

# New York State Council of Health-system Pharmacists Position Statements 1985-2014

## *Sunsetted position statements in Italics*

(01-14) The New York State Council of Health-system Pharmacists advocates that pharmacists should have access to patient profiles that state current and historic tobacco use status. This information should be viewed by the pharmacist as an opportunity to ensure safe pharmaceutical care and engage in evidence based tobacco cessation counseling.

(02-14) The New York State Council of Health-system Pharmacists supports the prohibition of the sale and/or distribution of tobacco or electronic cigarettes or any component thereof in any pharmacy or establishment that has a pharmacy department within.

(03-14) The New York State Council of Health-system Pharmacists supports expansion of pharmacists scope of practice under New York State Education Law Title VIII Article 137 §6801; definition of practice of pharmacy to include ordering and interpreting clinical laboratory tests to monitor patient therapy.

(04-14) The New York State Council of Health-system Pharmacists opposes the use of medical marijuana in New York State without reclassification of marijuana as a Schedule II controlled substance by the United States FDA and subsequent establishment of a system of oversight of production and prescribing, as well as dispensing under the regulations put forth by the New York State Controlled Substance Law.

(05-14) The New York State Council of Health-system Pharmacists supports the inclusion of a pharmacist representative on consensus and expert panels that establish standards of care.

(6-14) The New York State Council of Health-system Pharmacists supports that it is within the pharmacist's professional role to collaborate with other health care providers to manage patients, which may include prescribing, defined as initiation and modification of the medication regimen.

(7-14) The New York State Council of Health-system Pharmacists supports the recognition of pharmacists who perform CDTM to reflect such credentialing beyond the borders of an article 28 facility. Credentialed pharmacists should be enabled to practice to the extent of their scope of practice in all settings.

(8-14) The New York State Council of Health-system Pharmacists supports the role of the immunizing pharmacist for all CDC-approved vaccines in adult and children above the age of nine year.

(9-14) The New York State Council of Health-system Pharmacists supports the registration of pharmacy technicians. Those applying to work as a pharmacy technician in NYS shall meet the minimal educational requirements of a high school diploma or GED, be at least 18 years of age, and be free of felony convictions (unless reviewed and waived by the board of pharmacy). Applications for registration as a pharmacy technician should occur prior to employment, but must occur within three months of any employment in a NYS pharmacy practice setting, if not already registered.

(10-14) The New York State Council of Health-system Pharmacists supports the certification of all pharmacy technicians. Certification shall include successful demonstration of all competencies by an examination satisfactory to the Board of Pharmacy. Any exemptions to this requirement should be determined by the NYS Board of Pharmacy on a case-by-case basis.

(11-14) The New York State Council of Health-system Pharmacists supports a standardized curriculum for the training of pharmacy technicians. Such curriculum must be accredited by ASHP or approved by the NYS Board of Pharmacy. Successful completion of such a curriculum should be a prerequisite for certification by examination as a pharmacy technician for all persons seeking such certification on or after January 1, 2020.

(12-14) The New York State Council of Health-system Pharmacists supports continuing education for pharmacy technicians. Such continuing education requirements should, at a minimum, include 10 hours of education per year of registration with at least one hour of education each year relative to NYS pharmacy law and one hour of live education each year in the domain of medication safety. Continuing education for pharmacy technicians should be accredited by ACPE and monitored through the NABP system.

(13-14) The New York State Council of Health-system Pharmacists recognizes the following with regard to grandfathering of pharmacy technicians:

1. The Council supports recognition of certified technicians (PTCB) who have not completed a standardized curriculum prior to 1/1/2020
2. The Council opposes any exemption or "grandfathering" of technicians who do not pass the PTCB examination or equivalent with the exemption of a registered pharmacy technician who submits to the Board of Pharmacy an application for exemption and provides evidence of a minimum of five years of employment within the last eight years as a pharmacy technician
3. The Council supports the use of alternative titles for unlicensed support personnel who are unable to pass the PTCB examination.

(14-14) The New York State Council of Health-system Pharmacists recommends that pharmaceutical manufacturers provide all medications used in health-systems in unit dose package with readable scan code on each dose and that the Food and Drug Administration be urged to support this goal in the interest of public health and patient safety.

(15-14) The New York State Council of Health-system Pharmacists supports wider involvement of hospital pharmacists in medication reconciliation activities and patient counseling on all discharge prescriptions. Hospital pharmacists receive the most training in medication management, management of drug interactions, drug dosage forms, strengths and routes, and other drug therapy activities, and, medication errors, including those involving omissions, duplications, dosing errors, or drug interactions continue to endanger patients in the hospital setting, and, medication reconciliation continues to be a JCAHO recommended medication error prevention strategy, and, counseling patients on discharge prescriptions can provide education to minimize errors during out-patient prescription maintenance therapy. *(3-08 was sunset at the 2014 house then re-introduced as new business at the 2014 house and approved)*

(1-13) The New York State Council of Health-system petitions ASHP and the FDA to require that manufacturers adopt a standardized medication vial (not less than 5ml) and neck size (not less than 20mm) for all liquid and solids dosage forms of medications that are available in a vial in order to permit the expanded use of point-of-care activation devices.

