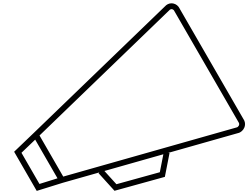


Pharmacy Advocacy: If Not You, Who?

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Clinical Pharmacy Specialist; Ambulatory Oncology
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NYSCHP | New York State
Council of Health-system
Pharmacists

Disclosures

- Dr. Paone has no conflicts of interest to disclose
- Dr. Quinn has no conflicts of interest to disclose



Objectives for Pharmacists

- Describe importance of advocating for pharmacy profession
- Identify role of Grassroots Advocacy Committee (GAC) in advocacy week
- Discuss bill S4689/A1036 and describe bill oppositions
- Discuss bill S2529/A3033 and describe bill oppositions
- Discuss bill S7252 and describe bill oppositions
- Demonstrate how to locate and contact local legislators



Objectives for Pharmacy Technicians

- Describe importance of advocating for the pharmacy profession
- Discuss common talking points for bills S4689/A1036, S2529/A3033, and S7252 and describe bill oppositions
- Describe how to locate and contact local legislators



Why Should Pharmacists Advocate?

- Few legislators come from health care background
- How can we expect important policies to pass without providing legislators with reliable information?
- The grassroots movement goal is to educate these “unconventional students” to drive our profession forward and advocate for our expanded scope



*“I will embrace and **advocate** changes that improve patient care.”*

- Oath of a Pharmacist

Pre-assessment Question

What is the role of the New York State (NYS) Legislative Branch? Select all that apply:

- A. Negotiate the budget
- B. Raise or lower taxes/fees
- C. Appoint and remove non-elected state officers
- D. Pass bills
- E. Veto legislative bills



Pre-assessment Answer

What is the role of the New York State (NYS) Legislative Branch? Select all that apply:

- A. Negotiate the budget
- B. Raise or lower taxes/fees
- C. Appoint and remove non-elected state officers
- D. Pass bills
- E. Veto legislative bills



NYS Legislative Branch

- Two chamber Legislature:
 - 63-member Senate
 - 150-member Assembly
- Responsibilities:
 - Negotiates the budget
 - Raises or lowers taxes/fees
 - **Passes bills**
- Each registered voter has **one** Senator and Assemblymember based on their legislative district



Executive Branch

- Governor, Lt. Governor
- Attorney General, State Comptroller



Legislative Branch

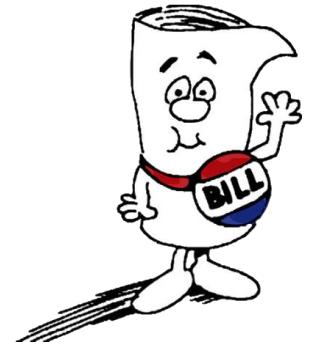
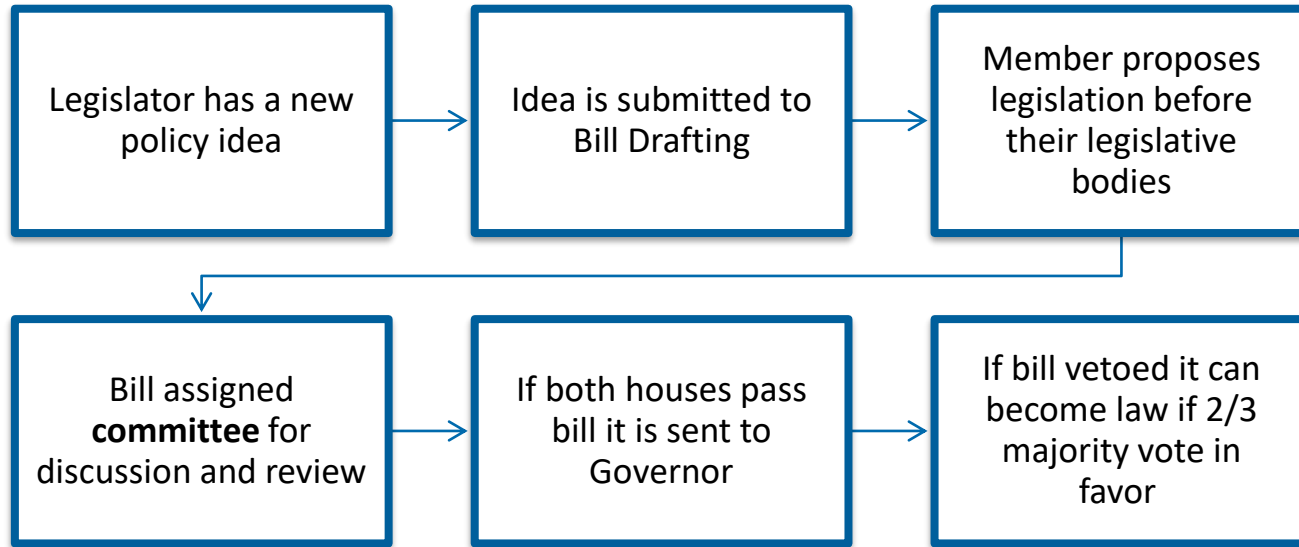
- New York State Assembly
- New York State Senate



Judicial Branch

- New York Court of Appeals

How Does a Bill Become a Law in NYS?



