House of Delegates

REPORT ON IMPLEMENTATION OF 2025

ASHP HOUSE OF DELEGATES ACTIONS AND RECOMMENDATIONS

Council on Education and Workforce Development 2501: Professional Development As A Retention Tool
To recognize that pharmacy workforce development is an essential component of staff recruitment, retention, and well-being; further, To recognize that pharmacy workforce development encompasses more than formal education programs and includes informal learning among colleagues, mentoring, participation in activities of professional organizations, and other types of learning; further, To encourage healthcare executives to support pharmacy workforce development programs, including leadership succession planning, as an important benefit that aids in recruiting and retaining qualified staff; further, To support healthcare executives with pharmacy workforce development by providing educational programs, services, and resources. To encourage organizations to assess the effectiveness of professional development initiatives by evaluating their impact on recruitment and retention outcomes
This policy has been published in *AJHP*, online, and used in ongoing ASHP advocacy, education, and communication efforts. **ASHP Resources**: Professional Development Employee Engagement & Retention Toolkit - ASHP ASHP Leadership Center
Council on Pharmacy Management 2502: Pharmacy Access To Payer Networks
To oppose pharmacy access criteria that impose discriminatory requirements or qualifications on participation in insurance payer networks that interfere with patient continuity of care or patient site-of-care options; further, To advocate for laws and regulations that require healthcare payers to disclose to pharmacies applying to participate in payer networks the criteria and the clinical and operational outcome data reporting requirements used to include, retain, or exclude pharmacies; further, To encourage healthcare payers to standardize network access criteria and eliminate those reporting requirements already imposed by accrediting bodies or regulatory agencies.

This policy has been published in *AJHP*, online, and used in ongoing ASHP advocacy, education, and communication efforts.

ASHP Resources:
2026 Advocacy Agenda
2025 State Legislative Recap

Council on Public Policy 2503: Support Of Global Health Organizations

To strongly support the mission and work of global health organizations in their role in public health preparedness, prevention, and control to improve the health and well-being of people globally.

This policy has been published in *AJHP*, online, and used in ongoing ASHP advocacy, education, and communication efforts.

Council on Education and Workforce Development 2504: Cultural Competency And Trauma Informed Care

To foster the ongoing development of cultural humility and competency within the pharmacy workforce and promote a whole-person-health approach to care; further,

To educate the pharmacy workforce on how to interact with patients, caregivers, and other healthcare professionals in a manner that demonstrates respect for and responsiveness to all; further,

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

This policy has been published in *AJHP*, online, and used in ongoing ASHP advocacy, education, and communication efforts.

Council on Public Policy 2505: Funding, Expertise, And Oversight Of State Boards Of Pharmacy

To advocate appropriate oversight of pharmacy practice and the pharmaceutical supply chain through coordination and cooperation of state boards of pharmacy and related agencies whose mission it is to protect the public health; further,

To advocate adequate representation on state boards of pharmacy and related agencies by pharmacists and pharmacy technicians representing hospitals and health systems; further,

To advocate for the dedicated funds for the exclusive use by state boards of pharmacy and related agencies to carry out expected duties; further,

To advocate for consistent application of state boards of pharmacy regulations by inspectors with demonstrated competency in diverse pharmacy practice areas and the implementation of adequate inspection schedules to ensure the effective oversight and regulation of pharmacy practice; further,

To advocate state boards of pharmacy develop quality assurance processes for evaluating the performance of inspectors to ensure consistency.

This policy has been published in *AJHP*, online, and used in ongoing ASHP advocacy, education, and communication efforts.

Council on Public Policy 2506: Payment Parity for Pharmacists' Services
To advocate pharmacists, as healthcare providers, receive payment that is commensurate with services provided within their scope of practice.
This policy has been published in *AJHP*, online, and used in ongoing ASHP advocacy, education, and communication efforts. **ASHP Resources**: Policy in Motion: How and Why Did ASHP's Policy on Pharmacist Payment Parity Evolve? 2026 Advocacy Agenda 2025 State Legislative Recap
Council on Public Policy 2507: Interstate Pharmacist Licensure
To advocate for improved timeliness of the pharmacist licensure application approval process; further, To advocate for interstate pharmacist licensure; further, To support streamlined reciprocity processes, including temporary licensure mechanisms, as progress toward interstate licensure.
This policy has been published in *AJHP*, online, and used in ongoing ASHP advocacy, education, and communication efforts. Additionally, ASHP is collaborating with the National Association of Boards of Pharmacy on state implementation of interstate privileging processes expected to begin in late 2026. **ASHP Resources**: 2026 Advocacy Agenda
Council on Public Policy 2508: Patient's Right to Choose
To acknowledge that patients or their representative have the right to be fully informed about their medication options and to be involved in the decision-making process; further, To support the right of patients or their representative to have their preferences considered respectfully, within the limits of clinical appropriateness, formulary considerations, safety, and legal requirements; further, To recognize the right of the patient or their representative to refuse care and have those decisions respected.
This policy has been published in *AJHP*, online, and used in ongoing ASHP advocacy, education, and communication efforts.
Council on Pharmacy Management 2509: Recovery and Assistance Programs for Healthcare Workers with Substance Use Disorder
To advocate that hospitals and health systems support and promote recovery and assistance programs for healthcare personnel with substance use disorders, including those who have diverted controlled substances to support their own drug addiction; further,

To encourage state licensing boards to support structured rehabilitation programs that demonstrate a clear pathway for recovery and hospitals and health systems to support the return to practice upon successful completion of the program.

This policy has been published in *AJHP*, online, and used in ongoing ASHP advocacy, education, and communication efforts.

Council on Pharmacy Management 2510: Cellular and Gene Therapies

To affirm that the pharmacy workforce serve key roles in the use of cellular and gene therapies (CGTs), spanning supply chain management, operational oversight, and clinical consultation on individual patients; further,

To recognize that CGTs are managed in the medication-use process; further,

To assert that health-system decisions on the selection, use, and management of CGTs are made through the formulary system; further,

To advocate for payment models that facilitate patient access, coverage, and reimbursement for CGTs with consideration of total cost of care; further,

To advocate for manufacturer processes that decrease the burden and resources required for hospitals and health systems to use CGTs.

This policy has been published in *AJHP*, online, and used in ongoing ASHP advocacy, education, and communication efforts.

ASHP Resources:
ASHP Center for Next-Generation Therapeutics - ASHP
Cell and Gene Therapy - ASHP
Gene Therapy - ASHP

Council on Pharmacy Practice 2511: Safe and Secure Transfer of Controlled Substances

To advocate for the standardization of policies, procedures, and practices in the handling of controlled substance medications throughout the care process, including transfers involving emergency medical services and during interfacility transport; further,

To promote closed loop communication and chain of custody documentation processes related to controlled substance medication management during patient transfers; further,

To collaborate with emergency medical services and other stakeholders involved in pre- and post-hospital and interfacility transfers of controlled substances to improve patient safety, increase standardization, and ensure compliance.

