

It's Evolving! A Legislative Update on Pharmacy Practice in New York

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Disclosures

- ▶ Karen Berger: Nothing to disclose
- ▶ Andrew Kaplan: Nothing to disclose



Pharmacist and Technician Objectives

- ▶ Describe the current status of pharmacy-related legislation in New York State
- ▶ Discuss historical barriers and contrast policy advances in New York with other states
- ▶ Identify pharmacy practice needs in a post-pandemic environment

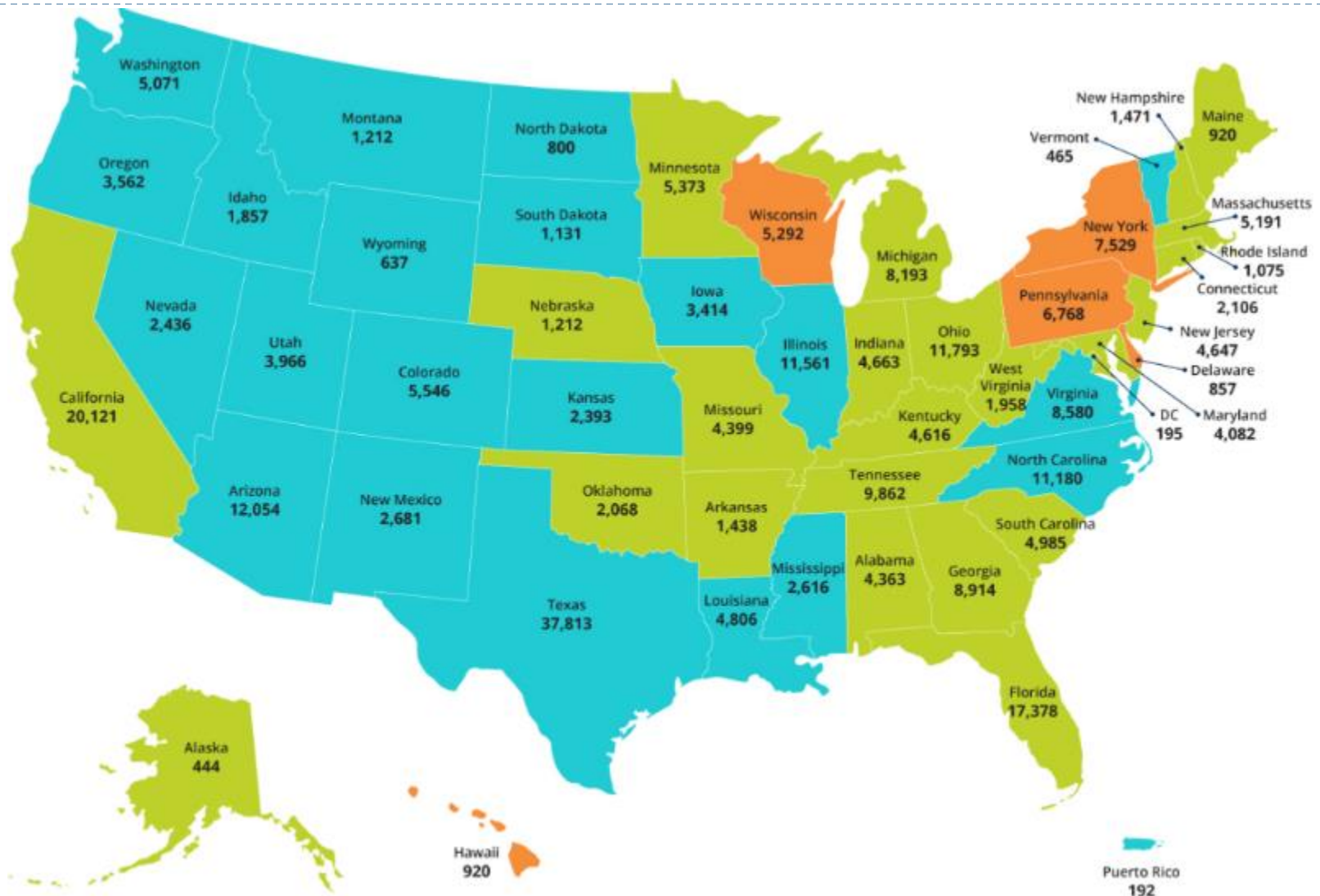


New York State Legislative “Fun” Facts

- ▶ As of February, 2021 – NYS is one of how many states which does not license/register pharmacy techs?
- ▶ A) 25
- ▶ B) 17
- ▶ C) 5
- ▶ D) 1



