



The New York State Council of Health-system Pharmacists

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**New York State Council of Health-system Pharmacists
Annual Assembly
Saratoga Springs, NY
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**House of Delegates
Board of Directors Report
Submitted March 2019**

**Vice President of Public Policy
Andrew Kaplan, Pharm.D., BCPS, BCGP**

This report is for consideration by the New York State Council of Health-system Pharmacists House of Delegates only and does not represent official policy until approved the House of Delegates.

About Vice President of Public Policy, Committee Structure and Chapter Representation

The Vice President of Public Policy provides information, informed opinions and guidance to the Board of Directors and the membership on current and developing legislation, rules and regulations governing the practice of pharmacy at the state and national level. The position is nominated by the Board of Directors and is elected by the House of Delegates for a 2-year term. This position reports to the President.

As of 2018, the Vice President of Public Policy oversees two Committees:

- The Public Policy Committee, whose functions are:
 - Assess pending legislation and develop the Council’s position.
 - Negotiate with legislators and other Pharmacy organizations to optimize pending legislation.
 - Create references for members to utilize to engage legislators and the public, such as talking points and fact sheets.
- The Grassroots Advocacy Committee, whose functions are:
 - Organize members in the various chapters to support grassroots advocacy.
 - Develop mentoring systems between seasoned and newer members.
 - Engage in supervised advocacy efforts – legislative visits, letter-writing campaigns – that can be reported and shared through social media, newsletter, and other avenues

Responsibilities

General and Ongoing Responsibilities External to the Council:

1. Keeps current with laws, regulation and administrative policies governing the practice of pharmacy.
2. Has direct responsibility for monitoring and reviewing legislative developments.
3. Maintains liaison with other professional health care organizations on matters related to legislation, rules and regulations affecting health care and pharmacy practice.
4. Maintains contact with the Education Department regarding regulatory changes and interpretations.
5. Attends and testifies at State Legislature and hearings as required.
6. Maintains communications with key legislators as appropriate.

Public Policy Committee – Participating Members (2018):

Bedard, Tyler; Berger, Karen; Berger, Robert; Brewer, Jeffrey; Briscoe-Dwyer, Leigh; Cassidy, Ruth; Colon, Evangelina Berrios; Fiebelkorn, Karl; Jadoch, Chris; Kaplan, Andrew; Kludze, Maabo; Leimbach, Amisha; Limoncelli, Vito; Lombardi, Tom; Longo, Anthony J; Milazzo, Michael; Schiller, Daryl; Seo, See-Won; Shafeeq, Hira; Shlom, Elizabeth; Sin, Billy; Sinnet, Mark; Sosnowski, Frank

Grassroots Advocacy Committee – Participating Members (2018):

Abigail Klutts, Amanda Mogul, Andrew Kaplan, Andrew P. Smith, Brook Schooler, Charrai Byrd, Elizabeth Feldman, Emma Gorman, Eric Guido, Grace Shyh, Gurjot Sandhu, Jamie Chin, Karen Berger, Karl Fiebelkorn, Katelyn Masullo, Leslie Riddle, Lyndsay Carlson, Matthew Zak, Michael Milazzo, Samantha Paone, See-Won Seo, Shawn Fellows, Shireen Farzadeh, Willie Eggleston, Shaun Flynn

Contract Lobbyist:

Nicks Spano, Empire Strategic Planning, Albany, NY

Legislative and Priority Updates

The Council has worked more closely than ever with other Pharmacy organizations on maintaining a unified vision while dealing with legislative issues, such as implementation of technician oversight mechanisms. In doing so, we unleashed a significant state-wide conversation on the role of pharmacy technicians in hospitals, health-systems and community practice.

For background, the NYS Education Department regulates the practice of Pharmacy. The Board of Regents has rules for what constitutes professional misconduct – among them, 29.7(a)(21)(ii)(b)(4) states that unlicensed persons cannot: “*measure, weigh, compound or mix ingredients*”. Due to guidance documents from the Board of Pharmacy describing the role of “batching” as being a form of “repackaging” which is distinct from “compounding” or “manufacturing”, it has been traditionally been interpreted as to mean that an unlicensed individual (i.e. pharmacy technician) cannot make a patient-specific extemporaneous product (“compound”) but may prepare a medication pursuant to a set recipe (“batch”).

Our views on the settled state of the matter started changing in September. We began to hear reports that the Office of Professions was asking sites about pharmacy technician and sterile admixture based on reported “new interpretations”. Sites were being told that pharmacy technicians were no longer allowed to be involved in the sterile admixture process and that fines could result if non-compliance were to occur. The Council needed to engage the Board of Pharmacy for clarification.

