

House of Delegates

Final Board Actions on House Amendments to Policy Recommendations

June 16, 2026

TO: House of Delegates

FROM: Samuel V. Calabrese, MBA, RPh, CPEL, FASHP
Executive Vice President and Chief Executive Officer
Secretary, House of Delegates

SUBJECT: Draft Board Actions on Policy Recommendations Amended at the First Meeting
of the 2026 House of Delegates Session

At its first meeting on June 14, the House of Delegates approved two policy recommendations without amendments:

- Council on Pharmacy Practice (CPhP) 2, Body Size Inclusivity
- Council on Public Policy (CPuP) 1, FDA's Public Health Role

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

The House of Delegates amended 14 policy recommendations, as detailed below. The Board of Directors met on Tuesday, June 16, to duly consider those amendments.

The Board agreed with the House's amendments to 7 policy recommendations. Among the 14 total policy recommendations, 6 had only nonsubstantive, editorial changes. **No further House action is required for the 6 policy recommendations for which the Board accepted the House amendments with editorial suggestions.**

The Board has proposed revised language, both editorial and substantive, for 1 of the amended policy recommendations, Council on Pharmacy Management policy recommendation 1, as described below. **The House must vote on accepting the revised substantive language.**

Policy Language Revised 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 by the Board is indicated in **bold double underline**; text deleted 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.

Council on Pharmacy Management

CPM 1 - Advancing Technology Innovation and Vendor Accountability in Health-System Pharmacy

To urge hospitals and health systems to actively engage pharmacy departments in the prospective ~~risk~~ assessment, governance, competitive procurement, ~~and~~ ongoing performance monitoring, ~~and~~ evaluation of technologies impacting patient care, inclusive of pharmacy informatics leadership, further;

To encourage pharmacy leaders to take ownership of pharmacy's role in implementing, maintaining, and optimizing medication-related technologies ~~technology~~, including ~~pharmacy department~~ associated processes and governance; further,

To support collaboration between pharmacy leaders and technology vendors in the design, implementation, maintenance, and ongoing optimization ~~and implementation~~ of technologies that improve patient-care outcomes and the user experience, consistent with appropriate procurement and contracting requirements; further,

To encourage technology vendors to provide transparent estimates of the resources required for implementation, integration, training, maintenance, and long-term support; further,

To advocate for ~~changes in federal law~~ laws and regulations that establish appropriate oversight mechanisms ~~would recognize and define~~ technology vendors' responsibilities for safety, performance transparency, and timely remediation of identified risks. ~~accountability.~~

This policy would supersede ASHP Policy 2406.

The Board duly considered and agreed with the amending language, with two changes:

- 1) Remove the term "risk" from the first clause, as it may limit the scope of prospective assessments; the rationale will be revised to describe more comprehensively applicable assessment types, e.g., risk, operational, clinical, financial.**
- 2) Editorial changes of deleting "and" after "competitive procurement" and adding a comma plus "and" after "ongoing performance monitoring" in the first clause.**

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 minor 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.

Council on Education and Workforce

CEWD 1 - Optimizing Career Fulfillment in Pharmacy

To recognize that fostering career fulfillment strengthens patient care and advances the profession by promoting a resilient, engaged, and purpose-driven workforce; further,

To advocate for dedicated organizational priorities ~~roles~~ focused on career fulfillment that integrate recognition strategies, structured development guidance, and individualized support and mentoring across the care continuum; further,

To encourage the pharmacy workforce to align their professional development plans with their personal definitions of career fulfillment and core values to help support sustainable engagement and well-being throughout their careers.

The Board duly considered and agreed with the amended language.

