

Proceedings of the 54th annual session of the ASHP House of Delegates, June 2 and 4, 2002

Henri R. Manasse, Jr., Secretary

The 54th annual session of the ASHP House of Delegates was held at the Baltimore Convention Center, in conjunction with Summer Meeting 2002.

First meeting

The first meeting was convened at 2 p.m., Sunday, June 2, by Chair of the House of Delegates Roland A. Patry. Debra S. Devereaux, Vice Chair of the Board of Directors, gave the invocation.

Chair Patry called for a moment of silence in memory of Past President Carl Lyons who passed away suddenly on May 18.

Chair Patry introduced the persons seated at the head table: Mick L. Hunt, Immediate Past President of ASHP and Vice Chair of the House of Delegates; Steven L. Sheaffer, 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 noted that ASHP is celebrating its 60th anniversary and highlighted the historical significance of policies that have been adopted by the House of Delegates that have influenced the practice of pharmacy and improved patient care.

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 196 voting delegates representing 50 states, the District of Columbia and Puerto Rico, delegates from the federal services, student delegates, chairs of the sections of Home, Ambulatory, and Chronic Care Practitioners and Clinical Specialists and Scientists, officers and members of the Board of Directors, and past presidents of ASHP.

Chair Patry reminded delegates that the report of the 53rd 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 53rd House of Delegates session were received without objection.

Chair Patry called on Catherine Hansen for the report of the Committee on Nominations.^a Nominees were presented as follows:

President-elect

Daniel M. Ashby, M.S., FASHP, Baltimore, MD, Director of Pharmacy, Johns Hopkins University Hospital, and Associate Professor at the

University of Maryland School of Pharmacy.

T. Mark Woods, Pharm.D., FASHP, Kansas City, MO, Clinical Coordinator and Residency Program Director, Saint Luke's Hospital.

Board of Directors (2003–2006)

Kevin J. Colgan, M.A., Chicago, IL, Vice President, Medical and Outcomes Research at EPI-Q, Inc., and Adjunct Clinical Professor at the University of Illinois College of Pharmacy, Chicago.

David W. Fuhs, Pharm.D., M.S., FASHP, St. Paul, MN, Medical Liaison, Critical Care for Eli Lilly and Company.

Eric T. Hola, M.S., M.L.S., Livingston, NJ, Director, Pharmacy Services, Saint Barnabas Medical Center.

Janet Sylvester, M.B.A., Charlottesville, VA, Director of Pharmacy, Martha Jefferson Hospital.

Board of Directors (2002-2003)

David A. Kvancz, M.S., FASHP, Cleveland, OH, Director of Pharmacy, The Cleveland Clinic Foundation Hospital.

Marjorie Shaw Phillips, M.S., FASHP, Augusta, GA, Pharmacist, Medical College of Georgia Hospitals & Clinics, and Adjunct Clinical Associate Professor, University of Georgia College of Pharmacy.

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.

Dennis M. Williams, Pharm.D.,
Chapel Hill, NC, Associate
Professor, University of North
Carolina School of Pharmacy.

A “Meet the Candidates” session
to be held on Monday, June 3,
was announced.

President and Chair of the Board. President Sheaffer referred to the combined report of the Chair of the Board and the Executive Vice President, 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 updated and elaborated upon various aspects of the report. (The combined written 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 Sheaffer, on behalf of the Board of Directors, then moved adoption of the proposed Bylaws amendment that permits the use of electronic ballots for ASHP election for President-Elect and Directors of ASHP. There was no discussion and the Bylaws amendments were adopted. They read as follows (italic type indicates material added):

7.4.3.2. The names of the candidates for President-elect and Directors of ASHP shall be submitted by mail *or electronic transmission* to every active member of ASHP within 60 days

after nomination. The member shall indicate on the ballot a choice of candidates for the offices to be filled and return the same by mail *or electronic transmission* within 30 days of the date on the ballot.

7.3.3. The ballots, postmarked *or electronically transmitted* within 30 days of the date printed on the ballot, will be submitted to the Board of Canvassers who shall oversee counting of the ballots. The Board of Canvassers shall certify the results of the election to the Executive Vice President. The Executive Vice President shall notify all candidates of the results of the election, and the results of the election shall also be disseminated to the membership.

President Sheaffer, on behalf of the Board of Directors, moved adoption of the proposed Charter and Bylaws amendments relating to the designation of section and forum chairs as voting delegates in the House of Delegates. There was no discussion and the Charter and Bylaws amendments were approved. The Charter amendment will require a vote of the entire membership and will be included in the election ballot this summer. If approved, the amendments would become effective after the election. They read as follows (italic type indicates material added; strikethrough indicates material deleted):

ASHP Charter Article Seventh

2. ASHP shall have a House of Delegates that shall meet yearly to review, consider, and ultimately approve or disapprove the professional policies recommended to it by its Directors and to review the affairs of ASHP; voting delegates in the House of Delegates shall

consist of the following classes: state delegates, who shall be active members and shall be deemed to represent the aliquot portion of the active membership of ASHP, ~~plus student delegates,~~ plus Directors, plus eligible Past Presidents of ASHP, plus fraternal delegates, plus the chair of ~~the Section of Home Care Practitioners and the chair of the Section of Clinical Specialists~~ *each Section and Forum created by the Board pursuant to Article 6.1.6 of the bylaws.*

Bylaws

6.1.6 Sections *and Forums* are components of ASHP established by the Board of Directors. The Board of Directors may also establish rules and criteria (including financial criteria) to join and maintain enrollment in a Section *or Forum* for the administration of the affairs of the Section *or Forum*. ASHP members who ~~pay section dues~~ *and* meet the criteria may be members of the Section *or Forum*.

6.1.6.1. Sections *and Forums* shall be operated to further the purposes of ASHP by fostering the development, enhancement, and recognition of pharmacy practice as represented by the Section *or Forum*.

7.1. The House of Delegates shall consist of 163 voting state delegates, who shall represent a proportionate number of active members in each state; plus all Directors of ASHP; plus Past Presidents (if active members) after completing the term of office of Immediate Past President; ~~plus two (voting) student delegates;~~ plus five (voting) fraternal delegates; plus the (voting) chair of ~~the Section of Home Care Practitioners and the (voting) chair of the Section~~

~~of Clinical Specialists each Section and Forum.~~ Each delegate shall have one vote, and no delegate may have more than one vote by virtue of any dual capacity in the House of Delegates.

~~7.1.1.4~~ The student delegates shall be chosen by the Chair of the House of Delegates from among the student members of ASHP.

~~7.1.1.5~~ 7.1.1.4 The United States Army.....

~~7.1.1.6~~ The chair of the Section of Home Care Practitioners and the chair of the Section of Clinical Specialists shall each be entitled to one voting delegate.

~~7.1.1.7~~ 7.1.1.5 Alternates for voting state.....

President Sheaffer, on behalf of the Board of Directors, then moved adoption of the “ASHP Statement on the Role of Health-System Pharmacists in Counterterrorism.” It was moved and seconded to amend the title of the statement to read “ASHP Statement on the Role of Health-System Pharmacists in Emergency Preparedness.” The amendment was approved. The statement was then adopted as amended.^b

(See attachment A for text.)

Treasurer. Marianne F. Ivey 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 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: Nasrine Sabi, 20 years, and Bonnie Green, 20 years. He also recognized Norman Hochman’s tenure as Vice President of Finance and his transition to Vice President of Asset Management on July 1, 2002, and David Edward’s promotion to Vice President of Finance. He noted the employment of Janet Teeters as Director of Accreditation Services. Dr. Manasse highlighted selected issues that have faced ASHP during the past year: emergency preparedness, drug shortages, pharmacist provider coalition, expansion in pharmacy practice residencies, ASHP participation in the National Alliance for Healthcare Technology, and the continued focus on membership recruitment and retention.

Recommendations. Chair Patry postponed Recommendations until the second meeting of the House of Delegates on Tuesday.

Council reports. (Note: The policy recommendations of the ASHP councils were published in the April 1, 2002, 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.

(Note: Policy recommendations are presented here in the order in which they were published, not in the order in which they were discussed for purposes of amendment. Policy recommendations not amended were approved as a block.)

Bonnie L. Senst, Board Liaison to the **Council on Administrative Affairs**, presented the council’s policy recommendations A through I.

