Policy Recommendations for the ASHP House of Delegates

January 2026

The ASHP House of Delegates

Ultimate authority over ASHP professional policies

- One annual session consisting of 2 in-person meetings at the June House of Delegates and 3 virtual meetings (March, May, and November)
- The House considers professional policy proposals that have been approved by the Board of Directors
- Most of these professional policy proposals are contained in reports from ASHP councils but may come from other component bodies, delegates, or ASHP members

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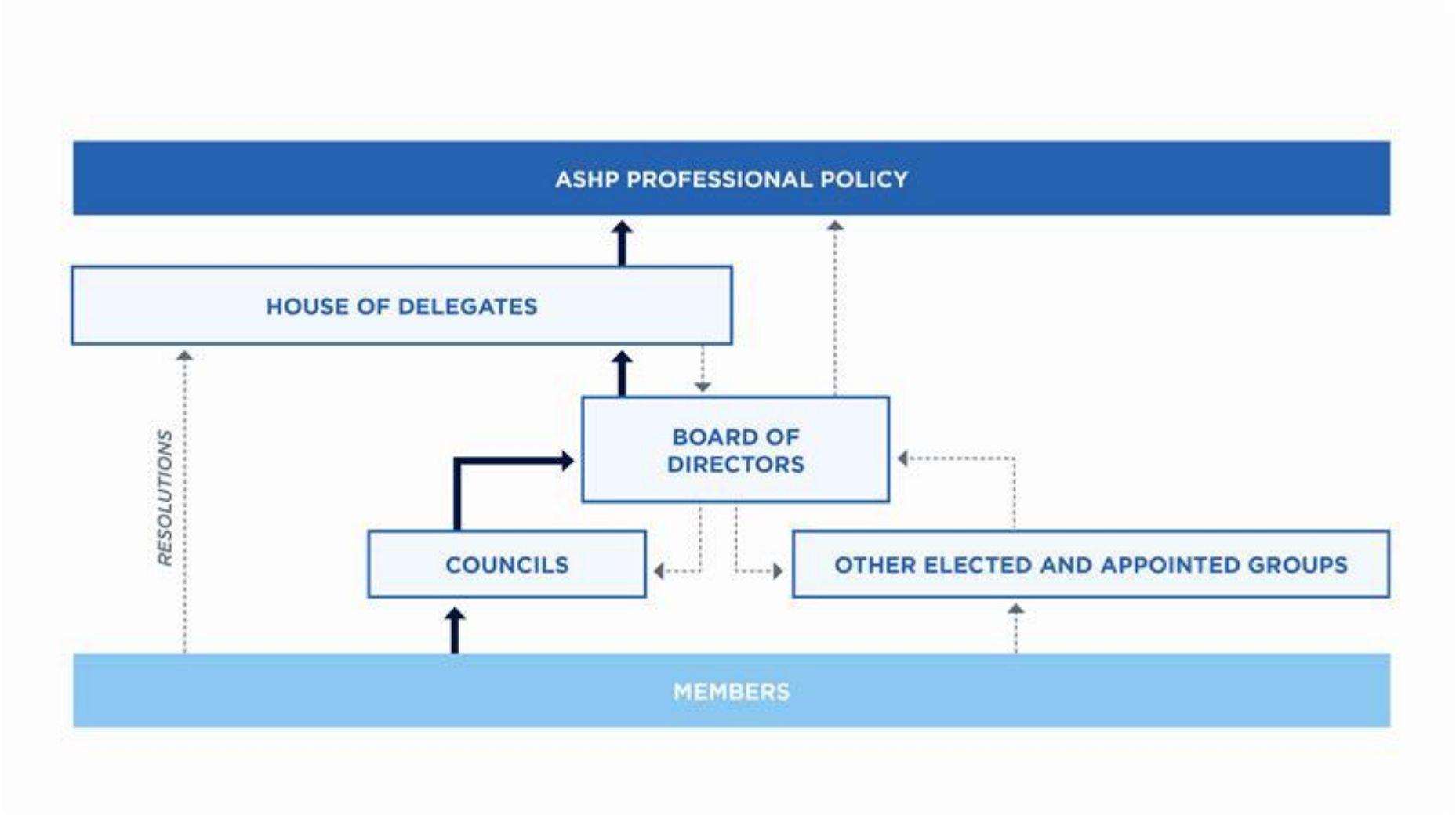
ASHP Policy Process



March Virtual House of Delegates

- The policy recommendations in the following slides are scheduled to be considered at the March virtual House of Delegates.
- If any of those policy recommendations are not approved, they will be considered at a House of Delegates later in the year.
- Proposed policies are found on the House of Delegates website and are debated on the ASHP House of Delegates Connect community by delegates and other ASHP members. It is important to review the Board Reports on Policy Recommendations for each meeting (found on the House of Delegates website) because that report provides a rationale and background information not found on ASHP Connect.
- All ASHP members, including delegates, are encouraged to use the ASHP House of Delegates Connect community to review and comment on any of the proposed policies. Web-based discussion in advance of a House meeting may influence how delegates vote, and it also permits delegates to discuss potential amendments before the June House.

