakeholders to increase research on clinically relevant changes to pharmacokinetic and pharmacodynamic properties of drug products when manipulated or administered through a different route and to enhance the aggregation and publication of and access to this data; further,

COT: Manipulation of Drug Products for Alternate Routes of Administration (cont'd)

To research and promote best practices for manipulation and administration of drug products through alternate routes when necessary; further,

To foster pharmacist-led development of policies, procedures, and educational resources on the safety and efficacy of manipulating drug products for administration through alternate routes.

COT: DEA Scheduling of Controlled Substances

To advocate that the Drug Enforcement Administration (DEA) establish clear, measurable criteria and a transparent process for scheduling determinations; further,

To urge the DEA to use such a process to re-evaluate existing schedules for all substances regulated under the Controlled Substances Act to ensure consistency and incorporate current science-based evidence concerning scheduling criteria; further,

To advocate that the United States Congress define the terms *potential for abuse*, *currently accepted medical use*, and *accepted safety for use* in the Controlled Substances Act; further,

COT: DEA Scheduling of Controlled Substances (cont'd)

To monitor the effect of DEA scheduling of products under the Controlled Substances Act and other abuse-prevention efforts (e.g., prescription drug monitoring programs) to assess the impact on patient access to these medications and on the practice burden of healthcare providers; further,

To advocate for the alignment of federal and state laws to eliminate barriers to research on and therapeutic use of Schedule I substances.

Note: This policy would supersede ASHP policy 1315.

COT: Pharmacist Prescribing Authority for Anti-retroviral Therapy for the Prevention of HIV/AIDS

To affirm that drug products for pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) for human immunodeficiency virus (HIV) infection prevention should be provided to individuals in a manner that ensures safe and appropriate use; further,

To oppose reclassification of currently available drugs used for PrEP and PEP to nonprescription status; further,

To advocate for legislation and regulation that expands pharmacist scope of practice to encompass initiation of PrEP and PEP therapy; further,

COT: Pharmacist Prescribing Authority for Anti-retroviral Therapy for the Prevention of HIV/AIDS (cont'd)

To advocate that the therapies and associated care for PrEP and PEP are available to patients with zero cost-sharing; further,

To support establishment of specific and structured criteria to guide comprehensive pharmacist interventions related to PrEP and PEP; further,

To support the research, education, and training of the pharmacy workforce on the therapeutic, psychosocial, and operationalization considerations of pharmacist-provided PrEP and PEP therapy; further,

To support educating the public regarding the public health benefits of PrEP and PEP.

COT: Point-of-Care Testing and Treatment

To advocate for laws and regulations that would include performing point-of-care testing (POCT) and associated diagnosis, referral, prescribing, dosing, and dispensing clinically indicated by POCT in pharmacists' scope of practice; further,

To support the development of specific and structured criteria for pharmacist diagnosis, referral, prescribing, dosing, and dispensing based on POCT; further,

To support the diagnosis and tracking of reportable diseases through pharmacist-managed POCT and reporting to public health agencies when appropriate; further,

COT: Point-of-Care Testing and Treatment (cont'd)

To foster research on patient access and public health improvements, cost savings, and revenue streams associated with pharmacist-managed POCT and related patient care services; further,

To promote training and education of the pharmacy workforce to competently engage in POCT and related patient care services.

Note: This policy would supersede ASHP policy 2229.

COT: ASHP Statement on Criteria for an Intermediate Category of Drugs

To discontinue the ASHP Statement on Criteria for an Intermediate Category of Drugs.

COT: Nonprescription Availability of Oseltamivir

To support a behind-the-counter practice model that expands access to oseltamivir; further,

To support interoperable documentation of oseltamivir dispensing and associated testing accessible by all members of the healthcare team in outpatient and inpatient settings; further,

To support diagnosis and tracking of influenza through pharmacist-driven influenza point-of-care testing and reporting to the appropriate public health agencies prior to oseltamivir dispensing; further,

To advocate that specific and structured criteria be established for prescribing, dosing, and dispensing of oseltamivir for treatment and prophylaxis by pharmacists; further,

COT: Nonprescription Availability of Oseltamivir (cont'd)

To advocate that pharmacist-provided counseling for oseltamivir and patient education on influenza be required for dispensing; further,

To continue to promote influenza vaccination by pharmacists, despite oseltamivir availability; further,

To advocate that the proposed reclassification of oseltamivir be accompanied by coverage changes by third-party payers to ensure that patient access is not compromised and that pharmacists are reimbursed for the clinical services provided.

Note: This policy would supersede ASHP policy 2116.

