



# Policy Update: Instant Replay of the 2023 House of Delegates

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# Learning Objectives

1. Describe the ASHP policy-making process.
2. Explain the importance of ASHP policies to pharmacy professional practice.
3. Review new policies approved at the 2022-23 House of Delegates (HOD).



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# ASHP Policy Development Process

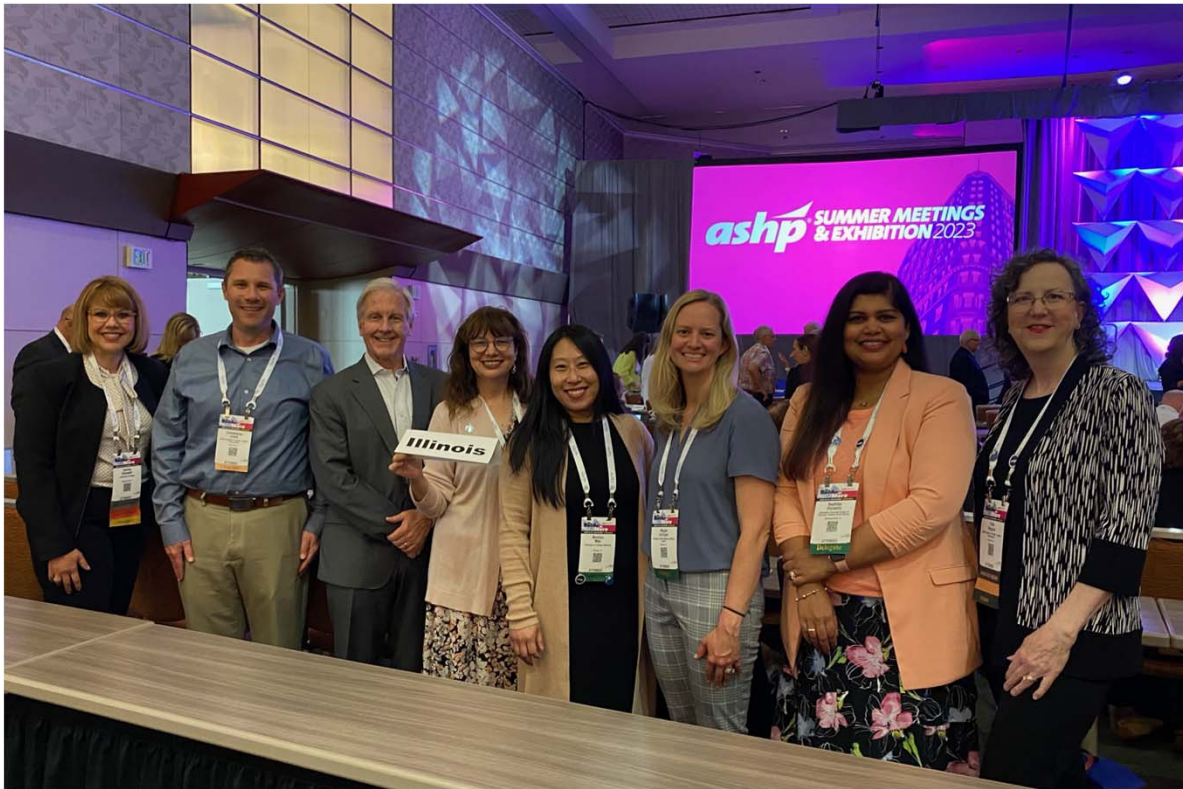
- **Member-Driven!**
  - All professional policy is created by ASHP members
- **Grass-roots effort**
  - ASHP Council (appointed positions)
  - Section and Forum Executive Committees
  - Resolutions
    - Each November, ASHP “Calls for Resolutions” to all ASHP members and affiliated state societies (ICHHP!)
    - Two active ASHP members must sponsor a resolution and submit to the House of Delegates 90 days before the Summer Meeting



# ASHP House of Delegates

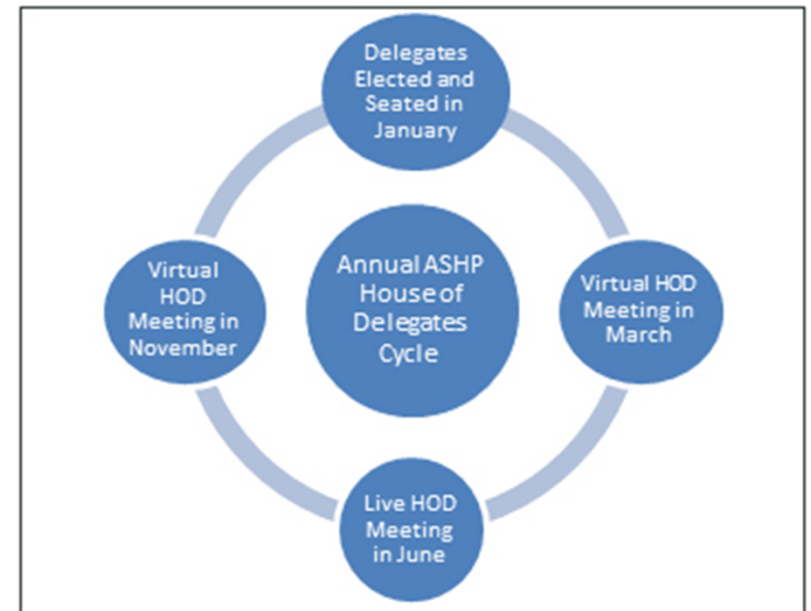
- Developed policies from the Councils which then go to the ASHP Board for review and approval to submit to the ASHP HOD
- ASHP's HOD convenes for a review/discussion/approval of all proposed policies during Virtual Houses. Spring House, and the Summer Meeting
- House of Delegates
  - 163 voting state delegates elected among active ASHP members
  - Officers and Directors of ASHP
  - ASHP Past Presidents
  - Fraternal Delegations: US Army, Navy, Air Force, Public Health Service and VA