After a request to consider Policy A separately, it was moved and seconded to add the words “be innovative in their approach and to” before the word ‘factor’ in the 2nd paragraph. The amendment was approved. Policy A as amended was then adopted.^b It reads as follows (*italic type indicates material added; strikethrough indicates material deleted*):

A. Staffing for Safe and Effective Patient Care

To encourage pharmacy managers to work in collaboration with physicians, nurses, health-system administrators, and others to outline key pharmacist services that are essential to safe and effective patient care; further,

To encourage pharmacy managers to *be innovative in their approach and to factor* into their thinking legal requirements, accreditation standards, professional standards of practice, and the resources and

technology available in individual settings; further,

To support the following principles:

- Sufficient qualified staff must exist to ensure safe and effective patient care;
- During periods of staff shortages, pharmacists must exert leadership in directing resources to services that are the most essential to safe and effective patient care;
- Within their own organizations pharmacists should develop contingency plans to be implemented in the event of insufficient staff — actions that will preserve services that are the most essential to safe and effective patient care and will, as necessary, curtail other services; and
- Among the essential services for safe and effective patient care is pharmacist review of new medication orders before the administration of first doses; in settings where patient acuity requires that reviews of new medication orders be conducted at any hour and similar medication-use decisions be made at any hour, there must be 24-hour access to a pharmacist.

(Note: This policy supersedes policy 0001.)

B. Performance Improvement

To encourage pharmacists to establish performance improvement processes within their practice settings that measure both operational and patient outcomes; further,

To encourage pharmacists to use contemporary performance improvement techniques and methods for ongoing

improvement in their services; further,

To support pharmacists in their development and implementation of performance-improvement processes.

(Note: This policy supersedes policy 9808.)

C. Pharmacist's Role in Electronic Patient Information and Prescribing Systems

To strongly advocate key decision roles of pharmacists in the planning, selection, implementation, and maintenance of electronic patient information systems (including computerized prescriber order-entry systems) to facilitate clinical decision support, data analysis, and education of users for the purpose of ensuring the safe and effective use of medications.

(Note: This policy supersedes policy 9807.)

It was requested to consider Policy Recommendation D separately to amend it by changing the word “ensure” to “improve” in point (1) in the second paragraph. The amendment was approved. Policy Recommendation D as amended was then adopted.^b It reads as follows (italic type indicates material added; strikethrough indicates material deleted):

D. Machine-readable Coding

To declare that the identity of all medications should be verifiable through machine-readable coding technology and to support the goal that all medications be verified before they are administered to patients in health systems; further,

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

(Note: This policy supersedes policies 0106 and 9906.)

E. Pharmacists in Managed Care Settings

To assume a leadership role as a membership organization in meeting the unique needs of pharmacists practicing in managed care settings (e.g., health maintenance organizations, preferred-provider organizations, pharmacy benefit management companies, and independent practice associations).

(Note: This policy supersedes policy 8801.)

F. Reimbursement for Unlabeled Uses of FDA-Approved Drug Products

To support third-party reimbursement for FDA-approved drug products appropriately prescribed for unlabeled uses.

(Note: This policy supersedes policy 9001.)

G. 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 educate pharmacists about those methods; 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 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 educate and assist pharmacists in their efforts to attain provider status and receive compensation for patient care services.

(Note: This policy supersedes policy 0115.)

H. Plan of Action for Dealing with Pharmacy Reimbursement Matters

To discontinue ASHP policy 8201, Plan of Action for Dealing with Pharmacy Reimbursement Matters, which reads:

To pursue the following plan of action to deal with pharmacy reimbursement:

1. To educate members on the systems and mechanisms of reimbursement through such activities as:
 - a. Sponsorship of a focused Institute on reimbursement.
 - b. Development of a series of articles in *AJHP* focusing on existing major reimbursement

models, using a case-study approach.

- c. Development of a glossary of key term definitions to ensure common understanding.
 - d. Development of a manual of reimbursement for pharmaceutical services.
 - e. Development of a checklist of information and documents that will assist pharmacist-administrators in understanding how pharmacy fits into the institutional fiscal structure of their own institutions.
2. To enhance understanding of pharmacy concerns relative to reimbursement among administrators, financial managers, fiscal intermediaries, and third parties through such activities as:
 - a. Expansion of liaison activities with related organizations, including the Hospital Financial Management Association and Blue Cross/Blue Shield.
 - b. Development of an article or series of articles in publications aimed at these audiences.
 3. To initiate data gathering to establish an effective ASHP clearinghouse for reimbursement information through such activities as:
 - a. Development of a geographical profile of current reimbursement mechanisms by region and state.
 - b. Survey of institutions to determine those discrete pharmaceutical services currently being reimbursed separately for both inpatient and ambulatory care.
 - c. Collection of qualitative and quantitative justification

documentation successfully used in achieving reimbursement.

4. To continue to review and assess appropriate legislative and regulatory alternatives related to payment for pharmaceutical services.
5. To foster research in the area of cost justification of pharmaceutical services through solicited papers for continuing-education programs, targeted research grants through the ASHP Research and Education Foundation, and other appropriate mechanisms.

It was moved and seconded to defeat Policy I. Following discussion, Policy I was defeated. It read as follows:

I. Needle-Free Drug Preparation and Administration Systems

To discontinue ASHP policy 9202, Needle-Free Drug Preparation and Administration Systems, which reads:

To encourage manufacturers' efforts to create cost-effective drug preparation and drug administration systems that do not require needles.

Brian L. Erstad, Board Liaison to the **Council on Educational Affairs**, presented the Council's Policy Recommendations A through N.

After a request to consider Policy A separately, it was moved and seconded to substitute the words "include instruction" for "teach" following the word "schools," to add the word "about" following the word "fashion," and to substitute the word "performance" for "quality." The

amendments were approved. Following discussion, Policy A as amended was adopted^b. It reads as follows (italic type indicates material added; strikethrough indicates material deleted):

A. Medication Safety in Curricula for Health Practitioners

To urge that the curricula of colleges of pharmacy and other health profession schools ~~teach~~ *include instruction*, in an interdisciplinary fashion, *about the principles of quality performance* improvement and patient safety and train students how to apply these principles in practice.

It was requested to consider Policy Recommendation B separately to amend it by adding the words “and pharmacy technician training programs” at the end of paragraph 3. The amendment was approved. Policy Recommendation B, as amended, was adopted.^b It reads as follows (italic type indicates material added):

B. Substance Abuse and Chemical Dependency

To collaborate with appropriate professional and academic organizations in fostering adequate education on substance abuse and chemical dependency at all levels of pharmacy education (i.e., schools of pharmacy, residency programs, and continuing-education providers); further,

To support federal, state, and local initiatives that promote pharmacy education on substance abuse and chemical dependency; further,

To advocate the incorporation of education on substance abuse and chemical dependency into the accreditation standards for Doctor of Pharmacy degree programs *and pharmacy technician training programs*.

After a request to consider Policy C separately, it was moved and seconded to amend the recommendation by adding the words, “health literacy and cultural competency of patients” and deleting the words “and health literacy of patients” at the end of the first paragraph. The amendment was defeated. The policy as originally written was then adopted. Policy C reads as follows:

C. Health Literacy

To encourage the development of educational programs for pharmacy students, residents, and practitioners on assessing the level of general literacy and health literacy of patients; further,

To encourage pharmacists, when communicating medication information to patients, to use techniques that take into account the patient's level of general literacy and health literacy; further,

To seek opportunities to support research on health literacy as it relates to the appropriate use of medicines.

It was requested to consider Policy D separately to add the words “that enhance the recruitment and retention of qualified” and striking the word “for” before “pharmacy technicians” in the last paragraph. The amendment was approved. Policy D as amended was adopted.^b It reads as follows (italic type indicates material

added; strikethrough indicates material deleted):

D. Image of and Career Opportunities for Pharmacy Technicians

To promote the image of pharmacy technicians as valuable contributors to health care delivery; further,

To develop and disseminate information about career opportunities *that enhance the recruitment and retention of qualified* ~~for~~ pharmacy technicians.

