

Delegate Recommendations from the 2024 House of Delegates

The delegate[s] who introduced each Recommendation is [are] noted. Each Recommendation is forwarded to the appropriate person or body within ASHP for assessment and action as may be indicated. ASHP actions on the recommendations are recorded and reported to the House the following year.

	Recommendation Title/Text/Background	Sponsor(s)
1	<p>Policy on the Role of the Pharmacy Workforce in Trauma Informed Care ASHP should develop a policy on the role of the pharmacy workforce in trauma-informed care. Background: Trauma informed care is directly related to DEI and increases risk of SUD, morbidity, and mortality.</p>	Terri Jorgenson (MD)
2	<p>Include other organizations in HOD Consider inviting other pharmacy organizations to participate in HOD (e.g., APhA, ACCP). Background: See ASHP Strategic Plan – our members and partners. Goal 5, Objectives 1 and 2.</p>	Sarah McBane (CA)
3	<p>Just Culture & Medical Errors ASHP should consider policy language addressing just culture and criminal prosecution for medical errors. Background: See for example cases of Eric Cropp (RPh) and Radonda Vaught (Nurse), and KY House Bill 159</p>	Sarah McBane (CA)
4	<p>Defining Evidence-based Medicine (EBM) for Future Policy Direction ASHP should define evidence-based medicine so it has official language for what that means for the previous 42 policies in which this terminology is used. Background: Implementation of EBM remains a foundational element of high-quality healthcare despite the challenges in its definition and practice. By addressing these challenges organizations can support healthcare professionals in delivering care. The implementation of EBM remains a foundational element of high-quality healthcare, despite the challenges in its definition and practice. The issues of information overload, variable research quality, increasing involvement of AI, and the need for specialized skills underscore the complexities of implementing EBM in clinical practice. For many healthcare organizations, these challenges necessitate a thoughtful approach to policy and protocol development, emphasizing accessibility, education, and the dynamic nature of medical evidence. By addressing these challenges, such organizations can support healthcare</p>	Brian Gilbert (KS)

	professionals in delivering care that is truly evidence-based, ultimately improving patient outcomes.	
5	<p>Add Music and Dancing to the Whitney Dinner Recommend that ASHP add a dance and DJ/band to further escalate the celebration of the Whitney Award recipient following dinner.</p> <p>Background: ASHP members would appreciate the opportunity to continue celebrating the Whitney Award recipient following dinner.</p>	Jackie Boyle (SACP), Allison King (SICP), Kim Benner (BOD), Nish Kaskebar (President)
6	<p>To Reaffirm Good Policy Structure and Wording to Combat Policy Bloat ASHP should develop a policy on policies to clearly outline good policy structure and ideal actions.</p> <p>Background: ASHP is facing a significant issue with policy bloat, and this may soon result in unmanageable work on behalf of the councils and the ASHP staff. Policy makers should make every effort to create and update policies that are: 1) No longer than three clauses in length, 2) Not duplicative or contradictory of existing ASHP policy (i.e., should not reaffirm or restate existing policies). The ASHP charter includes educate, research, publish and, therefore those actions do not need to be included as potential actions of the policies moving forward as it is understood ASHP will carry those actions out.</p>	Chris Scott and Tate Trujillo (IN)
7	<p>Peer Review Recommend ASHP develops a standalone policy that addresses the peer review process for pharmacists.</p> <p>Background: Motion that ASHP consider developing a policy related to peer review in any setting where pharmacists are providing direct patient care.</p>	Jackie Boyle (SACP), Brody Maack (SACP), Sara Panella (FL)
8	<p>Minimum Standards for Community Pharmacy Services within Health Systems To provide guidance and supplement the new S CPP - ASHP Statement on the Community Pharmacist's Role in the Care Continuum.</p> <p>Background: Guidance and best practices on how to expand health system services into the Community Pharmacy space. Including, but not limited to, employee and patient pharmacy services, medication reconciliation, meds to beds, increased access to immunizations and medication education on high-risk disease rates (e.g., heart failure, diabetes, etc.).</p>	Victoria Wallace (ID)
9	<p>Recent Regulatory Changes to the 505(b)(2) Approval Process We are asking ASHP to review recent regulatory changes to the 505 (b)(2) FDA and CMS approval process.</p> <p>Background: The Centers for Medicare & Medicaid Services (CMS) clarified that 505(b)(2) products will only be assigned to the reference product healthcare Common Procedure Coding System (HCPS) J-Code if they are deemed therapeutically equivalent by</p>	Martha Roberts (RI), Ryan Gibbard (OR)

