

Getting Involved at Every Level: State and Federal Legislative Updates

JOHN K. MCGLEW, DIRECTOR, GOVERNMENT AFFAIRS (ACCP)

ANDREW KAPLAN, VICE PRESIDENT OF PUBLIC POLICY (NYSCHP)

Objectives

Identify state and federal legislation in 2019-2020 impacting pharmacy practice and actionable pharmacy issues

Explain how select state and federal agency actions will affect or are affecting pharmacy practice

Examine key strategies for successful advocacy that can enhance pharmacists' involvement in the legislative process

Describe why a comprehensive approach to policy change is essential in order to meaningfully address the needs of our health care system



Who We Are



Around 17,000 members

Mission: to improve human health by extending the frontiers of clinical pharmacy.

Develop, advance, and position clinical pharmacists to fully contribute our unique expertise to the care of the patients we serve



Who We Are

Around 2,000 members

Mission: to represent its members and advance pharmacy as an essential component of health care.

Our three strategic goals: engage, lead, and **advocate.**

NYSCHP is New York State affiliate of **ASHP**

Focus of today's presentation

Legislative priorities

- State
- Federal

Advocacy

- Background
- Tools/resources

State Legislative Update

Pharmacy Technician Licensure/Certification

Collaborative Practice Agreements

Immunization

New York State Legislative “Fun” Facts

How many bills get introduced in the New York State legislature per year?

- A) 100-200
- B) 1,000-2,000
- C) 10,000-20,000
- D) 100,000-200,000

New York State Legislative “Fun” Facts

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- D) 100,000-200,000

New York State Legislative “Fun” Facts

2008

- Adult immunization – **48th** state

2011

- Collaborative Practice Agreements – **41st** state

2015

- Collaborative Practice Agreements expanded to all Hospitals/Health-Systems

2018

- Intern immunization – **48th** state
- Pediatric immunization (influenza) – **44th** state

2019

- Pharmacy Technician licensure – **46th** state*

*Passed by legislature but not yet signed by Governor and/or implemented by state agencies

Pharmacy Technician Crisis (2018-2019)

1984: NYSED regulations delineated allowed and disallowed activities by unlicensed persons

- Disallow: **“Measure, weigh, compound or mix ingredients”**

1990’s: interpretation of regulations allowed “batching” as part of “repackaging”

2018: NYSED interpretation updated re: batching → considered mixing/compounding

- Techs removed from IV operations; RPh pulled from clinical roles

Pharmacy Technician Crisis (2018-2019)

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 that 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

Pharmacy Technician Crisis (2018-2019)

1984: NYSED regulations delineated allowed and disallowed activities by unlicensed persons

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Coalition (NYSCHP, GNYHA, HANYS, 1199, PTCB) formed

- Wrote new language for budget – accepted by Governor, then wrote new bill with legislature/NYSED
- Organized Lobby Day in May; Grassroots visits throughout the state emphasized the bill
- Bill passed by legislature (awaiting Governor’s signature)

NY poised to be 46th state to license/register technicians

- WI, DE, PA, HI unlicensed; CO/NY pending

Pharmacy Technician Legislation – S6517 (Stavisky)/A8319 (Romeo)

All applies **only** to hospitals/health-systems

Creates title of registered pharmacy technician (RPT)

Explicitly allows compounding, preparing, labeling, etc

- Tech must have national certification, be trained

New ratio (1:4)

- 1 RPh: 2 RPT + 2 unlicensed OR
- 1 RPh: 1 RPT + 3 unlicensed OR
- 1 RPh: 4 unlicensed

2 RPT's added to Board of Pharmacy

18 month implementation – enforcement?

Questions remaining?

Pharmacy Technician Legislation – S6517 (Stavisky)/A8319 (Romeo)

Questions remaining (pending in regulation)

- What kind of training will be required?
- Will there be a grace period for certification?

Questions health systems are asking

- Are all technicians certified?
- What do the job descriptions say?
- Collective bargaining agreements?

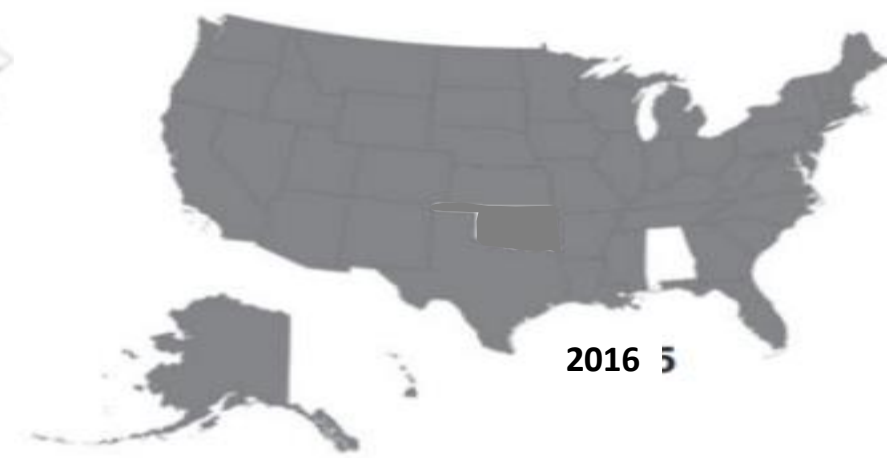
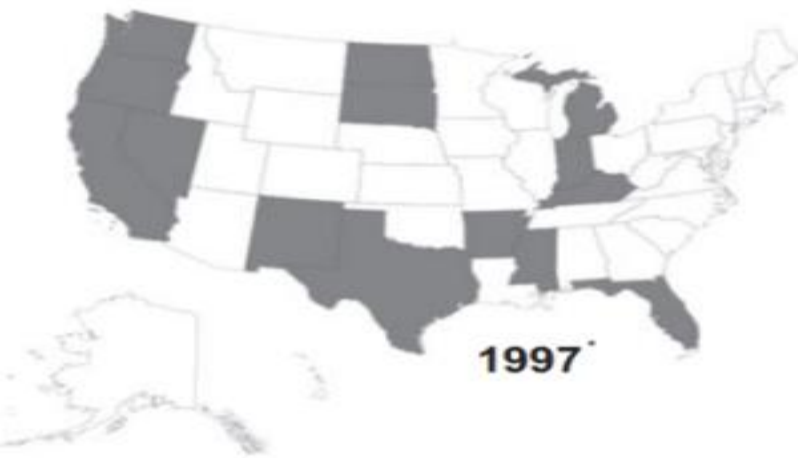
Community practice/long-term care?

