



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 2020**

**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 Nominations Committee and is elected by the full membership for a 2-year term. This position reports to the President.

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, fact sheets and sample letters of support.
- 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 (2020):

Billy Sin, Jeffrey Brewer, Leigh Briscoe-Dwyer, Ruth Cassidy, Amelia Chan, Chris Jadoch, Daryl Schiller, Evangelina Berrios-Colon, Frank Sosnowski, Hira Shafeeq, Jacqueline Bardini, Joseph Eskandrous, Karl Williams, Karen Berger, Karen Falk, Kelsey Violanti, Amisha Leimbach, Anthony Longo, Mark Sinnet, Mike Milazzo, Maabo Kludze, Monica Mehta, Nina Yousefzadeh, Pam Nathawan, Joseph Pinto, Rob Berger, Kathleen Lunz-Gewitz, See-Won Seo, Steven Tuckman, Thomas Lombardi, Tyler Bedard, Vito Limoncelli, Lisa Voigt, William Loeffler, Kim Zammit, Zoe Gary, Kaitlyn Agedal, Noor Sardar, Corian Hess, Richard Kraft

Grassroots Advocacy Committee – Participating Members (2020):

Albert Volkl, Amanda Eloma, Amanda Mogul, Amanda Waldeck, Andrew Kaplan, Andrew P. Smith, Bianca Deagresta, Brittany Tschaen, Charrai Byrd, Christine Kopec, Elane Kleyn, Elizabeth Loughton, Emma Gorman, Eric Guido, Georgia Pappas, Grace Shyh, Greg Mack, Gurjot Sandhu, Hannah Ariel, Jamie Chin, Joseph Pinto, Jowana Tekle, Karen Berger, Karl Fiebelkorn, Katelyn Masullo, Kathleen Gewirtz, Laurie Plewinski, Leslie Riddle, Lilia Davenport, Lovdeep Kaur, Mah Noor, Matt Goldstein, Matthew Zak, Michael Milazzo, Nicholas Niceforo, Nicole Cieri-Hutcherson, Peter Aiello, Rachel Quinn, Rebecca Kavanagh, Rob O'Connell, Rolson Abraham, Samantha Paone, Sebastian Choi, See-Won Seo, Shawn Fellows, Shireen Farzadeh, Tamara Hernandez, Taryn Mondiello, Timothy Hutcherson, Tony Gerber, Willie Eggleston, Wingsze Liu

Legislative and Priority Updates

Pharmacy Technician Legislation:

Across the country, pharmacy technicians assist the pharmacist in preparing medications by performing technical functions, such as measuring, weighing, mixing and compounding medications – with the medications checked by a pharmacist before being given to a patient. In most states, these duties and the training required to perform them are spelled out in statute. New York State was one of only a few states where this was not the case and pharmacy technicians have been working as “unlicensed persons”.

While receiving inquiries from NYSCHP, the State Education Department (SED) became concerned about this lack of scope of practice and clarified that “unlicensed persons” in New York may not “measure, weigh, compound or mix ingredients”. This caused a crisis in hospitals/health-systems throughout New York as some facilities removed pharmacy technicians from these technical roles and replaced them with pharmacists, causing financial burden and interrupting patient care services those pharmacists were providing.

NYSCHP collaborated with other interested organizations, such as Greater New York Hospital Association (GNYHA), 1199SEIU, Healthcare Association of New York State (HANY), the Governor’s office, the SED, and the NYS legislature, on crafting and optimizing legislative language to clarify and codify pharmacy technician duties in hospitals/health-systems. NYSCHP provided key insight to the writing of the law, recommending several revisions which made it into the final version.

The law, which was signed by Governor Cuomo in December, 2019, will require pharmacy technicians in hospitals/health-systems to obtain nationally-accredited pharmacy technician certification in order to perform certain technical functions such as measuring, weighing, mixing and compounding medications in hospitals/health-systems. These pharmacy technicians will need to register with SED. Further, while unlicensed persons who are not registered with SED may still perform some basic functions, such as labeling and counting, they may not assist in compounding. Finally, the definitions and scope of the registered pharmacy technician will only apply to hospitals/health-system and not to community pharmacy technicians.

We were proud to have been featured in an ASHP news article about the pharmacy technician law.

The Council hopes to continue to serve as a leading organization in shaping pharmacy technician education and training standards in New York State as we move into the implementation phase of the legislation. Further, we would like to continue to collaborate with other pharmacy organizations on ensuring that pharmacy technicians in all practice settings are certified, educated and trained to perform technical duties that assist pharmacists in taking care of patients.

