



CATALOG OF CSHP PROFESSIONAL POLICY POSITIONS 2013-2017

Includes Policies Approved by the 2017 CSHP House of Delegates

CALIFORNIA SOCIETY OF HEALTH-SYSTEM PHARMACISTS

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INTRODUCTION

This catalog, in conjunction with a catalog of administrative policies, is intended for use by members who are involved in the CSHP policy development/approval process (councils, committees, task forces, the Board of Directors, the House of Delegates) as well as anyone with an interest in CSHP's official positions. An additional catalog of staff policies is held in the CSHP office for staff use.

Items in the Professional Policy Catalog (CSHP's positions on pharmacy issues and other health-related issues) require the approval of CSHP's House of Delegates. Items in the Administrative Policy Catalog (those policies pertaining to CSHP governance) are under the approval of the CSHP Board of Directors. Items in the staff CSHP Policy and Procedure Catalog (activities staff must carry out in support of professional and administrative policies) are the responsibility of the CEO. Policies are reviewed for pertinence and updated annually, in time for CSHP's Annual Meeting.

Please note the following:

1. "Professional policy" includes policy established by the House of Delegates plus additional positions taken by the Board of Directors that are predicated on House-approved policy.
2. Actions taken with respect to approval or acceptance of special committee and task force reports (e.g., Committee on Goals report, Technician Task Force report) are not included; neither are the reports themselves included. Any CSHP policy resulting from such reports is included.
3. Non-policy Board actions are not included. Examples would be approval of budgets, approval of slates of candidates, or other self-limiting or temporal actions.
4. Policy statements are paraphrased from the original in some instances to conform to a standardized format and to facilitate understanding them out of context.

This catalog includes only professional policies.

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STATUS OF PRIOR POLICIES

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Policies Established/Modified in 1998 were all reaffirmed, modified and reaffirmed or deleted by 2003

Policies Established/Modified in 1999 were all reaffirmed, modified and reaffirmed or deleted by 2004

Policies Established/Modified in 2000 were all reaffirmed, modified and reaffirmed or deleted by 2005

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Policies Established/Modified in 2010 were all reaffirmed, modified and reaffirmed or deleted by 2015

Policies Established/Modified in 2011 were all reaffirmed, modified and reaffirmed or deleted by 2016

Policies Established/Modified in 2012 were all reaffirmed, modified and reaffirmed or deleted by 2017

POLICIES ESTABLISHED/MODIFIED IN 2013

#2013-01: Technicians Checking Technicians

Source: HOD 1993

(Note: This is former policy #9311 approved by the HOD in 1993; reaffirmed by the HOD in 1998 as policy #9801; modified and reaffirmed by the HOD in 2003 as policy #2003-01; reaffirmed by the HOD in 2008 as policy #2008-01; reaffirmed by the HOD in 2013 as policy #2013-01.)

The California Society of Health-System Pharmacists supports the practice of utilizing technicians to check technicians in the inpatient setting to optimize pharmacists' ability to provide pharmaceutical care. To ensure quality patient care, such programs should be conducted under the supervision of a pharmacist and should include:

1. Appropriate training of the checking technicians.
2. Demonstrated proficiency in meeting desired accuracy standards of the checking technicians.
3. Ongoing quality assessment of the checking technicians.

#2013-02: Revenue Cycle Compliance and Management

Source: HOD 2013

The California Society of Health-System Pharmacists:

1. Encourages pharmacists to serve as leaders in the development and implementation of strategies to optimize medication-related revenue cycle compliance, which includes billing, finance, and prior authorization, for the health care enterprise; further,
2. Supports the development of consistent billing and reimbursement policies and practices by both government and private payers; further,
3. Supports that information technology(IT) vendors enhance the capacity and capability of IT systems to support and facilitate medication-related billing and audit functions; further,
4. Encourages the investigation and publication of best practices in medication-related revenue cycle compliance and management.

#2013-03: Therapeutic Interchange

Source: HOD 1987

(Note: This is former policy #8710 approved by the HOD in 1987; reaffirmed by the HOD in 1993 as policy #9323; reaffirmed by the HOD in 1998 as policy #9806; reaffirmed by the HOD in 2003 as policy #2003-04; reaffirmed by the HOD in 2008 as policy #2008-03; reaffirmed by the HOD in 2013 as policy #2013-03.)

The California Society of Health-System Pharmacists supports the therapeutic interchange of drug products by pharmacists under written policies and protocols established collaboratively by pharmacists, prescribers, and others who are responsible for patient care.

#2013-04: Schools of Pharmacy: Dean Criteria

Source: HOD 1993

(Note: This is former policy #9301 approved by the HOD in 1993; modified and reaffirmed by the HOD in 1998 as policy #9809; modified and reaffirmed by the HOD in 2003 as policy #2003-05; reaffirmed by the HOD in 2008 as policy #2008-04; and reaffirmed by the HOD in 2013 as policy #2013-04.)

The California Society of Health-System Pharmacists supports eligibility for licensure as a pharmacist in the State of California as a desirable criterion for the Dean of any California School of Pharmacy.

#2013-05: Qualifications and Competencies Required to Prescribe Medications

Source: HOD 2013

The California Society of Health-System Pharmacists:

1. Supports prescribing as a collaborative process that includes patient assessment, understanding of the patient's diagnoses, evaluation and selection of available treatment options, monitoring to achieve therapeutic outcomes, patient education, and adherence to safe and cost-effective prescribing practices.
2. Affirms that safe prescribing of medications, performed independently or collaboratively, requires competent professionals who complement each other's strengths at each step.
3. Supports the creation of prescribing standards that would apply to all who initiate or modify medication orders or prescriptions and that would facilitate development of competencies and training of prescribers.
4. Encourages research on the effectiveness of current educational processes designed to train prescribers.

#2013-06: Pharmacy Personnel Infected with Blood Borne Pathogens

Source: HOD 1993

(Note: This is former policy #9317 approved by the HOD in 1993; modified and reaffirmed by the HOD in 1998 as policy #9814; reaffirmed by the HOD in 2003 as policy #2003-07; reaffirmed by the HOD in 2008 as policy #2008-06; and reaffirmed by the HOD in 2013 as policy #2013-06.)

Testing for blood borne pathogens, such as the human immunodeficiency virus (HIV), Hepatitis B Virus (HBV) or Hepatitis C Virus (HCV) should not be mandatory. Test results are the personal property of the individual and should be kept confidential.

Pharmacy personnel should be encouraged to have regular health care examinations and related testing.

The California Society of Health-System Pharmacists:

1. Endorses laws and regulations that prohibit discrimination against pharmacy personnel in the workplace who are infected with blood borne pathogens.
2. Supports training based on current Centers for Disease Control and Prevention guidelines, as well as institutional infection control policies as mandatory for all pharmacy personnel. Training should be provided annually and as necessary.

3. There should be no restrictions placed on the work of qualified and competent pharmacy personnel infected with blood borne pathogens if the individual is able to follow institutional and departmental policies and procedures.
4. CSHP encourages the development of institutional policies that allow personnel to request to refrain from those tasks that increase the risk of disease transmission. Each institution should have a policy that provides confidential consultation and reasonable accommodation for those infected personnel who wish to modify their activities.
5. CSHP advocates the availability to patients of copies of the institution's infection control policies relating to testing for blood borne pathogens and HBV vaccination at any time.

#2013-07: Regulatory and Legislative Goals for Professional Practice

Source: HOD 1987

(Note: This is former policy #8713 approved by the BOD in 1987; modified and reaffirmed by the HOD in 1993 as policy #9325; modified and reaffirmed by the HOD in 1998 as policy #9816; reaffirmed by the HOD in 2003 as policy #2003-08; reaffirmed by the HOD in 2008 as policy #2008-07; reaffirmed by the HOD in 2013 as policy #2013-07.)

To pursue and support legislative and regulatory measures that promote and support the application of the pharmacist's knowledge and expertise in ensuring that medication use is appropriate and achieves optimal therapeutic outcomes.

#2013-08: Employee Assistance Programs

Source: HOD 1987

(Note: This is a combination of former policies #8713 and #8715 approved by the HOD in 1987; modified and reaffirmed by the HOD in 1993 as policies #9326 and #9327; modified, combined, and reaffirmed by the HOD in 1998 as policy #9817; reaffirmed by the HOD in 2003 as policy #2003-09; reaffirmed by the HOD in 2008 as policy #2008-08; modified and reaffirmed by the HOD in 2013 as policy #2013-08.)

The California Society of Health-System Pharmacists:

1. To support the development of employee assistance programs (EAPs) that employ qualified personnel to assist impaired workers through counseling and treatment referral; further
2. To encourage the membership to participate in the development of employee assistance programs and in educational programs aimed at increasing employee and public awareness of alcohol and drug abuse and addictions within their institution or health-system and community.
3. To support and encourage the rehabilitation of employees with alcoholism or other drug addictions.

#2013-09: Equal Quality of Care

Source: HOD 1987

(Note: This is former policy #8701 approved by the BOD in 1987; reaffirmed by the HOD in 1993 as policy #9320; reaffirmed by the HOD in 1998 as policy #9804; reaffirmed by the HOD in 2003 as policy #2003-10; reaffirmed by the HOD in 2008 as policy #2008-09; and reaffirmed by the HOD in 2013 as policy #2013-09.)

To support an equal standard of pharmacy care for all patients.

~~#2013-10: Technician Accreditation~~

#2013-11: California Pharmacists Association (CPhA) Collaboration

Source: HOD 1987

(Note: This is former policy #8703 approved by the HOD in 1987; modified and reaffirmed by the HOD in 1993 as policy #9321; modified and reaffirmed by the HOD in 1998 as policy #9815; modified and reaffirmed by the HOD in 2003 as policy #2003-15; modified and reaffirmed by the HOD in 2008 as policy #2008-11; modified and reaffirmed by the HOD in 2013 as policy #2013-11.)

The California Society of Health-System Pharmacists:

To maintain a formal collaborative relationship with the California Pharmacists Association, consistent with the two statements of intent which were approved by both organizations in April 1993 during a joint board meeting:

We are committed to the ongoing development and implementation of mutual professional goals for pharmacy.

We believe that it is in the best interest of the profession and our respective memberships that the two associations maintain open dialogue, mutual respect, and good relations. The two associations will proactively identify common goals and needs and when there is agreement, will communicate, cooperate, and collaborate to meet those needs.

#2013-12: Preceptor Skills and Abilities

Source: BOD 2013

The California Society of Health-System Pharmacists encourages collaboration with pharmacy organizations to:

1. Develop standards to enhance the quality of experiential education and pharmacy residency precepting.
2. Provide tools, education, and other resources to develop preceptor skills.

~~#2013-13: Efforts to Discourage the Use of Tobacco Products~~

#2013-14: Patient Consultation

Source: HOD 1987

(Note: This is former policy #8717 approved by the HOD in 1987; reaffirmed by the HOD in 1993 as policy #9328; modified and reaffirmed by the HOD in 1998 as policy #9818; modified and reaffirmed by the HOD in 2003 as policy #2003-16; modified and reaffirmed by the HOD in 2008 as policy #2008-14; modified and reaffirmed by the HOD in 2013 as policy #2013-14.)

The California Society of Health-System Pharmacists supports patient education and counseling by pharmacists as mandated by the Omnibus Budget Reconciliation Act of 1990 (OBRA 90) and California pharmacy law regarding the proper use of medications, and to support the provision of written information as appropriate. To encourage utilization of ASHP Guidelines on Pharmacist-Conducted Patient Education and Counseling so as to provide the most effective patient education.

#2013-15: ASHP: Public Relations

Source: HOD 1987

(Note: This is former policy #8708 approved by the HOD in 1987; modified and reaffirmed by the HOD in 1993 as policy #9322; reaffirmed by the HOD in 1998 as policy #9805; reaffirmed by the HOD in 2003 as policy #2003-03; modified and reaffirmed by the HOD in 2008 as policy #2008-15; reaffirmed by the HOD in 2013 as policy #2013-15.)

The California Society of Health-System Pharmacists encourages ASHP to continue its efforts at the national level to promote awareness of the roles of pharmacists in hospitals and health systems and the value of pharmacy services to consumers and public policy makers.

#2013-17: Transitions of Care

Source: HOD 2003

(Note: This is former policy #2003-18 approved by the HOD in 2003; modified and reaffirmed by the HOD in 2007 as policy #2007-01; modified and reaffirmed by the HOD in 2008 as policy #2008-18; modified and reaffirmed by the HOD in 2013 as policy #2013-17.)

The California Society of Health-System Pharmacists supports pharmacists providing transitions of care services between levels of care, healthcare providers, and insurance coverage for the benefit of patient care. Healthcare systems should make patient specific information readily available to pharmacists and pharmacy technicians who provide transitions of care services. The information may include, but is not limited to, the following:

1. Medical history and diagnosis,
2. Discharge summaries,
3. Medication lists,
4. Laboratory tests,
5. Allergies and medication intolerances
6. Pertinent patient care and treatment plans.

#2013-18: Role of Intern Pharmacists

#2013-19: Health-System Use of Medications and Administration Devices Supplied Directly to Patients

Source: HOD 2008

(Note: This is former policy #2008-20 approved by the HOD in 2008; reaffirmed by the HOD in 2013 as policy #2013-19.)

The California Society of Health-System Pharmacists:

1. To encourage hospitals and health systems not to permit administration of medications brought to the hospital or clinic by the patient or caregiver when storage conditions or the source cannot be verified; further
2. To support only care models in which medications are prepared for patient administration by the pharmacy and are obtained from a licensed, verified source; further
3. To encourage hospitals and health systems not to permit the use of medication administration devices with which the staff is unfamiliar (e.g., devices brought in by patients) unless it is determined that the risk of not using such a device exceeds the risk of using it; and
4. To advocate adequate reimbursement for preparation, order review, and other costs associated with the safe provision and administration of medications and use of related devices.

#2013-20: Standardization of Intravenous Drug Concentrations

Source: HOD 2008

(Note: This is former policy #2008-21 approved by the HOD in 2008; reaffirmed by the HOD in 2013 as policy #2013-20.)

The California Society of Health-System Pharmacists:

1. To develop nationally standardized drug concentrations and dosing units for injectable drugs.
2. To encourage all hospitals and health-systems to use infusion devices that interface with their information systems and include standardized drug libraries with dosing limits, clinical advisories, and other patient-safety-enhancing capabilities.
3. To encourage inter-professional collaboration on the adoption and implementation of standardized drug concentrations and dosing units in hospitals and health systems.

#2013-21: Biological Drugs

Source: HOD 2008

(Note: This is former policy #2008-22 approved by the HOD in 2008; reaffirmed by the HOD in 2013 as policy #2013-21.)

The California Society of Health-System Pharmacists:

1. To encourage pharmacists to take a leadership role in their health systems for all aspects of the proper use of medications derived from biologic sources, including preparation, storage, control, distribution, administration procedures, safe handling, and therapeutic applications; further
2. To facilitate education of pharmacists about the proper use of medications derived from biologic sources.

#2013-24: Pharmacist's Leadership Role in Anticoagulation Therapy Management

Source: HOD: 2008

(Notes: This is former policy #2008-25 approved by the HOD in 2008; reaffirmed by the HOD in 2013 as policy #2013-24.)

The California Society of Health-System Pharmacists:

1. To advocate that pharmacists provide leadership in the interdisciplinary development, implementation, maintenance, effectiveness monitoring, and assurance of continuity of care of anticoagulation management programs; further
2. To advocate that pharmacists be responsible for coordinating the individualized care of patients within anticoagulation management programs; further
3. To encourage pharmacists who participate in anticoagulation programs to educate patients, caregivers, prescribers, and staff about anticoagulant medication uses, drug interactions, adverse effects, the importance of adhering to therapy, and recommended laboratory testing and other monitoring.

#2013-25: Generic Substitution of Narrow Therapeutic Index Drugs

Source: HOD 2008

(Notes: This is former policy #2008-26 approved by the HOD in 2008; reaffirmed by the HOD in 2013 as policy #2013-25.)

The California Society of Health-System Pharmacists:

1. To support the current processes used by the Food and Drug Administration (FDA) to determine bioequivalence of generic drug products, including those with a narrow therapeutic index, and to recognize the authority of the FDA to decide if additional studies are necessary to determine equivalence; further
2. To oppose a blanket restriction on generic substitution for any medication or medication class without evidence from well designed, independent studies demonstrating inferior efficacy or safety of the generic drug product.

#2013-26: Safe Disposal of Patients' Home Medications

Source: HOD 2008

(Notes: This is former policy #2008-27 approved by the HOD in 2008; reaffirmed by the HOD in 2013 as policy #2013-26.)

The California Society of Health-System Pharmacists supports minimizing the patient safety consequences and public health impact of inappropriate disposal of patients' home medications by working collaboratively with other interested organizations to:

1. Develop models for patient-oriented medication disposal programs that will minimize accidental poisoning, drug diversion, and potential environmental impact;

2. Encourage that the pharmaceutical industry and regulatory bodies support the development and implementation of such models; and
3. Educate health professionals, regulatory bodies, and the public regarding safe disposal of unused home medications.

#2013-27: E-Pedigree and Tracking of the Medication Supply Chain

Source: HOD 2008

(Notes: This is former policy #2008-28 approved by the HOD in 2008; reaffirmed by the 2013 HOD as policy #2013-27.)

The California Society of Health-System Pharmacists advocates for improved processes to assure the integrity of medications throughout the supply chain, specifically to eliminate or minimize the persistent and increasing threat from counterfeit, misbranded, adulterated, or diverted drugs.

1. Support the California State Board of Pharmacy in development of a comprehensive electronic pedigree system to track and trace the passage of medications through the entire supply chain.
2. Require the technology and process implemented be compatible with national and international standards so as not to impede the supply of medications.
3. Require the technology(s) adopted must be a single, shared interoperable system to allow health-systems to receive medications from all sources in a single process.
4. Advocate that the technology developed has the future ability to extend the validation of the pedigree to the level of patient administration throughout the continuum of care.
5. Assure that health-systems be an active participant in the development of technology, process design and implementation.
6. Advocate that the implementation deadlines for the supply chain be a phased in approach allowing health-systems time to implement after the deadlines for manufacturers and distributors.
7. Require that “grandfathered” inventory be addressed in the implementation plan to minimize inventory losses.
8. Advocate for a streamlined process to allow medication returns and “emergency” borrowing of medications within the documentation process.

#2013-28: California Board of Pharmacy

Source: HOD 2008

(Notes: This is former policy #2008-29 approved by the HOD in 2008; reaffirmed by the 2013 HOD as policy #2013-28.)

The California Society of Health-System Pharmacists supports:

1. The existence of the California Board of Pharmacy and its mission to protect and promote the health and safety of Californians.
2. A composition of the California Board of Pharmacy that includes a majority of pharmacists from diverse practice settings (including health-systems) and within California.

3. The right for the California Board of Pharmacy to have the primary responsibility for electing its leadership.
4. Open communication among California Board of Pharmacy members and the public in all settings.
5. Advocating that one of the public members be a pharmacy technician.

#2013-29: Peer-Reviewed Journal

Source: HOD 2008

(Notes: This is former policy #2008-30 approved by the HOD in 2008; reaffirmed by the 2013 HOD as policy #2013-29.)

