

House of Delegates

FINAL REPORT ON PROPOSED AMENDMENTS

June 2025 Meetings (updated as of June 7)

This report contains proposed amendments to policy recommendations submitted as of 9:00 a.m. ET, 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 ET.**

Council on Public Policy 1. Funding, Expertise, and Oversight of State Boards of Pharmacy

Amendments proposed by Sarah Steinert (SC) and Jennifer Williams (IA):

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 representation on state boards of pharmacy and related agencies by the pharmacy workforce representing hospital 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 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.

Council on Public Policy 2. Payment Parity for Pharmacists' Services

Amendments proposed by Ryan Wargo, Eddie Saito, and Michael Lanning (OR):

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.

Council on Public Policy 3. Pharmacists Cross-State Licensure

Amendments proposed by Marilyn G. Hill (NH):

To advocate for the improved timeliness of pharmacist that state boards of pharmacy collaborate to streamline the licensure application approval 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 well 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.

Council on Public Policy 4. Patient's Right to Choose

Amendments proposed by Mary Wilson (KA) and Katie Blackwell (AL):

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 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 to respectfully request specific medications, ~~and to have their preferences considered, within the limits of clinical appropriateness, evidence-based practice, formulary considerations, safety, restrictions, and legal requirements.~~; further,

~~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.

Council on Public Policy 5. Support of Global Health Organizations

No amendments have been proposed for this policy recommendation.

To strongly support the mission and work of global health organizations in their role in public health preparedness, prevention, and control to improve the health and well-being of people globally.

Note: This policy would supersede ASHP policy 2037.

Council on Pharmacy Management 1. Recovery and Assistance Programs for Healthcare Workers with Substance Use Disorder

Amendments proposed by Karen Nolan (RI) and Sarah Steinert (SC):

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

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

Council on Pharmacy Management 2. Cellular and Gene Therapies

No amendments have been proposed for this policy recommendation.

To affirm that 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 outcomes-based innovative payment models that facilitate patient access to CGTs, including full coverage of approved indications and full reimbursement for CGTs.

Note: This policy would supersede ASHP policy 1802.

Council on Pharmacy Management 3. Interstate Pharmacist Licensure (discontinuation)

No amendments have been proposed for this policy recommendation.

To discontinue ASHP policy 2030, Interstate Pharmacist Licensure, which reads:

To advocate for interstate pharmacist licensure to expand the mobility of pharmacists and their ability to practice.

Council on Pharmacy Practice 1. Safe and Secure Transfer of Controlled Substances

Amendments proposed by Karen Nolan (RI), Katherine Miller (KS), and Katharine Reisbig (NE):

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

To promote chain of custody documentation ~~closed-loop communication~~ 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.

Council on Pharmacy Practice 2. Addressing and Preventing Moral Distress and Injury in the Healthcare Workforce

Amendments proposed by Jennifer Williams (IA) and Victoria Wallace (ID):

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

Council on Pharmacy Practice 3. Pharmacy Services to Optimize Patient Throughput

Amendments proposed by Katherine Miller (KS):

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

To advocate for pharmacists to serve as key decision-makers for improving medication management to optimize patient flow throughout the 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.~~

Council on Therapeutics 1. Accurate and Timely Height and Weight Measurements

Amendments proposed by Jennifer Robertson (TN) and Monica Bogenschutz (WI):

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 facilitate prescribing and dispensing of drugs 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 weight, height, and date obtained as a required component of prescriptions for medications that are dosed based on height and weight.

Council on Therapeutics 2. Clinical and Safety Considerations of Naming Drug Moieties and Complexes

Amendments proposed by Megan Musselman (MO):

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 FROM BELOW]

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]

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.

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

Amendments proposed by Andrew Lodolo (IN):

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~~ 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.

Council on Therapeutics 4. Expedited Partner Therapy

Amendments proposed by Sarah Steinert (SC), Jennifer Williams (IA), and Lance Ray (CO):

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 operational barriers; further,

To encourage community pharmacy entities 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.

Council on Therapeutics 5. Quality Consumer Medication Information

No amendments have been proposed for this policy recommendation.

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.

Council on Education and Workforce Development 1. Support for Caregiving Responsibilities in the Pharmacy Workforce**Amendments proposed by Sarah Steinert (SC), Jennifer Williams (IA), and Ashley Duty (OH):**

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.

Council on Education and Workforce Development 2. Cultural Competency and Trauma Informed Care**No amendments have been proposed for this policy recommendation.**

To foster the ongoing development of cultural humility and competency within the pharmacy workforce and promote a whole-person-health approach to care; further,

To educate the pharmacy workforce on how to interact with patients, caregivers, and other healthcare professionals in a manner that demonstrates respect for and responsiveness to all; further,

To educate healthcare providers on the importance of providing culturally congruent and trauma-informed care to achieve quality care and patient engagement.

Note: This policy would supersede ASHP policy 2231.