Delegate Recommendations from the 2026 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	**ASHP Advocacy for Patient Safety and Increased Evidence-Based Oversight of Peptides and Unapproved Agents Used for Therapeutic Purposes** **Recommendation Text:** ASHP should advocate for regulatory frameworks that prioritize patient safety, evidence-based oversight, and quality assurance for peptides and other therapeutic agents used for health promotion or treatment, even when they lack full FDA approval, by supporting appropriate enforcement, compounding standards, transparent labeling, risk mitigation strategies, and research to better inform their therapeutic application. **Background:** Many peptides and similar agents, such as BPC-157 and TB-500, are marketed and obtained as "research chemicals" not intended for human use, yet they are becoming more widely employed by individuals for therapeutic effects like tissue repair, anti-inflammatory benefits, or health optimization, creating a regulatory gray area that undermines safety. These peptides and similar therapeutic agents are not FDA-approved drugs and are legally classified as unapproved new drugs when intended for human use; they are frequently sold and obtained under the "research use only" or "not for human consumption" designation, which creates a regulatory gray area as individuals repurpose them for therapeutic effects or health promotion despite prohibitions on such marketing and distribution. Despite these restrictions, the FDA's enforcement against sellers and users of these agents has been inconsistent and often limited, with many products continuing to circulate widely through online vendors and informal channels even after warning letters and compounding restrictions, highlighting gaps in oversight that expose patients to variable quality and unverified safety risks. ASHP should advocate for improved FDA enforcement of existing regulations on unapproved therapeutic agents alongside the development of clearer, risk-stratified compounding and distribution frameworks that enhance quality assurance, traceability, and pharmacist oversight, thereby reducing patient exposure to substandard products sold under misleading "research use only" claims while preserving access for legitimate therapeutic needs. ASHP should further advocate for increased funding and prioritization of rigorous clinical research on the safety, efficacy, pharmacokinetics, and long-	Chris Greer (WA)

	term outcomes of these peptides and similar agents to generate robust evidence that can inform evidence-based guidelines, risk-benefit assessments, and responsible integration into patient care. This may fit into an update to existing policies such as 2043 and or 2128.	
2	**Recommendation that ASHP Advocate that Diagnosis be Explicitly and Prominently Reflected in the Pharmacist Patient Care Process** **Recommendation Text:** Recommendation that ASHP Advocate that Diagnosis be Explicitly and Prominently Reflected in the Pharmacist Patient Care Process **Background:** The Pharmacist Care Process developed by the Joint Commission of Pharmacy Practitioners has been adopted in clinical practice and has been integrated into ACPE Accreditation Standards, and although recently updated, does not prominently include diagnosis as part of the pharmacist care process. ACPE accreditation standards effective July 1, 2025 include "diagnosis and prescribing as integral parts of the treatment planning process." Michelle Z. Farland, Kathryn J. Smith, C. Les Ramos, Zachary R. Noel, Emmeline Tran, Elizabeth Unni, Rosalyn Padiyara Vellurattil, Samuel O. Adeosun, Elias B. Chahine, Arindam Chatterjee, Sharon Connor, Sudip Das, Melgardt de Villiers, Radhika Devraj, Steven Scott, Jane Shtaynberg, Implementing Standards 2025: Recommendations to Prepare Graduates for Advancements in Practice and Enhance Program Quality, American Journal of Pharmaceutical Education, Volume 90, Issue 2, 2026,101927, ISSN 0002-9459, https://doi.org/10.1016/j.ajpe.2026.101927. (https://www.sciencedirect.com/science/article/pii/S000294592600001X) Brooke Buffat, Glenda Carr, Nathan Spann, and Jennifer L. Adams "strongly advocate for the expansion of the Pharmacists' Patient Care Process (PPCP) and for AACP and colleges