The California Society of Health-System Pharmacists:

1. Supports advancement of the pharmacy profession via publication of CJHP as a peer-reviewed journal.
2. Supports a peer-review process that seeks our members' involvement in professional opportunities both through serving as peer-reviewers and by submission of articles for possible publication

#2013-30: Role of Pharmacist Leadership in Multi-facility Organizations

Source: HOD 2013

The California Society of Health-System Pharmacists:

1. Advocates that a pharmacist must be responsible for leadership and have responsibility for standardization and integration of pharmacy services in multiple business units across the entire pharmacy enterprise of multi-facility health systems and integrated delivery networks;
2. Encourages the education of health-system administrators about the importance of pharmacy leadership in setting system-wide policy regarding the safe and effective use of medications.

~~#2013-31: Qualifications of Pharmacy Technicians in Advanced Roles~~

#2013-32: Medication Adherence

Source: HOD 2013

The California Society of Health-System Pharmacists supports efforts that improve medication adherence as a strategy to improve quality and patient safety. Medication adherence programs should, at a minimum, do the following:

1. Assess the appropriateness of medication therapy and create a list of current medication therapy
 - a. Provide patient education
 - b. Ensure patient comprehension of information necessary to support safe and appropriate medication use through the use of teach-back method

2. Medication adherence improvement strategies should be multidisciplinary, in which pharmacists should take a leadership role because of their skills, abilities, and knowledge in medication management.
3. CSHP encourages efforts to give clinicians, patients and their caregivers shared accountability for safe medication use and positive medication therapy outcomes.
4. CSHP supports development of information technology solutions to effectively document medication adherence interventions.
5. CSHP supports development, evaluation, and dissemination of models that improve adherence, including those that combine existing strategies that have demonstrated effectiveness
6. CSHP discourages practices that inhibit education of or lead patients to decline education and clinical information regarding their medication therapy.
7. CSHP supports payment models that facilitate an expanded role for pharmacists in medication adherence efforts.

#2013-34: Advanced Cardiac Life Support (ACLS) for Pharmacists in Direct Patient Care Roles

Source: HOD 2013

The California Society of Health-System Pharmacists encourages all pharmacists providing direct patient care in the acute care setting to seek certification in Advanced Cardiac Life Support (ACLS).

#2013-35: Medication Use in Geriatric Patients

Source: HOD 2013

The California Society of Health-System Pharmacists:

1. Supports medication therapy management to provide safe and effective drug therapy for geriatric patients.
2. Supports the development, refinement, and validation of medication use criteria that consider drug-, disease- and patient-specific factors and demonstrate the ability to decrease the occurrence of adverse drug events in geriatric patients.
3. Supports research to assess the clinical application of existing and proposed criteria, including assessment of their correlation to patient outcomes and strategies for implementation.
4. Encourages inclusion of validated criteria in clinical decision support systems and other information technologies to facilitate prescribing for geriatric patients.
5. Acknowledges that such criteria are intended as a guide and should not replace the clinical judgment of pharmacists and other clinicians.

#2013-37: Pharmacist Prescribing in Inter-professional Patient Care

Source: HOD 2013

The California Society of Health-System Pharmacists:

1. Defines pharmacists prescribing as follows: patient assessment and the selection, initiation, monitoring, adjustment, and discontinuation of medication therapy pursuant to diagnosis of a medical disease or condition;
2. Encourages health care delivery organizations to establish credentialing and privileging processes that delineate the scope of pharmacist prescribing within the hospital or health system and to ensure that pharmacists who prescribe are competent and qualified to do so.

#2013-38: Pharmacist's Role in Accountable Care Organizations

Source: HOD 2013

The California Society of Health-System Pharmacists:

1. Recognizes that pharmacist participation in collaborative health care teams improves outcomes from medication use and lower costs
2. Encourages health policymakers, payers and other stakeholders to include pharmacists as health care providers within accountable care organizations (ACOs) and other models of integrated health care delivery
3. Encourages that pharmacist-provided care (including care coordination services) be appropriately recognized in reimbursement models for ACOs
4. Recommends that pharmacists be included as health care providers in demonstration projects for ACOs
5. Encourages comparative effectiveness research and measurement of key outcomes (e.g., clinical, economic, quality, access) for pharmacist services in ACOs
6. Encourages pharmacy leaders to develop strategic plans for positioning pharmacists in key roles within ACOs.

#2013-39: The Pharmacist's Role in Team-based Care

Source: HOD 2013

The California Society of Health-System Pharmacists (CSHP) recognizes that pharmacist participation in inter-professional health care teams as the medication-use expert increases the capacity and efficiency of teams for delivering high-quality care; further,

CSHP advocates to policymakers, payers, and other stakeholders for the inclusion of pharmacists as care providers within team-based care; further,

CSHP believes that pharmacists are responsible for coordinating the care they provide with that provided by other members of the health care team and are accountable to the patient and to the health care team for the outcomes of that care; further,

CSHP encourages pharmacists on health care teams to collaborate with other team members in establishing quality measures for care provided by those teams.

#2013-40: Hospice and Palliative Care

Source: HOD 2011

(Note: This former policy #2011- 03 was approved by the HOD 2011; reaffirmed as policy #2013-40 by the HOD 2013)

The California Society of Health-System Pharmacists endorses the current Clinical Practice Guidelines for Quality Palliative Care (from the National Quality Consensus Project for Quality Palliative Care) and advocates for the active participation of pharmacists as integral members of hospice and palliative care interdisciplinary teams.

Full text of the current guidelines is available at www.nationalconsensusproject.org

#2013-41: Pharmacists' Role in Immunization and Vaccines

Source: HOD 2013

The California Society of Health-System Pharmacists:

1. Affirms that pharmacists have a role in improving public health and increasing patient access to immunizations by promoting and administering appropriate immunizations to patients and employees in all settings;
2. Supports that states grant pharmacists the authority to initiate and administer all adult and pediatric immunizations;
3. Recommends that only pharmacists 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 immunizations;
4. Recommends that state and federal health authorities establish centralized databases for documenting administration of immunizations that are accessible to all health care providers;
5. Strongly encourages pharmacists and other immunization providers to report their documentation to these centralized databases;
6. Strongly encourages pharmacists to educate all patients, their caregivers, parents, guardians, and health care providers about the importance of immunizations for disease prevention;
7. Encourages pharmacists to seek opportunities for involvement in disease prevention through community immunization programs;
8. Supports the inclusion of pharmacist-provided immunization training in college of pharmacy curricula.

~~#2013-42: Clinical Decision Support Systems~~

#2013-43: Collaborative Drug Therapy Management

Source: HOD 2013

The California Society of Health-System Pharmacists:

1. Acknowledges that as part of advanced collaborative practices, pharmacists, as active members in team-based care, must be responsible and accountable for medication-related outcomes;
2. Supports other states in the pursuit of state-level collaborative drug therapy management authority for pharmacists.

POLICIES ESTABLISHED/MODIFIED IN 2014

#2014-01: A Third Class of Drugs

Source: HOD 10/19/97

(Note: This is former policy #8608 approved by the HOD in 1986; modified and reaffirmed by the HOD in 1992 as policy #9226; reaffirmed by the HOD in 1997 as policy #9708; revised & reaffirmed by the HOD in 11-7-04 as #2004-01; modified and reaffirmed by the HOD in 2009 as #2009-01; modified and reaffirmed by the HOD in 2014 as policy #2014-01.)

The California Society of Health System Pharmacists supports the establishment of a third class of medications. Classification of medications into a third class facilitates consumer access to the medication directly from a pharmacist after receiving appropriate consultation or intervention.

#2014-02: Differential Pricing

Source: HOD 10/16/94

(Note: This is former policy #9401 approved by the HOD 10-16-94; reaffirmed by the HOD 10-17-99 as policy #9901; reaffirmed by the HOD 11-7-04 as #200402; reaffirmed by the HOD in 2009 as #2009-02; modified and reaffirmed by the HOD in 2014 as policy #2014-02.)

The California Society of Health System Pharmacists:

1. Supports the rights of suppliers to offer differential discounts to purchasers based on the economic motivation of the suppliers and/or suppliers' motivation to support the principles reflected in the Robinson-Patman Act and as modified by the Non-profit Institutions Act exemptions. Such economic motivations include, but are not limited to, volume purchases and commitments, competitive positioning (e.g., formulary management), payment and distribution efficiencies, risk reduction (e.g. products liability), product contract grouping, product development, and post-marketing study participation, joint relationships and educational activities and influences or market dynamics resulting from the relationship. Examples of principles related to the Robinson-Patman Act and the Non-profit Institutions Act include but are not limited to, recognition of the charitable services provided for the public good, publicly owned or operated and nonprofit institutions.
2. Communicates this position, through its staff, to ASHP, APhA, and CPhA and any other professional association, governmental body or party to which such communication would further the goals and mission of CSHP consistent with resource availability.

#2014-03: Scope of Practice

Source: HOD 10/16/94

(Note: This is former policy #8806 approved by the BOD 7/14-15/88; reaffirmed by the HOD in 1994 as policy #9403; reaffirmed by the HOD 10-17-99 as policy #9902; reaffirmed by the HOD 11-07-04 as #2004-03; modified and reaffirmed by the HOD in 2009 as #2009-03; reaffirmed by the HOD in 2014 as policy #2014-03.)

The California Society of Health System Pharmacists reaffirms its commitment to pursue expanding the scope of pharmacy practice in all practice settings.

#2014-04: English Proficiency

Source: HOD 10/16/94

(Note: This is former policy #8807 approved by the HOD in 1988; reaffirmed by the HOD in 1994 as policy #9404; reaffirmed by the HOD in 1999 as policy #9903; reaffirmed by the HOD in 2004 as policy #2004-04; modified and reaffirmed by the HOD in 2009 as policy #2009-04; modified and reaffirmed by the HOD in 2014 as policy #2014-04)

The California Society of Health-System Pharmacists to adopt as the position of the California Society of Health System Pharmacists that all applicants for licensure as a pharmacist in California should be required to demonstrate the ability to speak and comprehend English well enough to competently communicate information related to the practice of pharmacy. The intent of this policy is not to exclude hearing impaired or deaf individuals.

#2014-05: Correctional Institutions

Source: HOD 10/16/94

(Note: This is former policy #8718 approved by the BOD 1-23-87; reaffirmed for one year by the HOD in 1993; modified and reaffirmed by the HOD in 1994 as policy #9406; reaffirmed by the HOD 10-17-99 as policy #9904; reaffirmed by the HOD 11-07-04 as 2004-05; reaffirmed by the HOD in 2009 as #2009-05; reaffirmed by the HOD in 2014 as #2014-05)

The California Society of Health-System Pharmacists supports the State Board of Pharmacy in enforcing existing pharmacy law in correctional institutions.

#2014-06: Communicable Disease

Source: HOD 10/29/95

(Note: This was former policy #8914 approved by the HOD in 1989; reaffirmed by the HOD in 1995 as policy #9503; modified and reaffirmed by the HOD in 1999 as policy #9906; revised and reaffirmed by the HOD 11-07-04 as 2004-06; modified and reaffirmed by the HOD in 2009 as #2009-06; modified and reaffirmed by the HOD in 2014 as #2014-06)

The California Society of Health-System Pharmacists supports and encourages participation by members in prevention and education activities aimed at topics related to serious communicable diseases at local, regional and state programs.

CSHP to support programs aimed at the prevention, detection, and treatment of serious communicable diseases.

Activities may include:

1. Providing education, counseling and/or treatment for
 - a. HIV/AIDS
 - b. Sexually transmitted diseases
 - c. Viral Hepatitis
 - d. Tuberculosis
2. Developing practice models that incorporate pharmacists to provide elements of education, counseling, treatment or provide care in non-traditional settings (e.g., mobile health vans, free community clinics).

3. Participating in needle exchange programs
4. Administering vaccinations

#2014-07: California Pharmacy Week

Source: HOD 10/19/97

(Note: This is former policy #8604 approved by the BOD 7/10-11/86; reaffirmed by the HOD in 1992 as policy #9224; reaffirmed by the HOD in 1997 as policy #9706; reaffirmed by the HOD in 2002 as 2002-04; reaffirmed by the HOD 10/21/07 as #2007-06; modified and reaffirmed by the HOD in 2009 as #2009-07; modified and reaffirmed by the HOD in 2014 as #2014-07)

The California Society of Health System Pharmacists will ask the Governor of California to proclaim annually, a California Hospital and Health-System Pharmacy Week; further to seek the support of the California Pharmacists Association for the request.

#2014-08: Emergency Contraception

Source: HOD 2009

(Note: This is former policy #2009-10 approved by the HOD in 2009; reaffirmed by the HOD in 2014 as #2014-08)

The California Society of Health-System Pharmacists supports pharmacists' voluntary involvement in or referral of patients to emergency contraception programs, including evaluation and education of patients and prescribing emergency contraception under established and accepted protocols.

#2014-09: Pharmacogenomics

Source: HOD 2009

(Note: This is former policy #2009-11 approved by the HOD in 2009; modified and reaffirmed by the HOD in 2014 as #2014-09)

The California Society of Health System Pharmacists:

1. Support that pharmacists take a leadership role in the therapeutic applications of pharmacogenomics, which is essential to individualized drug therapy.
2. Supports research to validate and standardize genetic markers and genetic testing for drug therapy and to support research and other efforts that guide and accelerate the application of pharmacogenomics to clinical practice.
3. Recommends that pharmacogenomic test results be included in medical and pharmacy records in a format that clearly states the implications of the results for drug therapy and facilitates availability of the genetic information throughout the continuum of care and over a patient's lifetime.
4. Encourages pharmacists to educate prescribers and patients about the use of pharmacogenomic tests and their appropriate application to drug therapy management.
5. Endorses pharmacist education on the use of pharmacogenomics and recommends the inclusion of pharmacogenomics and its application to therapeutic decision-making in college of pharmacy curricula.

#2014-10: Physician Office Personnel

Source: HOD 10/04/2009

(Note: This is former policy #2009-12 approved by the HOD in 2009; reaffirmed by the HOD in 2014 as #2014-10)

The California Society of Health-System Pharmacists supports the use of provider office personnel who have knowledge of medical and pharmaceutical terminology to enhance communication, improve patient safety, and reduce errors.

#2014-11: Sustainability and Environmentally-Friendly Principles and Practices

Source: HOD 10/04/2009

(Note: This is former policy #2009-13 approved by the HOD in 2009; modified and reaffirmed by the HOD in 2014 as #2014-11)

The California Society of Health-System Pharmacists supports sustainability and “green” (environmentally-friendly) principles and practices, thereby promoting the importance of a healthy environment for healthy living.

#2014-12: Poison Control Centers

Source: HOD 2014

The California Society of Health-System Pharmacists:

1. Recognizes poison control centers are an essential emergency service, contributing to public health.
2. Supports efforts to obtain new and stable funding mechanisms for poison control centers to continue to provide these essential and valuable services.
3. Supports the integration and coordination of poison control center services where appropriate.

#2014-13: Value Based Purchasing

Source: HOD 2014

The California Society of Health-System Pharmacists:

1. Supports value-based purchasing reimbursement models when they are appropriately structured to improve health care quality, patient satisfaction, clinical outcomes, and encourage medication error reporting and quality improvement.
2. Encourages pharmacists, pharmacy technicians and buyers to actively lead in the design and interdisciplinary implementation of medication- related value-based purchasing initiatives.

#2014-14: Stable Funding for HRSA Office of Pharmacy Affairs

Source: HOD 2014

The California Society of Health-System Pharmacists:

1. Believes that a sustainable level of funding, including appropriations, is important in order to support the public health mission of the Health Resources and Services Administration (HRSA) Office of Pharmacy Affairs.
2. Supports the 340B Drug Pricing Program and innovative pharmacy service models in HRSA-funded programs.
3. Encourages research on the potential impact of any proposed fees or alternative funding sources for the Office of Pharmacy Affairs.

#2014-15: Health Insurance Coverage for California

Source: HOD 10/04/2009

(Note: This is former policy #2009-09 approved by the HOD in 2009; modified and reaffirmed by the HOD in 2014 as #2014-15)

The California Society of Health-System Pharmacists:

1. Supports health insurance coverage for all persons living in California, including coverage of prescription medications and related pharmacist patient-care services.
2. Encourages all health insurers, both public and private, use the full range of available methods to:
 - a. Ensure the provision of appropriate, safe and cost-effective health care services for their beneficiaries
 - b. Optimize the treatment outcomes of the insured population
 - c. Enhance patient safety by reducing the risk of adverse events
3. Encourages that health insurers seek to optimize continuity of care in their design of benefit plans

#2014-16: Drug Product Reimbursement

Source: HOD 2014

The California Society of Health-System Pharmacists:

1. Pursues, in collaboration with public and private payers, the development of improved methods of reimbursing pharmacies for the costs of drug products dispensed, compounding and dispensing services, and associated overhead.
2. Educates pharmacists about those methods.

#2014-17: Reimbursement: Medicare and Medi-Cal

Source: HOD 1989

(Note: This is former policy #8908 approved by the HOD 1989; modified and reaffirmed by the HOD in 1995 as policy #9507; reaffirmed by the HOD in 2000 as policy #2000-06; modified and reaffirmed by the HOD in 2005 as policy #2005-07; modified and reaffirmed by the 2008 HOD as policy #2008-24; modified and reaffirmed by the 2013 HOD as policy #2013-23; modified and reaffirmed by the 2014 HOD as policy #2014-17.)

The California Society of Health Health-System System Pharmacists:

1. Endorses a fully funded prescription drug program for eligible Medicare and Medi-Cal beneficiaries that maintains continuity of care and ensures the best use of medications.
2. Affirms that the essential requirements of any publicly funded prescription drug program include:
 - a) appropriate product reimbursement;
 - b) affordability for patients, including elimination of coverage gaps;
 - c) payment for indirect costs and practice expenses related to the provision of pharmacist services, based on a study of those costs;
 - d) appropriate coverage and payment for patient care services provided by pharmacists;
 - e) open access to the pharmacy provider of the patient's choice;
 - f) formularies with sufficient flexibility to allow access to medically necessary drugs; and
 - g) well-publicized, unbiased resources to assist beneficiaries in enrolling in the most appropriate plan for their medication needs.

(Note: Fully funded means federal and/or state government will make adequate funds available to fully cover the Medicare or Medi-Cal program's share of prescription drug program costs; eligible means the federal and/or state government may establish criteria by which Medicare or Medi-Cal beneficiaries qualify for prescription drug programs).

