ashp
pharmacists advancing healthcare®

Recommendations from the 2023 House of Delegates

The delegate[s] who introduced each Recommendation is [are] noted. Each Recommendation is forwarded to the appropriate person or body within ASHP for assessment and action as may be indicated. ASHP actions on the recommendations is recorded and reported to the House the following year.

	Recommendation Title/Text/Background	Sponsor(s)
1	**Enhance Diversity in Clinical Trial Participation through Patient Education** ASHP to advocate for better patient education in clinical trials to enhance equity and diversity among participants. **Background:** Pharmaceutical companies rely on individual research sites for patient education, and there is variability in this area due to deference to individual sites. Study coordinators have multiple studies they oversee and cannot always provide the robust attention and education needed to ensure patients understand the clinical trial methods and requirements. At times, the only instructions patients receive are the protocol within the consent and what is shared verbally. A patient with minimal health literacy could not effectively participate in a clinical trial due to the challenges outlined above. This may also limit the availability of ground-breaking treatments for some patients in need.	Christi Jen (SCSS), Jerome Wohleb (NE), Janelle Duran (AZ)
2	**Pharmacists Admixture of Medications for Immediate Administration** ASHP to advocate for collaboration with the American Nurses' Association in increasing awareness and education on the appropriateness of nursing administration of medications compounded/prepared by a pharmacist at bedside for emergent/urgent situations. **Background:** There have been reports of nurses refusing to administer a medication (intravenous norepinephrine) that was compounded by a pharmacist at bedside for a critical medication for an urgent/emergent situation such as code response. Nurses are being taught that only medications that they have compounded themselves may be administered to the patient.	Christi Jen (SCSS), Jerome Wohleb (NE), Lance Ray (CO), Chris Edwards (AZ), Janelle Duran (AZ)
3	**Development of Position Statement on the Role of Health-System Pharmacy in Gene and Cellular Therapy** ASHP to develop a position statement on the role of the health-system pharmacy in gene and cellular therapy.	Christi Jen (SCSS), Elyse McDonald (UT), Scott Canfield (SPP) Katherine Reibig (NE), Ashley Duty

	Background: New treatment strategies (gene and cellular therapy) have become available more recently, which has impacted health-system pharmacy from an operational, clinical, and financial perspective. ASHP needs to be at the forefront of these new therapies and collaborate with stakeholders to evaluate, define and design the role of the pharmacy workforce related to areas in research and home treatment.	(OH), Janelle Duran (AZ), Jerome Wohleb (NE)
4	**Development of Membership Engagement Opportunities & Industry Pharmacy Partners** ASHP to Industry Pharmacists Partners to foster relationships between health-system pharmacies and industry pharmacists and serve as a professional home for them. Engagement opportunities include town hall and networking sessions. **Background:** With the changing healthcare landscape, many health-system pharmacists have transitioned to career paths in industry, who firmly believe that ASHP is still their professional home. ASHP and its members need to continue to maintain and foster these relationships, understand and mitigate any conflicts of interest, and develop partnerships that positively impact both areas.	Christi Jen (SCSS), Andew Mays (SCSS), Rena Gosser (WA), Jeff Little (KS)
5	**Consideration of Louisville, Kentucky for a future summer meeting** The Kentucky Delegation asked that Louisville, KY be considered as a site for a future ASHP summer meeting **Background:** Recently finished construction of the Kentucky international convention center and revitalization of the hotels downtown it is our belief that Louisville can easily sustain an ASHP summer meeting for space and entertainment of members. We ask that ASHP consider utilizing Louisville, KY and the aforementioned spaces to host a meeting.	Jonathan Scott Hayes (KY) Dale English (KY) Thom Platt (KY)
6	**Revision of ASHP policy 2253** ASHP should review current policy 2253 Unit Dose Packaging Availability to add in language surrounding support of studies/recommendations for packaging of medications outside of original manufacturer bottles. **Background:** Increasingly manufacturers are including verbiage on medication bottles and within package inserts that state “dispense in original container” or similar. Typically, these statements are declared without any rationale, studies, or analytical support. These statements and lack of external data around stability of medications when re-packaged have led to hardships in health systems to provide medications in a ready to use product for timely administration.	Shannon Baker (RI)
7	**Inclusion of minimum number of resident check-ins to the Accreditation Standard**	John Muchka (WI)