# ASHP House of Delegates – Illinois



# ASHP House of Delegates

- House of Delegates Events
  - ASHP Connect
  - Regional Delegates Conference (April/May)
  - Virtual House of Delegates Votes (March, May, November)
  - ASHP Summer Meeting (June)





# ASHP House of Delegates - June

- **Open Forum for Members**
  - First meeting of the June House of Delegates for ASHP member discussion
  - Less formal - more discussion
- **Recommendations**
  - Presented at the June House of Delegates by any delegates
- **New Business**
  - Presented at the June House of Delegates second meeting
- **All must go to the Board for final approval**





## June 2023 House of Delegates

On June 11 and 13, the House of Delegates voted on 18 policy recommendations.

- 14 policy recommendations were amended.
- 4 policy recommendations were approved without amendments.



# ASHP Policies, Positions, Guidelines

- Finalized policies, positions, and guidelines can be found on the ASHP website:  
<https://www.ashp.org/Pharmacy-Practice/Policy-Positions-and-Guidelines>
- Policies are used internally and externally to influence practice



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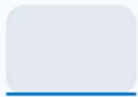


### 1. Which of the following is true about the ASHP policy-making process?

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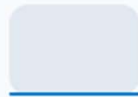
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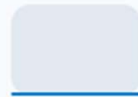
ASHP Councils and Sections create policies

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ASHP House of Delegates votes on policies

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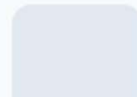
ASHP Board of Directors approves policies

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Policies are used internally and externally to influence practice

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All of the above



# ASHP Policies Approved at the 2023 Summer Meeting



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# 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.



# SPE: ASHP Statement on Precepting as a Professional Obligation

- ASHP believes that all pharmacists have a professional obligation to give back to the profession by precepting
- ASHP encourages leaders to create a culture of teaching and learning and facilitate integration of learners into patient care and scholarly work
- Leaders/administrators have a responsibility to foster evidence-based development of precepting skills and practice models that support precepting

# Think, Pair, Share

1. Do you think precepting should be a professional obligation? Why or why not? What challenges or benefits do you foresee?
2. Does your institution have a culture of teaching and learning?
3. How do you develop your own precepting skills? How does your institution support this?





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

To support the pharmacy workforce in outreach efforts to provide education to authorities, patients, and the community on the risks associated with use of medications for nonmedical purposes or from nonmedical sources.






# CPhP: Emergency Medical Kits

To recognize the importance of standardized and readily accessible emergency medical kits (EMKs) in locations with inconsistent emergency medical services; further,

To advocate for the inclusion of pharmacist expertise in policy and regulations for the interprofessional decisions related to the contents, storage, and maintenance of medications in EMKs; further,

To collaborate with other professions and stakeholders to standardize the contents of and locations for EMKs, and to develop guidelines and standardized training for proper use of EMK contents by designated personnel employed in those settings.



# CPhP: Standardization of Medication Concentrations, Dosing Units, Labeled Units, and Package Sizes

To support adoption of nationally standardized medication concentrations, dosing units, labeled units, and package sizes for medications administered to adult and pediatric patients, and to advocate that the number of standard concentrations, dosing units, labeled units, and package sizes be limited as much as possible; further,

To encourage interprofessional collaboration on the adoption and implementation of these standards across the continuum of care; further,



## CPhP: Standardization of Medication Concentrations , Dosing Units, Labeled Units, and Package Sizes (cont'd)

To encourage manufacturers and registered outsourcing facilities to provide medications in those standardized concentrations, labeled units, and package sizes.

*Note: This policy supersedes ASHP policy 1306.*



# CPhP: Pharmacoequity

To raise awareness that disparities in clinical practice negatively impact healthcare outcomes and compromise pharmacoequity; further,

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

To advocate for drug availability, drug pricing structures, pricing transparency, and insurance coverage determinations that promote pharmacoequity; further,



## CPhP: Pharmacoequity (cont'd)

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

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

To encourage the pharmacy workforce to identify and mitigate biases in healthcare decision-making that compromise pharmacoequity.



# CPhP: Medication Administration by the Pharmacy Workforce

To support the position that the administration of medications is within the scope of pharmacy practice; 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.