(2-13) The New York State of Health-system Pharmacists supports the recognition of pharmacists as healthcare providers under the Social Security Act, and, therefore, may receive Medicare reimbursement for services rendered.

(3-13) The New York State of Health-system Pharmacists supports that health-system pharmacists in consultation with P & T Committee assist providers in implementing and monitoring registration, patient counseling and provision of medication guides required to comply with REMS when the product is initiated in the hospital setting.

(4-13) The New York State Council of Health-system Pharmacists supports the credentialing process of eligible pharmacists in a health-system setting.

(5-13) The New York State Council of Health-system Pharmacists supports FDA and industry development of standardized medication modifier nomenclature: be it further resolved, that the New York State Council of Health-system Pharmacists supports FDA regulations mandating the use of the appropriate standardized modifier for all modified dosage formulations.

(6-13) The New York State Council of Health-system Pharmacists supports FDA regulations that would prohibit the continued use of an existing proprietary name when an over-the counter product is reformulated to contain one or more different active ingredients.

**(7-13) The New York State Council of Health-system Pharmacists supports changes to New York state law to allow pharmacist to serve as laboratory directors for limited service laboratories performing only CLIA “waived” testing.**

**(8-13) The New York State Council of Health-system Pharmacists supports revision to New York state law Article 33 and pertinent federal regulation to allow the use of a hospitalized patient’s own controlled substances in those instances that the institution cannot provide the controlled substance in a timely manner; be it further resolved that the New York State Council of Health-system Pharmacists supports revision to New York state health law Article 33 and pertinent federal regulation to allow hospital pharmacies to accept patients own controlled substance for the purpose of safeguarding and storage while a patient is admitted.**

***Sunset (9-13) Pharmacy Technician Position Statement 2013***

*NYSCHP supports the optimal utilization of pharmacy technicians to facilitate the role of pharmacists in improving patient management. Furthermore, to meet this goal, NYSCHP should pursue legislative and other related activities that will work toward developing a technician workforce that is appropriately educated, trained, certified and registered. Technician education and training programs should be accredited by a recognized accreditation body and approved by the State Education Department. The NYSCHP recommends requiring certification via the Pharmacy Technician Certification Board (PTCB) along with appropriate continuing education requirements. Position Statements encompasses the following position statements, sunsetting 15-09, 2-08, 5-07, 5-03, & 4-03 (Sunset at the 2014 HOD)*

**(10-13) PPMI Position Statement. The New York State Council of Health-system Pharmacists supports the adoption of ASHP’s Pharmacy Practice Model Initiative (PPMI) which advocates to significantly advance the health and well-being of patients in hospitals and health systems by developing and disseminating optimal pharmacy practice models that are based on the effective use of pharmacists as direct patient care providers.**

**The PPMI will:**

- 1. Describe optimal pharmacy practice models that ensure the provision of safe, effective, efficient, and accountable medication-related care for patients in hospitals and health systems, taking into account the education and training of pharmacists, the prospect of enhancing the capacity of pharmacy technicians, and the current and future state of technology.**
- 2. Identify core patient-care-related services that should be consistently provided by departments of pharmacy in hospitals and health systems.**
- 3. Foster understanding of and support for optimal pharmacy practice models in hospitals and health systems by patients and caregivers, health care professionals, health care executives, and payers.**
- 4. Identify existing and future technologies required to support optimal pharmacy practice models in hospitals and health systems.**
- 5. Identify specific actions that hospital and health-system pharmacists should take to implement optimal practice models.**
- 6. Determine the tools and resources needed to implement optimal pharmacy practice models in hospitals and health systems.**

**(1-12) The New York State Council of Health-System Pharmacists supports the requirement to include the indication, whether it be an FDA approved or off label use, on all inpatient medication orders and outpatient prescriptions.**

**(2-12) The New York State Council of Health-System Pharmacists supports prioritizing the adoption of e-prescribing of controlled substances by the New York State Department of Health, in an effort to curb prescription theft, and prescription medication abuse.**

**(3-12) The New York State Council of Health-System Pharmacists (NYSCHP) supports increasing the number of PGY-1 and PGY-2 residency positions within NY State, by ways of supporting educational efforts offered through ASHP and legislative activities at the State and Federal level to support funding.**

**(4-12) The New York State Council of Health-System Pharmacists encourages pharmacist led counseling upon initiation of a new medication, or upon discharge of a patient in a hospital, or ambulatory clinic setting.**

**(5-12) The New York State Council of Health System Pharmacists encourages the New York State Board of Pharmacy to replace the "one year of satisfactory experience" requirement to that of "successful completion of an ASHP accredited PGY1 residency program" for residents reciprocating their Pharmacist license to New York State for a PGY2 residency.**

**(6-12) The New York State Council of Health-System Pharmacist's advocates that all hospitals should encourage provisions be made for their patients upon discharge to receive a supply of all newly prescribed medications and the education that is required to ensure the optimization and safe use of their discharge medications.**

**(7-12) The New York State Council of Health-System Pharmacist's advocates that pharmacists should maintain patient profiles that contain and are continuously updated to include patient specific information regarding pharmacogenomics if available and considered standard of care.**