and schools of pharmacy to expand COEPA to explicitly integrate diagnosis and prescribing, aiming to match them with the current scope of practice for pharmacists." Brooke Buffat, Glenda Carr, Nathan Spann, Jennifer L. Adams, Empowering Pharmacy Graduates to Diagnose and Prescribe, American Journal of Pharmaceutical Education, Volume 89, Issue 2, 2025, 101314,ISSN 0002-9459, https://doi.org/10.1016/j.ajpe.2024.101314. (https://www.sciencedirect.com/science/article/pii/S0002945924110339) ASHP should advocate that the Pharmacists' Patient Care Process explicitly and prominently reflect diagnosis and consider, when under a standard of care model, the pharmacist care process should differ substantially from the diagnostic process as illustrated by the National Academies in "Improving Diagnosis in Health Care (2015) Chapter 2: The Diagnostic Process." National Academies of Sciences, Engineering, and Medicine. 2015. Improving Diagnosis in Health Care. Washington, DC: The National Academies Press. https://doi.org/10.17226/21794	Chris Greer (WA)

3	**Review and Modernization of ASHP Policy 2411: Pharmacy Residency Training** **Recommendation Text:** To review and update ASHP Policy 2411 (Pharmacy Residency Training) to ensure the policy reflects contemporary pharmacy workforce needs, evolving career pathways, resident recruitment and retention challenges, emerging practice areas, and the long-term sustainability and value of pharmacy residency training. **Background:** ASHP Policy 2411 was last updated in 2024 and contains language that calls for generally increasing the number of accredited residency programs and positions. Pharmacy practice, workforce dynamics, and resident career interests have continued to evolve. Current trends include changing applicant volumes, shifts in workforce supply and demand, expansion of pharmacist roles and emerging care models, as well as growing attention to resident well-being and program sustainability. A review of the policy would provide an opportunity to assess whether its current focus remains aligned with the profession's needs and to consider how residency training can best support patient care, workforce development, and evolving career pathways. Modernizing the policy would help ensure ASHP's position remains relevant and forward-looking while continuing to support high-quality residency training.	Melanie Engels (SDTP)
4	**Addition of background information from ADA Obesity Association to the rationale of the Body Size Bias Policy** **Recommendation Text:** I recommend that the information that references the Health at Every Size movement be replaced by information from the ADA Obesity Association. **Background:** The HAES movement may not completely align with ASHP principles and I recommend that reference to HAES be removed from the rationale and replaced with information from the ADA Obesity Association's standard of care document "Weight stigma and bias: standards of care in overweight and obesity 2025" https://drc.bmj.com/content/13/Suppl_1/e004962	Chris Greer (WA)
5	**Pharmacy's impact on Scope 3 emissions in the era of ultra-high-cost medications** **Recommendation Text:** Pharmacy's impact on Scope 3 emissions in the era of ultra-high-cost medications **Background:** Recommend to investigate pharmacy's impact on Scope 3 greenhouse gas emissions (GHG) as it relates to the overall healthcare sector emissions. Further, to consider a policy statement that further refines the calculation of scope 3 emissions, defined as an organization's indirect GHG	Kathy Ghomeshi (CA), Caroline Sierra (CA)

	emissions upstream and downstream of the value chain, to move beyond a calculation based primarily on cost in the climate of ultra high cost medications. In the current state, a formula that incorporates the cost of a medication is used to estimate the metric tons of CO2 emitted (ie, environmental impact), and this value may be largely skewed when assessing drugs that carry a very high cost. Emission reduction has been an evolving federal initiative and will require efforts from ASHP and other entities to find an accurate model to develop an attainable path to reduce greenhouse gas emissions in the setting of ultra high cost medications and increasing inflation.	
