

## HISTORY AND DEVELOPMENT OF THE RESOLUTION

### 1) Origin of the Initiative

This initiative originated from the **Pharmacy Technician Committee** as a formal committee priority to address a longstanding governance gap within the Council. The concept was first elevated at the prior Annual Assembly when committee member **Christa Clay** introduced the initiative during the April 2025 **Board of Directors meeting**.

At its core, the issue identified was that the Council represents health-system pharmacy practice broadly, yet pharmacy technicians—despite being integral contributors to hospital pharmacy operations, patient safety, and Council initiatives—do not currently share equivalent governance rights and privileges within the Council.

The timing of this initiative was intentional and aligned with growing national momentum in technician governance, including representation through the **The Pharmacy Technician Society (TPTS)** and evolving governance models among peer ASHP-affiliated state societies.

### 2) Chapter Engagement and Majority Support Pathway

Following the prior Annual Assembly, the Pharmacy Technician Committee and its Board representative, **Rafael Roman**, initiated a formal chapter-validation process to determine whether this proposal reflected a shared chapter-level perspective across the Council.

Rafael presented the initiative during a **Chapter Presidents call**, providing context, governance rationale, and implementation considerations. To standardize chapter endorsement, a **Statement of Support for the Bylaw Amendment** was drafted by Rafael and subsequently reviewed and approved by the **President-Elect and Advocacy Chair** before circulation.

The strategic objective of this phase was to secure a **majority of chapters in support** before formal House consideration.

By the final in-person Board meeting, **7 of the Council's 9 chapters had formally signed in support:**

- Central
- Rochester
- Southern Tier
- NYC
- Long Island
- Westchester

- Northeastern

The remaining **Western and Royals chapters abstained**, resulting in **no formal chapter opposition**.

### 3) Validation Through Peer-State Proof of Concept

Peer-state research began at the prior Annual Assembly in parallel with the first Board presentation of the initiative. This research was intentionally developed to ensure that any proposal affecting Council voting rights, delegate representation, and Board participation could be evaluated against **existing peer-state governance precedent**.

Among the states reviewed, **Illinois, Vermont, and New Hampshire emerged as the strongest documented case studies** because of the clarity and specificity of their bylaws.

This proof-of-concept review was developed proactively in preparation for any potential opposition related to precedent, governance integrity, or affiliate alignment.

The resulting informational packet represents the **first formal consolidated presentation of this external proof**, bringing together chapter support, governance rationale, and exact peer-state bylaw language.

### 4) Advancement to House Consideration

At the final in-person Board meeting before Annual Assembly, the Board formally reviewed the initiative and **voted to advance it to the House of Delegates**.

This proposal now appropriately sits before the House because it would require **constitutional and bylaw modifications affecting the Council’s governance structure, member rights, delegate representation, and all affiliated chapters**.

The purpose of this packet is to ensure delegates have a **complete procedural, factual, and comparative record** so they may vote in good conscience with the full picture of how the initiative developed.

## PEER-STATE GOVERNANCE PRECEDENT SUMMARY

### Bottom-Line Question

**Is there precedent for pharmacy technicians having active voting rights, a formal board seat, and voting authority on that board seat within ASHP-affiliated state societies?**

**Yes.** Illinois, Vermont, and New Hampshire each provide direct bylaw precedent.

State Society	Exact Bylaw Language	What It Proves
<b>Illinois (IChP)</b>	“The Technician Representative shall be a voting member of the Board of Directors.”	A technician board seat can be a <b>full voting seat</b> , not advisory.

State Society	Exact Bylaw Language	What It Proves
<b>Vermont (VtSHP)</b>	“Active members shall be Pharmacists and Technicians.” Active members may “elect or serve as an officer.”	Technicians may be recognized as <b>true active members with officer eligibility and voting governance roles.</b>
<b>New Hampshire (NHSHP)</b>	“Active Pharmacy Technician Members may vote on amendments to the bylaws and elect the NHSHP Board of Directors.”	Technician members may have <b>membership voting rights + board election rights + named board service eligibility.</b>

### Key Takeaway

This resolution does **not create a novel governance concept**. It adopts a model already functioning in multiple peer state societies.

## GOVERNANCE RATIONALE

### Why This Resolution Strengthens Governance

#### 1) Representative Legitimacy

Our Council represents the modern health-system pharmacy workforce. That workforce is operationally sustained by both **pharmacists and pharmacy technicians**.

A governance structure that excludes technicians from voting and board representation creates a mismatch between:

- who the Council serves
- who the Council allows to govern

Vermont’s parity language is especially persuasive because it formally places **pharmacists and technicians together as active members**.

#### 2) Functional Governance, Not Symbolism

Illinois demonstrates that technician representation can be tied to:

- technician program coordination
- structured communication with membership
- officer-level accountability
- formal board voting authority

This proves technician governance participation is not symbolic inclusion. It is **functional governance infrastructure**.

### 3) Democratic Consistency

New Hampshire provides the strongest democratic precedent. Technician members may:

- vote on bylaws
- elect the board
- serve in the Pharmacy Technician Director-at-Large seat

This creates a clean principle:

If technicians are active members of the constituency, they should have a formal voice in how that constituency is governed.