COT: Over-the-Counter Availability of Oral Contraceptives

To advocate that over-the-counter (OTC) oral contraceptives be available without age restriction only under conditions that ensure safe use, including the availability of pharmacist consultation to ensure appropriate self-screening and product selection; further,

To support the development, implementation, and use of clinical decision-making tools and education to facilitate pharmacist consultation; further,

COT: Over-the-Counter Availability of Oral Contraceptives (cont'd)

To encourage the Food and Drug Administration to require manufacturers to include all patients of childbearing age, including adolescents, in studies to determine the safety and efficacy of OTC oral contraceptives; further,

To advocate that the proposed reclassification of these products be accompanied by coverage changes by third-party payers to ensure that patient access is not compromised.

Note: This policy would supersede ASHP policy 1410.

COT: Responsible Medication-Related Clinical Testing and Monitoring

To recognize that overuse of clinical testing leads to unnecessary costs, waste, and patient harm; further,

To encourage the development of standardized measures of appropriate clinical testing to better allow for appropriate comparisons for benchmarking purposes and use in research; further,

To promote pharmacist accountability and engagement in interprofessional efforts to promote judicious use of clinical testing and monitoring, including multi-faceted, organization-level approaches and educational efforts; further,

COT: Responsible Medication-Related Clinical Testing and Monitoring (cont'd)

To promote research that evaluates pharmacists' contributions and identifies opportunities for the appropriate ordering of medication-related procedures and tests; further,

To promote the use of interoperable health information technology services and health information exchanges to decrease unnecessary testing.

Note: This policy would supersede ASHP policy 1823.

COT: Therapeutic and Psychosocial Considerations of Patients Across the Gender Identity Spectrum

To advocate for access to and broad insurance coverage of gender-affirming care, including medication, medical, and surgical therapies; further,

To advocate that patients across the gender identity spectrum have access to pharmacist care to ensure safe and effective medication use without discriminatory barriers; further,

To advocate that gender identity be considered in medication and disease management of patients across the gender identity spectrum; further,

COT: Therapeutic and Psychosocial Considerations of Patients Across the Gender Identity Spectrum (cont'd)

To promote research on, education about, and development and implementation of therapeutic and biopsychosocial best practices in the care of patients across the gender identity spectrum; further,

To encourage the incorporation of specific education and training regarding patient gender identity into educational standards and competencies for the pharmacy workforce; further,

To encourage easily accessed, structured documentation of a patient's sex assigned at birth, self-identified gender, and relevant medical history in electronic health records.

Note: This policy would supersede ASHP policy 1718.

COT: Safe and Effective Use of Injectable Promethazine

To advocate that injectable promethazine be removed from hospital and health system formularies; further,

To recommend that hospitals and health systems that continue to use injectable promethazine develop policies that strictly limit use to specific patient populations and utilize administration techniques that minimize risk of preventable harm; further,

To encourage the Food and Drug Administration to review the most current patient safety data and re-evaluate injectable promethazine's market status.

Note: This policy would supersede ASHP policy 1831.

CEWD: Well-Being and Resilience of the Pharmacy Workforce

To affirm that occupational burnout adversely affects an individual's well-being and healthcare outcomes; further,

To acknowledge that the healthcare workforce encounters unique stressors throughout their education, training, and careers that contribute to occupational burnout; further,

To declare that healthcare workforce well-being and resilience requires shared responsibility among healthcare team members and between individuals and organizations; further,

CEWD: Well-Being and Resilience of the Pharmacy Workforce (cont'd)

To encourage individuals to embrace well-being and resilience as a personal responsibility that should be supported by organizational culture; further,

To promote that pharmacy leadership collaborate with their institutions to assess the well-being and resilience of the pharmacy workforce and identify effective prevention and intervention strategies; further,

To encourage hospitals and health systems to invest in the development and assessment of programs aimed at prevention, recognition, and treatment of occupational burnout, and to support participation in these programs; further,

CEWD: Well-Being and Resilience of the Pharmacy Workforce (cont'd)

To encourage education, research and dissemination of findings on stress, burnout, and well-being; further,

To collaborate with other professions and stakeholders to identify effective prevention and intervention strategies that support well-being at an individual, organizational, and system level.

Note: This policy would supersede ASHP policy 1825.

SPE: ASHP Statement on Precepting as a Professional Obligation

To approve the ASHP Statement on Precepting as a Professional Obligation.

Questions or Suggestions?

Feel free to contact:

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ASHP policy website: <https://www.ashp.org/Pharmacy-Practice/Policy-Positions-and-Guidelines/>