After a request to separate Policy E, it was moved and seconded to add “an ASHP” in the first paragraph before the word “accredited.” The amendment was defeated. It was then moved and seconded to add the word “nationally” before the word “accredited” in the first paragraph. This was defeated. It was then moved and seconded to add the words “standards-based” following the word “accredited” in the 1st paragraph, which was also defeated. It was then moved and seconded to insert the word “accredited” before the word “pharmacy” in the second paragraph and to delete the words “and encourage all such programs to become accredited” at the end of that paragraph. The amendments were approved. Policy E as amended was then adopted.^b It reads as follows (italic type indicates material added; strikethrough indicates material deleted):

E. Pharmacy Technician Training

To support the goal that technicians entering the pharmacy work force have completed an accredited program of training; further,

To encourage expansion of *accredited* pharmacy technician training programs. ~~and encourage all such programs to become accredited.~~

(Note: This policy supersedes policy 0109.)

F. Pharmacists' Role in Immunization and Vaccines

To affirm that pharmacists have a role in promoting and administering proper immunizations to patients and employees in all settings; further,

To encourage pharmacists to seek opportunities for involvement in disease prevention through community immunization programs; further,

To advocate the inclusion of the pharmacist's role in immunization in school of pharmacy curricula; further,

To strongly encourage pharmacists to use available opportunities and materials to educate at-risk patients, their caregivers, parents, guardians, and health care providers about the importance of immunizations.

(Note: This policy supersedes policies 0019 and 0111.)

Following a request to separate Policy G, it was moved and seconded to amend the 2nd paragraph by adding the words "and nontraditional settings" at the end. Following discussion, the amendment was defeated. Policy G was then adopted. It reads as follows:

G. Image of and Career Opportunities for Health-System Pharmacists

To expand the public information program promoting the

professional image of health-system pharmacists to the general public, public policymakers, other health care professionals, and health-system decision-makers; further,

To provide ASHP informational and recruitment materials identifying opportunities for pharmacy careers in health systems.

(Note: This policy supersedes policy 9710.)

After a request to consider Policy Recommendation H separately, it was moved and seconded to substitute new language, which reads "To assist ASHP affiliated state societies with information about potential educational program resources." Following discussion, the substitute language was approved. Policy H as substituted was then adopted.^b It reads as follows (italic type indicates material added; strikethrough indicates material deleted):

H. Educational Program Resources for Affiliated State Societies

~~To identify, catalog, and disseminate information about potential educational program resources and support mechanisms that would assist ASHP affiliated state societies in planning, organizing, and implementing statewide continuing education programs.~~

To assist ASHP affiliated state societies with information about potential educational program resources.

(Note: This policy supersedes policy 8802.)

I. Residency Programs

To strongly advocate that all pharmacy residency programs become accredited as a means of ensuring and conveying program quality.

(Note: This policy supersedes policy 8715.)

J. "P.D." (Pharmacy Doctor) Designation for Pharmacists

To oppose the use of "P.D." or any other designation that implies an academically conferred degree where none exists.

K. ASHP Continuing-Education Activities and Nontraditional Pharm.D. Programs

To discontinue ASHP policy 9502, ASHP Continuing-Education Activities and Nontraditional Pharm.D. Programs, which reads:

To develop ASHP continuing education activities and materials, in both meeting and nonmeeting formats, to address the competencies identified by the American Association of Colleges of Pharmacy (AACP) Center for the Advancement of Pharmaceutical Education Advisory Panel on Educational Outcomes and the ASHP Model for Pharmacy Practice Residency Learning Demonstration Project; further,

To use the work of the AACP Center for the Advancement of Pharmaceutical Education and the ASHP Model for Pharmacy Practice Residency Learning Demonstration Project to develop continuing-education activities that could be either approved for college credit or potentially accepted as evidence of competency for applicants to nontraditional Pharm.D. programs.

L. Assessment Survey of Continuing-Education Needs

To discontinue ASHP policy 8705, Assessment Survey of Continuing-Education Needs, which reads:

To develop and implement an ongoing continuing education needs assessment survey that will assist in planning, organizing, and administering future educational programs.

M. National Manpower Data System

To discontinue ASHP policy 8704, National Manpower Data System, which reads:

To endorse the development and implementation of a national pharmacy manpower data system; further,

To consider committing the appropriate resources to support a data system after reviewing the goals and objectives of the project.

N. Internship, Externship, and Clerkship

To discontinue ASHP policy 8506, Internship, Externship, and Clerkship, which reads:

To endorse the recommendation of the APhA Task Force on Pharmacy Education and the statement in the proposed American Council on Pharmaceutical Education standard that states:

“The curriculum should contain an externship and a clerkship of such quality and quantity to serve in lieu of the internship requirement.”

Daniel M. Ashby, Board Liaison to the **Council on Legal and**

Public Affairs, presented the Council’s Policy Recommendations A through O. Following a request to consider Policy Recommendation A separately, it was suggested that the language in this policy be strengthened in the future and that consideration be given to changing the title to “Pharmacist Recruitment and Retention.” Since there were no amendments proposed, Policy A as written was then adopted. It reads:

A. Pharmacist Recruitment and Retention

To support federal and state incentive programs for new pharmacy graduates to practice in underserved areas; further,

To provide information and educational programming on strategies used by employers for successful recruitment and retention of pharmacists and pharmacy technicians; further,

To conduct regular surveys on trends in the health-system pharmacy work force, including retention rates for pharmacists and pharmacy technicians.

After a request to consider Policy B separately, it was moved and seconded to substitute language for this policy. Following discussion, the substitute language was approved. Policy B as substituted was adopted.^b It reads as follows (italic type indicates material added; strikethrough indicates material deleted):

B. Requirement for Engaging in Collaborative Drug Therapy Management

~~To support the current practice of pharmacists and prescribers negotiating and establishing~~

~~collaborative drug therapy management agreements; further,~~

~~To support, in those practice environments where explicit privileging is required for pharmacists to engage in collaborative practice, the use of an interdisciplinary process for verifying the pharmacist’s qualifications for such practice; further,~~

~~To stipulate that such an interdisciplinary process should be conducted by an overseeing body of the institution (e.g., the existing internal privileging system) or, in noninstitutional settings, by an equivalent system; further,~~

~~To suggest that this privileging process may incorporate (1) interdisciplinary peer review, (2) evidence of didactic preparation appropriate to the necessary skills, (3) a system of outcomes measurements, (4) interdisciplinary reevaluation for maintenance of competence, and (5) compliance with established standards of care; further,~~

~~To oppose any additional state requirements beyond licensure for pharmacists engaged in collaborative practice because of the existing processes for quality assurance in collaborative practice.~~

To recognize licensure of pharmacists as the only state-imposed legal requirement for pharmacists engaged in activities involving collaborative drug therapy management; further,

To support the current practice of pharmacists and prescribers negotiating and establishing collaborative drug therapy management agreements in which the pharmacist receives delegated authority; further,

To support the use of privileging processes in those practice environments where explicit privileging is required to receive delegated authority; additional training or credentialing required of the pharmacist engaging in these practices are determined by the local practice site.

After a request to consider Policy C separately, it was moved and seconded to delete the words “advocate through” in the 1st sentence and replace them with “support, with;” and to change the word “advocacy” to “support” in both the 2nd and 3rd paragraphs. Policy C as amended was then adopted.^b It reads as follows (italic type indicates material added; strikethrough indicates material deleted):

C. Intermediate Category of Drugs

To ~~advocate, through~~ *support, with* appropriate changes in federal statutes and regulations, the establishment of an intermediate category of drug products that do not require a prescription but are available only from pharmacists and licensed health care professionals who are authorized to prescribe medications; further,

To base such ~~advocacy~~ *support* on the following facts:

1. Some drug products that are potential candidates for switching from prescription-only to nonprescription status raise concerns about patient safety as nonprescription products; these products could be better controlled, monitored, and evaluated by making them available only from pharmacists and licensed health care professionals who are authorized to prescribe medications; and

2. Pharmacists have the education, training, and expertise to help patients make appropriate therapeutic decisions associated with the use of such drug products; further,

To ~~advocate~~ *support* that the regulatory system for this intermediate category of drug products contain the following features:

1. Drug products appropriate for this intermediate category would be identified through the advice of pharmacists, physicians, and other licensed health professionals who are authorized to prescribe medications, on the basis of the medical conditions to be treated and potential adverse effects (as indicated in FDA-approved labeling);
2. Pharmacists would be able to provide drugs in this intermediate category directly to patients without a prescription, on the basis of appropriate assessment and professional consultation;
3. Licensed health professionals who currently have prescribing authority would continue to have the ability to prescribe medications in this intermediate category; and
4. Data from postmarketing surveillance, epidemiologic studies, and adverse-drug-reaction reporting would be collected to help determine a drug product's eventual movement to nonprescription status, return to prescription-only status, or continuation in the intermediate category.