Collaborative Drug Therapy Management (CDTM)

Partnership between MD and RPh to manage disease state(s)

49 states have CDTM laws for Pharmacists

CDC, National Governor Association have recommend expansion

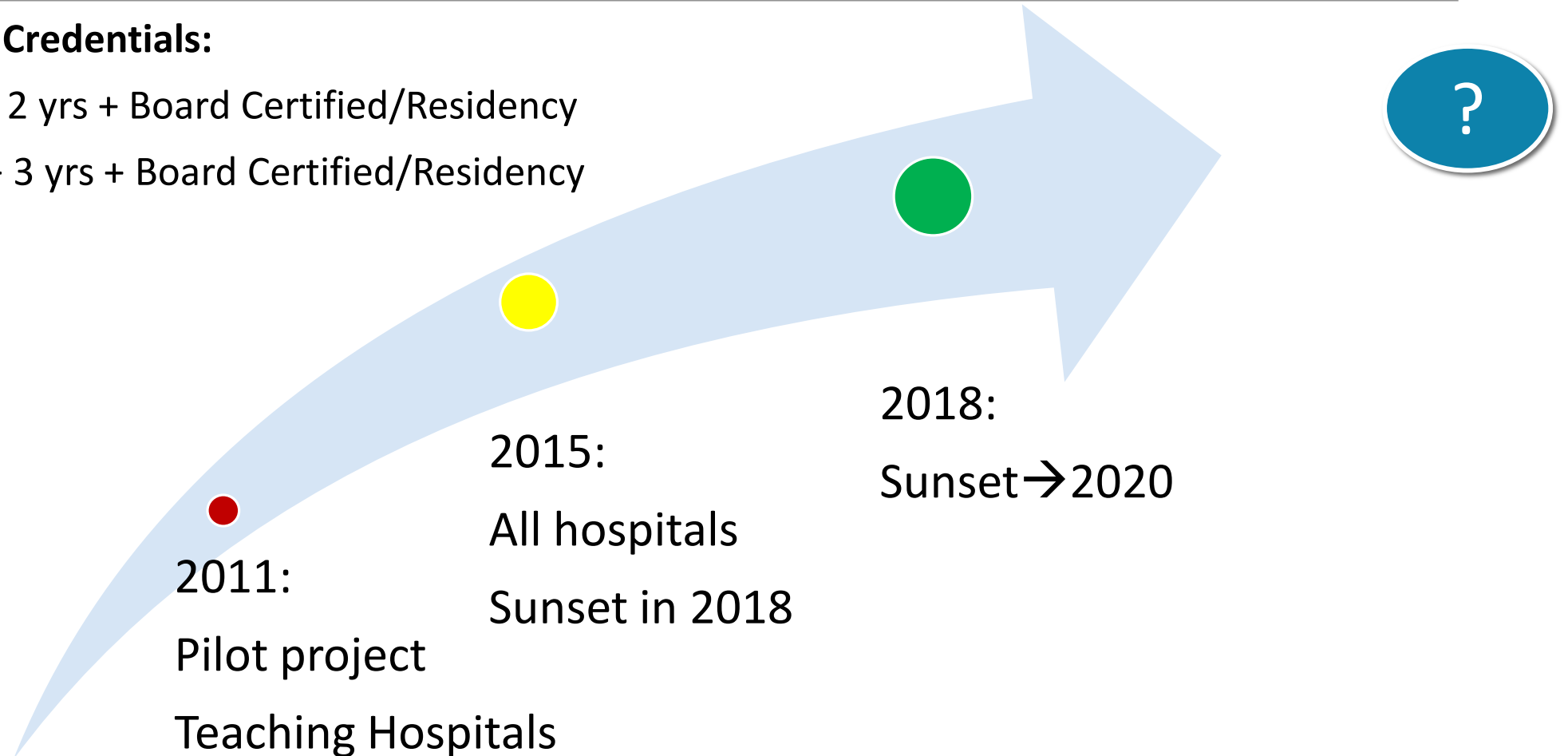


Collaborative Drug Therapy Management (CDTM) in NYS

NYS CDTM Credentials:

Pharm.D. + 2 yrs + Board Certified/Residency

BS Pharm + 3 yrs + Board Certified/Residency



Collaborative Drug Therapy Management (CDTM) in NYS

A3048 (Seawright)