Collaborative Drug Therapy Management:

Throughout 2019 and into 2020, the re-authorization of CDTM has remained a priority. One action the Vice President of Public Policy took in 2019 was establishment of a CDTM workgroup under the Public Policy Committee to better organize the work of the Council and make recommendations on legislative optimization. Indeed, over the course of the year, this workgroup was called upon several times to rewrite pieces of legislation, to review the Governor's budget, and the help provide the Council with recommendations and letters of support for continued CDTM practice.

Over the past 2 years, the Council has been working with Assemblymember Rebecca Seawright (D-76th District) who became the Assembly chamber sponsor for our preferred piece of legislation to support CDTM optimization, A3048. Her office has been very responsive to the Council and its members.

In a mild surprise to the Council, the Governor included extremely expansive language in the Executive Budget regarding CDTM, not only reauthorizing and eliminating the sunset and expanding to areas beyond Article 28 – key Council priorities – but also deeming the CDTM-credentialed pharmacist as an independent provider, something we had not requested but were very happy to see included.

We attempted, once again, to engage other pharmacy organizations on reaching a consensus on collaborative practice in NYS. We offered the other organizations ability for their workgroups to team up with ours to ensure there is appropriate credentialing structure as well as a glide path for pharmacists without as much experience to be able to gain knowledge, skills, and abilities to perform CDTM.

Furthermore, we reached out to our colleagues from the medical side of the equation to see if we could reach a consensus on a graduated expansion. One of their areas of concern is the addition of Nurse Practitioners as a provider with who pharmacists would be able to collaborate. The Council believes Nurse Practitioners are vital members of the healthcare community and expanding providers to include Nurse Practitioners would expand the pool of providers and thus make delivering CDTM services to patient more easily available. That being said, it is not our top priority and we would rather focus on the sunset at this time.

While the exact fate of CDTM is unknown, the Council is proud of its impact and efforts on reauthorizing and optimizing this critically-necessary law.

Immunization:

While delivery of immunizations is usually not associated with health-system pharmacists, the Council is nonetheless very supportive of legislation that would bring NYS in line with most other states in the Country. The Public Policy Committee updated its fact sheet on immunization to bring into more stark contrast NYS and the few other states which do not allow the pharmacist to administer all vaccines which are recommended by the CDC. Our preferred legislation during the past year, S5227 (May)/A6511 (Paulin):

- Makes permanent the law which authorizes immunization by Pharmacist (enacted in 2008)
- Removes the requirement that the physician or nurse practitioner who issues a non-patient-specific order must be in the same of adjoining county as the Pharmacist who executes the order

- Replaces the list of specific vaccines (influenza, pneumococcal, acute herpes zoster, meningococcal, tetanus, diphtheria and pertussis) with all CDC-recommended vaccines for adults. These are Hepatitis A and B, varicella, human papilloma virus and measles, mumps, and rubella. During time of measles outbreak, it is hard to believe that pharmacists in NY do not have the ability to provide this vital immunization.
 - **Hepatitis A: NYS is the only state** which does not allow pharmacists to administer
 - **Hepatitis B: NYS is the only state** which does not allow pharmacists to administer
 - **MMR: NYS/WV are the only states** which do not allow pharmacists to administer
 - **HPV: NYS/WV are the only states** which do not allow pharmacists to administer
 - **Varicella: NYS/NH are the only states** which do not allow pharmacists to administer

The Council was glad to see that Governor Cuomo also included language related to immunizations in his Executive Budget; in this case, language that would allow the pharmacist to administer all vaccines recommended by the CDC to adults.

While the exact fate of immunization is unknown, the Council is proud of its impact and efforts on reauthorizing and optimizing this critically-necessary law.

Public Policy Committee Updates:

Over the past year, the committee transitioned from its inaugural chair, See-Won Seo, to Mike Milazzo. The committee was grateful for her service in setting up the infrastructure for the Committee to work more effectively through Workgroups. The Collaborative Practice workgroup in particular has been productive in its recommendations and actions, as it was able to pull interested and knowledgeable folks together to re-write the CDTM legislation, and provide comments to NYSED (through Assemblymember Seawright's office).

Mike took the challenge of becoming chair on directly, participating in crafting agenda and minutes, on-boarding new members to the committee, and organizing the workgroups and work of the committee itself. Mike has experience as the Chair of the WNYSHP Grassroots Advocacy Committee and WNYSHP Director of Public Policy. He has done a fabulous job growing our advocacy network in western New York; he also participated in our successful May Technician Lobby Day.

Mike has also worked to develop the Tech Check Tech Workgroup, which will help provide recommendations on how to implement TCT in NYS. Several people have volunteered to participate.