	<p>the FDA. This new decision is a change from previous practice which typically listed 505(b)(2) products under the reference products J-code. Current EHR functionalities, drug databases, and purchasing platforms do not clearly or readily distinguish 505(b)(2) drugs from generics. This can result in patient safety risks, claim denials, and regulatory non-compliance.</p>	
10	<p>ASHP Policy for Lactation Support and Resources within the Pharmacy Workforce ASHP should develop a policy advocating for lactation support and resources within the pharmacy workforce. Background: The World Health Organization and the American Academy of Pediatrics recommend breastfeeding (chestfeeding) as the sole source of nutrition in infants under six months of age and continued breastfeeding for one to two years or longer if desired by mother and baby. Currently, only 30 states have laws related to chestfeeding in the workplace. Lactation policies should refer to the Fair Labor Standards Act (FLSA) guidelines and clearly delineate the roles of the employer and employee regarding lactation support.</p>	<p>Cindy King (OH), Jackie Boyle (SACP), Karen White (WA), Chris Greer (WA), Ashley Duty (OH), Kellie Musch (OH), Kembral Nelson (OH), Dan Lewis (OH), Dale English (KY), Brody Maack (SACP), Josh Blackwell (TX), Jodi Taylor (TN), Ryan Wargo (OR), Michael Lanning (OR), Edward Saito (OR)</p>
11	<p>Lactation Support and Resources at ASHP Sponsored Events ASHP should provide sufficient support and resources for members and attendees at AHSP sponsored events. Background: ASHP is the largest national pharmacy organization with various attendees from the pharmacy workforce and industry. ASHP should provide sufficient resources and number of spaces to support lactation needs for their members/attendees at all events. These needs include sufficient lactation space (private, secure, space with chair); access to an outlet; sink to clean supplies; clean, designated cold storage location; and cleaning supplies.</p>	<p>Cindy King (OH), Jackie Boyle (SACP), Karen White (WA), Chris Greer (WA), Ashley Duty (OH), Kellie Musch (OH), Kembral Nelson (OH), Dan Lewis (OH), Dale English (KY), Brody Maack (SACP), Josh Blackwell (TX), Jodi Taylor (TN), Ryan Wargo (OR), Michael Lanning (OR), Edward Saito (OR)</p>
12	<p>Implementation Science to Drive Sustainable Pharmacy Practice Expansion and Innovation Recommend ASHP work to increase education in the field of Implementation Science and consider policy development that advocates for the utilization of Implementation Science. Background: Implementation Science is a field that uses theories, models, and frameworks to identify contextual factors that influence barriers and facilitators to implementation of clinical services. Using these concepts help to streamline the time it takes to implement evidence-based practices and elements of pharmacist provider status. ASHP should work to explore education initiatives and applicable policy that advocates for increasing adoption of Implementation Science in research, quality improvement practices, and pharmacy practice expansion efforts.</p>	<p>Brody Maack, Jaclyn Boyle, Sara Panella (SACP)</p>
13	<p>ASHP consideration of adding more Specialty content during the Futures Meeting</p>	<p>Denise Scarpelli (SSPP)</p>

	<p>The section of Specialty Pharmacy Practitioners is recommending on behalf of their members to add more Specialty Pharmacy content programming during the Future Meetings to help foster growth of Specialty Pharmacy within health systems.</p> <p>Background: The Section of Specialty Pharmacy Practitioners would like to submit a request for ASHP to consider reinstating a Specialty Pharmacy focused educational programming for the summer session in whatever form it remains (Pharmacy Futures or Summer Meeting). When the SSPP started, Section leadership and members promoted the summer session specialty track to colleagues in the field as a valuable and worthwhile venue to share and learn best practices for specialty pharmacy with other health systems and as an opportunity for members to network with other Specialty Pharmacy leaders and practitioners. The Section found great value to these in-person, focused gatherings, leading to increased engagement in the Section. These meetings uniquely met the need of providing health system specialty pharmacy focused and driven content, which filled a large gap when compared to other professional meetings attended by specialty pharmacy practitioners and leaders. Over the past 6 years, the Section has continued to grow reaching several thousand highly engaged members, and our members have expressed the need for a Specialty specific programming within the summer meeting to serve as a home for health system specialty pharmacies to reliably meet, network, and develop. We believe this is vital to continued growth and engagement in our Section and that there is an opportunity to continue to grow attendance from ASHP members as well as external stakeholders such as vendors, payers, and manufacturers. Additionally, if the Summit at Pharmacy Futures formatting remains, we would like to request that the 2025 Summit be focused on Specialty Pharmacy given that it has been 5 years since the previous ASHP Specialty Pharmacy Summit, and the field and Section membership needs have continued to change during this time.</p>	
<p>14</p>	<p>Include PGY2 programs that will accept early commit candidates as part of the Residency Directory to improve pharmacy student advising</p> <p>With new rules related to the early commit process, a more transparent way to see which programs allow early commit to PGY2s will better inform student advising.</p> <p>Background: Now that programs can commit within health systems instead of institutions, it is not clear if all PGY1s within the system will be accepted for early commit to specific PGY2 programs. We feel this is unlikely for some very large systems, and updating the directory to include that information will be super helpful as candidates select programs to apply for PGY1 residency and faculty advise students in the process.</p>	<p>Jodi Taylor (TN)</p>