#2014-18: Use of Social Media by Pharmacy Professionals

Source: HOD 2014

The California Society of Health-System Pharmacists:

1. Encourages pharmacy professionals working in hospitals and health-systems who use social media to do so in a professional, responsible, and respectful manner. Such use may complement and enhance their relationships with patients, caregivers other members of the health care team, and the public.
2. Cautions pharmacy professionals to
 - a. Thoroughly consider the purposes and potential outcomes of participation in social media and develop the strategies and skills required to effectively utilize social media to meet their goals, and
 - b. Exercise professional judgment and adhere to professional standards and legal requirements in both private and public social media communications, especially legal and ethical obligations to protect the privacy of personal health information.
3. Encourages hospitals or health-systems that choose to use social media or permit practice-related social media use by staff to have policies and procedures in place that:
 - a. Balance the benefits social media provide with the obligations and liabilities they may create, and
 - b. Encourage the development and application of best practices by users of social media

#2014-19: Interoperability, Standardization and Use of Health Information and Other Patient- Care Technologies

Source: HOD 2014

The California Society of Health-System Pharmacists:

1. Supports the use of health information technology (HIT) and other patient-care technologies that improve the safety and reliability of the medication use process and facilitates medication management across the continuum of care.
2. Supports that all prescribers and pharmacies should use electronic information systems with appropriate security controls that enable the integration of patient- specific data (medical history and diagnosis, discharge summaries, medication lists, etc) and are accessible in all components of the health system.
 - a. Encourages health-system administrators, regulatory bodies, and other appropriate groups to provide health-system pharmacists with full access to patient-specific clinical data.
 - b. Strongly recommends pharmacists and pharmacy technicians be included in key decision roles of a multidisciplinary team in the planning, selection, implementation, and maintenance of electronic patient information systems (including computerized prescriber order entry systems) to facilitate clinical decision support, data analysis, and education of users for the purpose of ensuring the safe and effective use of medications.
 - c. Encourages computer software vendors and pharmaceutical suppliers to include pharmacists in the development of standards for the definition, collection, coding, and exchange of clinical data used in the medication-use process.
3. Encourages interdisciplinary development and implementation of technical and semantic standards for health information technology (HIT) that would promote the interoperability of patient-care technologies that utilize medication-related databases (e.g., medication order processing systems, automated dispensing cabinets, intelligent infusion pumps, bar coding, electronic health records).
4. Encourages the standardization, integration, and harmonization of medication- related databases used in patient-care technologies to ensure that data is current, consistent, and accurate across the medication use process and to minimize the resources required to maintain such databases.
5. Supports the use of machine-readable coding and related technology that improves the accuracy of the medication use process. CSHP also supports an FDA mandate that pharmaceutical manufacturers place standardized machine readable coding on all drug packaging, including manufactured unit dose, unit of use, and injectable drug packaging. Elements should include the NDC, lot number, expiration date, and any other information necessary to meet electronic pedigree processing requirements.

#2014-20: Pharmacist Expertise in the Preparation and Handling of Injectable Medications

Source: HOD 2014

The California Society of Health-System Pharmacists:

1. Encourages colleges of pharmacy to include sterile compounding and aseptic technique instruction in the didactic curriculum and during experiential education.

2. Supports the development of postgraduate, curriculum-based sterile compounding training programs to foster an increase in the number of pharmacists with sterile compounding expertise.

#2014-21: Standardization of Device Connectors and Safe Use of Syringes to Avoid Wrong-Route Errors

Source: HOD 2014

The California Society of Health-System Pharmacists:

Supports the development and use of medication administration device connectors and fittings that are designed to prevent misconnections and wrong-route errors, specifically by:

1. Supporting the use of oral syringes that are readily distinguishable from injectable syringes and connect only to oral or enteral adapters and fittings.
2. Opposing the use of injectable syringes for other than injectable routes of administration.
3. Encouraging the identification and promotion of the implementation of best practices for preventing wrong-route errors.

#2014-22: The Role of the Medication Safety Officer

Source: HOD 2014

The California Society of Health-System Pharmacists:

1. Endorses that accountability for development and maintenance of a medication safety program in hospitals and health-systems be assigned to a qualified individual (i.e., a medication safety officer or leader of an interdisciplinary medication safety team).
2. Advocate that individuals in these roles have the authority and autonomy to establish priorities for medication-use safety and make the necessary changes as authorized by the medical staff committee responsible for medication- use policy.
3. Affirms that pharmacists are uniquely prepared by education, experience, and knowledge to assume the role of medication safety officer or other leadership role in all activities that ensure the safety, effectiveness, and efficiency of the medication- use process.
 - a. Encourages the development of programs for ongoing pharmacy personnel education, training and experience in medication safety.
4. Supports all pharmacists in their leadership roles in organizational medication-use safety, reflecting their authority over and accountability for the performance of the medication-use process.
5. Approves the ASHP Statement on the Role of the Medication Safety Leader.
(<http://www.ashp.org/DocLibrary/BestPractices/MedMisStLeader.aspx>)

#2014-23: Medication Error Reporting within Just Culture

Source: HOD 2014

The California Society of Health-System Pharmacists:

1. Encourages pharmacists and pharmacy technicians to exert leadership in establishing a just culture in their workplaces and a non-punitive systems approach to address medication errors while supporting a nonthreatening reporting environment to encourage pharmacy staff and others to report actual and potential medication errors in a timely manner:
2. Support a single, comprehensive, hospital- or health-system-specific medication error reporting program that:
 - a. Fosters a confidential, nonthreatening, and non-punitive environment for the submission of medication error reports;
 - b. Receives and analyzes these confidential reports to identify system-based causes of medication errors or potential errors; and
 - c. CSHP policy 2012-10 (Pharmacist Licensure) specifically identifies sterile and non-sterile compounding as one of the basic competencies for which the NAPLEX should test.
3. Encourages the participation of all stakeholders in the reporting of medication errors and appropriate near miss events to this program.
(Note: A just culture is one that has a clear and transparent process for evaluating errors and separating events arising from flawed system design or inadvertent human error from those caused by reckless behavior, defined as a behavioral choice to consciously disregard what is known to be a substantial or unjustifiable risk.)

#2014-24: Safe and Effective Use of IV Promethazine

Source: HOD 2014

The California Society of Health-System Pharmacists:

1. Recognizes intravenous (IV) promethazine as a treatment alternative in limited clinical circumstances.
2. Supports health-system efforts to restrict use of IV promethazine by encouraging alternate routes of administration or use of therapeutic alternatives when appropriate.
3. Encourages health-systems to establish medication-use processes that reflect nationally recognized best practices to limit the potential for patient harm when IV promethazine use is medically necessary.

#2014-25: Standardization of Intravenous Drug Concentrations

Source: HOD 2014

The California Society of Health-System Pharmacists:

1. Supports the development of nationally standardized drug concentrations and dosing units for commonly used high-risk drugs that are given as continuous infusions to adult and pediatric patients

2. Encourages all hospitals and health-systems, or any location utilizing infusions to use infusion devices that interface with their information systems and include standardized drug libraries with dosing limits, clinical advisories, and other patient-safety-enhancing capabilities
3. Encourages inter-professional collaboration on the adoption and implementation of standardized drug concentrations and dosing units in all hospitals and health-systems, and locations that utilize infusions.

#2014-26: Research on Drug Use in Obese Patients

Source: HOD 2014

The California Society of Health-System Pharmacists:

1. Encourages drug product manufacturers to conduct pharmacokinetic and pharmacodynamic research in obese patients to facilitate safe and effective dosing of medications in this patient population, especially for medications most likely to be affected by obesity.
2. Encourages manufacturers to include in the Food and Drug Administration (FDA)- approved labeling detailed information on characteristics of individuals enrolled in drug dosing studies.
3. Recommends that the FDA develop guidance for the design and reporting of studies that support dosing recommendations in obese patients.
4. Encourages increased enrollment of obese patients in preapproval clinical trials of new medications.
5. Encourages independent research on the clinical significance of obesity on drug use, as well as the reporting and dissemination of this information via published literature, patient registries, and other mechanisms.

#2014-27: Agricultural Use of Hormone and Pro-hormone Therapies

Source: HOD 2014

The California Society of Health-System Pharmacists:

1. Supports that the Food and Drug Administration and United States Department of Agriculture re-evaluate the agricultural use of hormone and pro-hormone therapies for purposes of animal growth promotion based on evidence demonstrating potential adverse effects on human health.
2. Encourages additional research to better define the public health impact of using hormone therapies for agricultural purposes.

#2014-28: Direct-to-Consumer Clinical Genetic Tests

Source: HOD 2014

The California Society of Health-System Pharmacists:

1. Supports research to validate and standardize genetic markers used in direct-to-consumer clinical genetic tests and guide the application of test results to clinical practice.
2. Encourages the Food and Drug Administration to use existing authority to regulate these tests as medical devices and to work with the National Institutes of Health to expedite establishment of a process to evaluate and approve direct-to-consumer clinical genetic tests.
3. Opposes advertising of direct-to-consumer clinical genetic tests unless the following requirements are met:
 - a. That the relationship between the genetic marker and the disease or condition being assessed is clearly presented,
 - b. That the benefits and risks of testing are discussed, and
 - c. That such advertising is provided in an understandable format, at a level of health literacy that allows the intended audience to make informed decisions, and includes a description of the established patient-health care provider relationship as a critical source for information about the test and interpretation of test results.
4. Encourages pharmacists to educate consumers and clinicians on the appropriate use of direct-to-consumer clinical genetic tests for disease diagnosis and drug therapy management.

#2014-29: Pain Management

Source: HOD 2014

The California Society of Health-System Pharmacists:

1. Supports fully informed patient and caregiver participation in pain management decisions as an integral aspect of patient care.
2. Supports the active participation of pharmacists in the development and implementation of health-system pain management policies and protocols.
3. Supports the active participation of pharmacists in the development and implementation of best practices for ordering, administering and documenting of pain management in Electronic Health Records.
4. Supports the participation of pharmacists in pain management, which is a multidisciplinary, collaborative process for selecting appropriate drug therapies, educating patients, monitoring patients, and continually assessing outcomes of therapy.
5. Encourages health-systems to have pharmacists lead efforts to prevent inappropriate use of pain therapies, including engaging in strategies to detect and address patterns of abuse and misuse and that are not detrimental to the continued care of the patient.
6. Encourages health-systems pharmacists to access the California CURES system (Controlled Substance Utilization Review and Evaluation System) for suspected diversion or where opioid abuse is suspected; or are admitted for opiate abuse or overdose; and to notify the attending physician when indications of opiate abuse are found, such as excessive use, multiple opiates, multiple pharmacies or multiple prescribers.
7. Encourages the education of pharmacists, pharmacy students, and other health care providers regarding the principles of pain management and methods to minimize drug diversion.

#2014-30: Drug Product Shortages

Source: HOD 2014

The California Society of Health-System Pharmacists:

1. Endorses the Food and Drug Administration's (FDA) authority to require manufacturers to report drug product shortages and the reason(s) for the shortage, and to make that information available to the public.
2. Strongly encourages the FDA to consider in its definition of "medically necessary" drug products, the patient safety risks created by use of alternate drug products during a shortage.
3. Supports government-sponsored incentives for manufacturers to maintain an adequate supply of medically necessary drug products.
4. Supports laws and regulations that would:
 - i. Require pharmaceutical manufacturers to notify the appropriate government body at least 12 months in advance of voluntarily discontinuing a drug product.
 - ii. Provide effective sanctions for manufacturers that do not comply with this mandate.
 - iii. Require prompt public disclosure (e.g. 6 months) of a notification to voluntarily discontinue a drug product.
5. Encourages the appropriate government body to seek the cooperation of manufacturers in maintaining the supply of a drug product after being informed of a voluntary decision to discontinue that drug product.

#2014-32: Regulation of Dietary Supplements

Source: HOD 2008

(Note: This is former policy #2008-23 approved by the HOD in 2008; reaffirmed by the HOD in 2013 as policy #2013-22; modified and reaffirmed by the HOD in 2014 as policy #2014-32.)

The California Society of Health-System Pharmacists:

Encourages the Food and Drug Administration (FDA) to:

1. Require that dietary supplements undergo FDA approval for evidence of safety and efficacy;
2. Mandate FDA-approved dietary supplement labeling includes disclosure of excipients;
3. Mandate FDA-approved patient information materials that describe safe use in a clear, standardized format, including the potential for interaction with medications and cautions for special populations; and
4. Establish and maintain an adverse-event reporting system specifically for dietary supplements, and require dietary supplement manufacturers to report suspected adverse reactions to the FDA; further
5. To oppose direct-to-consumer advertising of dietary supplements unless the following criteria are met:

- a) Federal laws are amended to include all the requirements described above to ensure that dietary supplements are safe and effective;
- b) Evidence-based information regarding safety and efficacy is provided in a format that allows for informed decision-making by the consumer;
- c) The advertising includes a recommendation to consult with a health care professional before initiating use;
- d) Any known warnings or precautions regarding dietary supplement–medication interactions or dietary supplement–disease interactions are provided as part of the advertising; and
- e) The advertising is educational in nature and includes pharmacists as a source of information.

(Note: Dietary supplement as used in this policy is defined by the Dietary Supplement Health and Education Act of 1994, as amended; 21 U.S.C 321).

#2014-33: Transitions of Care

Source: HOD 2014

The California Society of Health-System Pharmacists:

The California Society of Health-System Pharmacists supports pharmacists providing transitions of care services between levels of care, healthcare providers, and insurance coverage for the benefit of patient care. Healthcare systems should make patient specific information readily available to pharmacists and pharmacy technicians who provide transitions of care services. Examples may include:

- 1. Medical history and diagnosis,
- 2. Discharge summaries,
- 3. Medication lists,
- 4. Laboratory tests,
- 5. Allergies and medication intolerances
- 6. Pertinent patient care and treatment plans.

#2014-34: Globalization of Clinical Trials

Source: HOD 2014

The California Society of Health-System Pharmacists:

- 1. Encourages the Food and Drug Administration (FDA) to use its existing authority to increase monitoring and inspection of foreign clinical trials to ensure the integrity and quality of those studies.
- 2. Supports that the FDA expand its oversight of clinical trials conducted abroad by continuing to pursue innovative strategies, such as increased collaboration with foreign regulatory agencies and changes in domestic regulatory processes that support timely submission of foreign clinical trial information.
- 3. Encourages the FDA to establish a standardized electronic format and reporting standards that would be required for submission of data from foreign clinical trials.
- 4. Supports the ethical treatment of patients in foreign clinical trials in accordance with international standards designed to protect human subjects.

5. Encourages public and private research to study the impact of the globalization of clinical trials on patient care.

#2014-35: Performance Enhancing Substances and the Pharmacist's Role in Sports Pharmacy

Source: HOD 2014

The California Society of Health-System Pharmacists:

1. Encourages safe and healthful participation in competitive sport and exercising.
2. Supports the pharmacist's role in promoting safe and proper use of medications and nutritional supplements and recognizes the unique medication needs of athletes.
3. Encourages the general public to seek health professional advice related to medications and nutritional supplements promoted for sports performance or used to maintain health.
4. Supports the efforts of organizations to educate and enforce drug testing to discourage the use of banned and/or harmful performance-enhancing substances.
5. Develops collaborative efforts with health and sport organizations in order to educate athletic authorities, athletes and others regarding the safe and most effective legitimate use of medications.
6. Supports public and professional education campaigns in discouraging the use of banned and/or harmful performance-enhancing substances.
7. Encourages members to offer consultation to athletes about the potential harm of using banned performance-enhancing substances.
8. Encourages schools of pharmacy to develop education programs for students and pharmacists that address the safe use of medication recognizing the unique needs of athletes.
9. Encourages the role of the pharmacist in all aspects of sports doping control.

#2014-36: Medication Overuse

Source: HOD 2014

The California Society of Health-System Pharmacists:

1. Defines medication overuse as use of a medication when the potential risks of using the drug outweigh the potential benefits for the patient.
2. Recognizes that medication overuse is inappropriate and can result in patient harm and increased overall health care costs.
3. Encourages pharmacists to take a leadership role in inter-professional efforts to minimize medication overuse.

#2014-37: Drug-Containing Devices

Source: HOD 2014

The California Society of Health-System Pharmacists:

1. Recognizes that the use of drug-containing devices (also known as combination devices) has important clinical and safety implications for patient care.
2. Endorses that use of such devices be documented in the patient's medical record to support clinical decision-making.
3. Encourages pharmacists to participate in inter-professional efforts to evaluate and create guidance on the use of these products through the pharmacy and therapeutics committee process to ensure patient safety and promote cost-effectiveness.
4. Supports that the Food and Drug Administration (FDA) and device manufacturers increase the transparency of the FDA approval process for drug-containing devices, including access to data used to support approval.
5. Encourages research that evaluates the clinical and safety implications of drug containing devices to inform product development and guide clinical practice.

~~#2014-38: The Role of the Pharmacist in Substance Abuse and Drug Diversion~~

#2014-39: Workload Monitoring and Reporting

Source: HOD 2014

The California Society of Health-System Pharmacists:

1. Strongly discourages the use of pharmacy workload and productivity measurement systems (“pharmacy benchmarking systems”) that are based solely upon dispensing functions (e.g. doses dispensed or billed) or a variant of patient days, because such measures do not accurately assess pharmacy workload, staffing effectiveness, clinical practice contributions to patient care, or impacts on costs of care, and therefore these measurement systems are not valid and should not be used.
2. Supports the development and implementation of pharmacy benchmarking systems that accurately assess the impact of pharmacy services on patient outcomes and total costs of care.
3. Defines pharmacy workload as all activities related to providing pharmacy patient care services.
4. Continues communications with health-system administrators, consulting firms, and professional associations regarding the value of pharmacists’ and pharmacy technicians’ services and the importance of valid, comprehensive, and evidence- based measures of pharmacy workload and productivity.
5. Encourages practitioners and vendors to develop and use a standard protocol for collecting and reporting pharmacy workload data and patient outcomes.

6. Encourages health-system administrators, consulting firms and vendors of performance-measurement services to develop and implement pharmacy benchmarking systems that accurately assess the impact of pharmacy services on patient outcomes and total costs of care.

#2014-40: Pharmaceutical Waste

Source: HOD 2014

The California Society of Health-System Pharmacists:

1. Supports collaborations between regulatory bodies and appropriate organizations to develop standards for the disposal of pharmaceutical hazardous waste as defined in the Resource Conservation and Recovery Act (RCRA) and the California Medical Waste Management Act, for the purpose of simplifying the disposal of these substances by health-systems. (Hazardous materials defined in the California Medical Waste Management Act are commonly termed “California Only” hazardous materials/wastes.)
2. Urges the Environmental Protection Agency (EPA) to update the list of hazardous substances under RCRA and establish a process for maintaining a current list.
3. Urges federal, state, and local governments to harmonize regulations regarding disposal of hazardous pharmaceutical waste and eliminate the need for “California Only” hazardous materials/wastes.
4. Encourages pharmaceutical manufacturers and the EPA to provide guidance and assistance to hospitals and health-systems in proper disposal and destruction of regulated and non-regulated hazardous pharmaceutical waste.
5. Supports that the Food and Drug Administration standardize labeling of drug products with information relating to appropriate disposal.
6. Supports promoting awareness within hospitals and health-systems of pharmaceutical waste regulations.
7. Encourages research on the environmental and public health impacts of drug products and metabolites excreted in human waste.
8. Encourages pharmaceutical manufacturers to streamline packaging of drug products to reduce waste materials.
9. Supports the creation of a DEA disposal registrant authorized to collect and dispose of end user-controlled substances

#2014-41: Pharmacist Role in the Medical Home

Source: HOD 2014

The California Society of Health-System Pharmacists:

1. Encourages health policymakers, payers, and other stakeholders for the inclusion of pharmacists as a care provider within the medical home model.