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CEWD: Responsible Integration of Artificial Intelligence in Pharmacy Education and Training (March)

To advocate for the responsible integration of artificial intelligence (AI) into pharmacy education and training programs to support learner development and practice readiness; further,

To advocate for development of competencies for discerning AI-generated content, including strategies to validate the accuracy, credibility, and applicability of information produced by AI systems; further,

To collaborate on the development of standards for AI use in pharmacy education and training.

CEWD: Fostering Leadership Development *(Discontinuation)* (March)

To discontinue ASHP policy 2104, Fostering Leadership Development, which reads:

To work with healthcare organization leadership to foster opportunities, allocate time, and provide resources for members of the pharmacy workforce to move into leadership roles; further,

To encourage leaders to seek out and mentor members of the pharmacy workforce in developing administrative, managerial, and leadership skills; further,

To encourage members of the pharmacy workforce to obtain the skills necessary to pursue administrative, managerial, and leadership roles; further,

To encourage colleges of pharmacy and ASHP state affiliates to collaborate in fostering student leadership skills through development of co-curricular leadership opportunities, leadership conferences, and other leadership promotion programs; further,

To reaffirm that residency programs should develop leadership skills through mentoring, training, and leadership opportunities; further,

To foster leadership skills for members of the pharmacy workforce, including skills for pharmacists to use on a daily basis in their roles as leaders in patient care.

CPM: Safe Use of Controlled Substances Through Regulatory Reform (March)

To advocate for the reform of the Controlled Substances Act (CSA) to align with contemporary healthcare practice standards, with input from pharmacists and other stakeholders; further,

To urge the Drug Enforcement Administration (DEA) to issue transparent and practical guidance when interpreting and applying laws and regulations related to the CSA and other drug laws that affect patient care; further,

To encourage the DEA and other regulatory agencies to balance regulatory requirements with patient access to medically necessary controlled substances when developing regulations and interpreting and enforcing laws and regulations; further,

To promote collaboration among the DEA, professional associations, and regulatory agencies to identify and reduce: 1) barriers to patient care; 2) burdens on healthcare workers; and 3) cost of healthcare delivery in the establishment and enforcement of controlled substance laws and regulations.

CPM: Pharmacy Leadership of Infusion Services (March)

To encourage healthcare organizations to engage pharmacists and pharmacy leaders in the development and management of infusion service lines; further,

To advocate for payment commensurate with the level and complexity of care and services provided to support sustainable infusion business models; further,

To advocate for the elimination of site of care restrictions to ensure patient preference and continuity of care in infusion services; further,

To encourage use of technology that integrates with patient medical records to enhance medication safety and streamline authorization and adjudication processes.

CPM: Name Change *(Discontinuation)* (March)

To discontinue ASHP policy 9411, Name Change, which reads:

To change the name of the American Society of Hospital Pharmacists, Inc. (ASHP) to the American Society of Health-System Pharmacists, Inc. (ASHP), effective January 1, 1995; further,

To amend the ASHP Charter, Second Article, by deleting Hospital and substituting Health-System; further,

To amend and restate the ASHP Bylaws, Article 1.1, to conform to the amended ASHP Charter; further,

To declare that this Charter amendment is advisable, and direct that the Charter amendment be submitted to the House of Delegates and the membership for consideration.

The ASHP membership approved this action by mail ballot, September 1994.

CPhP: Promoting Environmental Sustainability in Healthcare (March)

To acknowledge the importance of environmental sustainability in promoting and preserving public health; further,

To encourage implementation of environmentally conscious clinical and operational practices that reduce waste within the healthcare system; further,

To advocate for legislation and regulation that enables waste-minimization efforts in medication-use practices; further,

To encourage members of the pharmacy workforce to seek out opportunities that promote environmental sustainability and health.