(Note: This policy supersedes policy 8511.)

After a request to consider Policy D separately, it was moved and

seconded to add the following language at the end of the policy “To assume an advocacy role for the development of federal legislation that would provide pharmaceutical vendors with incentives to prevent drug shortages and impose penalties for creation of avoidable drug shortages that endanger public health.” Following discussion, the amendment was defeated. It was then moved and seconded to add the words “of not less than six months” following the words “adequate notice” in the 2nd paragraph. The amendment was approved. Policy D as amended was then adopted.^b It reads as follows (italic type indicates material added):

D. Drug Product Shortages

To strongly encourage FDA to revise its definition of “medically necessary” drug products to cover both single-source and multisource products; further,

To strongly encourage FDA to require pharmaceutical manufacturers that are single-source manufacturers of a particular drug product or have a preponderant market share of a multisource product to provide adequate notice *of not less than six months* to the agency that they plan to discontinue or significantly reduce the manufacture of the product; further,

To strongly encourage FDA to become more assertive in assuring that drug manufacturers maintain adequate supplies of drug products that the agency deems medically necessary.

After a request to consider Policy E separately, it was moved and seconded to add the words “and therapeutically equivalent” before the words “generic drug

products.” Following discussion, the amendment was withdrawn. Additional comments by delegates encouraged further discussion by the Council on Legal and Public Affairs. Policy E reads as follows:

E. Greater Access to Less Expensive Generic Drugs

To support legislation and regulations that promote greater patient access to less expensive generic drug products.

F. Federal Research on Dietary Supplement Labeling

To advocate federal support for research on the adequacy of dietary supplement labeling to ensure the safe use of these products; further,

To advocate that such research assess the potential need for (1) more information in the labeling of dietary supplements about adverse effects, interactions with medications, and safe and effective use and (2) increased reporting of adverse reactions to dietary supplements to FDA.

G. 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 by 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 mandatory certification of all current pharmacy technicians and

new hires within one year of date of employment (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 actions of pharmacy technicians under their charge.

(Note: This policy supersedes policies 0007 and 0113.)

H. Compounding versus Manufacturing

To support the principle that compounding, when done to meet anticipatory patient needs, is part of the practice of pharmacy and is not manufacturing; further,

To foster educational efforts relating to pharmacy compounding in health systems.

(Note: This policy supersedes policy 9107.)

I. Pharmacist Education of Consumers

To discontinue ASHP policy 9705, Pharmacist Education of Consumers, which reads:

To encourage pharmaceutical manufacturers to utilize pharmacists as the preferred mechanism to educate consumers about drug therapies, particularly new and emerging therapies.

J. Electronic Communication of Medical Information

To discontinue ASHP policy 9204, Electronic Communication of Medical Information, which reads:

To support the use of electronic devices to transmit medical information, including prescriptions and drug orders, among practitioners and patients; further,

To encourage state policymakers to address the issues surrounding the conveyance of medical information, including prescriptions and drug orders, by electronic means.

K. Pharmacy Crime

To discontinue ASHP policy 8607, Pharmacy Crime, which reads:

To urge government officials to enforce fully the pharmacy crime laws in accord with statutory requirements.

L. Organ Transplant Legislation

To discontinue ASHP policy 8510, Organ Transplant Legislation, which reads:

To support the coverage of outpatient drugs, specifically

immunosuppressive drugs, and related professional services of pharmacists needed by organ transplant patients if organ transplantation is paid for by public or private health insurance plans.

M. FDA Review of Drug Products for Safety and Efficacy

To discontinue ASHP policy 8512, FDA Review of Drug Products for Safety and Efficacy, which reads:

To seek appropriate statutory, regulatory, and policy changes to ensure that all drug products marketed in a new dosage form, or marketed for a new indication or new route of administration, be evaluated to determine safety and efficacy for the intended use as set forth in the products' labeling.

N. National Drug Code

To discontinue ASHP policy 8514, National Drug Code, which reads:

To support standardization of the product identification and package size identification components of the National Drug Code.

O. Drug Price Competition Act

To discontinue ASHP policy 8408, Drug Price Competition Act-Post-1962 Abbreviated New Drug Application Legislation, which reads:

To support legislation that would amend the Federal Food, Drug, and Cosmetic Act to authorize an abbreviated new-drug application for generic new drugs equivalent to approved new drugs (post-1962), as long as applicable standards of quality control,

bioavailability, and patient care and safety are met.

Sam K. Shimomura, Board Liaison to the **Council on Organizational Affairs**, presented the Council's Policy Recommendations A through D. There was no discussion and the Policies were adopted. They read as follows:

A. Pharmacy Technicians

To discontinue ASHP policy 9613, The Expanded Role of the Pharmacy Technician, which reads:

That ASHP study the potential for greater technician involvement in the organization, such as by appointing a technician member to an ASHP council and by creating a technician seat in the ASHP House of Delegates.

B. Council on Therapeutics

To discontinue ASHP policy 8809, Council on Therapeutics, which reads:

To create a new council or other body to be concerned with issues related to rational drug use in society; further,

To establish, within its purview, the development of drug therapy consensus documents; further,

To encourage the creation of this new council or other body as soon as possible.

C. Apportionment/ Delegate Representation

To discontinue ASHP policy 8214, Apportionment/Delegate Representation, which reads:

ASHP active members will be given the choice of which address

(home or business) to be used to determine state delegate apportionment and delegate representation. If the member does not indicate a choice, representation will default to the state represented by the existing membership mailing address.

D. Proxy/Absentee Balloting

To oppose the development of proxy/absentee balloting programs for the ASHP House of Delegates.

(Note: This policy supersedes policy 8215.)

T. Mark Woods, Board Liaison to the **Council on Professional Affairs**, presented the Council's Policy Recommendations A through J.

Following a request to consider Policy A separately, it was moved and seconded to add the words "or innovative" before the word "interventions" in the 1st paragraph and to add the word "nonpunitive" before the word "measures" in the 2nd paragraph. The amendments were approved. It was then moved and seconded to add the words "within their scope of practice" following the words "patient safety" in the 2nd paragraph. This amendment was defeated. Policy A as amended was adopted.^b It reads as follows (italic type indicates material added):

A. Pharmacist's Responsibility for Patient Safety

To affirm that individual pharmacists have a professional responsibility to ensure patient safety through the use of proven *or innovative* interventions and best practices; further,

To affirm that employee performance measurement and

evaluation systems should incorporate *nonpunitive* measures that support and encourage a focus on patient safety by pharmacists.

It was requested to consider Policy B separately. It was moved and seconded to add the words “including electronic systems” following the word “systems”; delete the word “caregiver” and add the words “healthcare provider”; add the words “facilitates optimal patient-specific” and delete the words “support appropriate”; and add the words “(e.g., pediatrics, geriatrics)” after the word “patients.” The amendments were approved. It was then moved and seconded to add the word “caregiver” before the words “healthcare provider.” This amendment was defeated. Policy B as amended was approved.^b It reads as follows (italic type indicates material added; strikethrough indicates material deleted):

B. Appropriate Dosing of Medications in Patient Populations with Unique Needs

To advocate reforms in medication-use systems, including *electronic systems*, and ~~caregiver~~ *healthcare provider* education and training that *facilitates optimal patient-specific support appropriate* dosing in populations of patients (e.g., *pediatrics, geriatrics*) with altered pharmacokinetics and pharmacodynamics.

C. Clinical Investigation of Drugs Used in Elderly and Pediatric Patients

To advocate increased enrollment of pediatric and geriatric patients in clinical trials of new medications; further,

To encourage pharmacodynamic and pharmacokinetic research in geriatric and pediatric patients to facilitate the safe and effective use of medications in these patient populations.

(Note: This policy supersedes policy 8711.)

Following a request to consider Policy D separately, it was moved and seconded to add a 3rd paragraph, which reads “To advocate that IRBs inform pharmacy of all approved clinical research involving drugs within the hospital or health-system; further,” and to change the word “control” to “management” in the last paragraph. The amendments were approved. Policy D as amended was adopted.^b It reads as follows (italic type indicates material added; strikethrough indicates material deleted):

D. Institutional Review Boards and Investigational Use of Drugs

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

To strongly support pharmacists' ~~control~~ *management* of drug products used in clinical research.