**(8-12) Position Statement on Intern Hours**

**The New York State Council of Health-system Pharmacists supports an increase in the total hours required for licensure to a total of 1500 hours.**

**(9-12) Position Statement on Preceptor Training**

**The New York State Council of Health-System Pharmacists supports 3 hours focused on teaching included in the 45 hours over the 3 year license renewal period to be completed by all pharmacists.**

**These hours may be live or non-live. These hours would be included in the 45 hours required per renewal period. The recommended topics to be focused on enhancing precepting, role modeling, teaching or mentoring as well as sessions focused on enhancing preceptor development.**

**The New York State Council of Health System Pharmacists supports this proposed change for all pharmacists as a pharmacy preceptor continuing education requirement. This additional requirement will improve the pharmacy intern education process.**

**(10-12) NYSCHP supports obtaining access to the New York State Controlled Substance Information Prescription Drug Monitoring Program (NYCSIPDMP) program for all active licenses registered pharmacists in the state of NY for the purpose of monitoring controlled substance use and improving patient outcomes and health.**

**(1-11) Position Statement on Medical Waste**

**The NYSCHP supports pharmaceutical waste disposal programs for hospitals and health systems that are in accordance with Federal and New York State regulations and also comply with national accreditation standards. The NYSCHP believes that all hospital and health system personnel require a solid knowledge of what constitutes pharmaceutical waste and proper disposal of this waste. Controlled substances should be managed in accordance with DEA and NYS regulations in conjunction with Federal and NYS hazardous waste regulations. The NYSCHP further supports development of a standardized training program for all hospital and health system personnel.**

**(2-11) Position statement on the role of the Pharmacist in the "Medical Home" concept**

**The New York State Council of Health-System Pharmacists supports the inclusion of pharmacists as a care provider within the health care (medical) home model.<sup>1</sup> Pharmacists can affect the delivery of primary care by addressing the challenges of medication therapy management. Most office visits involve medications for chronic conditions and require assessment of medication effectiveness, and patients' adherence with medication regimens. Pharmacists are often underused in conducting these activities. They perform comprehensive therapy reviews of prescribed and self-care medications, resolve medication-related problems, optimize complex regimens, design adherence programs, and recommend cost-effective therapies. Pharmacists should play key roles as team members in medical homes, and their potential to serve effectively in this role should be evaluated as part of medical home demonstration projects.**

**(3-11) The New York State Council of Health-system Pharmacists supports the development of a state-wide initiative promoting the creation of antimicrobial stewardship programs in all acute care hospitals and healthcare institutions.**

**(1-10) The New York State Council of Health-system Pharmacists supports the permanent elimination of certain restrictions imposed upon certified pharmacists that are not required of other health care providers authorized to immunize for diagnosed medical conditions, including administering such**

vaccines at Points of Dispensing (PODs) pursuant to a non-patient specific order provided that they first receive the necessary training, and not requiring pharmacists who administer vaccinations at PODs to ensure that a record is maintained and retained for those patients pursuant to regulations, as temporarily provided in the Governor's Executive Order 29 "Declaring a Disaster Emergency in the State of New York".

*Sunset (2-10) The New York State Council of Health-system Pharmacists cannot support the legal use of medical marijuana in New York State without legalized status by the Drug Enforcement Agency and has been approved by the Food and Drug Administration as safe pharmaceutical care unless there exists legitimate and credible medical evidence demonstrating its safety and benefits for diagnosed medical conditions; it can be demonstrated to be of sufficient potency and be pure and free from contaminants or herbicides; it is treated as a controlled substance in order to control ordering, prescribing, dispensing and record-keeping and patients are properly counseled and monitored. (Sunset at 2011 HOD)*

**(3-10) The New York State Council of Health-system Pharmacists provides updated notification, education and resources to members regarding how new federal health-care legislation will affect health-system pharmacy practice in New York State.**

**(4-10) The New York State Council of Health-system Pharmacists supports health-system pharmacists use of the medical record as a means to communicate with other health care professionals and to document specific pharmacotherapeutic recommendations to optimize patient outcomes.**

**(5-10) The New York State Council of Health-system Pharmacists (NYSCHP) supports the authorization of pharmacy interns who have completed immunizer training and other requirements to participate in immunization activities as per NYS legislation under the direct supervision of a licensed pharmacist and certified immunizer.**

**(6-10) Pediatric Medication Safety. The Position Statement of the New York State Council of Health-system Pharmacist's Pediatric Safety Committee. The intricate nature of pediatrics (neonates to adolescents) requires that there be a unified pharmacy voice, advocating a comprehensive approach to reducing medication errors as well as promoting preventative care. Consistent with our professional mission, NYSCHP strives to promote safety and well-being by heighten awareness of contributory factors to medication errors, encouraging multidisciplinary risk reduction-strategy dialog, as well as promoting strategies which foster safety and well-being within our pediatric community. Understanding the unique nature of pediatrics, NYSCHP will focus on enhancing professional knowledge, promoting contribution to the medical and quality improvement literature, as well as influence systems designs and decision support to address specific pediatric needs. NYSCHP supports recommendations from federal, state, and local regulatory agencies, professional organizations such as American Society of Health-System Pharmacists, health care regulatory entities, such as Joint Commission on the Accreditation of Healthcare Organizations, as well as professional patient advocacy organizations such as the Institute for Healthcare Improvement, whose missions' include promoting overall patient safety. NYSCHP will strive to positively influence laws and regulations independently, as well as in collaboration with other organizations and or regulatory authorities to promote safer medication practices as well as advocating for overall improvements in pediatric care.**