2. Supports the development of appropriate reimbursement mechanisms for the care that pharmacists provide (including care coordination services) within the medical home model.
3. To support that the Centers for Medicare & Medicaid Services include pharmacists in demonstration projects for the health care home model.,
4. To encourage comparative effectiveness research and measurement of key outcomes (e.g., clinical, economic, quality, access) for pharmacist services in the health care home model.

#2014-42: Pharmaceutical Distribution Systems

Source: HOD 2014

The California Society of Health-System Pharmacists:

Supports wholesaler/distribution business models that meet the requirements of hospitals and health-systems with respect to:

1. timely delivery of products,
2. minimizing short-term outages and long-term product shortages,
3. managing and responding to product recalls,
4. fostering product-handling and transaction efficiency,
5. preserving the integrity of products as they move through the supply chain, and maintaining affordable service costs.

#2014-43: Patient Access to Pharmacist Services

Source: HOD 2014

The California Society of Health-System Pharmacists:

1. Supports the principle that all patients should have 24-hour access to a pharmacist responsible for their care and that pharmacists should have access to pertinent patient information, regardless of proximity to the patient.
2. Supports the use of alternative methods of pharmacist review of medication orders (such as remote review) before drug administration when onsite pharmacist review is not available.
3. Supports the use of remote medication order review systems that communicate pharmacist approval of orders electronically to a hospital's automated medication distribution system.

#2014-44: Just Culture

Source: HOD 2014

The California Society of Health-System Pharmacists:

1. Recognizes that the principles of just culture promote an environment in health care organizations in which safety is valued, reporting of safety risks is encouraged, and a fair process is used to hold staff and leaders accountable;
2. Encourages hospitals and health-systems to include just culture as a component in organizational safety culture surveys and quality improvement initiatives.

#2014-45: Pharmacists' Role in Medication Reconciliation

Source: HOD 2014

The California Society of Health-System Pharmacists:

1. Supports the ASHP statement on Pharmacists' Role in Medication Reconciliation. (<http://www.ashp.org/DocLibrary/BestPractices/SpecificStMedRec.aspx>)
2. Affirms that an effective process for medication reconciliation reduces medication errors and supports safe medication use by patients.
3. Endorses that pharmacists, because of their distinct knowledge, skills, and abilities, should take a leadership role in interdisciplinary efforts to develop, implement, monitor, and maintain effective medication reconciliation processes,
4. Encourages community-based providers, hospitals, and health-systems to collaborate in organized medication reconciliation processes to promote overall continuity of patient care,
5. Recognizes that pharmacists have a responsibility to educate patients and caregivers on their responsibility to maintain an up-to-date and readily accessible list of medications the patient is taking and that pharmacists should assist patients and caregivers by assuring the provision of a personal medication list as part of patient counseling, education, and maintenance of an individual medical record.
6. Supports the use of pharmacy technicians in assisting pharmacists in the medication reconciliation process.

#2014-46: Pharmacist Recognition as a Health Care Provider

Source: HOD 2014

The California Society of Health-System Pharmacists:

1. Supports changes in federal (e.g. Social Security Act), state, and third- party payment programs to define pharmacists as health care providers.
2. Affirms that pharmacists, as medication-use experts, provide safe, accessible, high-quality care that is cost effective, resulting in improved patient outcomes.
3. Recognizes that pharmacists, as health care providers, improve access to patient care and bridge existing gaps in health care.
4. Will collaborate with key stakeholders to describe the covered direct patient-care services provided by pharmacists and to pursue a standard mechanism for compensating pharmacists who provide these services.

#2014-47: Outsourcing of Sterile Compounded Products

Source: HOD 2014

The California Society of Health-System Pharmacists:

1. Supports the use of outsourced, compounded sterile products from pharmacies or other suppliers that are regulated and routinely inspected by a regulatory agency with jurisdiction over sterile compounding.
2. FDA regulation of outsourcing facilities.
3. Supports the regulation of compounding pharmacies and suppliers to include, but not be limited to, the compounding pharmacy or supplier:
 - a. Notifying its customers of any warning letters or citations from a regulatory body.
 - b. Routinely providing relevant quality control and assurance reports, and
 - c. Notifying its customers within 24 hours of the issuance of a recall of any distributed sterile compounded product.
4. Supports requiring labeling of all pharmacy compounded products as pharmacy compounded. This is to differentiate pharmacy compounded products from manufacturers' products.

#2014-48: Pharmacist Leadership of the Pharmacy Department

Source: HOD 2014

The California Society of Health-System Pharmacists:

1. Affirms the importance of an organizational structure in hospitals and health systems that places administrative, clinical, and operational responsibility for the pharmacy department under a pharmacist leadership.
2. Affirms the role of the pharmacist leader in oversight and supervision of all pharmacy personnel.
3. Recognizes the supporting role of non-pharmacists in leadership and management roles with pharmacy departments

#2014-49: Interstate Pharmacy Practice Regulation

Source: HOD 2014

The California Society of Health-System Pharmacists:

1. Supports the ability of patients to receive high quality, affordable services from any US pharmacist qualified and equipped to provide such services regardless of the state in which the pharmacist is licensed without any unnecessary or impractical limits on the interstate practice of clinical or product-centered pharmacy.
2. Supports the adoption by state governments, including legislatures and boards of pharmacy, of laws and regulations that harmonize the practice of pharmacy across state lines in order to provide patients with high quality, safe, affordable, practical and accountable framework for interstate pharmacy practice.

#2014-50: FDA Authority on Recalls

Source: HOD 2014

The California Society of Health-System Pharmacists:

1. Strongly encourages the Food and Drug Administration (FDA) to develop a standard recall notification process and format to be used by all manufacturers to facilitate the timely removal of recalled drugs
2. Endorses that such notification should:
 - a. Come from a single source,
 - b. Clearly identify the recalled product,
 - c. Explain why the product is being recalled,
 - d. Provide a way to report having the recalled product,
 - e. Give instructions on what to do with the recalled product, and
 - f. Be provided concurrently to all entities in the supply chain
3. Urges the FDA to require drug manufacturers and the computer software industry to provide bar codes and data fields for lot number, expiration date, and other necessary and appropriate information on all medication packaging, including unit dose, unit-of-use, and injectable drug packaging, in order to facilitate compliance with recalls or withdrawals and to prevent the administration of recalled products to patients
4. Urges the FDA to encourage post-marketing reporting of adverse events and product quality issues to enhance the recall system.

~~#2014-51: Off-Label Use of Medication~~

#2014-52: Regulation of Telepharmacy Services

Source: HOD 2014

The California Society of Health-System Pharmacists:

1. Supports the adoption of laws and regulations that standardize telepharmacy practices for patients within California and facilitate the use of United States- based telepharmacy services.
2. Encourages the California State Board of Pharmacy and state agencies that regulate pharmacy practice to include the following in regulations for telepharmacy services:
 - a. Education and training of participating pharmacists;
 - b. The role of pharmacy technicians;
 - c. Communication and information systems requirements;
 - d. Remote order entry, prospective order review, verification of the completed medication order before dispensing, and dispensing;
 - e. Direct patient-care services, including medication therapy management services and patient counseling and education;
 - f. Licensure of participating pharmacies, pharmacists and technicians
 - g. Service arrangements that cross state borders;
 - h. Service arrangements within the same corporate entity or between different corporate entities;
 - i. Service arrangements for workload relief in the point-of-care pharmacy during peak periods;

- j. Pharmacist access to all applicable patient information; and development and monitoring of patient safety, quality, and outcomes measure

#2014-53: Regulation of Centralized Order Fulfillment

Source: HOD 2014

The California Society of Health-System Pharmacist supports changes in federal and State statute and regulation provisions to permit centralized order fulfillment or repackaging for hospitals and health-systems to improve medication use safety and efficiency within California regardless of common ownership or distribution distance.

#2014-54: California Scheduling of Hydrocodone Combination Products

Source: HOD 2014

The California Society of Health-System Pharmacists supports the rescheduling of hydrocodone combination products by the California Department of Justice Schedule II based on their potential for abuse and patient harm and to achieve consistency with scheduling of other drugs with similar abuse potential.

#2014-55: DEA Scheduling of Controlled Substances

Source: HOD 2014

The California Society of Health-System Pharmacists:

1. Encourages the Drug Enforcement Administration (DEA) to establish clear, measurable criteria and a transparent process for scheduling determinations.
2. Urges the DEA to use such a process to re-evaluate existing schedules for all substances regulated under the Controlled Substances Act to ensure consistency and incorporate current evidence concerning the abuse potential of these therapies.
3. Supports that the DEA monitor the effect of scheduling of products under the Controlled Substances Act and other abuse-prevention efforts (e.g., prescription drug monitoring programs) to assess the impact on patient access to these medications and on the practice burden of health care providers.

#2014-56: Student Pharmacist Experiences in Medically Underserved Areas and populations

Source: HOD 2014

The California Society of Health-System Pharmacists encourages practitioners serving traditionally medically underserved areas, populations or diverse patient populations to provide student learning experiences.

#2014-57: Continuing Professional Development

Source: HOD 2014

The California Society of Health-System Pharmacists:

1. Endorses and promotes the concept of continuing professional development (CPD), which involves personal self-appraisal, educational plan development, plan implementation, documentation, and evaluation.
2. Supports the development of a variety of mechanisms and tools that pharmacists can use to assess their CPD needs.
3. Encourages individual pharmacists to embrace CPD as a means of maintaining their own professional competence.
4. Encourages pharmacy managers to promote CPD as the model for ensuring the competence of their staff.
5. Collaborates with other pharmacy organizations, state boards of pharmacy, and accrediting bodies, in the development of effective methods for incorporating CPD into existing professional development strategies.
6. Supports objective assessment of the impact of CPD on pharmacist competence.
7. Endorses the efforts of colleges of pharmacy and ASHP- accredited pharmacy residency programs to teach the principles, concepts, and skills of CPD.

~~#2014-58: Inter-professional Education in Support of Team-Based Care Models~~

#2014-59: Quality of Student Pharmacist Experiential Education

Source: HOD 2014

The California Society of Health-System Pharmacists:

1. Supports 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 and experiential training provided by colleges of pharmacy and their associated experiential sites and preceptors.
2. Supports an increase in Accreditation Council for Pharmacy Education's PharmD, program accreditation standards for assessment processes by the schools of pharmacy to assure that the graduates have attained the knowledge, skills and abilities necessary to assure that upon graduation the patient will receive safe and effective medication preparation, dispensing and counseling regarding their medication therapy, regardless of practice setting or the source of their PharmD education.
3. Supports in addition to a robust science and clinical curriculum, sufficient hours of quality experiential educational sites with qualified and accountable faculty and preceptors (including medication preparation and dispensing preceptors and specialty-trained clinical faculty) as being essential to the ability for graduates to assume traditional and clinical responsibilities upon graduation.

#2014-60: Residency Equivalency

Source: HOD 2014

The California Society of Health-System Pharmacists:

1. Acknowledges the distinct role of ASHP-accredited residency training in preparing pharmacists to be direct patient-care providers
2. Recognizes the importance of clinical experience in developing practitioner expertise.
3. Recognizes that while there is no objective means to convert or express clinical experience as equivalent to or a substitute for the successful completion of an ASHP-accredited residency, individuals with sufficient practice experience in direct patient care can practice competently as well as residency trained pharmacists.
4. Supports the recognition of pharmacists as Advanced Practice Practitioners (APPs) by satisfying the criteria set forth in California law.

#2014-61: Pharmacists Involvement in Student Pharmacist Education

Source: HOD 2014

The California Society of Health-Systems Pharmacists:

1. Supports high standards and innovation in the practice of pharmacy. Therefore, pharmacists are encouraged to participate in the training and education of student pharmacists through involvement with independent internship programs and/or with School of Pharmacy sponsored practice-based experience programs. The achievement of predetermined competencies, as well as the growth of the student as a professional through the development of professional values such as integrity, ethics, leadership, and giving back to the community should be the primary objectives of all such programs.
2. Supports structured requirements, goals, and objectives for pharmacy internship experiences, in alignment with requirements for introductory and advanced pharmacy practice experiences.
3. Promotes new staffing models that foster expanded roles for pharmacy interns, providing work experiences that build upon their knowledge and help them develop as future pharmacists.
4. Encourages pharmacists to serve as mentors to students, residents, and colleagues in a manner that fosters the adoption of:
 - a. High professional standards of pharmacy practice,
 - b. High personal standards of integrity and competence,
 - c. A commitment to serve humanity,
 - d. Analytical thinking and ethical reasoning,
 - e. A commitment to continuing professional development
 - f. Personal leadership skills.

#2014-62: Financial Management Skills

Source: HOD 2014

The California Society of Health-Systems Pharmacists:

1. Supports the systematic and ongoing development of management skills for health- system pharmacists in the areas of:
 - a. Health-system economics
 - b. Business plan development
 - c. Financial analysis
 - d. Metrics for clinical and distributive services
 - e. Compensation for pharmacists' patient-care services
 - f. Revenue cycle compliance and management
 - g. Prescription medication pricing and reimbursement
2. Encourages colleges of pharmacy to incorporate these management areas in course work and experiential education.
3. Encourages financial management skills development in pharmacy residency training and new practitioner orientation

#2014-63: Accreditation Organizations

Source: HOD 2014

The California Society of Health-System Pharmacists:

1. Encourages health care accreditation organizations to include providers and patients in their accreditation and standards development processes.
2. Encourages health care accreditation organizations to adopt consistent standards for the medication-use process, based on established principles of patient safety and quality of care.
3. Encourages hospitals and health-systems to include pharmacy practice leaders in decisions about seeking recognition by specific accreditation organizations.

#2014-64: Innovative Residency Models

Source: HOD 2014

The California Society of Health-System Pharmacists supports the development of innovative residency models that meet ASHP accreditation requirements.

POLICIES ESTABLISHED/MODIFIED IN 2015

#2015-01: Medical Marijuana

Source: HOD 2015

The California Society of Health-System Pharmacists:

1. Supports legislation that changes marijuana from a Schedule I to Schedule II in order to promote and expand the scope of research on its potential medical benefit.
2. Encourages continuing research to define the therapeutically active components, effectiveness, safety and clinical use of medical marijuana.
3. Further, supports the development of additional marijuana-based compounds that meet the FDA definition of a drug product.
4. Supports the development of processes that would ensure standardized formulations, potency, and quality of medical marijuana products to facilitate research.
5. Proposes the development of policies addressing the procurement, storage and distribution of medical marijuana for research purposes consistent with all applicable laws and regulations.
6. Supports the prohibition of marijuana smoking in settings where smoking is prohibited.
7. Encourages continuing education that prepares the pharmacist to respond to patients and clinician questions about therapeutic and legal issues surrounding medical marijuana use.

#2015-02: Collective Bargaining

Source: HOD 1989

(Note: This is former policy #8906 approved by the HOD in 1989; reaffirmed by the HOD in 1995 as policy #9502; reaffirmed by the HOD in 2000 as policy #2000-02; modified and reaffirmed by the HOD in 2005 as policy #2005-04; reaffirmed by the HOD in 2010 as policy #2010-02; reaffirmed by the HOD in 2015 as policy #2015-02.)

The California Society of Health-System Pharmacists is a professional organization committed to upholding the standards of practice in the profession of pharmacy. CSHP remains separate and apart from any collective bargaining entity.

(Note: #2015-03: missed numbering)

#2015-04: ASHP Policies

Source: HOD 1987

(Note: This is former policy #8711 approved by the HOD in 1987; reaffirmed by the HOD in 1993 as policy #9324; reaffirmed by the HOD in 1998 as policy #9807; modified and reaffirmed by the HOD in 2000 as

policy #2000-08; modified and reaffirmed by the HOD in 2005 as policy #2005-06; modified and reaffirmed by the HOD in 2010 as policy #2010-04; modified and reaffirmed by the HOD in 2015 as policy #2015-04.)

The California Society of Health-System Pharmacists:

1. To accept as CSHP policy all official Statements in the current edition of ASHP's Best Practices for Hospital and Health-System Pharmacy except when they conflict with CSHP policy, and to endorse the use of ASHP Position Statements, Guidelines and Technical Assistance Bulletins by its members in their practice settings.
2. To task the Board of Directors to perform a yearly review of ASHP professional policies and except out specific policies to be discussed at the House of Delegates.

#2015-05: Pharmacist License Renewal

Source: BOD 1993

(Note: This is former policy #9302 approved by the HOD in 1993; modified and reaffirmed by the HOD in 1998 as policy #9810; modified and reaffirmed by the HOD in 2000 as policy #2000-09; modified and reaffirmed by the HOD in 2005 as policy #2005-07; modified and reaffirmed by the HOD in 2010 as policy #2010-05; reaffirmed by the HOD in 2015 as policy #2015-05.)

The California Society of Health-System Pharmacists opposes the use of examinations for the purpose of pharmacist license renewal, notwithstanding Board of Pharmacy disciplinary action.

#2015-06: Pharmacists' Scope of Practice: Efforts to Restrict

Source: HOD 2000

(Note: This is former policy #2000-10 approved by the HOD in 2000; modified and reaffirmed by the HOD in 2005 as policy #2005-08; modified and reaffirmed by the HOD in 2010 as policy #2010-06; reaffirmed by the HOD in 2015 as policy #2015-06.)

The California Society of Health-System Pharmacists opposes efforts that restrict pharmacists' scope of practice or limit the pharmacists' role in the medication use process.

Examples of such efforts include, but are not limited to, legislation or regulations and/or policies and procedures that:

1. *In the area of prescribing:*
 - a. Rescind or limit pharmacists' scope of practice in any patient care setting.
2. *In the area of dispensing, preparation and distribution:*
 - a. Restrict pharmacists' ability to provide specialty medications to patients by implementing limited distribution systems for selected products.
 - b. Restrict pharmacists' ability to substitute generic medications.
 - c. Restrict pharmacists' ability to use formularies or physician-approved therapeutic substitutions.
 - d. Restrict pharmacists' use of professional judgment.
3. *In the area of medication administration:*
 - a. Eliminate the requirement for pharmacist verification of the medication orders prior to administration to patients.
 - b. Restrict the pharmacists' ability to administer immunizations.
4. *In the area of patient monitoring of medication effects:*

- a. Restrict the pharmacists' ability to provide patient education on the safe use of medications.
 - b. Restrict the pharmacists' ability to properly monitor medications to assure safe use and minimize adverse effects.
 - c. Restrict pharmacists' ability to provide therapeutic drug monitoring or other monitoring services.
5. *In the area of medication process oversight and responsibility*
- a. Restrict the pharmacists' responsibility for the medication use process.

#2015-07: Funding, Expertise and Oversight of Pharmacy Practice

Source: HOD 2005

(Note: This is former policy #2005-09 approved by the HOD in 2005; reaffirmed by the HOD in 2010 as policy #2010-07; reaffirmed by the HOD in 20105 as policy #2015-07.)