CEWD 2 - Quality of Pharmacy Education and Expansion of Colleges of Pharmacy

To support the Accreditation Council for Pharmacy Education's continuing role of promulgating accreditation standards and guidelines and engaging in sound accreditation processes to ensure quality in the education provided by colleges of pharmacy; further,

To advocate that pharmacy education should proactively incorporate established and emerging practice advancements, practice standards, and innovative technology, ~~including those not yet fully implemented or widely adopted in current practice~~; further, [MOVED FROM BELOW AND AMENDED]

To acknowledge that, in addition to a robust curriculum, access to quality experiential educational sites and the availability of qualified faculty (including preceptors) are essential determinants of the ability to provide a quality pharmacy education ~~expand enrollment in existing or additional colleges of pharmacy~~; further,

~~To encourage the responsible evaluation of supply and demand projections when considering~~

~~the establishment, expansion, or closure of colleges of pharmacy; further,~~

~~To advocate that pharmacy education should proactively incorporate established and emerging practice advancements and innovative technology, including those not yet fully implemented or widely adopted in current practice. [MOVED ABOVE AND AMENDED]~~

This policy would supersede ASHP policy 1108.

The Board duly considered and agreed with the amended language.

Council on Pharmacy Management

CPM 2 - Standard of Care Regulatory Model

To promote the adoption of a standard of care regulatory model for pharmacy practice pharmacists.

The Board duly considered and agreed with the amended language.

Council on Pharmacy Practice

CPhP 1 - Promoting Environmental Sustainability in Healthcare

To acknowledge the importance of environmental sustainability in promoting and preserving public health; further,

To encourage implementation of environmentally conscious ~~clinical and operational~~ practices that reduce waste within the healthcare system; further,

To advocate for legislation and regulation that enables waste-minimization efforts in medication-use practices across all points of the pharmacy supply chain; further,

To advocate for environmentally sustainable drug manufacturing processes that minimize the environmental impact across the full medication and supply life cycle; further,

To encourage members of the pharmacy workforce to seek out opportunities that promote environmental sustainability and health.

The Board duly considered and agreed with the amended language.

CPhP 3 - Pharmacy Workforce Leadership in Improving Vaccine Access

To affirm the The pharmacy workforce is the leader in increasing patient access to vaccinations to improve public health; further,

To collaborate with key stakeholders to support the public health role of the pharmacy workforce in the initiation, preparation, and administration of all adult and pediatric vaccinations; further,

~~To advocate that states grant pharmacists and appropriately supervised student pharmacists the authority to initiate and administer all adult and pediatric vaccinations; further,~~

~~To advocate that states grant appropriately supervised pharmacy technicians the authority to prepare and administer all adult and pediatric vaccinations; further,~~

~~To advocate for pharmacist-provided vaccination training in college of pharmacy curricula and pharmacy technician-provided vaccination training in technician training programs; further,~~

~~To advocate that members of the pharmacy workforce who have completed a training and certification program acceptable to state boards of pharmacy and meeting the standards established by the Centers for Disease Control and Prevention may provide such vaccinations; further,~~

To advocate that state and federal health authorities establish required centralized databases for timely documentation of vaccine administrations that are interoperable and accessible to all healthcare providers; further,

~~To advocate that state and federal health authorities require all vaccination providers to report their documentation to these centralized databases, if available; further,~~

~~To encourage the pharmacy workforce to educate all patients, their caregivers, parents, guardians, and healthcare providers to promote vaccine confidence and convey the importance of vaccinations for disease prevention; further,~~

~~To encourage the pharmacy workforce to seek opportunities for involvement in disease prevention through community vaccination programs; further,~~

~~To foster education, training, and the development of resources to assist the pharmacy workforce and other healthcare professionals in building vaccine confidence; further,~~

~~To advocate for adequate staffing, resources, and equipment for the pharmacy workforce to support vaccination efforts to ensure patient safety; further,~~

To advocate for payer coverage guarantees without cost sharing of evidence-based vaccines recommended by recognized state and federal organizations and in accordance with clinical practice norms; further,

To advocate for appropriate reimbursement for vaccination services rendered; further,

To work with federal, state, and local governments and others to improve the vaccine development and supply system in order to ensure an adequate supply of vaccines; further.

To foster public vaccine confidence through consistent, evidence-based, and culturally sensitive engagement with individuals and communities.

This policy would supersede ASHP policy 2247.

The Board duly considered and agreed with the amended language.

