House of Delegates

FINAL REPORT ON PROPOSED AMENDMENTS

June 2024 Meetings

(updated as of June 7)

This report contains proposed amendments to policy recommendations submitted as of 9:00 a.m. PT, June 7 for consideration at the First Delegate Caucus. Delegates may still submit amendments through the Amending Language Form, at the First Delegate Caucus, and from the floor at the First Meeting of the House. **On the day of the First Meeting of the House, please submit written copies of amendments to ASHP staff at the side table for projection by 12:00 noon PT.**

Council on Pharmacy Practice 1. Prehospital Management of Medications

Amendments proposed by Jesse Hogue (MI) and Ryan Gibbard (OR):

To assert that variation in the prehospital management and use of medications is a risk to patient safety and continuity of care; further,

To advocate for pharmacy workforce involvement in clinical and operational decision-making for prehospital management and utilization of medications; further,

~~To encourage the pharmacy workforce to assume responsibility for medication-related aspects of ensuring the continuity of care as patients transition from prehospital care to other care settings; further,~~

To collaborate with stakeholders involved in prehospital medication-use ~~cycle~~ decisions to improve patient safety, minimize variation, and reduce inefficiencies.

Council on Pharmacy Practice 2. Role of Artificial Intelligence in Pharmacy Practice

Amendments proposed by Tyler Vest (NC), Joshua Blackwell (TX), Lt Col Rohin Kasudia (USAF), Jesse Hogue (MI), Jodi Taylor (TN), Terri Jorgenson (MD), Rachel Root (MN), Elizabeth Wade (NH), Paul Driver (ID), Cassie Schmitt (MN-alt), and Karen Nolan (RI-alt):

To ~~recognize~~ embrace artificial intelligence (AI) as a tool with tremendous potential to improve patient care and the medication-use process~~, which should be implemented with caution due to potential unforeseen risks~~; further,

To recognize that AI technologies offer innovative ways to gather clinical knowledge, assist learners, enhance educational experiences, and streamline administrative processes; further,

~~To encourage healthcare organizations to develop policies, procedures, and guidelines to determine which care settings, medications, and patient populations are appropriate candidates for the use of AI; further,~~

To advocate for ~~regulations and~~ standards, policies, and procedures that permit the use of AI in circumstances in which it has proven safe and effective as an augmentation of pharmacy services and to ensure safeguards along with its implementation; further, **[MOVED FROM BELOW AND AMENDED]**

To encourage the adoption of policies regarding the use of AI and ongoing surveillance of these tools to maintain professional integrity; further,

To advocate for pharmacy workforce involvement and transparency in the decision-making, design, validation, implementation, and ongoing evaluation of AI-related applications and technologies ~~that affect medication-use processes and tasks~~; further,

To recognize that ethical considerations must guide the development and use of AI in pharmacy practice, and to oppose any use of AI that compromises human interaction or replaces ethical decision-making, professional judgment, or critical thinking or is implemented solely to reduce healthcare staffing and resources~~; further,~~

~~To advocate for regulations and standards that permit the use of AI in circumstances in which it has proven safe and effective~~. **[MOVED ABOVE AND AMENDED]**

Council on Pharmacy Practice 3. Independent Prescribing Authority

Amendments proposed by Jodi Taylor (TN) Brian Gilbert (KS), Idaliz Rodriguez-Escudero (PR), Lt Col Rohin Kasudia (USAF), Nelson Caetano (RI), and Cassie Schmitt (MN-alt):

~~To affirm that prescribing is a collaborative process that includes patient assessment, understanding of the patient's diagnoses, evaluation and selection of available treatment options, monitoring to achieve therapeutic outcomes, patient education, and adherence to safe and cost-effective prescribing practices; further,~~

~~To recognize that pharmacists are highly trained medication experts on the interprofessional care team capable of making independent and autonomous evidence-based decisions on medication therapy management; further,~~

To advocate that pharmacists have independent and autonomous authority to initiate, monitor, modify, and deprescribe all schedules and classes of medications; further,

~~To advocate that healthcare delivery organizations establish credentialing and privileging processes for pharmacists that delineate scope of practice, support pharmacist prescribing, and ensure that pharmacists who prescribe are accountable, competent, and qualified to do so; further,~~

To advocate that ~~all~~ pharmacists ~~have a National Provider Identifier that is~~ be recognized as independent, authorized prescribers by payers.

Note: This policy would supersede ASHP policies 2236 and 2251.

Council on Pharmacy Practice 4. Pharmacist's Role on Ethics Committees

Amendments proposed by Andrew Lodolo (IN) and Brian Spoelhof (VA):

To advocate that pharmacists should be included as members of~~, or identified as a resource to,~~ hospital and health-system ethics committees; further,

To encourage pharmacists to actively seek ethics consultations ~~or solicit input from their institution's ethics committee,~~ as appropriate; further,

To advocate for inclusion of ethics in pharmacy education and encourage pharmacists serving on ethics committees to seek advanced training in healthcare ethics.