(Note: This policy supersedes policies 0119 and 0022.)

Following a request to consider Policy E separately, it was moved and seconded to strike the words “advocate the” and change the words “development of” to “develop” in the 1st paragraph; to delete the words “explore how they can assist” and add the words “provide guidance and assistance to” in the 2nd paragraph; and to add a 4th paragraph which reads “To encourage pharmaceutical manufacturers to streamline packaging of drug products to reduce waste materials.” The amendments were approved. Policy E as amended was adopted.^b It reads as follows (italic type indicates material added; strikethrough indicates material deleted):

E. Pharmaceutical Waste

To work closely with regulatory bodies and appropriate organizations to ~~advocate the development of~~ standards that address pharmaceutical hazardous waste as defined in the Resource Conservation and Recovery Act, for the purpose of simplifying the disposal of these substances in health systems; further,

To encourage pharmaceutical manufacturers and the Environmental Protection Agency to ~~explore how they can assist~~ *provide guidance and assistance* to health systems in their pharmaceutical waste destruction and waste-recycling efforts; further,

To promote awareness of pharmaceutical waste regulations within health systems; *further,*

To encourage pharmaceutical manufacturers to streamline packaging of drug products to reduce waste materials.

(Note: This policy supersedes policy 9110.)

It was then requested to consider Policy F separately. It was moved and seconded to change the word “ensure” to “enhance” in the 2nd paragraph. The amendment was approved. Policy F as amended was adopted.^b It reads as follows (italic type indicates material added; strikethrough indicates material deleted):

F. Pharmacist’s Role in Drug Procurement, Distribution, Surveillance, and Control

To affirm the pharmacist’s expertise and responsibility in the procurement, distribution, surveillance, and control of all drugs used within health systems; further,

To encourage the Joint Commission on Accreditation of Healthcare Organizations, other accreditation bodies, and governmental entities to ~~ensure~~ *enhance* patient safety by supporting the pharmacist’s role in drug procurement, distribution, surveillance, and control.

(Note: For purposes of this policy, drugs include those used by inpatients and outpatients, large- and small-volume injectables, radiopharmaceuticals, diagnostic agents including radiopaque contrast media, anesthetic gases, blood-fraction drugs, dialysis fluids, respiratory therapy drugs, biotechnologically produced drugs, investigational

drugs, drug samples, drugs brought to the setting by patients or family, and other chemicals and biological substances administered to patients to evoke or enhance pharmacologic responses.)

(Note: This policy supersedes policy 9908.)

Following a recommendation to consider Policy G separately, it was moved and seconded to change the words “e-health” to “electronic health and business”; to delete the words “inclusion of e-health” and to add the words “incorporation of education on (electronic health and business)”; to add the words “into the accreditation standards for Doctor of Pharmacy programs”; and to delete the words

“pharmacy school curricula.” The amendments were defeated. It was then moved and seconded to change the words “e-health” to “electronic health and business” in the policy. The amendments were approved. Policy G as amended was adopted.^b It reads as follows (italic type indicates material added; strikethrough indicates material deleted):

G. Electronic Health and Business Technology and Services

To encourage pharmacists to assume a leadership role in their health systems with respect to strategic planning for and implementation of ~~E-health~~ *electronic health and business* technology and services; further,

To advocate the inclusion of ~~e-health~~ *electronic health and business* technology, and telepharmacy issues and applications in pharmacy school curricula.

(Note: This policy supersedes policy 0015.)

Following a request to consider Policy H separately, it was moved and seconded to refer the policy to the Board of Directors. Delegates approved the motion. Policy 9708 remains in force. Policy H, as referred to the Board of Directors, reads as follows:

H. Intended Therapeutic Purpose of Medications

To advocate that pharmacists require timely access to the intended therapeutic purpose of medications prescribed for patients under their care in order to provide competent oversight and ensure the safe and effective use of medications.

(Note: This proposed policy would supersede policy 9708.)

I. Drug Distribution Systems in Organized Health Care Systems

To discontinue ASHP policy 9307, Drug Distribution Systems in Organized Health Care Systems, which reads:

To support the utilization of accurate methods of dispensing of medication that can free the pharmacist to focus on direct patient care.

J. American Hospital Formulary Service

To discontinue ASHP policy 8219, American Hospital Formulary Service, which reads:

To proceed as rapidly as possible with developing improvements to the American Hospital Formulary Service and publishing spin-offs, based on sound market surveys and financial considerations, and to keep the membership frequently informed of the

directions and plans of the Society with regard to improving and expanding the utility of the American Hospital Formulary Service.

K. ASHP Statement on the Pharmacist's Role in Hospice and Palliative Care

It was moved and seconded to amend the ASHP Statement on the Pharmacist's Role in Hospice and Palliative Care by deleting the word "should" in the last two sections of the document. The amendments were approved. The ASHP Statement on the Pharmacist's Role in Hospice and Palliative Care was adopted as amended.^b

Chair Patry reminded delegates of the process for submitting New Business items. Announcements were made. The meeting adjourned at 5:45 p.m.

Second meeting

The second and final meeting of the House of Delegates session convened on Tuesday, June 4, at 4:30 p.m. A quorum was present.

Chair Patry recognized delegates from Georgia, Indiana, and Alabama who commented that their state affiliates were celebrating their 50th anniversaries.

Steven Sheaffer, Chair of the Board of Directors, recognized Brian Kaatz from South Dakota who, at the ASHP Political Action Committee reception the previous evening, was given a certificate of appreciation for his efforts in crafting provider status legislation in the office of Senator Tim Johnson (SD).

Chair Sheaffer also announced various award recipients approved by the Board of

Directors at its meeting of June 1. They are: Toby Clark, Donald E. Francke Medal; David A. Zilz, ASHP Award for Distinguished Leadership of Health-System Pharmacy Practice; Kenneth Kizer, ASHP Board of Directors Award of Honor; and Sister Mary Louise Degenhart, ASHP Honorary Membership.

Chair Patry announced the appointment of tellers to canvass the ballots for the election of Chair of the House of Delegates. Those appointed were David Moore (MD), Lee Ann Bradley (MT), and Mitchell Nazario (PR).

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.)

Jeanne Ezell (TN): Licensure Process and Workforce Shortage

Recommendation: ASHP should work with the National Association of Boards of Pharmacy to determine if licensure of foreign pharmacy graduates and reciprocity of U.S. licensed pharmacists can be made more efficient.

Background: The current process for licensing of foreign graduates and reciprocity of licensure is lengthy and appears to impede the ability for pharmacies to recruit pharmacists from outside their state.

Suggested outcome: A shorter, more efficient process that would aid pharmacies in the hiring of pharmacists.

Virginia White (CA): ASHP Policy Development Process

Recommendation: The Council on Organizational Affairs or other appropriate body should evaluate the current ASHP policy development process to facilitate opportunities for delegates and the Board of Directors to consider revisions of proposed policies before action by the House of Delegates.

Background: This year, ASHP staff summaries of the Regional Delegate Conferences (RDCs) were organized by topic and placed on the ASHP Web site in a timely manner. This process improvement greatly facilitated discussion among delegates and a number of the amendments proposed and approved by the House of Delegates directly resulted from the RDC comments. However, the current schedule of meetings and order of business of the House require action at its first meeting. Although the RDC summaries are available on the Web, it is difficult to build consensus among ASHP's approximately 200 delegates electronically in the short time that information is available. As a result, delegates are required to finalize amendments and attempt to build consensus in the 24 hours between the Open Hearing and the first meeting of the House. Written versions of proposed revisions are not readily available to all delegates until placed on the electronic screens in the first meeting of the House. Perhaps the same technology could be available at the Open Hearing to facilitate discussion and consensus development. For example, the Section of Clinical Specialists and Scientists' substitute motion for Policy B of the Council on Legal and Public Affairs (read at the Open Hearing) would have benefited from being distributed in writing and considered by delegates and

the Board in advance of presentation at the first meeting of the House for action.

Suggested outcome: The ASHP policy development process is evaluated and revised as needed to improve the efficiency of the process for the delegates and the Board in a manner that assures thoughtful deliberation.