6	**ASHP review of potential areas of bias that interfere with health, wellness workforce effectiveness and develop and promote strategies to mitigate its negative effects** **Recommendation Text:** There is a need for a general approach to bias in healthcare in addition to specific policies like the new body size policy and the ASHP should review potential areas of bias that interfere with health, wellness and workforce effectiveness and develop and promote strategies to mitigate negative effects of bias. **Background:** See discussion of a general vs specific policy during the body size inclusivity caucus discussion.	Chris Greer (WA)
7	**Accountability and Psychological Safety in Learning, Training, and Early Career Practice Environments** **Recommendation Text:** To recommend that ASHP review existing policy related to harassment, discrimination, malicious behaviors, intimidating or disruptive behaviors, and workforce well being to determine whether policy language should be strengthened to prevent and address abuse of authority in learning, training, mentoring, residency, fellowship, and early career practice environments, including clear expectations for individuals in positions of authority and accessible, retaliation free pathways for reporting, escalation, timely mitigation, and accountability. **Background:** ASHP Policy 2131, Zero Tolerance of Harassment, Discrimination, and Malicious Behaviors, provides a strong foundation for addressing harassment, discrimination, malicious behaviors, retaliation free reporting, timely follow up, and accountability. From a new practitioner perspective, this policy could be strengthened by more explicitly addressing abuse of authority and psychological safety in learning, training, mentoring, precepting, residency, fellowship, and early career practice environments, where power gradients may affect whether individuals feel safe speaking up or reporting concerns. ASHP Policy 1916, Intimidating or Disruptive Behavior, also provides an important foundation by addressing intimidating and disruptive behaviors and encouraging education and training within colleges	Luning Shi (NPF)

	of pharmacy and residency programs. However, Policy 1916 could further emphasize systems for prevention, reporting, escalation, timely mitigation, and accountability, so the burden is not placed primarily on learners, residents, fellows, or new practitioners to manage these behaviors. Strengthening these policies would support psychological safety, professional identity formation, retention, well-being, accountability, and safe patient care.	
8	**Strengthening Psychological Safety and Accountability in Pharmacy Learning, Training, and Early-Career Environments** **Recommendation Text:** To recommend that ASHP review and strengthen existing policy to better address the unique vulnerability of learners, residents, fellows, and new practitioners in pharmacy training and early career environments by promoting psychological safety and supporting safeguards from harassment, discrimination, intimidation, and related misconduct through education, accessible retaliation free reporting processes, timely follow up, and appropriate accountability. **Background:** ASHP Policies 2131 and 1916 provide strong foundations for addressing harassment, discrimination, malicious behaviors, and intimidating or disruptive conduct. However, learners, residents, fellows, and new practitioners face distinct vulnerability in pharmacy training and early career environments because evaluation, supervision, mentorship, sponsorship, references, and career advancement may depend on individuals in positions of authority or influence. These power dynamics may make it difficult to speak up, report concerns, or trust that reporting will not affect training, employment, or future professional opportunities. ASHP policy could more explicitly recognize these vulnerabilities and support psychologically safe, accessible, retaliation free pathways for reporting concerns, timely follow up, and appropriate accountability. Strengthening this language would raise awareness, support professional identity formation and workforce retention, and reinforce safe, respectful pharmacy practice environments.	Luning Shi (NPF)
9	**Timing of HOD Sessions** **Recommendation Text:** To recommend that ASHP evaluate the feasibility of innovative timing options for the HOD sessions and caucuses to maximize delegate's ability to attend educational sessions. Ideas could include early morning caucuses (0700-0900) and an early morning Sunday HOD (0700-1100); open to other innovative timings as well. **Background:** Delegates pay full meeting attendance but are limited to how many educational sessions they can attend due to concurrent HOD sessions. Is it possible consider innovative timing so that we can maximize our educational experience. Thank you for considering!	Jennifer Phillips (IL), Megan Corrigan (IL), Andy Donnelly (IL), Adam Bursua (IL), Lara Ellinger (IL)

10	**Live CE for delegate required sessions at ASHP Pharmacy Futures** **Recommendation Text:** I would like ASHP to evaluate the opportunity to modify the delegate required sessions to potentially offer live CE and possibly even law CE. **Background:** Delegates are required to attend ASHP Pharmacy Futures and additionally are required to attend many sessions throughout the meeting that overlap with educational sessions providing CE. I would like ASHP to evaluate the opportunity to modify the required sessions to potentially offer live CE and possibly even law CE. If this is not a possibility, I would recommend reviewing the opportunity to reduce the registration cost to ASHP Pharmacy Futures for delegates. Or at a minimum, to maintain the same value offer all CE sessions as on-demand online CE post-meeting at no additional charge.	Kevin Anderson (WA)