**(7-10) The New York State Council of Health-system Pharmacists supports ASHP's position statement on conscience clause: To recognize the right of pharmacists, as healthcare providers, and other pharmacy employees to decline to participate personally in therapies they consider to be morally, religiously, or ethically troubling therapies; further, To support the proactive establishment of timely and convenient systems by pharmacists and their employees that protect the patient's right to obtain legally prescribed and medically indicated treatments while reasonably accommodating in a nonpunitive manner the right of conscience; further, To support the principle that a pharmacist exercising the right of conscience must be respectful and serve the legitimate health care needs and desires of the patient and shall provide a referral without any actions to persuade, coerce, or otherwise impose on the patient the pharmacist's values, beliefs, or objections.**

**(8-10) The New York State Council of Health-system pharmacists supports the use of 28 days for expiration/ beyond use dating (with the exception of vaccines), for commercial sterile multi-dose products, once entered by the puncture of a needle or other injection devise. Regarding vaccines, for multi-dose vials that do not require reconstitution, doses may be withdrawn and administered until the expiration on the vial, unless otherwise specified by the manufacturer.**

**(9-10) New York State Council of Health-system Pharmacists supports the prohibition of the sale and/or distribution of tobacco products in any pharmacy or establishment that has a pharmacy department within.**

**(1-09) The New York State Council of Health System Pharmacists develop a program to increase awareness of and promote the opportunities and benefits of being a mentor to pharmacy students and pharmacists who seek further professional development.**

**(2-09) The New York State Council of Health-system Pharmacists supports regulations and guidelines to ensure that vendors providing computerized physician order entry systems, drug infusion pumps, and other technologies utilized for medication order entry, distribution and administration, accommodate and comply with safe medication nationally accepted standards and practices.**

*Sunset (3-09) The New York State Council of Health-system Pharmacists supports standardization and consistency with regard to typographical formatting, font size, use of abbreviations, symbols, dose designations, tall man lettering, to support safe medication use. (Sunset at the 2014 HOD)*

*Sunset (4-09) The New York State Council of Health-system Pharmacists supports inclusion of cost analysis information in treatment guidelines that establish standards of care, when this information is available in the published biomedical literature and is of valid study design. (Sunset at the 2014 HOD)*

*Sunset (5-09) The New York State Council of Health-system Pharmacists supports inclusion of a pharmacist representative in guidance documents that establish standards of care. (Sunset at the 2014 HOD)*

**(6-09) The New York State Council of Health-system Pharmacists supports and advocates for the creation of sterile compounding regulations, in Part 63 of the Regulations of the Commissioner of Education that reflect national standards in accordance with evidence based medicine, and are subject to regular review and modification.**

*Sunset (7-09) The New York State Council of Health-system Pharmacists supports the use of 28 days for expiration/beyond use dating for commercial sterile multi-dose products, once entered by the puncture of a needle or other injection device. (Sunset at the 2014 HOD)*

**(8-09) The New York State Council of Health-system Pharmacists recognizes and strongly supports health-system pharmacists as an integral part of the multidisciplinary team charged with the task of medication reconciliation activities and patient counseling on all discharge medications.**

**9-09 The New York State Council of Health-system Pharmacists supports that schools of pharmacy in New York State offer coursework training in pharmacy based adult immunization delivery to doctor of pharmacy students, and that such training shall provide evidence that an approved immunization course has been completed within the past three years for a qualified pharmacist to voluntarily apply for the immunizer certification in New York State**

*Sunset (10-09) The New York State Council of Health-system Pharmacists advocates that members of pharmacy staff, in certain health care settings such as hospitals and clinics, become certified in phlebotomy so that said individuals may be utilized to obtain serum drug levels at the appropriate times in order to ensure accurate therapeutic drug monitoring and proper drug dosing adjustments. (Sunset at the 2014 HOD)*

**(11-09) The New York State Council of Health-system Pharmacists supports that chemotherapy admixture, regardless of whether it occurs in a hospital, private physician office, or otherwise, be overseen by a licensed, registered pharmacist, that it is performed in a location separate from the patient care areas, that USP 797 guidelines are upheld, and that the pharmacist may determine the most reasonable process for ensuring the safe and effective compound of chemotherapy for the practice.**

**(12-09) The New York State Council of Health-system Pharmacists supports re-instatement of internship requirements for Pharmacy students: to provide an incentive for prospective pharmacists to gain a more extended practical experience in actual Pharmacy work settings, with the intended outcome of insuring that new pharmacists have the experience that will allow them to become effective within a short time after completing all the requirements for licensure, the NYSCHP supports**

the incentive provided by the NYS BOP that allows pharmacy students to take the practical portion of the pharmacy board exam after completion of their 5<sup>th</sup> year of Pharmacy School, provided the student has obtained 1000 hours of work experience as a pharmacy intern. This incentive is provided as an alternative to the reinstatement of the internship requirement for licensure, with the understanding that the work experience is over and above the experiential component required as part of the PharmD curriculum. In addition, the incentive for pharmacy students will provide the Pharmacy work setting with a more reliable workforce of pharmacy students.

