

We Are Experiencing Some *Technical* Difficulties:

2019 Legislative Update

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Objectives

- ▶ Describe the statutory/regulatory oversight of pharmacy technicians in New York State, compared to other states
- ▶ Describe the elements of pharmacy technician certification/education programs needed for compliance with statutes/regulations
- ▶ Identify elements of a grassroots engagement strategy and how each member can participate



US News and World Report - 2012

Study: One in Three Americans Fails Naturalization Civics Test

Native-born Americans fare worse on civics exam than immigrants applying for citizenship.

By **Brian Greene**, Contributor April 30, 2012, at 4:05 p.m.

AS AMERICANS PREPARE TO pick the next president of the United States in November, [a survey out of the Center for the Study of the American Dream](#) at Xavier University finds that one out of three U.S. citizens fails the civics portion of the immigrant naturalization test. The survey of more than 1,000 voting-age Americans asked respondents 10 random questions from the United States Citizenship and Immigration Services civics exam, which is administered as part of the immigration process, finding that 35 percent answered five or less questions correctly. More than 97 percent of immigrants applying for citizenship pass the test.

New York Civics Test

- ▶ I. Who represents us in Albany?
 - ▶ A. Assembly-members and State Senators
 - ▶ B. Representatives and Senators
 - ▶ C. Archdukes and Duchesses



New York Civics Test

- ▶ **2. Which regulatory body oversees the Board of Pharmacy?**
 - ▶ A. Department of Health
 - ▶ B. Department of Labor
 - ▶ C. Department of Education



New York Civics Test

- ▶ **3. Are technicians allowed to make IV's in NYS?**
 - ▶ A. Yes
 - ▶ B. No
 - ▶ C. It's complicated



The Plan

- ▶ **What I will do**
 - ▶ Describe what has happened based on information I have been given or have received
- ▶ **What I won't do**
 - ▶ Assign blame
- ▶ **What the Council cannot do**
 - ▶ Provide legal advice
- ▶ **What you should do**
 - ▶ Use these tools to start conversations



Statute (Legislature) vs. Regulation (Agencies)

- ▶ Statutes dictate the goals and means of legislative intent
 - ▶ Statute: “All pharmacists must dispense a peanut butter and jelly sandwich with each prescription”
- ▶ Regulations provide the implementation details that allow statutes to work
 - ▶ Education Department would have to write regulations to implement this intent:
 - ▶ Pharmacist should assess patient for peanut allergies
 - ▶ The peanut butter must be crunchy
 - ▶ The bread must be whole wheat
 - ▶ Pharmacists cannot accept returned sandwiches which have been chewed on



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Laws, Rules & Regulations

Education Law

- [Title VIII](#) - links to all Articles
- [Article 137](#) - Pharmacy

Rules of the Board of Regents

- [Part 29](#) - Unprofessional Conduct

Commissioner's Regulations

- [Part 52.29](#) - Pharmacy
- [Part 63](#) - Pharmacy

Other Laws, Rules, Regulations (external sites)

Pharmacy Education **Law** (Article 137)

- ▶ “The practice of the profession of pharmacy is defined as the administering, preparing, compounding, preserving, or the dispensing of drugs, medicines...”
- ▶ “**“Compounding”** means the combining, admixing, mixing, diluting, pooling, reconstituting, or otherwise **altering of a drug or bulk drug substance** to create a drug with respect to an outsourcing facility under section 503B of the Federal Food, Drug and Cosmetic Act and further defined in this section.”

Board of Regents **Regulations**

- ▶ Allows – in some cases implicitly – preparation of medications by individuals who are not pharmacists but under their supervision
 - ▶ Updates promulgated in 1984 to allow technician functions
- ▶ “**Repacking of drugs** in a pharmacy, except by a pharmacist or under his/her immediate and personal supervision.”...
- ▶ “...the signature of the **person performing the repacking operation**, the signature of the pharmacist who supervised the repacking...”

NYSED: Unlicensed persons can...

- ▶ Receive written or electronically transmitted RX
- ▶ Type prescription labels
- ▶ Key prescription data for entry into a computer
- ▶ Get drugs from stock and returning them to stock
- ▶ Get Rx files from storage, locating prescriptions
- ▶ Count dosage units of drugs
- ▶ Place dosage units of drugs in appropriate containers
- ▶ Affix the prescription label to the containers
- ▶ Prepare manual records of dispensing (for RPH sig's)
- ▶ Hand or deliver completed prescriptions to patient

NYSED: Unlicensed persons cannot...

