

House of Delegates

REPORT ON THE VIRTUAL HOUSE OF DELEGATES

March 14-21, 2025

RESULTS OF THE VOTING

Between March 14 and 21, the ASHP House of Delegates (roster attached as an Appendix) voted on 15 policy recommendations. Delegates approved seven policy recommendations by 85% or more, the threshold for final approval. Eight policy recommendations did not receive 85% of the votes and will be sent to the June House of Delegates.

POLICY RECOMMENDATIONS APPROVED

The seven policy recommendations **approved** are as follows (percentage of delegates voting to approve follows the policy title):

Care-Commensurate Reimbursement (98.5%)

Source: Council on Public Policy

To discontinue ASHP policy 2020, Care-Commensurate Reimbursement, which reads:

To advocate that reimbursement for healthcare services be commensurate with the level of care provided, based on the needs of the patient.

Patient Adherence Programs as Part of Health Insurance Coverage (97.5%)

Source: Council on Public Policy

To discontinue policy 1504, Patient Adherence Programs as Part of Health Insurance Coverage, which reads:

To advocate for the pharmacist's role in patient medication adherence programs that are part of health insurance plans; further,

To advocate those programs that (1) maintain the direct patient pharmacist

relationship; (2) are based on the pharmacist's knowledge of the patient's medical history, indication for the prescribed medication, and expected therapeutic outcome; (3) use a communication method desired by the patient; (4) are consistent with federal and state regulations for patient confidentiality; and (5) permit dispensing of partial fills or overfills of prescription medications in order to synchronize medication refills and aid in medication adherence.

Nonproprietary Naming of Biological Products (98.0%)

Source: Council on Public Policy

To discontinue policy 1535, Nonproprietary Naming of Biologic Products, which reads:

To advocate that originator biological products, related biological products, and biosimilar products share the same global nonproprietary name as defined by the United States Adopted Name Council, the World Health Organization Programme on International Nonproprietary Names, and United States Pharmacopeial Convention; further,

To oppose unique nonproprietary naming for originator biological products, related biological products, and biosimilar products.

Employee Testing (97.0%)

Source: Council on Public Policy

To discontinue policy 9108, Employee Testing, which reads:

To oppose the use of truth-verification testing such as polygraphs as routine employment practices because of the possible interference with the rights of individuals; further,

To recognize the limited use of such testing during employment where such testing may protect the rights of individuals against false witness.

Generic Substitution of Narrow Therapeutic Index Drugs (99.5%)

Source: Council on Therapeutics

To discontinue ASHP policy 0817, Generic Substitution of Narrow Therapeutic Index Drugs, which reads:

To support the current processes used by the Food and Drug Administration (FDA) to determine bioequivalence of generic drug products, including those with a narrow therapeutic index, and to recognize the authority of the FDA to decide if additional studies are necessary to determine equivalence; further,

To oppose a blanket restriction on generic substitution for any medication or medication class without evidence from well-designed, independent studies that demonstrate inferior efficacy or safety of the generic drug product.



Professional Development as a Retention Tool (93.6%)

Source: Council on Education and Workforce Development

To recognize that pharmacy workforce development is an essential component of staff recruitment, retention, and well-being; further,

To recognize that pharmacy workforce development encompasses more than formal education programs and includes informal learning among colleagues, mentoring, participation in activities of professional organizations, and other types of learning; further,

To encourage healthcare executives to support pharmacy workforce development programs, including leadership succession planning, as an important benefit that aids in recruiting and retaining qualified staff; further,

To support healthcare executives with pharmacy workforce development by providing educational programs, services, and resources.

To encourage organizations to assess the effectiveness of professional development initiatives by evaluating their impact on recruitment and retention outcomes.

Note: This policy supersedes ASHP policy 2103.

Pharmacy Access to Payer Networks (86.8%)

Source: Council on Pharmacy Management

To oppose pharmacy access criteria that impose discriminatory requirements or qualifications on participation in insurance payer networks that interfere with patient continuity of care or patient site-of-care options; further,

To advocate for laws and regulations that require healthcare payers to disclose to pharmacies applying to participate in payer networks the criteria and the clinical and operational outcome data reporting requirements used to include, retain, or exclude pharmacies; further,

To encourage healthcare payers to standardize network access criteria and eliminate those reporting requirements already imposed by accrediting bodies or regulatory agencies.

Note: This policy supersedes ASHP policy 2031.

POLICY RECOMMENDATIONS NOT APPROVED

The House **voted to not approve** the following eight policy recommendations (percentage of delegates voting to approve follows the policy title):

Safe and Secure Transfer of Controlled Substances (65.5%)

Source: Council on Pharmacy Practice



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 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, minimize variation, and ensure compliance.

Pharmacy Services to Optimize Patient Throughput (79.7%)

Source: Council on Pharmacy Practice

To support the integration of pharmacy services as systems are optimized to improve health system-wide patient throughput; further,

To advocate for pharmacists to serve as key decision-makers for improving 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.

Funding, Expertise, and Oversight of State Boards of Pharmacy (68.8%)

Source: Council on Public Policy

To advocate appropriate oversight of pharmacy practice and the pharmaceutical supply chain through coordination and cooperation of state boards of pharmacy and 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 pharmacists and pharmacy technicians; further,

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

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

To advocate for established training of state board of pharmacy inspectors 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.

Note: This policy would supersede ASHP policy 2021.

Pharmacists Cross-State Licensure (81.8%)

Source: Council on Public Policy

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

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

To advocate that boards of pharmacy grant licensed pharmacists in good standing temporary 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.

Clinical and Safety Considerations of Naming Drug Moieties and Complexes (71.5%)

Source: Council on Therapeutics

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,

To advocate for the pharmacist's active role in these processes; further, to foster increased pharmacist, provider, and public awareness when changes in approved drug products with therapeutic equivalence occur.

