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| http://www.nyschp.org/assets/site/nyschp.png | **The New York State Council of Health-system Pharmacists** |
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**New York State Council of Health-system Pharmacists**

**Annual Assembly**

**April 2022**

**Vice President of Public Policy**

**Andrew Kaplan, Pharm.D.**

1. **Responsibility of the Division**

The charge of the Division of Advocacy, as defined in the Constitution and Bylaws of, is to advance the advocacy and professional policy initiatives of NYSCHP.

1. **Committees of the Division**

Public Policy Committee

Chair: Mike Milazzo

Members: Karl Williams, Karen Berger, Amisha Leimbach, Mark Sinnet, Kaitlyn Agedal, Karl Fiebelkorn, Noor Sardar, Jeffrey Brewer, Tom Lombardi, Wingsze Liu, Kelsey Gregoire, Andrew Kaplan

Activities:

* **COVID-19**
	+ Provided numerous updates to the membership on the implementation and withdrawal of pandemic-related changes in regulation/government oversight as it relates to pharmacy practice in NYS.
	+ Numerous updates to reference material on the NYSCHP website.
* **Pharmacy technician registration**
	+ Provided numerous fact sheets and resources to the membership.
	+ After a successful legislative campaign led by NYSCHP and joined by coalition organizations, the Committee provided numerous updates to the membership and ASHP regarding implementation. Communicated implementation updates to the membership and provided best practices to inquiring members.
	+ Provided insight and comments for regulations proposed by the Board of Regents.
	+ Provided insight and comments to SED staff related to preferred certification mechanisms (recommending not preferring one accredited body over another).
* **Pharmacist immunization**
	+ After a successful legislative campaign supported by NYSCHP, provided numerous updates to the membership regarding implementation.
	+ Created a letter in response to SED concerns over implementation and sent to the Governor’s office. The Governor eventually signed our preferred legislation.
* **Collaborative drug therapy management**
	+ Crafted updated language for the CDTM proposal. Organized meetings with numerous Senators and Assemblymembers.
	+ Attempted outreach with Medical Society.
	+ Created updated support language and reference materials for both the legislation as well as budget proposals.
* **White bagging**
	+ Created fact sheet supporting legislative visits.
* **CLIA-waived testing**
	+ Created fact sheet supporting legislative visits.
* **Provider status**
	+ Collaborated with other pharmacy organizations on legislative proposal.

Grassroots Advocacy Committee

Chair: Karen Berger

Members: >100 members of NYSCHP have provided information on their legislators and have fallen under the support of either the state-wide GAC or chapter-specific GAC.

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| **Local GAC Chair** | **NYSCHP Chapter** |
| See-Won Seo | Northeastern |
| Amanda Mogul | Southern Tier |
| Grace Shyh | Westchester |
| Matthew Zak | Rochester |
| Michael Milazzo | Western |
| Peter Aiello | Central |
| Samantha Paone | Royals |
| Tony Gerber | Royals |
| Jonathan Sin | New York City |
| Shanice Coriolan | New York City |
| Matthew Oswald | New York City |

Activities:

* Creation of local GAC infrastructure in all NYSCHP chapters.
* Creation of state-wide “Advocacy Week” in 2021, with successful second year in 2022.
* Development of advocacy activities and participation in all schools/colleges of pharmacy.
* Facilitation of at least 225 legislative visits by at least 325 participants
* Publication of four unique NYSCHP-specific advocacy articles, describing (1) the NYSCHP grassroots model, (2) implementation of mock visits to support pharmacy advocacy, (3), supporting advocacy during the dynamic environment of the pandemic, and (4) the implementation of advocacy week:
* [Berger K, Kaplan AS. Implementation of a grassroots advocacy movement through state and local collaboration. *Am J Health Syst Pharm* 2019;76(11):774‐8](https://pubmed.ncbi.nlm.nih.gov/30989190/).
* [Kaplan AS, Berger K. Expanding advocacy to the grassroots level: The New York State model. J Pharm Pract 2021;34(6):835-7](https://journals.sagepub.com/doi/10.1177/0897190020934287)
* [Berger K, Kaplan AS. Advocacy during crisis: Maintaining a legislative presence during the COVID-19 pandemic. Am J Health Syst Pharm 2020;77(22):1830-3](https://pubmed.ncbi.nlm.nih.gov/32702752/).
* [Berger K, Kaplan AS. Implementation of a statewide advocacy week: The New York State experience. Am J Health Syst Pharm 2022 [Epub ahead of print]](https://academic.oup.com/ajhp/advance-article-abstract/doi/10.1093/ajhp/zxac009/6502269?redirectedFrom=fulltext)
* Creation of advocacy toolkits, updates of fact sheets and references.
* Collation of advocacy information on NYSCHP members to support collaboration.
1. Strategic Plan Tasks: Status Update



