ASHP Summer Meeting: House of Delegates Actions June 6, 2017

Delegates: Zach McCall, Dan Rackham, Sarah Deines, Kristy Butler (representing the Section of Ambulatory Care)

Title	Policy (See website for background and discussion *Link* & *ASHP Connect*)		Action
Joint Council Task Force: Medical Aid in Dying			
Medical Aid in Dying	To affirm that a pharmacist's decision to participate or decline to participate in medical aid in dying for competent, terminally ill patients, where legal, is one of individual conscience; further, To reaffirm that pharmacists have a right to participate or decline to participate in medical aid in dying without retribution; further, To take a stance of studied neutrality on legislation that would permit medical aid in dying for competent, terminally ill patients.		Approved
COUNCIL ON EDUCATION AND WORKFORCE DEVELOPMENT			
Workforce Diversity	To affirm that a diverse and inclusive workforce contributes to health equity and health outcomes; further, To advocate for the development of a workforce whose background, perspectives, and experiences reflect the diverse patients for whom pharmacists provide care.		Approved
ASHP Guidelines, … as an Integral Part of the Educational Process	Title: **ASHP Guidelines, Statements, and Professional Policies as an Integral Part of the Educational Process** To encourage all educators of the pharmacy workforce to use ASHP statements, guidelines, and professional policies as an integral part of education and training.		Approved
COUNCIL ON PHARMACY MANAGEMENT			
Any Willing Provider Status for Pharmacists and Pharmacies	To advocate for federal and state legislation and regulations supporting any willing provider status to pharmacists and pharmacies and improve patient care access and continuity of care; further, To support affiliated state societies in advocating that pharmacists and pharmacies be included in state any willing provider legislation or regulation. To acknowledge that health care plans and payers may develop and use criteria to determine access to plans or networks; further, To advocate for public transparency on the criteria used to determine payer participation and the impact the use of such criteria has on the quality, access, cost, and choice of health care services provided to patients enrolled in such plans or networks; further To advocate that health care plans and payers be required to disclose to pharmacist and pharmacies applying to the plan the selection criteria used to select, retain, or exclude a pharmacist or pharmacy from the health care plan or payer, including the criteria used to make exclusion determinations.	a.	**Not approved. Referred to council for review and reconsideration during the house of delegates next year.**
Pharmaceutical Distribution Systems	To support drug distribution business models that meet the requirements of hospitals and health systems with respect to availability and timely delivery of products, minimizing short-term outages and long-term product shortages, managing and responding to product recalls, fostering product-handling and transaction efficiency, preserving the integrity of products as they move through the supply chain, and maintaining		Approved

	affordable service costs; further, To oppose manufacturers, distributors, wholesalers from making availability of drug products contingent upon how products are used.		
Mobile Health Tools, Clinical Apps, and Associated Devices	To advocate that patients, pharmacists, and other healthcare professionals be involved in the selection, approval, and management of mobile health tools, clinical software applications ("clinical apps"), and associated devices used by clinicians and patients for patient care; further, To foster development of tools and resources to assist pharmacists in designing and assessing processes to ensure safe, accurate, supported, and secure use of mobile health tools, clinical apps, and associated device;, further, To advocate that decisions regarding the selection, approval, and management of mobile health tools, clinical apps, and associated devices should further the goal of delivering safe and effective patient care and optimizing outcomes; further, To advocate that mobile health tools, clinical apps, and associated devices that contain health information be interoperable and, if applicable, be structured to allow incorporation of health information into the patient's electronic health record and other essential clinical systems to facilitate optimal health outcomes; further, To advocate that pharmacists be included in regulatory any evaluation and approval of mobile health tools, clinical apps, and associated devices that involve medications or medication management.		Approved
Controlled Substance Diversion Prevention	To encourage healthcare organizations to develop controlled substance diversion prevention programs and policies that delineate the roles, responsibilities, and oversight of all personnel who have access to controlled substances to ensure compliance with applicable laws and scopes of practice; further, To encourage healthcare organizations to ensure that all healthcare workers are appropriately screened for substance abuse prior to initial employment and surveillance, auditing, and monitoring are conducted on a ongoing basis to support a safe patient-care environment, protect co-workers, and discourage controlled substances diversion.		Approved
Revenue Cycle Compliance and Management	To encourage pharmacists to serve as leaders in the development and implementation of strategies to optimize medication-related revenue cycle compliance, which includes verification of prior authorization, patient portion of payment, billing, reimbursement, and financial documentation for the healthcare enterprise; further, To advocate for the development of consistent billing and reimbursement policies and practices by both government and private payers; further, To advocate that information technology (IT) vendors enhance the capacity and capability of IT systems to support and facilitate medication-related purchasing, billing and audit functions; further, To investigate and publish best practices in medication-related revenue cycle compliance and management. (Note: This policy would supersede ASHP policy 1205.)		Approved