The California Society of Health-System Pharmacists:

1. Advocates appropriate oversight of pharmacy practice (including nontraditional practice) and the pharmaceutical supply chain by the state board of pharmacy and other state and federal agencies whose mission it is to protect the public health; further
2. Advocates adequate representation on the state board of pharmacy and related state and federal agencies by pharmacists who are knowledgeable about hospitals and health systems to ensure appropriate oversight of hospitals and health-system pharmacy practice; further
3. Advocates adequate funding for the state board of pharmacy and related state and federal agencies to ensure the effective oversight and regulation of pharmacy practice and the pharmaceutical supply chain.

#2015-08: Conscientious Objection by Pharmacists to Morally, Religiously, or Ethically Troubling Therapies

Source: HOD 1993

(Note: This is former policy #9316 approved by the HOD in 1993; reaffirmed by the HOD in 1998 as policy #9802; modified and reaffirmed by the HOD in 2003 as policy #2003-11; modified and reaffirmed by the HOD in 2005 as policy #2005-10; reaffirmed by the HOD in 2010 as policy #2010-08; reaffirmed by the HOD in 2015 as policy #2015-08.)

The California Society of Health-System Pharmacists:

1. Recognizes a pharmacist's right to conscientious objection to morally, religiously or ethically troubling therapies; and
2. Supports the development of systems to allow pharmacists to invoke the right to conscientiously object to morally, religiously or ethically troubling therapies, while ensuring the patient's right to obtain, in a timely manner, legally prescribed and/or medically indicated therapies.

~~#2015-09: Cultural Competency and Cultural Diversity~~

#2015-10: Importation of Pharmaceuticals

Source: HOD 2005

(Note: This is former policy #2005-12 approved by the HOD in 2005; reaffirmed by the HOD in 2010 as policy #2010-10; reaffirmed by the HOD in 2015 as policy #2015-10.)

The California Society of Health-System Pharmacists to advocate for the continuation and application of laws and regulations enforced by the Food and Drug Administration and state boards of pharmacy with respect to the importation of pharmaceuticals in order to

1. maintain the integrity of the pharmaceutical supply chain and avoid the introduction of counterfeit products into the United States;
2. provide for continued patient access to pharmacist review of all medications and preserve the patient-pharmacist-prescriber relationship; and
3. provide adequate patient counseling and education, particularly to patients taking multiple high-risk medications; further,

To urge the FDA and state boards of pharmacy to vigorously enforce federal and state laws in relation to importation of pharmaceuticals by individuals, distributors (including wholesalers), and pharmacies that bypass a safe and secure regulatory framework.

CSHP supports greater affordability and access to needed medications in the United States. It is our opinion that any program that seriously attempts to reign in rising drug costs **MUST** involve pharmacists. CSHP encourages exploration and research into mechanisms that can be implemented to assure that all of the safeguards needed are feasible to assist our nation in continuing the drug importation debate.

Until such research is performed, and safeguards are assured and in place, CSHP advocates for the continuation and application of laws and regulations enforced by the Food and Drug Administration and state boards of pharmacy with respect to the importation of pharmaceuticals in the United States and urges the FDA and state boards of pharmacy to vigorously enforce federal and state laws in relation to importation of pharmaceuticals by individuals, distributors (including wholesalers), and pharmacies that bypass a safe and secure regulatory framework.

#2015-11: Redistribution of Unused Medications

Source: HOD 2005

(Note: This is former policy #2005-13 approved by the HOD in 2005; reaffirmed by the HOD in 2010 as policy #2010-11; modified and reaffirmed by the HOD in 2015 as policy #2015-11.)

The California Society of Health-System Pharmacist supports the concept of redistribution of previously dispensed, unused medications provided that adequate safeguards are in place and it is in compliance with Federal and State regulations.

#2015-12: Use of Patient Identifiers at Time of Outpatient Prescription Dispensing

Source: HOD 2010

(Note: This is former policy #2010-12 approved by the HOD in 2010; modified and reaffirmed by the HOD in 2015 as policy #2015-12.)

The California Society of Health-System Pharmacists supports accurate dispensing procedures to reduce medication errors for patients in the outpatient setting that include the use of at least two-identifiers ensuring patient identification at the time of prescription dispensing to the patient or the patient's agent within the current scope of state and federal regulations.

#2015-13: Gifts to Pharmacists and Pharmacy Personnel from Industry

Source: HOD 1991

(Note: This is former policy #9108 approved by the HOD in 1991; reaffirmed by the HOD in 1996 as policy #9601; reaffirmed by the HOD in 2001 as policy #2001-01; reaffirmed by the HOD in 2006 as policy #2006-02; modified and reaffirmed by the HOD in 2010 as policy #2010-13; modified and reaffirmed by the HOD in 2015 as policy #2015-13.)

1. Pharmacists and pharmacy personnel should not solicit or accept gifts from industry that might influence or appear to influence objectivity, independence, or fairness in clinical and professional judgment.
2. Pharmacists and pharmacy personnel should not benefit personally from transactions outside from educational purposes from industries or suppliers even on the behalf of a business. These include, but are not limited to gifts, meals, entertainment, and grants.
3. Pharmacists and pharmacy personnel may accept educational items only that do not have value outside of her or his professional responsibilities.
4. Providing items for health care professionals' use that do not advance disease or treatment education — even if they are practice-related items of minimal value (such as pens, note pads, mugs and similar “reminder” items with company or product logos) — may foster misperceptions that company interactions with health care professionals are not based on informing them about medical and scientific issues. Such non-educational items should not be offered to health care professionals or members of their staff, even if they are accompanied by patient or physician educational materials.

#2015-14: Assisting California Schools of Pharmacy Assess Healthcare and Manpower Demands

Source: HOD 2010

(Note: This is former policy #2010-14 approved by the HOD in 2010; modified and reaffirmed by the HOD in 2015 as policy #2015-14.)

The California Society of Health-System Pharmacists shall seek an active role in assisting California schools of pharmacy and proposed schools of pharmacy to assess current and future healthcare demands, and manpower needs.

CSHP:

1. Advocates for high quality pharmacist education by new and proposed accredited schools of pharmacy.
2. Supports that new and current schools of pharmacy must provide and maintain sufficient high-quality IPPE and APPE experiential sites for their students enrolled in their doctor of pharmacy programs.

3. Supports that proposed schools of pharmacy must secure sufficient high-quality IPPE and APPE experiential sites for their potential doctor of pharmacy candidates prior to admission of the inaugural class and grant of accreditation.
4. Supports the expansion of pharmacy schools and enrollment in existing or new colleges of pharmacy only when well-designed projections demonstrate that such expansion is necessary to maintain a sufficient and balanced pharmacist workforce in California.
5. Supports the expansion of post-graduate pharmacy training programs such as PGY1 residency programs in California.

#2015-15: Uniformity of Controlled Medications for Federal and State Classifications

Source: HOD 2010

(Note: This is former policy #2010-15 approved by the HOD in 2010; reaffirmed by the HOD in 2015 as policy #2015-15.)

The California Society of Health-System Pharmacists supports uniformity for controlled medications between federal and state classifications.

#2015-16: Sales Tax Exemption on Prescribed Medications and Medical Equipment

Source: HOD 2010

(Note: This is former policy #2010-16 approved by the HOD in 2010; reaffirmed by the HOD in 2015 as policy #2015-16.)

The California Society of Health-Systems Pharmacists supports the exemption of sales tax on prescribed purchases of medications, medical supplies, equipment, and devices.

#2015-17: Requiring the Purpose of a Prescribed Medication on the Label

Source: HOD 2010

(Note: This is former policy #2010-17 approved by the HOD in 2010; reaffirmed by the HOD in 2015 as policy #2015-17.)

The California Society of Health-System Pharmacists supports requiring that the purpose of a prescribed medication be included on all prescriptions, and that the purpose of the medication be included on the medication label. In recognition of a patient's right to privacy, CSHP supports allowing patients to opt out of having the purpose printed on the label upon request.

#2015-18: Pharmacy Exempt Status

Source: HOD 2015

The California Society of Health-System Pharmacists Board approve the following language for pharmacist exempt status legislation to be submitted to legislative counsel:

Labor Code

Division 2. Employment Regulation And Supervision; Part 2. Working Hours; Chapter 5.
Pharmacies

850. No person employed to sell at retail drugs and medicines or to compound physicians' prescriptions shall perform any work in any store, dispensary, pharmacy, laboratory, or office for more than an average of nine hours per day, or for more than 108 hours in any two consecutive weeks or for more than 12 days in any two consecutive weeks, except that any registered pharmacist may be so employed and may perform such work for the full period of time permitted by this section.

850.5. Notwithstanding section 850, a pharmacist who is granted advanced practice pharmacist recognition by the Board of Pharmacy pursuant to Section 4210 of the Business and Professions Code, pharmacists practicing under 4052.1 and 4052.2, or a pharmacist who is enrolled in a postgraduate residency program, shall be permitted to adopt alternative workweek schedules.

851. No person employing another person to sell at retail drugs and medicines or to compound physicians' prescriptions shall require or permit such employee to perform any work in any store, dispensary, pharmacy, laboratory, or office for more than an average of nine hours per day, or for more than 108 hours in any two consecutive weeks or for more than 12 days in any two consecutive weeks, except that any registered pharmacist may be so employed and may perform such work for the full period of time permitted by this section.

851.5. Except on Sundays and holidays, and except for a period of time for meals, not to exceed one hour in length, the hours of work permitted per day by this chapter shall be consecutive. This section does not apply to hospitals employing only one person to compound physicians' prescriptions.

852. The employer shall apportion the periods of rest to be taken by an employee so that the employee will have one complete day of rest during each week.

853. Any person who violates any provision of this chapter is guilty of a misdemeanor punishable by a fine of not less than forty dollars (\$40) nor more than one hundred dollars (\$100) or by imprisonment for not exceeding 60 days, or both.

854. The provisions of this chapter shall not apply in any case of emergency. The word "emergency" shall be construed as being accident, death, sickness or epidemic.

855. The provisions of this chapter are enacted as a measure for the protection of the public health.

856. The Labor Commissioner shall enforce this chapter.

#2015-19: Pharmacy Staff Training to Identify Victims of Abuse, Neglect or Domestic Violence

Source: HOD 2010

Note: This is former policy #2010-19 approved by the HOD in 2010; modified and reaffirmed by the HOD in 2015 as policy #2015-19.)

The California Society of Health-System Pharmacists supports the education and training of pharmacy staff to recognize patients who may be victims of child and elder abuse or neglect, or domestic violence/abuse and refer them to appropriate local programs.

#2015-20: Emergency Preparedness and Response

Source: HOD 2006

(Note: This is former policy #2006-05 approved by the HOD in 2006; modified and reaffirmed by the HOD in 2010 as policy #2010-20; modified and reaffirmed by the HOD in 2015 as Policy #2015-20.)

The California Society of Health-System Pharmacists supports the participation of pharmacists in the development and execution of federal, state and local emergency preparedness and response guidelines to:

- A. Prevent or minimize repercussions and effects of a disaster upon an institution, community, and individuals.
 1. CSHP strongly encourages pharmacists becoming well informed about the local history of and potential for natural disasters and industrial accidents, as well as the threat of terrorist attacks with WMD, including potential agents that could be used and the related diagnostic and treatment issues.
 2. CSHP supports pharmacist assistance to public health officers in relaying health information to the community.
 3. CSHP encourages pharmacists and pharmacy technicians to consider volunteering in advance of a disaster.
 4. CSHP encourages pharmacist and pharmacy technician involvement in community based emergency response teams, i.e., Community Emergency Response Team (CERT)
 5. CSHP adopt ASHP Statement on the Role of Health-System Pharmacists in Emergency Preparedness. Full text of the statement is available at: <http://www.ashp.org/DocLibrary/BestPractices/SpecificStEmergPrep.aspx>
- B. Utilize their skills and training to provide safe medication usage, medication distribution, and victim safety from initial response through recovery stemming from a disaster or emergency situation.
 1. CSHP encourages pharmacists to consider volunteering to assist in (a) distributing emergency supplies of pharmaceuticals, (b) dispensing and administering medications and immunizations, and (c) managing the drug therapy of individual victims.
 2. CSHP supports a recommendation to the California Office of Emergency Services to allow licensed pharmacists to cross emergency lines to render services.
- C. Train and prepare pharmacy staff to respond effectively to disasters and emergency crises from initial response through demobilization.
 1. CSHP supports classifying pharmacists as First Responder Health Workers if they choose to seek this designation.
 2. CSHP encourages pharmacists and pharmacy technicians to register as a State of California Disaster Health Care Volunteer.
 3. CSHP encourages all pharmacists and pharmacy technicians to develop and maintain first-aid skills and complete and maintain basic cardiac life support (BCLS) certification.

4. CSHP encourages pharmacists to be trained and knowledgeable of the FEMA National Incident Management System, at least, through IS-200 level for healthcare professionals.
 5. CSHP supports pharmacist involvement in the planning and execution of pharmaceutical distribution and medication management of patients during disasters.
- D. Identify essential resources needed for disaster relief and recovery and assist in facilitating appropriate conservation, distribution, and utilization.
1. CSHP strongly encourages pharmacists and pharmacy staff becoming well informed of local and institutional plans for emergency preparedness, especially those related to the distribution, control, and use of pharmaceuticals.
 2. CSHP strongly discourages individuals from developing personal stockpiles of pharmaceuticals for use in the event of chemical, biological, or nuclear terrorism without regard to local emergency preparedness plans designed to meet the needs of the whole community.

#2015-21: Education and Training in Health Care Informatics

Source: HOD 2015

The California Society of Health System Pharmacists:

1. Recognizes the significant and vast impacts of health-system information systems, automation, and technology changes on safe and effective use of medications.
2. Supports the fostering, promotion, and development of and participation in formal health care informatics educational programs for pharmacists, pharmacy technicians, and student pharmacists.

#2015-22: Collaboration of Schools of Pharmacy and Health-System Teaching Sites

Source: HOD 2015

The California Society of Health System Pharmacists promotes collaboration of health-system teaching sites with the schools of pharmacy (nationally or regionally), for the purpose of fostering preceptor development, standardization of experiential rotation schedule dates and evaluation tools, and other related matters.

#2015-23: Intimidating or Disruptive Behaviors

Source: HOD 2015

The California Society of Health System Pharmacists:

1. Affirms the professional responsibility of the pharmacist to ensure patient safety by communicating with other health care personnel to clarify and improve medication management.

2. Encourages hospitals and health systems to adopt zero-tolerance policies for intimidating or disruptive behaviors.
3. Encourages hospitals and health systems to develop and implement education and training programs for all health care personnel to encourage effective communication and discourage intimidating or disruptive behaviors.
4. Encourages colleges of pharmacy and residency training programs to incorporate training in communications and managing intimidating or disruptive behaviors.
5. Will collaborate with other organizations to support codes of conduct that minimize intimidating or disruptive behavior in hospitals and health systems.

#2015-24: Employment Classification and Duty Hours of Pharmacy Residents

Source: HOD 2015

The California Society of Health System Pharmacists:

1. Supports that pharmacy residents should be classified as exempt employees.
2. Supports that pharmacy residents be subject to duty hour limits (similar to resident physicians) with respect to all clinical and academic activities during their training program in accordance with the Accreditation Council on Graduate Medical Education (ACGME) standards and ASHP accreditation standards for pharmacy residency programs.

#2015-26: Patient Access to Pharmacy Services in Small and Rural Hospitals

Source: HOD 2015

The California Society of Health System Pharmacists:

1. Supports the standard that all patients should have 24-hour access to a pharmacist responsible for their care, regardless of hospital size or location.
2. Supports alternative and innovative methods of pharmacist review of medication orders before drug administration when onsite pharmacist review is not available.
3. Supports the use of remote medication order review systems that communicate pharmacist approval of orders electronically to the hospital.
4. Supports the requirement that pharmacists have access to pertinent patient information required for safe and effective order verification, regardless of proximity to patient.
5. Supports that verbal and electronic communication between pharmacist and hospital staff be available at all times.

#2015-27: Pharmacist Accountability for Patient Outcomes

Source: HOD 2015

The California Society of Health System Pharmacists:

1. Affirms that pharmacists, pursuant to their authority over a specialized body of knowledge, are autonomous in exercising their professional judgment and accountable as professionals and health care team members for the safe and effective use of medications and their related outcomes.
2. Encourages pharmacists to define practices and associated measures of effectiveness that support their accountability for patient outcomes.
3. Promotes pharmacist accountability as a fundamental component of pharmacy practice to other health care professionals, standards-setting and regulatory organizations, and patients.

#2015-28: Endorsing Pharmacist

Source: HOD 2015

The California Society of Health System Pharmacists endorses pharmacist and pharmacy technician certification from organizations that follow the accreditation standards set forth by the National Commission for Certifying Agencies (NCCA) such as the Board of Pharmacy Specialties (BPS), the Commission for Certification in Geriatric Pharmacy (CCGP) and the Pharmacy Technician Certification Board (PTCB).

#2015-29: Pharmacy Residency Training and Programs

Source: HOD 2015

The California Society of Health System Pharmacists:

1. Encourages that all pharmacy residency programs become ASHP-accredited as a means of ensuring and conveying program quality.
2. Encourages the continued efforts to increase the number of ASHP-accredited pharmacy residency training programs and positions.

#2015-30: Preservation of Antimicrobials for Medical Treatment

Source: HOD 2015

The California Society of Health System Pharmacists:

1. Encourages the Food and Drug Administration (FDA) eliminate future approval of antimicrobials for nontherapeutic uses in agricultural animals that represent a safety risk by contributing to antibiotic resistance.
2. Encourages efforts to phase out and eliminate the nontherapeutic uses of antimicrobials previously approved by the FDA.
3. Supports the therapeutic use of antimicrobials in animals only under the supervision of a veterinarian.

4. Encourages the FDA, Centers for Disease Control and Prevention, and other stakeholders to monitor and limit, when effective alternatives are available, the therapeutic use of antimicrobials that are essential to the treatment of critically ill human patients.
5. Encourages the inclusion of pharmacists in antimicrobial surveillance and related public health efforts based on pharmacists' knowledge of antimicrobial drug products and antimicrobial resistance.

#2015-31: The Pharmacist's Role in Antimicrobial Stewardship and Infection Prevention and Control

Source: HOD 2015

The California Society of Health System Pharmacists:

1. Supports the ASHP statement on the Pharmacist's Role in Antimicrobial Stewardship and Infection Prevention and Control.

Full text of the statement is available at:

<http://www.ashp.org/doclibrary/bestpractices/specificstantimicrob.aspx>

2. Recognizes that pharmacists have a responsibility to take prominent roles in antimicrobial stewardship programs and participate in the infection prevention and control programs of health systems.

#2015-32: Ethical Use of Placebos in Clinical Practice

Source: HOD 2015

The California Society of Health System Pharmacists:

1. Affirms that the use of placebos in clinical practice is ethically unacceptable.
2. Supports the use of placebos only under the auspices of an investigational review board approved clinical trial and placebo use is not to the detriment of the patient, unless the patient has given his or her informed consent accepting such risk.
3. Encourages hospitals and health systems to develop policies and procedures to guide clinicians in making informed decisions regarding the use of placebos.

#2015-33: Standard Drug Administration Schedule

Source: HOD 2015

The California Society of Health System Pharmacists:

1. Encourages the development of hospital-specific or health-system-specific standard administration times through an interdisciplinary process coordinated by the pharmacy.