Pharmacy Bills - Committee Status

- **Higher Education Committee**
 - Collaborative Drug Therapy Management (CDTM) Bill
 - Clinical Laboratory Improvement Amendments (CLIA) Bill
- **Rules Committee**
 - White and Brown Bagging Bill



Advocacy Week

Pharmacy Advocacy Week

- One week dedicated for NYSCHP members to meet with their local legislators to promote bills relevant to health-system pharmacy
 - **February 14, 2022 - February 18, 2022**
- Meetings can take place in person or virtually on local level



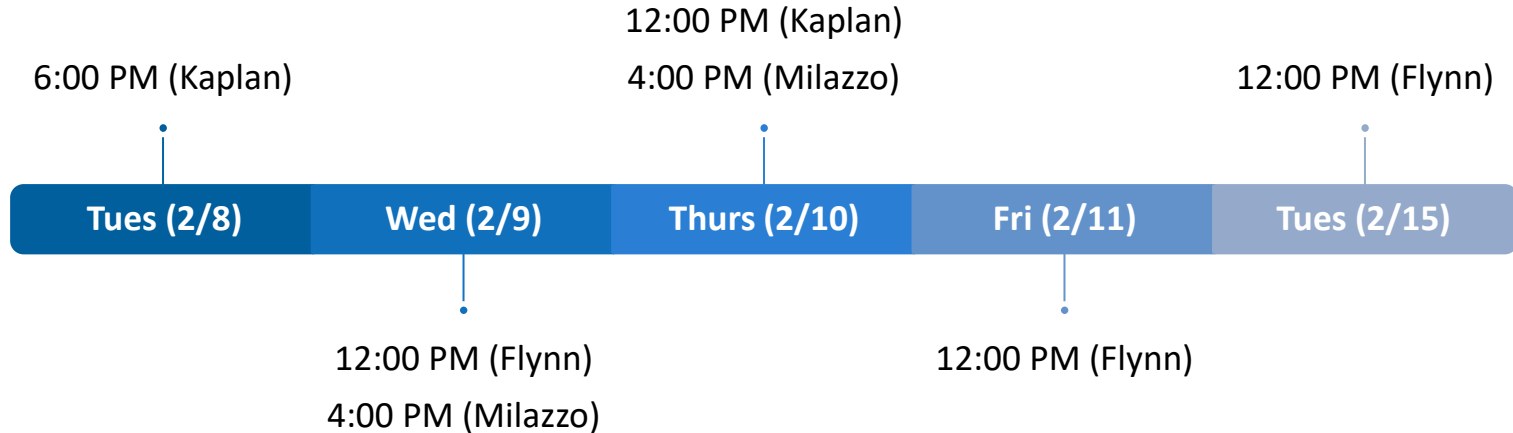
What Are We Advocating For?

Three bills currently in need of support:

- **Collaborative Drug Therapy Management (CDTM) Bill (A1036/S4689)**
 - Assembly sponsor: Rebecca Seawright
 - Senate sponsor: Gustavo Rivera
- **Clinical Laboratory Improvement Amendments (CLIA) Bill (A3033/S2529)**
 - Assembly sponsor: John T. McDonald
 - Senate sponsor: Gustavo Rivera
- **White and Brown Bagging Bill (S7252)**
 - Senate sponsor: Neil D. Breslin

Legislative Visit Prep Call Schedule

- Participants should attend at least **one** prep call!



*Michael Milazzo, Andrew Kaplan, Shaun Flynn

Updates from Advocacy Week 2021

55

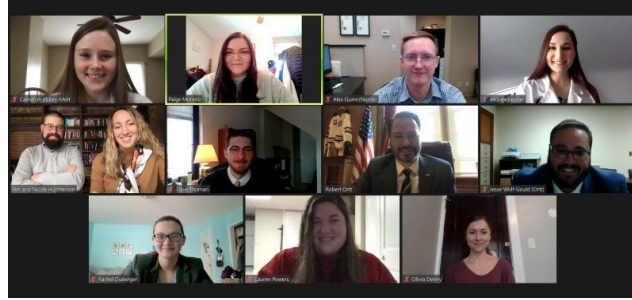
legislative visits
conducted for NYSCHP

120

members participated
on behalf of NYSCHP



Advocacy Week 2021



Success From Advocacy Week 2021

- Immunization Bill (S4807/A6476) passed in Senate and Assembly and signed by Governor Kathy Hochul

