



# From Grassroots to Legislation: Introduction to Pharmacy Advocacy

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Council of Health-system  
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## Conflicts of Interest

Mitchell Miller, PharmD, BCACP, discloses he is a stockholder for Eli Lilly and Company. This relationship does not influence the content of this presentation.

No other disclosures or conflicts of interest.

## Objectives

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Pharmacists     **Define** advocacy and grassroots initiatives, and provide examples

**Evaluate** major legislative priorities for the profession at local and national levels

**Design** and implement an effective grassroots effort to gain support for a cause

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Technicians     **Describe** how technicians can make an impact on advocacy initiatives

**Summarize** the legislative process, recent victories for pharmacy technicians, and specific action items

**Develop** confidence to participate in grassroots efforts

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## What is Advocacy?



The word's Latin root is *advocare*, meaning "to call to aid."



ASHP defines advocacy as:

"Activity by an individual or group to plead a case, support a cause, or recommend a course of action related to patient-care, political, economic, social, or institutional issues."



Advocacy describes all the things you do to gain support for your cause

## What is “Grassroots” Advocacy?

“Grassroots advocacy is when people directly affected by a problem take action to achieve a solution.”

- Healthcare laws, rules, and regulations

More powerful with multiple voices, diverse perspectives, and deep ties to the community

### Non-pharmacy Examples:

1. **American Society of Anesthesiologists** – advocates prioritize building personal relationships both in-district and with Members of Congress
2. **American Farm Bureau** – advocates focus on telling their story, drawing on their own life experiences to garner support

## Overview - Levels of Advocacy

Scope of  
NYSCHP

### Local



Local chapter activities

CE and community events

Interprofessional networking

### State



NYSCHP advocacy committee

Self-scheduled meetings with legislators

### Federal



ASHP advocacy

Pharmacy society advocacy days

Self-scheduled meetings with legislators



## Examples of Local Advocacy Events

### Level 1

- Presentations to grade school students about the role of the pharmacist or sharing basic health information

### Level 2

- Events at universities, promoting the various career pathways for pharmacists

### Level 3

- Community events where health information or voter registration information are shared
- Presentations to pharmacists, technicians and other health professionals about current legislative priorities

# Advocacy Throughout U.S. Pharmacy History

**1906**

## The Food and Drugs Act

- Response to Upton Sinclair's "The Jungle," exposing unsanitary conditions and unsafe practices in meat packaging industry

**1938**

## The Federal Food, Drug, and Cosmetic (FDC) Act

- Public pressure to increase drug regulation following Elixir of Sulfanilamide incident

**1982**

## First Tamper-resistant Packing Regulations

- Response to the deaths caused by acetaminophen adulterated with cyanide

## The Sherley Amendment

- Mrs. Winslow's Soothing Syrup for teething and colicky babies, unlabeled yet laced with morphine, killed many infants

**1912**

## Kefauver-Harris Drug Amendments

- Response to thalidomide incident to require proof of efficacy
- Retrospectively efficacy review by FDA