This policy has been published in *AJHP*, online, and used in ongoing ASHP advocacy, education, and communication efforts.

ASHP Resources:

Communicated to members about the finalization of the DEA rule "Registering Emergency Medical Services Agencies Under the Protecting Patient Access to Emergency Medications Act of 2017" which created a new registration category for emergency medical services (EMS) agencies and will help address some of the uncertainty that inspired the development of ASHP policy 2511. Link here.

Council on Pharmacy Practice 2512: Addressing And Preventing Moral Distress And Moral Injury In The Healthcare Workforce

To acknowledge the acute and chronic exposure of the healthcare workforce to potentially morally injurious events across the continuum of care; further,

To recognize the risk of moral distress and moral injury when a healthcare worker is unable to provide ethical, safe, and effective care; further,

To advocate for consistent support for equitable and transparent allocation of resources across care teams and health systems to ensure that healthcare workers can provide safe and comprehensive patient care services; further,

To advocate organizations prevent and address moral distress and moral injury among healthcare workers.

This policy has been published in *AJHP*, online, and used in ongoing ASHP advocacy, education, and communication efforts.

ASHP Resources:
What is Moral Distress? Deconstructing a 2025 Policy from the Council on Pharmacy Practice
IMPLEMENTING SOLUTIONS 2.0 Building a Sustainable, Healthy, Pharmacy Workforce and Workplace
Reflections on the 2025 Implementing Solutions Workforce Summit

Council on Pharmacy Practice 2513: Pharmacy Services to Optimize Patient Throughput

To support the integration of pharmacy services to improve safe and efficient throughput and patient flow throughout the health system; further,

To advocate for pharmacists to serve as key decision-makers in improving medication management to optimize patient flow throughout the continuum of care.

This policy has been published in *AJHP*, online, and used in ongoing ASHP advocacy, education, and communication efforts.

Council on Therapeutics 2514: Accurate and Timely Height and Weight Measurements

To encourage the pharmacy workforce to participate in interprofessional efforts to ensure accurate and timely patient height and weight measurements are recorded in the patient medical record to provide safe and effective drug therapy; further,

To advocate that clinical decision support systems and other information technologies be structured to incorporate height and weight to facilitate prescribing, dispensing, and monitoring of drugs for safe and effective dosing; further,

To advocate for laws and regulations that prescribers include either height and weight or weight alone, and date obtained, as a required component of prescriptions for medications that are dosed based on that information.

This policy has been published in *AJHP*, online, and used in ongoing ASHP advocacy, education, and communication efforts.

ASHP Resources:
From Names to Numbers: Deconstructing Two 2025 Council on Therapeutics Policies

Council on Therapeutics 2515: Clinical and Safety Considerations of Naming Drug Moieties and Complexes

To encourage regulatory agencies to incorporate pharmacists when considering clinical, operational, access, and safety factors when approving and classifying medications with different moieties or complexes that are used to deliver the active drug; further,

To oppose the consolidation of existing drug classes that include drugs that have distinct pharmacologic effects and pharmacokinetic/pharmacodynamic profiles; further,

To foster increased public notification when changes in approved drug products with therapeutic equivalence occur.

This policy has been published in *AJHP*, online, and used in ongoing ASHP advocacy, education, and communication efforts.

ASHP Resources:
From Names to Numbers: Deconstructing Two 2025 Council on Therapeutics Policies

Council on Therapeutics 2516: Clinical, Operational, and Safe Use of Manipulated Drug Products and Alternate Administration Routes

To support clinically appropriate, evidence-based use of manipulated drug-products or alternate drug administration routes when it supports optimal patient care; further,

To promote research that includes pharmaceutics, pharmacokinetics, pharmacodynamics, safety, and efficacy of drugs when manipulated or when given through alternate administration routes; further,

To encourage manufacturers to develop drug products in ready-to-use devices and diverse formulations; further,

To foster pharmacist-led interdisciplinary teams to provide institutional guidance, best practices, and safety recommendations regarding drug products that are manipulated or administered through alternative routes.

This policy has been published in *AJHP*, online, and used in ongoing ASHP advocacy, education, and communication efforts.

SCSS Infographic: https://www.ashp.org/-/media/assets/pharmacy-practice/resource-centers/emergency-care/Intranasal-Medications-Quick-Reference-Guide

Council on Therapeutics 2517: Expedited Partner Therapy

To affirm that the pharmacy workforce improves patient access to therapies that prevent and treat sexually transmitted infections in all settings; further,

To support legislation that authorizes pharmacists to provide expedited partner therapy (EPT) while addressing barriers; further,

To encourage dispensing entities and payers to adopt internal policies that facilitate dispensing of EPT medications in alignment with public health guidance; further,

To advocate and affirm that drug products for EPT should be provided to individuals in a manner that ensures safe and appropriate use; further,

To encourage surveillance of EPT as a public health effort.

This policy has been published in *AJHP*, online, and used in ongoing ASHP advocacy, education, and communication efforts.

Council on Therapeutics 2518: Quality Consumer Medication Information

To support efforts by the Food and Drug Administration (FDA) and other stakeholders to improve the quality, consistency, accessibility, targeting, and simplicity of consumer medication information (CMI); further,

To encourage the FDA to work in collaboration with patient advocates and other stakeholders to create evidence-based models and standards, including establishment of a universal literacy level and standardized, patient-focused templates for CMI; further,

To advocate that research be conducted to validate these models in actual-use studies in pertinent patient populations; further,

To advocate that the FDA explore alternative models of CMI content development and maintenance that will ensure the highest level of accuracy, consistency, currency, and conformity with health literacy requirements; further,

To advocate that the FDA maintain a highly structured, publicly and easily accessible central repository of CMI in a format that is suitable for ready export; further,

To advocate for laws and regulations that would require all dispensers of medications to comply with FDA-established standards for content, format, and distribution of CMI.

This policy has been published in *AJHP*, online, and used in ongoing ASHP advocacy, education, and communication efforts.

ASHP Resources:
What is ASHP Patient Medication Information?