- Include NP as providers; make law permanent

NYSCHP optimization

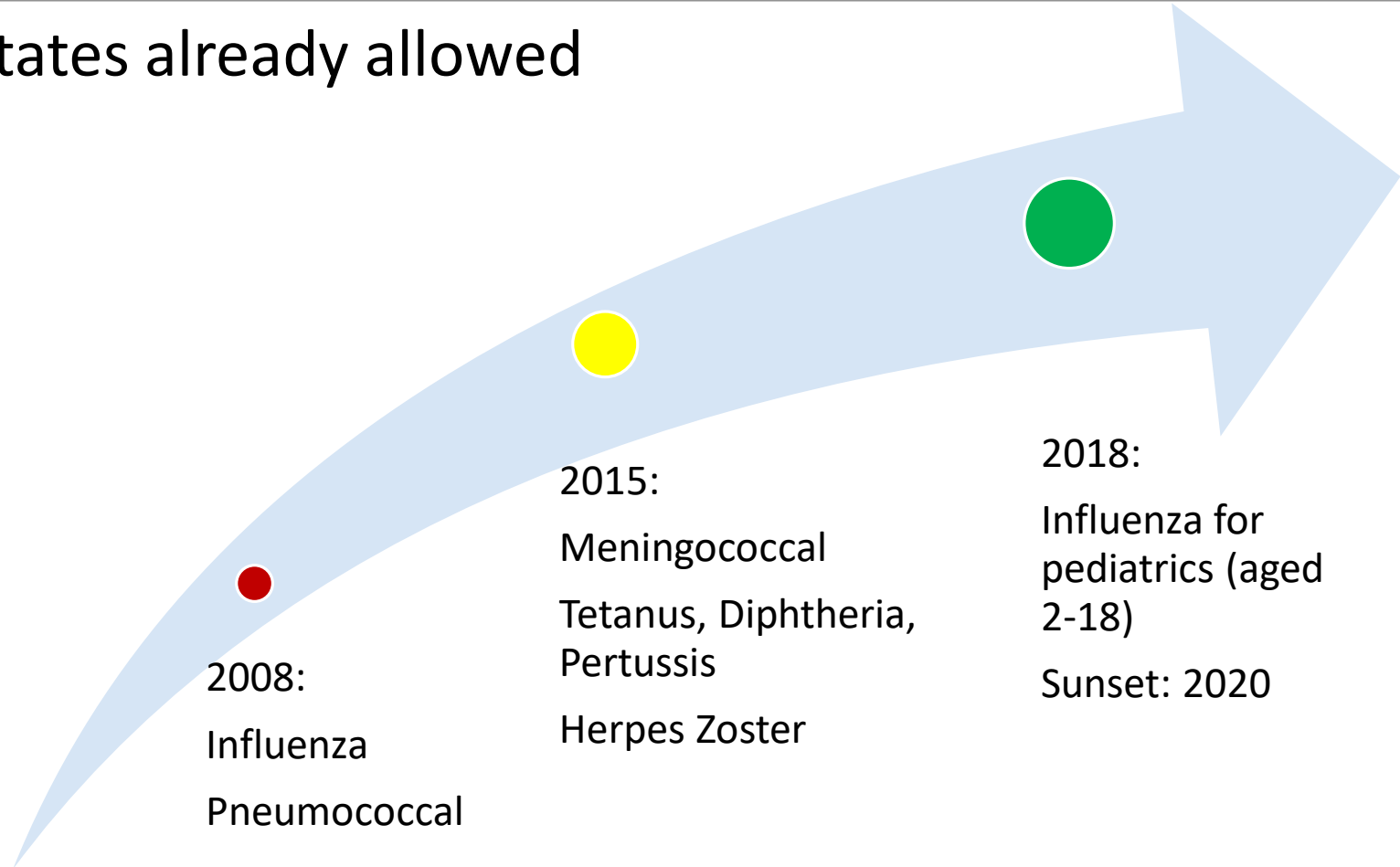
- Remove consent requirement
- Remove practice setting restriction
- NP addition? (MSSNY concern)
- Engaging Governor, Coalition partners

Comprehensive Medication Management (CMM)

- A3849 (McDonald)/S5296 Breslin
- CDTM credentials not required (CE required)

Pharmacists as Immunizers - NYS

47/50 states already allowed



Comparison to other States/Territories

Immunization

- 46/50 states RPh can give **all** CDC-recommended vaccines
- Pharmacy technician authority (Idaho, Rhode Island, Utah)

Tech Check Tech

- 13 states explicitly allow via legislation (2019: Nebraska)
- Other states allow via waiver

Collaborative Practice Agreements/Provider Status

- 27/49 states require no extra credential/certification
- 30/49 states do not require consent
- 37/49 states have no practice setting restrictions
- Many states define RPh as provider, give Rx authority, \$

Federal Legislative Priorities

Payment reform

- Ensure Medicare beneficiaries' medication use is safe, appropriate, effective
- High quality care, value-based payment model
- Team-based, patient-centered process of care known as comprehensive medication management (CMM)

Practice advancement

- Patient-centered therapeutic goals
- Achieve positive health outcomes
- Increased team efficiency from all members operating at the top of their education and training

(Realistic) Health Policy Priority Issues

- Medicare Alternative Payment Models (AMPs)
- Opioid Crisis
- Drug Pricing



What is Advocacy?



The act or process of supporting a cause or proposal : the act or process of advocating something

(Merriam-Webster)

Practice Based Advocacy:

Advocacy at the local level achieved through actions, accomplishments, and policy change associated with the practice of a profession

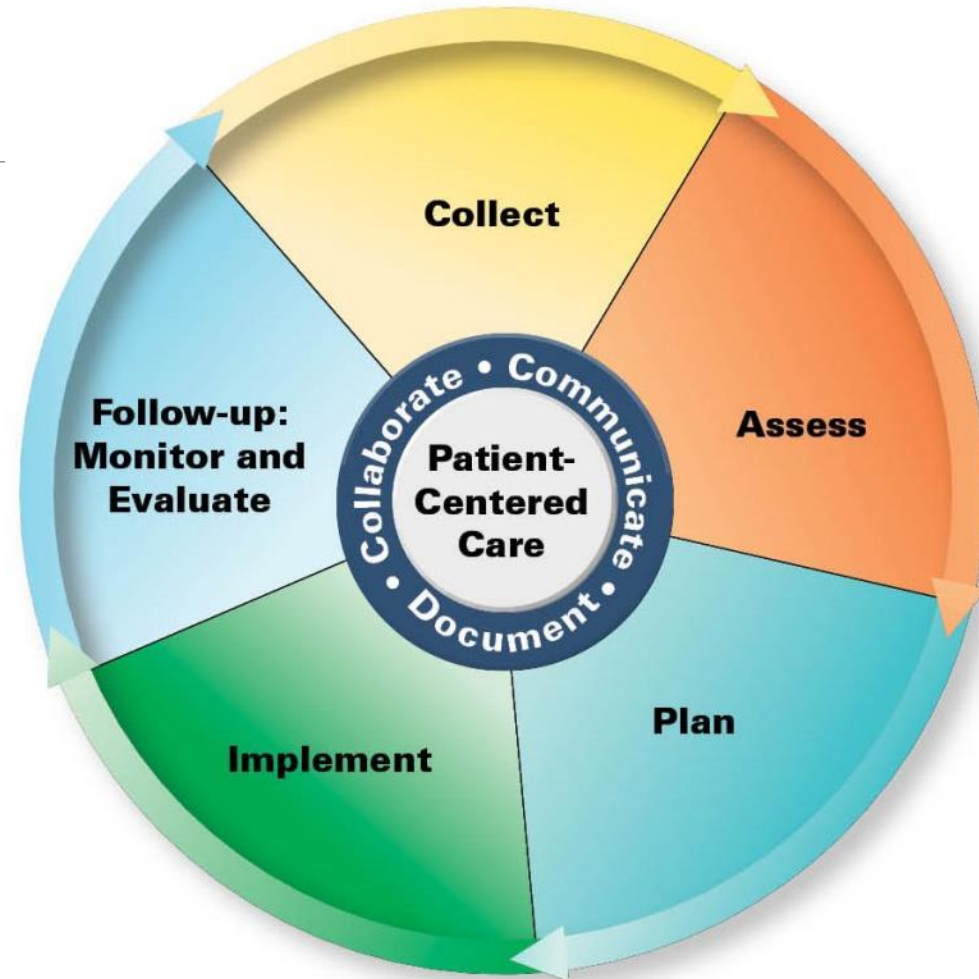
*(Curtis Haas, Pharm.D., FCCP
ACCP Global Conference 2018)*