Allows pharmacists to
vaccinate all CDC
recommended vaccines
for adults (≥ 18 years)

Removes sunset



Collaborative Drug Therapy Management Bill

(S4689/A1036)

Pre-assessment Question

Pharmacist can perform collaborative drug therapy management (CDTM) under the direct supervision of which medical professionals? Select all that apply:

- A. Medical doctor (MD)/ Doctor of osteopathy (DO)
- B. Nurse practitioner (NP)
- C. Physician assistant (PA)
- D. Pharmacists do not need direct supervision to perform CDTM



Pre-assessment Answer

Pharmacist can perform collaborative drug therapy management (CDTM) under the direct supervision of which medical professionals? Select all that apply:

- A. Medical doctor (MD)/ Doctor of osteopathy (DO)
- B. Nurse practitioner (NP)
- C. Physician assistant (PA)
- D. Pharmacists do not need direct supervision to perform CDTM



CDTM Background

- Law allowing credentialed pharmacists to enter into agreements with physicians to manage chronic disease states
 - Agreement between physician, pharmacist and patient
- Washington and California were first states to allow
- Passed in NYS September 2011 as pilot

CDTM Scope

- Order laboratory tests related to medication therapy*
- Collect or review patient history*
- Order or check vital signs*
- Adjust medication therapy
 - Dose, frequency, route of administration*

* = must specifically state in protocol



Pre-assessment Question

Patients are required to have written patient consent to be managed by a pharmacist under a CDTM agreement.

- True
- False



Pre-assessment Answer

Patients are required to have written patient consent to be managed by a pharmacist under a CDTM agreement.

- True
- False



Example of Written Patient Consent

I consent to participate in the Collaborative Drug Therapy Management Program.

I understand that Collaborative Drug Therapy Management authorizes a licensed clinical pharmacist to perform the following interventions related to certain condition(s) that have been agreed upon by my physician and the pharmacist:

- Adjust or manage my medications
- Order/Evaluate laboratory tests
- Review my medical history
- Check my vital signs
- Monitor my condition(s)
- Educate me about my condition(s)

I understand that the conditions for the interventions outlined above are specified in a written agreement between my physician and the pharmacist. I understand that the pharmacist will communicate with my primary care provider and any other treating physician(s) about the above services. I understand that the pharmacist will not be able to make medication changes outside of the clinical protocol that is part of the written agreement without permission from my physician. I understand that the written agreement and my consent will be shared with my primary care physician and my other health care providers.

I understand that I may choose **not** to participate in the Collaborative Drug Therapy Management Program. I understand that my consent is voluntary and may be withdrawn at any time. I understand that my consent will be noted in my medical record. If I choose to no longer participate, my decision will be noted in my medical record. I understand that Collaborative Drug Therapy Management will not be utilized without my written consent. I have not been guaranteed specific results from the services that I will receive.