Council on Education and Workforce Development 2519: Support For Caregiving Responsibilities In The Pharmacy Workforce

To affirm that an individual's life circumstances can change and influence their workplace needs; further,

To foster psychologically safe environments that promote dialogue around individual workplace needs; further,

To advocate for organizational policies and resources that reduce disparities caused by caregiving responsibilities such as eldercare, lactation support, and other life circumstances; further, To empower individuals to advocate for their own needs related to work-life integration.
This policy has been published in AJHP, online, and used in ongoing ASHP advocacy, education, and communication efforts.
Council on Pharmacy Practice 2520: Safe Technology Implementation and Expansion of Pharmacist Services
To promote the use of automation and technology with the goal of enabling the pharmacy workforce to dedicate more time to patient care; further, To affirm the essential role of the pharmacy workforce in the evaluation, implementation, and ongoing assessment of all technology that impacts the medication-use process.
This policy has been published in AJHP, online, and used in ongoing ASHP advocacy, education, and communication efforts.
Council on Pharmacy Practice 2521: Health Care Quality Standards and Pharmacy Services
To advocate that health care quality improvement programs adopt standard quality measures that are developed with the involvement of the pharmacy workforce, are evidence-based, and promote the demonstrated role of the pharmacy workforce in improving patient outcomes.
This policy has been published in AJHP, online, and used in ongoing ASHP advocacy, education, and communication efforts.
Council on Pharmacy Practice 2522: ASHP Statement on The Pharmacist's Role in Substance Use Disorder Prevention, Treatment, and Recovery
To approve the ASHP Statement on the Pharmacist's Role in Substance Use Disorder Prevention, Treatment, and Recovery.
Podcast: Breaking Down ASHP's New Statement on the Pharmacist's Role in Substance Use Disorder
Delegate Recommendation: Mitigating the impact of alternative funding programs on patient care and health insurance integrity for specialty patients
The Section of Specialty Pharmacy Practitioners (SSPP) discussed alternative funding programs and convened a workgroup on this topic. The workgroup developed a resource titled "Navigating Copay Adjustment Programs in Specialty Pharmacy", which is now available on the Health-System Specialty Pharmacy Resource Center. Additionally, members from the SSPP submitted a resolution to the 2026 House of Delegates on the topic of alternative funding programs.
Delegate Recommendation: No Need for Physical PAC Thank Yous
Eliminate "trinkets" provided to PAC contributors
The concerns raised are acknowledged. While some contributors value physical tokens of appreciation, they may also be viewed as wasteful. This matter is currently under internal consideration, and options to reduce waste in the future are being explored.
Delegate Recommendation: Complimentary access to public transportation
ASHP should provide meeting attendees with complimentary access to public transportation at all meetings.
We greatly value input from our members and continuously look for ways to enhance the meeting experience. As part of the planning process, ASHP explores local transportation options with each host city. The availability of complimentary or discounted public transportation does vary from city to city, depending on local policies and partnerships. When such options are available, we work to secure and extend any

relevant discounts or access opportunities to our attendees. This information is posted to the Travel section of each meeting's official website to ensure ease of access and transparency.

Delegate Recommendation: Local affiliations and ASHP Futures Meetings

I move that planning committees for future Futures Meetings collaborate with local state affiliates to organize small group free time plans to foster sharing of cultures to visitors travelling in for the meetings.

For many years, ASHP has contacted the local host state affiliate to offer a Welcome Booth in the registration area for both the ASHP Pharmacy Futures Meeting and the ASHP Midyear Clinical Meeting. We suggest staffing hours for the booth and encourage them to provide a list of their favorite restaurants, nightlife, and attractions. This is a voluntary activity that we make available. Some of our local host state affiliates cannot take on this additional activity, and we respect that. Feedback is that it can be complex to arrange booth coverage or coordinate activities and allow their members time to attend meeting sessions for continuing education or House of Delegate activities. When local state affiliates participate, they have lists of recommendations and often engage with meeting attendees. For other local suggestions, ASHP provides a list of restaurants and activities on the ASHP Live! App. We appreciate the extra efforts our local host state affiliates provide.

Delegate Recommendation: Encourage ASHP to have a written virtual backup plan/option for applicable meetings (e.g. RDC) to manage with travel issues

Virtual backup plan for meetings

Delegates may currently sign up for either an in-person or virtual meeting. Those registered for an in-person meeting can switch to a virtual format if something comes up and a change is necessary (e.g. in the case of a travel issue). The delegate should contact HODChair@ashp.org and ASHP staff will accommodate them in a virtual RDC.

Delegate Recommendation: State affiliate delegate voting

Those that belong to more than one state affiliate organization should be allowed to vote for all applicable state delegates.

An important clarification is that the ASHP House of Delegates consists of state delegates who represent ASHP members in their state. This is described in the ASHP Bylaws, Article 7; House of Delegates. Therefore, delegate representation and voting status is not determined by membership in one or multiple state affiliates. Rather, ASHP House of Delegates representation and vote for delegates is determined by the state associated with the members' ASHP membership account.

Delegate Recommendation: Paperless House of Delegates

We request that ASHP make all future House of Delegates sessions 100% paperless by making all HOD paperwork and forms available to all delegates via electronic means.

ASHP has progressively reduced printed materials for the House of Delegates and is moving toward an almost paperless process to support environmental sustainability and efficiency; QR codes now provide electronic access to documents, and printing is limited to a few essential items such as the duly considered memo with final amended policies and select materials for non-delegates in the Open Forum.

Delegate Recommendation: Reduction of materials printed onsite for House of Delegates sessions

Suggest providing electronic alternatives to printed materials for a number of House of Delegates documents

ASHP has progressively reduced printed materials for the House of Delegates and is moving toward an almost paperless process to support environmental sustainability and efficiency; QR codes now provide electronic access to documents, and printing is limited to a few essential items such as the duly considered memo with final amended policies and select materials for non-delegates in the Open Forum.

Delegate Recommendation: Request for ASHP to improve meeting spaces for House of Delegates caucus sessions to include tables and power supply

As we move to electronic resources for our House of Delegates documents and forms, it would be helpful to have tables for improved ergonomics for caucus sessions.

We have met with our internal ASHP Conference and Convention Division to explore the feasibility of converting the Caucus rooms from theater-style to classroom-style seating. Because Pharmacy Futures is planned several years in advance, adjusting the room layout for the 2026 and 2027 House of Delegates may be challenging. That said, we are committed to establishing a standing process for future meetings, recognizing that room capacity will vary by city and venue. While we do not yet have a definitive solution to your request, we want you to know that this is an active area of focus moving forward.

Regarding access to power in the Caucuses and House of Delegates, we will continue to ask delegates to arrive with fully charged devices, bring portable chargers, and take advantage of charging stations available between sessions. Unfortunately, installing outlets throughout the meeting rooms remains impractical at this time.

Delegate Recommendation: Accessibility/Closed Captioning During Official ASHP Activities

To enact ASHP's mission of optimal care for all patients all the time, I propose that the education and activities of ASHP as an organization reflect meeting needs of audience members, specifically to use platforms for webinars that allow for closed-captioning functionality.

We appreciate your recommendation as well as your expression of concern. We understand that you are proposing that the education and activities of ASHP as an organization meet the needs of audience members, specifically to use platforms for webinars that allow for closed-captioning functionality. We want you to know that ASHP is committed to providing offerings that are accessible to the widest possible audience regardless of technology or ability. ASHP continues to actively work to increase the accessibility and usability of our offerings. ASHP is committed to making its website and other online offerings usable by all

people by meeting or exceeding the requirements of the Web Content Accessibility Guidelines 2.1 Level AA (WCAG 2.1 AA). While ASHP strives to adhere to the accepted guidelines and standards for accessibility and usability, it is not always possible to do so. However, we are committed to endeavoring to meet the needs of all audience members regardless of ability. Therefore, if you or anyone else seeks reasonable accommodation in connection with our offerings, or has specific questions or concerns about accessibility, we urge them to call us toll free at 1-866-279-0681 or email us at CustServ@ashp.org. We will make all efforts to provide reasonable accommodation in order to make our offerings accessible, and to reduce any feelings of exclusion, including any feelings of exclusion from the hard of hearing community.

