

2026 ASHP House of Delegates Updates

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2026 ICHP Annual Meeting

Disclosures

The speakers have no conflicts of interest with ineligible companies to disclose.



Learning Objectives

1. Review the ASHP policy-making process and the role of Delegates
2. Discuss the impact of ASHP policies to pharmacy professional practice
3. Summarize new policies approved at the 2026 House of Delegates meeting



Introduction to the ASHP Policy Process



ASHP Policy Development Process

- Member-driven!
 - All professional policy is derived from ASHP members
- Grass-roots effort
 - ASHP Councils (appointed positions)
 - Section and Forum Executive Committees
 - Resolutions
 - Each November, ASHP “Calls for Resolutions” to all ASHP members and affiliated state societies (ICHP!)
 - Two active ASHP members must sponsor a resolution and submit to the House of Delegates 90 days before the Summer Meeting





A Rose, By Any Other Name, Would Smell as Sweet

	Definition	Example	Quick Description
Policy	An official ASHP position on an important issue affecting pharmacy practice or medication use.	Evidence-Based Medicine: ASHP establishes EBM as a foundational principle of pharmacy practice and advocacy.	What does ASHP believe or advocate?
Resolution	A mechanism for ASHP members to propose professional policy directly to the House of Delegates.	A member submits a resolution calling for standardized documentation of long-acting injectable antipsychotic administration.	A member-driven pathway to propose ASHP policy.
New Business Item	An issue introduced by delegates during the House meeting for consideration as new business.*	Delegates identify an emerging medication-safety issue during the meeting and introduce it for House consideration.	An issue raised by delegates during the House.
Position Statement	A concise, public-facing statement communicating ASHP's position on a specific issue , typically grounded in established policy.*	"ASHP supports pharmacist authority to initiate and manage evidence-based tobacco-cessation pharmacotherapy."	How ASHP clearly communicates its position.



ASHP Policies, Positions, and Guidelines

Finalized policy positions and guidelines can be found on the ASHP website

<https://www.ashp.org/Pharmacy-Practice/Policy-Positions-and-Guidelines>

ASHP Professional Policy Library



Policy Status: Current x

Clear All Filters

The ASHP Professional Policy Library provides details on current ASHP policy initiatives including public health, patient support, and digital policy. Search above by topic, keyword or number. Use the advanced search to go further into meeting types, policy sections, councils and committees, actions, and policy subtopics.

Popular Topics

TELEHEALTH

VACCINES

TECHNICIAN ROLES

PROVIDER STATUS

ARTIFICIAL INTELLIGENCE



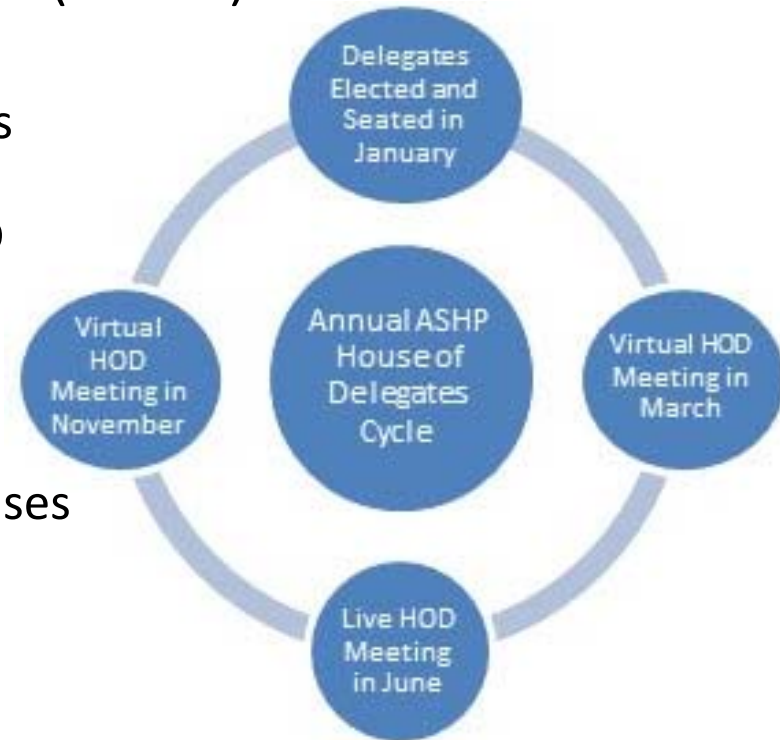
Why Do Policies Matter?

