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| **RESOLUTION** | **POSITION STATEMENT** | **RECOMMENDATION** |
| Reviewed by EPD Committee | | |
| (02-19) | The New York State Council of Health-system Pharmacists supports the incorporation of the education on transgender patient care into New York State pharmacy school curricula. | **Amended:**  The New York State Council of Health-system Pharmacists supports the incorporation of the education on LGBTQIA+ patient care into New York State pharmacy school curricula. |
| Reviewed by Professional Affairs Committee | | |
| (1-14) | The New York State Council of Health-system Pharmacists advocates that pharmacists should have access to the patient’s medical record(s) that state current and historic tobacco use status. This information should be viewed by the pharmacist as an opportunity to ensure safe pharmaceutical care and engage in evidence-based tobacco cessation counseling. | **Amended**:  The New York State Council of Health-system Pharmacists advocates that pharmacists should have access to patient’s current and historic tobacco use status. This information should be viewed by the pharmacist as an opportunity to ensure safe pharmaceutical care and engage in evidence-based tobacco cessation education. |
| Reviewed by Public Policy / Grassroots Advocacy Committee | | |
| (01-19) | The New York State Council of Health-system Pharmacists supports the development and implementation of a common National electronic health information network accessible to pharmacists and healthcare providers that allows pharmacists to update a patient’s medication list when appropriate. | **Amended**:  The New York State Council of Health-system Pharmacists advocates for the establishment of a comprehensive National electronic health information network, granting access to pharmacists and healthcare providers, enabling timely updates to a patient’s medication list when appropriate. |
| (03-19) | The New York State Council of Health-system Pharmacists supports the expansion of basic healthcare access in medically underserved regions of the United States through utilization of pharmacists. | **Readopt** |
| (05-19) | The New York State Council of Health-system Pharmacists supports the establishment of Medication Safety Officer position or equivalent position, a dedicated pharmacist who is directly responsible for and leads health system strategies to prevent, manage, and improve medication-use practices. | **Amended**:  The New York State Council of Health-system Pharmacists supports the establishment of Medication Safety Leader or equivalent position, a dedicated pharmacist who is directly responsible for and leads health system strategies to prevent medication related errors, implement and manage risk reduction strategies, and improve medication-use practices. |
| (06-19) | The New York State Council of Health-system Pharmacists supports that the NY State Board of Pharmacy require the use and implementation of USP <795> pharmaceutical compounding non-sterile products, USP <797> compounding of sterile preparations and USP <800> for hazardous drug handling. | **Amended**:  The New York State Council of Health-system Pharmacists supports the use and implementation of USP <795> pharmaceutical compounding non-sterile products, USP <797> compounding of sterile preparations and USP <800> for hazardous drug handling. |
| (07-19) | The New York State Council of Health-system Pharmacists supports development of a penicillin skin testing program that includes pharmacist administration, with oversight by the Board of Pharmacy with a goal of updating the definition of the practice of pharmacy. | **Sunset**  In lieu of (07-22):  *The New York State Council of Health-System Pharmacists supports development of a penicillin skin testing program that includes pharmacist administration, documentation, and reimbursement, with oversight by the board of pharmacy with a goal of updating the definition of the practice of pharmacy.* |
| (2-14) | The New York State Council of Health-system Pharmacists supports the prohibition of the sale and/or distribution of tobacco or electronic cigarettes or any component thereof in any pharmacy or establishment that has a pharmacy department within. | **Amended**:  The New York State Council of Health-system Pharmacists advocates for a ban on the sale and/or distribution of tobacco, electronic cigarettes or any of their components in all pharmacies or pharmacy departments. |
| (3-14) | The New York State Council of Health-system Pharmacists supports expansion of pharmacists scope of practice under New York State Education Law Title VIII Article 137 §6801; definition of practice of pharmacy to include ordering and interpreting clinical laboratory tests to monitor patient therapy and initiate and modify medications to optimize therapy and improve patient outcomes. | **Readopt** |
| (4-14) | The New York State Council of Health-system Pharmacists supports reclassification of marijuana to promote clinical trial development and improved oversight of production and prescribing, thus facilitating safe and consistent dispensing to allow therapy continuation under the regulations put forth by the New York State Controlled Substance Law. | **Readopt** |