_____ and _____ am
Print Name of Patient or Patient's Legally Authorized Representative Date Time pm

_____ and _____ am
Signature of Patient or Patient's Legally Authorized Representative Date Time pm

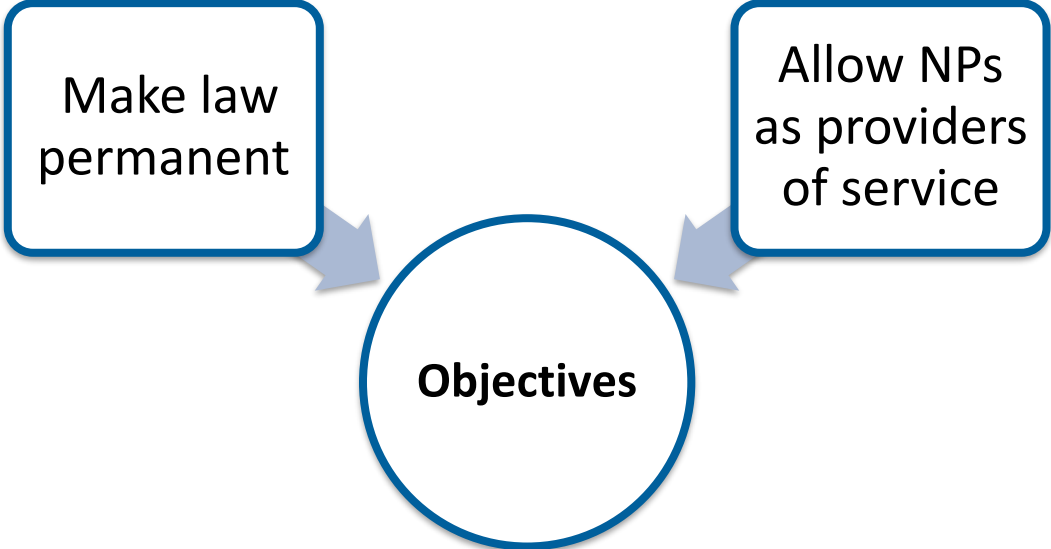


CDTM Restrictions



- Restricted to article 28 facilities
 - Hospitals / nursing homes with pharmacies
 - Both pharmacist / physician must be employees of facility
- Restricted to MDs/DOs
 - Mid-level practitioners cannot participate
- Requires written patient consent
 - Due to pandemic obtaining written consent difficult; now agreement may be signed electronically
- Law sunsets every 2 years
 - July 2022

CDTM Bill Objectives



CDTM Bill Benefits

Enhanced patient care
through optimized
drug therapy
management

Increase access to
care

Decrease
hospitalizations

Reduced costs
through optimal use
of medications

CDTM Bill Opposition

NPs do not have sufficient pharmacology background to successfully work with pharmacists

Physician-pharmacist CDTM protocols are too premature to add NPs

CDTM in New York Vs. Other States

- Pharmacists legally authorized to participate in CDTM in 49/50 states and the District of Columbia
 - Delaware is only state without CDTM legislation
- 20 states require certain pharmacist qualifications to participate
 - Extra continuing education, board certification, residency training, etc.

CDTM Pharmacist Credentials / Verification

- Apply - <http://www.op.nysed.gov/prof/pharm/pharmcdtmapp.pdf>

Terminal Degree: PharmD or MS in Clinical Pharmacy	Criteria 1	Number of Years of Licensure > or = 2	Must meet BOTH Criteria 1 and 2 to qualify
	Criteria 2	Clinical Experience > or = 1 year	
	In addition, one of the following must be met*:		
	Criteria 3	Board Certified	If no must meet Criteria 4
	Criteria 4	Completion of Residency Program	If no must meet Criteria 3
Terminal Degree: BS in Pharmacy	Criteria 1	Number of Years of Licensure > or = 3	Must meet BOTH Criteria 1 and 2 to qualify
	Criteria 2	Clinical Experience > or = 1 year	
	In addition, one of the following must be met*:		
	Criteria 3	Board Certified	If no must meet Criteria 4
	Criteria 4	Completion of Residency Program	If no must meet Criteria 3

CDTM Pharmacist Credentials / Verification

- For criteria 2, pharmacist must provide detailed clinical experiences within 3 years prior to submission including:
 - Clinical activities performed, percentage of work hours spent conducting activities, patient populations managed and other pertinent direct patient care activities
- Remember that inpatient experience counts!!
- Clinical experiences and completed application needs to be notarized

How to Identify a CDTM Pharmacist

- Identify certification by locating “c” in license number

Profession : PHARMACY

License No: 061835

Date of Licensure : 07/18/2016

Additional Qualification : I - Immunization Privilege

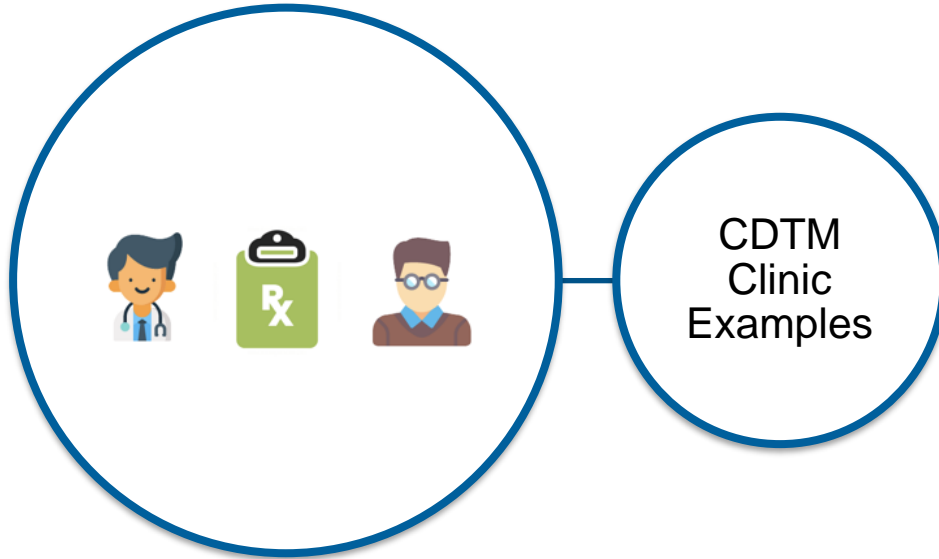
Additional Qualification : C - Collaborative Drug Therapy Management



Status : REGISTERED

Registered through last day of : 04/22

Examples of CDTM Clinics



- Primary Care/Medicine
- Virology
- Behavioral Health
- Oncology/Hematology



Bill De-Brief

- Do any audience members have personal experiences practicing under a CDTM agreement that they would like to discuss?