Clinical, Operational, and Safe Use of Manipulated Drug Products and Alternate Administration Routes (64.2%)

Source: Council on Therapeutics

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 further delineates the pharmacokinetic and pharmacodynamic properties 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.

Expedited Partner Directed Therapy (78.8%)

Source: Council on Therapeutics

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 promotes expedited partner therapy (EPT); further,

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

To 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.

Recovery and Assistance Programs for Healthcare Workers with Substance Use Disorder (51.7%)

Source: Council on Pharmacy Management

To advocate that hospitals and health systems establish recovery and assistance programs for 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 to support structured rehabilitation programs that demonstrate a clear pathway for recovery and return to practice upon successful completion of the program.

NOTES ON VOTING

91 percent (211) of delegates to the virtual House of Delegates participated in the voting.



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As of March 14, 2025

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	Sarah Blackwell	Sarah Blackwell			
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	Stacey Raff	
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Delaware (2)	Cheri Briggs	
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	Dave Lacknauth	
	Dionis Malo	
	Heather Petrie	
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	AndrewLodolo	
	Tate Trujillo	
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	Arinze Nkemdirim Okere	
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	Katie Wilson	
Kentucky (3)	Dale English	Brandy Brown
	Scott Hayes	Rachel Swope
	Elizabeth Schlosser	



Louisiana (3)	Neil Hunter	Myra Thomas
Louisiana (o)	Heather Maturin	Renesha Yarbrough
	Heather Savage	nenesia raisioagii
Maine (2)	Brian McCullough	
ivianie (2)	Brian McCanough	
Maryland (4)	Justin Hare	Courtney Henry
, .,	John Hill	Marybeth Kazanas
	Terri Jorgenson	, ·
	Molly Wascher	
Massachusetts (4)	Erica Housman	Marla O'Shea-Bulman
	Jason Lancaster	
	Frankie Mernick	
	Russel Roberts	
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	Lama Hsaiky	Ed Szandzik
	Amber Lanae Martirosov	
	Rebecca Maynard	
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	Rachel Root	Ryan Hannan
	Cassie Schmitt	Paul Morales
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	Andrew Mays	
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	Mel Smith	Sayo Weihs
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	Logan Tinsen	
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	David Schmidt	
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	Judy Mattorano	
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	Marilyn Hill	
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	Julie Kalabalik-Hoganson	Agnieszka Pasternak
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	John Rafi	
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	Nicole Cieri Hutcherson	Michael Ott
	Travis Dick	Sammy Yafai
	Leila Tibi-Scherl	



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North Carollia (4)	Nick Gazda	Tyler vest
	Jeffrey Reichard	
	Andy Warren	
North Dakota (2)	· · ·	Katie Evans
North Dakota (2)	Maari Loy	Katie Evans
01: (=)	Saidee Oberlander	5 11 14
Ohio (5)	Ashley Duty	Beth Krause
	Indrani Kar	Joshua Musch
	Julie Kennerly-Shah	
	Cynthia King	
	Dan Lewis	
Oklahoma (3)	Christopher Pack	
	Deidra Williams	
	Jimmy Williams	
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	Karen Nolan	
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	Lisa Gibbs	
	Sarah Steinert	
South Dakota (2)	Betsy Karli	Anne Morstad
	Laura Stoebner	Ryan Waybright
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	Grayson Peek	
	Jennifer Robertson	
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	Phuoc Anne Nguyen	
	Binita Patel	
	Aaron Reich	
	Jeffrey Wagner	
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- · · · · · · · · · · · · · · · · · · ·	Shannon Inglet	
	Krystal Moorman-Bishir	
Vermont (2)	Stacey Dalpoas	Jennifer Burrier
vermont (2)	Kevin Marvin	Emily Piehl
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Virginia (4)	Matt lanking	Ian Oransky
Virginia (4)	Matt Jenkins	Ian Orensky
	Kathy Koehl	
	Amy Schultz	
	Rodney Stiltner	
Washington, D.C. (2)	Sue Carr	Joann Lee
	Kelly Mullican	
Washington State (3)	Chris Greer	Kevin Anderson
	Laura Hanson	
	Karen White	
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	Derek Grimm	
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	Matt Carleton	David Reeb
	John Muchka	Terri Wallner
	Sarah Peppard	Jordan Wulz
Wyoming (2)	Jonathan Beattie	
, , ,	Channa Richardson	
SECTIONS AND FORUMS	DELEGATES	ALTERNATES
Ambulatory Care	Sara Panella	Ashley Parrott
Practitioners		
Clinical Specialists and	Megan Musselman	Angela Colella
Scientists	3	0-1-1-1
Community Pharmacy	Courtney Isom	Amanda Place
Practitioners	,	
Digital and Telehealth	Lisa Stump	
Practitioners		
Inpatient Care	Lucas Schulz	Molly Billstein Leber
Practitioners		
Pharmacy Educators	Jennifer Arnoldi	Tim Brown
Pharmacy Informatics	Jeffrey Chalmers	David Agüero
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Pharmacy Practice	Katherine Miller	Anthony Scott
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Specialty Pharmacy	Erica Diamantides	Karen Thomas
Practitioners		
New Practitioners Forum	Alfred Awuah	Luning Shi
Pharmacy Student Forum	Katy Xia	
The Pharmacy Technician	Daniel Nyakundi	
Society		
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U.S. Air Force	Elizabeth Tesch	Rohin Kasudia
U.S. Army	Daniel Zsido	Gregory Hare
U.S. Navy	Terence Cusack	Chirag Patel
U.S. Public Health	Russ Gunter	Jeffrey Gildow
Service		Chenoa Shelton
Veterans Affairs	Julie Groppi	Heather Ourth