| (5-14) | The New York State Council of Health-system Pharmacists supports the inclusion of a pharmacist representative on consensus and expert panels that establish standards of care. | **Readopt** |
| (6-14) | The New York State Council of Health-system Pharmacists supports that it is within the pharmacist’s professional role to collaborate with other health care providers. This includes ordering and interpreting clinical laboratory tests to monitor therapy; and initiating and modifying the medication regimen; all to optimize therapy and improve patient outcomes. | **Readopt** |
| (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. | **Amended**:  The New York State Council of Health-system Pharmacists supports the practice of pharmacists who perform Collaborative Drug Therapy Management (CDTM) to be inclusive of all practice setting. Pharmacists qualified to practice CDTM should be enabled to practice to the extent of their scope of practice. |
| (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. | **Sunset**  In lieu of merging this information with  (13-09) below |
| (14-14) | The New York State Council of Health-system Pharmacists recommends that pharmaceutical manufacturers provide all medications used in health-systems in unit dose packages with readable scan codes on each dose and that the Food and Drug Administration be urged to support this goal in the interest of public health and patient safety. | **Readopt** |
| (15-14) | The New York State Council of Health-system Pharmacists supports wider involvement of pharmacists and pharmacy interns in medication reconciliation activities during all care transitions and patient counseling on all discharge prescriptions. | **Sunset**  In lieu of (3-08), which was just reviewed and edited last year:  *The New York State Council of Health-system Pharmacists supports the involvement of pharmacists and pharmacy interns in medication reconciliation activities and patient education.  The New York State Council of Health-system Pharmacists additionally supports the involvement of pharmacy technicians in obtaining medication histories as a component of the medication reconciliation process.* |
| (2-09) | The New York State Council of Health-system Pharmacists supports regulations and guidelines to ensure that vendors providing computerized physician order entry systems, drug infusion pumps, and other technologies utilized for medication order entry, distribution and administration, accommodate and comply with safe medication nationally accepted standards and practices. | **Amended**:  The New York State Council of Health-system Pharmacists advocates for the implementation of regulations and guidelines to ensure that vendors providing computerized physician order entry systems, drug infusion pumps, and other technologies utilized for medication order entry, distribution and administration, are in alignment with nationally accepted standards and practices for safe medication use. |
| (6-09) | The New York State Council of Health-system Pharmacists supports and advocates for the creation of sterile compounding regulations, in Part 63 of the Regulations of the Commissioner of Education that reflect national standards in accordance with evidence based medicine, and are subject to regular review and modification. | **Sunset**  In lieu of (6-19):  *The New York State Council of Health-system Pharmacists supports that the NY State Board of Pharmacy require the use and implementation of USP <795> pharmaceutical compounding non-sterile products, USP <797> compounding of sterile preparations and USP <800> for hazardous drug handling.* |
| (8-09) | The New York State Council of Health-system Pharmacists recognizes and strongly supports health-system pharmacists as an integral part of the multidisciplinary team charged with the task of medication reconciliation activities and patient counseling on all discharge medications. | **Sunset**  In lieu of (3-08) which was just reviewed and edited last year:  *The New York State Council of Health-system Pharmacists supports the involvement of pharmacists and pharmacy interns in medication reconciliation activities and patient education.  The New York State Council of Health-system Pharmacists additionally supports the involvement of pharmacy technicians in obtaining medication histories as a component of the medication reconciliation process.* |
| (11-09) | The New York State Council of Health-system Pharmacists supports that chemotherapy admixture, regardless of whether it occurs in a hospital, private physician office, or otherwise, be overseen by a licensed, registered pharmacist, that it is performed in a location separate from the patient care areas, that USP 797 guidelines are upheld, and that the pharmacist may determine the most reasonable process for ensuring the safe and effective compound of chemotherapy for the practice. | **Amended**:  The New York State Council of Health-system Pharmacists supports that preparation of chemotherapy be performed by licensed pharmacy personnel under the supervision of a registered pharmacist in an area registered by the board of pharmacy. |