Delegate Recommendation: Policy on Pharmacists Role in Advanced Therapeutics

Recommend reviewing policy/statement on pharmacogenomics and expanding to encompass all advanced therapeutics.

Advanced therapeutics continue to be a fast-moving and important area of practice and advancing the pharmacist's role will require ongoing collaboration across stakeholders. This year, they were a key focus of the ASHP Commission on Goals, which brings together thought leaders to identify emerging trends and help guide strategic priorities for the Board. Building on that work, the ASHP Center for Next Generation Therapeutics has established a Steering Committee to help move efforts forward in practice, education, and policy. In response to the recommendation to expand ASHP's pharmacogenomics policies, the Steering Committee is already discussing development of a broader statement that would include pharmacogenomics along with other advanced therapeutics. This reflects a more comprehensive approach that keeps pace with how quickly this field is evolving and supports pharmacists across these emerging areas.

Delegate Recommendation: Industry to eliminate mailings to pharmacists

Decrease or eliminate the use of mail as a way to provide updated medication information to pharmacists

The Council on Pharmacy Practice discussed this during the 2025 Policy Week and determined a new policy was needed. The new policy, Promoting Environmental Sustainability in Healthcare, will be discussed during the 2026 House of Delegates meeting. Of note, ASHP policy 2312, Reducing Healthcare Sector Carbon Emissions to Promote Public Health, encourages collaboration with other stakeholders to reduce carbon emissions; however, there may not be a need for it if the broader sustainability policy becomes formal ASHP policy.

Delegate Recommendation: Home infusion engagement

Recommend to further collaborate with national home infusion organizations

The Executive Committee of the Section of Specialty Pharmacy Practitioners' (SSPP) voted at their December 2025 meeting to approve a new Section Advisory Group on Infusion Services. Charges for the group include a focus on strategy and business planning, advocacy, resource development, and potential future collaborations. Members and inaugural leadership for the group will be appointed by the Executive Committee in June 2026, and the SAG will begin its work in August 2026.

Delegate Recommendation: Policy development regarding research in extremes of weight and weight changes

Recommend development of a policy (or incorporation into an existing policy) regarding research surrounding safe and effective medication dosing in extremes of weight and/or weight changes.

The Council on Therapeutics reviewed this during Policy Week 2025 and put forth new policy, which was approved by the House of Delegates. The new policy is 2606: Drug Dosing that alter Pharmacokinetics and Pharmacodynamics.

Delegate Recommendation: Development of Psychiatric Pharmacy Certificate

ASHP should pursue development of a psychiatric pharmacy certificate

The recommendation is well supported, and its importance is recognized. It is under review for future Professional Certificate development and for additional opportunities to support education and training in this area.

Delegate Recommendation: Mission, Vision, and Values Incorporation Across ASHP

A call to the councils, committees, Board, and ASHP collectively: to reinstate previously approved policies and work, to uphold the values of members and patients in regards to caring for all people all the time.

We appreciate your recommendation as well as your expressions of concern. We understand that you are troubled by removal of the word "transgender" from ASHP publications, removing DEI policy supported and approved by the HOD, and the removal of specific programming and certificates. Please know that the decisions on the part of ASHP to effect these changes were very difficult ones. In this regard, ASHP relied upon legal counsel – both internal and external – to evaluate the matters in question in the context of the Executive Orders (EOs) issued by the Administration in January, 2025, along with the related DOJ and EEOC technical assistance documents. The EOs and technical assistance documents clearly demonstrated that the Administration is serious about the elimination of DEI and the denial of the validity of transgender identity. As a result, and despite ASHP's historical support of DEI and transgender rights, and belief in the importance of them, given the heightened enforcement focus on DEI and transgender initiatives, ASHP concluded, regrettably, that its initiatives, policies and offerings in these areas needed to be discontinued at this time in order that ASHP remain compliant with existing law.

For nonprofits such as ASHP, the EOs pose a direct challenge, in that maintaining these initiatives, policies and offerings could likely expose ASHP to risks, including legal action as well the potential loss of our tax-exempt status. In addition, ASHP is a federal contractor and sells products and services to the federal government. Risks to federal contractors associated with maintaining DEI- and transgender-related policies in contravention of the EOs in question include potential civil and criminal investigations and enforcement actions, termination of existing contracts, and impacts to future contracting opportunities.

While the DEI- and transgender-related EOs are currently the subject of legal challenges, at this point, they have not been struck down and, as such, we have been advised that they are considered valid federal law.

As the legal landscape surrounding DEI- and transgender-related matters evolve, ASHP will continue to track the legal impact and implementation of the EOs in question, while ensuring that our core values and culture remain intact. ASHP is currently conducting a comprehensive review of the changes made to our policies and offerings in response to the EOs, given that a year has elapsed since they were initiated. The purpose of this review is to determine whether any subsequent legal developments would allow for any adjustments in our current policies and offerings to be instituted.

Delegate Recommendation: Expand and promote resources for programs and applicants related to visa sponsorship and application eligibility

Recommend that ASHP create, expand, and promote resources that would benefit residency programs and applicants that need visa sponsorship and have questions about their eligibility

ASHP's Accreditation Services Office (ASO) is aware there is interest from applicants who are not US Citizens/permanent residents of the US in completing an ASHP-Accredited residency program. Although the ASHP Residency Accreditation Standard and Guidance includes information for programs regarding Foreign Pharmacy Graduate Examination Committee (FPGEC) certification in Standard 1.2.a and Guidance and the Glossary, FPGEC status is not related to citizenship.

The ASHP Residency Accreditation Standard and Guidance does not specifically allow or prohibit a program from considering an applicant's eligibility based on citizenship. This is because it is a program-level decision if a non-US citizen/permanent resident of the US can be considered for a pharmacy residency position within the program based on hiring criteria set by their organization. Further, visa sponsorship is an agreement between the applicant and the program's organization; ASHP does not have the authority to navigate these processes on behalf of the sponsoring organization. Therefore, program applicant decisions must be consistent with the organization's hiring criteria.

Because navigating this process is specific to the organization's talent acquisition agreements, processes, and legal considerations, additional resources for programs are limited to crowdsourced information from programs willing to share example(s) of successfully navigating this process within their organization. The Precepting GEMS 2025 session, held at the ASHP Pharmacy Futures 2025/National Pharmacy Preceptor Conference included a GEM on this subject. ASO will continue to identify and actively partner with program representatives willing to share their individual success and provide the platform to share their experience. Additionally, ASHP is currently developing an addition to the Residency Program Directory to allow organizations to signify their ability to consider visa sponsorship.