Clinical Laboratory Improvement Amendments Bill

(S2529/A3033)

CLIA Background

- During the pandemic, pharmacists were able to administer Covid-19 vaccines and testing under the Public Readiness and Emergency Preparedness (PREP) Act
 - Once the state of emergency ends, the authorization ends
- CLIA waived tests are non-invasive tests that can screen for certain health conditions
- List of CLIA waived tests can be found at [cms.gov](https://www.cms.gov)
 - Examples include point of care (POC) A1c, human immunodeficiency virus (HIV), influenza, and urinary tract infections

What Would This Bill Do?

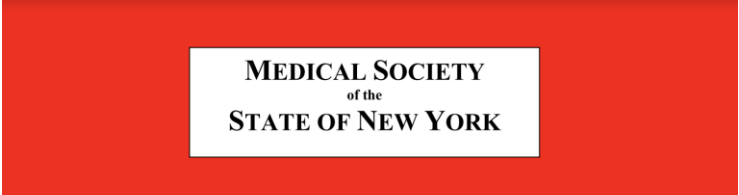
- Add pharmacists to list of licensed health care professionals who are qualified to perform clinical laboratory tests that do not use an invasive modality
- Directs Commissioner of Health to establish the list of CLIA-waived tests that pharmacists may perform
- Strengthens physician-pharmacist collaboration by establishing communication protocols for test results

CLIA Bill Benefits

- Expands access to standard and basic clinical tests
- Avoids patients needing to seek higher level services, such as emergency room and urgent care
- Screens/improves chronic disease state monitoring
 - Ex: Screen patients for diabetes with POC A1c testing
- Expedites treatment
 - Ex: HIV
- Advances public health goals
 - Ex: Stopping the spread of viral disease (Covid-19, influenza)

Oppositions to CLIA Bill

- Medical Society of the State of New York (MSNY)
 - Bill would not provide continuum of care



Morris M. Auster, Esq.
Senior Vice President/
Chief Legislative Counsel

Division of Governmental Affairs
MEMORANDUM IN OPPOSITION

**On Senate Health Committee
Agenda**

S. 2529 (RIVERA)

In Assembly Higher Education

A. 3033 (MCDONALD)

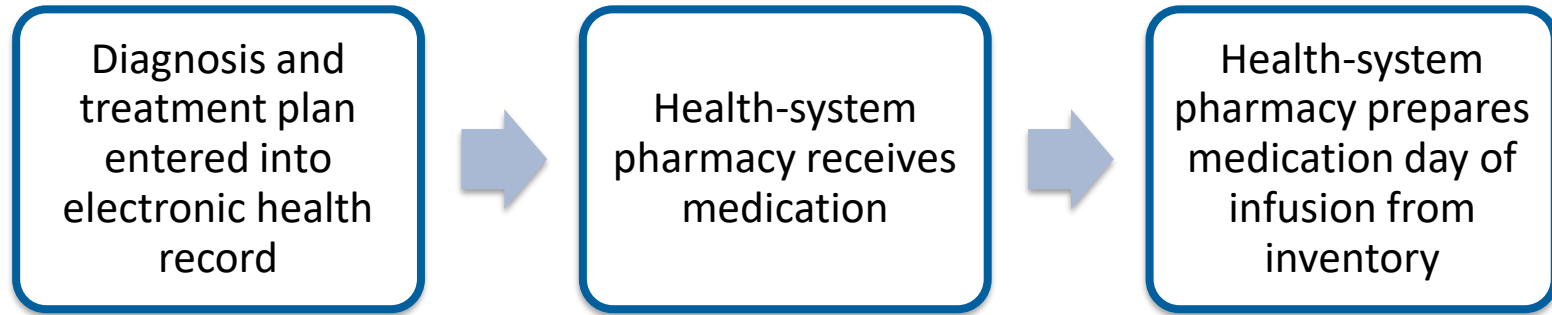
AN ACT to amend the public health law and the education law, in relation to including certain pharmacists as qualified health care professionals and authorizing such pharmacists to complete a waived test



White and Brown Bagging

(S7252)