- ▶ Receive oral prescriptions from prescribers
 - ▶ Interpret and evaluate a prescription
 - ▶ Make determinations of the therapeutic equivalency
 - ▶ **Measure, weigh, compound or mix ingredients**
 - ▶ Sign or initial any record of dispensing required by law
 - ▶ Counsel patients
 - ▶ Perform any function involving exercise of professional judgment.
-
- ▶ Did this cause any issues? Yes

Previous Board of Pharmacy Guidance

However, our regulatory structure makes a distinction between compounding and dispensing and the repackaging or manufacturing of medications. This distinction is analogous to federal over-sight of the manufacturing processes that routinely use unlicensed personnel under strict supervision to prepare drugs in bulk quantities. The particular rule to be referenced in this regard is 8NYCRR29.7(a)(15). This rule allows, for example, the repackaging of a bottle of 1000 tablets into containers of 40 tablets each. An unlicensed person, under the supervision of a registered pharmacist can perform this repackaging. The rule requires specific record keeping when this form of repackaging is done, including:

(Note: a batch produced by a protocol requires a specific formula (recipe) and a detailed record.)

- Name and strength of the drug being packaged
- Name of the manufacturer and distributor, if different, and the manufacturer's lot number
- Quantity of each container, and number of units prepared
- The date of the repackaging



Previous Board of Pharmacy Guidance

This rule has traditionally been interpreted to extend to beyond solid dosage forms to include the repackaging of injectable products. For example, a pharmacy may choose to prepare several hundred penicillin mini-bags, each containing one million units of drug, having started with higher concentrations. Another example would include the addition of two or more drugs to an IV solution pursuant to a specific written **“batch” protocol with quality assurance checks**. In these cases, the record-keeping requirements referenced above also apply.

We also note that a distinction can be made between manufacturing and simple reconstitution. For the purposes of this discussion, simple reconstitution is the addition of a diluent to a dry powder, such as the addition of a quantity of water to an antibiotic powder to prepare a suspension. Such reconstitution is not compounding—**However**, pharmacists are still responsible for the preparation of such suspensions, and unlicensed personnel **may not independently** measure and weigh ingredients. Therefore, an unlicensed person may obtain a diluent for a pharmacist, but only prepare the suspension **after** a pharmacist has verified that the correct quantity of the proper diluent has been obtained.



Previous Board of Pharmacy Guidance

- ▶ Unlicensed persons (e.g. technicians) may not “**compound**”, but may **repackage** medications for pharmacy use
 - ▶ They can make “**batches**” according to a pre-specified protocol
 - ▶ Can be sterile or non-sterile
 - ▶ Can be of any quantity, based on anticipated Pharmacy needs
- ▶ Must have appropriate quality checks/Lot#, Expiration
- ▶ Must be checked by pharmacist at appropriate steps
- ▶ NYSED inspections



Update: Fall 2018

- ▶ Pharmacy Orgs working with legislature on Tech bill
 - ▶ Conversations between legislature and NYSED
- ▶ Council heard of OPD changes
 - ▶ Changes in interpretation?
 - ▶ Talks of \$1,000 fines
 - ▶ Techs and Pharmacists being re-assigned
- ▶ Council brought issue to Pharmacy Conference
 - ▶ Attended by BOP and other Pharmacy organizations
 - ▶ Discussion of what “batching” means
 - ▶ Including “mated” items
 - ▶ Members informed



December 19, 2018

The Council attended the quarterly **NYS Pharmacy Conference** in Albany, NY on Friday, December 14th. This conference is attended by a wide range of stakeholders in the profession and a full write up will be available in a future newsbrief. One item we'd like to share is a discussion with the Board of Pharmacy and other Conference attendees regarding the role of unlicensed persons (including pharmacy technicians).

Long-standing NYS [regulations](#) state that unlicensed persons may not “*measure, weigh, compound or mix ingredients*”. Traditionally guidance has meant that unlicensed persons (e.g. technicians) may not prepare **patient-specific compounds**, but with proper oversight by a pharmacist, may create a non-patient-specific “**batch**” – can draw up fifty 3mL oral syringes, can make twenty IV bags of penicillin, etc. This has also been interpreted to allow the preparation by unlicensed persons of “mated items” – such as antibiotic vials attached to diluents through binary connectors (like addEASE, Vial-Mate, Mini-Bag Plus, etc).

It appears as though the Board is interpreting the above regulations more strictly, implying that unlicensed persons (e.g. technicians) would not be permitted to prepare these batches, as they involve “measuring” or “mixing”. The Board cited the fact that technicians remain unlicensed/unregistered/unregulated in NYS.

The Council has communicated with our Pharmacy Coalition partners – PSSNY, Chain Pharmacy Association, GYNHA Ventures, 1199 trade union – and are currently acting on a strategy of engaging the Governor and the NYS Legislature on this issue rapidly, with the hopes of clarifying technician job functions in statute/regulation.

While we are not aware of any enforcement actions reported by members' hospitals at this time, we understand the members may be concerned about what they are hearing. Our recommendations are to review compounding and “batching” processes in your facilities, ensure good practices and your policies are being followed, and report any concerns to the NYSCHP Board of Directors.

Thank you!

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

BOP Communique 2/25/19

Good Afternoon,

There is no further need for interpretation of Rules of Board of Regents Part 29.7(a)(21)(ii)(b)(4) 29.7(a)(21)(ii)(b)(4). Batching is mixing and therefore not allowed to be performed by an unlicensed staff member.