### 4) Organizational Benefit

Formal technician voting rights and board representation improve:

- frontline operational insight
- workforce development strategy
- technician retention and engagement
- policy relevance
- governance credibility
- chapter/member alignment

This is especially important in an era where technicians contribute to:

- sterile compounding quality
- automation oversight
- hazardous drug workflows
- medication history
- Epic and informatics workflows
- advanced product verification in select states
- immunization support
- supply chain integrity

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## DETAILED THREE-STATE CASE STUDY ANALYSIS

### Illinois Council of Health-System Pharmacists (IHP)

**Exact bylaw language:** The Technician Representative “**shall be a voting member of the Board of Directors.**”

**Governance structure proven:**

- formal named technician Board seat
- explicit Board voting authority
- communication accountability between Board and technician membership

- officer-level governance integration

**What this proves for the Council:** Illinois demonstrates that technician representation can be fully embedded into the governing architecture of a peer affiliate without reducing Board integrity. It is the strongest direct precedent for a **technician voting Board seat within the Society.**

Vermont Society of Health-System Pharmacists (VtSHP)

**Exact bylaw language:** “Active members shall be Pharmacists and Technicians,” and active members may “elect or serve as an officer.”

**Governance structure proven:**

- active membership parity
- officer eligibility
- technician voting governance roles
- explicit technician representation within Board leadership

**What this proves for the Council:** Vermont establishes that technicians can be recognized as full active members of the Society with governance privileges equal to the broader membership base.

New Hampshire Society of Health-System Pharmacists (NHSHP)

**Exact bylaw language:** “Active Pharmacy Technician Members may vote on amendments to the bylaws and elect the NHSHP Board of Directors,” and may serve in the **Pharmacy Technician Director-at-Large Seat.**

**Governance structure proven:**

- technician voting rights on bylaws
- Board election participation
- named technician Board seat
- Board service eligibility

**What this proves for the Council:** New Hampshire provides the strongest precedent for **membership voting rights + named Board participation + bylaw amendment voting,** directly paralleling the modernization pathway currently before the Society.

Combined Proof-of-Concept Conclusion

Taken together, Illinois, Vermont, and New Hampshire prove that the full architecture contemplated by this proposal is already functioning elsewhere:

- technician active membership parity
- voting rights
- House/delegate-equivalent representation pathways
- formal Board seats

- voting authority tied to those seats

This establishes an ironclad external benchmark that the Council is not being asked to invent a new governance model but rather determine whether it wishes to align with proven peer-state structures.

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## ANTICIPATED OBJECTIONS & RESPONSES

Objection 1: “This is outside the norm.”

**Response:** This is already within the norm of peer-state governance. Illinois, Vermont, and New Hampshire each publicly codify technician governance rights.

Objection 2: “A board seat is fine, but voting rights go too far.”

**Response:** Illinois directly disproves this concern. Its bylaws explicitly state the Technician Representative is a **voting member of the Board of Directors**.

Objection 3: “Technicians can participate without voting.”

**Response:** Peer states have already moved beyond advisory participation. The strongest examples explicitly connect technician membership to:

- voting rights
- officer eligibility
- board elections
- named voting seats

Objection 4: “This may create affiliate friction.”

**Response:** The strongest response is that this resolution aligns our Council with **existing affiliate-state precedent**, not an experimental structure. This is a modernization decision already implemented by peer societies.

Objection 5: “Past leadership has concerns.”

**Response:** Respectfully, this resolution reflects the **current workforce reality**. Governance should evolve alongside the profession. Peer-state bylaws show that technician inclusion strengthens—not weakens—governance integrity.

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## Why This Resolution Is Necessary

The profession is currently facing workforce strain, evolving operational complexity, and increasing reliance on advanced technician roles. Pharmacy technicians are expected to lead and sustain many of the systems that modern health-system pharmacy depends upon. These include:

- hazardous drug handling workflows

- automation and inventory technologies
- sterile compounding quality systems
- medication history and reconciliation support
- Epic/health IT workflow execution
- investigational drug operational support
- advanced verification models in select states
- immunization support and public health workflows

To continue excluding technicians from governance while simultaneously expanding their responsibility within practice creates an inconsistency that is increasingly difficult to justify.

Formal voting rights and Board representation will:

1. **Improve representational legitimacy** of the Council
2. **Strengthen technician member engagement and retention**
3. **Create direct communication channels** between leadership and technician stakeholders
4. **Improve policy relevance** by incorporating frontline operational expertise
5. **Align Council governance with national modernization trends**

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## **Organizational Benefit**

This resolution is not solely about technician inclusion; it is about strengthening the Council's governance capacity.

A Board that includes pharmacy technicians benefits from expertise in:

- workflow execution
- operational bottlenecks
- safety process design
- technician workforce development
- certification and advancement pathways
- real-world implementation barriers

These perspectives improve the quality of Board deliberation and make Council policies more reflective of frontline realities.

Peer societies have already demonstrated that this model is governable, sustainable, and mission-aligned. Adoption of this resolution would position the Council alongside national leaders in modern pharmacy workforce governance.

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### **Closing Justification**

Granting pharmacy technicians active voting rights and formal Board seats recognizes the profession as it exists today rather than as it existed historically. The Council's governance should reflect the interdisciplinary reality of health-system pharmacy practice, where pharmacists and technicians jointly sustain medication safety, operational excellence, and patient care delivery.

This resolution does not introduce an experimental governance model. Rather, it aligns the Council with established precedents from Illinois, Vermont, and New Hampshire—states that have already demonstrated that technician representation is both effective and structurally sound.

For these reasons, adoption of this resolution is recommended.