Health-System and Hospital Model



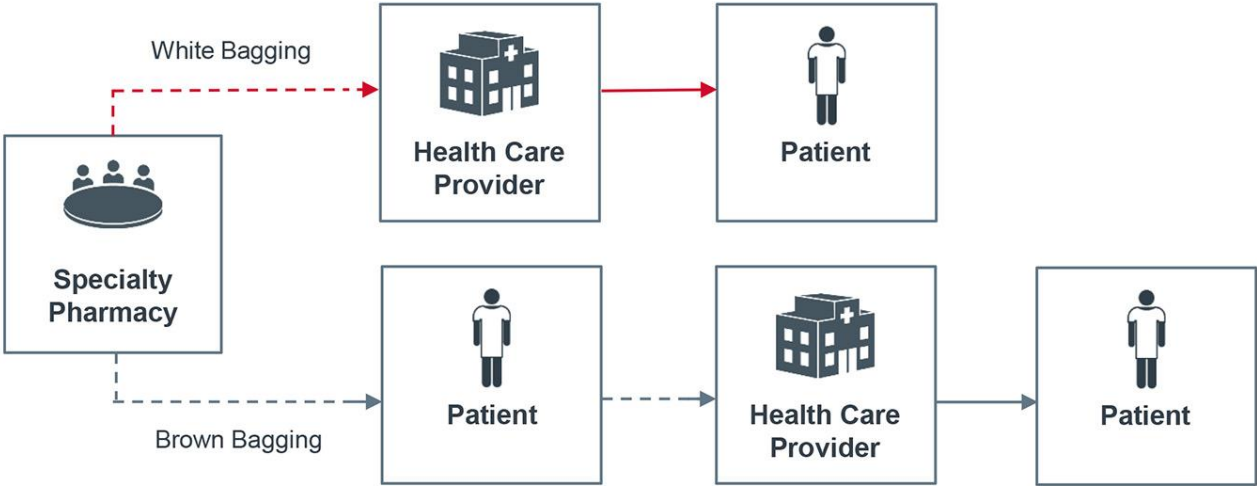
- Considers changes in clinical status that may require plan update
- Electronic health record provides information for important safety checks

White and Brown Bagging Background

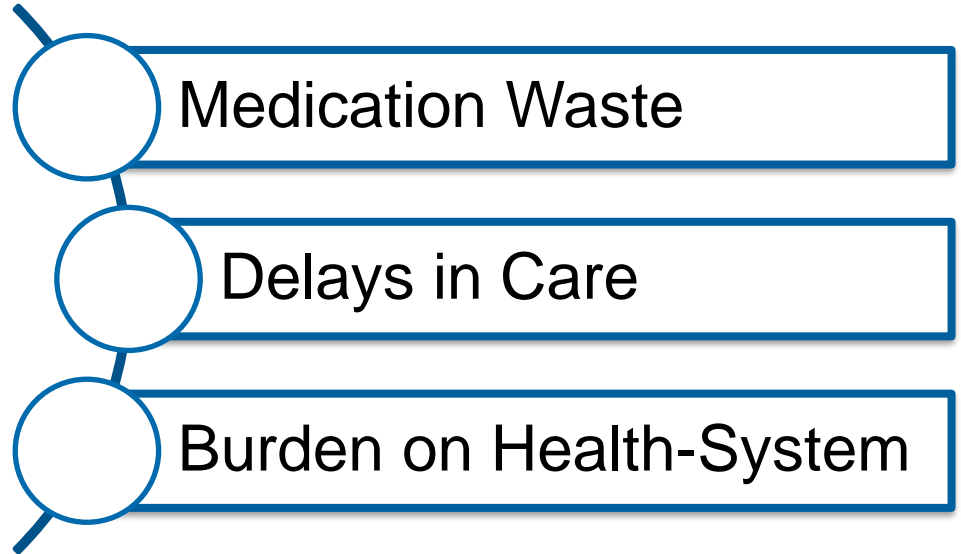
- Health insurance plans are implementing policies prohibiting healthcare providers from handling certain drugs
- Requiring designated, third-party pharmacies to dispense specialty drugs for administration by clinicians
- These policies are known as "white bagging" and "brown bagging"