CPhP 4 - Pharmacy Workforce Right of Conscience and the Patient's Right of Access to Therapy

To ~~support systems that support processes that~~ protect patients' access to legally prescribed and medically necessary treatments while reasonably accommodating members of the pharmacy workforce's workforce exercising rights right of conscience in a nonpunitive manner; further, [MOVED FROM BELOW AND AMENDED]

To affirm the value of shared decision-making that protects patient well-being and continuity of care while balancing ~~balances the rights of conscience held by members of the pharmacy workforce~~ workforce's and other healthcare professionals' professionals' rights of conscience with safeguards to protect patient well-being; further,

To recognize the right of the pharmacy workforce members to decline participation in non-emergency ~~emergent care delivery activities scenarios for which they consider to be~~ morally, religiously, or ethically objectionable ~~troubling;~~ further,

To ~~support systems that protect patients' access to legally prescribed and medically necessary treatments while reasonably accommodating members of the pharmacy workforce's right of conscience in a nonpunitive manner; further,~~ [MOVED ABOVE AND AMENDED]

To support the principle that a member of the pharmacy workforce exercising the rights of conscience must remain ~~be~~ respectful of, and responsive to, serve the legitimate health care needs and preferences ~~desires~~ of, the patient, and shall provide appropriate a referral or transfer of care without any actions to persuade, coerce, or otherwise impose personal values, beliefs, or objections on the patient ~~the pharmacist's values, beliefs, or objections.~~

This policy would supersede ASHP policy 0610.

The Board duly considered and agreed with the amended language.

CPhP 5 - Safe and Effective Compounding

To affirm that ~~extemporaneous~~ compounding of medications, when done to meet immediate or anticipatory patient needs, is part of the practice of pharmacy and is not manufacturing; further,

To support preferential use of commercially manufactured products in ready-to-administer dosage forms where barriers do not exist; further,

~~To support the principle that medications should not be extemporaneously compounded when drug products are commercially and readily available in the form necessary to meet patient needs; further,~~

To encourage the pharmacy workforce members who compound medications to use only drug substances that have been manufactured in Food and Drug Administration-registered facilities and that meet official United States Pharmacopeia (USP) compendial requirements, ~~where these exist; further,~~

To advocate that all compounding activities meet applicable USP standards and federal and state regulations; further,

To support the principle that the pharmacy workforce be adequately trained and have sufficient facilities, and equipment, automation, and technology that meet technical and professional standards to ensure the quality of compounded medications; further,

To encourage USP to develop compounded preparation drug monographs for commonly compounded preparations; further,

To educate prescribers, other healthcare professionals, and patients about the potential risks associated with the use of ~~extemporaneously~~ compounded preparations.

This policy would supersede ASHP policy 2139

The Board duly considered and agreed with the amended language. Although the House of Delegates does not take action on policy titles, the board changed the title to “Safe and Effective Compounding.”

CPhP 6 - Role of the Pharmacy Workforce to Combat Public Health Disinformation and Misinformation

To affirm that disinformation and misinformation undermine public health and trust in health care professionals, increasing risk of potential harm and adverse patient outcomes; further,

To educate individuals ~~the pharmacy workforce and public~~ on how to recognize and counter

disinformation and misinformation; further,

To oppose and actively dispel the dissemination of disinformation and misinformation by members of the pharmacy workforce; further,

~~To encourage state affiliates to actively dispel harmful health-related claims in their communities; further,~~

To collaborate with key partners to combat disinformation and misinformation.

The Board duly considered and agreed with the amended language with the insertion of “individuals” to the second clause.

Council on Public Policy

CPuP 2 - Protecting the Pharmacy Workforce Against Unauthorized Synthetic Media

To advocate for federal and state laws, ~~and regulations,~~ public education efforts, and enforcement mechanisms that protect the pharmacy workforce and healthcare organizations against from liability stemming and other harms arising from unauthorized, nonconsensual, or deceptive AI synthetic media generated or materially manipulated content that name, likeness, credentials or professional to spread medical misinformation cause reputational harm; further,

To advocate for standardized, accessible, and timely methods and frameworks at the federal, state, and local levels, ~~for reporting,~~ addressing the hazards associated with and mitigating the dangers posed by AI deepfakes such content. ~~at the federal, state, and local levels.~~

The Board duly considered and agreed with the amended language. Although the House of Delegates does not take action on policy titles, the board changed the title to “Protecting the Pharmacy Workforce Against Unauthorized Synthetic Media.”