CPhP: Body Size Inclusivity (March)

To recognize that body size bias influences health outcomes, social interactions, and decisions across workplaces and healthcare settings; further,

To promote the use of body size inclusivity in practice to ensure a comprehensive, patient-centered approach to care; further,

To encourage adoption of best practices that minimize body size bias across professional and healthcare settings.

CPhP: Ready-to-Use Packaging for all Settings *(Discontinuation)* (March)

To discontinue ASHP policy 0402, Ready-to-Use Packaging for all Settings, which reads:

To advocate that pharmaceutical manufacturers provide all medications used in ambulatory care settings in unit-of-use packages; further,

To urge the Food and Drug Administration to support this goal; further,

To encourage pharmacists to adopt unit-of-use packaging for dispensing prescription medications to ambulatory patients; further,

To support continued research on the safety benefits and patient adherence associated with unit-of-use packaging and other dispensing technologies.

(Note: A unit-of-use package is a container--closure system designed to hold a specific quantity of a drug product for a specific use and intended to be dispensed to a patient without any modification except for the addition of appropriate labeling.)

CPhP: ASHP Statement on Reporting Medical Errors *(Discontinuation)* (March)

To discontinue ASHP policy 0023, ASHP Statement on Reporting Medical Errors, which reads:

To approve the ASHP Statement on Reporting Medical Errors.

CPuP: Integrity of Pharmacist Provided Health Information (March)

To oppose any governmental restriction on pharmacists' ability to provide evidence-based health information to patients; further

To urge policymakers to protect pharmacists' professional autonomy in educating patients on medications, public health issues, and emerging scientific developments; further

To oppose the elimination, suppression, manipulation, or politicization of evidence-based public health data and drug safety information by any entity; further

To advocate for legislation that protects scientific integrity and ensures transparency in the dissemination of public health information; further

To affirm that pharmacists are trusted and reliable medication experts and have the professional responsibility to disseminate evidence-based, health information to patients and communities.

CPuP: Pharmacist Engagement in and Payment for Telehealth *(Discontinuation)* (March)

To discontinue ASHP policy 2141, Pharmacist Engagement in and Payment for Telehealth, which reads:

To advocate for pharmacists' provision of telehealth services in all sites of care; further,

To advocate that reimbursement for pharmacists' provision of telehealth services be commensurate with the complexity and duration of service and consistent with other healthcare providers.

COT: Deregulation of Prescription Drugs (March)

To oppose legislation or regulations that permit reclassification of prescription medications to over-the-counter (OTC) status outside of the established Food and Drug Administration (FDA) review and approval process.

COT: Dosing of Combination Antibiotics (March)

To advocate for Food and Drug Administration approved labeling of combination antibiotics with dosing instructions that include each component; further,

To support the reduction of available formulations; further,

To encourage healthcare organizations to adopt strategies that ensure appropriate dosing of combination antibiotics; further,

To educate stakeholders and the public regarding the safe dosing and administration of combination antibiotics for pediatrics and adults.

COT: Drug Dosing in Conditions that Modify Pharmacokinetics and Pharmacodynamics (March)

To encourage research on the pharmacokinetics and pharmacodynamics of drugs in acute and chronic conditions; further,

To encourage drug product manufacturers and other stakeholders to conduct and publicly report pharmacokinetic and pharmacodynamic research in pediatric, adult, geriatric, and patients at the extremes of weight to facilitate safe and effective dosing of drugs in these patient populations; further,

To advocate healthcare provider education and training that facilitate optimal patient-specific dosing in populations of patients with altered pharmacokinetics and pharmacodynamics; further,

To support development and use of standardized models, laboratory assessment, genomic testing, utilization biomarkers, and electronic health record documentation of pharmacokinetic and pharmacodynamic changes in acute and chronic conditions.

This policy would supersede ASHP policy 1804

COT: Direct-to-Consumer Clinical Genetic Tests (March)

To support research to validate and standardize genetic markers used in direct-to-consumer clinical genetic tests and guide the application of test results to clinical practice; further,

To encourage the Food and Drug Administration (FDA) to continue to regulate direct-to-consumer clinical genetic tests as medical devices and work with the National Institutes of Health to evaluate and approve direct-to-consumer clinical genetic tests; further,

To advocate that direct-to-consumer clinical genetic tests be provided to consumers through the services of appropriate healthcare professionals who order tests from laboratories certified under the Clinical Laboratories Improvement Amendments of 1988 (CLIA); further,