White and Brown Bagging

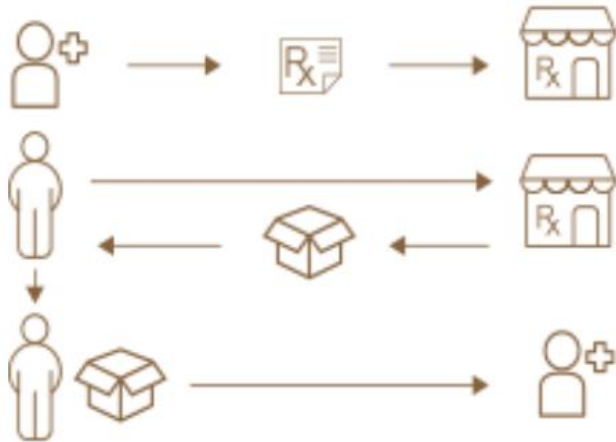
Specialty Drug Distribution Process



Consequences of White Bagging



Consequences of Brown Bagging

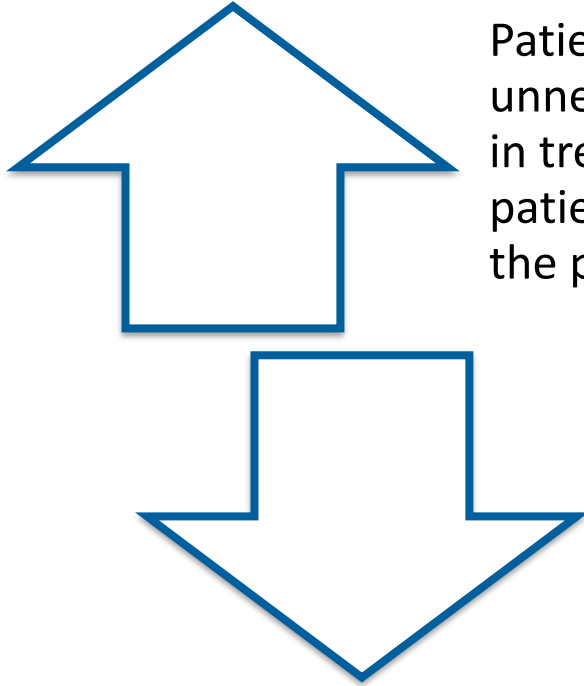


- Medication Waste
- Delay in Care
- Patient Inconvenience
- Compromised Medication Integrity

S7252 Bill Objectives

- **Prohibits** health insurers from “**brown-bagging**”
- Prohibit insurer from “white bagging” **unless insurer has agreement** with provider that is responsible for receiving / administering medication that includes specified notice, quality assurance and patient safety provisions
- Prohibits “white bagging” for medications that require **sterile compounding** or medications with **patient-specific dosage requirement** (based on lab or test results on visit day)

Bill Benefits and Opposition



Patient-protecting bill preventing unnecessary delays and confusion in treatment, which could increase patient risk and adversely affect the patient's treatment

Brown and white bagging models reduce physician costs associated with purchasing expensive medications

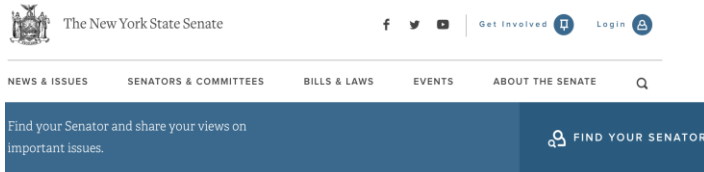




Let's Find Your
Legislator!

Discovering Your Legislators

- Link for Senator: <https://www.nysenate.gov/find-my-senator>
- Link for Assemblymember: <https://nyassembly.gov/mem/search/>
- Put in home/work address to determine your legislators
- You can message legislator through their website or send an email



The New York State Senate

NEWS & ISSUES SENATORS & COMMITTEES BILLS & LAWS EVENTS ABOUT THE SENATE

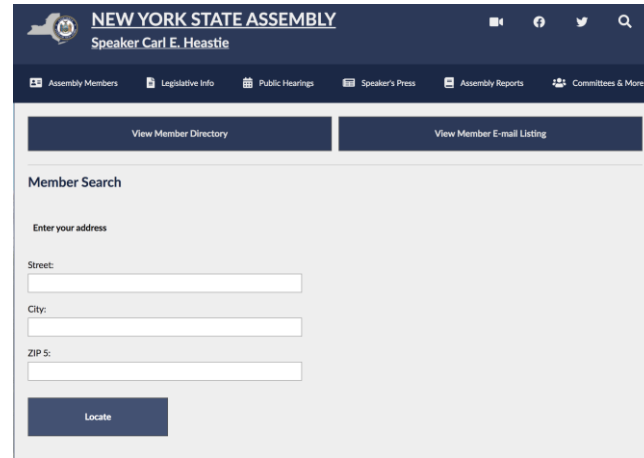
Find your Senator and share your views on important issues. **FIND YOUR SENATOR**

Find My Senator

Please enter your street address and zip code to find out who your Senator is.

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Pre-assessment Question

What is the **most effective** action taken to gain support of legislation?