- Provide guidance on political issues
- Help to provide resources to health systems
- Professional guidance for pharmacists on certain topics
- Help profession signal what we stand for



ASHP House of Delegates (HOD)

- Developed policies from the Councils go to the ASHP Board for review and approval to submit to the ASHP HOD
- ASHP's HOD convenes for review/discussion/approval of proposed policies during Virtual Houses (Fall and Spring) and the Summer Meeting



ASHP House of Delegates



2026 ICHP Annual Meeting



ASHP House of Delegates

- House of Delegates
 - 163 voting state delegates elected among active ASHP members
 - Officers and Directors of ASHP
 - ASHP Past Presidents
 - Fraternal Delegations: US Army, Navy, Air Force, Public Health Service, and VA



ASHP House of Delegates - Summer

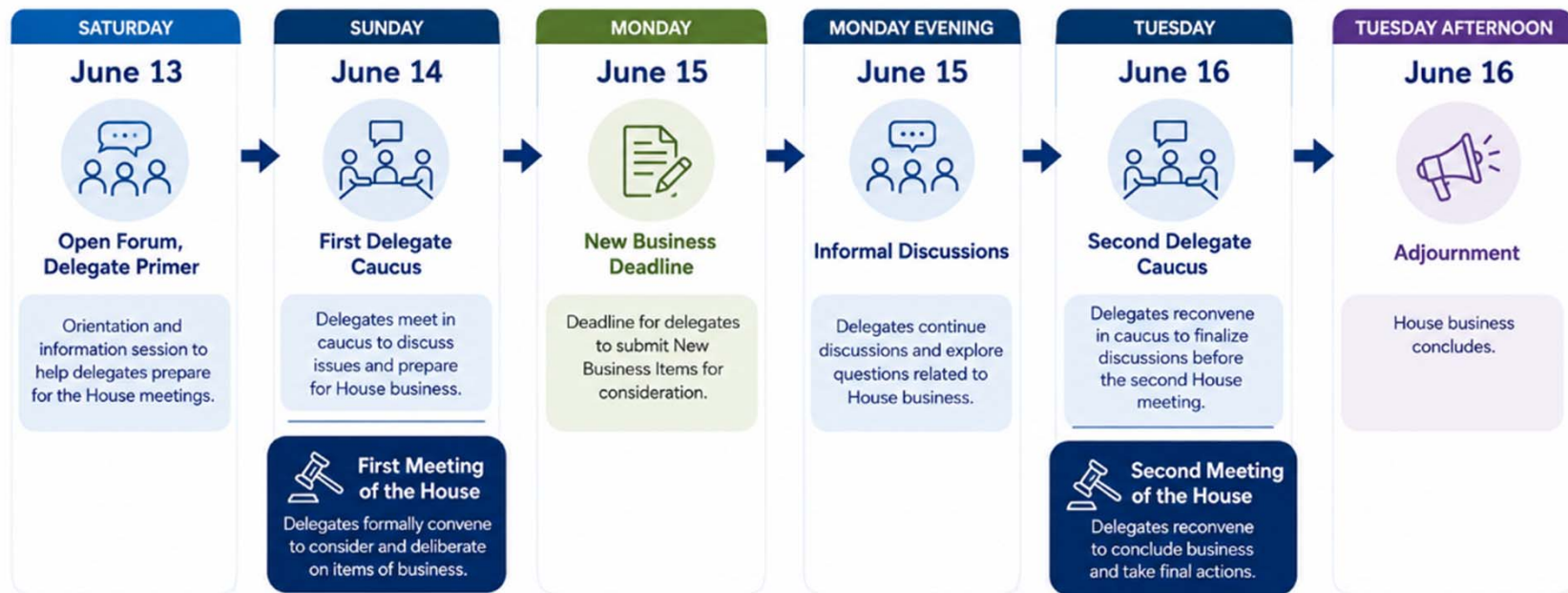
- Open Forum for Members
 - First meeting of the Summer House of Delegate for ASHP member discussion
 - Less formal – more discussion
- Recommendations
 - Presented at the Summer House of Delegates meeting by any delegate
- New Business
 - Presented at the Summer House of Delegates second meeting
- All must go to the Board for final approval





