Policies Approved by the ASHP House of Delegates

March 15-22, 2024

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The House of Delegates

Ultimate authority over ASHP professional policies

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

- The House considers professional policy proposals that have been approved by the Board of Directors

- Most of these professional policy proposals are contained in reports from ASHP councils but may come from other component bodies, delegates, or ASHP members

ASHP Policy Process
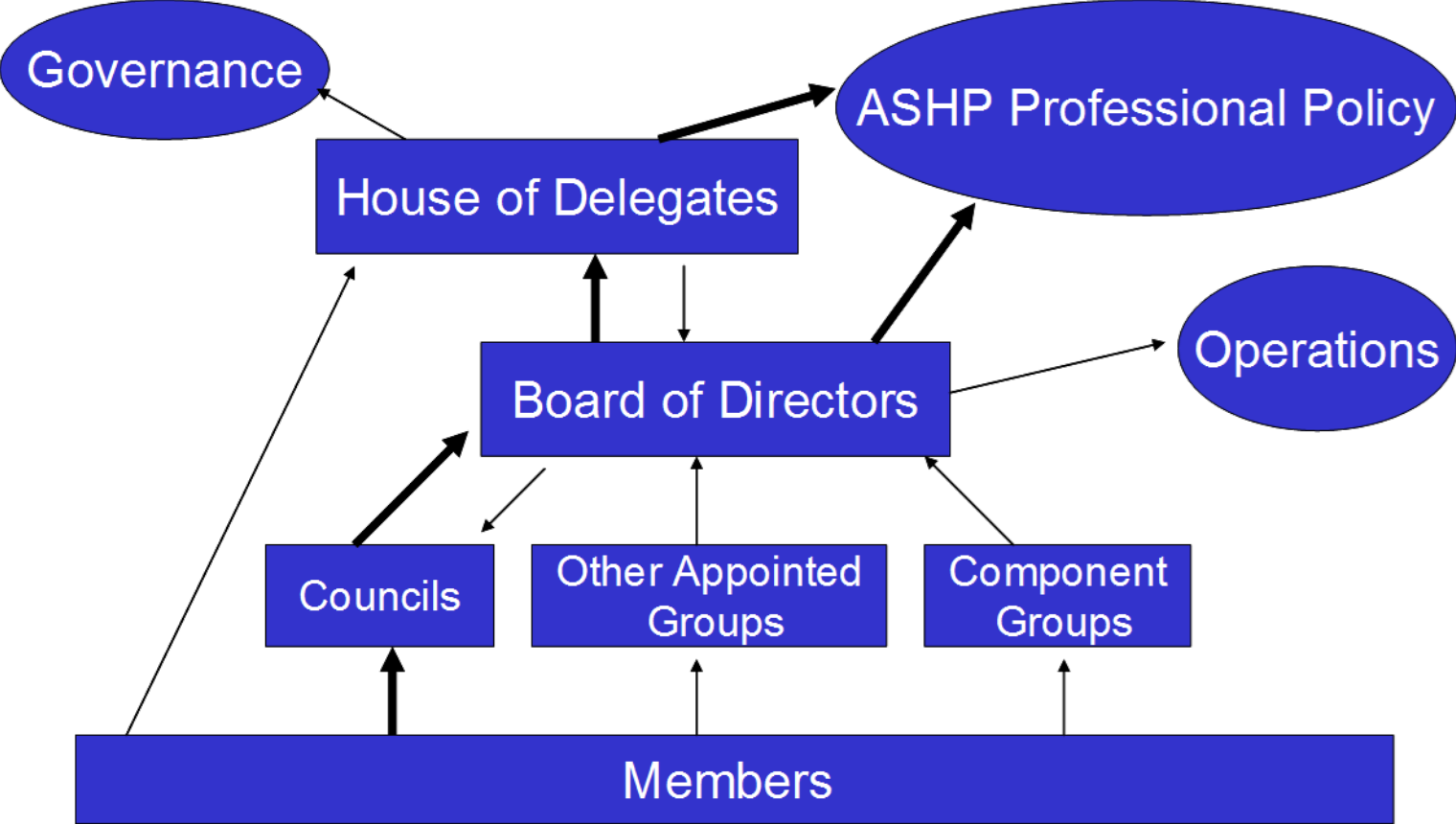
March 2024 Virtual House of Delegates

Between March 15 and 22, the House of Delegates voted on 20 policy recommendations.

- The online voting process does not permit amendments.

- Delegates are encouraged to vote against recommendations they feel should be amended.

- $\geq$85% votes needed for approval

- Policies not reaching that level of consensus will be considered by the House of Delegates in June

Results of March 2024 virtual House of Delegates

Delegates approved the following 12 recommendations by 85% or more, the threshold for final approval.

Eight policy recommendations did not meet that threshold and will be slated for consideration at the June meeting of the House.

CPhP: Role of the Pharmacy Workforce in Improving Mental Health

To advocate for equitable and destigmatized access to mental healthcare services for all patients across their lifespan, including members of the healthcare workforce; further,

To affirm the essential role of pharmacists, as members of the interprofessional care team, in increasing patient access to mental healthcare services; further,

To urge all members of the pharmacy workforce to raise awareness of, screen for, triage, and provide education on mental health conditions; further,

To advocate for expansion of mental health-related comprehensive medication management services provided by pharmacists; further,

To advocate for adequate funding of mental health awareness programs and for funding that promotes equitable access to mental healthcare services.