Regards!



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Web: www.op.nysed.gov/prof/pharm/

Question from a member:
clarification on “batching”?

“Please understand that the Education Department does not answer hypothetical questions, issue advisory opinions or offer detailed legal advice. Such requests should be directed to your attorney. While we can share with you commonly accepted interpretations of applicable laws and regulations, it should be noted that the applicability of statutes and regulations depend ultimately on the distinctive nature of a particular case, which will change given a different set of circumstances.”



Where does that leave us now?

- ▶ NYSED disavows previous BOP guidance in favor of clear reading of regulation
- ▶ According to these rules, appears unlicensed persons in NYS cannot:
 - ▶ Prepare IV's according to a protocol
 - ▶ Considered compounding
 - ▶ Draw up oral syringes
 - ▶ Considered measuring
 - ▶ Binary connector preparation
 - ▶ Considered mixing
 - ▶ Prepare oral antibiotic suspensions
 - ▶ Considered mixing



Comparison with other States (region)

▶ **Connecticut**

- ▶ Preparation...sterile products....including use of telepharmacy/electronic technology

▶ **Rhode Island**

- ▶ A Pharmacy Technician II may....provide immunizations, perform sterile, non-sterile compounding

▶ **Massachusetts**

- ▶ Reconstitute a prescription; Bulk compounding

▶ **Vermont**

- ▶ “compounding”

▶ **New Jersey**

- ▶ Counting, weighing, measuring, pouring and compounding of prescription medication or stock legend drugs and controlled substances, including the filling of an automated medication system

▶ **New Hampshire**

- ▶ Preparing or compounding sterile and non-sterile compounds

https://www.cga.ct.gov/current/pub/chap_400j.htm

<https://rules.sos.ri.gov/regulations/part/216-40-15-1>

<https://www.mass.gov/service-details/pharmacy-technician-duties>

<https://www.sec.state.vt.us/media/702345/5-RX-Rules-2015-Final-Adopted-August-24-2015.pdf>

<https://www.njconsumeraffairs.gov/regulations/Chapter-39-State-Board-of-Pharmacy.pdf>

http://www.gencourt.state.nh.us/rules/state_agencies/ph100-2000.html

Comparison - Other States (unlicensed)

▶ **Pennsylvania**

- ▶ “Assist the pharmacist in preparing and reconstituting parenteral products and other medications”

▶ **Colorado**

- ▶ “The preparation, mixing, assembling, packaging, labeling, or delivery of a drug or device;”

▶ **Wisconsin**

- ▶ compounding sterile preparations....successful...complet[tion] didactic or practical training

▶ **Hawaii**

- ▶ Process Rx labels, drug packaging, stocking, delivery, record keeping, pricing, documentation of third party reimbursements, and preparing, labeling, compounding, storing, and providing medication;

▶ **Delaware**

- ▶ Pharmacist may utilize certified pharmacy technician under the direct supervision of a pharmacist if
 - ▶ Formulation developed by pharmacist before proceeding with the compounding
 - ▶ The finished product is checked by the pharmacist before dispensing

<https://www.pacode.com/secure/data/049/chapter27/chap27toc.html>

<https://drive.google.com/file/d/0BzKoVwvexVATR281SIVsdERLa1U/view>

https://docs.legis.wisconsin.gov/code/admin_code/phar/15.pdf

https://cca.hawaii.gov/pvl/files/2013/08/HAR-16-95-C_0816.pdf

<http://regulations.delaware.gov/AdminCode/title24/2500.shtml>

How did we respond?

▶ Goal

- ▶ Protect current practice
- ▶ Clarify technician duties
- ▶ Codify certification requirement

▶ Response

- ▶ Coalition formed
 - ▶ Community Pharmacy, NYSCHP, HANYS, I I 99, GNYHA
- ▶ Language drafted for inclusion in budget
 - ▶ Budget has to pass by April 1st



Budget Bill vs. Regular Bill

Criteria	Budget Bill	Regular Bill
Must it pass?	Yes	No
When must pass	March 31 st (fiscal year begins April 1 st)	End of session (mid-late-June)
Originates from	Governor	Legislature

- ▶ **Budget is prepped by Governor**
 - ▶ Priorities outlined – state agencies submit requests
 - ▶ Division of Budget reviews
 - ▶ State of the State (Governor releases)
 - ▶ Legislature reviews; hearings commence
 - ▶ Legislature reaches agreement on budget, also with Governor



A BUDGET BILL submitted by the Governor
in accordance with Article VII of the Constitution

2. (a) The compounding, preparation, labeling, or dispensing of drugs,
in accordance with article one hundred thirty-seven of the education
law, in facilities licensed in accordance with article twenty-eight of
(iii) under the direct supervision of a licensed pharmacist an individ-
ual who has received certification from a nationally accredited pharmacy
technician certification program may assist in the preparation and
dispensing of drugs including weighing, mixing, and measuring when prop-
erly trained. Proof of certification and training for such individuals
employed by a facility shall be maintained by the facility and provided
to state agencies upon request.