Note: This policy would supersede ASHP policy 1403.

Council on Pharmacy Practice 5. Safe Handling and Administration of Hazardous Drugs

Amendments proposed by Jesse Hogue (MI) and John Pastor (MN):

To advocate that pharmaceutical manufacturers employ decontamination practices to eliminate surface contamination on packages ~~and vials~~ of hazardous drugs (HDs) and develop closed-system transfer device compatible, ready-to-administer HD products; further,

~~To inform pharmacists and other personnel of the potential presence of surface contamination on the packages and vials of HDs; further,~~

To advocate that the Food and Drug Administration require standardized labeling and package design for HDs that would alert handlers to the potential presence of surface contamination~~, including development of CSTD-compatible, ready-to-administer HD products~~; further, **[MOVED FROM BELOW AND EDITED]**

~~To advocate that all healthcare settings proactively conduct an interprofessional assessment of~~

~~risk for exposure to HDs during handling and administration, including the use of closed-system transfer devices (CSTDs); further,~~

To advocate for pharmacist involvement in the development of policies, procedures, and operational assessments regarding administration of HDs~~, including when CSTDs cannot be used; further,~~

~~To advocate that the Food and Drug Administration require standardized labeling and package design for HDs that would alert handlers to the potential presence of surface contamination, including development of CSTD-compatible, ready-to-administer HD products; further,~~

~~To encourage healthcare organizations, wholesalers, and other trading partners in the drug supply chain to adhere to published standards and regulations~~.

Note: This policy would supersede ASHP policies 1615 and 1902.

Council on Public Policy 1. Order Verification

Amendments proposed by Jodi Taylor (TN), Jesse Hogue (MI), Martha Roberts (RI), Liz Wade (NH), and Paul Driver (ID):

To advocate ~~that a prescriber should not be solely responsible for medication ordering, dispensing, and administration as well as any patient monitoring and evaluation, except when a double check would limit patient access to care~~ for implementation of independent double checks, when feasible, to reduce the risk of error when a single practitioner is solely responsible for ordering, dispensing, administering, and monitoring medication therapy.

Council on Public Policy 2. Liability Protection

No amendments have been proposed for this policy recommendation.

To advocate that pharmacists be able to provide evidence-based dispensing and care to patients without fear of criminal or civil legal consequences, harassment, or liability; further,

To advocate that protection against liability extend to referrals for out-of-state care and for dispensing to patients from another state.

Council on Public Policy 3. State Prescription Drug Monitoring Programs

Amendments proposed by Jessica Papke (WY):

To support continued state implementation of prescription drug monitoring programs that collect real-time, relevant, and standard information from all dispensing outpatient entities about controlled substances and monitored prescriptions; further,

To advocate that such programs and states seek adoption into health information exchanges to best integrate into electronic health records and to allow prescribers, ~~pharmacists~~ the pharmacy workforce, and other practitioners to proactively monitor data for appropriate assessment and dispensing; further,

To advocate that such programs improve their interstate data integration to enhance clinical decision-making and end-user satisfaction; further,

To advocate against unilateral use of these systems that may lead to patient stigmatization or prevent them from seeking appropriate medical care; further,

To encourage policies that allow ~~practicing pharmacists~~ the pharmacy workforce to gain access to databases without holding licensure in each state; further,

To promote research on the effects of prescription drug monitoring programs and electronic health record programs on ~~opioid~~ prescribing, dispensing, misuse, morbidity, and mortality.

Note: This policy would supersede ASHP policy 1408.

Council on Therapeutics 1. Testing for Pregnancy Status

Amendments proposed by Martha Roberts (RI):

To affirm that pregnancy testing should occur only with the patient's informed consent, when feasible, and only when the test results would change medical management; further,

To affirm that a positive pregnancy test should not compromise the integrity of evidence-based, patient-centered care.

Council on Therapeutics 2. 5-HT2 Agonist, Entactogen, and Empathogen (Psychedelic) Assisted Therapy

No amendments have been proposed for this policy recommendation.

To recognize that psychedelic-assisted therapy (PAT) has demonstrated therapeutic potential and should be further researched; further,

To recognize that in PAT there is not a standardized product subject to the same regulations as a prescription drug product, and to support the development of standardized formulations of psychedelics that would provide consistent potency and quality; further,

To encourage state boards of pharmacy, regulatory agencies, and safety bodies with an interest in PAT to promote research best practices and regulatory standards for medication preparation, compounding, and administration to ensure safety and quality; further,

To advocate that when psychedelics are used for PAT, healthcare providers, including pharmacists, should assess patients for medical, pharmacologic, and psychosocial contraindications prior to use and provide medical assistance as needed.