States where Technicians are Licensed/Registered



New York State Legislative Not So “Fun” Facts

▶ **2008**

- ▶ Adult immunization – **48th** state

▶ **2011**

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

▶ **2015**

- ▶ Collaborative Practice Agreements expanded to all hospitals

▶ **2018**

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

▶ **2020**

- ▶ *temporary authority to order/administer COVID-19 tests
- ▶ Authority to give COVID-19 vaccine; *executive order to allow it ASAP

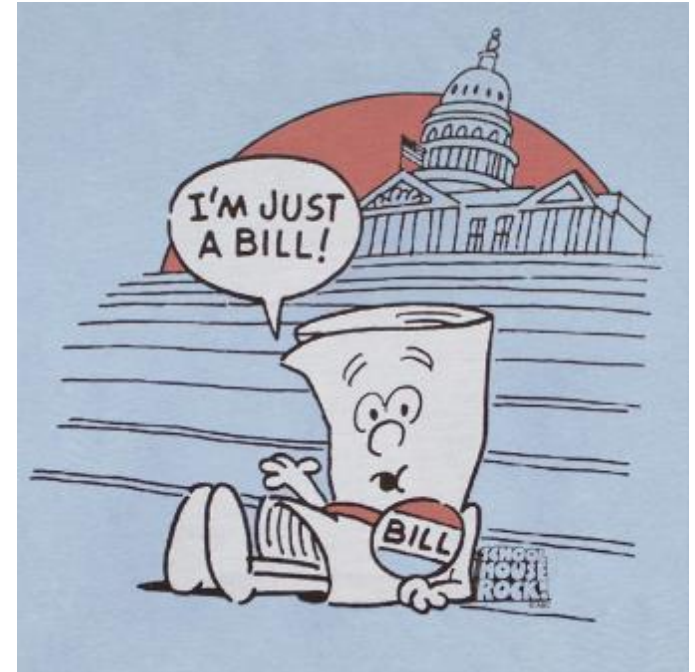
▶ **2021**

- ▶ Pharmacy Technician licensure goes into effect – **46th** state
- ▶ *temporary authority for pharmacy technicians to administer vaccines



Remember Schoolhouse Rock?

- ▶ Taught generation about civics
- ▶ Focused on federal legislation since that applies to whole country
 - ▶ Congress considers bill on Capitol Hill, then can pass the bill along to the President for approval/rejection
- ▶ Every state has slightly different process, but overall flow is the same
- ▶ NYS is no different



How do bills get passed in New York State?

Idea

Concept can come from anyone – a concerned citizen, a legislator. Often a good idea from one can be a good law for many.

Bill Drafting

Once a concept has been settled, it must be put into bill form before being considered. Interest groups (e.g. NYSCHP) may assist in drafting legislation.

Introduction

Bills must be introduced by legislators. It is given a number (e.g. A8319). It is then referred to the appropriate committee.

Committee

Committees specialize (e.g. Higher Education). Much of the action happens here. Bill may be amended, rejected, reported out.

Amendments

If the bill makes it to the floor of the chamber it can be amended. Amended versions are denoted by a letter suffix (e.g. A4611B, C, D).

Passing a Bill

If a majority votes in favor, the bill passes the chamber. It must pass both chambers to proceed. Differences are reconciled in Conference.

The Governor

Governor can sign or veto; a veto can be overridden with 2/3 vote. Governors in recent years have vetoed ~10% of bill passed.

State Agencies

Agencies (e.g. NYSED) create regulation to implement the legislation. They often do this in concert with affected professions.



How do bills get passed in New York State?

Idea

The concept can come from anyone – a concerned citizen, a legislator. Often a good idea from one can be a good law for many.

Bulk of the time and energy is spent
with **NYS Legislature**

Need to get on legislative calendar!

The Governor

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NYS Legislative Calendar 2021

- ▶ Test your knowledge!

- ▶ How many days in 2021 will the NYS Legislature be in session?
 - A. 252
 - B. 126
 - C. 60
 - D. 30



NYS Legislative Calendar 2021

- ▶ What's missing?
 - ▶ Jul to Dec
- ▶ Apr 1
 - ▶ Fiscal year begins
- ▶ Jan 6 – Mar 31
 - ▶ Focus on budget
- ▶ Apr 14 – Jun 10
 - ▶ Remainder of session
 - ▶ Any other bills
 - ▶ 26 days

JANUARY						
S	M	T	W	T	F	S
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31						


FEBRUARY						
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MARCH						
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JUNE						
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6	7	8	9	10	11	12
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 = day in session

SNL – What Still Works?



<https://www.nbcnews.com/news/us-news/snl-wonders-if-anything-still-works-america-n1256286>

Does New York Still Work?