2. Supports the principle that standard medication administration times should be based primarily on optimal pharmacotherapeutics, with secondary consideration of workload, caregiver preference, patient preference, and logistical issues.
3. Supports information technology vendors to adopt these principles in system design while allowing flexibility to meet site-specific patient needs.

#2015-34: Pharmaceutical Manufacturer Patient-Assistance Programs

Source: HOD 2015

The California Society of Health-Systems Pharmacists:

1. Encourages pharmaceutical manufacturers to extend their patient assistance programs (PAPs) to serve the needs of both uninsured and underinsured patients.
2. Endorses that pharmaceutical manufacturers and PAP administrators enhance access to and availability of such programs by standardizing application criteria, processes, and forms, and by automating PAP application processes through computerized programs, including Web-based models.
3. Supports expansion of PAPs to include high-cost drugs used in inpatient settings.
4. Encourages pharmacists and pharmaceutical manufacturers to work cooperatively to ensure that essential elements of pharmacist patient care are included in these programs.

#2015-35: Defining and Promoting Meaningful Use of Health Information Technology

Source: HOD 2015

The California Society of Health-System Pharmacists:

1. Affirms to all policymakers that the “meaningful use of health information technology” addresses interoperability of medication orders and prescriptions, medication decision support and continuous improvement, and quality reporting.
2. Encourages with respect to interoperability of medication orders and prescriptions that:
 - a. A common medication vocabulary be mandated to promote the semantic interoperability of medication use across the continuum of care; and
 - b. Communication of orders and electronic prescriptions must demonstrate interoperability with pharmacy information systems.
3. Encourages with respect to medication decision support and continuous improvement that:
 - a. Medication decision support services should include but not be limited to allergy, drug interaction, duplicate therapy, and dose-range checking; and
 - b. Services must include an ongoing, continuous improvement in order to meet the needs of the providers who use it.
4. Supports with respect to quality reporting that the ability to quantify improved patient safety, quality outcomes, and cost reductions in the medication-use process is essential, particularly in antimicrobial and adverse event surveillance.

#2015-36: Risk Assessment of Health Information Technology

Source: HOD 2015

The California Society of Health System Pharmacists encourages hospitals and health systems to directly involve departments of pharmacy in performing appropriate risk assessment before new health information technology (HIT) is implemented or existing HIT is upgraded.

And as part of the continuous evaluation of current HIT performance, encourages:

1. HIT vendors provide estimates of the resources required to implement and support new HIT.
2. Collaboration with HIT vendors to encourage the development of HIT that improves patient-care outcomes.
3. Changes in federal law that would recognize HIT vendors' safety accountability.

#2015-37: Institutional Review Boards and Investigational Use of Drugs

Source: HOD 2015

The California Society of Health-System Pharmacists:

1. Supports mandatory education and training on human subject protections and research bioethics for members of institutional review boards (IRBs), principal investigators, and all others involved in clinical research.
2. Encourages that principal investigators discuss their proposed clinical drug research with representatives of the pharmacy department before submitting a proposal to the IRB.
3. Supports that IRBs include pharmacists as voting members.
4. Endorses that IRBs inform pharmacy of all approved clinical research involving drugs within the hospital or health system.
5. Encourages that pharmacists act as liaisons between IRBs and pharmacy and therapeutics committees in the management and conduct of clinical drug research studies.
6. Strongly supports pharmacists' management of the control and distribution of drug products used in clinical research.

#2015-38: Post marketing Comparative Clinical and Pharmacoeconomic Studies

Source: HOD 2015

The California Society of Health-System Pharmacists:

1. Supports the expansion of comparative clinical and pharmacoeconomic studies on the effectiveness, safety, and cost comparison of marketed medications in order to improve therapeutic outcomes and promote cost-effective medication use.
2. Endorses that such studies compare a particular medication with (as appropriate) other medications, medical devices, or procedures used to treat specific diseases.

3. Encourages adequate funding for the Agency for Healthcare Research and Quality and other federal agencies to carry out such studies.
4. Encourages impartial private-sector entities to also conduct such studies.

#2015-39: Medication Therapy Management

Source: HOD 2015

The California Society of Health-System Pharmacists:

1. Supports medication therapy management (MTM) services as defined in Section 3503 of the Patient Protection and Affordable Care Act (PL 111-148).
2. Affirms that MTM is a partnership between the patient (or a caregiver) and a pharmacist, in collaboration with other health care professionals that promotes the safe and effective use of medications.

#2015-40: Use of Surrogate Endpoints for FDA Approval of Drug Uses

Source: HOD 2015

The California Society of Health System Pharmacists:

1. Supports the continued use of qualified surrogate endpoints by the Food and Drug Administration (FDA) as a mechanism to evaluate the effectiveness and safety of new drugs and new indications for existing therapies, when measurement of definitive clinical outcomes is not feasible
2. Supports efforts by the FDA and other stakeholders to qualify surrogate endpoints
3. Encourages FDA to consistently enforce existing requirements that drug product manufacturers complete post marketing studies for drugs approved based on qualified surrogate endpoints in order to confirm that the expected improvement in outcomes occurs, and to require that these studies be completed in a timely manner.

#2015-41: Automatic Stop Orders

Source: HOD 2015

The California Society of Health System Pharmacists supports that the Centers for Medicare & Medicaid Services

1. Remove the requirement in the Hospital Conditions of Participation that all medication orders automatically stop after an arbitrarily assigned period to include other options to protect patients from indefinite, open-ended medication orders; and
2. Revise the remainder of the medication management regulations and interpretive guidelines to be consistent with this practice.

CSHP affirms that the requirement for automatic stop orders for all medications is a potential source of medication errors and patient harm.

CSHP encourages pharmacists to participate in inter-professional efforts to establish standardized methods to assure appropriate duration of therapy.

#2015-42: Credentialing, Privileging and Competency Assessment

Source: HOD 2015

The California Society of Health System Pharmacists:

1. Supports the use of post-licensure credentialing, privileging, and competency assessment to practice pharmacy as a direct patient-care* practitioner.
2. Advocates that all post-licensure pharmacy-credentialing programs meet the guiding principles established by the Council on Credentialing in Pharmacy.
3. Recognizes that pharmacists are responsible for maintaining competency to practice in direct patient care.

** Direct patient care: involves the pharmacist's direct observation of the patient and his or her (i.e., the pharmacist's) contributions to the selection, modification, and monitoring of patient-specific drug therapy. This is often accomplished within an inter-professional team or through collaborative practice with another health care provider. (American College of Clinical Pharmacy definition, as endorsed in: Council on Credentialing in Pharmacy. Scope of contemporary pharmacy practice: roles, responsibilities, and functions of pharmacists and pharmacy technicians.)*

#2015-43: Leadership Development

Source: HOD 2015

The California Society of Health-System Pharmacists (CSHP) supports providing a leadership development program for its members.

CSHP will:

1. Select a leadership development program that fits the needs of its members,
2. Aid in the selection of members for the program, and
3. Provide a grant for partial reimbursement for the selected attendees.

The individuals who complete this leadership development program will be required to serve in CSHP either as an elected officer or through the various committees for a minimum of two years and provide continuing education on the topic.

#2015-44: Radical and Ethnic Disparities in Health Care

Source: HOD 2015

The California Society of Health-System Pharmacists approves the ASHP Statement on Racial and Ethnic Disparities in Health Care.

“Health-system pharmacists can play a leading role in building culturally competent systems of care to reduce racial and ethnic disparities in health care by:

1. Increasing awareness of these disparities among health care providers, health-system administrators, legislators, regulators, third-party payers, and the public;
2. Promoting a more diverse and culturally competent health care work force and environment;
3. Ensuring effective communication with patients and among providers;
4. Fostering consistent use of multidisciplinary teams and evidence-based guidelines for patient care;
5. Collecting and reporting data on health care access, utilization, and outcomes by racial and ethnic minorities and measuring progress toward reducing health care disparities: and
6. Researching, identifying, and disseminating best practices for providing culturally competent care and reducing disparities in health care.”

#2015-45: Education, Prevention and Enforcement Concerning Workplace Violence

Source: HOD 2015

The California Society of Health System Pharmacists:

1. To encourage that federal, state, and local governments recognize the risks and consequences of workplace violence in the pharmacy community and enact appropriate criminal penalties.
2. To endorse collaboration with federal, state, and local law enforcement and other government authorities on methods for early detection and prevention of workplace violence.
3. To encourage all workplace environments to develop and implement a policy for pharmacy personnel that (1) educates about prevention and deterrence of workplace violence, (2) identifies escalating situations that can lead to violence and instructs employees on protection and self-defense, and (3) provides continued support and care to heal personnel who were directly or indirectly involved in an incident of workplace violence.
4. To encourage the health care community to develop and maintain a communication network to share information about incidents of potential and real workplace violence.

#2015-47: Confidentiality of Patient Health Care Information

Source: HOD 2015

The California Society of Health System Pharmacists:

1. CSHP supports confidentiality of patient health care information.
2. CSHP encourages colleges of pharmacies to educate on the importance of maintaining confidentiality of patient health care information.

#2015-48: Ensuring Effective Safety and Access to Orphan Drug Products

Source: HOD 2015

The California Society of Health System Pharmacists:

1. Encourages continued of research on and development of orphan drug products;
2. Supports the use of innovative strategies and incentives to expand the breadth of rare diseases addressed by this program;
3. Supports post marketing research to support the safe and effective use of these drug products for approved and off-label indications.

CSHP urges health policymakers, payers, and pharmaceutical manufacturers to develop innovative ways to ensure patient access to orphan drug products.

#2015-49: Health-System Use of Medications and Administration Devices Supplied Directly to Patients

Source: HOD 2015

The California Society of Health-System Pharmacists:

1. Encourages hospitals and health systems not to permit administration of medications brought to the hospital or clinic by the patient or caregiver when storage conditions or the source cannot be verified, unless it is determined that the risk of not using such a medication exceeds the risk of using it;
2. Supports only care models in which medications are prepared for patient administration by the pharmacy and are obtained from a licensed, verified source;
3. Encourages hospitals and health systems not to permit the use of medication administration devices brought in by patients with which the staff is unfamiliar, unless it is determined that the risk of not using such a device exceeds the risk of using it; and
4. Encourages adequate reimbursement for preparation, order review, and other costs associated with the safe provision and administration of medications and use of related devices.

#2015-50: Image of and Career Opportunities for Hospital and Health-System Pharmacists

Source: HOD 2015

The California Society of Health System Pharmacists:

1. Promotes the professional image of hospital and health-system pharmacists to:
 - a. the general public
 - b. public policymakers
 - c. payers
 - d. other health care professionals
 - e. hospital and health-system decision makers

2. Provides informational and recruitment materials identifying opportunities for pharmacy careers in hospitals and health systems.

#2015-51: Medicare Prescription Drug Benefit

Source: HOD 2015

The California Society of Health System Pharmacists:

1. Supports a fully funded prescription drug program for eligible Medicare beneficiaries that maintains continuity of care and ensures the best use of medications.
2. Recommends that essential requirements in the program include (i) appropriate product reimbursement; (ii) affordability for patients, including elimination of coverage gaps; (iii) payment for indirect costs and practice expenses related to the provision of pharmacist services, based on a study of those costs; (iv) appropriate coverage and payment for patient care services provided by pharmacists; (v) formularies with sufficient flexibility to allow access to medically necessary drugs; and (vi) well-publicized, unbiased resources to assist beneficiaries in enrolling in the most appropriate plan for their medication needs.

(Note: Fully funded means the federal government will make adequate funds available to fully cover the Medicare program's share of prescription drug program costs; eligible means the federal government may establish criteria by which Medicare beneficiaries qualify for the prescription drug program.)

#2015-52: Pharmacist's Leadership Role in Anticoagulation Therapy Management

Source: HOD 2015

The California Society of Health System Pharmacists:

1. Supports pharmacists providing leadership in the interdisciplinary development, implementation, maintenance, effectiveness monitoring, and assurance of continuity of care of anticoagulation management programs.
2. Supports pharmacists being responsible for coordinating the individualized care of patients within anticoagulation management programs.
3. Encourages pharmacists who participate in anticoagulation programs to educate patients, caregivers, prescribers, and staff about anticoagulant medication uses, drug interactions, adverse effects, the importance of adhering to therapy, and recommended laboratory testing and other monitoring.

#2015-53: Pharmacist's Role on Ethics Committees

Source: HOD 2015

The California Society of Health-System Pharmacists:

1. Recognizes that pharmacists should be included as members of hospital and health-system ethics committees.

2. Encourages pharmacists to actively seek ethics consultations as appropriate.
3. Encourages pharmacists serving on ethics committees to seek advanced training in health care ethics.

#2015-54: Medication Use in Schools

Source: HOD 2015

The California Society of Health System Pharmacists:

1. Advocates for patient safety, medication safety, and the optimal use of OTC and prescription medications by and for patients of all ages.
2. Encourages pharmacists to become familiar with state laws and regulations regarding medication use in schools.
3. Supports pharmacist involvement in the medication use process in K through 12 schools and higher education beyond just the provision of the medication by a pharmacy.
4. Encourages school districts and charter schools to utilize the expertise of pharmacists in ensuring the safe and optimal use of medications administered to students during school hours.
5. Strongly encourages pharmacists to take an active role in the prevention of drug abuse, medication sharing by school students, and poison prevention.

#2015-55: Redistribution of Unused Medications

Source: HOD 2015

The California Society of Health System Pharmacists:

Encourages that any program for the return and reuse of medications comply with all federal and state laws (including laws regarding controlled substances).

Encourages that in order to ensure patient safety and provide an equal standard of care for all patients, such a program should include the following elements:

- (1) Compliance with practice standards, accreditation standards, and laws related to medication distribution;
- (2) A requirement that these medications must not have been out of the possession of a licensed health care professional or his or her designee;
- (3) Protection of the privacy of the patient for whom the prescription was originally supplied;
- (4) Inclusion of only those drug products that are in their original sealed packaging or in pharmacy-prepared unit-of-use packaging that is not expired and has been properly stored;
- (5) The presence of a system for identifying medications for the purpose of a drug recall or market withdrawal;
- (6) A definition of patient eligibility for participation in the program; and
- (7) Adequate compensation of participating pharmacists for any associated costs.

The California Society of Health-System Pharmacists supports the concept of redistribution of previously dispensed, unused medications provided that adequate safeguards are in place.

#2015-56: Safe Use of Fentanyl Transdermal System Patches

Source: HOD 2015

The California Society of Health-System Pharmacists:

1. Supports enhanced consumer education and product safety requirements for fentanyl transdermal system patches.
2. Encourages manufacturers of fentanyl transdermal system patches to collaborate with pharmacists and other stakeholders to identify and implement packaging, labeling, and formulation changes that prevent accidental exposure and facilitate safe disposal.

#2015-57: Approval of Biosimilar Medications Medications

Source: HOD 2015

The California Society of Health-System Pharmacists:

1. Encourages the development of safe and effective biosimilar medications in order to make such medications more affordable and accessible.
2. Encourages research on the safety, effectiveness, and interchangeability of biosimilar medications.
3. Supports legislation and regulation to allow Food and Drug Administration (FDA) approval of biosimilar medications.
4. Supports legislation and regulation to allow FDA approval of biosimilar medications that are also determined by the FDA to be interchangeable and therefore may be substituted for the reference product without the intervention of the prescriber.
5. Opposes the implementation of any state laws regarding biosimilar interchangeability prior to finalization of FDA guidance.
6. Opposes any state legislation that would require a pharmacist to notify a prescriber when a biosimilar deemed to be interchangeable by the FDA is dispensed.
7. Requires post marketing surveillance for all biosimilar medications to ensure their continued safety, effectiveness, purity, quality, identity, and strength.
8. Advocates for adequate reimbursement for biosimilar medications that are deemed interchangeable.
9. Supports pharmacist education on biosimilar medications and their appropriate use within hospitals and health systems.
10. Advocates and encourages pharmacist evaluation and the application of the formulary system before biosimilar medications are used in hospitals and health systems.

#2015-58: Fostering Pharmacy Department Business Partnerships

Source: HOD 2015

The California Society of Health System Pharmacists:

1. Recognizes that a key objective of pharmacy departments is to provide comprehensive medication management across the continuum of patient care, and that pharmacy leaders should proactively evaluate potential business partnerships against this objective.
2. Recognizes that hospitals and health-system pharmacy leaders must ensure that business partners meet all applicable patient safety and accountability standards.
3. Where appropriate, provides education and tools for pharmacy leaders to aid in the evaluation of and development of business partnerships.
4. Where appropriate, educates health-system administrators on the importance of pharmacy leadership in evaluating and developing pharmacy-related business partnerships.
5. Encourages health-system pharmacy leaders to consider evolving health care financing systems when evaluating and developing business partnerships.

#2015-59: State Prescription Drug Monitoring Programs

Source: HOD 2015

The California Society of Health-System Pharmacists:

1. Supports mandatory, uniform prescription drug monitoring programs that collect real-time, relevant, and standard information from all dispensing outpatient entities about controlled substances and monitored prescriptions.
2. Supports that the design of these programs should balance the need for appropriate therapeutic management with safeguards against fraud, misuse, abuse, and diversion.
3. Supports such programs be structured as part of electronic health records and exchanges to allow prescribers, pharmacists, and other practitioners to proactively monitor data for appropriate assessment.
4. Supports full interstate integration to allow for access by prescribers, pharmacists, and other qualified designees across state lines.
5. Supports federal and state funding to establish and administer these programs.
6. Supports research, education, and implementation of best practices in prescription drug monitoring programs.

#2015-60: Statement on Standards-based Pharmacy Practice in Hospitals & Health-Systems

Source: HOD 2015

The California Society of Health System Pharmacists promotes the understanding of how health-system pharmacists use ASHP best practices to develop and promote in health-systems a standard of practice that exceeds what is required by law, regulation, or accreditation.

#2015-61: Standardization of Metric System for Oral Liquid Medications

Source: HOD 2015

The California Society of Health System Pharmacists:

1. Encourages all health care providers, pharmaceutical manufacturers, manufacturers of measuring devices, and organizations to standardize concentrations and measurement of dosages of oral liquid medications using only the metric system of measurement.
2. Supports the development of nationally standardized drug concentrations utilizing the metric system for oral liquid medications to reduce medication errors and improve patient safety.
3. Strongly encourages pharmacists to provide effective instruction of patients and caregivers on how to properly measure and administer oral liquid medications.

#2015-62: Statement on the Pharmacy Technician's Role in Pharmacy Informatics

Source: HOD 2015

The California Society of Health System Pharmacists approves the ASHP Statement on the pharmacy technician's role in pharmacy informatics.

Full text of the statement is available at:

<http://www.ashp.org/DocLibrary/BestPractices/AutoITStPTRolePharmInform.aspx>

#2015-63: Roles and Responsibilities of the Pharmacy Executive

Source: HOD 2015

The California Society of Health System Pharmacists approves the ASHP Statement on the Roles and Responsibilities of the Pharmacy Executive.

Full text of the statement is available at:

<https://www.ashp.org/DocLibrary/BestPractices/MgmtStPharmExec.aspx>

#2015-64: Requirement for Residency

Source: HOD 2015

The California Society of Health System Pharmacists supports the position that by the year 2020, the completion of an ASHP-accredited postgraduate-year-one residency should be a requirement for all new college of pharmacy graduates who will be providing direct patient care.

