

House of Delegates

DRAFT REPORT ON PROPOSED AMENDMENTS

June 2026 Meetings

(updated as of June 12)

This report contains proposed amendments to policy recommendations submitted as of 9:00 a.m. ET, June 12th for consideration at the First Delegate Caucus.

Late amendments will still be accepted through this form or to staff directly in the delegate workroom (Level 1, Room 105) until one hour before the House convenes on June 14. After the form closes, amendments must be submitted in writing using the paper form and delivered to the ASHP staff table before the meeting begins.

Council on Education and Workforce Development 1. Optimizing Career Fulfillment in Pharmacy

Amendments proposed by Angela Colella (SCSS), Indrani Kar (OH), and Ashley Duty (OH):

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.

Council on Education and Workforce Development 2. Quality of Pharmacy Education and Expansion of Colleges of Pharmacy

Amendments proposed by Melanie Engels (SDTP):

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.

Council on Pharmacy Management 1. Advancing Technology Innovation and Vendor Accountability in Health-System Pharmacy

Amendments proposed by Melanie Engels (SDTP), Adam Bursua (IL), and Lara Ellinger Fetzer (IL):

To urge hospitals and health systems to actively engage pharmacy departments in the evaluation, governance, and evaluation procurement of technologies impacting patient care, inclusive of pharmacy informatics leadership; further,

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

To support collaboration between pharmacy leaders and technology vendors in the design and implementation of technologies that improve patient-care outcomes and the user experience; further,

To advocate for changes in federal law laws and regulations that establish oversight mechanisms and would recognize technology vendors' responsibilities for safety and accountability.

This policy would supersede ASHP policy 2406.

Council on Pharmacy Management 2. Standard of Care Regulatory Model

Amendments proposed by Elizabeth Schlosser (KY), Dale English (KY), and Lindsey Sheehan (KY) :

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

Council on Pharmacy Practice 1. Promoting Environmental Sustainability in Healthcare

Amendments proposed by Paul Driver (ID):

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 increased availability of medication and supplies waste receptacles for public use; 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.

Council on Pharmacy Practice 2. Body Size Inclusivity

Amendments proposed by Chris Greer (WA):

To recognize that ~~body size~~ bias influences health outcomes, social interactions, and decisions across workplaces and healthcare settings; further,

To promote ~~the use of body size~~ inclusivity in practice to ensure a comprehensive, patient-centered approach to care; further,

To advocate for continued research on the influence of bias on health outcomes, social interactions, and decisions across workplaces and healthcare settings and influence on social determinants of health, further,

To encourage adoption of best practices that minimize body ~~size bias~~ across professional and healthcare settings.

Council on Pharmacy Practice 3. Pharmacy Workforce Leadership in Improving Vaccine Access

Amendments proposed by Amber Lanae Martirosov (MI) and Joshua Musch (OH):

~~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 vaccines recommended by recognized state and federal organizations and in accordance with evidence-based medicine 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.

This policy would supersede ASHP policy 2247.

Council on Pharmacy Practice 4. Pharmacy Workforce Right of Conscience and the Patient's Right of Access to Therapy

Amendments proposed by Melanie Engels (SDTP) and Indrani Kar (OH):

~~To protect patients' access to legally prescribed and medically necessary treatments while reasonably accommodating members of the pharmacy workforce exercising rights of conscience; further,~~

To affirm the value of shared decision-making that protects patient well-being and continuity of care while balancing ~~balancinges~~ 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,~~

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.

Council on Pharmacy Practice 5. Safe and Effective Extemporaneous Compounding

Amendments proposed by Ashley Duty (OH), Amisha Arya (NY), Charrai Byrd (NY), and Shannon Baker (RI)

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.~~

~~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 those 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

Council on Pharmacy Practice 6. Role of the Pharmacy Workforce to Combat Public Health Disinformation and Misinformation

Amendments proposed by Melanie Engels (SDTP), Chris Greer (WA), and Ashley Parrott (SACP):

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 ~~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.