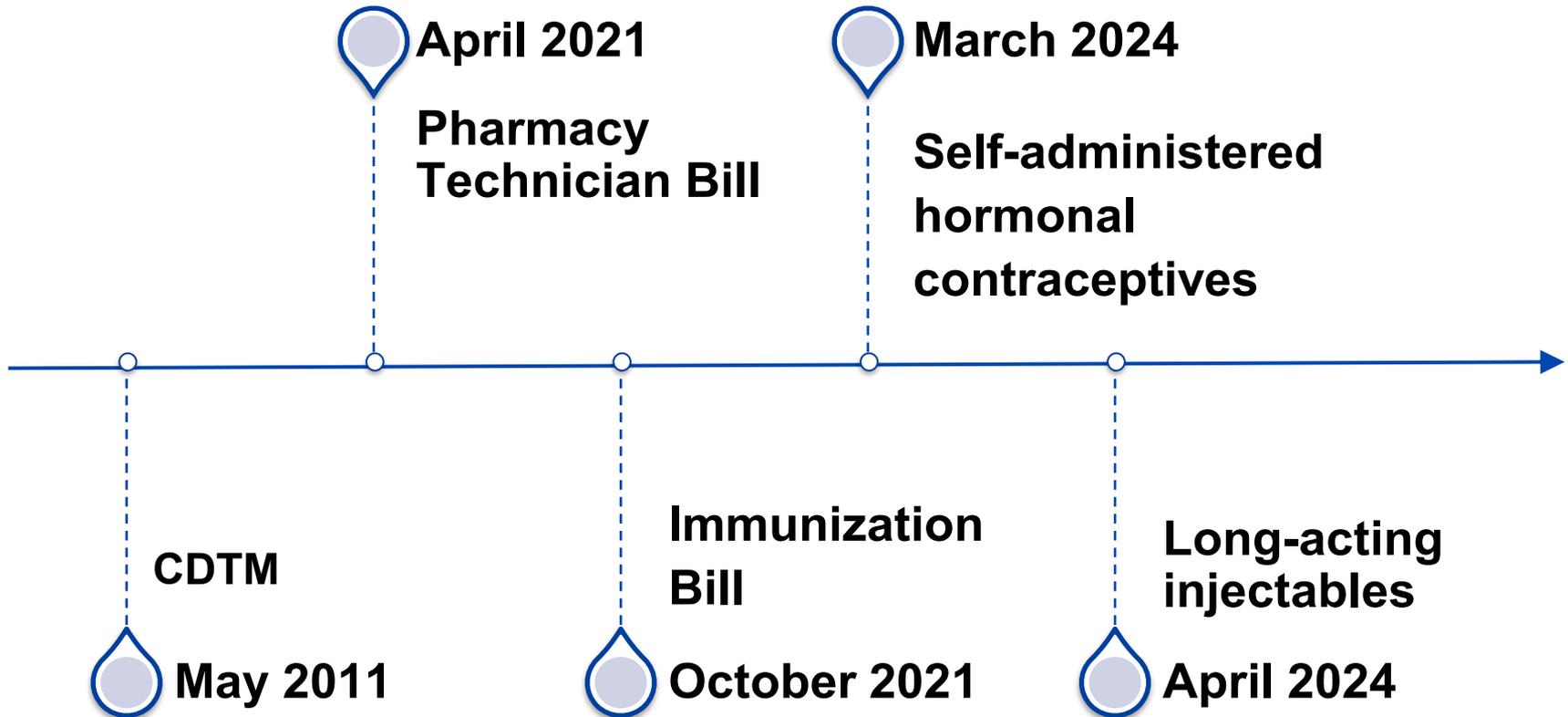
**1962**

## Drug Quality and Security Act (DQSA)

- Fungal meningitis outbreak tied to an outsourcing facility in 2012

**2013**

## Recent NYS Pharmacy Wins



## Recent Wins

- **Collaborative Drug Therapy Management (2011)**
  - Formal partnership between a pharmacist, a physician, and a patient
  - Pharmacists and physicians work together under a written agreement to manage a patient's drug therapy
- Passed in NYS in 2011 as a pilot
- Currently, available in all 50 states (qualifications vary by state)

## Recent Wins

- **Immunization Bill (October 22, 2021):**
  - Authorizes Licensed Pharmacists to Administer all CDC recommended vaccines
  - Removal of sunset
- **Pharmacy Technician Bill (April 25, 2021):**
  - Creates permanent professional title of Registered Pharmacy Technician
  - Requirements for Registered Pharmacy Technician
  - Defines Registered Pharmacy Technician practice solely in Article 28's (hospitals and health-systems)
  - Sets new ratio

## Recent Wins

- **Self-administered hormonal contraceptives (March 12th, 2024):**

- Pharmacists are allowed to dispense self-administered hormonal contraception
- After patient consultation & Pursuant to standing order (from Commissioner)
- Pill, patch or ring

Patient: self-screening risk assessment

Pharmacist: risk assessment for safety

- If eligible, dispense up to 12 months supply + fact sheet
- Training (record on site)

## Recent Wins

- **Long-acting injectables (April 1, 2024)**
- Registered pharmacist, who is certified to immunize by the New York State Education Department, is authorized to administer Long-Acting Injectables:
  - Mental Health
  - Substance Use Disorder
- Patient specific prescription or order issued by a prescriber

## Knowledge Check Question

Which of the following is/are local advocacy initiatives conducted by NYSCHP members?

- A. Meetings with NY State legislators
- B. Visits to Capitol Hill in DC
- C. Presentations to students at local universities
- D. Options A and C

# Legislative Process

## New York State Legislative Branch

### Government consists of 3 branches:

- Legislative
  - ❑ “Bicameral Legislature” – two separate houses (Senate and Assembly)
  - ❑ Assembly has 150 members; led by Speaker of the House
  - ❑ Senate has 63 members; led by Senate Majority Leader
  - ❑ Members of both houses are up for election every two years
- Executive (governor)
- Judicial (courts)

## The Legislative Session

Defined as the period of time during which the legislative branch of the government is actively reviewing and passing bills

Begins the Wednesday after the first Monday of the new year

Legislators attend session in Albany until business is concluded for the year, around June

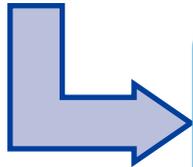
- Called back for special issues, formal meetings, committee work, or public-hearings throughout the year
- These sessions are broadcast for public viewing

It is throughout this session the “legislative process” takes place

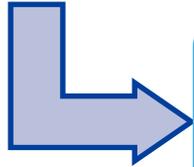
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## Legislative Process: From Idea to Bill to Law

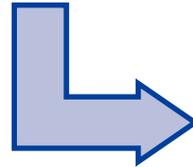
Idea is drafted into formal language and assigned a bill number (Bill Drafting Commission)



Next, assigned to appropriate committee



Then pass to floors or "chambers" (i.e. Assembly, then Senate).



Then goes to the governor, who can either sign or veto

## Break it Down

A lot of discussion, revision, and distractions

Many different types of laws

Traffic

Family

Criminal

Civil

Employment

Intellectual  
property

**Medical**

How many bills do you think are reviewed by the Senate and House each year?

How many get passed?

How many of these are medical-  
related?

Pharmacy?