COUNCIL ON PHARMACY PRACTICE			
Ready-to-Administer Packaging for Hazardous Drug Products Intended for Home Use	To advocate that pharmaceutical manufacturers provide hazardous drug products intended for home use in ready-to-administer packaging; further, To advocate that regulators (the FDA) have the authority to impose requirements on pharmaceutical manufacturers to provide hazardous drug products intended for home use in ready-to-administer packaging; further, To advocate that when hazardous drug products intended for home use are not available from manufacturers in ready-to-administer packaging, pharmacies repackage those drug products to minimize the risk of exposure; further, To advocate that hazardous drug products intended for home use be labeled to warn that special handling is required for safety; further To advocate that pharmacists provide education to patients and caregivers regarding safe handling and appropriate disposal of hazardous drug products intended for home use.		Approved
Expiration Dating of Pharmaceutical Products	To support and actively promote the maximal extension of expiration dates of commercially available pharmaceutical products as a means of increasing access to drugs and reducing healthcare costs; further, To advocate that the Food and Drug Administration implement procedures to encourage pharmaceutical manufacturers to readily update expiration dates, for as long as possible while maintaining drug potency and safety, to reflect current evidence; further, To advocate that regulators and accreditation agencies recognize authoritative data on extended expiration dates for commercially available pharmaceutical products. (Note: This policy would supersede ASHP policy 9309.)		Approved
COUNCIL ON PUBLIC POLICY			
Partial Filling of Schedule II Prescriptions	To advocate that state legislatures and boards of pharmacy create consistent laws and rules to allow partial filling of Schedule II drugs; further, To advocate that public and private entities construct criteria for partial filling to minimize the additional burden on patients, pharmacists, and healthcare organizations; further, To advocate that pharmacists educate prescribers and patients about options for filling prescriptions for Schedule II drugs, including the risks of overprescribing, while recognizing the patient or caregiver's rights to make their own care and management decisions.		Approved
Restricted Drug Distribution	To oppose restricted drug distribution systems that (1) limit patient access to medications; (2) undermine continuity of care; (3) impede population health management; (4) adversely impact patient outcomes; (5) erode patients' relationships with their healthcare providers, including pharmacists; (6) are not supported by publicly available evidence that they are the least restrictive means to improve patient safety; (7) interfere with the professional practice of healthcare providers; or (8) are created for any reason other than patient safety. (Note: This policy would supersede ASHP policy 0714.)		Approved

Collaborative Drug Therapy Management	To pursue the development of federal and state laws and regulations that authorize pharmacists as providers within collaborative practice; further, To advocate expansion of federal and state laws and regulations that optimize pharmacists' ability to provide the full range of professional services within their scope of expertise; further, To advocate for state and federal laws and regulations that would allow pharmacists to prescribe and transmit prescriptions electronically; further, To acknowledge that as part of these advanced collaborative practices, pharmacists, as active members in team-based care, must be responsible and accountable for medication-related outcomes; further, To support affiliated state societies in their pursuit of state-level regulations allowing collaborative practice for pharmacists. (Note: This policy would supersede ASHP policy 1217.)		Approved
Greater Competition Among Generic & Biosimilar Manufacturers	To advocate for legislation and regulations that promote greater competition among generic and biosimilar pharmaceutical manufacturers. (Note: This policy would supersede ASHP policy 0222.)		Approved
Drug Testing	To recognize the use of pre-employment, and random or for-cause drug testing during employment based on defined criteria and with appropriate testing validation procedures; further, To support employer-sponsored drug programs that include a policy and process that promote the recovery of impaired individuals; further, To advocate that employers use validated testing panels that have demonstrated effectiveness detecting commonly abused or illegally used substances. (Note: This policy would supersede ASHP policy 9103.)		Approved
COUNCIL ON THERAPEUTICS: POLICY RECOMMENDATIONS			
Therapeutic and Psychosocial Considerations of Transgender Patients	To support medication and disease management of transgender patients as a part of care unique to this population; further, To advocate that transgender patients have access to pharmacist care to ensure safe and effective medication use; further, To promote research on, education about, and development and implementation of therapeutic and biopsychosocial best practices in the care of transgender patients; further, To encourage structured documentation of both a patient's birth sex and self-identified gender in electronic health records.		Approved
Pharmacist's Leadership Role in Glycemic Control	To advocate that pharmacists provide leadership in caring for patients receiving medications for management of blood glucose; further, To advocate that pharmacists be a member of the interprofessional healthcare team that coordinates glycemic management programs; further, To encourage pharmacists who participate in glycemic management to educate patients, caregivers,		Approved

	prescribers, and other members of the healthcare team about glycemic control medication uses, metrics, drug interactions, adverse effects, lifestyle modifications, the importance of adhering to therapy, access to care, and recommended laboratory testing and other monitoring.		
Drug Dosing in Diseases That Modify Pharmacokinetics or Pharmacodynamics	To encourage research on the pharmacokinetics and pharmacodynamics of drugs in acute and chronic conditions; further, To support development and use of standardized models, laboratory assessment, genomic testing, utilization biomarkers, and electronic health record documentation of pharmacokinetic and pharmacodynamic changes in acute and chronic conditions; further, To collaborate with stakeholders in enhancing aggregation and publication of and access to data on the effects of such pharmacokinetic and pharmacodynamic changes on drug dosing within these patient populations.		Approved
Clinical Significance of Extremes of Weight and Weight Changes	To encourage pharmacists to participate in interprofessional efforts to ensure accurate and timely patient height and weight measurement**s** 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.		Approved