Bonnie Pitt (MD): Description of Nonpunitive Performance Measures for Pharmacy Staff That Foster Patient Safety

Recommendation: ASHP should review its policy on “Pharmacist’s Responsibility for Patient Safety” for the purpose of including specific descriptions of the types of performance measures used to assess staff focusing on the use of supportive and non punitive methods.

Michael Oszko (KS): ASHP Policy Action Lexicon

Recommendation: As part of its review and standardization of existing ASHP policies, I recommend that ASHP staff develop a lexicon of action verbs (e.g., affirm, recognize, urge, recommend, etc.) and other words that are to be included in ASHP policy statements, to explicitly define these words, and to educate council chairs, council members, delegates, and others who are involved in the development of ASHP policy statements on the use of this lexicon.

Alan Kiyohara (CA): Regulation of Complementary and Alternative Substances

Recommendation: The Council on Legal and Public Affairs should consider strengthening the policy 9818 to have ASHP “strongly advocate” for FDA

regulatory authority over dietary supplements and complementary and alternative substances.

Background: The FDA should be responsible for all substances that are purported to have value to improve health status. The removal of dietary supplements from the FDA’s drug product oversight was not in the best interest of patient care. ASHP has existing policy that supports FDA regulatory authority over these products. This policy would benefit from strengthening language that: (a) clearly defines a more active role for the FDA, (b) encompasses dietary supplements as well as complementary and alternative substances, and (c) advocates that FDA require that such products be both safe and effective.

Suggested outcome: Revised Policy 9818 that strongly advocates FDA authority for assuring the safety and efficacy of all dietary supplements and complementary and alternative substances.

Lourdes Cuellar (TX): Federal (National) Appointments

Recommendation: ASHP should create and publicize a mechanism for members to gain appointments to national and international leadership positions that influence health policy. This mechanism should include identifying appropriate positions, raising awareness of opportunities for the membership, and developing and mentoring candidates.

Background: The Texas Society formed a State Appointments Group that has successfully advocated for health-system pharmacist appointees to the Board of Pharmacy and other state health advisory boards. A

similar model could be developed at the national (ASHP) level.

Suggested outcome: Establishment of an Appointments Group/Committee that will: increase member awareness of the appointment process and availability of opportunities, actively recruit potential candidates, mentor candidates, write letters of support for candidates on behalf of ASHP, or recommend that a letter of support be written for the candidate by ASHP, and successfully gain appointments for our members in the public and governmental policy development process; further development of an ASHP Learning Community focused around public policy participation.

This recommendation is supported by delegates from the States of Alabama, Arkansas, Arizona, California, Delaware, Georgia, Idaho, Louisiana, Mississippi, North Carolina, Oklahoma, New Jersey, Texas, and Wisconsin.

Larry Clark (CO): Medicare Billing Codes

Recommendation: In preparation for receipt of pharmacist provider status, ASHP should review and assess the current Medicare billing codes for use in billing pharmacists’ services. Furthermore, if these are determined to be inadequate, ASHP should work with the Centers for Medicare and Medicaid Services and other national pharmacy organizations to develop additional billing codes to meet the needs of pharmacy.

Background: Medicare billing codes are currently used by non-pharmacy providers to bill for

their services. These codes may not be appropriate for billing of pharmacists' services. ASHP and the other professional pharmacy organizations should work together proactively to develop appropriate billing codes for pharmacists' services.

Suggested outcome:
Development of appropriate Medicare billing codes for pharmacy services.

Douglas Lang (MO): Policy Consolidation

Recommendation: The following policies should be referred to councils for consideration of consolidation and review for consistency and sunseting:

Legal & Public Affairs:
2002 Policy E – Greater Access to Less Expensive Generic Drugs and ASHP policy 9005,
2002 Policy F – Federal Research on Dietary Supplement Labeling and ASHP policies 0012 and 9818.

Educational Affairs:
2002 Policy B – Substance Abuse and Chemical Dependency and ASHP policy 9823.

Professional Affairs:
2002 Policy D – Institutional Review Board and Investigational Drugs and ASHP guidelines dealing with clinical research,
2002 Policy F – Pharmacist's Role in Drug Procurement, Distribution, Surveillance, and Control and ASHP policies 9504 and 9306,
2002 Policy G – Electronic Health and Business Technology and Services and ASHP policy 9920,
2002 ASHP Statement on the Role of Health-System Pharmacists in Emergency

Preparedness and ASHP policy 9904.

Organizational Affairs:
Removal of policy 9614 – Dues Authority - House Action of 2001 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 makes this policy obsolete.

Background: The goal of this Recommendation is to review, evaluate, and enhance current performance in the development of ASHP policy to prevent duplication and inconsistency. ASHP provides its members public policy, policy statements, guidelines, and standards addressing the role of pharmacists in the provision of patient care within the health system. It is imperative for the organization to perform an extensive review of all of its policies in the development of new policies to ensure consistency throughout all of the organization's public policy.

Carl Heisel (OR): Policy Development to Support Limited Medication Dispensing by Pharmacy Technicians

Recommendation: ASHP should develop policies to support limited medication dispensing by pharmacy technicians. This policy development would address the scope of technician dispensing, education and training requirements for technicians in dispensing roles, regulatory requirements, and requirements for pharmacist oversight.

Background: Current and future pharmacist shortages require changes in the practice of pharmacy. We must continue to expand the patient care roles of

pharmacists while maintaining medication-dispensing systems that assure public health and safety. Limited technician dispensing models (i.e., "tech check tech" and "tech check" automated dispensing) have been shown to decrease pharmacists' time involved in medication dispensing without negatively affecting patient safety. These technician-dispensing roles will need to be further expanded to meet the increased burden on pharmacists. This expansion will require changes in several ASHP policies.

ASHP should be proactive and take a leadership role in the development of these policies and the support of limited technician dispensing. It would be a grave mistake to wait and react to proposed legislation initiated by other pharmacy organizations.

Suggested outcome: Current policies will be reviewed by appropriate councils and new policy statements developed to allow limited dispensing by pharmacy technicians. Policy statements will be submitted to the House of Delegates in 2003.

R. Paul Baumgartner (Past President): Use of Term "Pharmacist Care"

Motion: ASHP should promote use of the term "pharmacist care" when referring to patient care skills unique to the pharmacist.

Background: After the House of Delegates passed a Resolution to this effect in 1999, the Board of Directors referred the matter to the Council on Professional Affairs, which declined to act on it. Charles Hepler and Linda Strand in defining "pharmaceutical care" as assuming responsibility for

patient drug therapy launched a concept that has rightly become an icon within the pharmacy profession and today represents a meaningful vision for the advancement of our profession beyond product dispensing. Despite a strong identification by pharmacists with pharmaceutical care, it is appropriate for ASHP to take a leadership role by encouraging the use of "pharmacist care" as a more appropriate term when relating pharmacy to pharmaceutical care.

It is reasonable to assume the term pharmaceutical as understood by the public refers to "drug" or "medicine." Recent initiatives by pharmacy associations to build support for reimbursement of pharmacists activity beyond drug dispensing has met with limited success. In using this terminology, pharmacy is constantly put in the position of defining what is meant by pharmaceutical care. Our mission will be better understood and improved in clarity if ASHP, and other organized pharmacy groups, adopt the term "pharmacist care" when referring to the non-dispensing patient care roles of pharmacists.

It should be further noted the pharmaceutical industry has launched programs identified as "pharmaceutical care". Given the intensive lobbying efforts underway in recent years by the pharmaceutical industry it is conceivable that legislators and health policy persons could easily misunderstand the intent of pharmacy proposals when we refer to reimbursement for pharmaceutical care.

Other pharmacy associations have moved to better identify with the term pharmacist. The National Association of Retail Druggists is now known as the

National Community Pharmacists Association. The American Pharmaceutical Association Board of Trustees, after 150 years, has recommended American Pharmacists Association as a more appropriate name.

Health professionals other than pharmacists can claim provision of pharmaceutical care when managing patient drug therapy. It is important for pharmacy to identify the unique role of pharmacists and to protect the specialized knowledge possessed by pharmacists by using terminology specific to the pharmacist and avoid the use of a term that has the potential for misunderstanding or misuse by others.

Steven Gray (CA): Education – Patient Protection

Recommendation: The Council on Educational Affairs or the Council on Legal and Public Affairs, or both, should develop an ASHP policy calling for the inclusion of education about patient protection during research in (a) pharmacy school curricula, (b) pharmacy residency programs, and (c) ASHP and state society educational programs.