## Committee Process

**The Speaker of the House and Senate Majority Leader have the power to create committees and appoint its members**

- Senate and Assembly have their own committees
- Each legislator serves on numerous committees

**These committees are specialized, hold hearings w/ public, and ultimately determine if bill continues**

- Regular meetings to discuss referred bills
- Meetings are broadcast to the public
  - <https://nyassembly.gov/av/>

**To Learn more about committees and when they will be meeting:**

- Visit <https://nyassembly.gov/PIO/>, or contact the Assembly's Public Information Office at 518-455-4218



# Getting Involved!

## 1. Learn

**Learn** as much as you can about the bill you wish to advocate for (or against)

- Bill number (senate and/or assembly)
- Primary sponsor; co-sponsors
- Public organization support (or opposition)
- Bill status & location (e.g. committee vs chambers vs governor)

## 2. Plan

**Plan** your campaign before your bill comes to a vote in the chambers

- The right information at the right time can be enough to impact a legislator's vote

## 3. Share

**Share** your opinion with legislators

- Think beyond your representatives, e.g. committee chairs and participants

## 4. Follow

**Follow** the bill throughout the process from Committee to Assembly to Senate and even to Governor

- Be prepared, be clear, be confident, and be persistent!

Be **prepared**, **clear**, **confident**, and **persistent**!

## Knowledge Check Question

Which of the following best describes the legislative process in New York State?

- A. Idea drafted into a bill → committee review → Assembly → Senate → Law
- B. Idea drafted into a bill → committee review → Assembly → Senate → Law
- C. Idea drafted into a bill → committee review → Assembly → Senate → Governor signature → Law
- D. Idea drafted into a bill → Assembly → Senate → committee review → Governor signature → Law

# Advocacy Priorities

## ASHP - “Advocacy as a Professional Obligation”

**All pharmacists have a professional obligation to advocate for themselves and patients**

- Stay informed and be active, spread your message
- Consider all settings and issues (legal, regulatory, financial, etc.)

**Key responsibilities:**

**Promote pharmacist accountability**

**Influence others to optimize medication use**

**Actively engage in health policy development**

## ASHP Calls to Action



“Urge Your Legislators to Give Medicare Beneficiaries Access to Pharmacist Services”



“Urge Congress to Pass the Ensuring Community Access to Pharmacist Services Act”



“Urge Your Members of Congress to Support the 340B PATIENTS Act”



“Ask Congress to Prioritize Legislation Protecting Patients’ Access to Critical Pharmacist Services”



“Urge Your Senators to Support the 340B Program”



“Tell Congress to Oppose Medicare Payment Cuts”

# H.R.3164 - Ensuring Community Access to Pharmacist Services Act

**Introduced by Congress in May 2025 and Senate in July 2025**

**Referred to as “ECAPS,” a priority for many pharmacy organizations**

- Expand access of important testing and treatment (i.e. flu, COVID-19, RSV, and strep throat) to Medicare beneficiaries via pharmacists

**A big step towards provider status**

- Long-standing goal; pharmacists not eligible for payment under CMS regulations
- Would open payment through **Medicare Part B** for these (~80-85% usual charge)

## 340B Program Overview

### Eligibility

Covered entities are specifically defined

Examples:

- HRSA-supported health centers and look-alikes
- Ryan White clinics
- Disproportionate Share Hospitals
- Children's hospitals



### Participation

Eligible organizations must register and enroll in the 340B program and comply with all rules and regulations

A 340B identification number is used for verification to receive 340B discounts through vendors



### Manufacturer Agreement

All manufacturers participating in Medicaid agree to provide significant discounts to covered entities



### Stretch Scare Federal Resources

Provides financial relief to covered entities so they may reinvest in health care services and operations and reach more patients in their communities

Many covered entities would struggle to sustain themselves without the 340B program

## Comparison of 340b vs. GPO Margins in a Rural Cancer Treatment Center

Generic Component	Specific Formulation	GPO Margin	340b Margin
Bevacizumab	Avastin (bevacizumab)	-\$750.05	\$970.27
	Allymsys (bevacizumab-maly)	\$150.07	\$1,540.20
	Mvasi (bevacizumab-awwb)	-\$2,773.66	\$977.50
	Vegzelma (bevacizumab-adcd)	\$233.53	\$1,837.93
	Zirabev (bevacizumab-bvzr)	-\$1,280.23	\$702.31
Rituximab	Rituxan (rituximab)	-\$1,843.46	\$1,950.14
	Riabni (rituximab-arrx)	-\$3,525.88	\$832.04
	Ruxience (rituximab-pvvr)	-\$2,100.78	\$976.58
	Truxima (rituximab-abbs)	-\$2,478.46	\$1,178.50
Epoetin alfa	Procrit (epoetin alfa)	-\$241.57	\$78.28
	Retacrit (epoetin alfa-epbx)	-\$66.61	\$89.22
Trastuzumab	Herceptin (trastuzumab)	-\$2,373.44	-\$130.25
	Hercessi (trastuzumab-strf)	-\$2,342.73	\$584.59
	Herzuma (trastuzumab-pkrb)	\$61.49	\$75.46
	Kanjinti (trastuzumab-anns)	-\$2,139.51	\$439.37
	Ogivri (trastuzumab-dkst)	-\$212.77	\$147.55
	Ontruzant (trastuzumab-dttb)	-\$2,596.78	\$262.92
	Trazimera (trastuzumab-qyyp)	-\$1,560.17	\$277.73
Pegfilgrastim	Neulasta OnPro (pegfilgrastim)	-\$5,916.53	\$45.05
	Fulphila (pegfilgrastim-jmdb)	-\$904.55	-\$219.65
	Fylnetra (pegfilgrastim-pbbk)	-\$768.59	\$652.63
	Nyvepria (pegfilgrastim-apgf)	-\$1,809.12	-\$379.80
	Stimufend (pegfilgrastim-fpgk)	-\$4,743.57	\$516.50
	Udenyca (pegfilgrastim-cbqv)	-\$1,527.64	\$178.40
	Ziextenzo (pegfilgrastim-bmez)	-\$5,955.16	-\$5,955.16