Council on Therapeutics

COT 1 - Tobacco, Tobacco Products, and Non-Tobacco Nicotine Delivery Systems

To support ~~affirm~~ pharmacists’ practice in providing nicotine-cessation counseling and comprehensive medication management, including the appropriate use of FDA-approved nicotine-replacement therapy, and to promote ~~support~~ pharmacist prescriptive authority; further,

To discourage the use and oppose the distribution, and sale of tobacco, tobacco products, and non-tobacco nicotine (NTN) delivery systems not approved as cessation therapies; further,

To support efforts to expand patient access to tobacco cessation medications including

availability of affordable tobacco cessation medication (including zero-cost options); further,

~~To oppose the distribution and sale of tobacco, tobacco products, and NTN delivery systems due to their long-term adverse health effects; further,~~

~~To oppose the distribution and sale of tobacco, tobacco products, and NTN delivery systems by pharmacies or facilities that contain a pharmacy; further,~~

To advocate for healthcare environments to be free of tobacco and NTN tobacco-free environments in hospitals and health systems, ~~; further,~~

~~To promote legislation that supports pharmacist prescriptive authority for tobacco cessation medications; further,~~

~~To promote the pharmacist's interprofessional role in tobacco cessation counseling and comprehensive medication management; further,~~

~~To join with other interested organizations in statements and expressions of opposition to the use of tobacco, tobacco products, and NTN delivery systems; further,~~

~~To support the FDA as the authoritative regulating body of these products.; further,~~

~~To educate the public and patients on the risks of nicotine consumption through traditional and NTN delivery systems~~

This policy would supersede ASHP Policy 2125.

The Board duly considered and agreed with the amended language. Editorial changes include substitution of “support” for “affirm” and “promote” instead of “support” in the first clause. Also, the board made editorial changes removing “; further,” from the new final clause and inserting a period.

COT 2 - Safe and Effective Use of Long-Acting Injectable Antipsychotics

~~To advocate for the pharmacist's role in the management of long-acting injectable (LAI) antipsychotic use; further,~~

To advocate for the development and implementation of standardized, pharmacist-led processes to ensure the safe, effective, and coordinated use of long-acting injectable (LAI) antipsychotics across the continuum of care: further,

To advocate for the establishment of a centralized health information exchange that collects real-time and standardized information databases for timely documentation of LAI antipsychotic administrations accessible that are interoperable and accessible to all healthcare

providers engaged in the care of the patient; further,

To collaborate with key stakeholders ~~for on~~-foster the development of best practices for the safe use and management of LAI antipsychotics LAIs, regardless of site of care.

The Board duly considered and agreed with the amended language with editorial change of using “on” instead of “for” in the final clause.

COT 3 - Dosing of Combination Antibiotics

To advocate for Food and Drug Administration approved standardized labeling of combination antibiotics with dosing instructions that include each component in a clear and unambiguous manner; further,

To support the continuous evaluation and streamlining ~~reduction~~ of available combination antibiotic formulation ratios formulations; further,

To advocate for information system vendors to incorporate discrete data fields and for drug reference resources to reflect each antibiotic component; further,

To encourage healthcare organizations to adopt strategies that ensure appropriate dosing of combination antibiotics; further,

To educate stakeholders and the public regarding the safe dosing and administration of combination antibiotics for pediatrics and adults.

The Board duly considered and agreed with the amended language.

COT 4 - Evidence-Based Medicine

To define evidence-based medicine as the conscientious, explicit, and judicious appraisal and application of the best-available current data integrated with ~~provider~~ clinician expertise and patient values to inform the development and implementation of professional policies, standards, and clinical practice decisions; further.

To affirm evidence-based medicine as a foundational principle of pharmacy practice, patient care, and the development of ASHP professional policies and advocacy positions, including clinical decision-making and public health guidance.

The Board duly considered and agreed with the amended language with minor editorial addition of “;further,” to the first clause and removing the period.