Council on Therapeutics 3. Nonprescription Status of Rescue and Reversal Medications

Amendments proposed by Jesse Hogue (MI), Martha Roberts (RI), and Paul Driver (ID):

To support the ~~over-the-counter (OTC)~~ nonprescription status of medications intended for evidence-based rescue use or reversal of potentially fatal events, in delivery systems appropriate for administration by lay persons; further,

~~To work with federal, state, and local governments and others to improve the rescue and reversal medication development and supply system to ensure an adequate and equitably distributed supply of these medications; further,~~

~~To advocate that all insurers and manufacturers maintain coverage and limits on out-of-pocket expenditure so that patient access to rescue and reversal medications is not compromised; further,~~

To promote practices and policies that ensure affordable and equitable access to rescue and reversal medications; further,

To support and foster standardized education and training on the role of rescue and reversal medications and their proper storage, proper administration, safe use, and appropriate follow-up care.

Council on Education and Workforce Development 1. Opposition to Pharmacy Jurisprudence Examination Requirement

Amendments proposed by Jodi Taylor (TN):

To advocate for the removal of ~~a~~ standalone ~~examination of federal or~~ state pharmacy law examinations as a requirement for licensure to increase interstate practice flexibility; further,

To ~~advocate that employers provide initial and~~ support ongoing education of the pharmacy workforce on pertinent federal and state pharmacy laws; further,

To acknowledge that it is a professional obligation of ~~a pharmacist~~ the pharmacy workforce to practice in compliance with federal and state laws.

Council on Education and Workforce Development 2. Pharmacy Technician Education Requirements

Amendments proposed by Jesse Hogue (MI), Kellie Musch (OH), and Linda Martin (WY):

~~To recognize that highly trained and skilled pharmacy technicians working in advanced roles regularly perform complex and critical medication-use procedures, and that a safe and effective medication-use process depends significantly on the skills, knowledge, and competency of those pharmacy technicians to perform those tasks; further,~~**[MOVED BELOW]**

To ~~reaffirm~~ advocate that all pharmacy technicians should complete an ASHP/ACPE-accredited training program, ~~be certified by the Pharmacy Technician Certification Board~~ maintain certification by a national certification board that uses validated testing, and be licensed by state boards of pharmacy; further,

To recognize that highly trained and skilled pharmacy technicians working in advanced roles regularly perform complex and critical medication-use procedures, and that a safe and effective medication-use process depends significantly on the skills, knowledge, and competency of those pharmacy technicians to perform those tasks; further,**[MOVED FROM ABOVE]**

To advocate that ~~beyond those requirements,~~ pharmacy technicians working in advanced roles ~~should complete at a minimum an~~ have additional training, such as an associate ~~of science~~ degree, and demonstrate ongoing competencies specific to the tasks to be performed, to ensure patient safety~~; further,~~

~~To advocate that expansion of pharmacy technician duties into expanded, advanced roles should include consideration of potential risk to patients and that ongoing quality assurance metrics should be established to assure patient safety~~.

Note: This policy would supersede ASHP policy 1203.

Council on Education and Workforce Development 3. Implications of Artificial Intelligence for Professional Integrity

This policy has been incorporated into amendments proposed to Council on Pharmacy Practice 2, Role of Artificial Intelligence in Pharmacy Practice. It is the recommendation of the delegates proposing those amendments to vote down this policy recommendation after those amendments have been approved.

To encourage hospitals, health systems, and colleges of pharmacy to adopt policies regarding the appropriate use of artificial intelligence and ongoing surveillance of these tools.

Council on Education and Workforce Development 4. Pharmacy Residency Training

No amendments have been proposed for this policy recommendation.

To continue efforts to increase the number of ASHP-accredited pharmacy residency training programs and positions available; further,

To promote efforts to increase recruitment and retention of residents in ASHP-accredited pharmacy residency programs; further,

To encourage stakeholders to evaluate priority areas within pharmacy for future residency training needs.

Note: This policy would supersede ASHP policy 0917.

Council on Pharmacy Management 1. Documentation of Patient-Care Services in the Permanent Health Record

Amendment proposed by Jodi Taylor (TN) and Kate Schaafsma (WI):

To advocate for public policies that support documentation of patient-care services provided by the pharmacy workforce in the permanent patient health record; further,

~~To promote inclusion of the pharmacy workforce in organization-based credentialing and privileging processes and in collaboration with an organization's clinical informatics team to ensure accurate and complete documentation of the care provided to patients and to validate the impact of patient care provided by the pharmacy workforce on patient outcomes and cost of care; further,~~

To advocate ~~that~~ for the design and use of electronic health records ~~be designed~~ with a common documentation space to accommodate all healthcare team members ~~and support the communication needs of pharmacy~~.

Note: This policy would supersede ASHP policy 1419.

Council on Pharmacy Management 2. Safe Medication Sourcing, Preparation, and Administration in All Sites of Care

Amendment proposed by Kate Schaafsma (WI):

To advocate that all sites of care be required to meet the same regulatory standards for medication sourcing, storage, preparation, and administration to ensure safety and quality.

Note: This policy would supersede ASHP policy 1914.