Delegate Recommendation: Open Forum and First Caucus schedule optimization

Recommend consolidating open forum and first caucus to improve member input and travel schedule

We agree that the Open Forum on June 7, 2025 was relatively quiet, with limited discussion on policy amendments. To address this, we're exploring a few changes aimed at increasing engagement. Specifically, we plan to restructure the schedule by holding the Delegate Primer before the Open Forum, allowing late

arrivals to participate in the Open Forum. We also intend to enhance communication to both members and delegates about the purpose and value of the Open Forum. One key benefit of encouraging more robust discussion of policies during the Saturday Open Forum is that it may help ease the time pressure for amendments that occurs immediately before the first meeting of the House on Sunday. After careful consideration, we determined that combining the Open Forum with the First Caucus on Sunday isn't feasible, due to contractual constraints, existing meeting conflicts, and an already full agenda on Sunday.

Delegate Recommendation: Policy that comprehensively focuses on improving health equity

Recommend expanding advocacy for health equity through pharmacy practice

Pharmacists are well positioned to improve patient access, particularly in rural and underserved settings. ASHP Policy 2110, *Patient Access to Pharmacy Services in Small and Rural Hospitals*, reaffirmed during Policy Week 2025, underscores the importance of ensuring equitable pharmacy services across care settings. In addition, ASHP's 2026 Advocacy Agenda highlights the need to address societal barriers that impede access to high-quality patient care. Further alignment can be seen in the response to the previously listed recommendation titled, "Mission, Vision, and Values Incorporation Across ASHP," for related content.

Delegate Recommendation: Prevention of States BOP Regulatory Accountability by Legislators

Stop the evaluation of state rulemaking to strengthen legislative oversight of pharmacy practice.

Legislative review or "legislative veto" of administrative rules currently exists in various forms and degrees in approximately half of the states. Some states only require legislative review of certain types of rules (i.e. rules with significant fiscal impact). Some states don't require active legislative review of all rules but the legislature retains authority to delay, suspend or veto regulations on an as-needed basis. West Virginia has the broadest legislative review, with essentially all administrative rules across all agencies requiring legislative confirmation in both chambers.

While the general purpose of legislative review is to ensure regulations created by executive agencies align with the intent of the underlying statute as passed by the legislature, legislative review can also slow, delay and even outright prevent BOP actions intended to protect patient safety through thoughtful regulation. It also subjects all rules to political interference from legislators that may have little to no technical knowledge of the practices being regulated.

A similar but parallel challenge for many BOPs is degree of rulemaking authority. Some BOPs are "empowered" to promulgate their own regulations directly while others may only submit recommendations to an overarching parent agency that is vested with rulemaking authority. This creates similar challenges to legislative review. For example, when other healthcare boards or competing agencies are housed under the same umbrella agency there is the potential for tampering in the pharmacy rulemaking process.

In reviewing existing policies, ASHP Policy 2505 advocates for "appropriate oversight of pharmacy practice"

by Boards of Pharmacy, though it does not directly mention legislative review or degree of rulemaking authority. ASHP supports empowering BOPs to act with rulemaking authority.

Delegate Recommendation: Merging ASHP Pharmacy Leadership Conference with ASHP Futures Meeting

Incorporate ASHP's Pharmacy Leadership Conference into ASHP Futures Meeting

ASHP routinely reviews strategies to optimize its national meetings. Consistent with this approach, the National Pharmacy Preceptors Conference was merged into Pharmacy Futures in 2025. Several factors, including the unique focus and nature of the Conference for Pharmacy Leaders and logistics, have led ASHP to maintain the Leaders Conference as a standalone event. Nonetheless, ASHP will continuously review its national meetings strategy to ensure that optimal learning and networking experiences are offered to ASHP members and other attendees.

Delegate Recommendation: Improved Pharmacy Technician Representation in the ASHP House of Delegates

Recommend ASHP examine options to increase pharmacy technician representation in the ASHP House of Delegates

An important clarification is how the ASHP House of Delegates is comprised. This is described in the ASHP Bylaws, Article 7. State delegates are apportioned based on the number of ASHP members in the state. While the number of state delegates is proportional to membership, the remaining delegates are not based on membership quantity but have formal roles within ASHP as stakeholder and component groups. These include the Board of Directors, Past Presidents, fraternal delegates, and the chairs of each ASHP component group. Pharmacy technician representation in the House of Delegates is equivalent to other ASHP membership constituencies.

Understanding the intent of the recommendation is to involve pharmacy technicians in the policy process, ASHP embraces technician perspectives in numerous ways. Pharmacy technicians are appointed to each ASHP policy Council and Commission to provide perspective in the initial generation of policy. The Board of Directors of The Pharmacy Technician Society (TPTS) and the committee members of TPTS may provide direct feedback on proposed policies through their Board and committee work throughout the year. Any member of ASHP or TPTS may join the House of Delegates Connect Community to provide direct feedback as well.

Delegate Recommendation: Interstate License Renewal Standardization

To support a standardized pharmacist licensure renewal process such as timelines, CE requirements

The National Association of Boards of Pharmacy is moving forward with interstate privileging approaches; standardizing processes and timelines is something we have advocated for as they develop and implement those approaches. They have communicated to us that interstate privileging will be rolled out in the 3rd or 4th

quarter of 2026. We will be sure to keep your recommendation in mind as we continue to advocate with them.

Delegate Recommendation: Artificial Intelligence (AI) workforce report

In light of the rapid advancement of artificial intelligence, I urge ASHP to conduct and release a report on the expected effect of artificial intelligence on the health systems pharmacy workforce over the next 5-10 years in order to better prepare for changes and disruptions to the workforce.

Your recommendation will be considered as part of an artificial intelligence and advancing innovation discussion by the Council of Pharmacy Management during Policy Week in September. Additionally, the 2025 ASHP National Survey of Pharmacy Practice in Hospital Settings includes questions regarding artificial intelligence, including current adoption and future plans, with the full results being released in 2026. The recent releases of the ASHP Foundation Pharmacy Forecast have elements related to your recommendation; while the reports do not specifically address the impact on the pharmacy workforce, the responses do provide some insights into how AI will be affecting our services and operating models. The ASHP AI Summit paper also serves as a valuable resource, offering perspectives on the implications of AI for the pharmacy workforce, including evolving roles, required competencies, and considerations for workforce planning.

Delegate Recommendation: Specifically address 340B contract pharmacy restrictions and proposed rebate models in 340B policy 1908

Support and protect 340B covered entities from the anticipated overwhelming administrative burden of impending rebate models and continued contract pharmacy restrictions, as well as the financial impact and ability to stretch scarce federal resources caused by such policies.

This policy topic was included for discussion as an agenda item by the Council on Pharmacy Management during the 2025-2026 council year. The recommended updates to policy clauses in 1908 would include covered entities, preservation of contract pharmacy access, and opposition to 340B rebate models in favor of upfront discounts. This could encourage manufacturers to develop standardized criteria for eligibility and reporting and to maintain transparency in the process. Since policy 1908 falls under the purview of the Council on Public Policy, the proposed policy suggestions might be recommended for amendment or no action by that council at a future meeting.

