House of Delegates

Final Board Actions on House Amendments to Policy Recommendations

June 10, 2025

TO: House of Delegates

FROM: Paul W. Abramowitz, PharmD, ScD (Hon), FASHP
Chief Executive Officer
Secretary, House of Delegates

SUBJECT: Final Board Actions on Policy Recommendations Amended at the First Meeting of the 2025 House of Delegates Session

At its first meeting on June 8, the House of Delegates approved three policy recommendations without amendment:

- Council on Public Policy (CPuP) 5, Support of Global Health Organizations
- Council on Pharmacy Management (CPM) 3, Interstate Pharmacist Licensure (discontinuation)
- Council on Education and Workforce Development (CEWD) 2, Cultural Competency and Trauma Informed Care

Because the Board has duly considered these policy recommendations, no action by the Board is necessary.

The House of Delegates amended 15 policy recommendations, as detailed below. The Board of Directors met on Tuesday, June 10, to duly consider those amendments. The Board agreed with the House's amendments to 15 policy recommendations, with nonsubstantive editorial changes to eight of those 15 policy recommendations, as noted below.

Amended Policy Language Accepted by the Board

In the text below, amendments made by the House are delineated as follows: words added are underlined; words deleted are ~~stricken~~. Text added as nonsubstantive editorial changes by the Board is indicated in **bold double underline;** text deleted as nonsubstantive editorial changes by the Board is indicated in ~~**bold double strikethrough**~~. Please note that the rationales for these policies will be

updated to reflect the amendments made by the House and suggestions received from delegates. **Because the Board has accepted the House amendments to the 15 policies that follow, no further action by the House is required on those policies.**

Council on Public Policy

1. Funding, Expertise, and Oversight of State Boards of Pharmacy

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

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

~~To advocate hospitals and health systems are adequately represented on state boards of pharmacy; further,~~

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

To advocate for consistent application ~~established training~~ of state board**s** of pharmacy regulations by ~~**pharmacy**~~ inspectors with demonstrated competency in diverse pharmacy practice areas and the implementation of adequate inspection schedules to ensure the effective oversight and regulation of pharmacy practice~~, the integrity of the pharmaceutical supply chain, the protection of the public, and to establish variances from any documented rule by the board of pharmacy~~; further,

~~To advocate that inspections be performed only by individuals with demonstrated competency in the applicable area of practice.~~

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

Note: This policy would supersede ASHP policy 2021.

The Board duly considered and agreed with the amended language, with addition of "s" to board in fourth clause and deletion of second use of term "pharmacy." Also, the word "that" was struck in the final clause.

2. Payment Parity for Pharmacists' Services

To advocate ~~**that**~~ pharmacists, as healthcare providers, ~~**should**~~ receive payment that is commensurate with services provided within their scope of practice.

~~To advocate that any physician or non-physician practitioner be reimbursed in accordance with services provided within their scope of practice; further,~~

~~To recognize that pharmacists, as healthcare providers, provide patient care and bridge existing gaps in healthcare as members of the healthcare team.~~

Note: This policy would supersede ASHP policy 1502.

The Board duly considered and agreed with the amended language, with a minor editorial change of striking the words "that" and "should."

3. Pharmacists Cross-State Licensure

To advocate for ~~**the**~~ improved timeliness of **the** pharmacist ~~that state boards of pharmacy collaborate to streamline the~~ licensure application approval **process** ~~process through standardization and improve the timeliness of application approval across state lines~~; further,

To advocate for interstate pharmacist licensure ~~that state boards of pharmacy collaborate with third-party vendors to streamline the licensure transfer or reciprocity process~~; further,

To support streamlined reciprocity processes, including ~~advocate that boards of pharmacy grant licensed pharmacists in good standing~~ temporary licensure mechanisms, as progress toward interstate licensure. ~~permitting them to engage in practice, while their application for licensure transfer or reciprocity is being processed~~.

Note: This policy would supersede ASHP policy 1621.

The Board duly considered and agreed with the amended language, with minor editorial changes: in the first clause, removal of "the" before "improved" and insertion of "the" before "pharmacist." Also, reinsertion of word "process" at the end of the first clause.

4. Patient's Right to Choose

~~To support the patient's right, or that of their representative, as allowed under state law, to make informed decisions as part of their overall plan of care; further,~~

To acknowledge that patients or their representative have the right to be fully informed about their

medication options ~~including benefits, risks, costs, and alternatives,~~ and to be involved in the decision-making process; further,

To support the right of patients or their representative to ~~request specific medications, and to~~ have their preferences considered respectfully, within the limits of clinical appropriateness, ~~evidence-based practice,~~ formulary considerations, safety, ~~restrictions,~~ and legal requirements**; further,** ~~; further,~~

To recognize the right of the patient or their representative to refuse care and have those decisions respected.

~~To recognize the right of patients to refuse medications or request changes in their prescribed therapy after being informed of the potential consequences of such decisions.~~

Note: This policy would supersede ASHP policy 0013.

The Board duly considered and agreed with the amended language, with insertion of "; further," in the second to last clause. Also, the board recommended adding language from the last clause that was struck to the rationale – patients being informed of the potential consequences, and risk benefit considerations.

Council on Pharmacy Management

1. Recovery and Assistance Programs for Healthcare Workers with Substance Use Disorder

To advocate that hospitals and health systems support and promote ~~establish~~ recovery and assistance programs for healthcare personnel ~~workers~~ with substance use disorders, including those who have diverted controlled substances to support their own drug addiction; further,

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

The Board duly considered and agreed with the amended language.