- ▶ Is it at all remotely possible to pass legislation in New York?
- ▶ A) Yes, of course
- ▶ B) No way



NYS Budget 101

1. Governor submits plan for spending/revenues (required by NYS Constitution)
2. Governor can then amend his budget legislation
3. NYS Legislature holds hearings on budget items
4. NYS Legislature agrees/disagrees to items in budget
5. Three-way *negotiations*
6. NYS Legislature passes budget
7. **NYS agencies and functions funded**
 1. **BUDGET MUST PASS**

Governor's FY2022 Budget Legislation, which is effective **April 1st, 2021**

FY 2022 Executive Budget Legislation

Location: [Home](#) > [Publications](#) > [Archive](#) > [FY 2022 Publications](#) > [FY 2022 Executive Budget](#) > [FY 2022 Executive Budget Legislation](#)

Executive Budget Legislation

FY 2022 Appropriations Bills

- [State Operations Bill](#) (PDF)
- [Legislature and Judiciary Bill](#) (PDF)
- [State Debt Service Bill](#) (PDF)
- [Aid to Localities Bill](#) (PDF)
- [Capital Projects Bill](#) (PDF)

FY 2021 Deficiency Bills

- [Appropriation Deficiency Bill](#) (PDF)
- [Appropriation Deficiency Bill Memorandum in Support](#) (PDF)

FY 2022 Article VII Bills

- **Education, Labor and Family Assistance (ELFA)**
 - [Education, Labor and Family Assistance \(ELFA\) Bill](#) (PDF)
 - [Education, Labor and Family Assistance \(ELFA\) Memorandum in Support](#) (PDF)
- **Health and Mental Hygiene (HMH)**
 - [Health and Mental Hygiene \(HMH\) Bill](#) (PDF)
 - [Health and Mental Hygiene \(HMH\) Memorandum in Support](#) (PDF)



HEALTH

Governor's Health Bill for Budget

11 § 2. Section 6801 of the education law is amended by adding two new
12 subdivisions 6 and 7 to read as follows:

13 6. A licensed pharmacist is a qualified health care professional under
14 section five hundred seventy-one of the public health law for the
15 purposes of directing a limited service laboratory and ordering and
16 administering tests approved by the Food and Drug Administration (FDA),
17 subject to certificate of waiver requirements established pursuant to
18 the federal clinical laboratory improvement act of nineteen hundred
19 eighty-eight.

NYS Legislation: Choose Your Own Adventure

Our Focus	Pros	Cons
Governor's Budget	Must pass	Language can easily be removed
Normal Legislation	Longer timeline to mobilize support	Need broad support

- ▶ In reality
 - ▶ Must pursue both budget and post-budget legislation



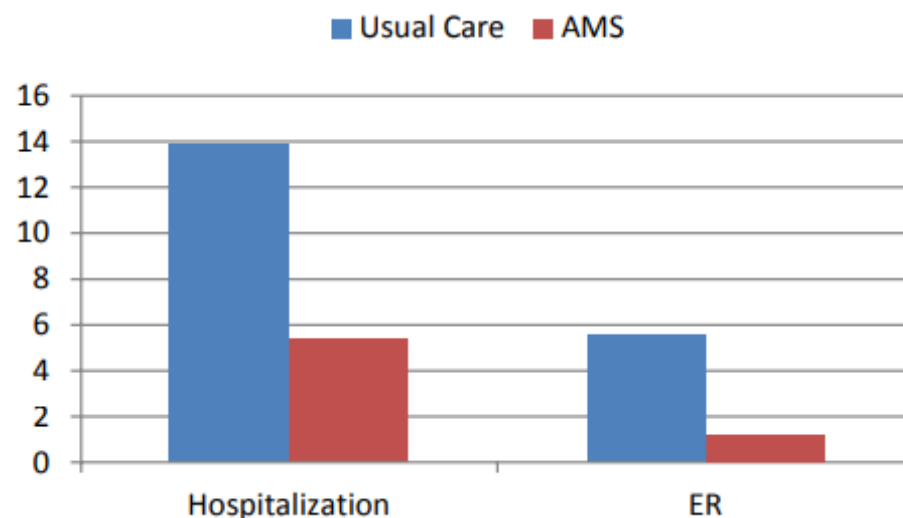
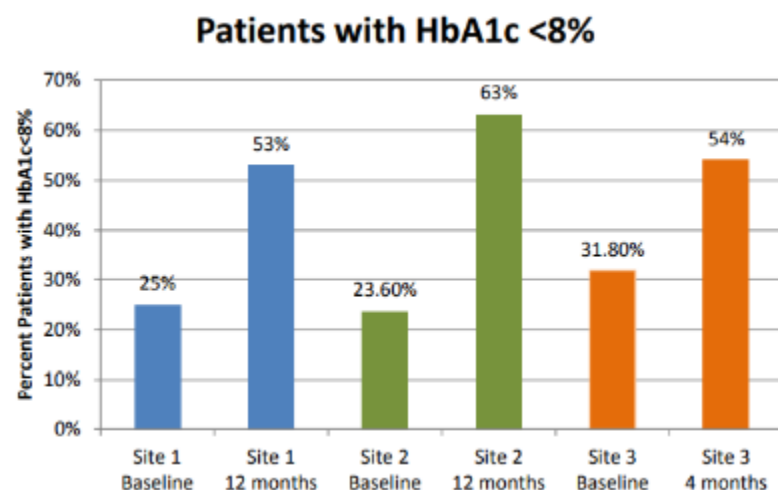
NY State Legislative Update