ASHP House of Delegates – June Meeting Activities

The June ASHP House of Delegates session includes two delegate caucuses and two House meetings, with a New Business deadline in between.



Self-Assessment Question 1

True or False:

Each state gets 5 voting delegates in the ASHP House of Delegates.



Virtual House of Delegates

megan



Fall Virtual House of Delegates 2025

Council on Pharmacy Practice

- Safe Technology Implementation and Expansion of Pharmacist Services
- Health Care Quality Standards and Pharmacy Services
- ASHP Statement on the Pharmacist's Role in Substance Use Disorder Prevention, Treatment, and Recovery

2026 ICHP Annual Meeting



Spring Virtual House 2025

Council on Education and Workforce Development

- Responsible Integration of Artificial Intelligence in Pharmacy Education and Training
- **Discontinued**: Fostering Leadership Development

Council on Pharmacy Management

- Safe Use of Controlled Substances Through Regulatory Reform
- Pharmacy Leadership of Infusion Services
- **Discontinued**: Name Change

Council on Pharmacy Practice

- **Discontinued**: Ready-to-Use Packaging for all Settings
- **Discontinued**: ASHP Statement on Reporting Medical Errors



Spring Virtual House 2025

Council on Public Policy

- Integrity of Pharmacist Provided Health Information
- **Discontinued:** Pharmacist Engagement in and Payment for Telehealth

Council on Therapeutics

- Deregulation of Prescription Drugs
- Drug Dosing in Conditions that Modify Pharmacokinetics and Pharmacodynamics
- Direct-to-Consumer Clinical Genetic Tests



Summer 2026 House of Delegates



2026 ICHP Annual Meeting



Council on Education and Workforce Development (CEWD)

adam



Council on Education and Workforce Development

Within the Council's purview are:

1. Student education
2. Postgraduate education and training
3. Specialization
4. Assessment and maintenance of competence
5. Credentialing
6. Balance between workforce supply and demand
7. Development of technicians



CEWD: Optimizing Career Fulfillment in Pharmacy

Summary

- Recognizes career fulfillment as important to patient care, engagement, and workforce resilience.
- Encourages organizations to prioritize recognition, professional development, individualized support, and mentoring.
- Encourages pharmacy professionals to align career development with their personal values and definition of fulfillment.

Impact

- Shifts workforce efforts beyond burnout prevention toward creating meaningful, sustainable careers that support engagement, well-being, and retention.



CEWD: Quality Of Pharmacy Education

Summary

- Supports ACPE's role in maintaining strong accreditation standards and processes
- Calls for pharmacy education to incorporate emerging practice advancements, standards, and innovative technologies
- Recognizes qualified faculty, preceptors, and quality experiential sites as essential to pharmacy education

Impact

- Reinforces educational quality while encouraging pharmacy schools to prepare graduates for where pharmacy practice is going, not simply where it is today



Council on Pharmacy Management (CPM)

adam



Council on Pharmacy Management

Within the Council's purview are:

1. Development and deployment of resources
2. Fostering cost-effective use of medicines
3. Payment for services and products
4. Applications of technology in the medication-use process
5. Efficiency and safety of medication-use systems
6. Continuity of care



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

Summary

- Calls for pharmacy involvement in technology assessment, governance, procurement, monitoring, and evaluation
- Encourages pharmacy leaders to take ownership of implementing, maintaining, and optimizing medication-related technologies
- Promotes collaboration with vendors to improve patient outcomes and user experience
- Calls for greater vendor transparency regarding implementation, integration, training, maintenance, and support requirements
- Supports mechanisms defining vendor responsibilities for safety, performance transparency, and timely risk remediation

Impact

- Strengthens pharmacy's role in technology governance while establishing greater expectations for vendor transparency, performance, and accountability.