Council on Public Policy 1. FDA's Public Health Role

To affirm that the Food and Drug Administration's public health role is to ensure the safety and effectiveness of drugs, biologics, and medical devices through risk assessment, appropriate product approval and labeling, manufacturing oversight, maintaining consumer confidence in medications, and consultation with health professionals, while deferring to state regulation and professional self-regulation on matters related to the use of drugs, biologics, and medical devices; further,

To support the allocation of sufficient federal resources to allow FDA to meet its defined public health mission; further,

To support the appointment of practicing pharmacists to FDA advisory committees as one mechanism of ensuring that decisions made by the agency incorporate the unique knowledge of the profession of pharmacy for the further benefit of the patient; further,

To support an ongoing dialogue between FDA and ASHP for the purpose of exploring ways to advocate the best use of FDA-regulated products by consumers and health care professionals.

This policy would supersede ASHP policy 0012.

Council on Public Policy 2. Protecting the Healthcare Workforce Against Artificial Intelligence Deepfakes

Amendments proposed by Melanie Engels (SDTP) and David Agüero (SOPIT):

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, regardless of the technology or method used, that misuses uses or misappropriates a an individual's or organization's~~ name, likeness, credentials, ~~voice, image, or simulated~~ professional ~~interaction identity and has the potential to:~~ spread medical misinformation, ~~impersonate healthcare professionals, or falsely attribute professional advice;~~ ~~or~~ cause reputational, ~~psychological, professional, organizational, or financial damage; result in public distrust, exploitation, libel, slander, plagiarism, or defamation; create a risk of patient~~ harm; further,

To advocate for standardized, ~~accessible, and timely methods and~~ frameworks ~~at the federal, state, and local levels~~ for ~~the detection, identification, reporting, forensic analysis, removal, and preservation of provenance, authenticity, and evidentiary integrity,~~ addressing the hazards associated with and mitigating the dangers posed by ~~AI deepfakes such content at the federal, state, and local levels.~~

Council on Therapeutics 1. Tobacco, Tobacco Products, and Non-Tobacco Nicotine Delivery Systems

Amendments proposed by Amber Lanae Martirosov (MI):

~~To recognize pharmacists' practice in providing nicotine-cessation counseling and comprehensive medication management, including the use of nicotine-replacement therapy, and to support pharmacist prescriptive authority; further,~~

To discourage the use of tobacco, tobacco products, and non-tobacco nicotine (NTN) delivery systems ~~and to oppose their distribution and sale 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 support efforts to expand patient access to tobacco cessation medications including availability of affordable tobacco cessation medication (including zero-cost options); 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.

Council on Therapeutics 2. Safe and Effective Use of Long-Acting Injectable Antipsychotics

Amendments proposed by Craig Sastic (NJ), Richard Artymowicz (NJ), Adam Bursua (IL), Andrew Lodolo (IN), Jessica Nesheim (IA):

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

~~To advocate for the creation of a centralized health information exchange that collects real-time, relevant, and standardized information for LAI medication administrations accessible to all healthcare providers; further,~~

~~To advocate for the establishment of centralized databases for timely documentation of LAI administrations that are interoperable and accessible to all healthcare providers; further,~~

To foster the development of best practices for the safe use and management of LAI medications across the continuum of care. ~~LAIs, regardless of site of care.~~

Amendments proposed by Martha Roberts (RI), Tonya Carolton (NH), and Shannon Baker (RI):

~~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 centralized databases for timely documentation of LAI antipsychotic administrations that are interoperable and accessible to prescribers and pharmacists ~~all healthcare providers~~; further,

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

Council on Therapeutics 3. Dosing of Combination Antibiotics

Amendments proposed by Mark Roberts (RI) and Martha Roberts (RI):

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 reduction of available antibiotic formulations; further,

To advocate for information system vendors to incorporate discrete data fields 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.

Council on Therapeutics 4. Evidence-Based Medicine

Amendments proposed by Indrani Kar (OH), Justin Griner (TN), and Melanie Engels (SDTP):

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.

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.