	Recommend that ASHP updates residency accreditation standards to include guidance on a minimum number of check-ins between resident and residency leadership to promote mental well-being and mitigate burnout. **Background:** Results of a longitudinal study published in May 2022 in JAPHA should that pharmacists have a higher suicide rate than the general population. According to an article published in 2017 in the American Journal of Pharmaceutical Education, 82% of residents surveyed experience depressed mood, and 22% reported suicidal ideation. Required frequent check-ins with residency leadership may decrease stressors and create a caring atmosphere. These check-ins could potentially help with early detection of depression or suicidal ideation.	
8	**Over-The-Counter Availability of Hormonal Contraceptives** To amend ASHP Policy "Over-The-Counter Availability of Hormonal Contraceptives" as follows: To advocate that hormonal contraceptives be available over the counter (OTC) without age restriction ~~only under conditions that ensure safe use including availability of pharmacist consultation to ensure appropriate self-screening and product selection,~~ and that maintain patient confidentiality; further **Background:** Based on the rationale provided in this policy, the intent is to expand access to hormonal contraceptives by advocating for reclassification to OTC status. The current language in the first clause of this policy could be interpreted as ASHP supporting a behind-the-counter model that includes pharmacist consultation and encourages safe use. The rationale provided in this policy specifically states that ASHP does not support a behind-the-counter model for oral contraceptives. Therefore, revising the first clause of this policy to delete language that suggests the support for a behind-the-counter model would align with ASHP's intent for this policy. In addition, having a more clear policy regarding our support of broader access to hormonal contraceptives would allow ASHP to align with statements of other professional organizations such as AMA and ACOG. Additionally, we recommend that the Council on Therapeutics revise the rationale of this policy to reflect the change in terminology from "oral contraceptives" to "hormonal contraceptives" to align with the amended language of the policy as approved by the HOD.	Carla Darling (DC) Sue Carr (DC)
9	**Consolidate workforce education and training clauses into one policy** Recommend ASHP review workforce education clauses in policies and statements and consolidate them into a single policy. **Background:** Policy language is often bloated with education as well as other clauses that are repeated in numerous policies.	Kelly Bobo (TN)

	Having one comprehensive workforce education policy would allow other policy to be streamlined and focused on the purpose of the policy.	
10	**AI and The Pharmacy Workforce: Integrate Solutions for Optimal Care.** To engage key stakeholders to safely and securely integrate AI into low-leverage positions, allowing pharmacy workforce to be used at top of license. **Background:** Artificial Intelligence is breaking the mold of many industries, including pharmacy and healthcare. Pharmacy workforce challenges make utilization of AI as a pharmacy extender a logical next step. But making sure to connect to people in the role with logic is essential to optimize best practices and patient care.	James Houpt (WA)
11	**Creation of Formal Definition of Advanced Pharmacist Practice.** ASHP, working in conjunction with other pharmacy professional organizations including NABP, should create a formal definition of Advanced Pharmacist Practice which will assist in lobbying efforts for provider status at the state and national level. **Background:** Currently, the pharmacist profession suffers from an identify crisis. We want to maintain our professional responsibility to oversee the medication distribution process but at the same time we are advancing clinically as direct patient care providers. Over the past several decades our profession has actively attempted to obtain federal recognition as healthcare providers. What has made this difficult is a lack of agreement on which pharmacists should be recognized as providers. Is it all pharmacists or is it pharmacists with additional qualifications. If we look to nursing as an example, not all nurses have providers status but Nurse Practitioners, Nurse Specialists, and Nurse Midwives do. The time has come to formally define Advanced Practice Pharmacists which in turn will aid our efforts at obtaining federal recognition as providers.	Joe Anderson (NM)
12	**Education Resource Center for Pharmacy Leaders In the Area of Facilities Management of Clean Rooms** We request pharmacy leaders should have resources available for CE in the area of clean rooms. Management to better understand the scope of the environment of care that is necessary for patient and employee safety. **Background:** 1) Pharmacy leaders and facilities leaders often have to work together to solve challenges around clean room maintenance, remodeling, and constitution. 2) In order for a collaborative relationship to exist, pharmacy leaders should be exposed to non-clinical guidelines or standards such as CETA and ASHRAE to better understand the full scope of managing and maintaining a clean room.	Nissy Varughese (NJ)