## 340B Drug Pricing Program

### ASHP advocates that HHS:

- “Declare manufacturers’ refusal to provide 340B discounts illegal.”
- “Take enforcement action against manufacturers that fail to provide appropriate discounts.”
- “Require manufacturers to compensate hospitals for lost discounts.”
- “Restore Medicare payment to 340B safety-net hospitals.”

## Contemporary 340B Advocacy Example

- **The Federal 340B Rebate Model**

- **Pilot program:**

- Traditional 340B model operates as an upfront discount at purchase.
- Rebate model would involve a higher upfront purchase price, with later reimbursement for the difference between the 340B price.

- **What could this mean to health-systems?**

- High up-front operating costs
- Impacts on budget and financial cycle
- More logistical barriers

- Through the efforts of the American Hospital Association, ASHP, NYSCHP, and other hospital groups, pilot program was “defeated” Feb 5, 2026
- Debate and discussion continue over 340b reform

# NYSCHP Advocacy Agenda

## Published online:

- Pillars of Advocacy 2025-2027

## Primary priorities:

Improve patient  
access

Optimize safe  
medication use

Protect health-  
system  
sustainability

Promote  
advanced roles  
for the workforce

For more information, visit: <https://www.nyschp.org/advocacy>

## Current State Advocacy Priorities

**340b Protections**

**CDTM**

**CLIA-Waived Testing**

**Pharmacy Technician  
Immunization**

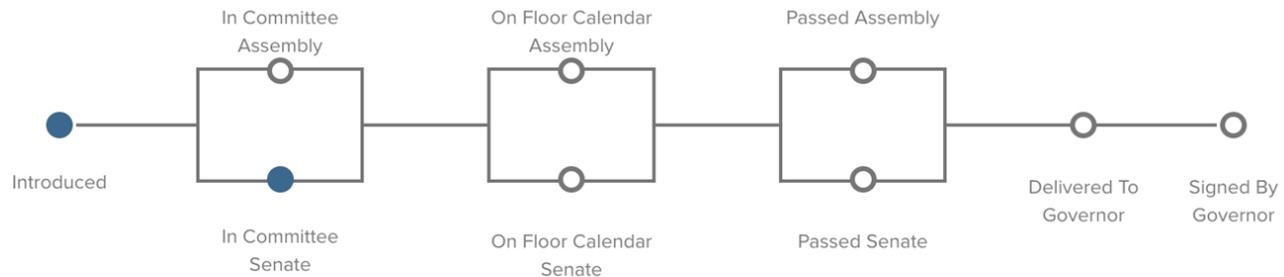
## 340b Bill:

# Senate Bill S1913

2025-2026 Legislative Session

Relates to establishing the "340B prescription drug anti-discrimination act"

CURRENT BILL STATUS -  
In Senate Committee [Finance Committee](#)



## 340b- What to Discuss

01

Talk about how 340b is used in your institution

“Our hospital uses 340b to help provide important medications to our most vulnerable patients”

02

Cite scenarios where 340b has helped

“We had a patient who needed a blood thinner after a stroke, and the 340b program helped him afford it”

03

Share a specific concern

“I am concerned that if we can't use the 340b program, we will not be able to get medications to patients who need them”

## CDTM Legislation: Current State

- First Introduced into NYS law in 2011
- Remains one of our most crucial topics
- Historically, CDTM had a sunset every 2 years
- The upcoming budget suggests that CDTM will be permanent, if not contested

2025-S6851 (ACTIVE) - DETAILS

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See Assembly Version of this Bill: [A3426](#)

Current Committee: [Senate Health](#)

Law Section: Public Health Law

Laws Affected: Add Art 29-H §2999-ff, Pub Health L; add §6801-b, Ed L; amd §5, Chap 21 of 2011

Versions Introduced in Other Legislative Sessions: 2017-2018: [S7682](#)

2019-2020: [S5296](#)

2021-2022: [S6110](#)

2023-2024: [S3591](#), [A6564](#)



## **CDTM Bill (S6851/A3426)**

2025-S6851 (ACTIVE) - SUMMARY

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Authorizes physicians and pharmacists to enter into collaborative practice medication adherence protocols for their patients; makes permanent certain provisions relating to authorizing pharmacists to perform with physicians in certain settings.

## CDTM Bill (S6851/A3426)- What to Discuss

01

Talk about ways pharmacists in your practice have contributed to patient care through CDTM

“There’s a pharmacist at my hospital who specializes in diabetes care and sees 20 patients a day”

02

Cite studies that show the benefits of CDTM pharmacists

“This study shows that people followed by a CDTM pharmacist had lower A1cs than people who didn’t see a pharmacist

03

It has been renewed every 2 years since 2011 and it is time to make it permanent!

“It has been renewed every 2 years since 2011 and it is time to make it permanent!”