Pain Management	To advocate fully informed patient and caregiver participation in pain management decisions as an integral aspect of patient care; further, To advocate that pharmacists actively participate in the development and implementation of health-system pain management policies and protocols; further, To support the participation of pharmacists in pain management, which is a multidisciplinary, collaborative process for selecting appropriate drug therapies, educating patients, monitoring patients, and continually assessing outcomes of therapy; further, To advocate that pharmacists lead efforts to prevent inappropriate use of pain therapies, including engaging in strategies to detect and address patterns of abuse and misuse; further, To foster the development of educational resources on multimodal pain therapy, substance abuse and prevention of adverse effects, further To encourage the education of pharmacists, pharmacy students, and other healthcare providers regarding the principles of pain management and substance abuse that encourage holistic, supportive approaches and reduce stigma surrounding opioid-use disorders. . (Note: This policy would supersede ASHP policy 1106).		Approved
Clinical Investigations of Drugs Used in Elderly and Pediatric Patients	To advocate for increased enrollment and outcomes reporting of pediatric and geriatric patients in clinical trials of medications; further, To encourage drug product manufacturers to conduct pharmacokinetic and pharmacodynamic research in pediatric and geriatric patients to facilitate safe and effective dosing of medications in these patient populations. (Note: This policy would supersede ASHP policy 0229.)		Approved
Safe and Effective Therapeutic Use of Invertebrates	To recognize use of medical invertebrates as an alternative treatment in limited clinical circumstances; further, To educate pharmacists, patients, and the public about the risks and benefits of medical invertebrates use and about best practices for use; further, To advocate that pharmacy departments, in cooperation with other departments, provide oversight of medical invertebrates to assure appropriate formulary consideration and safe procurement, storage, control, prescribing, preparation, dispensing, administration, documentation, clinical and regulatory monitoring, and disposal; further, To encourage independent research and reporting on the therapeutic use of medical invertebrates.		Approved
Drug Dosing in Extracorporeal Therapies	To encourage research on the pharmacokinetics and pharmacodynamics of drug dosing in extracorporeal therapies; further, To support development and use of standardized models of assessment of the pharmacokinetics and pharmacodynamics of drug dosing in extracorporeal therapies; further, To collaborate with stakeholders in enhancing aggregation of data on the pharmacokinetics and		Approved

	pharmacodynamics of drug dosing in extracorporeal therapies; further To encourage the education of the pharmacy workforce and other healthcare providers regarding the basic principles of and drug dosing in extracorporeal therapies. (Note: This policy supersedes ASHP policy 1606.)		
New business			
	To support a specialty drug product model that includes regulatory control, pricing transparency, consistency in patient care, and a focus on patient safety		**Referred to council**
	To encourage the FDA, CDC, CMS and US Pharmacopeial Convention to reconcile their views on vial contents and vial sharing; further, To encourage strategies to decrease waste from single-dose vials through development of multi-dose vial presentations for currently available single –dose vials, creation of new vial sizes with appropriate for average patient doses, dose standardization, and develop standards to allow drug vial optimization (DVO) using closed-system drug transfer devices (CSTDs) where sufficient peer-reviewed literature supports each device's safety and efficacy for this purpose.		**Referred to council for review and reconsideration during the house of delegates next year**

Policies discontinued by the house of delegates

Educational Program Resources for Affiliated State Societies	**To discontinue ASHP policy 0215, which reads:** To assist ASHP-affiliated state societies with information about potential educational program resources.		Discontinued
Primary and Preventive Care	**To discontinue ASHP policy 9407**, which reads: To support primary and preventive care roles for pharmacists in the provision of pharmaceutical care; further, To collaborate with physician, nursing, and health-system administrator groups in pursuit of these goals.		Discontinued
Nondiscriminatory Pharmaceutical Care	**To discontinue ASHP policy 9006,** which reads: To adopt the following positions in regard to nondiscriminatory pharmaceutical care: • All patients have the right to privacy, respect, confidentiality, and high-quality pharmaceutical care. • No patient should be refused pharmaceutical care or denied these rights based solely on diagnosis. • Pharmacists must always act in the best interest of individual patients while not placing society as a whole at risk.		Discontinued
Codes on Solid Dosage Forms of Prescription Drug Products	**To discontinue ASHP policy 8709**, which reads: To support efforts requiring manufacturers of solid dosage form prescription drug products to imprint a readily identifiable code indicating the manufacturer of the drug product and the product's ingredients; further, To make information on translation of the codes readily available.		Discontinued
Intermediate Category of Drugs	**To discontinue ASHP policy 0220**, which reads: To support, with appropriate changes in federal statutes and regulations, the establishment of an intermediate category of drug products that do not require a prescription but are available only from pharmacists and licensed healthcare professionals who are authorized to prescribe medications; further,		Discontinued