13	**ASHP Provided Childcare at Meetings** ASHP should provide childcare at meetings to encourage and facilitate participation of working mothers and fathers with young families. **Background:** None	Carolyn Bell, Megan Roberts, Lisa Gibbs (SC, AL)
14	**Pharmacists as Mental Health Providers to Increase Patient Care Access and Quality** ASHP should consider developing a policy statement to improve advocacy and awareness of the pharmacist's role in improving mental healthcare access and quality. **Background (must be limited to five typewritten lines):** 1) The US is facing a mental healthcare crisis, with 56% of Americans seeking mental healthcare services. 2) There is a growing demand for mental health care, yet a significant shortage of mental health providers persists. Demand for MH providers with medication management expertise continues to increase and provides opportunity for pharmacists. 3) Pharmacist providers with expertise in mental health are mental health providers who have extensive medication management skills. 4) Such pharmacists strengthen the mental health team by working directly with patients, improving access and quality of care. 5) Goal: Increase awareness, advocacy, collaboration with other agencies (Public/Private) and training pipeline.	Lt Col Rohin Kasudia (USAF), Dr. Heather Ourth (Veterans Affairs), Dr. Julie Groppi (FL), Dr. Terri Jorgenson (MD)
15	**Pharmacist Controlled Substance Prescribing Authority** To advocate for expansion of state laws and regulations that authorize pharmacist ability to prescribe controlled substances. **Background:** Currently there are only 11 states that authorize pharmacists as DEA registered practitioners, and these states differ in their authority and vary in the schedules and supervision requirements for pharmacists. ASHP and states must work collaboratively with DEA and other stakeholders to optimize the pharmacist controlled substance prescirbing authority across states using model state practice acts. This is foundational for pharmacist supported access for medications for opioid use disorder, pain and mental health care.	Heather Ourth (Veterans Affairs), Terri Jorgenson (MD), Kali Autrey (USPHS), Amy Sipe (MO), Julie Groppi (FL), Lt Col Rohin Kasudia (USAF)
16	**ASHP Reducing Carbon Emissions to Promote Public Health** To promote reduction of ASHP's carbon emissions and improving sustainability thorough a reduction of physical waste and identification of more eco-friendly business practices. **Background:** Due to the passage of the Council on Pharmacy Practice's Policy on 'Reducing Healthcare Sector Carbon Emissions to Promote Public Health, ASHP should strive to do the same by aiming to reduce use of printed and single-use materials in National meetings and in-home mailings. A majority of ASHP members have an active email or and use social media as a primary method of info gathering. This will lead ASHP to serve as	Jacalyn Rogers (OH)