At the quarterly Pharmacy Conference in December, the Council and other pharmacy organizations inquired of the Board the current interpretation of what constitutes “measure, weigh, compound or mix ingredients” and the Board informed the group that extremely common, established practices, such as drawing up oral syringes, mixing IV’s pursuant to a recipe, or connecting vials to diluents via binary connectors (AddEase, Add-a-Vial, etc) were considered mixing and were not allowed to be completed by unlicensed persons. Further, if a pharmacist dispensed a product prepared in that fashion – the Board informed us – such a Pharmacist would be engaging in professional misconduct.

The attendees at the Conference were quite surprised. The Council immediately sought a solution to this issue. We engaged the Governor’s office on getting language codifying and clarifying the role and education/training requirement of pharmacy technicians into the Executive Budget. We began working with the legislature on ensuring this or similar language got into their budget bills. As of this writing, the resolution of the issue remains unknown.

We continued to develop and hone relevant resource materials for members to utilize. In addition to updating our fact sheets and talking points, we add two new member guides to the website delineating how the legislative process works, and another helping members identify whether their Assemblymember/State Senator supports a particular piece of legislation.

With the remainder of this year’s session, the Council hopes to ameliorate the potential impact of the opioid epidemic surcharge, create language for CDTM optimization, register pharmacy technicians and expand immunization practices. Further, we have created a structure whereby we regularly meet and coordinate with other Pharmacy organizations, such as PSSNY, Chain Pharmacy Association, and NYS ACCP. We regularly coordinate and collaborate with GNYHA and 1199 on key issues.

Public Policy Committee:

- Workgroup Development – key goal to broaden scope and improve engagement, conversation. As they key areas of focus for the Pubic Policy Committee
 - Tech-Check Tech
 - Oral Contraceptive Prescribing
 - Collaborative Drug Therapy Management
 - Immunization

Grassroots Advocacy Committee:

- Pilot chapter expansion – originally, NYC was only chapter in the state with a local Grassroots Advocacy Committee, which had an infrastructure (Chair, follow up, meetings, etc). This has now expanded to other chapters – Western, Westchester.
 - Increase number of pilot chapters
 - Expand pilot chapter engagement among membership
 - Provide opportunities for members in non-pilot chapters, administered under the State committee
 - Continually improve resource allocation and deployment based on feedback
- Local chapter events
 - Great work has been done in the local chapters in hosting advocacy events and changing the way that our members approach and engage in education and networking
 - These advocacy events have even been simulcast to other chapters

Future directions: expanding sub-group and committee structure, including identification of leads; engaging with Communications and Support Persons Committees to improve education and communication regarding key issues.

Recommendations from last year’s House of Delegates:
 At least quarterly legislative updates to the membership (completed)

Position Statements for Review for 2019 HOD:

Resolution Number	Resolution	Proposed Revision
(7-14)	The New York State Council of Health-system Pharmacists supports the recognition of pharmacists who perform CDTM to reflect such credentialing beyond the borders of an article 28 facility. Credentialed pharmacists should be enabled to practice to the extent of their scope of practice in all settings.	No change recommended
(8-14)	The New York State Council of Health-system Pharmacists supports the role of the immunizing pharmacist for all CDC-approved vaccines in adult and children above the age of nine year.	No change recommended

<p>(9-14)</p>	<p>The New York State Council of Health-system Pharmacists supports the registration of pharmacy technicians. Those applying to work as a pharmacy technician in NYS shall meet the minimal educational requirements of a high school diploma or GED, be at least 18 years of age, and be free of felony convictions (unless reviewed and waived by the board of pharmacy). Applications for registration as a pharmacy technician should occur prior to employment, but must occur within three months of any employment in a NYS pharmacy practice setting, if not already registered.</p>	<p>The New York State Council of Health-system Pharmacists supports the registration of pharmacy technicians. After a registration process is in place, those applying to work as a pharmacy technician in NYS shall meet the minimal educational requirements of a high school diploma or GED, be at least 18 years of age, and be free of felony convictions (unless reviewed and waived by the board of pharmacy). Applications for registration as a pharmacy technician should occur prior to employment, but must occur within three months of any employment in a NYS pharmacy practice setting, if not already registered.</p>
<p>(10-14)</p>	<p>The New York State Council of Health-system Pharmacists supports the certification of all pharmacy technicians. Certification shall include successful demonstration of all competencies by an examination satisfactory to the Board of Pharmacy. Any exemptions to this requirement should be determined by the NYS Board of Pharmacy on a case-by-case basis.</p>	<p>The New York State Council of Health-system Pharmacists supports the certification of all pharmacy technicians, with certification being a requirement for a new hire within Article 28 facilities. Certification shall include successful demonstration of all competencies by an examination satisfactory to the Board of Pharmacy. Any exemptions to this requirement should be determined by the NYS Board of Pharmacy on a case-by-case basis.</p>
<p>(11-14)</p>	<p>The New York State Council of Health-system Pharmacists supports a standardized curriculum for the training of pharmacy technicians. Such curriculum must be accredited by ASHP or approved by the NYS Board of Pharmacy. Successful completion of such a curriculum should be a prerequisite for certification by examination as a pharmacy technician for all persons seeking such certification on or after January 1, 2020.</p>	<p>Recommend to sunset and submit new resolution</p>
<p>(12-14)</p>	<p>The New York State Council of Health-system Pharmacists supports continuing education for pharmacy technicians. Such continuing education requirements should, at a minimum, include 10 hours of education per year of registration with at least one hour of education each year relative to NYS pharmacy law and one hour of live education each year in the domain of medication safety. Continuing education for pharmacy technicians should be accredited by</p>	<p>Recommend to sunset and submit new resolution</p>

