

# House of Delegates

## **2025 NEW BUSINESS SUBMISSION FORM**

PLEASE RETURN BY 4PM ON MONDAY, JUNE 9, TO THE  
EXECUTIVE OFFICE IN ROOM W204B, CHARLOTTE CONVENTION CENTER

Delegates may submit items of new business several ways. Delegates may submit a new business item online using the form on HOD Calls, Forms, and Rosters page of the ASHP House of Delegates website (<https://www.ashp.org/house-of-delegates/hod-calls-forms-and-rosters>) or by completing this form and submitting it by 4 p.m. to the Executive Office in Room W204B.

**ASHP**  
**HOUSE OF DELEGATES**  
**JUNE 10, 2025**  
**CHARLOTTE, NORTH CAROLINA**

***To be completed by the Office of the  
Secretary of the House of Delegates***

***Date Submitted: 6/4/25***

***Time Submitted: 10:17 AM***

### **INTRODUCED BY (NAME):**

Christopher Crank (IL), Bernice Mann (IL), Andy Donnelly (IL), Jennifer Phillips (IL), Matt Rim (IL), Megan Corrigan (IL), Jim Dorociak (IL), Sam Rimas (IL)

### **SUBJECT:**

Integrity of Pharmacist Provided Health Information

### **MOTION:**

To oppose any governmental restrictions 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 have the professional responsibility to disseminate evidence-based, health information to patients and communities.

**BACKGROUND:** Protecting the Integrity of Pharmacist-Provided Health Information

Pharmacists play a vital role in public health, serving as accessible and trusted sources of evidence-based medical information for patients and communities. As experts in medication therapy, pharmacists ensure individuals have the knowledge and information they need to make informed decisions about their care. However, in recent years, pharmacists have faced growing challenges in their ability to share accurate, evidence-based health information due to restrictions, the politicization of drug safety data, and the suppression of public health findings.

The American Society of Health-System Pharmacists (ASHP) is committed to safeguarding the professional autonomy of pharmacists, advocating against any efforts that restrict their ability to provide evidence-based health education. In an era where misinformation can spread rapidly, it is more important than ever to uphold integrity and transparency. The suppression or manipulation of data can have serious consequences, potentially jeopardizing patient safety and undermining trust in healthcare professionals.

ASHP stands firm in its position that pharmacists have a professional duty to disseminate accurate and reliable health information. ASHP seeks to ensure that pharmacists remain empowered to educate patients on medications, emerging scientific advancements, and critical public health concerns.

**SUGGESTED OUTCOMES:**

Review and consider proposed policy language at the ASHP House of Delegates. This topic may be considered as a new policy position, an amendment of existing policy, or referred to an ASHP council for further consideration.

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**JUNE 10, 2025**  
**CHARLOTTE, NORTH CAROLINA**

***To be completed by the Office of the  
Secretary of the House of Delegates***

***Date Submitted: 6/8/25***

***Time Submitted: 1:20 PM***

### **INTRODUCED BY (NAME):**

Katrina Derry (CA), Kathy Ghomeshi (CA), Caroline Sierra (CA), Elaine Law (CA), Gary Besinque (CA), Jaclyn Jaskowiak (CA), Emily Do (CA)

### **SUBJECT:**

Decriminalization of the interdisciplinary workforce involved with medical events

### **MOTION:**

To advocate that healthcare interdisciplinary workforce involved in medical error shall be immune from criminal liability for any harm or damages alleged to arise from an act or omission relating to the provision of health services;

Further, the immunity would not limit liability for any gross negligence or wanton, willful, malicious, or intentional misconduct and does not protect healthcare professionals from civil litigation.

Further, to advocate that each state enacts legislation to decriminalize medical errors.

### **BACKGROUND:**

Kentucky House Bill 159 was signed into law on March 26, 2024. The law shields healthcare providers from criminal liability for inadvertent errors, aiming to encourage reporting and improve patient safety. It does not protect against gross negligence, wanton, willful, malicious, or intentional misconduct.