February 28, 2019

NYS Legislative Update: Pharmacy Technician Oversight

Summary of the Technician Situation/Talking Points:

1. New York is one of only a few states where **pharmacy technicians are not defined in law**. Their duties are covered under “unlicensed personnel” and subject to interpretation by the Office of the Professions
2. The Office of the Professions, during recent inspections, has started using a significantly narrower interpretation of what technicians can/cannot do – chiefly, that they may not “batch” as they consider “batching” to be “mixing” and compounding, causing a crisis for hospitals by threatening the jobs of many technicians and forcing pharmacists to be pulled from clinical roles
3. To address this, the Governor has included language (attached) in his proposed budget to clarify and codify what technicians can do within a hospital, including a certification and training requirement
4. We are asking that the Legislature support this language and include it in their one house budget resolutions and the final budget agreement

Action Needed:

The Council believes well-trained, certified Technicians are suited to perform technical functions, such as preparation of these medications, in line with practice for the past several decades and in line with national standards.

Therefore, the Council is asking all members to please communicate with your **Assemblymember** and **State Senator** about the importance of Pharmacy Technicians being allowed to continue to be involved in the preparation of these medications. Please call their offices or request an appointment at their local office.

NYS Senate Budget Resolution

- PART CC -- The Senate concurs with the Executive's proposal to allow for up to two pharmacy technicians to assist in the dispensing of drugs (four additional nationally certified pharmacy technicians) and to require pharmacy technicians employed in hospitals and nursing homes that assist in measuring, weighing, compounding or mixing of medications to be certified by a nationally accredited pharmacy technician certification program.

► Released March 2019

“Three Men in the Room”

- ▶ Traditionally refers to Governor, Speaker, Majority Leader
- ▶ Assembly, Senate and Governor must agree
 - ▶ Any items of non-agreement will typically be removed
 - ▶ May be worked on post budget
 - ▶ Streamline budget
 - ▶ \$180 billion
- ▶ Speaker less open to “non-fiscal” items
- ▶ Technician language fell under Health law (Article 28)
 - ▶ How did that go?
- ▶ Budget passed without any protection language



Current Situation

- ▶ NYSCHP, GNYHA, HANYS, I I 99 drafted new bill
 - ▶ Collaboration
- ▶ Shopping lean approach to NYS legislature
 - ▶ Assembly sponsorship
 - ▶ Certification only
 - ▶ Article 28's and facilities supplying them
- ▶ Grandfather clause
 - ▶ Non-certified techs = no compounding
- ▶ Let's review some text and update



Draft Legislation for Technician Oversight

(b) Under the direct supervision of a licensed pharmacist, an individual who has received certification from a nationally accredited pharmacy technician certification program approved by the commissioner and who is

(i) employed in a facility licensed in accordance with article twenty-eight of the public health law; or

(ii) employed in a pharmacy under contract with a facility licensed in accordance with article twenty-eight of the public health law to provide drugs for residents of nursing homes or recipients of home health care services

may assist a licensed pharmacist in the preparation and dispensing of drugs including compounding, weighing, mixing, counting, pouring and measuring when properly trained. Proof of certification and training of such individual employed by a facility shall be maintained by the facility and provided to state agencies upon request. Such individual shall not exercise clinical judgment, including interpreting a prescription or medication order for therapeutic acceptability and appropriateness. Clinical judgment shall only be exercised by a licensed pharmacist. Direct supervision shall include final approval of all work performed by such individual prior to the actual dispensing of any drug.



Hot of the presses – 2 days ago

Senate Bill S5162

2019-2020 Legislative Session

Establishes the individuals authorized to perform tasks involving the dispensing of drugs

 [DOWNLOAD BILL TEXT PDF](#)

SHARE THIS BILL



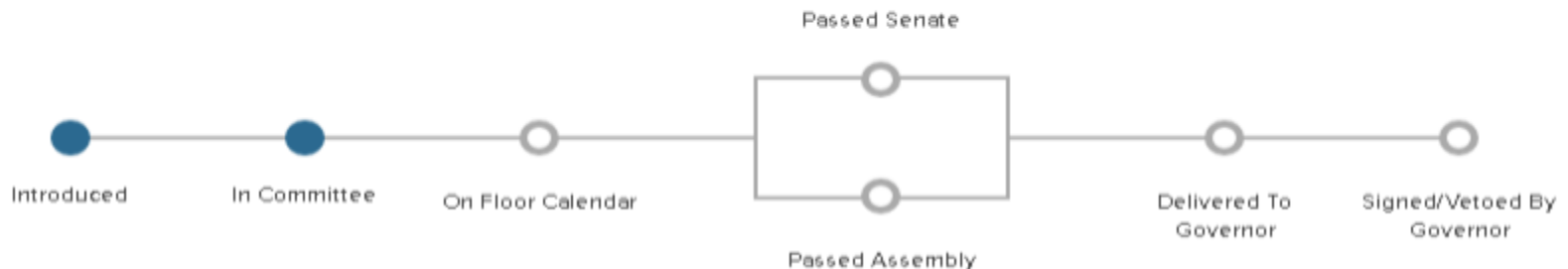
SPONSORED BY



Toby Ann Stavisky
(D) 16TH SENATE DISTRICT

CURRENT BILL STATUS -

In Senate Committee [Higher Education Committee](#)



Technicians

- ▶ We're at a crisis
- ▶ Need your help



How Will it Work?