- ▶ Collaborative Drug Therapy Management (CDTM)
 - ▶ Budget language
 - ▶ Legislation
- ▶ Immunization
 - ▶ Budget language
 - ▶ Legislation

More Than You Ever Wanted To Know About CDTM

- ▶ Formal partnership between MD and Pharmacist
- ▶ Studies and reports have consistently shown benefits
 - ▶ Improved outcomes (NYS) – INR, A1C, HF readmissions; ↓\$

Model	Time in Therapeutic Range
CDTM	64-82%
MD Only	51-76%



See our fact sheet for examples!

NYS Office of Professions – CDTM Law

⚠ Not secure | www.op.nysed.gov/prof/#



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Pharmacy

We are currently reviewing documents received during the dates noted below. Applications with education from outside the U.S. usually require a lengthier review process. After you have submitted all your documentation, please allow 6 weeks before submitting a [Contact Us Form](#) to request a status update. We cannot provide the status of a licensure application by phone. We thank you for your patience and cooperation.

Profession	Currently Reviewing Items Received
Pharmacists	1/12/2021

Advisory Notice: [Pharmacists Administering COVID-19 Vaccine](#) 

For the latest information on COVID-19 issues impacting the licensed professions, including professional exam updates, please visit OP's [COVID-19 website](#).

The New York State Education Department (NYSED) has been notified of the U.S. Department of Health and Human Services' amendment to the PREP Act, [Expanding Access to Childhood Vaccines during COVID-19 Pandemic](#). NYSED is currently working in collaboration with the Department of Health to determine the implications this amendment would have for New York State licensed pharmacists. For the most up to date information, please continue to check our website.

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Laws, Rules & Regulations

Education Law

- [Title VIII](#) - links to all Articles
- [Article 137](#) - Pharmacy

Rules of the Board of Regents

- [Part 29](#) - Unprofessional Conduct

Commissioner's Regulations

- [Part 52.29](#) - Pharmacy
- [Part 63](#) - Pharmacy



LAW = STATUTE



REGULATIONS

NYS Office of Professions – CDTM Law

Education Law

Article 137, Pharmacy

[§6800. Introduction](#) | [§6801. Definition of practice of pharmacy](#) | [§6801-a. Collaborative drug therapy management demonstration program](#) | [§6802. Definitions](#) | [§6803. Practice of pharmacy and use of title "pharmacist"](#) | [§6804. State board of pharmacy](#) | [§6805. Requirements for a professional license](#) | [§6806. Limited permits](#) | [§6807. Exempt persons](#) | [§6808. Registering and operating establishments](#) | [§6808-a. Identification of pharmacists](#) | [§6808-b. Registration of nonresident establishments](#) | [§6810. Prescriptions](#) | [§6811. Misdemeanors](#) | [§6811-a. Certain drugs to be clearly marked or labeled](#) | [§6811-b. Door-to-door distribution of drugs prohibited](#) | [§6812. Special provisions](#) | [§6813. Seizure](#) | [§6814. Records of shipment](#) | [§6815. Adulterating, misbranding and substituting](#) | [§6816. Omitting to label drugs, or labeling them wrongly](#) | [§6816-a. When substitution is required](#) | [§6817. New drugs](#) | [§6818. Adulterated and misbranded cosmetics](#) | [§6818-a. Cosmetic samples](#) | [§6819. Regulations making exceptions](#) | [§6820. Certification of coal-tar colors for drugs and cosmetics](#) | [§6821. Poison schedules; register](#) | [§6822. Examinations and investigations](#) | [§6823. Factory inspection](#) | [§6824. Injunction proceedings](#) | [§6825. Proof required in prosecution for certain violations](#) | [§6826. Drug retail price lists](#) | [§6826-a. Reducing certain copayments](#) | [§6827. Mandatory continuing education](#) | [* §6828. Certificates of administration](#) | [§6829. Interpretation and translation requirements for prescription drugs and standardized medication labeling](#) | [§6830. Standardized patient-centered data elements](#) | [§6831. Special provisions relating to outsourcing facilities.](#)