11	**Review of Body Size Inclusivity Policy Scope and Alignment** **Recommendation Text:** Review the proposed Body Size Inclusivity policy to determine whether its principles would be more effectively advanced through broader policy language addressing inclusivity, bias mitigation, and equitable treatment across all patient and workforce populations. **Background:** Bias and discrimination can affect individuals across many dimensions of identity, appearance, and lived experience, influencing health outcomes, workplace experiences, and access to care. While body size bias is an important consideration, similar challenges exist related to other personal characteristics and attributes. A broader inclusivity-focused policy may provide a more comprehensive framework for promoting equitable, patient-centered care and professional interactions while avoiding the need for multiple narrowly focused policies. Such an approach could also improve consistency across ASHP policy statements addressing diversity, equity, inclusion, belonging, and respectful care. Review of this policy provides an opportunity to evaluate whether body size inclusivity is best addressed as a standalone policy or within a broader inclusivity framework.	Melanie Engels (SDTP)
12	**Expand ASHP Policy on Long-Acting Injectable Therapies** **Recommendation Text:** Consider revising this policy to expand its scope from long-acting injectable antipsychotics to all long-acting injectable (LAI) therapies. **Background:** Long-acting injectable therapies are increasingly utilized across multiple therapeutic areas beyond behavioral health, including infectious diseases, substance use disorders, endocrinology, and other chronic disease states. Pharmacists play a critical role in the management, administration, documentation, monitoring, and coordination of care for a broad range of	Melanie Engels (SDTP)

	LAI therapies. Expanding the policy would better align with current and emerging practice models while maintaining the policy's emphasis on interoperability, safety, and continuity of care. A broader policy framework would also reduce the need for future therapeutic-specific policies as new LAI products enter the market. This revision would strengthen ASHP's advocacy for pharmacist involvement in the safe and effective use of all LAI therapies regardless of practice setting.	
13	**Preserving Pathways to Advanced Practice: Expanding RISE Eligibility for Healthcare Professions** **Recommendation Text:** To recognize that high-quality, safe, and effective patient care depends on the stability, competence, and integration of the interprofessional healthcare team; further, To advocate for expansion of the U.S. Department of Education's Reimagining and Improving Student Education (RISE) final rule to include advanced nursing degree programs (e.g., MSN, NP, CRNA, CNS, DNP) and physician assistants within the definition of professional degrees; further, To support policies that preserve and expand pathways into advanced clinical practice professions to ensure a sufficient, well-prepared healthcare workforce. **Background:** Clinical interventions and comprehensive management strategies are interconnected with patient care outcomes. The implementation of the Department of Education's RISE rule on July 1, 2026, represents a potential disruption to the educational pipeline of advanced practice nurses and physician assistants who provide essential patient care services and contribute to patient safety across healthcare settings. Constraints on access to higher education exacerbates nationwide healthcare workforce shortages by limiting the available number of providers who can deliver quality care. Accrediting and regulatory bodies, such as The Joint Commission, have also elevated staffing measurements and workforce stability metrics into its core safety goals, recognizing that inadequate staffing is a primary driver of adverse drug events, medical errors, and operational bottlenecks. If graduate health students are forced out of the federal loan ecosystem and into private lending markets, enrollment in these programs may decline, negatively affecting patient access and continuity of care.	Jordan Burdine (TX), Linda Haines (TX), Mallory Gessner-Wharton (TX), Bradi Frei (TX), Aaron Reich (TX), Megan Johns (TX)
14	**Non-nicotine vaping and inhalant products** **Recommendation Text:** Non-nicotine vaping and inhalant products can contain ingredients and excipients that cause chronic inflammation of lung tissue and irreversible lung scarring. **Background:** Non-nicotine vapes are advertised as nicotine-free alternatives to nicotine containing vapes, and include ingredients like caffeine,	Meredith Lopez (GA), Derek Gaul (GA)

	marijuana, essential oils, "wellness" items (B12, vit E, other vitamins), CBD, nixinamide or nixodine, and melatonin along with excipients, such as flavoring, glycerol, carrier liquids, and thickening agents. The rise in vaping among teens and adolescents is concerning. Little oversight exists for these products. Known volatile organic compounds can cause lung damage and it is unknown if heating and vaporizing FDA Generally Recognized as Safe (GRAS) food products is safe.	