	an example for health systems in the effort for a more sustainable and eco-friendly organization. This includes paper mailings, bags full of ads at registration, and a paperless HOD survey.	
17	**Food Allergen Labeling at ASHP Meetings** ASHP should support members with food allergens similar to those outlined by the "FDA Guidelines on Food Allergen Labeling" at professional meetings. **Background:** Although food prepared by vendors is not manufactured and required to FDA labeling, it would better support the needs and diversity of attendees. In addition, providing food option diversity would improve inclusivity and reduce additional expenses of attendees.	Ashley Duty (OH)
18	**Creation of Resources to Support Successful Pharmacy Residency Reimbursement from Centers for Medicare & Medicaid in order to ensure residency programs can sustain the current fiscal climate for health-systems.** 1) Prepare centralized education and support documents for RPDs. 2) Advocate for transparency from CMS on criteria reviewed and process for determination for passthrough reimbursement. **Background:** At current state, it is not clear how to navigate the process to request passthrough funding for pharmacy residency programs through CMS. Programs are finding at the point of submission that they failed to supply necessary data on a format that is acceptable, reading to minimal or zero passthrough funds seen by the organization. RPDs noting concern in positions or program closure as a routine - for programs that maintain, reduced reimbursement limits growth, preceptor, resident development resources.	Kellie Much (OH) Ashley Duty (OH) Tom Achey (SC) Charnae Ross (NPF) Carolyn Bell (SC) Tyler Vest (NC) Jackie Rogers (OH)
19	**Address the Use of AI in Healthcare** ASHP create a policy addressing the optimal use of artificial intelligence in healthcare including the areas of clinical practice, operations, research, and education. **Background:** AI is increasingly being used and there is interest in using it on policy development and other healthcare areas. Policies need to be developed to ensure information accuracy, attribution, and privacy.	Jennifer Phillps (IL) Andy Donnelly (IL), Bernice Man (IL), Megan Corrigan (IL), Radlicka Polisetty (IL)
20	**Develop a sustainable pharmacy workforce** ASHP should engage all appropriate council(s) to develop a sustainable pharmacy workforce that addresses both growth of future workforce through student and technician enrollment and retention of existing health-system pharmacy professionals. **Background:** Workforce needs for both pharmacists and technicians are critical to the future of our profession and the future supply is in jeopardy. College applications and enrollment are down significantly, labor shortages are present in most states, and technicians shortages have been reported by a recent ASHP survey. The complexity of the situation is growing requiring	Christopher Edwards (AZ), Alice Callahan (IA), Jenna Rose (IA), John Pastor (MN), Kristi Gullickson (MN), Julie Neuman (MT), Katie Reisbig (NE), Tiffany Goeller (NE), Jessica (MI) Jones, Rebecca Maynard (MI), Monica Mahoney (MA), Francesca Mernick (MA), Jacqueline Gagnon

	immediate mitigation strategies. The lack of qualified skilled staff will compromise our role in healthcare delivery.	(MA), Rena Gasser (WA), Jackie (Jacalyn) Rogers (OH), Tonya Carlton (NH), Liz Wade (NH), Jeff Cook (AR), J. Huntley (AR), Adam Porath (NV), Victoria Wallace (ID), Audra Sandoval (ID), Christi Jen (SCSS), Cindy Jeter (PTF)
21	**Improving access to (what are now) controlled substances** To identify which medications ASHP believes should be de-scheduled and petition the Attorney General as such. **Background:** Several recently-approved anti-seizure medications have been placed into a controlled substance schedule, despite little to no published risk of abuse (e.g lacosamide). These actions create barriers for patients and place unhelpful administrative burdens onto pharmacies. Would like ASHP to reach consensus (partner with Epilepsy/Neurology organization[s]) and submit a petition to have the medication(s) de-scheduled.	Andrew Kaplan (FL)
22	**Expanded access to standardized trainings and resources for the pharmacy workforce practicing in the field of women's health** ASHP develop and encourage women's health-focused clinical training programs, certificates, and/or credentials to improve the care provided by women's health clinical pharmacists. **Background:** An increasing number of health-systems have incorporated women's health specialty pharmacists into their clinical practice despite minimal education and training opportunities in pharmacy schools and postgraduate programs. More training opportunities will improve clinical expertise to better serve the population.	Audra Sandoval (ID)
23	**Use of Recognized National Treatment Guidelines as Foundational Documents in State and Federal Legislation in Treatment or Management of Disease or Condition** ASHP advocate that National Guidelines for the treatment or management of disease or condition are standards of care and as such, are to be used to guide all local, state, and federal legislation. **Background:** Currently in the USA, laws are being enacted which are contrary to the nationally accepted standards of care. Examples of this include abortion restrictions (i.e., complete bans without exceptions – health or life of the pregnant person, rape, incest, fetal demise), outlawing gender affirming care for minors, and/or making it a felony for providers who follow these evidence-based practices and/or guidelines.	Victoria Wallace and Audra Sandoval (ID)
24	**Well-being and Resilience for Pharmacy Workforce Members Experiencing Vicarious Trauma and Moral Injury**	Christi Jen (SCSS), Jerome Wohleb (NE), Janelle