More importantly, ASHP continues to advocate for full, uninterrupted access to the 340B program by opposing manufacturer-imposed contract pharmacy restrictions and rejecting proposed 340B rebate models that undermine statutory discounts, increase administrative burden, and threaten covered entities' ability to serve vulnerable patients.

Delegate Recommendation: Increase visibility of the helpline on the ASHP website

For those in crisis seeking help, a hotline should be very visible on the ASHP website.

ASHP appreciates you bringing up the firewall blocks within many health-systems that may inhibit the crisis helpline from being universally visible. We were unaware this was occurring and your notification allowed us

to quickly employ an alternative to the pop-up and ensure the crisis helpline is available to all. As a result of your recommendation, the crisis hotline has been added to the banner of Pharmacy Workforce Suicide Prevention page and all subsequent pages on the ASHP website which are dedicated to suicide awareness, prevention, and resources. I encourage you to view the new banner with the hotline here and offer any feedback on the appearance.

Delegate Recommendation: Elimination of payer mandated biosimilar selection

Elimination of payer mandated biosimilar selection

ASHP is a strong supporter of eliminating barriers to less costly biosimilars. We are concerned with payer preferential selection of biosimilars and how that creates barriers for patient access and adds strain on health system operations. Our policy on Biosimilar Medications, 2307, addresses these concerns in the rationale and enables us to look for ways to advocate against payer mandated biosimilar selection. ASHP advocates payers should cover and reimburse any approved biosimilar with similar cost-sharing and utilization management so that health systems and pharmacies have the flexibility to determine the most cost effective and clinically appropriate option for their patients. In another effort to expand access to biosimilars, ASHP has advocated for passage of the Biosimilar Red Tape Elimination Act (S. 1954), which would remove the redundant requirement that after a biosimilar's initial approval by the Food and Drug Administration, it must be determined interchangeable through "switching studies," with the reference product. We also suggested this policy change in our recent comments to federal agencies aimed at removing regulatory barriers to patient care and pharmacy practice.

Delegate Recommendation: ASHP exploration of residency training model reform to include flexible, scalable pathways

ASHP needs to explore solutions to residency supply/demand imbalance and increasing vacancies

Through the accreditation process, ASHP's Accreditation Services Office (ASO) and the Commission on Credentialing (COC) ensure residency models and processes deliver high-quality training, drive professional excellence, and are forward-thinking to prepare residency-trained graduates to meet the current and future needs of our profession. Through partnerships with numerous invested parties, ASO and COC regularly examine pharmacy student needs; data related to application rates, graduate capture, and program expansion and growth; requests for new and novel training to address practice gaps and professional needs; and other factors that impact training pathways and the value of training delivered.

The Novel PGY2 Proposal and Demonstration Process is one example of ASO and COC's efforts to systematically adjust training models to adapt to current and future needs of our profession. This process, formalized in 2023 and updated in 2025, uses evidence and data to support initial and ongoing training need in new or novel settings. Two examples of residency training enhancements that have followed this framework include the development of PGY2 Thrombosis and Hemostasis Management training programs and the development of Pediatric Specialty Pathways within PGY2 Pediatric Pharmacy Residency programs that meet certain criteria.

In addition, ASO and the COC continue to support non-traditional residency training pathways. These programs are generally designed to offer practitioners access to a residency training pathway in a more flexible delivery model. The overall interest in this pathway is minimal as evidenced by low program volumes and match rates, and ASO continues to monitor this.

The concept of a PGY1 exemption process for PGY2 eligibility is another example of a flexible pathway recently examined by the COC. This process would allow practice experience alone rather than completion of a PGY1 program to determine eligibility for PGY2 training. Ultimately, the COC did not support this proposal for several reasons. The COC reiterated that years of experience is insufficient to extrapolate PGY2 eligibility because it does not consider type of setting in which the experience is gained in relation to the setting where the PGY2 program is conducted. Additionally, experience alone does not adequately consider overall demonstration of skills in patient care, practice advancement, leadership, and teaching/education as required by the PGY1-Harmonized-CAGO-ASHP-BOD-Approved-April2024-Guidance-Update-Aug-2024. As such, a candidate wishing to pursue PGY2 residency training without a PGY1 residency training foundation may lack the depth and breadth of experience and/or required skill development as measured though specific objectives/evaluations/outcomes/deliverables.

ASO and the COC will continue to evaluate flexible, scalable pathways for residency training based on demonstrated and anticipated interest, need, and supporting data. At their next meeting, the COC will be considering a recommendation to develop a workgroup. This workgroup will be charged with creating a deliverable that can be used by various interested parties to highlight the value, benefits, and diverse pathways of residency training.

Outside of residency training, ASHP offers a variety of educational opportunities through our Certificates and Microcredential programs. These programs allow pharmacists to gain expertise in targeted areas of practice. These opportunities may assist pharmacists in gaining skills that can be used to progress in their practice setting.

Delegate Recommendation: Reinstate a dedicated specialty pharmacy track at ASHP's Pharmacy Futures Meeting

We urge ASHP to seize the opportunity to reaffirm its leadership in the specialty pharmacy space by reinstating a specialty pharmacy track to retain and support health system specialty pharmacy (HSSP) professionals amid rapid change and increasing external competition.

ASHP is in the initial planning phase of educational content for the 2026 Pharmacy Futures meeting. During this process, multiple needs assessment sources are reviewed to identify timely and relevant educational gaps that can be closed for diverse learner audiences through the education provided at the meeting. Once these educational priority areas are identified, ASHP works with internal and external stakeholders, as well as content matter experts and faculty to design, develop, implement, and assess education. Feedback from members and sections (including the Section of Specialty Pharmacy Practitioners) are key to informing the

educational strategy for the meeting. Our goal is to continue to meet (or exceed) the need of providing health system specialty pharmacy focused and driven content and to continue to serve as the primary home for health system specialty pharmacies to reliably meet, network, and develop. Additional attention will be placed on the branding, messaging, and sense of community to ensure that the specialty pharmacy educational programming designed and planned connects and resonates with the Specialty Pharmacy membership. Pharmacy Futures 2026 will also mark the return of Communities, including the Ambulatory Care Community, reinforcing the meeting's role as a place for connection, engagement, and professional growth.

Delegate Recommendation: Incorporation of the Global Harmonization Classification System into Package Inserts of Drugs

To advocate FDA add a new section within Full Prescribing Information Contents, Section 16. "How Supplied and Handling" of package inserts of drugs that harmonizes with a drug(s) chemical Safety Data Sheet (SDS) sections 2, "Hazards Identification" and 7, "Handling and Storage."

The Council on Public Policy plans to revisit this topic during their summer 2026 call, as time constraints limited discussion during Policy Week. We will also continue to monitor upcoming FDA comment opportunities where this issue may be thoughtfully raised.