	ACPE and monitored through the NABP system.	
(13-14)	The New York State Council of Health-system Pharmacists recognizes the following with regard to grandfathering of pharmacy technicians: 1. The Council supports recognition of certified technicians (PTCB) who have not completed a standardized curriculum prior to 1/1/2020 2. The Council opposes any exemption or “grandfathering” of technicians who do not pass the PTCB examination or equivalent with the exemption of a registered pharmacy technician who submits to the Board of Pharmacy an application for exemption and provides evidence of a minimum of five years of employment within the last eight years as a pharmacy technician 3. The Council supports the use of alternative titles for unlicensed support personnel who are unable to pass the PTCB examination.	Recommend to sunset and submit new resolution
(2-94)	Pharmacist’s Role As Immunization Advocate. The New York State Council of Health-system Pharmacists believes and supports that the pharmacist should take an active role as primary advocate of immunization practices to promote health and to prevent diseases.	The New York State Council of Health-system Pharmacists believes and supports that the pharmacist plays a vital role in maintaining and promoting public health. This role should include development and promotion of practices, such as immunization, tobacco cessation, contraception, provision of naloxone among them, that should take an active role as primary advocate of immunization practices to promote health and to prevent diseases.
(4-14)	The New York State Council of Health-system Pharmacists opposes the use of medical marijuana in New York State without reclassification of marijuana as a Schedule II controlled substance by the United States FDA and subsequent establishment of a system of oversight of production and prescribing, as well as dispensing under the regulations put forth by the New York State Controlled Substance Law.	<i>“The New York State Council of Health-system Pharmacists supports opposes the use of medical marijuana in New York State without reclassification of marijuana by the United States FDA to promote clinical trial development and subsequent establishment of a system of improved oversight of production and prescribing, thus facilitating safe and consistent as well as dispensing under the regulations put forth by the New York State Controlled Substance Law.”</i>

<p>6-06</p>	<p>NYSCHP supports the health-system Pharmacist’s Right of Conscience and Patient’s Right to Access to Therapy. The New York State Council of Health-system Pharmacists recognizes the right of pharmacists and their pharmacy employees to decline to participate in therapies due to moral, religious or ethical reasons; further, supports that pharmacists and other pharmacy employees have a responsibility to inform employers of situations where they would decline to participate in therapies due to moral, religious, or ethical reasons; further supports that employers, once notified of a pharmacist or pharmacy employee’s intent to decline participation in therapies due to moral, religious, or ethical reasons, proactively establish systems 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; further, advocates that a pharmacist or pharmacy employee exercising the right of conscience must respect and serve the legitimate health care needs and desires of the patient and just provide a referral without any actions to persuade, coerce, or otherwise impose on the patient the pharmacist’s values, beliefs, or objections.</p>	<p>NYSCHP supports the health-system Pharmacist’s Right of Conscience and Patient’s Right to Access to Therapy. The New York State Council of Health-system Pharmacists recognizes the right of pharmacists and their pharmacy employees to decline to participate in therapies due to moral, religious or ethical reasons; further, supports that pharmacists and other pharmacy employees have a responsibility to inform employers of situations where they would decline to participate in therapies due to moral, religious, or ethical reasons; further supports that employers, once notified of a pharmacist or pharmacy employee’s intent to decline participation in therapies due to moral, religious, or ethical reasons, proactively establish systems that protect the patient’s right to obtain legally prescribed and medically indicated treatments which are available from that pharmacy, while reasonably accommodating, in a non-punitive manner, the right of conscience; further, advocates that a pharmacist or pharmacy employee exercising the right of conscience must respect and serve the legitimate health care needs and desires of the patient Further, if there is only one pharmacist on duty, a patient’s right to access means that they cannot be unduly burdened by having to visit another pharmacy or health care setting for an otherwise legally prescribing, medically indicated treatment, available at that pharmacy/setting</p>
<p>9-19</p>	<p>The New York State Council of Health-system Pharmacists supports a standardized curriculum for the training of pharmacy technicians pursuing certification. Training programs should be accredited by a nationally-recognized accreditation body. Certified pharmacy technicians should maintain this certification through nationally-accredited continuing education</p>	<p>Sunset of 11-14, 12-14, 13-14; consolidating into new position statement</p>