Standards of Practice

JCPP Endorsed
Pharmacists' Patient Care Process

See:

[http://www.accp.com/docs/positions/misc/JCPP
Pharmacists Patient Care Process.pdf](http://www.accp.com/docs/positions/misc/JCPP_Pharmacists_Patient_Care_Process.pdf)





Achieve Patient- and Team-Developed Goals
Achieve Therapeutic Goals

Contribute to Achieving Quadruple Aim



The Quadruple Aim

1. Improve population health
2. Enhance patient experience
3. Reduce costs
4. Improve the work life of health care providers (clinicians, staff)



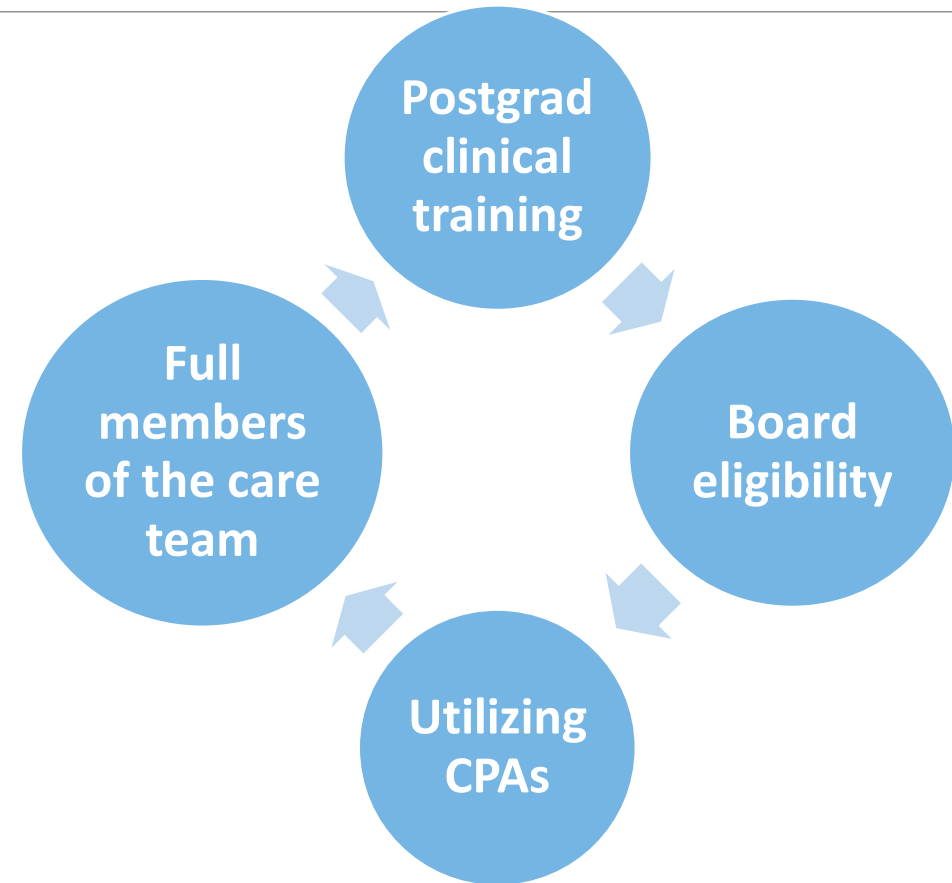
ACCP Medicare Coverage Initiative

Integration of comprehensive medication management services delivered by qualified clinical pharmacists as part of broader Medicare payment and care delivery reform.



The “what” versus the “who²”

- The “what” is the clinical practice... CMM included
- The “who” is... patients, cared for by clinical pharmacists



ACCP Medicare Coverage Initiative

The “what” of the benefit:

- **Identify and document medication-related problems through a consistent patient-centered, team-driven clinical process of care**
- Collaboratively manage evidence-based pharmacotherapy to achieve overall care goals;
- Target complex, chronic disease patients where medication “success” is essential to achieving overall goals of care:
 - *quality, cost, clinical outcomes, patient/provider satisfaction*

ACCP Medicare Coverage Initiative

The “who” of the benefit/practice:

- BPS certification or eligibility
 - Establishment of formal CPA/CDTM agreements with physician (or prescribers)
 - Privileges granted by medical staff/credentialing system

Practicing at the top of their license, providers *must*:

...be fully accountable for the care and services they provide;

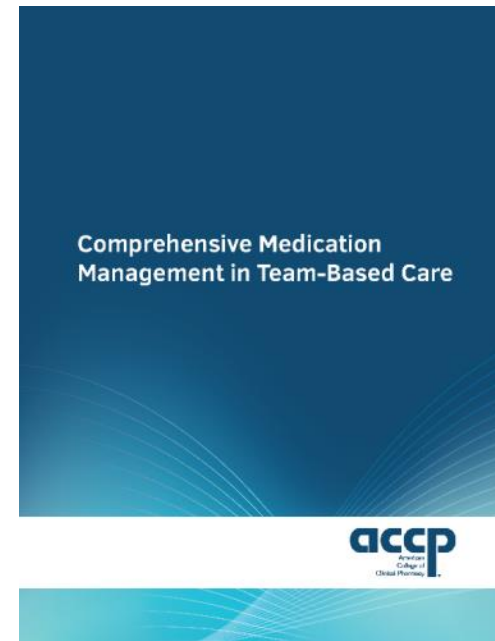
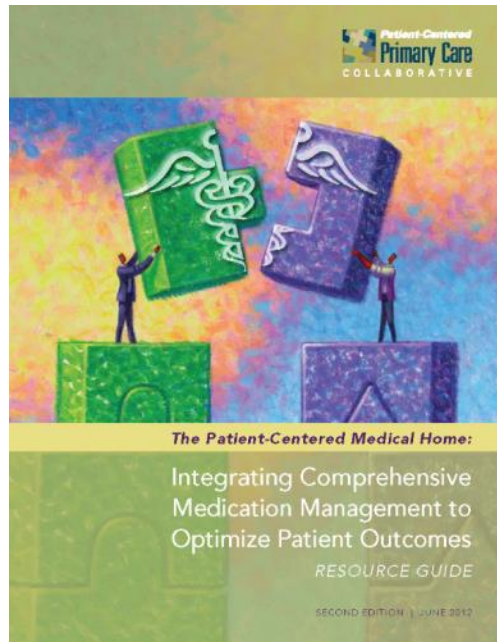
...be committed to and focused on the patients/family who have permitted them to enter their lives;

...own and accomplish the work that is the core of their expertise....not add work to the other clinicians on the care team.