- A. Letter writing
- B. Petitioning
- C. In-person / Zoom meetings
- D. Phone calls



Pre-assessment Question

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Contacting Legislators

- Legislators can be reached out via email or phone
 - If no response to emails, call via telephone
- Legislators often have secretaries that respond to emails/phone calls
- Ideally like to meet with local legislator face-to-face
 - Due to pandemic many visits conducted via Zoom/Webex



Emailing Your Legislators

- Identify yourself as **constituent** representing NYSCHP
- Mention you are requesting a “meeting” in person or via Zoom/Webex
- Include bills you will discuss (and bill numbers)
- Ask when they will be able to meet
- Send follow-up emails / call office if you do not receive reply
- Keep email concise



From the easiest actions to the most effective

Example Email

Hello,

My name is Rachel Quinn and I am your constituent and a member of The New York State Council of Health-system Pharmacists. I am currently working at NYC Health and Hospitals Metropolitan as an Ambulatory Care CDTM Pharmacist. I would like to meet to discuss the Collaborative Drug Therapy Management Bill (A1036/S4689), CLIA-waived Testing Bill (A3033/S2529), and White and Brown Bagging Bill (S7252) for pharmacy advocacy week (February 14th-18th). This meeting can either be in person or through Zoom/Webex, whichever is easier for you. I look forward to hearing back from you. Feel free to email me at quinnr2@nychhc.org or call at 212-423-7456. Thank you!

Sincerely,

Rachel Quinn, PharmD, BCACP, AE-C



Legislative Visit Preparation

- Research your legislator
 - Determine their current committee membership
- Schedule prep-call with seasoned Grassroots members
 - Assign talking points
- Be flexible and on time
 - Be prepared to meet with the legislator **or** staff member
- Bring bill information to leave behind
 - Bill fact sheets (found at nyschp.org/advocacy)



Legislative Meeting Outline

- Introduction
 - Introduce group (name and work)
 - Identify constituent and mention representing NYSCHP
- Gauge representatives understanding of pharmacy practice
 - Does he/she know any pharmacists?
 - Are they familiar with pharmacy education? (i.e. ability to pursue residency)
- Review bills (provide bill numbers)
 - Give personal examples to make meeting more impactful
 - If you are unsure of a question asked, say you will get back to them!
- End meeting
 - Thank representative and ask for sponsorship/co-sponsorship
 - Don't forget to take picture!



Post-Legislative Follow-up

- Effectiveness of meeting increases with **good follow-up**
- Send thank-you email to those within legislator's office who attended
 - Provide answers to questions addressed during the meeting
 - Reinforce impact the bills would have locally
 - Ask for sponsorship/co-sponsorship
- Include group picture taken during visit!



Advocacy Misconceptions

- “I do not feel confident talking to legislators”/ “afraid of public speaking”
 - Chairs can hold preparatory sessions before visits to review current bills and seasoned members will lead initial meetings / introduce you as constituent
- “I do not have time”
 - Emailing/calling takes < 5 minutes and meetings are usually ~15-30 minutes
- “I do not live in New York. Therefore, I do not have constituents”
 - Find local constituents from work address
- “This does not make a difference”
 - Although NYS is behind in pharmacy legislation, every visit can make a difference



Want to Become More Involved?

- **NYSCHP**
 - Karen Berger (karenberger7@gmail.com)
- **Royal Counties**
 - Samantha Paone (samanthapaone@gmail.com)
 - Tony Gerber (anthonygerber92@gmail.com)
- **New York City**
 - Matt Oswald (moswald03@gmail.com)
 - Shanice Coriolan (shanice.coriolan@gmail.com)
- **Long Island**
 - Susan Lee (skang@northwell.edu)
- **Westchester**
 - Christine Kopec (ckopec08@gmail.com)
- **Northeastern**
 - See-won Seo (See-Won.Seo@acphs.edu)
- **Southern Tier**
 - Amanda Mogul (amogul@binghamton.edu)
- **Rochester**
 - Matt Zak (mzak@sjfc.edu)
- **Western**
 - Kelsey Gregoire (kviolanti@yahoo.com)
- **Central**
 - Peter Aiello (aiellopj2@gmail.com)



Conclusion

- Meeting legislators promotes expanded scope of practice for pharmacists
- Goals of CDTM bill: allow NPs as providers of service and remove sunset
- Goal of CLIA bill: add pharmacists to list of licensed health care professionals qualified to perform clinical (non-invasive) laboratory tests
- Goal of White/Brown Bagging bill: prohibit brown bagging and add restrictions to white bagging
- Grassroots Advocacy Committee will help build your legislative confidence
- First step is to locate your senator: <https://www.nysenate.gov/find-my-senator> and assemblymember: <https://nyassembly.gov/mem/search/>

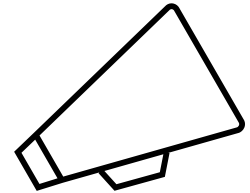
We hope you decide to get involved!



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