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NYSCHP has had three key legislative priorities for the vast majority of recent memory – pharmacy technician registration, expansion of pharmacist immunization, and expansion of collaborative drug therapy management. Through our advocacy mission, we have successfully executed two of those priorities through legislative passage, securing numerous chamber sponsors, co-sponsors, and legislative supporters along the way.

Thanks to our efforts, NYSCHP is now able to shift the conversation with the Governor and the Legislature from “the basics” (pharmacy technician registration and expansion of immunization already existed in the vast majority of the country) to “the cutting edge” (pharmacy practice advancement).

Further, we have fundamentally changed the way that NYSCHP members participate in advocacy, and have shifted the paradigm from a top-down to a bottom-up approach. In doing so, we have helped ~325 individuals participate in ~225 confirmed legislative visits. Despite the pandemic, our legislative visits continued to increase as we further developed and expanded our grassroots infrastructure (see graph).

We have inspired a new generation of students, technicians, residents and pharmacists from all chapters and schools/colleges of pharmacy to get involved in pharmacy advocacy by (1) showing them how easy it is for anyone to get involved and (2) demonstrating how advocacy causes success. These efforts, in effect a broadening of NYSCHP advocacy activities to much of the “normal” membership and beyond, has grown the tangible resources of the Council to support advocacy for the next several years.

In addition, through development of workgroups (Grassroots Advocacy: Advocacy Week) and subcommittees (Public Policy: Collaborative Practice), we have created both micro-volunteering positions and award-winning collaborative education. This has been a key priority of NYSCHP. This newly energized membership must be supported and advocacy activities must remain on the forefront of NYSCHP’s focus throughout the member lifecycle – from student pharmacist, to graduation, and beyond.

1. HOD Recommendations: Status Update

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| **Delegate(s)** | **Recommendation** | **Referred to** | **Action Taken (Y/N)** | **Describe Action Taken** | **If No Action Taken, Indicate Why** |
| Frank Sosnowski | Recommend that NYSCHP develop a position statement opposing the mandated requirement by insurers and PBMs for “white bagging” of pharmaceuticals in health system infusion centers, clinics and home infusion practices.   | Public Policy | Y | The NYC Chapter drafted a position statement. The committee has been actively working with ASHP, NYS legislators and peer organization (Pharmacy and Hospital) to develop and amend legislative and regulatory proposals which would oppose white bagging. |  |
| Frank Sosnowski | Recommend that the NYSCHP create a workgroup to develop best practices and suggested regulatory changes needed in NYS on the role of the Pharmacy profession in the practice of “Hospital at Home”. | Public Policy |  Y | The Committee reached out for clarification on the suggestion without success. The Committee will need more resources to develop a successful workgroup. | Future efforts on “Hospital at Home” should be simpler to create with the new NYSCHP Table of Organization model and incorporation of Pharmacy Practice within the “Advocacy” Division |

1. Review of Position Statements: Status Update

Approved at Virtual House of Delegates, December 2021:

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| **RESOLUTION** | **POSITION STATEMENT** | **RECOMMENDATION** |
| (6-07) | The New York State Council of Health-system Pharmacists supports the modification of Part III of the NYS Pharmacy Board Exam to include competency assessment of the application of clinical and operational pharmacy practice knowledge and skills. | Sunset |
| (11-07) | The New York State Council of Health-system Pharmacists supports amending the New York State Education Law to create and support a private organization to engage in advertisement, outreach, and counseling of pharmacists who are, or may be, suffering from addictive disease or other problems that may result in the impairment of the ability to safely and effectively practice the profession. | Sunset |
| (5-12) | NYSCHP encourage the NYS Board of Pharmacy to replace the “one year of satisfactory experience” requirement to that of “successful completion of an ASHP accredited PGY1 program” for residents reciprocating their Pharmacist license. | Amended:NYSCHP encourages the NYS Board of Pharmacy to replace the “one year of satisfactory experience” requirement to that of “one year of satisfactory experience or successful completion of an ASHP accredited PGY1 program” for residents reciprocating their Pharmacist license. |
| (03-17) | The New York State Council of Health-system Pharmacists opposes the establishment of a philosophical exemption from school immunization requirements in New York state. | Sunset |
| (05-17) | The New York State Council of Health-system Pharmacists believes that all Americans should have the option to have health insurance and thereby supports access to affordable, equitable, and quality healthcare for all. | Renew |