# CLIA-Waived Testing Bill (S1619/A3285)

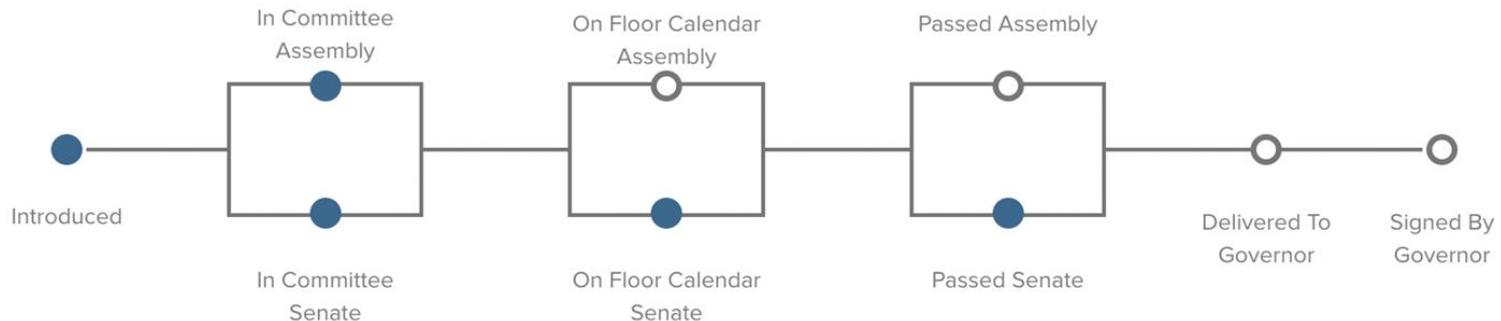
2025-S1619 (ACTIVE) - SUMMARY

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Allows a licensed pharmacist to order and administer certain tests.

CURRENT BILL STATUS -  
In Assembly Committee

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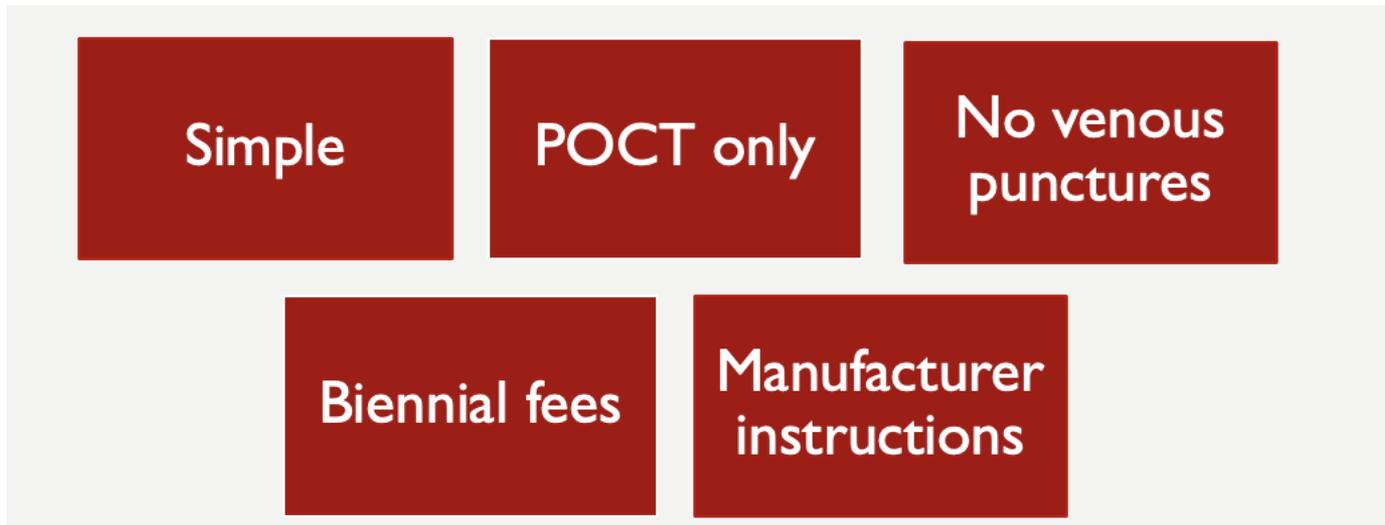


## CLIA-Waived Testing Legislation: Current State

- The Public Readiness and Emergency Preparedness (PREP) Act, allowed pharmacists to administer COVID testing and vaccines during the pandemic
- Introduced by Senator Rivera
- **Permanently authorizes pharmacists to perform simple, non-invasive laboratory tests**
  - Influenza
  - COVID-19
  - INR
  - A1c
  - And more

## CLIA-Waived Testing Legislation: Current State

- Clinics and pharmacies must obtain CLIA certification
- Application (Form CMS-116) available online at [www.cms.hhs.gov/clia](http://www.cms.hhs.gov/clia) or from your local State Agency
- **Requirements:**



## CLIA-Waived Testing- What to Discuss

01	Talk about ways pharmacists could be involved with CLIA-waived testing	“Pharmacists could help with ambulatory tests for common public health challenges”
02	Discuss similar scenarios	“During the pandemic, the federal PREP act authorized pharmacists to perform CLIA-waived tests to detect COVID-19”
03	Express desire and competency	“Pharmacists showed up during COVID-19, and with our training and experience, I know we could show up in other ways”