15	**Confronting Coverage Bias to Improve Access to GLP-1 Medications for Obesity** **Recommendation Text:** ASHP should advocate for health plans to provide coverage for GLP-1 receptor agonists for weight management when clinically appropriate, recognizing obesity as a chronic disease and supporting equitable access to evidence-based medicine. **Background:** Obesity is a complex, multifactorial chronic disease influenced by genetic, metabolic, and environmental factors, not simply a lifestyle choice. GLP-1 agonists have demonstrated significant and sustained weight loss, along with reduction in obsesity-related comorbidities, such as T2DM, cardiovascular disease, sleep apnea, and hypertension. Coverage for these medications remains inconsistent, despite strong clinical evidence, which limits access and perpetuates health disparities. Advocating for expanded coverage for effective pharmacologic treatments can improve patient outcomes while generating long-term cost savings through reduced complications and healthcare expenditures.	Ashley Duty (OH), Indrani Kar (OH), Joshua Musch (OH)
16	**Continue ASHP staff member updates at open forum and encourage a "what is ASHP doing for you" quarterly column for members in *AJHP*** **Recommendation Text:** See title **Background:** Continue the great work and these suggestions may help reach and update all members in written, verbal, and social media formats	Indrani Kar (OH) Paul Driver (ID)
17	**Recommend ashp develop a formal statement on evidence-based medicine in pharmacy** **Recommendation Text:** Dovetails off of the policy from hod **Background:** Reach out	Indrani Kar (OH) Justin Griner (TN)
18	**Build two 15 minute breaks into each hod session and suggest amendments not be posted with all red text (differing colors please)** **Recommendation Text:** Suggestions	Indrani Kar (OH)

	Background: See above	
19	**Pharmacy Executive Accountability for Informatics and Medication Supply Chain Functions** **Recommendation Text:** Refer to Council for review and consideration of developing ASHP position that addresses the current gap of pharmacy executive accountability, governance, authority, and leadership for medication-use informatics, medication-use technologies, and medication-related supply chain functions, including consideration of whether these areas warrant a unified framework or separate approach reflecting their distinct responsibilities and competencies. **Background:** Pharmacy executives are increasingly accountable for outcomes related to medication-use technologies, informatics, automation, contracting, sourcing strategies, drug shortage management, and supply continuity. While these functions directly affect medication safety, quality, operational performance, and patient outcomes, ASHP gap addressing pharmacy leadership authority and accountability exists. Informatics leadership and medication supply chain leadership share common themes of governance and stewardship but may represent unique competencies and organizational considerations. Additionally, decisions regarding medication-use technologies and medication-related contracting are frequently made through enterprise procurement, information technology, and operational governance structures, creating potential gaps between accountability and decision-making authority. Defer to Council for considering review together versus separately would best advance the profession and support optimal medication-use system performance.	Melanie Engels (SDTP), David Aguero (SOPIT), Rox Gatia (MI), Rebecca Taylor (SPPL), Anthony Scott (SPPL), Adam Bursua (IL), Lara Ellinger Fetzer (IL), Ashley Ramp (CO)