Original CDTM Law was Passed in 2011

- ▶ CDTM was originally established as a ***“demonstration program”***
- ▶ Law carried a 3 year expiration
 - ▶ This expiration has been extended several times
- ▶ NYS legislators considered it experimental to provide pharmacists authority to collaborate with physicians...
- ▶ Five hours of additional CE was required
- ▶ Many restrictions...



CDTM – What is CDTM?

- ▶ "Clinical services" shall mean the collection and interpretation of patient data for the purpose of **initiating, modifying and monitoring drug therapy** with associated accountability and responsibility for outcomes in a direct patient care setting.
- ▶ "CDTM" shall mean the performance of clinical services by a pharmacist relating to the review, evaluation and management of drug therapy to a patient, who is being treated by a physician for a specific disease or associated disease states, in accordance with a written agreement or protocol with a voluntarily participating physician and in accordance with the policies, procedures, and protocols of the facility.
- ▶ Such agreement or protocol as entered into by the physician and a pharmacist...**and shall be limited to:**
 - ▶ adjusting or managing a drug regimen of a patient, pursuant to a patient specific order or protocol made by the patient's physician, which may include adjusting drug strength, frequency of administration or route of administration. Adjusting the drug regimen shall **not include substituting** or selecting a different drug which differs from that initially prescribed by the patient's physician **unless such substitution is expressly authorized in the written order or protocol**. The pharmacist shall be required to immediately document in the patient record changes made to the patient's drug therapy and shall use any reasonable means or method established by the facility to notify the patient's other treating physicians with whom he or she does not have a written agreement or protocol regarding such changes. The patient's physician may prohibit, by written instruction, any adjustment or change in the patient's drug regimen by the pharmacist;
 - ▶ evaluating and, **only if specifically authorized by the protocol** and only to the extent necessary to discharge the responsibilities set forth in this section, ordering disease state laboratory tests related to the drug therapy management for the specific disease or disease state specified within the written agreement or protocol; and
 - ▶ **only if specifically authorized by the written agreement or protocol** and only to the extent necessary to discharge the responsibilities set forth in this section, ordering or performing routine patient monitoring functions as may be necessary in the drug therapy management, including the collecting and reviewing of patient histories, and ordering or checking patient vital signs, including pulse, temperature, blood pressure and respiration.



Where can CDTM Services be rendered?

- ▶ **"Facility"** shall mean:
 - ▶ a **teaching hospital or general hospital, including any diagnostic center, treatment center, or hospital-based outpatient department** as defined in section **twenty-eight hundred one of the public health law**; or
 - ▶ a **nursing home with an on-site pharmacy staffed by a licensed pharmacist**; provided, however, for the purposes of this section the term "facility" shall not include dental clinics, dental dispensaries, residential health care facilities and rehabilitation centers. For the purposes of this section, a **"teaching hospital"** shall mean a hospital licensed pursuant to **article twenty-eight of the public health law** that is eligible to receive direct or indirect graduate medical education payments pursuant to article twenty-eight of the public health law.
- ▶ **"Physician"** shall mean the physician selected by or assigned to a patient, who has primary responsibility for the treatment and care of the patient for the disease and associated disease states that are the subject of the CDTM.
- ▶ **"Written agreement or protocol"** shall mean a written document, pursuant to and consistent with any applicable state or federal requirements, that addresses a specific disease or associated disease states and that describes the nature and scope of CDTM to be undertaken by the pharmacists, in collaboration with the participating physician in accordance with the provisions of this section



Which pharmacists can perform CDTM?

- ▶ A participating pharmacist must:
 - ▶ Either have been awarded either a master of science in clinical pharmacy or a **doctor of pharmacy degree**
 - ▶ AND maintain a current unrestricted license
 - ▶ AND have a **minimum of two years experience**, of which at least one year of such experience shall include clinical experience in a health facility, which involves consultation with physicians with respect to drug therapy and may include a residency at a facility involving such consultation
 - ▶ OR....
 - ▶ Have been awarded a **bachelor of science in pharmacy**
 - ▶ AND maintain a current unrestricted license
 - ▶ AND within the last seven years, have a **minimum of three years experience**, of which at least one year of such experience shall include clinical experience in a health facility, which involves consultation with physicians with respect to drug therapy and may include a residency at a facility involving such consultation; and
 - (iii) meet any additional education, experience, or other requirements set forth by the department in consultation with the board.
-



What is role of Pharmacist? Physician?