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*Note: This policy supersedes ASHP policy 9820.*

CPhP: Council on Pharmacy Practice



## Think, Pair, Share

1. Have you or your institution worked on any initiatives to educate patients and the community on the dangers associated with misuse of medications?
2. How can pharmacists help with standardizing emergency medical kits?
3. Has your institution implemented standardization of medication concentrations or package sizes? What are the pros/cons to this approach?
4. What has your institution done (or what can be done) to address pharmaco-equity?




# 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: 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 supersedes ASHP policy 1823.*




# 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 public availability of and access to FTS, including zero-cost options; further,

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 efforts.



# 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 U.S. Congress, with input from stakeholders, enact clear definitions of 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 advocate for monitoring of the impact of DEA scheduling of products under the Controlled Substances Act and other abuse-prevention efforts (e.g., prescription drug monitoring programs) on patient access to therapy and on healthcare provider workload; further,

To advocate for the elimination of federal and state laws that create barriers to research on therapeutic use of Schedule I substances.

*Note: This policy supersedes ASHP policy 1315.*



# COT: Point-of-Care Testing and Treatment by Pharmacists

To advocate for laws, regulations, and development of specific, structured criteria that include performing diagnostic point-of-care testing (POCT), interpreting test results, prescribing, dosing, and dispensing as clinically indicated by POCT within pharmacists' scope of practice, or referral; further,

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

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

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.



# COT: Nonprescription Availability of Self-Administered Influenza Antivirals

To support a behind-the-counter practice model that expands access to self-administered influenza antivirals.

*Note: This policy supersedes ASHP policy 2116.*





# COT: Over-the-Counter Availability of Hormonal Oral Contraceptives

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

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 effectiveness of OTC hormonal contraceptives; further,



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


To advocate that all insurers and manufacturers maintain coverage and limits on out-of-pocket expenditure so that patient access is not compromised.

*Note: This policy supersedes ASHP policy 1410.*

# Think, Pair, Share

1. How might pharmacists play a role in reducing unnecessary clinical testing/monitoring?
2. How might pharmacists play a role in point of care testing?
3. What are the pros/cons to OTC availability of influenza antivirals?
4. What are the pros/cons to OTC availability of hormonal oral contraceptives?






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

To recognize the role of gender-affirming care in achieving health equity and reducing health disparities; further,

To advocate that gender identity is a critical component of medication and disease management of patients across the gender identity spectrum; further,

To advocate for equitable access to gender-affirming care, including access to a pharmacist who ensures safe and effective medication use; further,




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

To promote research, 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, chosen name, personal pronouns, and relevant medical history in electronic health records; further,



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

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

*Note: This policy supersedes ASHP policy 1718.*



# COT: Removal of Injectable Promethazine from Hospital Formularies

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

To encourage regulatory and safety bodies to review patient safety data and conduct research on adverse events related to administration of injectable promethazine; further,

To encourage manufacturers to produce injectable promethazine in package sizes and concentrations that reduce risk.

*Note: This policy supersedes ASHP policy 1831.*



# COT: Pharmacist Prescribing Authority for Antiretroviral 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 Antiretroviral 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.




# 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: Council on Education and Workforce Development



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

To provide resources to empower individuals and institutions to embrace well-being and resilience as a priority supported by organizational culture; further,

To promote that pharmacy leadership collaborates 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 interprofessional programs that prevent occupational burnout while supporting well-being, and to support nonpunitive participation in these programs.

*Note: This policy supersedes ASHP policy 1825.*



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CEWD: Council on Education and  
Workforce Development

# Think, Pair, Share

- Does your institution have structured documentation of patient's assigned sex at birth, self-identified gender, chosen name, personal pronouns, and other considerations mentioned in the ASHP policy?
- Does your institution use injectable promethazine? What are the pros/cons to removing it from formulary?
- What has your institution done to promote well-being and resilience?

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# ASHP Policies Approved at the Virtual May 2023 Meeting



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# Results of the May 2023 Virtual HOD Session

- The following policies/statements were approved:
  - Payer-Directed Drug Distribution Models (CPM)
  - Use of Social Determinants of Health Data in Pharmacy Practice (CPM)
  - Pharmacy Accreditations, Certifications, and Licenses (CPM)
  - ASHP Statement on Leadership as a Professional Obligation (CPM)
  - ASHP Statement on Criteria for an Intermediate Category of Drugs (COT)  
- *discontinued*



## Key Takeaways

- Get involved and stay up to date on policy changes
- Any ASHP member can make change happen
- Discuss thoughts with Illinois Delegates throughout the year



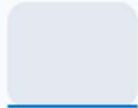
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## 2. Which of the following policies/ statements were approved at the 2023 ASHP House of Delegates meetings?



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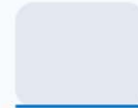
Precepting as a professional obligation

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Pharmacoequity

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Non-prescription availability of hormonal contraceptives

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All of the above





Moderate

Visual settings

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Questions?

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Nobody has responded yet.  
Hang tight! Responses are coming in.