- ▶ How a bill becomes a law
- ▶ What are the relevant state agencies
 - ▶ Their roles
- ▶ Then we'll get into specifics



Idea

The concept can come from anyone – a concerned citizen, a legislator. Often a good idea from one can be a good law for many.

Bill Drafting

Once a concept has been settled, it must be put into bill form before being considered. Interest groups may assist in drafting legislation.

Introduction

Bills must be introduced by legislators to be considered. It is given a number (e.g. A4611). It is then referred to the appropriate committee.

Committee

Committees specialize just as we do (e.g. Higher Education). Much of the action happens here. Bill may be amended, rejected, reported out.

Amendments

If the bill makes it to the floor of the chamber it can be amended. Amended versions are denoted by a letter suffix (e.g. A4611B, C, D)

Passing a Bill

If a majority votes in favor, the bill passes the chamber. It must pass both chambers to proceed. Differences are reconciled in Conference.

The Governor

Governor can sign or veto; a veto can be overridden with 2/3 vote. Governors in recent years have vetoed ~10% of ~500 to 1000 bills passed/yr.

State Agencies

Agencies (e.g. NYSED) create regulation to implement the legislation. They often do this in concert with affected professions.

Idea/Bill Drafting/Introduction

- ▶ Anyone can come up with a good idea
- ▶ Professional organizations engaged about issue
 - ▶ Pharmacy – PBM's, techs, opioid tax, RPH scope
 - ▶ NARAL – access to women's health services
 - ▶ Nurse Practitioners – independent Rx'ing
- ▶ They may draft language for the legislator to use
 - ▶ Confusion if different orgs want different language
- ▶ Need relevant legislator to introduce



Committee/Amendments

- ▶ After introduced, referred to relevant committee
 - ▶ Higher Education, Health, Budget, Environment
- ▶ Chair of that Committee has near total control
 - ▶ Some arcane rules
- ▶ Example: Pharmacy Technician Bill
 - ▶ Senate Twice; Assembly 0
 - ▶ Brick Wall or Glick Wall?
 - ▶ Importance of Grassroots
- ▶ Amendments
 - ▶ A, B, C versions
 - ▶ Opportunity to improve

Bill No.:

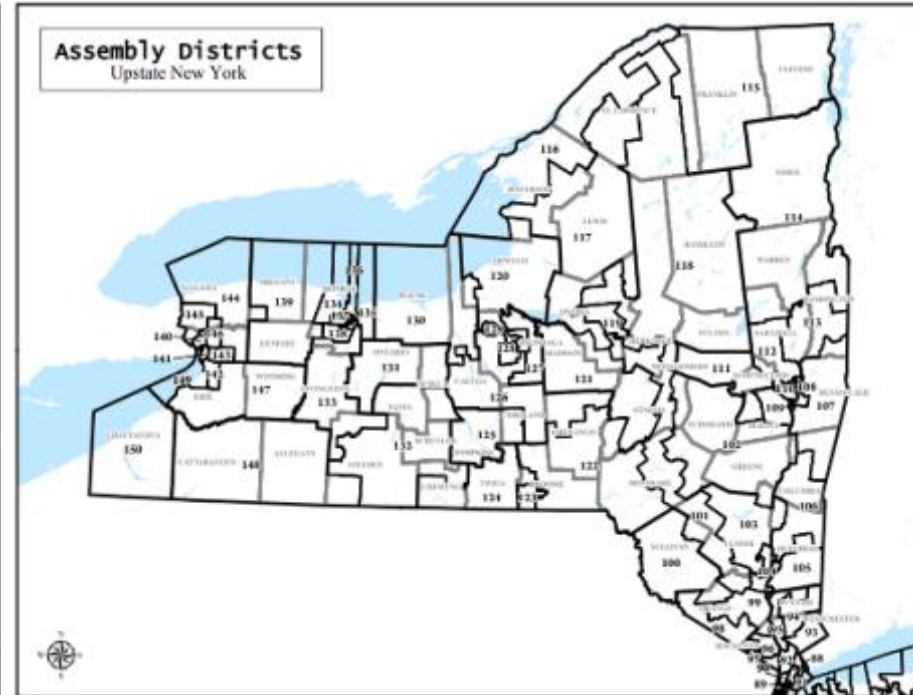
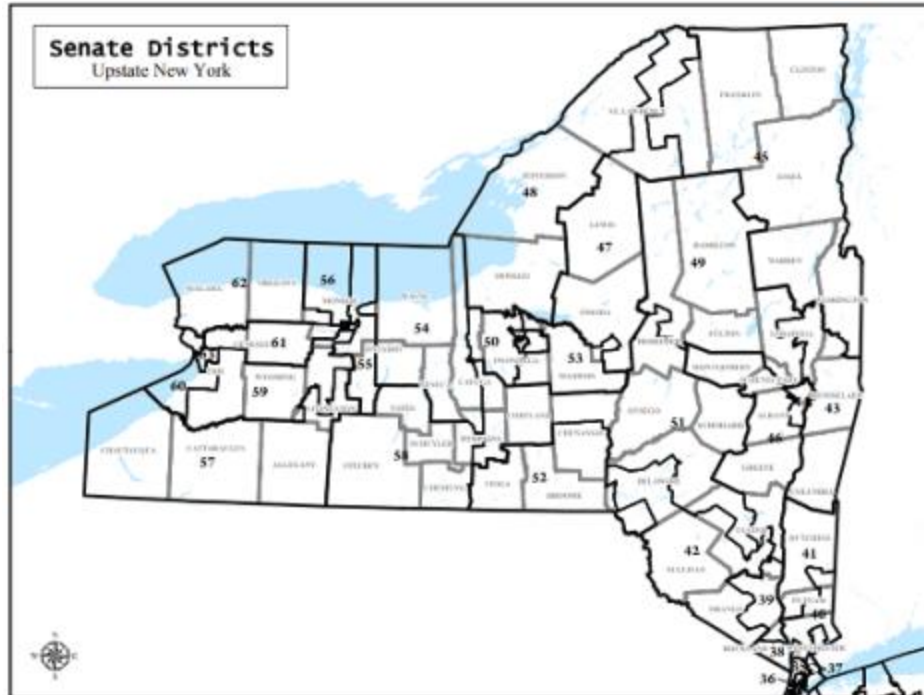
☒ [Summary](#) ☐ Actions ☐ Cor