- ▶ Notwithstanding any provision of law, nothing in this section shall prohibit a licensed pharmacist from engaging in **clinical services** associated with CDTM, **in order to gain experience** necessary to qualify under clause (C) of subparagraph (i) or (ii) of paragraph b of this subdivision, provided that such practice is **under the supervision** of a pharmacist that currently meets the referenced requirement, and that such practice is authorized under the written agreement or protocol with the physician.
- ▶ Notwithstanding any provision of this section, **nothing herein shall authorize the pharmacist to diagnose disease**. In the event that a treating physician may disagree with the exercise of professional judgment by a pharmacist, the judgment of the treating physician shall prevail.
- ▶ The **physician** who is a party to a written agreement or protocol authorizing CDTM **shall be employed by or otherwise affiliated with the same facility** with which the pharmacist is also employed or affiliated.



Patient's Rights Consideration (More on this)

- ▶ The existence of a written agreement or protocol on CDTM and the patient's right to choose to not participate in CDTM shall be disclosed to any patient who is eligible to receive CDTM. **CDTM shall not be utilized unless the patient or the patient's authorized representative consents, in writing,** to such management. If the patient or the patient's authorized representative consents, it shall be noted on the patient's medical record. If the patient or the patient's authorized representative who consented to CDTM chooses to no longer participate in such management, at any time, it shall be noted on the patient's medical record. In addition, the existence of the written agreement or protocol and the patient's consent to such management shall be disclosed to the patient's primary physician and any other treating physician or healthcare provider.
- ▶ Participation in a written agreement or protocol authorizing CDTM shall be voluntary, and no patient, physician, pharmacist, or facility shall be required to participate.
- ▶ Nothing in this section shall be deemed to limit the scope of practice of pharmacy nor be deemed to limit the authority of pharmacists and physicians to engage in medication management prior to the effective date of this section and to the extent authorized by law



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LAW = STATUTE



REGULATIONS

CDTM - Regulations

- ▶ A year of experience equals $\geq 1,680$ hours within 1 year
 - ▶ Clinical experience = on average, ≥ 15 hours per week, consultation with physicians with respect to drug therapy
- ▶ A participating pharmacist shall:
 - ▶ Have residency training in a program accredited or accreditation-pending by a nationally recognized accreditation body acceptable to the department; or
 - ▶ have board certification awarded by a certification body acceptable to the department and shall include baseline and ongoing competency assessments

CDTM in NYS vs. Nationwide

Element	Nationwide	New York State
Site Restrictions	12/48 have restrictions	Yes
Pharmacists Qualifications	25/48 have qualifications	Yes
Prescriber Type	29/48 – Physicians + others 19/48 – Physician only	Physician only
RPH Physical Assessment	22/48 allow	Yes, only if in protocol
Order Laboratory Tests	32/48 allow	Yes, only if in protocol
Patient Consent	9/48 – Written 5/48 – other consent (e.g. verbal) 4/48 – Patient notification Rest – not required	Written consent required

CDTM Current Law and Governor's Proposal

Current Law	Governor's Proposal
Pharmacist can only collaborate with physician	Physician <i>and Nurse Practitioner</i>
Ordering labs, performing physical assessments, substituting drugs only if expressly written	State-wide restrictions removed. Up to agreement to determine
Can only take place in Article 28 locations, Nursing Homes	Can take place in any location under the auspices of a medical director
Only pharmacist with certain credentials can do CDTM	Same credentials PLUS those in regulations are conferred into statute
Each agreement is patient specific	Agreement can be non-patient specific if desired
Physician and Pharmacist must be employed by same facility	Restriction removed
Patient must submit consent, in writing	Consent requirement removed
Law expires July, 2022	Sunset removed

Legislative Proposal – A1036 (Seawright)

Current Law	Governor's Proposal	Legislative Proposal
Pharmacist can only collaborate with physician	Physician <i>and Nurse Practitioner</i>	Physician <i>and Nurse Practitioner</i>
Ordering labs, performing physical assessments, substituting drugs only if expressly written	State-wide restrictions removed. Up to agreement to determine	No change
Can only take place in Article 28 locations, Nursing Homes	Can take place in any location under the auspices of a medical director	No change
Only pharmacist with certain credentials can do CDTM	Same credentials PLUS those in regulations are conferred into statute	No change
Each agreement is patient specific	Agreement can be non-patient specific if desired	No change
Physician and Pharmacist must be employed by same facility	Restriction removed	No change
Patient must submit consent, in writing	Consent requirement removed	No change
Law expires July, 2022	Sunset removed	Sunset removed

Frequently Asked Questions - CDTM

- ▶ What is CDTM?
- ▶ What is current scope of CDTM in NYS?
- ▶ What credentials are required?
- ▶ Opposition by other organizations? (MSSNY)
- ▶ Why is consent a barrier?
- ▶ Why is there no Senate cosponsor?
- ▶ What about CMM?
- ▶ What does PSSNY (or other org) say?
- ▶ Does Debra Glick (or other person) support this?
- ▶ Comparison to other states?