CPM: Standard of Care Regulatory Model

Summary

- Supports replacing highly prescriptive "bright-line" pharmacy regulations with a standard-of-care regulatory model
- Allows pharmacists to use professional judgment and expertise within their defined scope of practice
- Enables practice to align with an individual pharmacist's education, training, and competency
- Relies on credentialing and privileging to establish appropriate practice authority within health systems
- May require changes to privileging and payer credentialing processes as pharmacist autonomy expands

Impact

- Shifts pharmacy regulation from defining exactly what pharmacists are permitted to do toward defining the expected standard of care—potentially allowing pharmacists to practice more flexibly at the top of their education, training, and demonstrated competency.



Council on Pharmacy Practice (CPhP)

Megan



Council on Pharmacy Practice

Within the Council's purview are:

1. Practitioner care for individual patients
2. Practitioner activities in public health
3. Pharmacy practice standards and quality
4. Professional ethics
5. Interprofessional and public relations



CPhP: Promoting Environmental Sustainability in Healthcare

Summary

- Recognizes environmental sustainability as essential to protecting public health and building healthy, resilient communities
- Encourages healthcare organizations to adopt cost-efficient, environmentally responsible clinical and operational practices that reduce waste
- Supports legislation, regulation, and pharmacy workforce initiatives that advance waste minimization and environmentally sustainable medication-use practices

Impact

- Greater environmental stewardship could reduce pollution, infectious and occupational risks, landfill waste, and the substantial volume of plastics and other waste generated by healthcare facilities



CPhP: Body Size Inclusivity

Summary

- Recognizes that body size bias can negatively affect health outcomes, social interactions, and decisions in healthcare and workplace settings
- Promotes body size-inclusive practices that respect people of all sizes and support comprehensive, patient-centered care
- Encourages organizations to adopt best practices, anti-discrimination protections, policy reviews, and workforce education to minimize body size bias

Impact

- These changes could reduce weight stigma and psychological harm, strengthen dignity and safety, and help ensure that healthcare, workplace opportunities, and professional success are not influenced by body size



CPhP: Pharmacy Workforce Leadership in Improving Vaccine Access

Summary

- Affirms the pharmacy workforce's leadership role in expanding access to adult and pediatric vaccinations and supporting initiation, preparation, administration, and public education
- Advocates for consistent vaccination authority, centralized interoperable documentation systems, and timely reporting that is accessible to all healthcare providers
- Supports vaccine coverage without patient cost sharing, adequate reimbursement, a reliable vaccine supply, and culturally sensitive, evidence-based efforts to strengthen vaccine confidence

Impact

- Expanding and standardizing the pharmacy workforce's vaccination role could improve equitable vaccine access, strengthen disease prevention and public health preparedness, and provide more complete vaccination information across care settings



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

Summary

- Protects patients' timely access to legally prescribed and medically indicated treatments while reasonably accommodating pharmacy workforce members who exercise rights of conscience
- Recognizes that pharmacy workforce members may decline participation in non-emergency care they consider morally, religiously, or ethically objectionable, while emphasizing shared decision-making and continuity of care
- Requires respectful, patient-centered referral or transfer processes that do not persuade, coerce, or impose personal beliefs and encourages advance notice and nonpunitive organizational accommodations

Impact

- A balanced, proactive approach can preserve patient autonomy and uninterrupted access to care while protecting pharmacy workforce members' conscience rights and clarifying organizational responsibilities