#2015-65: Statement on Pharmacy Services to the Emergency Department

Source: HOD 2015

1. The California Society of Health-System Pharmacists (CSHP) believes every hospital pharmacy department should provide its emergency department (ED) with the pharmacy services that are necessary for safe and effective patient care. Although the nature of these services will vary with each institution's needs and resources, the pharmacist's role may include:
 - a. Working with emergency physicians, emergency nurses, and other health care professionals to develop and monitor medication-use systems that promote safe and effective medication use in the ED, especially for high-risk patients and procedures;
 - b. Collaborating with emergency physicians, emergency nurses, and other health care professionals to promote medication use in the ED that is evidence based and aligned with national quality indicators;
 - c. Participating in the selection, implementation, and monitoring of technology used in the medication-use process;
 - d. Providing direct patient care as part of the interdisciplinary emergency care team;
 - e. Participating in or leading emergency-preparedness efforts and quality-improvement initiatives;
 - f. Educating patients, caregivers, and health care professionals about safe and effective medication use; and
 - g. Conducting or participating in ED-based research.
2. CSHP supports the expansion of pharmacy education and postgraduate residency training to include an emphasis on emergency care.
3. The purposes of this statement are to promote understanding of pharmacists' contributions to the care of patients in the ED and to suggest future roles for pharmacists in providing that care.

#2015-66: Statement on Pharmacy and Therapeutics Committee and the Formulary System

Source: HOD 2015

The California Society of Health-System Pharmacists approves the ASHP Statement on Pharmacy and Therapeutics Committee and the Formulary System.

CSHP believes that medication-use policies should be developed and implemented in organized health-care systems to promote the rational, evidence-based, clinically appropriate, safe, and cost-effective use of medications. The P&T committee of a health system should develop, organize, and administer a formulary system that follows the principles set forth in this statement in order to optimize patient care.

Full text of the statement is available at:

<http://www.ashp.org/DocLibrary/BestPractices/FormStPTCommFormSyst.aspx>

#2015-67: Statement on Leadership as a Professional Obligation

Source: HOD 2015

The California Society of Health System Pharmacists approves the ASHP Statement on Leadership as a Professional Obligation.

Full text of the statement is available at:

<http://www.aacp.org/governance/SIGS/leadershipdevelopment/Documents/Statements%20on%20Leadership%20Development%20in%20Pharmacy.pdf>

Policies Established/MODIFIED in 2016

#2016-01: Licensing of Compounding Facilities

Source: HOD 2016

The California Society of Health-System Pharmacists recognizes California statutory requirements that any person or entity wishing to compound or dispense dangerous drugs within or into California must be licensed in California as a (resident or non-resident) pharmacy.

#2016-02: The Pharmacist's Role in Clinical Informatics

Source: HOD 2016

The California Society of Health-System Pharmacists supports the pharmacist's role in clinical informatics (previously ASHP Statement 1534, www.ashp.org/):

1. Pharmacists' professional identity, education, training, and experience with medication management make them ideal candidates to play a significant role and fill a critical need in pharmacist informaticists. Their firm understanding of core pharmacy operations, clinical practice, the medication-use process, standards, and regulations and their long history of utilizing technology to support medication management provide the essential components for effectively transitioning into this role.
2. Despite the growing number of formally trained pharmacist informaticists, the path and skills required for a career in informatics has varied considerably, emphasizing the need to build core competencies and grow the number of available programs.
3. Pharmacists who practice clinical informatics must collaborate with other healthcare and information technology professionals to promote the safe, efficient, effective, timely, and optimal use of medications. They contribute to the transformation of healthcare by analyzing, designing, implementing, maintaining, and evaluating information and communication systems that improve medication-related outcomes and strengthen the pharmacist-patient relationship.
4. The role of a pharmacist informaticist revolves around their knowledge of pharmacy practice, safe medication use, clinical decision-making, and improving medication therapy outcomes, combined with their understanding of the discipline of informatics and HIT systems. Their primary roles and responsibilities must encompass five broadly defined categories:
 - a. *Data, information, and knowledge management*—Managing medication-related information while promoting integration, interoperability, and information exchange.
 - b. *Information and knowledge delivery*—Delivering medication-related information and knowledge throughout the clinical knowledge lifecycle, from the point of knowledge generation through cataloging, embedding knowledge into the workflow, and measuring the usage and effectiveness of that knowledge.
 - c. *Practice analytics*—Developing point-of-business analytic solutions for improving decision-making.

- d. *Applied clinical informatics*—Applying user experiences, research, and theoretical informatics principles to improve clinical practice and usability.
 - e. *Leadership and management of change*—Leading and participating in the procurement, development, implementation, customization, management, evaluation, and continuous improvement of clinical information systems. Additionally, as the medication expert, leading health-system, professional, industry, regulatory, standards-setting and governmental organizations to sound conclusions regarding the use of technology in medication management and patient care.
5. As the scope for the development and complexity of systems that support medication management continues to grow, so does the need for individuals to lead, manage and evaluate them. A pharmacist informaticist is uniquely qualified and possesses the necessary skills to fulfill this need. Their knowledge of pharmacy practice and safe medication use, combined with their understanding of informatics concepts, methods and tools, provide the framework for effectively leading and participating in the procurement, customization, development, implementation, management, evaluation and continuous improvement of clinical information systems.

Ref. Siska, M, ASHP Statement on the Pharmacist's Role in Clinical Informatics, Automation and Information Technology – Statements, 2015.

#2016-03: Pharmacist Participation in Health Policy Development

Source: HOD 2016

The California Society of Health-System Pharmacists:

1. Promote that pharmacists participate with policymakers and stakeholders in the development of health-related policies at the national, state, and community levels.
2. Develop tools and resources to assist pharmacists in fully collaborating in health policy development at all levels.

#2016-04: The Roles of Pharmacy Technicians

Source: HOD 2016

The California Society of Health-System Pharmacists:

1. Recognizes that pharmacy technicians have many different roles in a variety of health care settings, with varying levels of responsibility and complexity, from those suitable for technicians just entering the workforce to advanced or specialized roles that require additional education, training, experience, and competence.
2. Recognizes there is a need for specialized certification of pharmacy technicians who perform activities involving higher than normal degrees of complexity and risk. Any pharmacy technician in an area of

pharmacy practice designated for specialty or advanced certification must have the appropriate certifications successfully completed prior to practicing in that specialty area.

3. Recognizes that differing roles for pharmacy technicians will require advanced education and training beyond that of an entry-level technician. Education and training requirements must reflect the responsibilities that technicians will have in their daily activities. Ongoing competence assessment must be a component of advanced or specialized technician roles.
4. Supports that all pharmacy technicians, from entry-level to specialty-trained technicians, complete a pharmacy technician training program accredited by ASHP and the Accreditation Council for Pharmacy Education (ACPE) through the Pharmacy Technician Accreditation Commission (PTAC) as a requirement for earning PTCB certification or equivalent certification.
5. Supports that pharmacy technicians be PTCB or equivalent certified as a prerequisite to licensure by the California Board of Pharmacy and maintain their certification through mandated continuing education and recertification.

#2016-05: Quality Patient Medication Information

Source: HOD 2016

(Note: This is a former policy #2015-25 approved by the HOD in 2015; Replaced by HOD 2016 as policy #2016-05)

The California Society of Health-System Pharmacists:

1. Supports efforts by the Food and Drug Administration (FDA) and other stakeholders to improve the quality, consistency, and simplicity of written patient medication information (PMI).
2. Encourages the FDA to work in collaboration with patient advocates and other stakeholders to create evidence-based models and standards, including establishment of a universal literacy level, for PMI and affirms that research should be conducted to validate these models in actual-use studies in pertinent patient populations.
3. Encourages the FDA to explore alternative models of PMI content development and maintenance that will ensure the highest level of accuracy, consistency, and currency.
4. Supports laws and regulations that would require all dispensers of medications to comply with FDA standards for unalterable content, format and distribution of PMI

#2016-06: Safety and Effectiveness of Ethanol Treatment for Alcohol Withdrawal Syndrome

Source: HOD 2016

The California Society of Health-System Pharmacists:

1. Opposes the use of oral or intravenous ethanol for the prevention or treatment of alcohol withdrawal syndrome (AWS) because of its poor effectiveness and safety profile.

2. Supports hospital and health-system efforts that prohibit the use of oral or intravenous ethanol therapies to treat AWS.
3. Supports the education of clinicians about the availability of alternative therapies for AWS.

#2016-07: Direct-to-Consumer Advertising of Prescription Drugs and Medication-Containing Devices

Source: HOD 2016

(Note: This is a former policy #2014:31 approved by the HOD in 2014; Replaced by HOD 2016 as policy #2016-07)

The California Society of Health- System Pharmacists:

Supports a ban on direct-to-consumer advertising for prescription drugs and medication-containing devices.

#2016-08: Physician Aid-In-Dying

Source: HOD 2016

The California Society of Health-System Pharmacists:

1. Recognizes the right of pharmacists, as health care providers, and other pharmacy employees to participate or decline to participate in therapies they consider to be morally, religiously, or ethically troubling
2. Supports the establishment of policies, systems, and pharmacy regulations regarding the provision of end of life options medications by pharmacists, pharmacy technicians, and their employers that protect the patient's right to obtain legally prescribed and medically indicated treatments while reasonably accommodating in a non-punitive manner the right of conscience
3. Supports the principle that a pharmacist exercising their right of conscience should be respectful of the health care needs of the patient, and not impose on the patient the pharmacist's values, beliefs, or objections
4. Supports laws and regulations granting express immunity from civil and criminal liability for pharmacists and pharmacy technicians who participate in lawful end of life options
5. Supports education of pharmacists and other pharmacy staff members on end-of-life care.
6. Encourage an evidence-based approach to development of medication protocols used in physician aid-in-dying.

#2016-09: Safe Disposal of Patients Home Medications and Drug Take-Back Program

Source: HOD 2016

The California Society of Health-System Pharmacists:

1. Supports the endeavors of the State of California and the Drug Enforcement Administration to decrease the abuse of prescription medication and decrease deaths due to illegal use of these drugs by collecting such drugs from ultimate users in authorized take-back drug collection bins located at law enforcement facilities, registered hospitals with pharmacies, registered pharmacies, and skilled nursing facilities.
2. Encourages hospitals and pharmacies that are unable to participate in the DEA and Board of Pharmacy drug take-back programs to provide information on where in the community expired or no longer needed prescription medications from home are being collected for destruction.
3. Encourages pharmacists or their trained designee to educate patients and others on the disposal of prescription medications that are out of date or no longer being used by disposing of them in drug take-back collection containers located at specified law enforcement facilities, hospitals, and pharmacies registered to collect and dispose of such drugs to help protect the environment and reduce drug diversion and abuse.

#2016-10: Internet: Pharmacy Practice

Source: HOD 2000

(Note: This is former policy #2000-11 approved by the HOD in 2000; modified and reaffirmed by the HOD in 2006 as policy #2006-01; modified and reaffirmed by the HOD in 2011 as policy #2011-01; modified and reaffirmed by the HOD in 2016 as policy #2011-10)

The California Society of Health-System Pharmacists:

1. Supports medication dispensing via the Internet only by sites that adhere to professional standards of pharmacy practice consistent with our mission and:
 - a. Meet all federal and state regulations and statutes, including those on patient consultation, consumer safeguards (e.g. drug-drug interactions) and good business practice.
 - b. Have been certified as a Verified Internet Pharmacy Practice Site (VIPPS) by National Association of Boards of Pharmacy (NABP) and are listed on the NABP Website.
 - c. This information is disseminated to consumers.
2. Decisions to utilize the internet to obtain prescription medications should be predicated on compliance with federal and state laws and regulations, including those on patient consultation and licensure criteria;
3. Where appropriate, CSHP shall initiate and participate in regulatory discussions involving the technological advances of the internet and implications to the practice of pharmacy in maximizing patient care;
4. CSHP will support activities that disseminate information to consumers and key publics regarding reputable internet pharmacy sites and drug/disease information on the internet.

2016-11: Volunteers: State and Chapter Level

Source: HOD 2011

(Note: This is former policy #2011-04 approved by the HOD in 2011; Reaffirmed by the HOD in 2016 as policy # 2016-11)

CSHP promotes opportunities to volunteer throughout the organization for personal growth and advancing the profession.

#2016-12: California Health Benefit Exchange

Source: HOD 2011

(Note: This is former policy #2011-05 approved by the HOD in 2011; Reaffirmed by the HOD in 2016 as policy # 2016-12)

The California Society of Health-System Pharmacists supports compensation for pharmaceutical care services, including medication therapy management.

#2016-13: Assisting Pharmacy Schools on Tailoring Pharmacy Education

Source: HOD 2011

(Note: This is former policy #2011-06 approved by the HOD in 2011; Reaffirmed by the HOD in 2016 as policy # 2016-13)

The California Society of Health-System Pharmacists supports collaborative relationships with Pharmacy Schools and proposed Pharmacy Schools providing feedback on traditional, as well as emerging, roles of the pharmacist on provisions of pharmaceutical care so that pharmacy students are better prepared to meet the needs of the profession and the patients we serve.

Policies Established/MODIFIED in 2017

#2017-01: Statement on the Roles of Pharmacy Technicians

Source: HOD 2017

The California Society of Health-System Pharmacists:

1. recognizes that pharmacy technicians have many different roles in a variety of health care settings, with varying levels of responsibility and complexity, from those suitable for technicians just entering the workforce to advanced or specialized roles that require additional education, training, experience, competence and compensation.
2. recognizes there is a need for specialized certification of pharmacy technicians who perform activities involving higher than normal degrees of complexity and risk. Any pharmacy technician in an area of pharmacy practice designated for specialty or advanced certification must have the appropriate certifications successfully completed prior to practicing in that specialty area.
3. recognizes that differing roles for pharmacy technicians will require advanced education and training beyond that of an entry-level technician. Education and training requirements must reflect the responsibilities that technicians will have in their daily activities. Ongoing competence assessment must be a component of advanced or specialized technician roles.
4. supports that pharmacy technicians, from entry-level to specialty-trained technicians, complete a pharmacy technician training program accredited by ASHP and the Accreditation Council for Pharmacy Education (ACPE) through the Pharmacy Technician Accreditation Commission (PTAC) as a requirement for earning PTCB certification or equivalent certification. A process should be developed to allow for grandfathering of qualified technicians.
5. supports that pharmacy technicians have either PTCB or equivalent certification as a prerequisite to licensure by the California Board of Pharmacy and maintain their certification through mandated continuing education and recertification.

#2017-02: Career Opportunities for Pharmacy Technicians

Source: HOD 2017

The California Society of Health-System Pharmacists:

1. promotes pharmacy technicians as valuable contributors to healthcare delivery.
2. develops and disseminates information about career opportunities that enhances the recruitment and retention of qualified pharmacy technicians.
3. supports pharmacy technician career advancement opportunities and compensation models that are commensurate with training and education.

#2017-03: Role of Intern Pharmacists

Source: HOD 2008

(Note: This is former policy #2008-19 approved by the HOD in 2008; modified and reaffirmed by the HOD in 2013 as policy #2013-18; modified and reaffirmed by the HOD in 2017 as policy #2017-03)

The California Society of Health-System Pharmacists:

1. explores and promotes new staffing models that foster expanded roles for intern pharmacists, providing quality work and patient experiences that build upon their knowledge and help them develop as future pharmacists.

#2017-04: Leadership Development

Source: HOD 2017

The California Society of Health-System Pharmacists:

1. supports collaboration with healthcare organization leadership to foster opportunities, allocate time, and provide resources for pharmacy practitioners to move into leadership roles.
2. encourages leaders to seek out and mentor pharmacy practitioners in developing administrative, managerial, and leadership skills;
3. encourages pharmacy practitioners to obtain the skills necessary to pursue administrative, managerial, and leadership roles;
4. encourages colleges of pharmacy and CSHP chapters to collaborate in fostering student leadership skills through development of co-curricular leadership opportunities, leadership conferences, and other leadership promotion programs;
5. support that residency programs should develop leadership skills through mentoring, training, and leadership opportunities;
6. fosters leadership skills for pharmacists to use on a daily basis in their roles as leaders in patient care.
7. Is committed to providing leadership development programs for its members.

#2017-05: Inter-Professional Education and Training

Source: HOD 2014

(Note: This is a former policy # 2014-58 approved by the HOD in 2014; modified and reaffirmed by the HOD in 2017 as policy # 2017-02)

The California Society of Health-System Pharmacists:

1. supports inter-professional education as a component of didactic and experiential education in Doctor of Pharmacy degree programs.
2. supports inter-professional education, mentorship and professional development for student pharmacists, student technician residents, and pharmacists and technicians.
3. encourages and supports pharmacists' collaboration with other health professionals and healthcare executives in the development of inter-professional, team-based, patient-centered care models.
4. encourages documentation and dissemination of outcomes achieved as a result of inter-professional education of healthcare professionals.

#2017-06: Cultural Competency and Cultural Diversity

Source: HOD 2015

(Note: This policy replaces CSHP policy #2015-09; modified and approved by the HOD in 2017 as policy #2017-06)

The California Society of Health-System Pharmacists:

1. promotes the development of cultural competency of educators, practitioners, residents, students, and technicians;
2. supports the education of providers on the importance of providing culturally congruent care to achieve quality care and patient engagement;
3. fosters awareness of the impact that a culturally diverse workforce has on improving health care quality.

#2017-07: Pharmacist Licensure

Source: HOD 1989

(Note: This is former policy #8903 approved by the HOD in 1989; modified and reaffirmed by the HOD in 1995 as policy #9504; modified and reaffirmed by the HOD in 2000 as policy #2000-03; modified and reaffirmed by the HOD in 2001 as policy #2001-04; reaffirmed by the HOD in 2007 as #2007-10; modified reaffirmed by the HOD in 2012 as #2012-10; modified reaffirmed by the HOD in 2017 as #2017-07)

The California Society of Health-System Pharmacists:

1. supports that the California State Board of Pharmacy should maintain its competency standards for licensure.
2. acknowledges that the North American Pharmacist Licensure Examination (NAPLEX), combined with a California Practice Standard and Jurisprudence Examination (CPJE), is appropriate to test for basic competencies essential for entry-level pharmacist practice if the examinations include, but are not limited to, testing for pharmacy principles and standards in:
 - a. patient consultation skills;
 - b. application of clinical knowledge in a variety of patient care settings;

- c. sterile and non-sterile compounding;
 - d. drug distribution; and
 - e. medication safety.
3. Advocates that the California Board of Pharmacy streamlines the licensure process through standardization and improve the timeliness of application approval.