Delegate Recommendation: Explore body size inclusivity in ASHP policies related to potential psychological harms or stigma

The Council on Pharmacy Practice discussed this during the 2025 Policy Week and developed a new. The policy, Body Size Inclusivity, will be discussed during the 2026 House of Delegates. The Council felt it was a very important topic and discussed the importance of weight and height inclusivity in the policy they developed.

Delegate Recommendation: Reinstate and expand ambulatory care tracks into ASHP's Futures Meeting

SACP EC would like to recommend the reinstatement of the ambulatory care track into future ASHP Futures Meetings

ASHP is in the initial planning phase of educational content for the 2026 Pharmacy Futures meeting. During this process, multiple needs assessment sources are reviewed to identify timely and relevant educational gaps that can be closed for diverse learner audiences through the education provided at the meeting. Once these educational priority areas are identified, ASHP works with internal and external stakeholders, as well as content matter experts and faculty to design, develop, implement, and assess the education. Feedback from members and sections (including the Section of Ambulatory Care Practitioners) are key to informing the educational strategy for the meeting. Pharmacy Futures 2026 will also mark the return of Communities, including the Ambulatory Care Community, reinforcing the meeting's role as a place for connection, engagement, and professional growth.

Our goal is to continue to meet (or exceed) the need of providing health system ambulatory care focused and driven content and to continue to serve as the primary home for health system ambulatory care pharmacists to reliably meet, network, and develop. Additional attention will be placed on the branding, messaging, and sense of community to ensure that the ambulatory care educational programming designed and planned connects and resonates with the Ambulatory Care Practitioner membership.

Delegate Recommendation: Appointment of appropriately qualified pharmacists to new ACIP

I recommend ASHP nominate qualified ASHP members to HHS and CDC for positions on the reconstituted CDC Advisory Committee on Immunization Practices to help ensure their future recommendations are based in science and consistent with best medical evidence.

ASHP has consistently advocated for pharmacist representation on CDC ACIP. In summer 2025,ASHP spearheaded a joint letter with other national pharmacy organizations to the U.S. Department of Health & Human Services recommending the appointment of pharmacists to the newly reconstituted ACIP. The letter includes a list of qualified members from ASHP, APhA, NCPA and other national pharmacy groups. A pharmacist was selected and participated in fall 2025 ACIP meetings; however, there have not been meetings in 2026 due to the ongoing lawsuit with the American Academy of Pediatrics and HHS. We also led a joint pharmacy organization effort advocating for the following considerations in response to the revised ACIP charter released in spring 2026:

The considerations include:

- Preserve transparent, merit-based selection processes that prioritize scientific excellence, experience with vaccination processes, and independence from ideological and political influence when selecting voting members and liaison organizations.
- Engage directly with frontline vaccination providers and vaccine scientists, including pharmacists and pharmacy personnel, when considering structural changes to vaccine policy processes and advisory committee appointments.
- Include pharmacists with expertise in vaccine research and practice when appointing ACIP voting members and liaison non-voting members.

Delegate Recommendation: ASHP should take a more visible stance on recognizing the safety, efficacy, and importance of vaccination in public health and rise with other professional/medical organizations in opposition to the dismantling of our scientific community which may lead to further distrust of the healthcare system and ultimately put American lives at risk.

ASHP should take a more visible stance on recognizing the safety, efficacy, and importance of vaccination in public health and rise with other professional/medical organizations in opposition to the dismantling of our scientific community which may lead to further distrust of the healthcare system and ultimately put American lives at risk.

This email will outline a few immediate actions that we are taking on behalf of our members related to the importance of vaccination and public health. First, we have been invited to join the Vaccine Integrity Project,

part of the University of Minnesota, Center for Infectious Disease Research and Policy. Their first focus area seeks to give vaccine guidance for the upcoming fall respiratory season. We will disseminate that information to members as we have it. Next, we have been meeting weekly with multiple pharmacy organizations to communicate and collaborate on issues facing the pharmacy workforce due to recent changes in vaccine policy. We will be hosting a joint webinar on Wednesday, August 6 from 1-2 pm ET or 7-8 pm ET if you would like to register and join. We also led an effort to send a joint pharmacy organization letter to insurers recently and we have plans to nominate a pharmacist to ACIP. Beyond those initial examples, we will continue to look for ways to advocate on this important issue.

Delegate Recommendation: Defending evidence-based immunization policies and safeguarding the integrity of scientific advisory committees in public health

To defend the core values of the pharmacy profession and immunization practices

We agree with you that policy related to vaccines needs to be evidence-based and inclusive of pharmacist expertise. This email will outline a few immediate actions that we are taking on behalf of our members related to the importance of vaccination and public health. First, we were invited to join the Vaccine Integrity Project, part of the University of Minnesota, Center for Infectious Disease Research and Policy. Their first focus area was to give vaccine guidance for this fall's respiratory season. We have also joined the Vaccination Evidence Review Council, organized by the National Adult and Influenza Immunization Summit, and Champions for Vaccine Education, Equity, + Progress. We also led an effort to send a joint pharmacy organization letter to insurers to urge continued coverage of vaccines with no cost sharing and we were pleased that our advocacy efforts were successful in having a pharmacist appointed to ACIP. Beyond those initial examples, we will continue to look for ways to advocate on this important issue.

Delegate Recommendation: Recognition of Pharmacist Licensure in Non-Dispensing Telehealth Pharmacy Services

To enhance patient access to care and optimize medication management, all state boards of pharmacy and regulatory bodies should recognize and accept valid pharmacist licenses for the provision of non-dispensing telehealth pharmacy services across all 50 states.

While this topic was not included on the Council on Public Policy agenda this cycle, we appreciate its importance and are pleased that it was submitted as a resolution. It will be considered and discussed at the Summer 2026 House of Delegates meeting.

Delegate Recommendation: Certifications for Students

To engage student members and enhance their member benefits, ASHP should develop and offer, at no cost to student members, certifications for professional development, such as Interprofessional Education.

ASHP is committed to enhancing the student member experience and supporting professional development through education and training. Earlier this year, ASHP launched a series of microcredentials and will continue to expand these offerings while also exploring additional opportunities to support student growth.

Delegate Recommendation: Lifetime ASHP Membership

ASHP should evaluate the potential of granting members free lifetime membership once certain criteria are met.

We are collecting background information into this including an environmental scan of similar practices by other associations, including those broader than pharmacy or healthcare. While we do not yet have a definitive solution to your request, we want you to know that member recognition is important to ASHP.

Delegate Recommendation: Incentivize Academic/Health System Partnerships for Workforce Pipeline Programs Starting in High School

ASHP advocates for the development and incentivization of academic/health system partnerships that establish pharmacy career pipeline programs beginning in high school to expand and diversify the future pharmacy workforce.