15	<p>Separating the timing of the ASHP-PAC Contributors Luncheon and the Meet the Candidates sessions at Pharmacy Futures ASHP staff and leadership should time the ASHP-PAC Contributors Luncheon and the Meet the Candidates session at the Pharmacy Futures conference so they don't overlap, allowing members to fully attend both.</p> <p>Background: Members who attend these two sessions tend to be highly engaged. It is frustrating to have to choose which to attend, or to have to either leave one early to attend the other or join the latter session halfway through.</p>	Jesse Hogue (MI), Liz Wade (NH), Paul Driver (ID), Becky Maynard (MI), Chris Scott (IN), Tate Trujillo (IN), Amy Sipe (MO)
16	<p>Policy on DEA Scheduling of Marijuana Recommend ASHP develop policy on the potential implications to pharmacy if the DEA reschedules Marijuana to Schedule III.</p> <p>Background: On May 16th, 2024, the DEA issued a proposed rule to move Marijuana from Schedule I to Schedule III. This has the potential to require marijuana to be dispensed from a pharmacy.</p>	Adam Porath (NV)
17	<p>PGY-2 Programs in Transitions of Care ASHP should consider reinstating Transitions of Care PGY-2 specialty residency programs.</p> <p>Background: During the 2015-2016 residency application cycle, there were eight Transitions of Care (TOC) PGY-2 programs that either accredited or had pre-candidate status. However, in the fall of 2016, ASHP's Commission on Credentialing ceased future accreditation of TOC PGY-2 Programs. There has been significant growth in TOC, requiring knowledge in regulatory and clinical skills and expertise in ambulatory, acute care, and community settings. The current PGY2-2 pharmacy residency programs do not fully prepare pharmacists to be fully competent in this field.</p>	Sara Panella, Brody Maack, Jaclyn Boyle, (SACP)
18	<p>Review/Update of ASHP Statement of Use of AI in Pharmacy Recommend the review and update of ASHP Statement on the Use of Artificial Intelligence in Pharmacy</p> <p>Background: There currently exists a Statement by ASHP on its stance on the Use of AI in Pharmacy Practice. Given all of the updates to AI since the statement's publication in 2020, I recommend review and revision of the statement to reflect these technological advancements be completed.</p>	Kelly Mullican (DC)
19	<p>Adoption of sustainable practices at ASHP meetings through elimination of printing, utilization of electronic alternatives, and increasing recycling options. Prior to ASHP meetings, members receive several home paper mailers that are redundant of email, social media, and online advertising. At ASHP meetings, registrants are provided with fliers, handouts are provided at education sessions, programs are printed for receptions or events, and a number of papers are included at each caucus and session of the House of Delegates (including duplicates available at every delegate's seat).</p>	Kellie Musch (OH), Cindy King (OH), Ashley Duty (OH), Joshua Musch (OH-Alt)