A04611 Summary:

BILL NO	A04611B
SAME AS	SAME AS S05584-B

▶ Brick Wall

NYS Senate (63); Assembly (150)



How can you get involved?

- ▶ **Passive involvement**

- ▶ Listening to/reading legislative updates

- ▶ **Slightly more active involvement**

- ▶ Letter writing campaigns
 - ▶ Submit policy ideas
 - ▶ Post on social media
 - ▶ Talk to your other healthcare colleagues about pharmacy advocacy issues
 - ▶ Change.org petition

- ▶ **Active involvement**

- ▶ Legislative visits
 - ▶ Follow up communication with legislators
-



Grassroots Advocacy Movement

- ▶ **NYC formed local committee in 2017**
 - ▶ Dozens of legislative visits, members engaged
 - ▶ Dozen new co-sponsors for technician bill
 - ▶ New chamber sponsor for preferred CDTM bill
- ▶ **NYSCHP created state-wide Grassroots Committee**
 - ▶ 4 pilot chapters established
 - ▶ Chair, Committee, infrastructure
 - ▶ NYC, Western, Westchester, Southern Tier
 - ▶ More chapters coming soon
 - ▶ Dozens of legislative visits already completed
 - ▶ If no local committee, the state committee helps you



Legislative Visits – Social Media Engagement



NYSCHP @NYSCHP · 31 Dec 2018

@NYSCHP Members Kingsley Lin, Grace Shyh, Eric Guido, Tanishia McIntosh - including Pharmacy Technician Bibi Khan – met with @DavidBuchwald (Assemblyman – 93rd), to discuss Pharmacy Technician regulation and Pharmacist immunization authority in NYS. NYS limited in both!



Letter Writing Campaign with Touro Pharmacy Students



**LETTER WRITING
CAMPAIGN**



Join us in support of the pharmacy technician bill.
Write a letter to your legislators to support
registration and certification of pharmacy technicians
in New York State to improve patient safety.



FOOD WILL BE PROVIDED.

QUESTIONS?

VIRLENY GARCIA (VGARCIA5@STUDENT.TOURO.EDU)
TINNIE LIAO (TLIAO@STUDENT.TOURO.EDU)



Student Advocacy/Lobby Day Prep

APhA-ASP
AMERICAN PHARMACEUTICAL ASSOCIATION
ACADEMY OF STUDENT PHARMACISTS

APHA

ashp
SSHP
Student Society of
Health-System
Pharmacy

PSSNY
Pharmacists Society of the State of New York, Inc.

NYSCHP
New York State Council of
Health-system Pharmacists

PHARMACY
advocacy night

DINNER PROVIDED

*Come learn how you to get involved in advocating for our
profession and be prepared to make a difference at Lobby Day!*

Featuring:
Russel Gellis (PSSNY Chairman of the Board)
John Emrick (PSSNY Lobbyist)
Dr. Karen Berger (NYCSHP President)
Dr. Andrew Kaplan (NYSCHP VP of Public Policy)

4.10.2018 // 7pm-9pm // DAC416A



Petitions

Allow New York State CPhTs to Participate in Advanced Institutional Activities



 Ryan Watson started this petition to State Representative Kevin Cahill and 21 others

The Role of the Institutional Pharmacist is evolving. This evolution involves a transition from a centralized setting to a decentralized setting. Pharmacists now participate directly in patient centered care as a core part of multidisciplinary teams consisting of physicians, nurses, respiratory therapists, and physical therapists. Through this approach we are able to improve clinical outcomes, identify omissions in therapy, promote proper use of antimicrobials and improve safe and

306 have signed. Let's get to 500!