To support FDA policies and procedures regarding advertising of direct-to-consumer clinical genetic tests, including the following requirements: (1) the relationship between the genetic marker and the disease or condition being assessed is clearly presented, (2) the benefits and risks of testing are discussed, (3) such advertising is provided in an understandable format, at a level of health literacy that allows the intended audience to make informed decisions, and includes a description of the established patient-healthcare provider relationship as a critical source for information about the test and interpretation of test results; and (4) how patient information is collected, protected, shared, and used; further,

To encourage health systems to create policies and procedures addressing direct-to-consumer genetic testing results as it relates to confirmatory testing, integration of genomic information into the healthcare record, genetic counseling, and clinical decision-making; further,

To encourage pharmacists to educate consumers and clinicians on the potential risks and benefits of direct-to-consumer clinical genetic tests for disease diagnosis and decisions involving drug therapy management.

This policy would supersede ASHP policy 2101

COT: Evidence Based-Medicine (March)

To define evidence-based medicine as the conscientious, explicit, and judicious appraisal and application of the best-available current data integrated with provider expertise and patient values to inform the development and implementation of professional policies, standards, and clinical practice decisions.

May or June House of Delegates

- The policy recommendations in the following slides are scheduled to be considered at the May virtual House of Delegates or June in-person House of Delegates.
- Proposed policies are found on the House of Delegates website and are debated on the ASHP House of Delegates Connect community by delegates and other ASHP members. It is important to review the Board Reports on Policy Recommendations for each meeting (found on the House of Delegates website) because that report provides a rationale and background information not found on ASHP Connect.
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CEWD: Optimizing Career Fulfillment in Pharmacy (May/June)

To recognize that fostering career fulfillment strengthens patient care and advances the profession by promoting a resilient, engaged, and purpose-driven workforce.

To advocate for dedicated organizational roles focused on career fulfillment that integrate recognition strategies, structured development guidance, and individualized support across the care continuum; further,

To encourage the pharmacy workforce to align their professional development plans with their personal definitions of career fulfillment and core values to help support sustainable engagement and well-being throughout their careers.

CEWD: Quality of Pharmacy Education and Expansion of Colleges of Pharmacy (May/June)

To support the Accreditation Council for Pharmacy Education's continuing role of promulgating accreditation standards and guidelines and engaging in sound accreditation processes to ensure quality in the education provided by colleges of pharmacy; further,

To acknowledge that, in addition to a robust curriculum, access to quality experiential educational sites and the availability of qualified faculty (including preceptors) are essential determinants of the ability to expand enrollment in existing or additional colleges of pharmacy; further,

To encourage the responsible evaluation of supply and demand projections when considering the establishment, expansion, or closure of colleges of pharmacy; further,

To advocate that pharmacy education should proactively incorporate established and emerging practice advancements and innovative technology, including those not yet fully implemented or widely adopted in current practice.

This policy would supersede ASHP policy 1108.

CPM: Advancing Technology Innovation and Vendor Accountability in Health-System Pharmacy (May/June)

To urge hospitals and health systems to engage pharmacy departments in the governance and evaluation of technologies impacting patient care, further;

To encourage pharmacy leaders to take ownership of implementing medication-related technology, including pharmacy department processes and governance; further,

To urge pharmacy leaders to collaborate with technology vendors to encourage the development of emerging technologies, with input from the pharmacy workforce, that improves patient-care outcomes and user experience; further,

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

Note: This policy would supersede ASHP policy 2406.

CPM: Standard of Care Regulatory Model (May/June)

To promote the adoption of a standard of care regulatory model for pharmacists.

CPhP: Pharmacy Workforce Leadership in Improving Vaccine Access (May/June)

The pharmacy workforce is a leader in increasing patient access to vaccinations to improve public health; further,

To collaborate with key stakeholders to support the public health role of the pharmacy workforce in the administration of adult and pediatric vaccinations; further,

To advocate that states grant pharmacists and appropriately supervised student pharmacists the authority to initiate and administer all adult and pediatric vaccinations; further,

To advocate that states grant appropriately supervised pharmacy technicians the authority to prepare and administer all adult and pediatric vaccinations; further,

To advocate for pharmacist-provided vaccination training in college of pharmacy curricula and pharmacy technician-provided vaccination training in technician training programs; further,

To advocate that members of the pharmacy workforce who have completed a training and certification program acceptable to state boards of pharmacy and meeting the standards established by the Centers for Disease Control and Prevention may provide such vaccinations; further,