2. Cellular and Gene Therapies

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

To recognize that CGTs ~~are therapeutics that~~ are managed ~~as such~~ in the medication-use process; further,

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

To advocate for payment models that facilitate patient access, coverage, and reimbursement for CGTs with consideration of total cost of care; further, ~~outcomes-based innovative payment models that facilitate patient access to CGTs, including full coverage of approved indications and full reimbursement for CGTs.~~

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

Note: This policy would supersede ASHP policy 1802.

The Board duly considered and agreed with the amended language.

Council on Pharmacy Practice

1. Safe and Secure Transfer of Controlled Substances

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

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

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

The Board duly considered and agreed with the amended language.

2. Addressing and Preventing Moral Distress and Moral Injury in the Healthcare Workforce

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

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

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

To advocate ~~**that** for proactive and corrective approaches within~~ organizations ~~that are co-designed with members of the healthcare team to~~ prevent and address moral distress and moral injury among healthcare workers.

The Board duly considered and agreed with the amended language, with a title change to "Addressing and Preventing Moral Distress and Moral Injury in the Healthcare Workforce" and striking of word "that" in the final clause. Also, the board recommends adding struck language from the final clause to the rationale.

3. Pharmacy Services to Optimize Patient Throughput

To support the integration of pharmacy services ~~as systems are optimized~~ to improve safe and efficient throughput and patient flow throughout the health system~~-wide patient throughput~~; further,

To advocate for pharmacists to serve as key decision-makers **in** ~~**for**~~ improving medication management to optimize patient flow throughout the continuum of care ~~health system.; further,~~

~~To develop resources related to incorporating pharmacy services into patient throughput action plans and process maps; further,~~

~~To identify measures and tracking systems that demonstrate the impact of pharmacy-driven services to optimize patient throughput.~~

The Board duly considered and agreed with the amended language, with a minor editorial change of "for" to "in" in the second clause.

Council on Therapeutics

1. Accurate and Timely Height and Weight Measurements

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

~~To encourage drug product manufacturers to conduct and publicly report pharmacokinetic and pharmacodynamic research in pediatric, adult, and geriatric patients at the extremes of weight and weight changes to facilitate safe and effective dosing of drugs in these patient populations, especially for drugs most likely to be affected by weight; further,~~

~~To encourage independent research on the clinical significance of extremes of weight and weight changes on drug use, as well as the reporting and dissemination of this information via published literature, patient registries, and other mechanisms; further,~~

To advocate that clinical decision support systems and other information technologies be structured to **incorporate height and weight to** facilitate prescribing, dispensing, and monitoring of drugs ~~**which utilize height and/or weight to calculate**~~ **for** safe and effective dosing ~~most likely to be affected by extremes of weight and weight changes~~; further,

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

Note: This policy would supersede ASHP policy 1721.

The Board duly considered and agreed with the amended language. Editorial changes include clarifying the use of "height and/or weight" in the second to last and final clauses because "height and/or weight" may imply that height alone is an option.

2. Clinical and Safety Considerations of Naming Drug Moieties and Complexes

To encourage regulatory agencies to ~~consider~~ incorporate pharmacists when considering clinical, operational, access, and safety factors when approving and classifying medications with different moieties or complexes that are used to deliver the active drug; further, **[MOVED FROM BELOW AND AMENDED]**

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

~~To encourage regulatory agencies to consider clinical, operational, access, and safety factors when approving and classifying medications with different moieties or complexes that are used to deliver the active drug; further,~~ [MOVED ABOVE AND AMENDED]

~~To advocate for the pharmacist's active role in these processes; further,~~

To foster increased ~~pharmacist, provider, and~~ public notification ~~awareness~~ when changes in approved drug products with therapeutic equivalence occur.

The Board duly considered and agreed with the amended language.

3. Clinical, Operational, and Safe Use of Manipulated Drug Products and Alternate Administration Routes

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

To promote research that includes ~~further delineates~~ ~~the~~ pharmaceutics, pharmacokinetics, pharmacodynamics, ~~pharmacokinetic and pharmacodynamic properties as well as~~ safety, and efficacy of drugs when manipulated or when given through alternate administration routes ~~and investigate the interrelationship between drug exposure and safety and efficacy outcomes including the potential role of artificial intelligence in advancing model development and validation~~; further,

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

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

Note: This policy would supersede ASHP policies 2041, 2242, and 2314.

The Board duly considered and agreed with the amended language.

4. Expedited Partner Therapy

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

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

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

~~To affirm that interpreting test results, prescribing, dosing, and dispensing therapies as clinically indicated is within pharmacists' scope of practice; further,~~

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

To encourage surveillance of EPT as a public health effort.

The Board duly considered and agreed with the amended language with an editorial change to remove the word "pharmacy" from dispensing entities.

5. Quality Consumer Medication Information

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

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

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

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

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

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

Note: This policy would supersede ASHP policy 2005.

The Board duly considered and agreed with the amended language.

Council on Education and Workforce Development

1. Support for Caregiving Responsibilities in the Pharmacy Workforce

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

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

To advocate for organizational policies and resources that reduce disparities caused by caregiving responsibilities such as ~~including~~ eldercare, ~~and~~ lactation support, and other life circumstances; further,

To empower individuals to advocate for their own needs related to work-life integration.

The Board duly considered and agreed with the amended language.