Grassroots Advocacy Committee Updates:

The statewide Grassroots Advocacy Committee was founded in August 2018 after the success of the NYC pilot chapter. It has since grown to include over 100 members from all over NY State. The goals of the committee include organizing legislative visits and grassroots engagement by providing information, support, and follow up, like has never been seen before. Since its creation, the NYSCHP Grassroots Advocacy Committee has helped organize and facilitate nearly 100 local legislative visits, involving more than 130 unique individuals.

The Committee now has six local chapters with dedicated support, including a Committee Chair and infrastructure, with a plan to grow to all chapters this year. We have provided webinars, local chapter educational events and workshops, preparatory calls, and letter writing campaigns; we have also collaborated with PSSNY and other organizations to educate and inform students at colleges of pharmacy throughout the state. We had planned to host a CE-accredited legislative update and workshop at the 2020 Annual Assembly, before it was cancelled due to COVID-19.

We were proud to have an article featured in AJHP this past year regarding grassroots infrastructure development in New York State.

After our Grassroots Advocacy Strategic Planning meeting this fall, we identified new goals for 2020: 1) Create local committees in every NYSCHP chapter by the end of 2020; 2) Improve tracking of legislative visits and follow up on cosponsors of bills; 3) Develop a NYSCHP Advocacy Week aimed at engaging members to set up local legislative visits. With respect to tracking, several individuals have been trained on updating our tracker to make sure we can track and review legislative visits and follow up: micro-volunteering has been a focus over the past year.

Finally, the Committee continues our every other month call with the members and chairs to share experiences and best practices and to obtain guidance and insight.

Contract Lobbyist:

Nick Spano, Empire Strategic Planning, Albany, NY

Recommendations from last year’s House of Delegates:

None

PAC disbursements (2019):

- Date: 5/3/2019
- Amount: \$300
- Recipient: Friends of Amy Paulin

Position Statements for Review for 2020 HOD:

Resolution Number	Resolution	Proposed Revision
(6-15)	The New York State Council of Health-System Pharmacists encourages The New York State Board of Pharmacy to establish a listserv, available upon licensure/renewal, which distributes information related to Board meeting schedules, agendas and minutes to promote compliance with pharmacy and drug law. (Recommend to readopt as amended)	# 43: To Re-adopt 6-15 as amended
(7-15)	The New York State Council of Health-System Pharmacists encourages the FDA to expedite the process of outsourcing medically necessary drugs from outside the U.S. to temporarily alleviate the critical drug shortage. Drug shortages pose a serious threat to patients until the resolution of shortage by the U.S. manufacturers, especially when the shortage is expected to be long term. (Recommend to sunset)	# 44 : To Sunset 7-15

(8-15)	The New York State Council of Health-System Pharmacists supports the expansion of billing for CDTM services in New York State by instituting a payment structure guided by the level of cognitive services provided. (Recommend to readopt)	# 45: To Readopt as amended 8-15
(9-15)	The New York State Council Of Health-System Pharmacists encourages the New York State Board of Pharmacy to create a provision within the rules and regulations applying to the practice of pharmacy to allow pharmacists to dispense a limited supply of medication to patients who are unable to obtain a prescription or access their usual source of supply for the purpose of prescription medication therapy continuity. (Recommend to sunset)	# 46 APPROVED: To Sunset 9-15
(10-15)	The New York State Council of Health-System Pharmacists supports pharmacists as being recognized as their own separate entity and not as a heterogeneous group, such as mid-level providers, allied health providers, or similar designations. (Recommend to readopt as amended)	# 47 : To Re-adopt 10-15 as amended
(11-15)	The New York State Council of Health-System Pharmacists supports the utilization of pharmacists to the fullest extent of the scope of practice in public emergencies in accord with any executive order created during the public emergency. The scope of practice includes but is limited to prescribing, dispensing, and administration of certain medications. (Recommend to sunset)	# 48 : To refer 11-15 to committee/bring to April HOD with additional information,
(12-15)	The New York State Council of Health-System Pharmacists will focus on enhancing professional knowledge, promoting contribution to the medical and quality improvement literature, as well as influence system designs and decision support to address specific needs. NYSCHP supports recommendations from federal, state, and local regulatory agencies, professional associations such as the American Society of Health System Pharmacists, health care regulatory agencies such as Joint Commission on the Accreditation of Healthcare Organizations, as well as professional patient advocacy organizations such as the Institute for Healthcare Improvement, whose missions' include promoting overall patient safety. NYSCHP will strive to positively influence laws and regulations independently, as well as in collaboration with other organizations and or regulatory authorities to promote safer medication practices as well as advocating for overall improvements in patient care. (Recommend to sunset)	# 49 : To refer 12-15 to committee/bring to April HOD with additional information,