To advocate that state and federal health authorities establish centralized databases for timely documentation of vaccine administrations that are interoperable and accessible to all healthcare providers; further,

To advocate that state and federal health authorities require all vaccination providers to report their documentation to these centralized databases, if available; further,

To encourage the pharmacy workforce to educate all patients, their caregivers, parents, guardians, and healthcare providers to promote vaccine confidence and convey the importance of vaccinations for disease prevention; further,

To encourage the pharmacy workforce to seek opportunities for involvement in disease prevention through community vaccination programs; further,

To foster education, training, and the development of resources to assist the pharmacy workforce and other healthcare professionals in building vaccine confidence; further,

To advocate for adequate staffing, resources, and equipment for the pharmacy workforce to support vaccination efforts to ensure patient safety; further,

To advocate for payer coverage guarantees without cost sharing of vaccines recommended by recognized state and federal organizations and in accordance with clinical practice norms; further,

To advocate for appropriate reimbursement for vaccination services rendered; further,

To work with federal, state, and local governments and others to improve the vaccine development and supply system in order to ensure an adequate supply of vaccines.

Note: This policy would supersede ASHP policy 2247.

CPhP: Pharmacy Workforce Right of Conscience and the Patient's Right of Access to Therapy (May/June)

To affirm the value of shared decision-making that balances the pharmacy workforce's and other healthcare professionals' rights of conscience with safeguards to protect patient well-being; further,

To recognize the right of the pharmacy workforce to decline participation in non-emergent care delivery scenarios for which they consider to be morally, religiously, or ethically troubling; further,

To support systems that protect patients' access to legally prescribed and medically necessary treatments while reasonably accommodating members of the pharmacy workforce's right of conscience in a nonpunitive manner; further,

To support the principle that a member of the pharmacy workforce exercising the right of conscience must be respectful of, and serve the legitimate health care needs and desires of, the patient, and shall provide a referral without any actions to persuade, coerce, or otherwise impose on the patient the pharmacist's values, beliefs, or objections.

Note: This policy would supersede ASHP policy 0610.

CPhP: Safe and Effective Extemporaneous Compounding (May/June)

To affirm that extemporaneous compounding of medications, when done to meet immediate or anticipatory patient needs, is part of the practice of pharmacy and is not manufacturing; further,

To support the principle that medications should not be extemporaneously compounded when drug products are commercially and readily available in the form necessary to meet patient needs; further,

To encourage the pharmacy workforce members who compound medications to use only drug substances that have been manufactured in Food and Drug Administration-registered facilities and that meet official United States Pharmacopeia (USP) compendial requirements, where those exist; further,

To advocate that all compounding activities meet applicable USP standards and federal and state regulations; further,

To support the principle that the pharmacy workforce be adequately trained and have sufficient facilities and equipment that meet technical and professional standards to ensure the quality of compounded medications; further,

To encourage USP to develop drug monographs for commonly compounded preparations; further,

To educate prescribers, other healthcare professionals, and patients about the potential risks associated with the use of extemporaneously compounded preparations.

Note: This policy would supersede ASHP policy 2139

CPuP: FDA’s Public Health Role (May/June)

To affirm that the Food and Drug Administration's public health role is to ensure the safety and effectiveness of drugs, biologics, and medical devices through risk assessment, appropriate product approval and labeling, manufacturing oversight, maintaining consumer confidence in medications, and consultation with health professionals, while deferring to state regulation and professional self-regulation on matters related to the use of drugs, biologics, and medical devices; further,

To support the allocation of sufficient federal resources to allow FDA to meet its defined public health mission; further,

To support the appointment of practicing pharmacists to FDA advisory committees as one mechanism of ensuring that decisions made by the agency incorporate the unique knowledge of the profession of pharmacy for the further benefit of the patient; further,

To support an ongoing dialogue between FDA and ASHP for the purpose of exploring ways to advocate the best use of FDA-regulated products by consumers and health care professionals.

This policy would supersede ASHP policy 0012.

COT: Safe and Effective Use of Long-Acting Injectable Antipsychotics (May/June)

To advocate for the pharmacist's role in the management of long-acting injectable (LAI) use; further,

To advocate for the establishment of centralized databases for timely documentation of LAI administrations that are interoperable and accessible to all healthcare providers; further,

To foster the development of best practices for the safe use and management of LAIs, regardless of site of care.

Questions or Suggestions?

Feel free to contact:

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ASHP policy website:
https://www.ashp.org/Pharmacy-Practice/Policy-Positions-and-Guidelines/

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