Background: Many pharmacists, and especially pharmacy residents, do not know their legal responsibilities to protect patients during "research" or even what is considered "research" under the Institutional Review Board (IRB) law. The law has changed in recent years and public policy is becoming less tolerant of patient privacy intrusions and other acts that could harm patients. Because many pharmacists do not know what is considered "research," they do not know when they need to obtain IRB

approval of their projects. They do not realize that the definition of "research" includes any activity intended to educate the public or health care providers. For example, since IRBs are also charged with protecting patients' privacy, IRB approval is required for even the mere access of a patient's record for the purpose of gathering information that will eventually be used to develop a presentation or publication. Pharmacy residents, especially those in ASHP accredited programs, are particularly vulnerable since they are expected to have a project that culminates in a presentation.

Suggested outcome: ASHP will have a policy on the subject that is appropriate and it will stimulate pharmacy schools and health systems to take steps that will both protect patients from inappropriate intrusions and harm and protect pharmacists and their health systems from accusations of violations of patients' rights.

Steven Gray (CA): Pharmacist Continued Ability To Perform Computerized Prescription Order Entry

Recommendation: That the Board of Directors refer to the Council on Legal and Public Affairs, or other appropriate body, for policy development or for re-assessment of ASHP's position on Computerized Prescription Order Entry (CPOE) to assure that pharmacists retain the ability to personally perform CPOE.

Background: "CPOE" is often referred to as "Computerized Prescriber Order Entry" for drug therapy. The danger is that this is often interpreted to mean that only the physician or other prescriber will be personally allowed to enter drug therapy

orders directly into the computer. CPOE would often enhance patient safety. However, if carried to this literal meaning, it would prohibit a pharmacist who needs to make a therapy order adjustment, after consultation with the prescriber, from entering an adjusted or new order. The Drug Enforcement Administration has already taken this position in several public meetings regarding its about-to-be proposed rule on electronic prescriptions. Such a prohibition would not only be a setback for many pharmacist practices but would discourage physicians and other prescribers from using CPOE or even taking pharmacists' recommendations. The document reflects this restricted interpretation, and ASHP has no explicit policy on the subject.

Suggested outcome: ASHP actively supports the ability of pharmacists to perform CPOE, which may or may not be related to those pharmacists' ability to initiate orders under collaborative agreements, in order to simply create and transmit orders on behalf of a physician or other prescriber.

Steven Gray (CA): Pharmacist Initiation of Prescription Drug Therapy

Recommendation: The Board of Directors should refer to the Council on Legal and Public Affairs, or other appropriate body, for policy development, the issue of modification of state scope of practice statutes and regulations to allow pharmacists to initiate therapy for *selected* prescription drugs that may not quite be safe enough for nonprescription status, in lieu of or in addition to efforts at the federal level to create a so-called "third class" of drugs.

Background: Efforts to empower the Food and Drug Administration to create a "third class" of drugs that would be available either via traditional prescribing authority or via pharmacists but not over the counter, are not likely to succeed. Also, the effect of the creation of such a class of drugs on drug benefit insurance coverage is not known but is likely to eliminate coverage. Some states have already granted pharmacists the authority to initiate or prescribe certain prescription drugs without changing the federal legal status of those drugs. For example, California and Washington have granted pharmacists the authority to initiate emergency contraception therapy. Some interested parties plan to seek such authority for non-sedating antihistamines, lipid-lowering agents, and other relatively safe therapeutic agents. ASHP should be prepared to support these efforts.

Suggested outcome: ASHP actively supports efforts to grant pharmacists through their state practice acts or otherwise the authority to initiate or prescribe selected prescription drugs.

Burnis Breland (GA), Tim Martin (AL), Teri Bair (TX), and Kevin Colgan (IL): Mechanisms to Protect Public Health and Safety Related to Drug Product Shortages

Recommendation: The Council on Legal and Public Affairs should evaluate and develop policy that includes mechanisms for governmental interventions with respect to drug product shortages that affect public health and safety. Consideration should be given to development of legislation that empowers governmental agencies to provide pharmaceutical vendors with

incentives and disincentives to prevent avoidable drug shortages that endanger public health.

Background: This recommendation is submitted based on the following observations: (1) There is an increasing frequency of drug product shortages, (2) drug product shortages have resulted in patient injuries and are adversely affecting patient health and safety, and (3) existing laws do not adequately regulate pharmaceutical company actions related to this aspect of drug product availability.

Suggested outcome: Legislation should be developed that empowers governmental agencies to provide pharmaceutical vendors with incentives and disincentives in an effort to prevent avoidable drug shortages that endanger public health. Mechanisms to prevent drug shortages might include incentives and penalties, such as tax changes, patent extensions or revocations, sole provider protection status, and governmental subsidies or fines. When discontinuation of a drug product could endanger public health, pharmaceutical companies should be required to provide notice that allows adequate opportunity for evaluation of the impact on public health and for the development of strategies to reduce such impact.

Douglas Lang (MO), Charles Jastram (LA), and Diane Ginsburg (TX): Accreditation Standards for Doctor of Pharmacy Programs

Recommendation: To explore the development of a comprehensive policy statement outlining desired accreditation standards for Doctor of Pharmacy programs that ASHP will

advocate for inclusion into the curricula of pharmacy schools.

Background: Over the past several years ASHP policy-making bodies have developed several policy recommendations dealing with the creation and inclusion of new accreditation standards for the Doctor of Pharmacy program. A comprehensive policy statement outlining desired accreditation standards to communicate to stakeholders may be of organizational value.

Suggested outcomes: A concise policy statement outlining the specific accreditation standards ASHP advocates for Doctor of Pharmacy programs, which could be shared with stakeholders.

Barbara Poe (OK): ASHP and Consumer Groups Such as AARP

Recommendation: Particularly in light of its new Leadership Agenda item, an affordability and accessibility of pharmaceuticals, ASHP should perform an environmental scan and identify consumer groups at a national level that could benefit from education about the clinical value of pharmacy services.

Suggested outcome: The intent of this identification would be to build a constructive relationship, educate and enlighten, potential placement of qualified ASHP members on the governing boards of such organizations, and turn these often powerful groups into pharmacist advocates.

Barbara Poe (OK): Chain Drugstore Pharmacists on State Pharmacy Boards

Recommendation: ASHP should review the proactive stance that chain store pharmacy seems to be

taking to potentially dominate state boards of pharmacy.

Background: It is rumored that a governor appointed a chain drugstore pharmacist to the board of pharmacy following a substantial campaign contribution. During the last nomination process within Oklahoma, there was a vote solicitation campaign on the part of chain drugstore pharmacists for their candidates to be part of the final list submitted to the governor for appointment to the Oklahoma State Board of Pharmacy. This campaign had the appearances of being funded by a third party.

Suggested outcome: Increased ASHP member awareness. I do not necessarily feel that a state board of pharmacy dominated by chain drugstore pharmacists would be desirable.

Barbara Poe (OK): Pharmaceutical Company Clinical Liaisons as State Society and ASHP Officers

Recommendation: The ASHP Board of Directors should evaluate the movement of pharmaceutical company clinical liaisons into state society leadership roles as well as the potential movement into ASHP Board positions.

Background: From personal observations, there seems to be movement of these clinical liaisons into positions of leadership within the state societies. (At this point, I have seen nothing that would lead me to believe that this is anything other than the individual's willingness to serve as well as having the time to make this commitment.)

Suggested outcome: ASHP Board review of this movement and evaluation whether there needs to be role clarification and conflict of interest policy statements at both the state and national level.

Marjorie Shaw Phillips (GA): Facilitating Electronic Communication Among Delegates

Recommendation: As ASHP continues to explore the use of electronic communication to foster policy development and facilitate discussion among delegates both before and after the Regional Delegate Conferences (RDCs) and the House of Delegates session, mechanisms should be developed to encourage increased interaction, such as through NewsLink services, an email Listserv group (virtual community), and improved ease in navigating the ASHP Web site used for policy discussion.

Background: Delegate discussions on the Internet have evolved from the days when ASHP's PharmNet bulletin board service was used for this function. Although the access of consolidated RDC discussion summaries on the Web was a helpful addition utilized by a number of delegates, there were very few postings to the additional discussion (by policy recommendation) on the Web. It is difficult to find this information on the Web site, and the policy discussion forum is awkward to navigate.