	ASHP to provide awareness and education to the pharmacy workforce on the risk for vicarious trauma when exposed to or experiencing traumatic patient care events or when experiencing moral injury. **Background:** Schools of pharmacy do not adequately our learners and clinicians on how to handle traumatic patient care events. We know these events occur and that we are exposed to them during patient care. However, they are not given sufficient preparation or tools to help manage such traumatizing events. We need ASHP to provide awareness and education through programming (webinars or podcasts) to help those who are exposed to those events. In addition, there is also a risk for burnout when our pharmacy workforce also experiences moral injury (as Dr. Wen pointed out this morning).	Duran (AZ), Edward Saito (OR)
25	**Decentralized pharmacy practice model in acute care facilities** It is recommended to update current policies or create a new one specifically promoting the use of a decentralized pharmacy practice model in acute care facilities. ASHP policies do not currently specifically encourage acute care facilities to place pharmacists not responsible for drug distribution outside of the main pharmacy or decentralize pharmacists to the patient care units. **Background:** Decentralized pharmacists positively impact the quality of care. The quality of care provided to our patients is improved by a more active role of the pharmacist in selecting and monitoring medication therapy, preventing medication misadventures and adverse reactions, improving medication therapy outcomes, and educating patients and other health care providers in the correct use of medications. The decentralized pharmacist practice model allows for pharmacists to directly care for patients through in-person care such as medication counseling, medication reconciliation and code response. Small and mid-sized facilities may look to ASHP for staffing recommendations to support the decentralized pharmacist labor model. ASHP policies 0812 and 2133 may be a starting place for insertion of advocacy for the decentralized pharmacy model. Of note we composed a decentralized pharmacy standard for CommonSpirit Health. ASHP has many documents to support clinical practice but nothing was specifically found to advocate for use of the decentralized model. A recommendation from ASHP is powerful!	Janelle Duran (AZ)
26	**Independent Prescribing Authority**	Jackie Boyle (SACP), Brody Maack (SACP), Erin Neal

	Motion that ASHP create a new policy regarding Independent Prescribing Authority or to revise/combine existing ASHP policies 2236, 2251, and 1822. **Background:** ASHP has several policies related to independent prescriptive authority, however, the SACP would like to request that a review/revision of existing policies 2236, 2251, and 1822 be considered. Additionally, we recommend that additional clauses are added related to: - Access to a diagnosis related to prescribing a given medication - Ensuring access and the ability to document in the patient's medical record - Ensuring access for pharmacists to order labs related to the prescribing/monitoring of a given medication - Establishing a credentialing and privileging process as well as a peer review process before independent prescribing authority be granted Several policies reference independent prescribing authority (ASHP Policies 2251, 2125, 2236, 2211, 2229, 2116, 1909, 1822) and there is likely an opportunity for policy to be streamlined or revised to be aspirational related to independent prescribing authority.	(TN), Melissa Ortega (SCPP)
27	**Inclusion of Term "Red Flag" in the Controlled Substances Act** To advocate for the inclusion of the term "red flags" in the controlled substances act in 21 CFR 1306. **Background:** Although the term "red flags" is used and considered apart, the term is not codified in the CSA. The lack of inclusion has presented severe issues when state regulatory agencies are challenged in drug diversion cases. The inclusion of this term in the CSA would establish consistent language to be followed by state CSAs, in addition to inclusion in the CSA, the term should also be included in the DEA's Pharmacists' (illegible text)	Diane Ginsburg (Past President)
28	**Electronic maintenance and submission of the Academic and Professional Record** The SICP recommends ASHP establish an online form or database to facilitate the maintenance and submission of the Academic and Professional Record within Pharmacademic. **Background:** Currently, the process for documenting the APR is cumbersome and inefficient both for Residency Program Directors and Preceptors. Optimization of this process to allow for online entry and maintenance is requested to ease administrative burden for all. Additionally, an online database has the ability to capture and collate information for multi-program site locations.	Sarah Stephens (SICP)
29	**Measuring the Impact of Residency Training Programs** ASHP should compile and release metrics used by health systems to assess the impact of residency programs on patient and health-	Nancy MacDonald (SCSS), Chris Edwards (AZ), Christi Jen (SCSS), Andrew Mays (MS)