So...what are we still missing?

- **With very limited exceptions, health insurance coverage and payment policies don't explicitly include medication optimization as a defined benefit for discreet or shared PAYMENT!**
- A clearly defined “what” delivered using a consistent and standardized process of care is necessary
- Professional understanding that current trends in payment policy will increase the “value over volume” challenge for ALL providers...

Defining CMM:




CMM: Standardized Process of Care



CMM in Primary Care
Research Team

**The Patient Care Process for Delivering
Comprehensive Medication Management (CMM)**

**Optimizing Medication
Use in Patient-Centered,
Team-Based Care Settings**



The CMS Innovation Center



ACCP Legislative/Regulatory Strategy

Goal – Work with House and Senate champions in who sit on committees of jurisdiction to develop bi-partisan legislative language

- **Senate** – Finance Committee
- **House** – Energy & Commerce, Ways & Means

Include language in a larger health care reform package (legislative “vehicle”)

Identify opportunities to advance support and advance clinical practice sites within CMMI

ACCP Legislative Strategy

Bi-Partisan Messages:

Contributes to a modernized, cost-effective and quality focused Medicare program

Helps ensure Medicare's financial sustainability without cutting benefits to seniors

Contributes to enhanced productivity for the entire health care team, allowing other team members to be more efficient in their own patient care responsibilities.

Legislative Strategy Questions & Concerns

Cost/CBO “Score”



Congressional Budget Office

Nonpartisan Analysis for the U.S. Congress

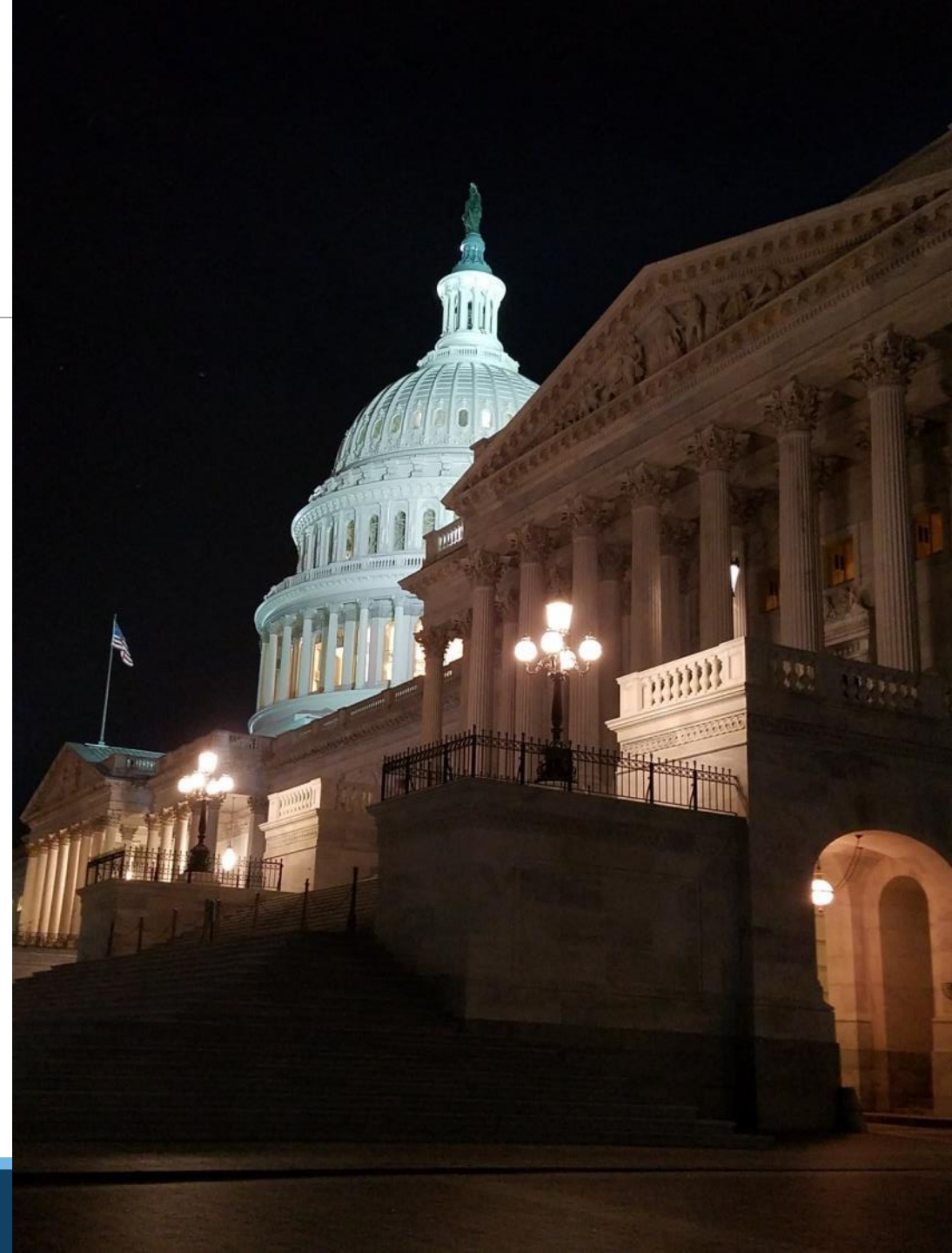
Call to Action

There are no better advocates for issues affecting clinical pharmacists, their services and their patients than the pharmacists themselves...