By removing the fear of criminal prosecution, the law will encourage healthcare professional to report errors,

leading to better learning and system improvements.

Medical events will include preventable medical errors and non-preventable medical events. There have been several cases of healthcare workforce members being criminally prosecuted, convicted, and/or imprisoned due to involvement in tragic medical or medication errors

ASHP Professional Policy catalogue has existing policy related to this topic, but not specific to the topic of decriminalization. ASHP Policy 1021 is related to just culture and reporting of medication errors. ASHP Policy 1505 related to statutory protection for medication error reporting. ASHP 0504 pertaining to pharmacy staff fatigue and medication errors.

**SUGGESTED OUTCOMES:**

Refer to the Council on Public Policy for further review and consideration as a new policy topic. This topic might be considered as a new policy recommendation, an amendment to existing policy, or addressed through other available actions. The submitters are seeking statutory protections for the healthcare workforce due to medical errors.

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**HOUSE OF DELEGATES**  
**JUNE 10, 2025**  
**CHARLOTTE, NORTH CAROLINA**

***To be completed by the Office of the  
Secretary of the House of Delegates***

***Date Submitted:*** June 9, 2025

***Time Submitted:*** 1:42 p.m. ET

**INTRODUCED BY (NAME):**

Sarah M. Panella (SACP)

**SUBJECT:**

Pharmacist's Role in Value-Based Care Models

**MOTION:**

For ASHP to adopt the following Policy:

To affirm the role of the pharmacy workforce in advancing value-based care through the optimization of medication use, improvement of clinical outcomes, and reduction of total cost of care; further,

To promote pharmacist leadership in value-based care models; further,

To advocate for the inclusion of pharmacists in the development, implementation, and evaluation of value-based care models and alternative payment arrangements; further,

To support the use of performance metrics that demonstrate the impact of the pharmacy workforce in value-based care.

**BACKGROUND:**

While ASHP policy 1523 (Pharmacist's Role in Population Health Management, 2019) remains appropriate, a new, distinct policy is warranted to reflect the rapid evolution of value-based care (VBC) models in which

pharmacists play an increasingly vital role. Population health management is a broad discipline focused on preventive care, risk stratification, and care coordination, whereas VBC directly ties reimbursement to outcomes, cost-efficiency, and performance metrics, often through payer-provider contracts. Merging the two may dilute the specificity and urgency required to support the role of pharmacists in VBC models such as accountable care organizations (ACOs), the Medicare Shared Savings Program (MSSP), Medicare Advantage (MA) Star Ratings, and bundled payments.

Pharmacists are now accountable for outcomes linked to HEDIS measures, CMS Star Ratings, and risk-adjusted quality metrics. Evidence supports their effectiveness in managing chronic conditions, optimizing medication use, and reducing healthcare costs. For example, pharmacist-led comprehensive medication management (CMM) services in primary care and ACO settings have significantly improved control of diabetes and hypertension while reducing emergency department visits and hospital admissions.

Pharmacy leaders are increasingly involved in benefit design, cost containment, and financial performance within value-based contracts. Pharmacists contribute directly to meeting payer-aligned targets, such as statin use in diabetes, blood pressure and A1C control, and medication adherence. Additionally, they lead population-level initiatives using risk-stratification tools, clinical data, and targeted interventions to reduce total cost of care.

Pharmacists must also be equipped to lead and sustain their role in VBC. National organizations, such as the Pharmacy Quality Alliance, emphasize the need for training in healthcare quality, informatics, population health, and interprofessional collaboration to ensure the pharmacy workforce is prepared for payer-driven care transformation.

A dedicated ASHP policy on value-based care will define the profession's direction, elevate pharmacy's contributions to payer-aligned care, and guide integration, education, and performance measurement efforts that support continued pharmacy success in value-driven healthcare.

#### **SUGGESTED OUTCOMES:**

Referral to Council on Pharmacy Management