

# House of Delegates

## 2026 NEW BUSINESS SUBMISSION FORM

June 16, 2026, St. Louis, Missouri

Deadline: 4 p.m. CT on Monday, June 15

### Delegates may submit items of new business online

or via paper form. Paper forms must be submitted by 4 p.m. CT June 15 to the Executive Office in the Executive Conference Center, Level 3, Room 360. The online form will close at that time as well.



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

**Date/Time Submitted:** 6/15/2026 11:13 am EDT

[https://ashp.az1.qualtrics.com/jfe/form/SV\\_77BNNIKcvTuVrdc](https://ashp.az1.qualtrics.com/jfe/form/SV_77BNNIKcvTuVrdc)

**Introduced by (list all signers: “Name (Constituency)”):** Rebecca S Finley (Past President), Daniel Ashby (Past President), Debra Devereaux (Past President), Marianne Ivey (Past President), Steve Sheaffer (Past President), Linda Tyler (Past President), Paul Walker (Past President), Mark Woods (Past President)

**Subject:** Reducing Disparities in Health and Healthcare

**Motion:** To support efforts to reduce disparities in health and healthcare

**Background:** Health and healthcare disparities “refer to preventable differences in health and health care among groups that stem from broader social and economic factors.”<sup>1</sup>

KFF (formerly known as The Kaiser Family Foundation), a highly regarded independent nonprofit organization focused on health policy, has given two reasons (in addition to basic fairness) why it is important to address this issue:

1. Health and healthcare disparities affect the nation’s overall health and economic prosperity.
2. The issue will grow in importance as the nation’s population becomes more diverse and stark income inequalities persist.

In an October 2025 report, KFF concluded that actions to eliminate disparity-reduction initiatives will “likely lead to widening disparities, reversing recent efforts to advance health equity.”<sup>1</sup> KFF also stated that large cuts in spending for Medicaid and the Accountable Care Act will likely “exacerbate disparities in access to care.”<sup>1</sup>

Nearly two decades ago, an expert panel concluded that “health-system pharmacists have a professional and moral responsibility to address ... disparities in healthcare” among some population groups.<sup>2</sup> Further, this panel

stated that “medication-use practices should reflect knowledge of, sensitivity to, and respect for the [background] of the patient” and “health-system pharmacists have a vital role to play in eliminating ... disparities in healthcare.”<sup>2</sup>

### **References**

1. Ndugga N, Pillai D, Hill L, Artiga S. Race, inequity, and health. In Altman D (ed), Health policy 101, KFF October 2025. <https://files.kff.org/attachment/health-policy-101-race-inequity-and-health.pdf> (accessed June 1, 2026).
2. Members of this expert panel: Lourdes M. Cuellar, Donald T. Kishi, Folakemi T. Odedina, Lih-Jen Wang, and Anthony K. Wutoh. See *Am J Health-Syst Pharm*. 2008; 65: 728-733.

### **Suggested Outcomes:**

1. This policy would align ASHP with efforts to address one of the most intractable public health and moral issues in the United States—the prevalence of health and healthcare disparities among some population groups.
2. This policy would enhance public perception of ASHP as a strong voice in efforts designed to reduce disparities in health and healthcare and thereby improve the nation’s overall health and economic prosperity.

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

**Date/Time Submitted:** 6/15/2026 4:12 pm EDT

[https://ashp.az1.qualtrics.com/jfe/form/SV\\_77BNNIKcvTuVrdc](https://ashp.az1.qualtrics.com/jfe/form/SV_77BNNIKcvTuVrdc)

**Introduced by (list all signers: "Name (Constituency)"): Ashley Duty (OH), Indrani Kar (OH), Julie Kennerly-Shah (OH), Joshua Musch (OH), Bradley Schwartz (OH)**

**Subject:** Protecting Pharmacist Scientific and Clinical Decision Making

**Motion:**

To affirm the authority of the pharmacist to exercise scientific and clinical decision making throughout the medication-use process; further,

To affirm that pharmacists may refuse to dispense a medication to which they scientifically object.

**Background:** Pharmacists are obligated to ensure the safe, appropriate, and evidence-based use of therapies throughout the medication-use process, including procurement, verification, and dispensation of medications. Central to this responsibility is the application of scientific and clinical judgement to inform decision making and to identify potential risks, including inappropriate therapy selection, dosing, drug interactions, and contraindications.

This New Business Item is informed by legislative activity in Ohio over the past several years. Ohio House Bill 12 (General Assembly 136) (<https://www.legislature.ohio.gov/legislation/136/hb12>) and Ohio House Bill 73 (General Assembly 135) (<https://legislature.ohio.gov/legislation/135/hb73>) seek to compel pharmacists to dispense medications regardless of clinical appropriateness or scientific concern. Such a mandate would place patients at risk of harm by forcing pharmacists to procure, verify, and/or dispense prescriptions to which they scientifically object.

The Ohio delegation opposes this legislation due to its potential to increase adverse drug events and

compromise the quality and safety of patient care. This issue has implications affecting patient safety and pharmacy practice. Therefore, it is essential to defend the authority of pharmacists during all stages of the medication-use process when scientific or clinical concerns are identified.

We recognize that refusing to dispense a medication due to scientific objection is very uncommon as, typically, associated impasses can be resolved by communicating with the prescriber. However, there are situations where it is impossible or not feasible to engage in such discussion in a timely fashion (e.g., such as prescribers who refuse to communicate with the dispensing pharmacist) and, in such situations, it is necessary for pharmacists to have the ability to refuse the dispensing of medications due to the presence of a scientific objection.

In such situations where a refusal to dispense is made, it is the responsibility of the refusing pharmacist to work with the health care team to implement an alternative therapeutic plan that satisfies the patients treatment needs.

**Suggested Outcomes:** To be considered for adoption as ASHP professional policy so it can be used as the basis for local and state advocacy