CDTM Take-Aways

- ▶ Support Governor's budget proposal, which will support and expand CDTM
 - ▶ This will save NYS \$\$ via improving healthcare costs
 - ▶ This will eliminate unnecessary restrictions/burdens that impede optimal physician-pharmacist collaboration to take care of patients
- ▶ Co-sponsor A1036, which is the permanent legislative proposal
 - ▶ NYSCHP seeking Senate co-sponsor
 - ▶ NYSCHP seeking optimization of legislation



Immunization – NYS

- ▶ Can administer:
 - ▶ Adult: seasonal influenza, pneumococcal, meningitis, shingles, tetanus, diphtheria or pertussis, **COVID-19**
 - ▶ Pediatrics: influenza (2 years and above)
- ▶ Cannot administer:
 - ▶ Hepatitis A, Hepatitis B, Measles/Mumps/Rubella (MMR), Human Papilloma Virus (HPV), Varicella (Chickenpox)
- ▶ NYS bill: A6511 (Paulin)/S5227 (May)
- ▶ How does this compare nationally?



Immunization: Urgent Legislative Need

▶ Hepatitis A

- ▶ 1995-2011: incidence ↓95%
- ▶ 2011-2017: ↑140% (mostly persons who inject IV drugs)

▶ Hepatitis B

- ▶ 476 cases in NYS (2013-2017); 99 deaths in NYC attributed to Hep B

▶ MMR

- ▶ ~700 cases in NYC: ~450 cases outside NYC 2018-2019

▶ Varicella

- ▶ Outbreaks well controlled with vaccination; now requires 2 doses

▶ HPV

- ▶ 2011-2015: ~2,600 New Yorkers diagnosed with HPV-related cancer each year
- ▶ National coverage 19-29: Males (21.2%); Females (51.5%)

<https://nyshc.health.ny.gov/web/nyapd/measles-watch>

<https://www.cdc.gov/hepatitis/statistics/2017surveillance/index.htm#hepatitisB>

<https://www1.nyc.gov/site/doh/health/health-topics/measles.page>

<https://www.cdc.gov/hepatitis/hav/havfaq.htm#vaccine>

https://www.health.ny.gov/statistics/cancer/docs/hpv_related_cancers_and_vaccination_rates.pdf

Pharmacist Immunization Authority – Hepatitis A



NY is the only state which does not allow pharmacists to administer a hepatitis A vaccine

Pharmacist Immunization Authority – Hepatitis B



NY is the only state which does not allow pharmacists to administer a hepatitis B vaccine

Pharmacist Immunization Authority – MMR



NY and WV are the only states which do not allow pharmacists to administer an MMR vaccine

Pharmacist Immunization Authority – Varicella



NY and WV are the only states which do not allow pharmacists to administer a Varicella vaccine

Pharmacist Immunization Authority – HPV



NY and NH are the only states which do not allow pharmacists to administer an HPV vaccine

Immunization: What is the proposed expansion?

- ▶ Expand the scope of vaccines that pharmacists are allowed to administer to include “all CDC recommended vaccines”; would add:
 - ▶ Hepatitis A
 - ▶ Hepatitis B
 - ▶ Measles Mumps Rubella (MMR)
 - ▶ Varicella
 - ▶ Human Papillomavirus (HPV)
 - ▶ Any additional vaccines that would be added to the recommended vaccine list in the future



Immunization: Is there any opposition to the bill expansion?

► MSSNY has released a memorandum of opposition

Morris M. Auster, Esq.