ASHP strongly agrees that early engagement is key to expanding the pharmacy workforce, particularly in underserved areas. Your recommendation aligns closely with several ongoing initiatives. Last year, ASHP collaborated with the National Academies of Sciences, Engineering, and Medicine (NASEM) on the Innovations in Pharmacy Training and Practice to Advance Patient Care workshop that brought together pharmacy practice and education experts to envision a sustainable future that better serves our patients and the pharmacy workforce. We shared outcomes from the workshop with members at Midyear and are contributing to five publications supporting advancement of recommendations from the workshop proceedings. As part of our national campaign, We're Your Pharmacist, ASHP has actively connected with students and educators through targeted outreach including exhibiting at the 2025 HOSA Future Health Professionals International Leadership Conference and the American School Counselor Association's 2025 annual meeting to increase the visibility of pharmacy careers with middle and high school students and guidance counselors. We are now considered an official Elite HOSA Partner. ASHP will sponsor the pharmacy science competition at HOSA's 2026 International Leadership Conference, where students qualify through local and state contests and complete written and skills-based components to earn scholarships. ASHP will also host pharmacy career workshops during the conference, provide guidance and resources for student advisers, and participate in the conference exhibit program alongside The Pharmacy Technician Society. In addition, ASHP will develop on-demand educational resources for classroom use, including videos, webinars, and interactive learning tools. These resources will introduce students to pharmacy career options and outline the education and training required to pursue a Doctor of Pharmacy degree or a certified pharmacy technician credential.

The above efforts and your recommendation were included as part of the Council on Education and Workforce Development's broader annual discussion on pharmacy workforce-related survey results and trends.

Delegate Recommendation: Recommendation to Improve Outpatient Medication Administration Documentation

Recommendation to partner with other professions to define the role of pharmacy practice in effective creation and use of outpatient documentation tools for medications administered in outpatient, non-infusion settings.

Your recommendation was shared with the Section of Pharmacy Informatics and Technology Executive Committee. During the process to finalize deliverables for the Section Advisory Groups, the committee identified communication strategies involving healthcare technology as the subject for one of the workgroups. One goal of this project is to explore how we engage in interdisciplinary communication within a patient care team. Taking your recommendation into consideration, the project will now have an aspect focused on the outpatient setting, in particular best practices for documentation of clinic-administered medications. The workgroup will have the ultimate decision on what type of deliverable they will create, but we anticipate this being a podcast, blog, or pharmacy informatics resource center document.

Delegate Recommendation: Increased use of smart phone technology to improve HOD efficiency

Encourage technology to text HOD amendments

To improve the accuracy and efficiency of the policy amendment submission process for both delegates and staff, we are collaborating with our technology team to explore potential solutions. One option under consideration is a member engagement platform that could be accessed via smartphone as a centralized portal for submitting policy amendments, with the goal of capturing all required information and clearly annotating proposed language changes.

At present, we are unable to accept amendments submitted directly from smartphones during the House of Delegates, as we must adhere to parliamentary procedures, including verifying both the content received and the identity of the submitting delegate.

Delegate Recommendation: Risk evaluation and mitigation strategies, policy 1002

Based on recent changes to the REMS process, would like the Council on Public Policy to review the current language for this policy and consider updates that focus on administrative burdens and electronic health record integration.

We have tentatively scheduled a full discussion of the policy with potential updates for Policy Week 2026. In the interim, ASHP continues to advocate for changes to REMS that reduce administrative burden (e.g., the recent removal of the Clozapine REMS) and ensure that the programs are not being used to unduly restrict access to medications. Additionally, if there are specific REMS that are creating problems, please don't hesitate to flag those to me so that I can raise them directly with FDA staff. I'd also be happy to set up a call to discuss this the REMS issues in more detail.

Delegate Recommendation: Unfunded mandates task force

ASHP create a task force to review evidence supporting the creation of unfunded mandates (e.g., DSCSA, USP 795, USP 797, etc.) as well as define metrics to measure their impact on patient safety and financial return on investment.

During the 2025 Policy Week meetings, the Council on Pharmacy Management recommended that ASHP pursue advocacy to ease the operational and financial strain of unfunded regulatory mandates. Recent advocacy efforts include: ASHP urges the Administration to rescind or revise federal regulations that create unnecessary burden, limit pharmacist participation in care, or reduce patient access. It recommends reversing CMS policies restricting incident-to billing and virtual supervision, simplifying the IRA drug pricing framework, and correcting inconsistent audit practices affecting residency funding. ASHP also calls for reviewing Medicare COPs, enabling pharmacists to enroll in PECOS, and removing DEA barriers that restrict methadone access, telemedicine practice, and buprenorphine dispensing. Additionally, it urges FDA to streamline biosimilar interchangeability, withdraw the proposed medication guide rule, and prevent 505(b)(2) loopholes that undermine competition and raise drug costs.

Delegate Recommendation: Bojangles biscuits for House of Delegates

Keep HOD well fed with Bojangles biscuits

We truly appreciate your thoughtfulness and your desire to ensure delegates are well fed during the important work that they do for ASHP. Food and beverage options and offerings at our meetings are coordinated in partnership with each Convention Center and options can vary depending on the venue and its approved vendors. While Bojangles may not always be available, we will certainly keep your request in mind and explore the feasibility of incorporating it at future House of Delegates meetings should it be an option.

Delegate Recommendation: Section Advisory Group for industry pharmacists

As ASHP works to expand SAG and be more inclusive of the pharmacy workforce, it is important to include pharmacists in NSL or medical/educational affair roles as they support patient care within health systems.

ASHP hosted multiple focus groups with pharmacists in industry to gain perspective on what they would value most from ASHP. They wish to stay involved with ASHP through networking and contribution to ASHP activities such as guideline development, policy development, and collaboration to expand ASHP's mission of safe medication use. Industry pharmacists look to ASHP to stay current with practice issues, maintain their board certification, and grow and expand their professional network. They also would like ASHP to support awareness of career paths within the pharmaceutical industry. Feedback was mixed with respect to creating a separate membership component group (e.g. advisory group) versus integrating industry pharmacists with current member groups.

ASHP encourages and embraces industry pharmacists in membership component groups. For example, several industry pharmacists have served in elected Section Executive Committee roles in the Section of Clinical Specialists and Scientists, the Section of Ambulatory Care Pharmacists and the Section of Pharmacy

Informatics and Technology. Industry pharmacists serve on ASHP Councils and contribute to ASHP guidelines and publications. New services in the past year have included an Industry Fellowship Showcase at the Midyear Clinical Meeting, an Industry Pharmacist Networking Session, and educational activities on careers in the pharmaceutical industry. We also created a new member spotlight category to highlight industry pharmacists. We will continue to listen to industry pharmacist needs and endeavor to meet those needs.

Delegate Recommendation: Consider Detroit, MI for an ASHP Futures Meeting

Consider Detroit, MI for an ASHP Futures Meeting

ASHP understands the importance of rotating the host city of our various meetings, conferences, and specialty courses each year. I want to assure you that ASHP regularly explores the viability of numerous meeting venues and will consider Detroit, Michigan. Several criteria are considered in selecting a location, and we must keep the following in mind, along with other intangibles:

- geography
- ease of access for travel
- venue – meeting space and hotel access
- availability of preferred dates
- price
- previous experience/evaluation data
- potential for weather impacting the success of the meeting