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CPhP: Suicide Awareness, Prevention, and Response

To support the goal of zero suicides; further,

To collaborate with key stakeholders in support of suicide awareness, prevention, and response; further,

To acknowledge that optimal suicide awareness, prevention, and response efforts focus both on patients and on the healthcare workforce; further,

To recognize that pharmacists, as key members of the interprofessional care team, are integral to suicide awareness, prevention, and response efforts, and to acknowledge the vital role of other members of the pharmacy workforce in those efforts; further,

To foster the use and development of clinically validated tools to aid the pharmacy workforce in assessing the influence of medications and other factors on suicidality; further,

To advocate for adequate government and healthcare organization funding for suicide awareness, prevention, and response; further,

To enhance awareness of local, state, national, and global suicide awareness, prevention, and response resources.

Note: This policy supersedes ASHP policy 1901.

CPuP: Emergency Supplies of Drug Products

To discontinue ASHP policy 1906, Emergency Supplies of Drug Products, which reads:

To advocate for states to allow any pharmacist, during a declared emergency, to dispense without a prescription an emergency supply of a drug product in quantities that meet the needs of patients.

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CPuP: Drug Nomenclature

To discontinue ASHP policy 9011, Drug Nomenclature, which reads:

To work with the FDA, USP, and pharmaceutical industry to assure that drug products are named in a manner that clearly and without confusion permits identification of ingredients' strengths and changes.

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COT: Medication Stewardship Programs

To advocate that pharmacists are foundational members of any medication stewardship program; further,

To affirm that pharmacists bring unique clinical, operational, safety, and financial expertise to help organizations develop and manage medication stewardship programs; further,

To promote pharmacist leadership in medication stewardship teams; further,

To encourage healthcare organizations to develop comprehensive medication stewardship programs that align with applicable laws, regulations, and accreditation standards; further,

To support incorporation and development of the pharmacy workforce in medication stewardship efforts; further,

To enhance awareness that medication stewardship includes disease state management across all levels of care and addresses barriers at the patient and system levels in order to improve the quality, safety, and value of patient care.

COT: Research on Drug Use in Obese Patients

To discontinue ASHP policy position 1920, Research on Drug Use in Obese Patients, which reads:

To encourage drug product manufacturers to conduct and publish pharmacokinetic and pharmacodynamic research in obese patients to facilitate safe and effective dosing of medications in this patient population, especially for medications most likely to be affected by obesity; further,

To encourage manufacturers to include in the Food and Drug Administration (FDA)–approved labeling detailed information on characteristics of individuals enrolled in drug dosing studies; further,

To advocate that the FDA develop guidance for the design and reporting of studies that support dosing recommendations in obese patients; further,

To advocate for increased enrollment and outcomes reporting of obese patients in clinical trials of medications; further,

To encourage independent research on the clinical significance of obesity on drug use, as well as the reporting and dissemination of this information via published literature, patient registries, and other mechanisms; further,

To recognize that pharmacists are medication therapy experts who should provide guidance on appropriate drug dosing for obese patients.

COT: Therapeutic Interchange

To discontinue ASHP policy 8708, Therapeutic Interchange, which reads:

To support the concept of therapeutic interchange of various drug products by pharmacists under arrangements where pharmacists and authorized prescribers interrelate on the behalf of patient care.

CEWD: Flexible Workforce Models

To advocate for flexible workforce models that promote patient safety and continuity of care, optimize pharmacy operations, and enhance recruitment and retention of the pharmacy workforce.

CPM: Pharmacist Access to Provider Networks

To advocate for laws and regulations that require healthcare payers to include pharmacists in their provider networks as standard coverage when providing patient care services within their scope of practice and the services are covered benefits; further,

To advocate that payers provide comparative, transparent sharing of performance and quality measure data for all providers in their networks, including pharmacists.

Note: This policy would supersede ASHP policy 2134.

CPM: Risk Assessment of Health Information Technology

To urge hospitals and health systems to directly involve departments of pharmacy in performing appropriate risk assessment before new health information technology (HIT) is implemented or existing HIT is upgraded, and as part of the continuous evaluation of current HIT performance; further,

To advocate that HIT vendors provide estimates of the resources required to implement and support new HIT; further,

To collaborate with HIT vendors to encourage the development of HIT that improves patient-care outcomes and user experience; further,

To advocate for changes in federal law that would recognize HIT vendors' safety accountability.

Note: This policy would supersede ASHP policy 1418.

CPM: Unit Dose Packaging Availability

To advocate that pharmaceutical manufacturers provide all medications used in health systems in unit dose packages or, when applicable, in packaging that optimizes medication safety, improves operational efficiency, and reduces medication waste; further,

To urge that the Food and Drug Administration require pharmaceutical manufacturers to provide stability data to support the repackaging of medications outside of their original manufacturer bulk containers in the interest of public health, healthcare worker and patient safety, and reduced waste.

Note: This policy would supersede ASHP policy 2253.

CPM: Optimizing the Medication-Use Process

To discontinue ASHP policy 9903, Optimizing the Medication-Use Process, which reads:

To urge health-system pharmacists to assume leadership, responsibility, and accountability for the quality, effectiveness, and efficiency of the entire medication-use process (including prescribing, dispensing, administration, monitoring, and education) across the continuum of care; further,

To urge health-system pharmacists to work in collaboration with patients, prescribers, nurses, and other health care providers in improving the medication-use process.