20	**Improving Patient Access to 5-HT3 Receptor Antagonists for the Management of Nausea and Vomiting** **Recommendation Text:** To advocate for regulatory frameworks that improve timely patient access to oral 5-HT3 receptor antagonists, while ensuring appropriate patient assessment, counseling, and referral when indicated. **Background:** Nausea and vomiting are among the most common symptoms prompting patients to seek medical care and can contribute to dehydration, medication nonadherence, avoidable emergency department visits, and reduced quality of life. Although 5-HT3 receptor antagonists such as ondansetron have demonstrated favorable efficacy and safety profiles when used appropriately, access to these medications requires a prescription, creating barriers to timely treatment. In many cases, patients experiencing acute nausea and vomiting may benefit from earlier intervention that could prevent symptom progression, reduce utilization of higher-cost health care services, and prevent unnecessary exposures to highly infectious pathogens. Current over-the-counter antiemetic options are generally less effective and	Adam Bursua (IL), Christopher Edwards (AZ), Jen Phillips (IL), Megan Corrigan (IL)

	often carry greater risks of sedation, anticholinergic effects, cognitive impairment, and medication-related harm than 5-HT3 receptor antagonists, creating a potential mismatch between patient access and medication safety. Pharmacists are well positioned to assess patients, identify situations requiring medical evaluation, and facilitate appropriate use of antiemetic therapy, and expanding access to 5-HT3 receptor antagonists through evidence-based models of care may improve symptom management while maintaining patient safety.	
21	**Reporting of environmental impact of medications** **Recommendation Text:** To develop a life cycle carbon metric for comparative evaluation of medications To advocate for the inclusion of this metric in product information to aid in prescribing and formulary decisions. **Background:** Knowing the relative atmospheric carbon contributions of the volatile anesthetics has allowed for in-class comparisons taking this important metric into consideration. As a result, major health systems have removed exceptionally harmful products, such as desflurane, from their formularies. A similar metric should be developed for other commonly used medications to allow for in-class comparisons among the available products. This metric could help inform prescribing and formulary decisions. The aspirational goal would be to advocate for drug manufacturers to include this metric (something like CO2 equivalent generated/dose) in their product information, ideally requiring its inclusion.	Chris Edwards (AZ), Adam Bursua (IL), Mary Manning (AZ), Kelly Erdos (AZ)
22	**Public facing disposal options for medication packaging** **Recommendation Text:** Advocate for increased public facing disposal for HFA canisters, recyclable plastics, and other materials related to medication use **Background:** The management of waste from pharmaceutical packaging represents a significant environmental challenge. Metered-dose inhalers are a primary driver of this impact, utilizing hydrofluoroalkane (HFA) propellants that are thousands of times more potent than carbon dioxide and are often released into the atmosphere when devices are discarded in standard household trash. Beyond propellants, the proliferation of single-use medical plastics and specialized packaging further exacerbates the waste crisis, with most of these materials bypassing traditional recycling streams. Currently, patients lack accessible, public-facing disposal options, leading to the avoidable "environmental leakage" of high-GWP gases and non-biodegradable materials. Expanding localized collection pathways is therefore essential to ensure these high-impact materials are captured and	Chris Edwards (AZ), Mary Manning (AZ), Kelly Erdos (AZ), Paul Driver (ID)

	processed through established, specialized waste management cycles rather than being lost to landfills.	