CPhP: Safe and Effective Compounding

Summary

- Affirms that compounding medications to meet immediate or anticipated patient needs is part of pharmacy practice—not manufacturing—while preferring commercially manufactured, ready-to-administer products when they appropriately meet patient needs
- Requires compounded medications to use drug substances from FDA-registered facilities, meet applicable USP standards and federal and state regulations, and be prepared by properly trained pharmacy workforce members with sufficient facilities, equipment, automation, and technology
- Encourages USP monographs for commonly compounded preparations and education for prescribers, healthcare professionals, and patients about the potential risks of compounded medications

Impact

- Outlined safeguards could preserve access to individualized therapies while improving the quality, consistency, and safety of compounded medications and reducing the risk of substandard preparations



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

Summary

- Recognizes that health-related disinformation and misinformation can undermine public trust, threaten patient safety, and contribute to adverse health outcomes
- Calls on the pharmacy workforce to educate people on identifying unreliable information, actively correct false claims, and remain a trusted source of transparent, science-based guidance
- Encourages collaboration with pharmacy, medical, public health, and community partners while distinguishing intentional or reckless falsehoods from legitimate, good-faith differences in evidence-informed clinical judgment

Impact

- A coordinated approach could strengthen health literacy and confidence in healthcare professionals, support informed clinical decisions, and reduce preventable harm caused by false or misleading health information



Council on Public Policy (CPuP)

Megan



Council on Public Policy

Within the Council's purview are:

1. Federal laws and regulations
2. State laws and regulations
3. Analysis of public policy proposals that are designed to address important health issues
4. Professional liability as defined by the courts



CPuP: FDA's Public Health Role

Summary

- Affirms the FDA's central public health role in ensuring the safety and effectiveness of drugs, biologics, and medical devices through product review, labeling, manufacturing oversight, risk assessment, and engagement with healthcare professionals
- Supports sufficient federal funding and resources for the FDA to fulfill its mission while deferring matters involving the use of medications and devices to state regulation and professional self-regulation
- Advocates for practicing pharmacists on FDA advisory committees and continued dialogue between the FDA and ASHP so pharmacy expertise informs decisions and promotes the appropriate use of regulated products

Impact

- Strong FDA capacity and meaningful pharmacist involvement enhances medication and device safety, preserve public confidence, support objective decision-making, and improve patient care



CPuP: Protecting the Pharmacy Workforce Against Unauthorized Synthetic Media

Summary

- Advocates for federal and state laws, regulations, public education, and enforcement mechanisms that protect pharmacy workforce members and healthcare organizations from liability, reputational damage, and other harms caused by unauthorized, nonconsensual, or deceptive synthetic media
- Calls for standardized, accessible, and timely federal, state, and local methods for identifying, reporting, addressing, and removing AI-generated or materially manipulated content, including deepfakes
- Promotes accountability when synthetic media misuses the names, likenesses, voices, or credentials of pharmacy professionals or organizations to spread false or misleading medication-related information

Impact

- Stronger protections and consistent reporting frameworks reduces impersonation-related harm, support faster removal of deceptive content, protect patient safety and professional reputations, and preserve trust in evidence-based medication information.



Council on Therapeutics (COT)

Adam



Council on Therapeutics

Within the Council's purview are:

1. Benefits and risks of drug products
2. Evidence-based use of medicines
3. Application of drug information in practice



COT: Tobacco and Nicotine Cessation and Control

Summary

- Supports pharmacists providing nicotine-cessation counseling and comprehensive medication management
- Supports appropriate use of FDA-approved nicotine-replacement therapy
- Opposes tobacco and non-tobacco nicotine products not approved as cessation therapies
- Supports expanded access to affordable cessation medications, including zero-cost options
- Advocates for tobacco- and nicotine-free healthcare environments

Impact

- Strengthens pharmacists' role in cessation while promoting access to evidence-based treatment and reducing exposure to non-therapeutic tobacco and nicotine products



COT: Safe and Effective Use of Long-acting Injectable Antipsychotics

Summary

- Calls for standardized pharmacist-led processes for safe and coordinated LAI antipsychotic use
- Supports centralized health information exchange with real-time, standardized LAI administration data accessible across care settings
- Encourages collaboration among key stakeholders to develop best practices regardless of site of care