VCU/ACCP/ASHP Congressional Health Policy Fellow

- Unique healthcare-policy learning experiences in the United States Congress and the government affairs offices of ACCP and ASHP
- 14 month program
 - 1 week Brookings Institution orientation
 - 3 weeks ACCP
 - 3 weeks ASHP
 - 10 months Congressional placement
- Qualifications
 - Pharmacists who are U.S. citizens
 - At least one year of residency training or several years of professional experience, ideally providing direct patient care
 - Preference for demonstrated awareness and/or a track record of advocacy regarding healthcare, and/or social issues



American College of Clinical Pharmacy (ACCP)

**Dedicated to Excellence in Clinical
Pharmacy Practice, Research, and
Education**

Headquarters

13000 W 87th St. Pkwy
Lenexa, KS 66215-4530
[\(913\) 492-3311](tel:9134923311)

DC office

1455 Pennsylvania Ave., NW
Suite 400
Washington, DC 20004-1017
[\(202\) 621-1820](tel:2026211820)

Government Affairs

- ❖ Federal legislative lobbying and regulatory communications
- ❖ Grassroots advocacy
- ❖ ACCP-PAC

Policy and Professional Affairs

- ❖ Policy development, advocacy, and communications
- ❖ Interorganizational affairs and alliance development
- ❖ Professional Affairs
 - Support the advancement of clinical pharmacy practice (e.g. BPS specialty recognition)
 - Provide comment on professional standards (e.g. residency competency areas, goals, and objectives)

Advocacy Resources

ACCP Medicare Initiative Homepage:

<http://www.accp.com/govt/medicare.aspx>

- Includes issue briefs, data summaries, FAQs and all published documents related to Medicare Initiative

Advocacy Tools & Resources

ACCP Online Legislative Action Center:

Matches zip codes with Congressional districts to allow you to send communications directly to your federal lawmakers.

- Names of key Congressional staffers in each office and committee
- Committee assignments
- Biographical and background information on each elected official
- Fundraising data, PAC contributions
- Much more...



NYS Grassroots Advocacy Movement

NYCSHP Grassroots Advocacy Committee (Est: 8/2017)

- Objectives: Provide legislative updates, increase advocacy efforts, facilitate new participant engagement, report metrics, collaborate with other pharmacy organizations
- In the first year:
 - 28 local legislative visits
 - 10 new cosponsors for tech bill; 1 chamber sponsor for CDTM



NY State Grassroots Advocacy Committee (Est: 8/2018)

- 32 local legislative visits
- Database to track legislative visits, disposition, follow up
- 5 Local Chapters with formal GAC (Central, NYC, Southern Tier, Western, Westchester)

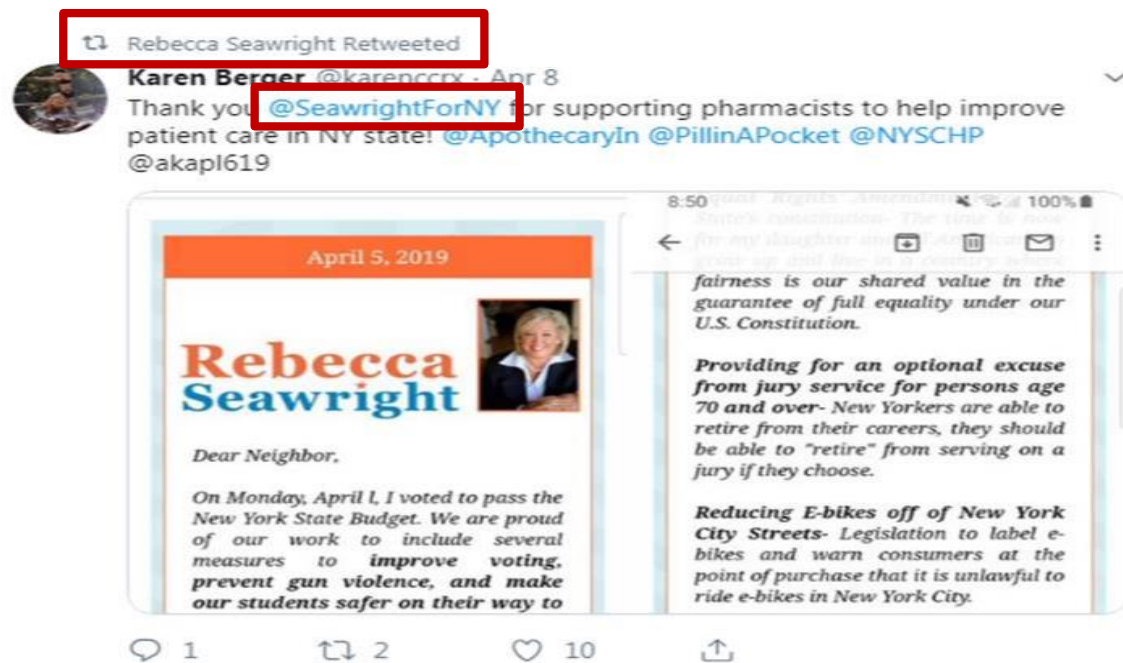


Article Contents

Implementation of the
Grassroots Advocacy
Committee

Implementation of a grassroots advocacy movement through state and local collaboration

Karen Berger, Pharm.D., FCCM, BCPS, BCCCP ✉,
Andrew Stephen Kaplan, Pharm.D., BCPS, BCGP



NYSCHP @NYSCHP · 1d

Chair of NYC Grassroots Advocacy Committee Jamie Chin met with Assembly member [@judygriffinny](#) thanking her for co-sponsoring the Assembly [#Pharmacy](#) Technician bill. We are following up with the Legislature and Governor to make sure this bill gets signed soon!



1 2

Advocacy Efforts

Passive involvement

- Listening to/reading legislative updates

Slightly more active involvement

- Letter writing campaigns
- Submit policy ideas
- Post on social media
- Talk to healthcare colleagues about pharmacy advocacy issues

Active involvement

- Legislative visits (Local office, Lobby Day)
- Follow up communication with legislators (personal phone calls, emails)



Letter Writing Campaign with Touro Pharmacy Students



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 (VGARCIAS@STUDENT.TOURO.EDU)
TINNIE LIAO (TLIAO@STUDENT.TOURO.EDU)



Pharmacy Advocacy Night with SJU Pharmacy Students and PSSNY

APhA-ASP
AMERICAN PHARMACISTS 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

NYSPH
New York State Pharmacists' Health System

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



Legislative Visits



Committee Metrics

Passing of legislation is not the only milestone!

- Grassroots legislative visits, new cosponsors added, letters written, members who participated in legislative visits- ALL important

Legislator	NYCSHP Members	Position	
		Interested or Supports	Agree to Co-Sponsor
Assembly Member Robert Rodriguez	Joyce Wu, Andrew Kaplan		X
Assembly Member Robert Carroll	Tinnie Liao-Ng Yan, Andrew Kaplan	X	
Assembly Member Francisco Moya	Jennie Xu	X	
Assembly Member Shelley Mayer	Cyrille Cornelio, Andrew Kaplan	X	
Assembly Member Michael Miller	Matthew Li, Andrew Kaplan		X
Assembly Member Rebecca Seawright	Yi Guo, Jessica Snead, Andrew Kaplan, Karen Berger		X
Assembly Member Brian Curran	Jamie Chin, Andrew Kaplan		X
Assembly Member Edward Braunstein	Jimmy Seo, Joe Pinto	X	
Assembly Member Nily Rozic	George Rodriguez, Andrew Kaplan	X	

First step – find your legislator!