**(13-09) The New York State Council of Health-system Pharmacists supports mandatory vaccines: Vaccines work best when most members of a community are vaccinated, therefore if more people who are vaccinated, the lower the possible risk of anyone's exposure to vaccine-preventable diseases. To protect and promote the health of the public, the NYSCHP supports mandatory vaccines approved by the Food and Drug Administration (FDA) for children and healthcare workers to protect against diseases when evidence based medicine indicates the risk of the disease outweighs the potential risk of the vaccine. The immunizations should be in accordance to the Center for Disease Control and Prevention (CDC) and supported by the Advisory Committee on immunization practices (ACIP). The goal of mandatory vaccines is to prevent and reduce the severity of diseases, focusing on prevention. NYSCHP also recognizes a mandatory vaccine exemption is needed for individuals with medical reasons and for personal beliefs as long as the safety of the public health is not at risk and in cases of national emergencies.**

**(14-09) The New York State Council of Health-system Pharmacists supports ASHP's position on Pain management and - further supports the following:**

- 1. The insurance of the safe use of opioids, with more focused monitoring for adverse drug events along with appropriately reporting of events to insure appropriate follow up and prevention of future events,**
- 2. The monitoring of appropriate health care worker practices to ensure safety for all patients and caregivers, including monitoring for diversion and/or potential abuse,**
- 3. Participation in education of families and the public on appropriate precautions and the importance of comfort care,**
- 4. Ensuring the availability of appropriate pain therapy when needed – considering timeliness and patient need,**
- 5. Cost effective management of pain for the patient and care givers,**
- 6. Involvement in the management of unavoidable adverse events related to pain management, and**
- 7. Simplifying the processes related to pain management, for example use of technology and algorithms, to the extent possible.**

***Sunset Refer to PS 8-13 (15-09) The New York State Council of Health-system Pharmacists supports: Unlicensed pharmacy personnel that assist the pharmacist in the dispensing of prescriptions should be officially designated as "pharmacy technicians" under laws and regulations of pharmacy practice. The NYSCHP recommends requiring certification via the Pharmacy Technician Certification Board (PTCB). The NYSCHP recommends evaluating the current rules governing the use of unlicensed pharmacy personnel, including tasks they may perform, in order to develop regulations to maximize the use of pharmacy technicians without compromising patient safety. The NYSCHP supports changing the current regulation to allow a PTCB certified pharmacy technician to assist a pharmacist in the dispensing of drugs by measuring, weighing, compounding or mixing ingredients under the direct supervision of a pharmacist, and in accordance USP 797 standards on Quality Assurance in compounding. The NYSCHP supports the utilization of PTCB certified pharmacy technicians to collect objective clinical data from patient records and from other health care professionals that may be used by licensed pharmacists to provide quality pharmacy services, with appropriate training. (Combined position statements 5-03 and 2-08)***

**(1-08) The New York State Council of Health-system Pharmacists strongly supports the development of programs encouraging safe, responsible and proper disposal of unused medications and reduce medication waste generated by all in order to minimize contamination of the environment and the diversion of controlled substances and furthermore the council promotes professional and public education and awareness of the issues.**

Countless numbers of patients get prescriptions filled for legend drugs and controlled substances every day in New York State and throughout the United States, and for various reasons patients often do not use the entire supply of the prescription drugs dispensed to them, and some patients dispose of their unused prescription drugs by flushing them down a sink or toilet which leads to a public sewage system or a septic system, and public sewage systems

and septic systems are not generally designed and engineered to process, filter and/or break down prescription drugs, and recent research studies and reports have determined that levels of prescription drugs and/or their metabolites have been detected in the environment, namely ground waters, rivers and tributaries, and recent research studies and reports have demonstrated that contamination of the environment by such disposal of prescription drugs has had an impact on fish and wildlife, and for any number of reasons some patients store unused prescription drugs in their homes for prolonged periods of time, and unused supplies of prescription drugs stored in patients' homes are susceptible to theft and accidental ingestion, and it has been found that many prescription controlled substances are routinely diverted from various sources and have become preferred drugs of abuse in New York State and throughout the United States, the safe, responsible and proper disposal of unused prescription drugs by patients in order to minimize contamination of the environment and the diversion of controlled substances is recommended and encouraged.