	system outcomes to assist other residency programs in justifying and expanding their training. **Background:** Health systems are facing financial hardships, requiring pharmacy leaders to justify pharmacy residency training program funding. Currently, no singular dashboard exists that tracks metrics used by residency programs to aid in this justification. The open availability of these metrics will promote integration of best practices and documentation of the value of each program.	
30	**Peer Review** Motion that ASHP consider developing a policy related to peer review in any setting where pharmacists are providing direct patient care. **Background:** Currently, ASHP Policy 2236 which addresses peer review in background/rationale of interprofessional prescribing, however, we believe that ASHP should have policy outlining the peer review process of pharmacists in direct patient care as a standalone, important issue. Consideration should be made for how the peer review process would be conducted for pharmacists who practice in settings where peer review may be conducted by non-pharmacist colleagues.	Jackie Boyle (SACP); Brody Maack (SACP), Melissa Ortega (SCPP)
31	**Opposition to anti-DEI actions and legislation** ASHP should urgently develop and publicly release a statement strongly opposing legislation or actions which prohibit DEI funding, programs, and education. **Background:** ASHP currently has policies which support workforce diversity (Policy 2217) and which support advancing diversity, equity, and inclusion in education and training (Policy 2230) and recently established an ASHP Task Force on Racial Diversity, Equity, and Inclusion in 2020. Additionally, ASHP residency accreditation standards require residency programs to ensure recruitment of pharmacy personnel includes methods to promote diversity and inclusion. These policies and ASHP priorities are under attack, as there have been more than 30 proposed bills in state legislatures across the country which take aim at DEI programs. These bills are frequently aimed at colleges and universities, but they represent a dangerous attack on these programs and their impact to other educational programs and healthcare institutions such as academic medical centers remain unclear. We urge ASHP to loudly condemn these efforts and to urge leaders and policymakers to reject any legislation or other actions which seek to limit DEI efforts in higher education and health care-related professional institutions and licensing boards.	Tara Vlasimsky (CO) Melissa Ortega (MA) Kristi Gullickson (MN) Lance Oyen (MN) John Pastor (MN) Ashley Duty (OH) Kellie Musch (OH) Kembral Nelson (OH) Jackie Boyle (SACP) Brody Maack (SACP) Danny Truelove (SACP) Ashley Parrott (SACP) Jordan Wulz (SACP) Christina DeRemer (SACP) Christi Jen (SCSS) Ben Anderson (SOPIT) Lindsey Amerine (SPPL) Lindsey Kelley (SPPL) Lynnae Mahaney (Past President) Kat Miller (KS) Brian Gilbert (KS)
32	**Combatting Fraudulent Electronic Controlled Substance Prescriptions** Recommend ASHP develop policy, enhance awareness and facilitate collaboration with relevant stakeholders to understand	Liz Wade (NH), Lt. Col. Rohin Kasudia (USAF)