For review at April 2022 Full House of Delegates:

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| **RESOLUTION** | **POSITION STATEMENT** | **RECOMMENDATION** |
| (02-17) | The New York State Council of Health-system Pharmacists petitions ASHP and the FDA to require that manufacturers adopt a practice of appropriately decontaminating the exterior of containers and packaging materials for hazardous drugs prior to transport. Furthermore, such products should be transported and stored in a device that isolates the hazardous drug and prevents contamination should a product become, broken, damaged or destroyed. | Amended:The New York State Council of Health-system Pharmacists supports a requirement that manufacturers appropriately decontaminate the exterior of containers and packaging materials for hazardous drugs prior to transport. Furthermore, such products should be transported and stored in a device/tote that isolates the hazardous drug and prevents contamination should a product become broken, damaged, or destroyed. Finally, such devices/totes should be segregated from non-hazardous drug transport and should be dedicated solely to hazardous drug transport. |
| (8-07) | NYSCHP supports a New York State legislative act which requires health insurers to provide a mechanism of re-imbursement for pharmacotherapeutic consultative services. | NYSCHP supports a New York State legislative act which requires health insurers to provide a mechanism of reimbursement for pharmacy services rendered. |
| (10-07) | The New York State Council of Health-system Pharmacists supports passage into law the bills requiring that in order to do business with health plans in New York State, Pharmacy Benefit Managers (PBMs) be registered with the appropriate regulatory authority or authorities and comply with the requirements and regulations so determined. | SunsetLaw requiring registration/licensure (A2836-A/S6531) passed in 2019 and went into effect 2021 |
| (9-12) | NYSCHP supports 3 hours of continuing education focused on teaching included in the 45 hours over the 3 year license renewal period to be completed by all pharmacists. These hours may be live or non-live. These hours would be included in the 45 hours required per renewal period. The recommended topics to be focused on enhancing precepting, role modeling, teaching or mentoring as well as sessions focused on enhancing preceptor development. NYSCHP supports this proposed change for all pharmacists as a pharmacy preceptor continuing education requirement. | Amended:NYSCHP believes all licensed pharmacists can benefit from education focused on preceptor development, role modeling, teaching, or mentoring. NYSCHP recommends pharmacists receive at least 3 hours of continuing education focused on teaching or preceptorship in the 45 hours over the 3 year license renewal period. |
| (08-17) | The New York State Council of Health-system Pharmacists opposes unreasonable drug price increases that make access to medications cost-prohibitive to patients and the healthcare system, and therefore, support the inclusion of medications as “essential consumer goods1” in New York state’s price gouging laws (general business law § 396-r). | Amended:The New York State Council of Health-system Pharmacists opposes any singular drug price increase that make access to medications cost-prohibitive to patients and the healthcare system, and therefore, support the inclusion of medications as “essential consumer goods1” in New York state’s price gouging laws (general business law § 396-r). |
| (13-17) | The New York State Council of Health-system Pharmacists supports the development of fair and consistent standards and guidelines for auditing pharmacies. | Renew |
| (15-17) | NYSCHP supports expanded access to oral contraceptives through a proposed intermediate category of drug products that would be available from all pharmacists and licensed health care professionals The council also supports that the proposed reclassification of oral contraceptives shall be accompanied by coverage changes by third-party payers to ensure that patient access is not compromised and that pharmacists are reimbursed for the clinical services provided. | NYSCHP supports expanded access to oral contraceptives through a proposed intermediate category of drug products that would be available from all pharmacists. The council also supports that the proposed reclassification of oral contraceptives shall be accompanied by coverage changes by third-party payers to ensure that patient access is not compromised and that pharmacists are reimbursed for the clinical services provided. |

Respectfully submitted,

Andrew Kaplan

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Vice President of Public Policy, NYSCHP