Enhancements suggested by delegates at the Southern States Caucus include a hyperlink to the policy discussion as part of the ASHP member NewsLink, a Listserv group that would send each delegate all of the comments on a weekly basis, a mechanism

to view/scroll through all of the discussion on a topic without returning to the main menu, a location to post potential "New Business" items or Resolutions under consideration.

A "virtual community" approach would have the additional advantage of allowing the Society to tap into the talents and expertise of delegates year round. Articles in the NewsLink service would make this process more visible and accessible to members who are not serving in the House of Delegates.

Suggested outcome: Increased dialog on the Web about policy issues (a virtual caucus). Success could be gauged by the number of postings as well as the percentage of delegates who view and contribute to this electronic forum.

Pat Parker (KS): Effect of APC Reimbursement

Recommendation: The Council on Legal and Public Affairs or other appropriate body should develop a clear policy regarding ambulatory payment code reimbursement for pharmaceuticals and inform ASHP members of the impact of payment- related changes (both recent and pending) by the Centers on Medicare and Medicaid.

Board of Directors duly considered matters. The Board reported on 18 council policies that were amended at the first House meeting. Pursuant to Bylaws section 7.3.1.1, the Board met on the morning of June 4, 2002, to "duly consider" the amended policies. The Board presented its recommendations as follows.

There were two items that were not accepted by the Board of Directors.

Regarding the first item from the Council on Professional Affairs, Policy A, titled "Pharmacist's Responsibility for Patient Safety," it was moved and seconded for reconsideration of the original policy. The move for reconsideration was approved. After discussion, Policy A in its original form was adopted. It reads as follows:

A. Pharmacist's Responsibility for Patient Safety

To affirm that individual pharmacists have a professional responsibility to ensure patient safety through the use of proven interventions and best practices; further,

To affirm that employee performance measurement and evaluation systems should incorporate measures that support and encourage a focus on patient safety by pharmacists.

The second policy not approved by the Board was the Council on Professional Affairs "ASHP Statement on the Pharmacist's Role in Hospice and Palliative Care." It was moved, seconded, and approved that the original policy proposal be reconsidered. After discussion, the "ASHP Statement on the Pharmacists Role in Hospice and Palliative Care" in its original form was adopted. (See attachment B).

There were 16 policies amended by the House that the Board of Directors accepted, as noted in the following delineation:

- Regarding the first item, from the Board of Directors, titled "ASHP Statement on the Role of Health-System

Pharmacists in Emergency Preparedness," the Board agreed that the amendment was acceptable.

- Regarding the second item from the Council on Administrative Affairs, titled "Staffing for Safe and Effective Patient Care," the Board agreed that the amendment was acceptable.
- Regarding the third item, from the Council on Administrative Affairs, titled "Machine-readable Coding," the Board agreed that the amendment was acceptable
- Regarding the fourth item, from the Council on Educational Affairs, titled "Medication Safety in Curricula for Health Practitioners," the Board agreed that the amendments were acceptable.
- Regarding the fifth item, from the Council on Educational Affairs, titled "Substance Abuse and Chemical Dependency," the Board agreed that the amendment was acceptable.
- Regarding the sixth item, from the Council on Educational Affairs, titled "Image and Career Opportunities for Pharmacy Technicians," the Board agreed that the amendments were acceptable.
- Regarding the seventh item, from the Council on Educational Affairs, titled "Pharmacy Technician Training," the Board agreed that the amendments were acceptable.
- Regarding the eighth item from the Council on

Educational Affairs, titled “Educational Program Resources for Affiliated State Societies,” the Board agreed that the substitute language was acceptable.

- Regarding the ninth item, from the Council on Legal and Public Affairs, titled “Requirement for Engaging in Collaborative Drug Therapy Management,” the Board agreed that the substitute language was acceptable.
- Regarding the tenth item from the Council on Legal and Public Affairs, titled “Intermediate Category of Drugs,” the Board agreed that the amendments were acceptable.
- Regarding the eleventh item, from the Council on Legal and Public Affairs, titled “Drug Product Shortages,” the Board agreed that the amendment was acceptable.
- Regarding the twelfth item, from the Council on Professional Affairs, titled “Appropriate Dosing of Medications in Patient Populations with Unique Needs,” the Board agreed that the amendments were acceptable; however, the language was edited slightly for purposes of clarification. (The editing is reflected in the language shown in the report of the first meeting of the House).
- Regarding the thirteenth item, from the Council on Professional Affairs, titled “Institutional Review Boards and Investigational Use of Drugs,” the Board agreed that the amendments were acceptable.

- Regarding the fourteenth item, from the Council on Professional Affairs, titled “Pharmaceutical Waste,” the Board agreed that the amendments were acceptable.

- Regarding the fifteenth item, from the Council on Professional Affairs, titled “Pharmacist’s Role in Drug Procurement, Distribution, Surveillance, and Control,” the Board agreed that the amendment was acceptable.

- Regarding the sixteenth item, from the Council on Professional Affairs, titled “Electronic Health and Business Technology and Services,” the Board agreed that the amendments were acceptable.

New Business. Chair Patry announced that, in accordance with Article 7 of the Bylaws, there was one item 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 Diane Ginsburg (TX) to introduce the item of New Business. After discussion, the item was approved for referral to the Board of Directors. It reads as follows:

Leadership Summit on Redefining Pharmacy Practice in Health Systems in an Emerging Technological Environment

Motion: ASHP should sponsor a consensus development conference on the role of emerging technologies in redefining pharmacy practice

models, including the medication use process, in health systems. Further, conference participants should consider the impact of and propose strategies to address the following as they relate to developing viable practice models:

- Human resource issues (workforce shortages, e.g., pharmacists and nurses, job satisfaction, professional development),
- Current practice issues (volume of care, acuity/complexity of patient conditions, independent consultative practice, medication errors, drug product shortages),
- Innovative practices (collaborative practice agreements, pharmacist managed clinics, reimbursement/compensation models), and
- Optimal roles for technicians (training, certification, impact of practice acts).

Further, outcomes from the conference should include recommendations as to how advances in the following can be used to improve the safety, efficiency, and effectiveness of medication use systems:

- Scientific knowledge (e.g., informatics, biotechnology, genetics, pharmacogenomics), and
- Technology (e.g., electronic resources, computerized prescriber order entry, robotics, personal digital assistant devices, bar coding/visual screening, and support of evidence-based medicine).

Background: Significant challenges and pressures exist for pharmacists practicing in health system settings. Although new

opportunities may be present, the current environment also presents threats to the profession that may challenge our core roles and functions. Radical and creative changes in our practice models may be required to improve safety, efficiency, and effectiveness of the medication use process and, ultimately, outcomes of drug therapy. There are also new opportunities to enhance pharmacists' participation in care that enhance drug therapy outcomes. A consensus conference is needed to crystallize a vision for the future and identify essential components of the framework of pharmacy practice in health systems.

Election of House Chair.

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 Sheaffer with an inscribed gavel commemorating his term of office. President Sheaffer recognized the service of Chair Patry as Chair of the House of Delegates and a member of the Board of Directors.

Chair Patry recognized Mick L. Hunt'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 installed the chairs of ASHP's sections and forum: Kim Galt, Section of Clinical Specialists and Scientists, and Amy Miller, Student Forum. (Stan Chamallas, Chair, Section of Home, Ambulatory, and Chronic Care Pharmacists was unable to be present for the installation.) Dr. Patry then recognized the remaining members of the executive committees of sections and the Student Forum.

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

Installation. Vice Chair Hunt received the tellers' certified report and announced that Roland A. Patry was the newly elected Chair of the House of Delegates. Vice Chair Hunt then installed Debra S. Devereaux as President of ASHP, Cynthia Brennan and William H. Puckett as members of the Board of Directors and Roland A. Patry as Chair of the House of Delegates. He introduced the families of President Devereaux and Board members Brennan and Puckett.

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

Adjournment. The 54th annual session of the House of Delegates adjourned at 5:52 p.m.

^aThe Committee on Nominations included Catherine L. Hansen, Chair; Bruce E. Scott, Vice Chair; and Kristie M. Gholson, Mark J. Isopi, Bonnie L. Pitt, Barbara M. Poe and Steven R. Spravzoff.

^bSee the report of the second meeting of this session, "Board of Directors duly considered matters," for final action on this issue. 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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