23	**EHR and Workflow Technology Education and Training** **Recommendation Text:** Development, optimization and availability of EHR and IV Workflow technology training platforms for use in PharmD and technician programs would greatly reduce onboarding burdens of APPE, residency, and employers. **Background:** Currently available educational EHR products are not used in health systems or are designed only for physicians or nurses. IV Workflow technology training platforms are not widely available for educational purposes. This leads to wasted time in curriculum, experiential training, and worksite onboarding. SPE and ASHP should partner and work with vendors to develop and/or optimize platforms available for educational use as a means of improving education, reducing preceptor burden, and redistribution of time for practice expansion efforts instead of platform training.	Jodi Taylor (SPE), Tim Brown (SPE), Dale English (KY) Don Branam (TN), Justin Griner (TN), Jennifer Robertson (TN), Danny Truelove (TN)
24	**Pharmacist Authority to Order and Refer for Non-Pharmacologic Care as Part of CMM** **Recommendation Text:** State Pharmacy Practice Acts should explicitly authorize pharmacists to order and refer for evidence-based non-pharmacologic therapies, including physical therapy, psychotherapy, nutritional therapy, acupuncture, yoga, and devices such as TENS units, Alpha-Stim, and CPAP as an integral component of Comprehensive Medication Management (CMM). **Background:** CMM is a longitudinal, patient-centered clinical service in which pharmacists optimize medication regimens and therapeutic outcomes in collaboration with patients and their care teams. For the chronic conditions pharmacists most commonly manage, including diabetes, hypertension, chronic pain, depression, obesity, and sleep apnea, major clinical guidelines consistently designate non-pharmacologic interventions as first-line or co-equal components of care, not merely adjuncts to pharmacotherapy. Pharmacists are among the most accessible healthcare providers in the country, particularly in underserved communities that bear a disproportionate burden of these conditions, making their ability to engage the full spectrum of evidence-based therapies a matter of both clinical quality and health equity. Where state law limits pharmacist practice to drug therapy management alone, the result is fragmented care, reinforced health disparities, unnecessary medication burden, and a misalignment between the depth of the pharmacist's clinical assessment and the scope of their authorized therapeutic response. Formalizing referral and ordering authority	Terri Jorgenson (Fraternal-VA) Heather Ourth (IA), Dale English (KY), Jeffrey Gildow (Fraternal-PHS), Jodi Taylor (SPE), Don Branam (TN), Justin Griner (TN)

	for non-pharmacologic therapy is essential to enabling true whole-person, multimodal care within pharmacist-provided CMM.	
25	**Post background information with the policy post on ASHP Connect when delegates start reviewing for some historical of what Policy Week council discussion was** **Recommendation Text:** See above **Background:** N/a	Pooja Dogra (DE), Indrani Kar (OH)
26	**Interoperable Documentation of Medication Administration Across Sites of Care** **Recommendation Text:** To advocate for timely, standardized documentation of medication administration events across all sites of care in the patient's longitudinal medication record; further, To advocate for interoperable exchange of medication administration data across care settings and with patients to support medication reconciliation, clinical decision-making, medication safety, and continuity of care; further, To encourage health information technology systems to distinguish medications prescribed, dispensed, and administered and incorporate administration data into clinical decision support. **Background:** Patients increasingly receive infusions, long-acting injectables, and other medications outside traditional dispensing workflows, but completed administration events may not be visible to other healthcare providers. The absence of timely administration data can compromise medication reconciliation and contribute to duplicate therapy, drug interactions, and other medication-related harm. The Council should consider a new policy supporting standardized documentation and interoperable exchange of medication administration data across care settings.	Daniel Truelove (TN)
27	**Dolly Parton, "Queen of Country" and national treasure, for ASHP Keynote Speaker** **Recommendation Text:** ASHP should consider Dolly Parton for Keynote Speaker **Background:** Dolly Parton's healthcare-related achievements are best measured through her literacy and education programs, which address root causes of health disparities by improving access to books, reducing dropout rates, and supporting higher education. These initiatives have had a measurable, positive impact on children's health, literacy, and future opportunities, making her one of the most influential philanthropists in the field.	Daniel Truelove (TN)