	<p>Sometimes the mix of electronic and paper formats introduce confusion in attendees.</p> <p>ASHP should embrace electronic pathways for content delivery. This can include the ASHP LIVE! App, ASHP website, ASHP Connect, or even exploration of a SharePoint/OneDrive (or similar).</p> <p>Background: Sustainability is the practice of using natural resources responsibly and efficiently to meet the needs of the present and future generations. Sustainability is important for preserving the planet, protecting habitats, reducing pollution, and ensuring the well-being of humans and other living beings. Sustainability is also a crucial element for any organization's success, as it can enhance profitability, growth, retention, and reputation.</p> <p>Printing unnecessarily or inefficient printing processes can consume a lot of paper, which accounts for 23% of the total waste in landfills from municipalities that don't have a good recycling program or from individuals that don't recycle. While paper is recyclable and renewable, many still look for alternative ways for traditional printing to reduce waste even further.</p>	
<p>20</p>	<p>Continued advocacy for Medicare reimbursement of pharmacist clinical services in ambulatory care settings</p> <p>Recommend ASHP continue efforts to seek recognition from CMS as pharmacists on the interdisciplinary healthcare team to ensure adequate reimbursement for clinical services provided.</p> <p>Background: Pharmacists provide ambulatory clinical pharmacy services to patients in ambulatory care settings (and other settings not listed here). These services are provided without consideration of patient insurance; however, pharmacists are not recognized by CMS as providers and are unable to bill for these services in the same way as we bill Medicaid and commercial insurance. We should continue to demand CMS recognize the services provided by pharmacists and adequately reimburse for these services.</p>	<p>Karen White (WA)</p>
<p>21</p>	<p>Pharmacy Futures Meeting Location – Salt Lake City, UT</p> <p>ASHP hold the Pharmacy Futures Meeting in Salt Lake City, UT.</p> <p>Backgrounds: Salt Lake City is preparing to host the Winter Olympics in 2030. We offer new and convenient conference space with unparalleled scenery.</p>	<p>Krystal Moorman-Bishir (UT), Utah Delegation, Karen White (WA), Travis Dick (NJ)</p>
<p>22</p>	<p>Cellular Therapy Products</p> <p>ASHP create a policy on the safe and appropriate manipulation, dispensing, and handling of cellular therapy products, both investigational and commercial, for health systems.</p> <p>Background: Cellular therapy commercial products and investigational products have historically been approved or studied for oncology / hematology indications. However, there are many new trials with these products, starting in development for non-oncology conditions in adult and pediatric populations. The</p>	<p>Elyse MacDonald (UT), Utah Delegation, Travis Dick (NY), Ashley Duty (OH), Janet Mighty (MD), John Pastor (MN), Rachel Root (MN)</p>

	safe and appropriate dispensing and handling of these agents is paramount and may or may not be within the scope of health system pharmacy. It may also not be appropriate for a health-system pharmacy to handle these products.	
23	<p>Increased Collaboration between State Affiliates and Councils to proactively align or propose policies based on state legislature climate</p> <p>From approved law in Louisiana, to reclassifying medications related to reproductive health, to proposed law in Ohio (4B73) which essentially compromises the practice of pharmacy, there is urgency for increased collaborations between state affiliates to ASHP. That would allow us to have 1) unified voice, 2) timely responses, 3) stakeholder engagement tool, 4) increased prevention and law traction, 5) tools for immediate advocacy.</p>	Kembral Nelson (OH)
24	<p>Increasing Health-System Pharmacist Engagement in NAPB & Boards of Pharmacy</p> <p>ASHP should develop & implement a strategy to increase health system pharmacists on staff boards of pharmacy and seek increased engagement with and in NAPB.</p> <p>Background: Health system pharmacists are under-represented on SBOPs. NAPB is dominated by retail pharmacists – to facilitate practice change we must influence staff practice laws, regulations and actions by SBOPs and NAPB policies.</p>	Steve Sheaffer (Past President), Christine Rousez (PA)
25	<p>Creation of an ASHP sponsored Skillbridge Program for Separating Medical Servicemen</p> <p>ASHP should support separating pharmacist and technician servicemen transition to the civilian workforce.</p> <p>Background: The DoD sponsored program lets AD servicemen spend their last 6 months of time in service at a civilian organization to gain skills and bridge knowledge gaps to improve job prospects.</p>	Lt Col Rohin Kasudia (USAF)
26	<p>CPEL capstone information on ASHP website</p> <p>That the capstone information on the ASHP website is more descriptive of what it entails.</p> <p>Background: The current three bullet points related to the capstone are vague as is the statement about facilitated group case discussions based on CPEL competencies. An example of the schedule for the multi-day program would be helpful for giving those interested in the CPEL a better understanding of the capstone.</p>	Andy Donnelly (IL)
27	<p>Unfunded Mandates Task Force</p> <p>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.</p> <p>Background: A number of unfunded mandates have been imposed on health-systems with limited evidence such as USP Standards</p>	Kim Zammit (NY), Krystal Moorman-Bishir (UT), Elyse MacDonald (UT), David Schmidt (NE), Josh Blackwell (TX), Arpit Mehta (PA), Stan Kent (Past President), Thomas