## Pharmacy Technician Legislation: Current State

- Article 137-A establishes the legal framework for the profession of *Registered Pharmacy Technicians* in NYS
  - Defines their role, duties, supervision requirements, and the process for licensure.
- Definition: A *registered pharmacy technician* is a person who, under the **direct personal supervision** of a licensed pharmacist, may assist with certain pharmacy tasks:
  - Including compounding, preparing, labeling, and dispensing drugs used to fill valid prescriptions or preparing medications in advance of a known order
- A registered pharmacy technician may only perform tasks **that do not require professional judgment**, as defined by the law

# Pharmacy Technician Bill: A5152

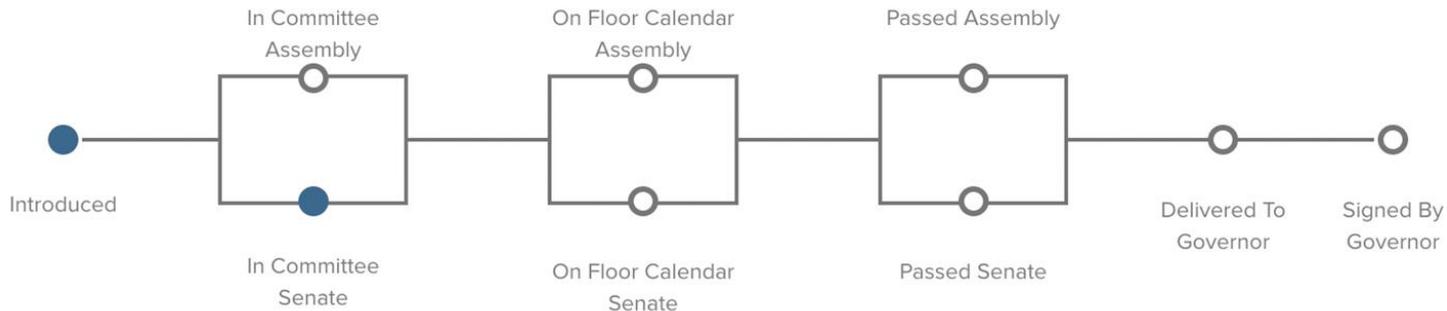
## 2025-A5152 - SUMMARY

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Authorizes registered pharmacy technicians to administer the same immunizations as licensed pharmacists under direct supervision of such licensed pharmacist.

### CURRENT BILL STATUS - In Senate Committee [Health Committee](#)

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## Pharmacy Technician Bill- What to Discuss

01

Talk about ways pharmacy technicians contribute in your practice

“We have 4 technicians on our team. They help with inventory management, drug preparation, and insurance issues”

02

Explain your experience with pharmacy techs providing vaccines

“During the pandemic, our technicians helped with vaccination, freeing us to do other things”

03

Give your professional recommendation

“As a pharmacist with 10 years of experience in supervising technicians, I would recommend supporting this bill”

## Knowledge Check Question

If the CDTM Bill (S6851/A3426) were to be passed, what would be the primary change for pharmacists in NY state?

- A. Pharmacists would be able to enter into collaborative practice for the first time
- B. The sunset on the bill would be removed, making CDTM a permanent program
- C. Technicians could create collaborative practice agreements with pharmacists
- D. The New York pharmacist licensing process would change

# NYSCHP Resources

# Advocacy Toolkit- Talking Points

## Talking Points/Background on Priorities

### **I. SUPPORT Executive Budget Proposal to make Collaborative Drug Therapy Management (CDTM) law permanent.**

Status: Proposed by Governor Hochul in her SFY 2026-27 Executive budget, [Health/Mental Hygiene Article VII bill](#), Part B (S9007/A10007) released on January 20<sup>th</sup>.

#### Talking Points:

- New York first authorized CDTM as a pilot in 2011. The program has been extended every other year and was expanded to authorize pharmacists in all Article 28 healthcare facilities (hospitals, clinics and nursing homes with a pharmacy) to participate if they meet rigorous qualifications. The law is set to expire 7/1/26.
- CDTM enables pharmacists to provide additional clinical services to patients with serious and chronic conditions like cancer, diabetes, heart disease, anticoagulation management and others to better manage their complex medication regimes.
- CDTM has been highly successful by improving patient health and outcomes and reducing costs. CDTM is widely offered at Article 28 hospitals, nursing home and clinic facilities around the state.
- CDTM program should be made permanent as the Executive budget proposed.

Ask: Please support the inclusion of this proposal to make CDTM permanent in your “one-house” budget bills and the final State Budget. At minimum, the proposal should be extended for a longer period of at least 4 or 5 years.

# Advocacy Toolkit- Memoranda in Support

**NYSCHP**

New York State Council of  
Health-system Pharmacists

**MEMORANDUM IN SUPPORT**  
**S7025A, Senator Jeremy Cooney/  
A5152A, Assemblymember Michaelle Solages**  
**Registered Pharmacy Technician Vaccination  
Authority**

*AN ACT to amend the education law, in relation to registered pharmacy technicians*

The New York State Council of Health-system Pharmacists (NYSCHP) represents thousands of pharmacists practicing in health care facilities throughout the State. NYSCHP supports this legislation to authorize in state law the authority of registered pharmacy technicians to administer immunizations.