**Sunset Refer to PS 8-13 (2-08) The New York State Council of Health-system Pharmacists supports the utilization of PTCB certified Pharmacy Technicians to collect objective clinical data from patient records and from other health care professionals that may be used by licensed pharmacists to provide quality pharmacy services.**

*There is a shortage of licensed pharmacists in New York State, and pharmacy technicians are invaluable in assisting licensed pharmacists in providing quality pharmacy services, and not all practice sites have on line access to patient information, and information must be gathered from the patient records and other sources before it can be assessed by the licensed pharmacist, and all individuals employed in health care are bound by HIPPA regulations, and pharmacy technicians can be trained to gather data that may be interpreted and utilized by licensed pharmacists, and the utilization of PTCB certified pharmacy technicians is recommended. **(Replaced with Position Statement 15-09)***

**(3-08) The New York State Council of Health-system Pharmacists supports wider involvement of hospital pharmacists in medication reconciliation activities and patient counseling on all discharge prescriptions.**

*Hospital pharmacists receive the most training in medication management, management of drug interactions, drug dosage forms, strengths and routes, and other drug therapy activities, and, medication errors, including those involving omissions, duplications, dosing errors, or drug interactions continue to endanger patients in the hospital setting, and, medication reconciliation continues to be a JCAHO recommended medication error prevention strategy, and, counseling patients on discharge prescriptions can provide education to minimize errors during out-patient prescription maintenance therapy. (Sunset at the 2014 HOD)*

**Sunset (4-08) The New York State Council of Health-system Pharmacists supports legislative activities to encourage state and federal government funding of pharmacy education, including primary pharmacy education, residency programs (PGY1) and specialty residency training (PGY2) to stimulate growth in health-system pharmacy. Pharmacists are an integral part of the health care team, offering unique drug therapy services in the hospital environment, and, pharmacists require lengthy and extensive academic and practical training, and, a local and national shortage of pharmacists exists and competition for pharmacists from the retail environment is strong and backed by financial incentives, and, personal educational costs or institutional residency training costs may be prohibitive of entrance into primary pharmacy education, selection of New York State health-system pharmacy as a practice environment, or the creation of residency training programs, both primary and specialty residency training, and, shortages of pharmacists, particularly in health-system pharmacy, puts undue stress on pharmacists and risks optimal patient care, and, advanced training in residency programs benefit patients though targeted clinical and research skills.**

**Sunset (5-08) The New York State Council of Health-system Pharmacists will partner with the American Society of Health-system Pharmacists (ASHP) and the Joint Commission standard 4.10 to review the feasibility of a health-system pharmacy department's ability to comply with the prospective review of all medication orders, so as not to dilute the value of the pharmacist reviews that are already occurring in our practice sites. (Sunset at the 2014 HOD)**

**Sunset (6-08) The New York State Council of Health-system Pharmacists will work with regulatory agencies to promote development of effective e-prescribing systems for easy control of tamper evident paper.**

**Sunset (7-08) The New York State Council of Health-system Pharmacists supports evidence based use of medications and alternative medicine or CAM and encourages the development of health care policies that address safe, effective and affordable care within the health-system. (Sunset at the 2014 HOD)**

**(1-07) The New York State Council of Health-system Pharmacists requires that health-systems in New York State establish and maintain minimum clinical and operational competencies and educational, certification, and leadership training requirements for pharmacists and pharmacy technicians pertinent to the various types of health-system practice settings within the organization and requires pharmacists and pharmacy technicians in all health-system practice settings to continually maintain leadership, clinical and operational competencies appropriate to the area of practice and expertise and requires that health-systems in New York State ensure pharmacists and pharmacy technicians demonstrate, through competency assessment and documentation, clinical, operational and leadership competencies appropriate to the area of practice and expertise and advocates the use of professionally recognized competency assessment tools to routinely assess and document, clinical, operational and leadership competency of pharmacists and pharmacy technicians in health-systems in New York State.**

Health-system pharmacy practice exists in an extremely dynamic and complex environment that requires competent and skilled practitioners to ensure safe and effective medication outcomes. Given the intensity of care and related risks in hospitals and health-systems, a highly qualified work force of pharmacy practitioners (pharmacists and pharmacy technicians) will be required in the long term. The Joint Commission and other regulatory agencies require health-systems to develop required competencies pertinent to the practice setting and to routinely assess competency to ensure patient safety and operational process and practice efficiencies. At this time, the NYSCHP is not proposing specific minimal competencies, educational, certification or training requirements, however ASHP has proposed a draft guideline entitled: "Long-range vision for the pharmacy work force in hospitals and health-systems" (AJHP 2006; 63:661-5) that can be utilized as a guide in developing health-system-specific minimal competencies, educational, certification and training requirements. Health-systems, health-system pharmacists and health-system pharmacy technicians have a professional responsibility to their patients to ensure that policies, procedures and processes are in place to establish, assess and maintain competency and skills in all types of practice settings. Additionally, pharmacists and pharmacy technicians in all health-system practice settings have a personal responsibility to maintain and demonstrate competency and skills pertinent to their area of practice and expertise. Our patients demand and deserve nothing less.

**(2-07) The New York State Council of Health-system Pharmacists supports the utilization of safe and efficient systems and processes for remote medication order entry services that meet all local, state and federal regulations, and comply with the Joint Commission's medication management standards and the American Society of Health-system Pharmacists' Guidelines on Outsourcing Pharmaceutical Services.**

In order to meet the intent of the Joint Commission's medication management standards for pharmacist review of all medication orders prior to administration, hospitals, especially in rural or community settings, may need to establish process for remote medication order entry during hours when the pharmacy department is closed. This may or may not include medication dispensing and distribution.

Advancements in technology and communications provide the ability to exploit opportunities for safe and efficient remote medication order entry in compliance with state, local and federal regulatory bodies, HIPAA requirements and other agencies concerned with medication use and medication safety.