Thanks to your support this petition has a chance at winning! We only need 194 more signatures to reach the next goal - can you help?

Take the next step!

https://www.change.org/p/andrew-m-cuomo-allow-new-york-state-cphts-to-participate-in-advanced-institutional-activities?recruiter=951231563&utm_source=share_petition&utm_medium=email&utm_campaign=share_email_responsive&utm_term=share_petition&recruited_by_id=f7ac25e0-5ba0-11e9-8a5b-7592fe3a1f5e

What else do we fight for?

- ▶ CDTM
- ▶ Immunization
- ▶ CLIA waived testing



Collaborative Drug Therapy Management (CDTM)

- ▶ Formal partnership between pharmacist and physician
 - ▶ Manage patient's disease state using drug therapy under agreement
- ▶ 48 states have CDTM laws for Pharmacists
- ▶ CDC has recognized impact of pharmacists in collaborative agreements on patient care



Collaborative Drug Therapy Management (CDTM)



Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People™

SEARCH



CDC A-Z INDEX ▾

Division for Heart Disease and Stroke Prevention

Best Practices Guide

About the Guide

Team-Based Care

Collaborative Practice Agreements

Self-Measured Blood Pressure

Self-Management and Education

Reducing Medication Costs

Clinical Decision Support

Community Health Workers

Medication Therapy Management

[CDC](#) > [DHDSP](#) > [Best Practices Guide](#)

Pharmacy: Collaborative Practice Agreements to Enable Collaborative Drug Therapy Management



Collaborative drug therapy management (CDTM), also known as coordinated drug therapy management, involves developing a collaborative practice agreement (CPA) between one or more health care providers and pharmacists.

A CPA allows qualified pharmacists working within the context of a defined protocol to assume professional responsibility for performing patient assessments, counseling, and referrals; ordering laboratory tests; administering drugs; and selecting, initiating, monitoring, continuing, and adjusting drug regimens.¹

The use of CDTM through a CPA is a strategy that can be considered to straddle [Domain 3](#) (health care system interventions) and [Domain 4](#) (community-clinical links).



Get Email Updates

Pharmacy: Collaborative Practice Agreements to Enable Collaborative Drug Therapy Management

Download the strategy

[PDF - 868 KB]

Collaborative Drug Therapy Management (CDTM) in NYS

Pilot Project:

Anticoagulation, Diabetes, Heart Failure, HIV, Oncology, Asthma

Improved outcomes!

2011:

Pilot project

Teaching Hospitals

2015:

All hospitals

Sunset in 2018

2018:

Sunset → 2020

Optimization?