	the nationwide scope of the problem, identify weaknesses in the electronic prescribing of controlled substance (EPCS) process, and develop strategies to eliminate fraudulent electronic controlled substance prescriptions. **Background:** In August of 2022, the Ohio State Board of Pharmacy issued a prescription fraud warning: "The Board continues to receive notifications of prescriptions for promethazine with codeine and other controlled substances, including fraudulent prescriptions issued electronically (via ECPS). To help combat these fraudulent prescriptions, it is recommended that pharmacies verify…prescriptions with the practitioner's office by means other than the phone numbers provided on the prescriptions."	
33	**OTC vs Behind the Counter vs Prescription Medication** 1) ASHP creates clear guidance and criteria on what medications should be advocated for behind the counter vs over the counter use. 2) ASHP should consider policy that outlines medications or therapeutic categories that should be available to patients through prescriptions provided by a pharmacist. **Background:** "The ASHP SCPP appreciates the opportunity to submit a recommendation. The SCPP is pleased to see ASHP support access to reproductive health, antiviral therapies, and other medications without a prescription to patients. ASHP policies are increasingly referencing over the counter and behind the counter medications. While those terms appear to be used interchangeably in ASHP policy, there is a distinct different between the level of involvement by the pharmacist in OTC vs behind the counter medications. Currently, ASHP does not have clarity on which medications should be behind the counter (requiring pharmacist counseling and discussion with the patient) vs over the counter (readily available to patients anywhere). SCPP recommends that 1) ASHP creates clear guidance and criteria on what medications should be advocated for behind the counter vs over the counter use. 2) ASHP should consider policy that outlines medications or therapeutic categories that should be available to patients through prescriptions provided by a pharmacist. It is important that ASHP continues to support the pharmacists advanced practice roles and continues to increase access to care. This clear distinction of medications should be based on therapeutic effect and potential for harm to patients, highlighting the significance of the pharmacist's involvement that promote patient safety. If you have any additional questions, please contact the Melissa Ortega, Chair SCPP	Melissa Ortega (SCPP) Kate Schaafsma (WI)

34	**Guidance that establishes practice excellence standards across all setting of community-based practice** The ASHP Section of Community Pharmacy Practitioners recommends development of guidance that establishes practice excellence standards across all setting of community-based practice. Background: The ASHP Section of Community Pharmacy Practitioners recommends development of guidance that establishes practice excellence standards across all setting of community-based practice. Community pharmacy practitioners are skilled clinicians, operational experts, and leaders, who contribute to quality care and patient safety. It is important to consider a cross-functional discussion that involves stakeholders across community practice settings and regulators that articulate the value and expectations of excellence.	Melissa Ortega (SCPP)
35	**Standardization, interoperability, and data visibility of pharmacy barcode technology** Advocate that software developers for electronic health systems as well as pharmacy inventory, dispensing, preparation, and compounding technologies standardize reading, storing, and reporting of barcode data to assure interoperability between different systems, ease of use, and visibility to recorded data. **Background:** Barcode formats do not always translate between pharmacy and health record systems, due to character limits, prefixes, and cross sectioning. In addition, not all systems have sufficient reporting functionality to assure reproducibility of data for regulatory surveys and inspections. Standardization and interoperability is desperately needed as use of barcode technology is further integrated into pharmacy inventory, dispensing, and compounding.	Kevin Marvin (VT) Latresa Billings (TX)
36	**Pharmacy Leadership Survey** Recommend that ASHP perform a survey of health-system pharmacy leadership, similar to the surveys performed by Sara White in 2004 and 2011. **Background:** I am not aware of a comprehensive survey of pharmacy leadership since Sara White's two surveys in 2004 and 2011. I think a survey of this type would be beneficial to assess the current state of health-system pharmacy leadership. The survey can include questions similar to the ones in Sara White's surveys to assess what has changed in the last 10+ years, plus additional ones more reflective of leadership today (e.g., completion of HSPAL residencies, Masters degree training, etc.). Further, this type of survey should be performed routinely (e.g., every 5 years). I would be interested in helping with this.	Andy Donnelly (IL)
37	**Anti-policy bloat**	Chris Scott (IN)

	New and updated ASHP policies shall be composed of no more than three clauses in total. Policies should be directional and aspirational in nature and shall be designed with a goal to remain relevant for at least a sunset policy cycle (5 years). All effort should be made to prevent duplication of policies across Sections and Councils. **Background:** Feel free to contact me for any clarification.	