“Registered pharmacy technicians” are licensed by the State Education Department (SED). They may perform specific tasks and functions under the supervision of licensed pharmacists after meeting training and competency requirements including the completion of a nationally accredited pharmacy technician certification program/exam. In authorizing registered pharmacy technicians to give vaccines, this legislation establishes additional requirements to ensure that they first receive the same training in vaccine administration and certification in CPR and First Aid as licensed pharmacists who are certified immunizers. Registered

**Give a Copy of  
These to Your  
Legislator!!**

# Advocacy Toolkit- Frequently Asked Questions by a Legislator

## **What is the current scope of CDTM in NYS?**

CDTM currently applies exclusively to specifically credentialed pharmacists in locations covered by Article 28 of the Public Health Law, such as hospitals and health-systems. CDTM does not apply to non-Article 28 facilities. The Governor’s last executive budget proposal would have expanded the bill to other areas overseen by a Medical Director, such as non-Article 28 clinically integrated networks (which would cover faculty practices and accountable care organizations). NYSCHP supports this expansion with the existing credentialing infrastructure. Unfortunately, this proposal was not adopted due to the COVID-19 pandemic.

## **What sort of credentials are required?**

Pharmacist must have a specific number of years of experience based on the their terminal degree – if they have a Masters of Science or Doctor of Pharmacy (the latter of which is the new entry-level standard since the year 2000), they must have at least at least 2 years of active licensure with at least 1 year of clinical experience. If the pharmacist earned a Bachelor of Science in Pharmacy, they must have at least 3 years of active licensure with at least 1 year of clinical experience.

In addition to licensure and experience, the pharmacist must have either completed an accredited residency program or must have obtained a certification from a board approved by the Department of Education, such as the Board of Pharmaceutical Specialties (e.g.; Board Certified Pharmacotherapy Specialist, BCPS). A residency program is a one to two year intensive, rotation-based experiential program that prepares pharmacists for clinical practice.

# Advocacy Toolkit- How to Check if my Legislator Supports a Certain Bill

**Assembly (Find your Member: <https://nyassembly.gov/mem/search/>)**

1. Visit the Assembly's page on legislation: <https://assembly.state.ny.us/leg/>
2. Type the bill number into the Bill Search:



**New York State Bill Search**

Bill Search | Advanced Search

Term: 2017-18 ▼ Enter bill no (e.g. A11) Search

a.

3. Find the bill number from our fact sheets (e.g. A4611, A10196, A455)



**New York State Bill Search**

Bill Search | Advanced Search

Term: 2017-18 ▼ A4611 Search

1 bill matched your search criteria:

- [A04611](#) Establishes requirements for registered and certified pharmacy technicians

a.

- b. Click the hyperlink

## Advocacy Toolkit- Advocacy Video

- Using resources such as CDTM Talking Points file and video from NYSCHP website  
Take note of the key talking points, the use of personal experience, the variety of perspectives, and specific calls for change.



# What to Expect at a Legislative Visit

## Reminders

- NYSCHP is a nonpartisan organization
- Your legislators work for you, and your story matters to them
- Our policy asks do not only benefit pharmacy professionals
  - They help our healthcare colleagues by integrating pharmacy services into their work, reducing workload and improving outcomes
  - They help our patients by expanding the ways we can contribute to their care



## Typical Meeting Format

- Introduction

- Who are you and what is your profession and place of practice?
- What is the goal of the meeting?

- Thank the legislator for any previous support of pharmacy initiatives

- “I saw you supported the \_\_\_\_\_ bill in the past. Thank you. It was critical to the success of \_\_\_\_\_ in my workplace.”

- Big ask

- “I came here today to talk to you about...”
- This is where you use the advocacy toolkit- follow the fact sheets!



## Tip #1

- Be flexible

- Meetings may be longer or shorter than you were hoping they would be
- Legislators may ask you to walk with them to another meeting, meet with someone else last minute, etc.
- You may not see the legislator at all. Their staff members are exceptional, and will give just as much (and often more) attention to your policy asks



## Tip #2

- If you don't know, don't guess
  - You are not expected to be a policy expert
  - You are there to share your story and the context for why the legislation is important
  - Just like we say in clinical practice, "I'm not sure, but I will find the answer and get back to you"
  - Get their business card!!!



## Tip #3

- Follow up, follow up, follow up
  - Send a thank you email within 24-hours of the meeting
  - If they asked for more information, be diligent about providing it to them
  - Social media is a fantastic way to follow up, especially on platforms where politicians have a lot of visibility
    - X (formerly Twitter) is a great place to start
  - If you took a photo with the legislator/staff member, share the photo and tag them



# Legislative Tracker

	A	B	C	D	E	F
1	Legislator Name	Stage	Member(s) Meeting with Legislator	Students Present?	Date and Time Double Click to Pull Up Calendar	Local Office, State Office, or Virtual?
2	Example Legislator	Meeting Complete	Mitchell, Tamara, Michaela	No	4/14/2025 16:00:00	State
3			Member(s) Meeting with Legis			
4			Member(s) Meeting with Legis			
5			Member(s) Meeting with Legis			
6			Member(s) Meeting with Legis			