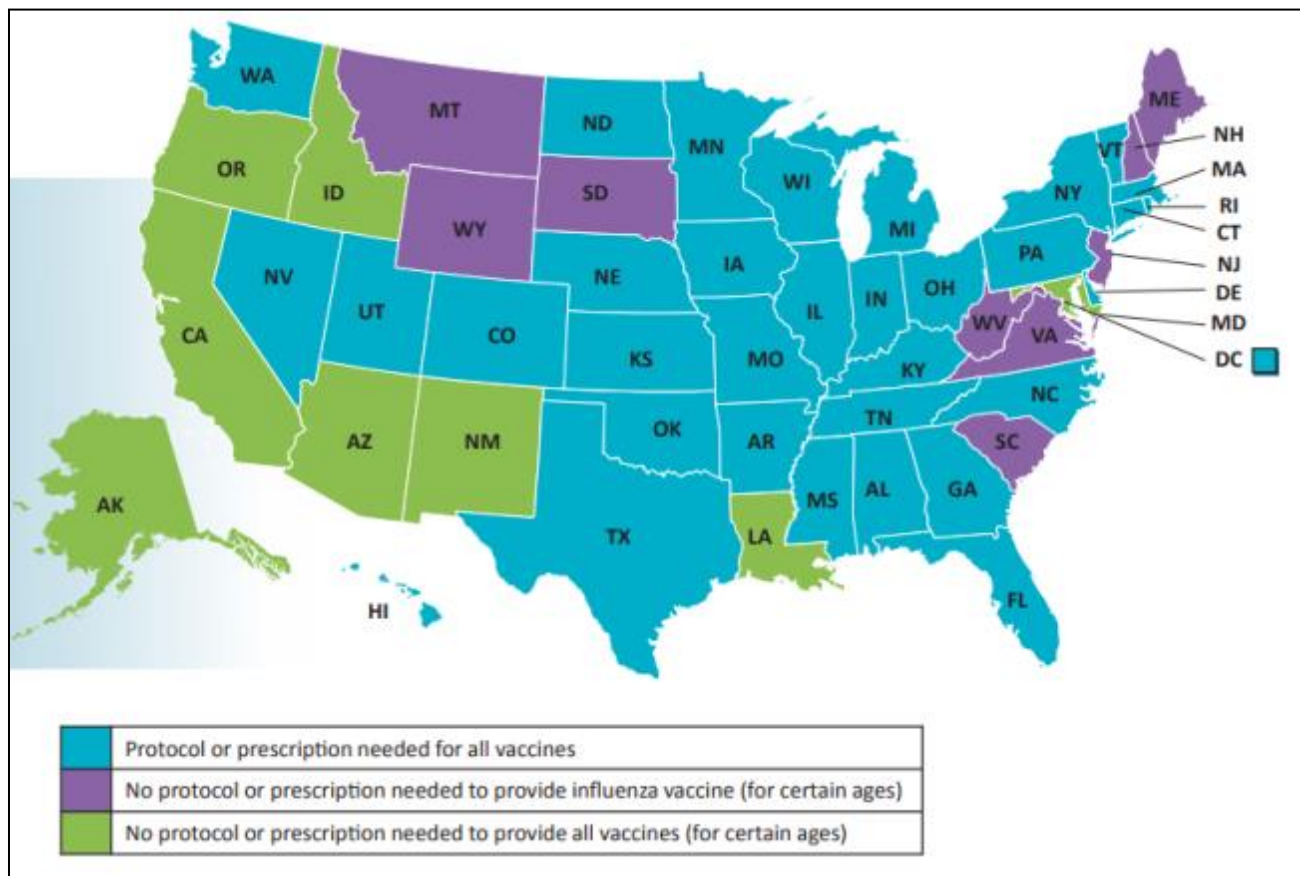


Collaborative Drug Therapy Management (CDTM) in NYS

- ▶ **A3048 (Seawright)**
 - ▶ Include Nurse Practitioners as providers
 - ▶ Make law permanent
- ▶ **Need: re-examination of consent process**
 - ▶ 30/48 states – no consent required
 - ▶ 4/48 – patient needs notification
 - ▶ 5/48 – informed consent
 - ▶ 9/48 – written consent specified
- ▶ **Community CPA's**

Pharmacists as Immunizers (National)

- ▶ 1995: 9 states
- ▶ 2018: all 50 states



Pharmacists as Immunizers - NYS

47/50 states
already
allowed

2008:

Influenza

Pneumococcal

2015:

Meningococcal

Tetanus, Diphtheria,
Pertussis

Herpes Zoster

2018:

Influenza for
pediatrics
(aged 2-18)

Sunset: 2020

?

Pharmacists as Immunizers - NYS

- ▶ All CDC-approved vaccines (46/50)
 - ▶ A6511 (Paulin) re-introduced
 - ▶ Medical society opinion?
- ▶ Other bills
 - ▶ S4988 (Ranzenhofer)
 - ▶ RPH immunization influenza greater than 6 years
 - ▶ S4494 (Ranzenhofer)/A6847 (Gottfried)
 - ▶ Mandatory vaccine reporting
 - ▶ A2900 (Gottfried)
 - ▶ RPH and NP to give Hep A and Hep B
 - ▶ S2250 (Hoylman)
 - ▶ RPH and NP to give Hep A

CLIA-waived testing

- ▶ A3867 (McDonald)/S5092 (Rivera)
- ▶ Includes certain pharmacists as qualified health care professionals and authorizes such pharmacists to complete a waived test and directs the commissioner of health to establish a list of CLIA-waived tests.
- ▶ Medical director/lab
- ▶ Directs the Commissioner of Health to establish the list of CLIA-waived tests that pharmacists may perform
- ▶ Lists as examples simple tests for opioids, flu, strep, blood glucose, hepatitis C and HIV



Conclusion

- ▶ Pharmacy technician oversight changed in 2018, triggering a crisis in NY Pharmacy
- ▶ NYSCHP and other orgs mobilizing coalition to update statutes, regulations
- ▶ Coalition partners fighting for CDTM, immunization, CLIA waived testing
- ▶ Every member of the organization can get involved in some way



Post-Assessment #1

True or False

Only my health system's Government Affairs or Lobbyist can speak to a legislator about Pharmacy issues

FALSE



Post-Assessment #2

- ▶ You would like to get involved in grassroots advocacy to move New York forward. How can you get involved?
 - A. Write a letter or email to legislator
 - B. Join grassroots committee
 - C. Organize a legislative visit
 - D. Promote priorities, advocacy on social media
 - E. All of the above



Post-Assessment #3

- ▶ Describe pharmacy technician scope of practice
 - A. Pharmacy technicians can compound
 - B. Pharmacy technicians can't compound because NYS regulations say unlicensed persons can't do it
 - C. Pharmacy technicians can't compound but NYSCHP and other organizations are working to update the statute
 - D. A and B
 - E. B and C



Questions?