| (12-09) | The New York State Council of Health-system Pharmacists supports re-instatement of internship requirements for Pharmacy students: to provide an incentive for prospective pharmacists to gain a more extended practical experience in actual Pharmacy work settings, with the intended outcome of insuring that new pharmacists have the experience that will allow them to become effective within a short time after completing all the requirements for licensure, the NYSCHP supports the incentive provided by the NYS BOP that allows pharmacy students to take the practical portion of the pharmacy board exam after completion of their 5th year of Pharmacy School, provided the student has obtained 1000 hours of work experience as a pharmacy intern. This incentive is provided as an alternative to the reinstatement of the internship requirement for licensure, with the understanding that the work experience is over and above the experiential component required as part of the PharmD curriculum. In addition, the incentive for pharmacy students will provide the Pharmacy work setting with a more reliable workforce of pharmacy students. | **Sunset** |
| (13-09) | The New York State Council of Health-system Pharmacists supports mandatory vaccines: Vaccines work best when most members of a community are vaccinated, therefore if more people who are vaccinated, the lower the possible risk of anyone's exposure to vaccine-preventable diseases. To protect and promote the health of the public, the NYSCHP supports mandatory vaccines approved by the Food and Drug Administration (FDA) for children and healthcare workers to protect against diseases when evidence based medicine indicates the risk of the disease outweighs the potential risk of the vaccine. The immunizations should be in accordance to the Center for Disease Control and Prevention (CDC) and supported by the Advisory Committee on immunization practices (ACIP). The goal of mandatory vaccines is to prevent and reduce the severity of diseases, focusing on prevention. NYSCHP also recognizes a mandatory vaccine exemption is needed for individuals with medical reasons and for personal beliefs as long as the safety of the public health is not at risk and in cases of national emergencies. | **Amended (& merged with (8-14))**:  *The New York State Council of Health-system Pharmacists supports mandatory vaccination as well as the role of the immunizing pharmacist for all CDC-approved vaccines in adults and children.  Additionally, we affirm that the pharmacy workforce plays a vital role in enhancing public health and expanding patient access to vaccinations by promoting and administering vaccines in all health care settings.  Vaccines are most effective when community members are vaccinated, reducing the risk of exposure to vaccine-preventable diseases. We endorse administration of Food and Drug Administration (FDA) approved vaccines for children and healthcare workers when evidence based medicine justifies that the risk of the disease outweighs the potential risk of the vaccine. The immunizations should be in accordance with the Center for Disease Control and Prevention (CDC) and supported by the Advisory Committee on immunization practices (ACIP). NYSCHP also recognizes a mandatory vaccine exemption is needed for individuals with medical reasons and for personal beliefs as long as the safety of the public health is not at risk and in cases of national emergencies.* |
| (14-09) | The New York State Council of Health-system Pharmacists supports ASHP’s position on Pain management and - further supports the following: 1. The insurance of the safe use of opioids, with more focused monitoring for adverse drug events along with appropriately reporting of events to insure appropriate follow up and prevention of future events, 2. The monitoring of appropriate health care worker practices to ensure safety for all patients and caregivers, including monitoring for diversion and/or potential abuse, 3. Participation in education of families and the public on appropriate precautions and the importance of comfort care, 4. Ensuring the availability of appropriate pain therapy when needed – considering timeliness and patient need, 5. Cost effective management of pain for the patient and care givers, 6. Involvement in the management of unavoidable adverse events related to pain management, and 7. Simplifying the processes related to pain management, for example use of technology and algorithms, to the extent possible. | **Readopt** |
| (2-94) | The New York State Council of Health-system Pharmacists supports pharmacists playing a vital role in maintaining and promoting public health. Health-system pharmacists can improve public health by providing population-based care; developing disease prevention and control programs; providing health education; collaborating with state and local authorities to address local and regional health care needs, including emergency preparedness and response; advocating for sound legislation, regulations, and public policy regarding disease prevention and management; and engaging in public health research. | **Readopt** |