# Legislative Tracker

Plan for Meeting <span>▼</span>	Post-Meeting Notes Include difficult to answer questions, general notes, and if the legislator was supportive or not <span>▼</span>	Follow-Up Complete? <span>▼</span>	Sent Thank You Email? <span>▼</span>
Discuss technician laws and CLIA-waived testing. Charrai will lead the meetings, Tamara will discuss technician law, Michaela will discuss CLIA-waived testing	Had questions about CLIA-waived testing that we didn't know the answer to. Sent to Advocacy Committee leadership. Legislator seemed supportive about technician laws. They have a nephew that is a pharmacy technician	Yes <span>▼</span>	<input checked="" type="checkbox"/>
	<i>Post-Meeting Notes Include difficult to answer questions, general</i>	<span>▼</span>	<input type="checkbox"/>
	<i>Post-Meeting Notes Include difficult to answer questions, general</i>	<span>▼</span>	<input type="checkbox"/>
	<i>Post-Meeting Notes Include difficult to answer questions, general</i>	<span>▼</span>	<input type="checkbox"/>
	<i>Post-Meeting Notes Include difficult to answer questions, general</i>	<span>▼</span>	<input type="checkbox"/>

# GRASSROOTS ADVOCACY EXAMPLE

## Remember the Steps!

### 1. Learn

CDTM, 340b, CLIA-waived testing, technician bill

### 2. Plan

Senator Oberacker from work district, Senator Fahy from home district. Both on higher education committee.

### 3. Share

Emails, phone calls  
Schedule meeting

### 4. Follow

Follow-up and thank each, monitor, and engage others

Be prepared, clear, confident, and persistent!

## Plan

- Connect with your network – colleagues, physicians, patients, nurses, etc.
- Who to contact?
  - Senator Oberacker & Senator Fahy
  - Both on higher education committee, where CDTM sits, and both in my respective work and home districts
- How to contact and what to say?
  - Use [resources from NYSCHP](#) for guidance on writing emails or making calls
  - Make sure to research the legislators backgrounds and if they already sponsor or co-sponsor an issue

### State Advocacy Resources:

- Scheduling a visit with a legislator's office. For a sample email, click [HERE](#).
- Going to your first visit with a legislator? See a sample script [HERE](#).
- You may hear some frequently asked questions by the legislator. Click [HERE](#) for answers.
- Interested in learning how a bill becomes a law in New York? Click [HERE](#).
- How do I tell if my assembly member or state senator supports legislation we prefer? Click [HERE](#)

## Share



Refer to resources from NYSCHP or reach out to anyone from the committee for help setting up a meeting



Bring other colleagues and include students



Be familiar with your talking points, prepare personal examples



Plan for common questions



Know who to follow-up with for questions you can't answer



Thank the legislator and ask if you can count on their support

## Follow

Thank you email, or call, within 1-2 weeks

- Address any remaining questions
- Offer to serve as an ongoing resources

Report to your organizations, committees, and workplace (if applicable)

- Pick up the dialogue somewhere else
- Letters of support to strengthen your cause

Monitor bill status and movement through legislative process

- New committee, new floor, etc.

Coordinate and plan future meetings throughout the legislative session/cycle

- Timing can be important

## Advocacy with Senator Oberacker



## Knowledge Check Question

Which of the following steps is NOT necessary in preparing for your grassroots advocacy meetings?

- A. Using resources from ASHP and NYSCHP, identify 1-3 key advocacy priorities to address
- B. Be prepared to answer complex legal questions
- C. Determine which legislators represent your districts or serve on the committee(s) related to your bill(s)
- D. Prepare key talking points for each of the issues you wish to advocate for
- E. Anticipate common questions and how to respond

## Summary

### Advocacy is vitally important

- Inspired many important changes in US history

### Pharmacists have a professional responsibility to advocate

### There are various ways to get involved

- First step is often to increase your awareness
- Join a professional organization or committee; ask for help
- Make use of these resources

## How Do I Get Involved in Local Advocacy?

- Join your local NYSCHP advocacy committee
  - Email your local chapter president
- Join the state NYSCHP advocacy committee
  - Email [NYSCHPAdvocacy@gmail.com](mailto:NYSCHPAdvocacy@gmail.com)



# Thank you!

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## Expansion of Collaborative Drug Therapy Management

### 1. Learn about the bill

- Bill number/name: S6352/A1321
- Bill Sponsor: Rivera
- Co-sponsors:
  - Senate: Gounardes, Krueger, Salazar
  - Assembly: Stirpe, Lupardo, Buttenschon, Forrest
- Status: In **Senate and Assembly** Higher Education Committees
- Support: NYSCHP; ASHP; local providers and hospital administrators
- Opposition: MSSNY

## Expansion of Collaborative Drug Therapy Management

### 2. Plan your campaign

- Identify committee chair and members. E.g. for **senate** committee:
  - Chair: Toby Ann Stavisky
  - Members: Patrica Fahy, Gustavo Rivera, Peter Oberacker
- Tap into your network
  - Professional organizations, colleagues, co-workers, etc.
  - Strength in numbers; don't reinvent the wheel

## Expansion of Collaborative Drug Therapy Management

### 3. Share your voice

- Reach out and thank sponsor and co-sponsor
- Send emails & letters
- Make phone calls
- Schedule meetings
- Attend public committee meetings and legislative sessions

### 4. Follow through the legislative process

- Once bill gets through committee, engage Senators
- If it makes it to the house, engage Assemblymembers
- If it makes it to the governor, make sure it gets signed!

Be prepared, clear, confident, and persistent!