Impact

- Improves continuity and medication safety by reducing the risk of missed, duplicate, or incorrectly timed LAI antipsychotic doses across transitions of care



COT: Dosing of Combination Antibiotics

Summary

- Advocates for standardized FDA labeling that provides dosing instructions for each antibiotic component
- Supports continued evaluation and streamlining of available combination formulations
- Encourages information systems and drug references to represent each antibiotic component using discrete data
- Encourages healthcare organizations to implement strategies supporting appropriate combination-antibiotic dosing
- Promotes education on safe dosing and administration for pediatric and adult patients

Impact

- Reduces ambiguity and medication-error risk by making the intended dose of each active antibiotic component clear and consistently represented.



COT: Evidence-based Medicine

Summary

- Defines EBM as the conscientious and judicious appraisal and application of the best available current data
- Integrates evidence with clinical expertise and patient values
- Establishes EBM as a foundational principle of pharmacy practice and patient care
- Applies EBM principles to ASHP professional policies, advocacy positions, clinical decision-making, and public health guidance

Impact

- Establishes a clear framework ensuring that pharmacy practice and ASHP advocacy balance scientific evidence, professional judgment, and individual patient values



New Business

Adam



Reducing Disparities in Health and Healthcare

Summary

- Supports efforts to reduce health and healthcare disparities, recognizing that these differences are preventable and are driven by broader social and economic factors that affect access, outcomes, and overall well-being.
- Evidence indicates that health disparities negatively impact the nation's health and economic prosperity and are likely to become more significant as population diversity increases and income inequities persist.
- Recent analyses warn that reductions in disparity-focused initiatives and healthcare access programs could widen existing gaps in care, reversing progress toward more equitable health outcomes.

Impact

- Reinforces the pharmacy profession's responsibility to advance equitable care by ensuring medication-use practices are culturally responsive, patient-centered, and designed to help eliminate disparities in healthcare access, treatment, and outcomes.



Protecting Pharmacist Scientific and Clinical Decision Making

Summary

- Affirms the pharmacist's authority and professional responsibility to apply scientific and clinical judgment throughout the medication-use process to ensure therapies are safe, appropriate, and evidence-based
- Supports a pharmacist's ability to refuse to dispense a medication when there is a legitimate scientific objection and patient safety concern, particularly when concerns cannot be resolved through timely communication with the prescriber
- Responds to legislative efforts that could require pharmacists to dispense medications regardless of clinical appropriateness, which proponents believe could increase the risk of adverse drug events and compromise patient safety

Impact

- Protects pharmacists' ability to use their clinical expertise to prevent patient harm while maintaining accountability to collaborate with the healthcare team to develop an alternative, evidence-based treatment plan when a medication is not dispensed



Sharing Your Perspective

- This year, when new ASHP Policies are being considered, ICHP will share the policy proposals with members to encourage Illinois pharmacists and pharmacy technicians to consider them and share their perspectives.
- Alternatively, if you are an ASHP Member, you can leave comments and feedback directly on ASHP Connect, which serves as the hub of discourse outside of the Regional Delegate meetings and the formal meetings of the House of Delegates.



Self Assessment Question 2

Which statement best describes the purpose of the COT recommendations concerning long-acting injectable (LAI) medications?

- A. They promote standardized processes and health information exchange to improve the safety and continuity of LAI antipsychotic use.
- B. They provide guidance primarily for selecting which LAI antipsychotic medication is most clinically effective.
- C. They apply to all LAI medications, not just LAI antipsychotics.
- D. They focus mainly on reducing the cost of administering LAI antipsychotics



Self Assessment Question 3

How can pharmacies have greater environmental stewardship according to the Council on Pharmacy Practice?

- A. Reduce pollution within healthcare
- B. Reduce landfill waste
- C. Evaluate the use of plastics to reduce waste
- D. All of the above



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