#2017-08: Off-Label Use of Medication

Source: HOD 2014

(Note: This is former policy #2014-51, approved by the HOD in 2014; modified and reaffirmed by the HOD in 2017 as policy #2017-08)

The California Society of Health-System Pharmacists:

1. supports the practice of prescribing medications for off-label uses that are documented in the medical literature in a system that:
 - a. maintains patient access to pharmacist review of all medications.
 - b. protects the pharmacist's right of refusal of an off-label use of a medication.
 - c. preserves the patient-pharmacist-prescriber relationship.
 - d. provides adequate patient counseling and education, particularly to patients taking medications for off-label use.
 - e. recognizes the prescriber's responsibility in assuring the appropriate and safe use of all medications; and
 - f. encourages evidence-based decision making and prescribing.
2. opposes efforts to restrict the off-label use of medication when the usage is medically appropriate, evidence-based and in the patient's best interest
3. supports the authority of the Food and Drug Administration (FDA) to regulate the promotion and dissemination of information about off-label uses of medications and medication-containing devices by manufacturers and their representatives.
4. supports that such off-label promotion and marketing be limited to the FDA-regulated dissemination of unbiased, truthful, and scientifically accurate information based on peer-reviewed literature not included in the New Drug Approval process.

#2017-09: Home Intravenous Therapy

Source: HOD 2017

The California Society of Health-System Pharmacists:

1. supports the continuation of a home intravenous therapy benefit under federal, state, and private health insurance plans.

2. supports expansion of the home infusion benefit under Medicare and Medi-Cal and other health plans at an appropriate level of reimbursement for pharmacists' patient care services including patient and caregiver education, medications, supplies, and equipment to provide optimal therapy for patients.
3. encourages health-systems and providers to ensure that transitions of care into the homecare environment includes information and sufficient time for the home infusion pharmacy to provide the following in an optimal and timely manner:
 - a. coordination with other healthcare providers ~~nursing care~~
 - b. intravenous therapy
 - c. medications
 - d. ancillary supplies and equipment's
 - e. education

#2017-10: Efforts to Discourage the Use of Tobacco Products

Source: HOD 1989

(Note: This is former policy #8907 approved by the HOD in 1989; modified and reaffirmed by the HOD in 1995 as policy #9506; modified and reaffirmed by the HOD in 2000 and combined with policy #9604 as policy #2000-05; modified and reaffirmed by the HOD in 2005 as policy #2005-06; modified and reaffirmed by the HOD in 2009 as policy #2009-08; modified and reaffirmed by the HOD in 2013 as policy #2013-13; modified and reaffirmed by the HOD in 2017 as policy #2017-10.)

The California Society of Health-System Pharmacists:

1. supports smoke-free, tobacco-free, and electronic nicotine delivery systems (ENDs) -free environments, including CSHP sponsored meetings and events.
2. encourages its members to participate in educational efforts to discourage tobacco use and encourages pharmacists who educate patients on tobacco cessation to obtain training as tobacco cessation educators.
3. promotes the role of pharmacists in tobacco cessation counseling and smoking cessations medication therapy management.
4. supports the elimination of the sale of tobacco products and ENDs from all California Pharmacies and all establishments that contain a pharmacy.
5. joins with other interested organizations in statements and expressions of opposition to the use of tobacco, tobacco products, and electronic nicotine delivery systems.
6. supports patient accessibility to multiple tobacco cessation therapies

#2017-11: The Role of the Pharmacist in Controlled Substance Abuse and Drug Diversion

Source: HOD 2014

(Note: This former policy #2014-38, approved by the HOD in 2014; modified and approved by the HOD in 2017 as policy # 2017-11)

The California Society of Health-System Pharmacists:

1. endorses the ASHP Statement on the Pharmacist's Role in Substance Abuse Prevention, Education, and Assistance.
2. recognizes the importance of balancing efforts to address legitimate pain issues and patient care.
3. recognizes that pharmacists have the unique knowledge, skills, and responsibilities in substance abuse and drug diversion prevention and education.
4. recognizes that pharmacists working collaboratively with other health professionals are actively involved in the identification and mitigation of substance abuse and diversion within health-systems.
5. recognizes that pharmacists, as health care providers, should be actively involved in reducing the negative effects that substance abuse has on society, health-systems, and the pharmacy profession.
6. recognizes that pharmacists play an active role in harm reduction by furnishing opioid antagonist products.

#2017-12: Therapeutic Indication in Clinical Decision Support

Source: HOD 2013

(Note: This former policy #2013-42, approved by the HOD in 2013; modified and approved by the HOD in 2017 as policy # 2017-12)

The California Society of Health-System Pharmacists:

1. supports the development of clinical decision support (CDS) systems that are proven to improve medication-use outcomes and that include the following capabilities:
 - a. the use of alerts, notifications, and summary data views provided to the appropriate people at the appropriate times in clinical workflows, based on:
 - i. a rich set of patient-specific data,
 - ii. standardized, evidence-based medication-use best practices, and
 - iii. identifiable patterns in medication-use data in the electronic health record;
 - b. audit trails of all CDS alerts, notifications, and follow-up activity;
 - c. structured clinical documentation functionality linked to individual CDS alerts and notifications; and
 - d. highly accessible and detailed management reporting capabilities that facilitate assessment of the quality and completeness of CDS responses and the effects of CDS on patient outcomes.
 - e. support CDS systems to include medication indications on the prescription order

#2017-13: Automated Preparation and Dispensing Technology for Sterile Preparations

Source: HOD 2017

The California Society of Health-System Pharmacists:

1. supports the use of health information technology (HIT) and other patient-care technologies for

preparing and dispensing sterile preparations that improves the safety and reliability of the medication use process.

2. supports pharmacists and pharmacy technicians be included in key decision roles of a multidisciplinary team in the planning, selection, implementation, and maintenance of automated systems to facilitate preparation and dispensing of sterile preparations.
3. encourages the education of patient safety advocacy groups and regulatory agencies on the capabilities and benefits of automation and technology for preparing and dispensing compounded sterile preparations.

#2017-14: Sports Pharmacy

Source: HOD 2007

(Note: This is former policy #2007-02 approved by the HOD in 2007; modified and reaffirmed by the HOD in 2012 as policy #2012-02; reaffirmed by the HOD in 2017 as policy# 2017-14)

The California Society of Health-System Pharmacists:

1. encourages safe and healthy participation in competitive sport and exercising.
2. supports the pharmacist's role in promoting safe and proper use of medications and nutritional supplements and recognizes the unique medication needs of athletes.
3. encourages the general public to seek health professional advice related to medications and nutritional supplements promoted for sports performance or used to maintain health.
4. supports the efforts of organizations to educate and enforce drug testing to discourage the use of banned and/or harmful performance-enhancing substances.
5. develops collaborative efforts with health and sport organizations in order to educate athletes and others regarding the safe and most effective legitimate use of medications.
6. supports public and professional education campaigns in discouraging the use of banned and/or harmful performance-enhancing substances.
7. encourages members to offer consultation to athletes about the potential harm of using banned performance-enhancing substances.
8. encourages schools of pharmacy to develop education programs for students and pharmacists that address the safe use of medication recognizing the unique needs of athletes.

#2017-15: Computerized Prescriber Order Entry (CPOE)

Source: HOD 2007

(Note: This is former policy #2007-04 approved by the HOD in 2007; reaffirmed by the HOD in 2012 as policy #2012-04; reaffirmed by the HOD in 2017 as policy #2017-15)

The California Society of Health-System Pharmacists advocates for and supports the use of computerized entry of medication orders or prescriptions when:

1. it is planned, implemented, and managed with pharmacists' involvement.
2. such orders are part of a single, shared database that is integrated with the pharmacy information systems, electronic health record, and other key information system components such as the patient's medication administration record.
3. such computerized order entry improves the safety, efficiency, and accuracy of the medication-use process.
4. such computerized order entry includes clinical decision support systems.
5. it includes provisions for the pharmacist to review and verify the order's appropriateness before medication administration, except in those instances when review would cause a medically unacceptable delay.

#2017-16: Non-Pharmacist and Prescriber Dispensing

Source: HOD 1985

(Note: This is former policy #8501 approved by the HOD in 1985; reaffirmed by the HOD in 1992 as policy #9222; reaffirmed by the HOD in 1997 as policy #9704; reaffirmed by the HOD in 2002 as policy #2002-03; reaffirmed by the HOD in 2007 as policy #2007-05; modified and reaffirmed by the HOD in 2012 as #2012-04; modified and reaffirmed by the HOD in 2017 as policy # 2017-16.)

The California Society of Health-System Pharmacists:

1. supports - legislative and regulatory controls establishing the requirements for non-pharmacist and prescriber dispensing.

#2017-17: Recovering Pharmacy Professionals

Source: HOD 1983

(Note: This is former policy #8304 approved by the HOD in 1983; modified and reaffirmed by the HOD in 1992 as policy #9219; modified and reaffirmed in 1997 as policy #9711; modified and reaffirmed by the HOD in 2002 as policy #2002-06; reaffirmed by the HOD in 2007 as policy #2007-06; modified and reaffirmed by the HOD in 2012 as policy #2012-04; modified and reaffirmed by the HOD in 2012 as policy #2017-17)

The California Society of Health-System Pharmacists

1. encourages members to support and participate in the State of California's Pharmacist Recovery Program, which identifies and rehabilitates pharmacists and pharmacy interns with impairment due to the misuse and abuse of dangerous drugs and substances or due to mental illness.
2. encourages that the California State Board of Pharmacy also include pharmacy technicians in the State of California's Pharmacist Recovery Program.

#2017-18: Pharmacists Involvement in Student Pharmacist Education

Source: HOD 1984

(Note: This is former policy #8409 approved by the HOD in 1984; reaffirmed by the HOD in 1992 as policy #9221; modified and reaffirmed by the HOD in 1997 as policy #9713; modified and reaffirmed by

the HOD in 2002 as policy #2002-08; reaffirmed by the HOD in 2007 as policy #2007-07; modified and reaffirmed by the HOD in 2012 as policy #2012-07; modified and reaffirmed by the HOD in 2012 as policy #2017-18)

The California Society of Health-System Pharmacists:

1. encourages pharmacists and pharmacy leaders to recognize that part of their professional responsibility is the development of student pharmacists.
2. encourages pharmacist's participation in the training and education of student pharmacists through involvement with independent internship programs and/or with School of Pharmacy sponsored practice-based experience programs. The achievement of predetermined competencies should be the primary objective of all such programs
3. encourages schools of pharmacy to define and develop appropriate organizational relationships that permit a balance of patient care and professional and community service
4. encourages schools of Pharmacy to collaborate with pharmacy organizations on the development of standards to enhance the quality of experiential education and pharmacists preceptor.
5. supports the provision of tools, education, and other resources to develop preceptor skills.
6. encourages all educators use ASHP guidelines, statements and profession policies as an integral part of the educational process.

#2017-19: Productivity Measurement Systems

Source: HOD 1983

(Note: This is former policy #8302 approved by the HOD in 1983; reaffirmed by the HOD in 1992 as policy #9217; modified and reaffirmed by the HOD in 1997 as policy #9714; modified and reaffirmed by the HOD in 2002 as policy #2002-09; modified and reaffirmed by the HOD in 2007 as policy #2007-08; reaffirmed by the HOD in 2012 as policy #2012-08; modified and reaffirmed by the HOD in 2017 as policy #2017-19.)

The California Society of Health-System Pharmacists:

1. opposes the development of a standardized format and definitions for creating a productivity measurement system for pharmacies in California.

#2017-20: Repackaging of Pharmaceuticals for Distribution

Source: HOD 1986

(Note: This is former policy #8609 approved by the HOD in 1986; reaffirmed by the HOD in 1992 as policy #9227; reaffirmed by the HOD in 1997 as policy #9709; reaffirmed by the HOD in 2002 as policy #2002-05; modified and reaffirmed by the HOD in 2007 as policy #2007-12; reaffirmed by the HOD in 2012 as policy #2012-12; modified and reaffirmed by the HOD in 2017 as policy #2017-20.)

The California Society of Health-System Pharmacists:

1. supports the practice of pharmacies performing bulk repackaging of pharmaceuticals for distribution outside the facility in which that pharmacy is located or licensed in accordance with California Board of Pharmacy regulations and the Food and Drug Administration guidelines and regulations.

#2017-21: Safe Handling of Cytotoxic and Hazardous Drugs

Source: HOD 1984

(Note: This is former policy #8408 approved by the HOD 1984; modified and reaffirmed by the HOD in 1992 as policy #9220; modified and reaffirmed in 1997 as policy #9712; reaffirmed by the HOD in 2002 as policy #2002-07; modified and reaffirmed by the HOD in 2007 as policy #2007-13; reaffirmed by the HOD in 2012 as policy #2012-13; modified and reaffirmed by the HOD in 2012 as policy #2017-21.)

The California Society of Health-System Pharmacists:

1. recommends that each hospital, health-system, other patient care facility or environment where cytotoxic or hazardous drugs are handled, stored or administered establish guidelines on the safe handling of chemotherapeutic, cytotoxic and hazardous drugs based on State and Federal laws and regulations and the best practices and/or guidelines from nationally recognized organizations.

#2017-22: Nuclear Pharmacy

Source: HOD 2012

(Note: This is former policy #2012-14; modified and approved by the HOD 2017 as policy #2017-22)

The California Society of Health-System Pharmacists:

1. supports that the responsibility for the preparation and distribution of radiopharmaceuticals for human and veterinary use shall be delegated only to specially trained pharmacists, as defined by the Board of Pharmacy, in the area of nuclear pharmacy.

#2017-23: Increased Security Features on Controlled Substances Prescription Form

Source: HOD 2012

(Note: This is former policy #2012-15; modified and approved by the HOD 2017 as policy #2017-23)

The California Society of Health-System Pharmacists:

1. supports standardization of the controlled substance prescription security forms and improving the security feature requirements on those forms.
2. supports accountability regulations that require controlled substance prescription form printers to inform law enforcement if their products are stolen or their company identity is stolen.
3. encourages the development and use of real-time electronic verification methods.

#2017-24: Addition of Pharmacy Technicians to the California State Board of Pharmacy

Source: HOD 2017

The California Society of Health-System Pharmacists:

1. supports the inclusion of pharmacy technicians on the Board of Pharmacy.

#2017-25: Mandatory Labeling of the Presence of Natural Rubber Latex in Medications

Source: HOD 2017

The California Society of Health-System Pharmacists:

1. urges the Food and Drug Administration to mandate that manufacturers of medications and medication-device combination products include labeling information on whether any component of the product, including its packaging, contains natural rubber latex.

#2017-26: Preventing Exposure to Allergens in Medications

Source: HOD 2017

The California Society of Health-System Pharmacists:

1. urges pharmacy participation in the collection, assessment, and documentation of a complete list of allergens pertinent to medication therapy, including food, natural rubber latex, excipients, medications, devices, and supplies, for the purpose of clinical decision-making; further,
2. encourages vendors of medication-related databases incorporate and maintain information about medication-related allergens and cross-sensitivities; further,
3. recommends that all pharmacists actively review allergens pertinent to medication therapy and minimize patient and healthcare worker exposure to known allergens, as feasible; further,
4. encourages education of pharmacy personnel on medication-related allergens.

#2017-27: Excipients in Medication Products

Source: HOD 2017

The California Society of Health-System Pharmacists:

1. supports the removal of unnecessary, potentially allergenic excipients from all medications; further,
2. encourages manufacturers to declare the name and derivative source of all excipients in medications on the official label; further,
3. strongly encourages that vendors of medication-related databases incorporate information about excipients; further,
4. fosters education on the allergenicity of excipients and documentation in the patient medical record of allergic reactions to excipients.

#2017-28: Safe and Effective Use of Medications in Pediatric and Neonatal Patients

Source: HOD 2017

The California Society of Health-System Pharmacists:

1. supports that pharmacy services should be provided with sufficient physical facilities, personnel, and equipment to meet the pharmaceutical care needs of the pediatric and neonatal population. This includes orientation and training programs for pharmacists and pharmacy technicians providing services to pediatric and neonatal patients including emphasizing dosage calculations and dosage-form selection appropriate to patient's age and condition as well as specialized drug preparation and techniques
2. recognizes that pharmacists and pharmacy technicians who are trained, qualified, and/or who possess expertise in pediatric pharmacotherapy or skills should be integrated within the interdisciplinary health care team in order to reduce the rates of potential and preventable adverse drug events in pediatric and neonatal patients including:
 - a. Promoting safe and effective medication use practices in this patient population
 - b. Counseling and educating patients and caregivers on their medications
 - c. Creating appropriate dose standardization in oral and parenteral drug distribution systems
3. supports the expansion of pharmacy education and postgraduate residency and fellowship training on pediatric pharmacy and/or pharmacotherapy and the inclusion of pharmacists when conducting pediatric research
4. supports the development and use of nationally standardized concentrations of medications as well as advocates that hospitals and health systems use manufacturer-prepackaged products when possible to improve the safe use of medications in pediatric and neonatal patients.

APPENDIX A: Professional Policies Deleted by the House of Delegates Since October 2002

Policy Number	Policy Name	Date Deleted
1997-01	Doctor of Pharmacy Degree as the Sole Entry Level Degree in Pharmacy	Oct 2002
1997-05	Legislation: Clinical Pharmacy in the Outpatient Setting	Oct 2002
1997-10	Clinical Pharmacy as a Specialty	Oct 2002
1997-16	Dues Rates	Oct 2002
1999-05	CSHP Name Change	Nov 2004
2000-07	Board of Directors' Authority to Increase Membership Dues	Oct 2005
2000-04	ASHP Guidelines: (1) Preventing Medication Errors and (2) Adverse Drug Reaction Reporting	Oct 2005
2006-06	Regional Chapters: Dues Rebate	Oct 2007
2004-07	Mission Statement	Oct 2009
2005-01	Drug Testing/Employee Testing in the Workplace	Oct 2010
2005-03	Medical Errors: Reporting	Oct 2010
2006-03	Guiding Principles for Acceptance of Advertising, Advertisers, Sponsors, and Exhibitors	Oct 2010
2007-11	Continuing Education Funded by the Health Care Industry	Oct 2010
2008-02	Guidelines and Co-sponsorship Agreements for CSHP Programs	Oct 2010
2008-12	Disclosure Policy for Board of Directors, Staff and Management Teams	Oct 2010
2008-13	Disclosure Policy for Presenters at CSHP Functions	Oct 2010
2006-04	Precepts of Palliative Care	Nov 2011
2006-07	Pharmaceutical Care	Nov 2011
2008-05	Legislative Activities: Funding	July 2013
2010-03	Reimbursement: Medicare and Medi-Cal	August 2017
2009-09	Health Insurance Coverage	Nov 2014
2010-18	Third Party Insurance Cards	Nov 2014
2013-16	Electronic Health Records	Nov 2014
2013-36	Machine Readable Coding and Related Technology	Nov 2014
2013-33	Medication Reconciliation: Role of Pharmacy Technicians	Nov 2014
2013-44	Pharmacist's Role in Medication Reconciliation	Nov 2014
2009-08	Efforts to Discourage the Use of Tobacco Products	Nov 2014
2010-01	Pharmacist Certification, Credentials and the Credentialing Process	Oct 2015
2010-09	Diversity in Health Care and Pharmacy	Oct 2015
2015-25	Quality Consumer Medication Information	October 2016
2011-02	Off-Label Medication	October 2017
2014-31	Direct to Consumer Advertising	October 2017
2012- 09	Technician Regulations	January 2018
2013-10	Technician Accreditation	January 2018

2013-31	Qualifications of Pharmacy Technicians in Advanced Roles	January 2018
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