Senior Vice President /
Chief Legislative Counsel

Division of Governmental Affairs

MEMORANDUM IN OPPOSITION

On Senate Floor Calendar

S. 5227 (MAY)

**In Assembly Higher Education
Committee**

A. 6511-A (PAULIN)

AN ACT to amend the education law, in relation to pharmacist immunizations and emergency treatment of anaphylaxis; to amend chapter 563 of the laws of 2008, amending the education law and the public health law relating to immunizing agents to be administered to adults by pharmacists, in relation to making certain provisions permanent; and to amend chapter 116 of the laws of 2012, amending the education law relating to authorizing a licensed pharmacist and certified nurse practitioner to administer certain immunizing agents, in relation to making certain provisions permanent

This measure would authorize a pharmacist to administer vaccines to adults recommended by the Centers for Disease Control and Prevention on the adult immunization schedule. **The Medical Society of the State of New York opposes this bill.**

This bill would significantly expand on legislation enacted in 2008 and 2012 which provided pharmacists only very limited ability to administer vaccinations to adults. This measure would broaden the vaccines that pharmacists would be allowed to administer to adults to include any vaccine recommended by the Centers for Disease Control and Prevention's Advisory Committee on Immunizations Practices (ACIP) on the adult immunization schedule. Moreover, the bill would lift the sunset provision enacted in the 2012 legislation and make permanent the pharmacist's authority to administer vaccinations to adults.



Immunization: Does this bill mandate vaccinations in any way?

- ▶ It is important to understand that this immunization expansion legislation does **not** mandate vaccinations
- ▶ It only expands access to vaccinations for patients who want them
- ▶ Some Assembly members and State Senators may be hesitant to support any legislation regarding vaccinations since the topic is very divisive



NYSCHP Advocacy Resource Page

▶ Resources/Templates

- ▶ How to find your legislator
- ▶ Email template for scheduling visit with your legislator
- ▶ Legislative script
- ▶ How to see if your legislator has cosponsored a bill
- ▶ CDTM and Immunization Fact Sheets
- ▶ FAQ document on CDTM and Immunization

▶ COVID-19 resource page



NYSCHP Advocacy Week 2021



NYSCHP Advocacy Week Feb. 8-12, 2021:



- NYSCHP will be hosting the inaugural NYSCHP Advocacy Week February 8-12, 2021.
- Advocacy Week Highlights:
 - ◊Promote NYSCHP bills (CDTM and Immunization) by scheduling local legislative visits
 - ◊Advocacy-related educational webinars
 - ◊Mock legislative visit workshops
 - ◊Pre-visit prep meetings open to all members
- We encourage all NYSCHP members (students, technicians, residents, pharmacists, managers, directors, etc.) to get involved!
- Please check out our advocacy resources at nyschp.org/advocacy and reach out with any questions or suggestions.

•Advocacy Week CEs *Law Credits*:

Tuesday, February 2, 2021—6:00—7:00 P.M.:

The Grass(roots) is Always Greener: New York State Advocacy Workshop
Speakers: Karen Berger, Andrew Kaplan

Friday, February 5, 2021—12:00—1:00 P.M.(NYSCHP Monthly CE):

It's Evolving! A Legislative Update on Pharmacy Practice in New York
Speakers: Andrew Kaplan, Karen Berger

Legislative Visit Prep Call Schedule

(choose one of the below meeting options):

- Tues, 2/2 10-10:30am
- Wed, 2/3 2-2:30pm
- Thurs, 2/4 3-3:30pm
- Thurs, 2/4 7-7:30pm
- Fri, 2/5 1-1:30pm
- Sun, 2/7 12-12:30pm
- Mon, 2/8 9-9:30am
- Tues, 2/9 5-5:30pm
- Tues, 2/9 6-6:30pm
- Wed, 2/10 5-5:30pm

Take Away Messages

- ▶ 2021 legislative priorities include CDTM and immunization expansion
- ▶ NYSCHP advocates should ask legislators to support the Governor's budget language AND our preferred legislative proposals
- ▶ NYSCHP first ever Advocacy Week happening next week!!
- ▶ NY state lags behind other states in scope of practice legislation – we need YOU to advocate!



Post-Assessment Question 1

- ▶ Which change to CDTM would NYSCHP support?
 - A. Expand consent requirements, as requiring consent improves the pharmacist-patient relationship
 - B. Eliminate credentialing requirement
 - C. Extend sunset to 2025
 - D. Eliminate geographical restrictions
 - E. All of the above



Post-Assessment Question 2

- ▶ 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
 - D. Pharmacists in NYS can delegate all immunization duties to technicians under supervision
 - E. All of the above



Post-Assessment Question 3


- ▶ You are meeting with a legislator and they say they support pharmacy, but are concerned about our proposals because of MSSNY's opposition. You can respond:
 - A. You're right, our bills need broader support
 - B. The Physicians we work with support our practice
 - C. Almost all states already allow the practice we desire in NYS
 - D. A & B
 - E. B & C
 - F. A, B and C



It's Evolving! A Legislative Update on Pharmacy Practice in New York

Andrew Kaplan, PharmD, BCPS

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