	<p>and DSCSA. These mandates have significant impact on resources and may or may not impact patient/staff safety.</p>	<p>Thielke (Past President), Terri Jorgensen (MD), Christy Norman (GA), Rachel Root (MN), Amisha Arya (NY), Paul Green (NY), Mark Sinnett (NY), Jennifer Sternbach (NJ)</p>
28	<p>ASHP Policy 2023 ASHP should consider sunseting or revising ASHP Policy 2023. Background: ASHP is a long-standing supporter of advancing the pharmacy workforce. Advancement of pharmacy technician career paths can be stifled by varying educational paths/training, limited career paths, and a lack of professionalization. Revisiting the structure of the pharmacy workforce could contribute to improvement in patient care and medication safety as practice transformation and upskilling occurs.</p>	<p>Daniel Nyakundi (PTF), Sara Panella (FL), Jackie Boyle (SACP), Brody Maack (SACP)</p>
29	<p>College credit during technician training ASHP should work with other stakeholders to ensure technician training programs provide college credit toward degree conferment and count toward pre-requisites for furthering participants pharmacy education. Background: Technician training programs are often the first step that technicians take in higher education. These programs should help lay a foundation for technicians to continue their education beyond just obtaining a certification. This may lead to the development of an associate degree with an emphasis on pharmacy practice, contribute toward a bachelors in science pharmaceutical science program, and toward prerequisites for PharmD programs. This aspirational development would be a large step forward in helping to professionalize the career of pharmacy technicians.</p>	<p>Christopher J. Edwards (AZ), Melinda Burnsworth (AZ), Kelly Erdos (AZ)</p>
30	<p>Summer Meeting 2028 Location The Missouri delegation recommends, for consideration by ASHP, Kansas City, Missouri, The City of Fountains, home of the best BBQ, Mr. Taylor Swift, and the World Champion Kansas City Chiefs as host city for Summer Meeting 2028. Background: With ample convention space, new airport, walkable dining and entertainment opportunities, new hotel spaces and centrally located geographically, Kansas City is the obvious choice. The people of Kansas City would welcome all ASHP members and attendees with Midwest kindness and hospitality. Come check out our new women's soccer stadium and amenities!</p>	<p>Amy Sipe, Mel Smith, Joel Hennenfent (MO)</p>
31	<p>Optimization of Billing by Complexity ASHP should develop a policy regarding the optimization of billing based on patient complexity. Background: CMS allows for higher billing levels based on administration and monitoring of narrow therapeutic index drugs.</p>	<p>Nancy MacDonald (SCSS), Christopher Edwards (AZ), Megan Musselman (SCSS), Megan Corrigan (SCSS), Christi Jenn (SCSS)</p>

	<p>Narrow index drugs are not standardized, frequently defined by individual entities such as state boards of pharmacy, and current lists used by billing departments are outdated. ASHP should develop and maintain a list of narrow therapeutic index drugs used to identify patients considered higher complexity for the purposes of billing. Best practices for optimization of billing optimization based on complexity and pharmacist involvement should be disseminated amongst ASHP membership.</p>	
<p>32</p>	<p>National Strategies to Elevate and Sustain Compensation for Pharmacy Technician Roles Develop National Strategies to Elevate and Sustain Compensation for Pharmacy Technician Roles. Background: Over the past two decades, pharmacy leaders have been challenged to support the elevation for pharmacy technicians completing advanced roles and compensation for all pharmacy technician roles. Institutions and states have pursued successful strategies, but lack of a national standardized approach has failed to support sustainable elevation and compensation.</p>	<p>Kate Schaafsma (WI)</p>
<p>33</p>	<p>Define core roles and responsibilities of advanced pharmacy technicians Define core roles and responsibilities of advanced pharmacy technicians to allow for clear and attainable skills, knowledge and experiences that may be translated into a degreed program. Background: See many ASHP policies and other documents related to pharmacy technician training. Concerted efforts to define core roles and responsibilities of advanced pharmacy technicians would allow for clear definition of skills, knowledge and experiences that could then be translated into defined education and a degree conferring program.</p>	<p>Kate Schaafsma (WI)</p>
<p>34</p>	<p>Transparency of carbon impact of medication ASHP should advocate for FDA to require information about the lifecycle carbon impact on product labeling to allow formulary decision makers and other stakeholders to consider carbon impact in their therapeutic decision making. Background: Understanding the carbon impact of anesthetic gasses has helped to improve decision making, leading to a reduction in the use of gasses most associated with carbon emissions. There are likely other examples of therapeutically comparable drugs with wildly different life cycle impacts on the environment. By requiring this information be included in the product labeling/package insert, decision makers would be able to incorporate this information into their decision making.</p>	<p>Christopher J. Edwards (AZ)</p>