28	**Increased education for pharmacy students regarding policy and legislation** **Recommendation Text:** Student pharmacists are increasingly excited to be included in advocacy and legislative efforts, but don't have a background in policy or administration and need more background information. **Background:** ASHP has some great education for pharmacists regarding policy and legislation, including a monthly webinar. Some education explaining the 340B program, the HR1 bill, and anything that is relevant for our students would be much appreciated.	Stacey Olstad (OR)
29	**Continue offering educational sessions planned by multiple ASHP sections in collaboration** **Recommendation Text:** Continue offering educational sessions planned by multiple ASHP sections in collaboration. **Background:** This year there were two educational sessions planned by the ambulatory carr section and the specialty section. The educational sessions were very well attended and encouraged cross area communication and collaboration.	Karen Thomas (SSPP)
30	**Use of Electronic Modality for Delegate Surveys** **Recommendation Text:** Recommend to add QR code to ASHP House of Delegates Survey for electronic submissions. **Background:** Recommendation aligns with organization's sustainability efforts. Many lack pen/pencil prohibiting completion.	Andrew Lodolo (IN), Tate Trujillo (IN)
31	**Support for Health-System Pharmacy Teams Engaging in Rural Health Transformation Program Efforts** **Recommendation Text:** Encourage ASHP to support collaboration and education efforts for pharmacy teams looking to engage in their state's Rural Health Transformation Program efforts. **Background:** In 2026, CMS announced dissemination of $50B from the Rural Health Transformation Fund to states for the purpose of modernizing and enhancing rural health care. While the strategies for utilizing these funds vary by state, the overarching goals are the same-to expand access to care in rural communities, strengthen the rural health workforce, modernize rural care infrastructure and technology, and support innovative models that bring high-quality care closer to home	Stacy Dalpoas (VT), Mariah Hollabaugh (MO), Amanda Kennedy (VT), Mel Smith (MO)

	Health-system pharmacists and pharmacy services improve patient outcomes in rural health settings. We ask that ASHP support health-system pharmacy leaders by -Acknowledging the importance of health system pharmacists in Rural Health Transformation program design -Considering the creation of a task force or other collaborative forum that brings together leaders engaging in this work across the United States to generate guidance and education for RHTP engagement and advocate for removal of legislative and policy barriers specific to rural practice settings.	
32	**Collaboration for favorable interest rates on student loans** **Recommendation Text:** The section would like ASHP to develop a plan to address the Grad PLUS ceiling so students are not subjected to predatory loans to complete their education. Other associations for affected students are researching options such as partnering with specific lending institutions to facilitate sustainable borrowing at decent rates based on ROI. **Background:** Recent changes to student loans for graduate students	Tim Brown (SPE)
33	**Rural Health Clinic Billing** **Recommendation Text:** Recommend that ASHP advocate for the inclusion of pharmacists as providers under the Federal Rural Health Clinic designation to eliminate barriers for rural ambulatory practice expansion and participation in Rural Health Transformation Program initiatives around alternative payment models. **Background:** none	Molly Leber (SICP)
34	**ASHP to promote and partner with a college or university for college credit within PharmTech Ready and other technician training programs sponsored by ASHP in pursuit of Associates Degree training for pharmacy technologists.** **Recommendation Text:** above **Background:** none	Maari Loy (ND)

35	**Prohibit Use of Secondary Amendments** **Recommendation Text:** ASHP should review rules of HOD and prohibit use of secondary amendments. **Background:** Every year, the House, Chair, and delegates get lost in the weeds with secondary amendments. Prohibiting them with a rule change would simplify HOD proceedings and reduce confusion.	Don Branam (TN), Danny Truelove (TN), Justin Griner (TN)
36	**Support Medicare coverage of screening DXAs for men to increase quality of osteoporosis care.** **Recommendation Text:** none **Background:** Medicare does not pay for screening DXAs in men. Consequently they have higher mortality after fracture.	Mollie Scott (NC)