**(3-07) The New York State Council of Health-system Pharmacists supports the pharmacist's active participation in the design, implementation and monitoring of the medication reconciliation process. The following aspects should be considered the responsibility of the pharmacist:**

- **Participate and collaborate in interdisciplinary efforts to develop, implement, maintain, and monitor the effectiveness of the medication reconciliation process**
- **To be part of the leadership in this interdisciplinary effort and in developing systems to ensure the accuracy and completeness of all medication lists taken at admission and for communication of a reconciled list of medications at any change in level of care and at discharge**
- **Encourage community-based providers, hospitals, and health-systems to collaborate in organized medication reconciliation programs to promote overall continuity of patient care**
- **Participate in the educational efforts directed toward patients and caregivers on their responsibility to retain an up-to-date and readily accessible list of medications**
- **To collaborate with patients and caregivers in the provision of a personal medication list as part of patient education and counseling efforts**

At the time of hospitalization, a complete and accurate medication history is necessary to provide optimal patient care. If this history is incorrectly documented the patient is put at risk for development of a serious medication error. Studies have demonstrated that these inadvertent changes to a medication regimen lead to a clinically important error up to 60% of the time. These errors are often continued throughout the patient's hospital stay and at discharge. The most frequently documented errors are unintentional deletion of previously prescribed medication, prescription of inappropriate dosages and addition of medications that duplicate prior therapy or create potentially dangerous drug interactions. Repeated hospitalizations, transfer to different levels of care, patients'

ignorance of their medications and inadequate communication between caregivers are among the contributing factors to this problem. "Reconciling" the medication list during a patient's hospital stay can minimize the potential for an error to occur. Medication reconciliation is the process of comparing medication regimens throughout each point across the health care continuum, the purpose of which is to ensure the appropriate drug and dosage are prescribed from admission through discharge. In July 2004, the Joint Commission incorporated medication reconciliation into its 2005 patient safety goals. As a result, health-systems are required to have a functional medication reconciliation process in place to prevent the occurrence of the aforementioned errors. The involvement of pharmacists in medication reconciliation has been demonstrated to produce positive outcomes. This involvement, however, does not necessitate a pharmacist personally conduct the process. Designing, implementing and monitoring the medication reconciliation program are equally as important.

**Sunset (4-07)** *The New York State Council of Health-system Pharmacists supports the intent of the USP General Chapter <797> and the need for evidence-based standards and requirements for safe compounding of sterile preparations.*

*The prevention of harm and fatality resulting from microbial contamination, presence of endotoxins, and errors in strength and ingredients needs to be an essential component of the sterile compounding process. The health-system pharmacists' concern for detail make them experts at incorporating these evidence based practices into daily routine. Procedures must be developed that promote self-discipline, competency and training to ensure product safety. (Sunset at the 2012 HOD)*

**Sunset Refer to PS 8-13 (5-07)** *The New York State Council of Health-system Pharmacists strongly supports the Pharmacy Technician Certification Board (PTCB) certification as a minimum requirement for unlicensed personnel working in health-system pharmacy settings in New York state within two years of employment in the health-system setting and supports the designation of unlicensed personnel who have passed the PTCB certification exam as pharmacy technicians in NYS and recommends evaluating the current rules governing the use of pharmacy technicians, including tasks they may perform, in order to develop regulations to maximize the use of pharmacy technicians without compromising patient safety and supports changing the current regulation to allow a pharmacy technician to assist a pharmacist in the dispensing of drugs by measuring, weighing, compounding or mixing ingredients under the direct supervision of a pharmacist.*

**(6-07) The New York State Council of Health-system Pharmacists supports the modification of Part III of the NYS Pharmacy Board Exam to include competency assessment of the application of clinical and operational pharmacy practice knowledge and skills.**

The New York State Council of Health-system Pharmacists recognizes that pharmacy practice has moved into a more clinical patient-care role requiring more emphasis on direct patient medication management. The New York State Council of Health-system Pharmacists also recognizes the importance for pharmacists to have the competencies and skills to be able to oversee, manage, and participate in aspects of the medication compounding process.

**Sunset (7-07)** *The New York State Council of Health-system Pharmacist adopts the ASHP Vision Statement for Pharmacy Practice for all health care settings and strongly encourages the incorporation of the goals and objectives outlined in the ASHP 2015 Initiative into health-system pharmacy practice in the state of New York. The purpose of this statement is to promote a practice of pharmaceutical care that will:*

- *significantly enhance patients' health-related quality of life by exercising leadership in improving both the use of medications by individuals and the overall process of medication use, and*
- *position pharmacists in a leadership role to continuously improve and redesign the medication use process with the goal of achieving significant advances in patient safety, health-related outcomes, prudent use of human resources and efficiency.*

*The support and implementation of the ASHP vision statement and the ASHP 2015 Goals and Objectives for health-system pharmacy will be particularly important to our aging population, patients with multiple chronic disease states, and patients with complex and high risk medication regimens.*

#### **ASHP GOALS AND OBJECTIVES FOR PHARMACY PRACTICE IN HEALTH SYSTEMS TO BE ACHIEVED BY 2015**

**Goal 1.** *Increase the extent to which pharmacists help individual hospital inpatients achieve the best use of medications.*

##### **Objective 1.1**

*Pharmacists will be involved in managing the acquisition, upon admission, of medication histories for 75% of hospital inpatients with complex and high-risk medication regimens.*

##### **Objective 1.2**

*The medication therapy of 70% of hospital inpatients with complex and high-risk medication regimens will be*

monitored by a pharmacist.