Advocacy



- Fact Sheets
- Talking Points
- Letters of Support

New York State Council of Health-system Pharmacists (NYSCHP) works tirelessly to improve public health by ensuring that pharmacists and pharmacy personnel work at the top of their license; NYSCHP advocates for policies that optimize the role of the pharmacists and pharmacy technicians in the care of patients.

NYSCHP was successful in getting Collaborative Drug Therapy Management (CDTM) signed into law in May, 2011. NYSCHP supports legislation that expands the role of pharmacists as immunizers, the elimination of citizenship as a requirement to become a licensed pharmacist in NYS, and registration and certification of pharmacy technicians. See our position statements for more.

First step – find your legislator!

NY GOVERNMENT ELECTED OFFICIALS

New York State Elected Officials

List of Elected Officials

2012 District Maps

District and Representative Information

Please enter your address below and click the "Go" button. Then select what district information you require. Your representative information will appear below, and the district will be outlined on the map. The "find me" link will automatically find your approximate location based on your internet service provider.

Address

1000 10th avenue. new york, ny 10019

GO

Which Districts?:

- NYS Senate
- NYS Assembly
- US Congress
- US Senate

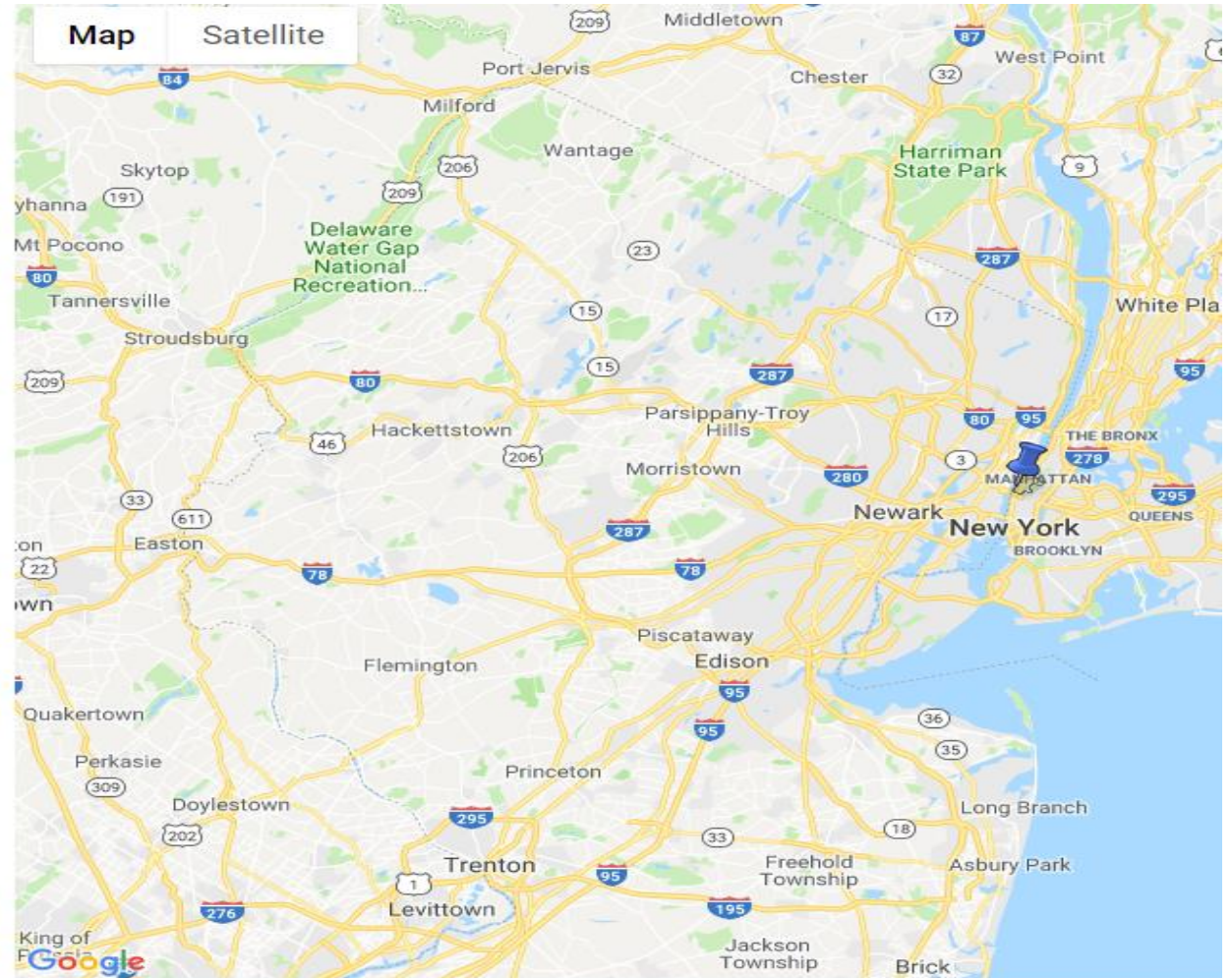
Reset

NYS Assembly District: 067

NYS Assemblymember: **Linda B. Rosenthal**

[View Website](#)

District Population: 132,481



NYSCHP Advocacy Page

Pharmacy Technicians

In September 2018, the NYS Education Department issued guidance and practice regarding the use of pharmacy technicians in hospitals/health-systems. Their interpretation of the regulation was that pharmacy technicians cannot "measure, weigh, compound or mix" medications, which state that unlicensed persons cannot perform many of our members, including having to remove technicians from sterile compounding and replacing them with pharmacists.

NYSCHP worked with GNYHA, HANYS, 1199 and PTCB to mobilize a coalition response to this crisis and worked with the NYS legislature to get **S6517/A8319** passed, which defines the practice of registered pharmacy technicians in hospitals/health-systems. This bill will improve medication safety by creating competency and training standards and eliminates the ambiguity of the previous regulatory framework. It will eventually require licensure/registration for technicians who compound in hospitals/health-systems.

Technician Bill quick points:

- **Create professional title/license of Registered Pharmacy Technician**
 - Definition and title to exist under the Department of Education and bill defines in statute what a Registered Pharmacy Technician can do, including compounding, which will solve the crisis and resolve the ambiguity of previous guidance vs. regulation
 - "Assist pharmacist, as directed, in compounding, preparing, labeling, or dispensing of drugs used to fill valid prescriptions or medication orders or in compounding, preparing, and labeling in anticipation of a valid prescription or medication order for a patient to be served by the facility...where such tasks require no professional judgment."

Collaborative Drug Therapy Management (CDTM)

[Pharmacy Technicians Legislation](#)

Immunization

Medical Marijuana

Meet our Lobbyist

Quick Links

Contact the Office

Council News and Communications

House of Delegates - 2019

Position Statements

NYS Board of Pharmacy

Research & Education Foundation (REF)

Career Center

Journal of Pharmacy Practice

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NYSCHP Fact Sheets

Available



New York State
Council of Health-system
Pharmacists

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- New Practitioner

Collaborative Drug Therapy Management (CDTM)

Collaborative Drug Therapy Management (CDTM) allows qualified pharmacists to engage in a formal collaborative practice arrangement with a physician, so long as the pharmacist is practicing in facilities regulated by article twenty-eight of the public health law, including any diagnostic center, treatment center, or hospital-based outpatient departments (including outpatient clinics). This protocol-based arrangement, after being given consent by the patient, allows the pharmacist to adjust or manage a drug regimen for a specific disease or disease state.

CDTM has been successfully used throughout New York to improve patient care outcomes, improve medication adherence and decrease health care costs. The authority to engage in CDTM is set to sunset by July, 2020. Please inform your legislators of the importance of CDTM! Having to combat unnecessary sunset every two years is potentially stopping the robust development of these needed services. See fact sheet below.

Collaborative Drug Therapy Management (CDTM)

- [2019 CDTM Fact Sheet](#)
- [CDTM Extension Signed Into Law \(2015\)](#)
- [CDTM Bill Text \(2019\)](#)
- [2015 CDTM Lobbying Presentation](#)
- [2014 May CDTM Executive Summary](#)
- [CDTM Video](#)

Quick Links

- Contact the Office
- Council News and Communications
- House of Delegates - 2019
- Position Statements
- NYS Board of Pharmacy
- Research & Education Foundation (REF)
- Career Center
- Journal of Pharmacy Practice

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Legislative Visit: Know Your Audience

Who are you meeting with?

- Legislator vs legislative aide/legal counsel
- Democrat (majority) vs Republican (minority)
- Member of relevant committee (ie; Higher Education Committee)
- Junior vs senior member

Background on topic

- First vs follow visit
- Is legislator well versed in health care/pharmacy policy vs does not know difference between pharmacist/technician
- Is legislator already a cosponsor vs has not cosponsored?
- Have they voted for a different version of this bill in the past?

Frequently Asked Questions

Historical context

Opposition by other organizations

Relevant state agencies and committees (ie; SED)

Why haven't you tried X or Y approach?

What does PSSNY/1199, etc say?

Does the Chair of X, Y Committee support?

Comparison to other states (X # of states have already passed this)

Legislative Visits

Do's	Don'ts
Be a constituent	Visit without learning about your legislator
Be comfortable referring items back to NYSCHP	Answer questions you don't know
Remember – you are the expert	Presume they know everything
Use references NYSCHP prepares	Feel like you need to know everything, especially about the legislative process
Exchange business cards	Be disappointed if you meet with staff instead of legislator
Follow up with the office	Be upset if they don't commit
Make an “elevator speech”	Spend too much time
Focus on 1 or 2 priorities	Try to talk about too many issues

Take Away Messages

NY state lags behind other states in scope of practice legislation

There are legislative opportunities on both the federal (payment reform, drug pricing, provider status) and state (CDTM, immunization expansion) levels

Grassroots advocacy has engaged members and expanded outreach to legislators leading to legislative victories

Using available resources, reviewing frequently asked questions, and partnering with seasoned members can prepare you for a successful legislative visit

Post-Assessment Questions

What is the Merriam-Webster definition of “advocacy”?

- A. The act or process of supporting a cause or proposal: the act or process of advocating something
- B. The right of citizens to petition government for redress of grievances
- C. Seek to influence, try to persuade, bring pressure to bear on
- D. Collective action from the local level to effect change at the local, regional, national, or international level.

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Post-Assessment Questions

What is ACCP's definition of a "qualified clinical pharmacist" for the purposes of delivering CMM services to Medicare beneficiaries?

- A. Has a doctor of pharmacy degree (Pharm.D.) or possesses equivalent clinical training/experience.
- B. Has a doctor of pharmacy degree (Pharm.D.) or possesses equivalent clinical training/experience; has a formal collaborative drug therapy management (CDTM) agreement with a physician/medical group or has been granted clinical privileges to provide the service by the care setting in which (s)he practices; is certified or eligible for certification in a pharmacy practice specialty recognized by the Board of Pharmacy Specialties (BPS).
- C. Has a doctor of pharmacy degree (Pharm.D.) and has completed a Medicare CMM certification program.
- D. Has a doctor of pharmacy degree (Pharm.D.) or possesses equivalent clinical training/experience; has a formal collaborative drug therapy management (CDTM) agreement with a physician/medical group or has been granted clinical privileges to provide the service by the care setting in which (s)he practices; is certified in a pharmacy practice specialty recognized by the Board of Pharmacy Specialties (BPS).

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Post-Assessment Questions

Name the Government Agency that oversees the Medicare Program

- A. The Medicare Payment Advisory Commission (MedPAC)
- B. Health Care Financing Administration (HCFA)
- C. The Centers for Medicare & Medicaid Services (CMS)
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Post-Assessment Questions

Name the Government Agency that oversees the Medicare Program

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Name the Congressional Committees with jurisdiction over the Medicare Program

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Name the Government Agency responsible for analyzing the cost of legislation produced by Congress

- A. Government Accountability Office
- B. Office of the Legislative Counsel
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- A. Expand consent requirements
- B. Lean credential requirements
- C. Extend sunset to 2025
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- E. All of the above

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A legislator is uncertain about expanding pharmacist immunization authority; one fact you can share about our preferred legislation:

- A. NYS was an innovator as among the first states where RPh allowed to immunize
- B. Proposal NYSCHP supports would require prior approval by physician
- C. Almost all states allow RPh to administer all CDC-recommended vaccines
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