*Objective 1.3*

*In 70% of hospitals, pharmacists will have organizational authority to manage medication therapy in collaboration with other members of the health-care team.*

*(Note: Managing medication therapy may include: initiating, modifying, and monitoring a patient's medication therapy; ordering and performing laboratory and related tests; assessing patient response to therapy; counseling and educating a patient about medications; and administering medications.)*

*Objective 1.4*

*75% of hospital inpatients discharged with complex and high-risk medication regimens will receive discharge medication counseling managed by a pharmacist.*

*Objective 1.5*

*50% of recently hospitalized patients (or their caregivers\*) will recall speaking with a pharmacist while in the hospital.*

*(\* Family members, for example.)*

*Goal 2. Increase the extent to which health-system pharmacists help individual nonhospitalized patients achieve the best use of medications.*

*Objective 2.1*

*In 70% of health systems providing clinic care, pharmacists will have organizational authority to manage medication therapy for patients with complex and high-risk medication regimens, in collaboration with other members of the health-care team.*

*(Note: Managing medication therapy may include: initiating, modifying, and monitoring a patient's medication therapy; ordering and performing laboratory and related tests; assessing patient response to therapy; counseling and educating a patient about medications; and administering medications.)*

*Objective 2.2*

*95% of health-system clinic patients with complex and high-risk medication regimens will be counseled by a pharmacist.*

*Objective 2.3*

*In 85% of home care services, pharmacists will have organizational authority to manage medication therapy in collaboration with other members of the health-care team.*

*(Note: Managing medication therapy may include: initiating, modifying, and monitoring a patient's medication therapy; ordering and performing laboratory and related tests; assessing patient response to therapy; counseling and educating a patient about medications; and administering medications.)*

*Objective 2.4*

*In 65% of long-term care facilities, pharmacists will have organizational authority to manage medication therapy in collaboration with other members of the health-care team.*

*(Note: Managing medication therapy may include: initiating, modifying, and monitoring a patient's medication therapy; ordering and performing laboratory and related tests; assessing patient response to therapy; counseling and educating a patient about medications; and administering medications.)*

*Goal 3. Increase the extent to which health-system pharmacists actively apply evidence-based methods to the improvement of medication therapy.*

*Objective 3.1*

*For 75% of health-system patients, pharmacists will be actively involved in ensuring that they receive evidence-based medication therapy.*

*Objective 3.2*

*In 80% of health systems, pharmacists will be actively involved in the development and implementation of all evidence-based therapeutic protocols involving medication use.*

*Objective 3.3*

*90% of hospital pharmacies will participate in ensuring that patients hospitalized for an acute myocardial infarction or congestive heart failure will receive angiotensin-converting enzyme inhibitors at discharge.*

*Objective 3.4*

*90% of hospital pharmacies will participate in ensuring that patients hospitalized for an acute myocardial infarction will receive beta-blockers at discharge.*

*Objective 3.5*

*90% of hospital pharmacies will participate in ensuring that patients hospitalized for an acute myocardial infarction will receive aspirin at discharge.*

*Objective 3.6*

*90% of hospital pharmacies will participate in ensuring that patients hospitalized for an acute myocardial infarction*

*will receive lipid lowering therapy at discharge.*

*Objective 3.7*

*90% of nonhospitalized patients under the care of health-system pharmacists and who are receiving medications to decrease blood glucose levels will be assessed annually with a HbA1c test.*

*Goal 4. Increase the extent to which pharmacy departments in health systems have a significant role in improving the safety of medication use.*

*Objective 4.1*

*80% of health systems will have an organizational program, with appropriate pharmacy involvement, to achieve significant annual, documented improvement in the safety of all steps in medication use.*

*Objective 4.2*

*80% of pharmacies in health-systems will conduct an annual assessment of the processes used throughout the health-system for compounding sterile medications, consistent with established standards and best practices.*

*Objective 4.3*

*85% of routine medication orders\* in health-systems will be reviewed by a pharmacist prior to administration of first doses.*

*(\*Not including doses required in the context of emergencies or immediate procedures such as surgeries, labor and delivery, cardiac catheterization, etc.)*

*Objective 4.4*

*90% of hospital pharmacies will participate in ensuring that patients receiving antibiotics as prophylaxis for surgical infections will have their prophylactic antibiotic therapy discontinued within 24 hours after the surgery end time.*

*Objective 4.5*

*85% of pharmacy technicians in health systems will be certified by the Pharmacy Technician Certification Board.*

*Goal 5. Increase the extent to which health-systems apply technology effectively to improve the safety of medication use.*

*Objective 5.1*

*75% of medication doses dispensed by hospital pharmacies will be verified by machine-readable coding.*

*Objective 5.2*

*75% of hospitals will use machine-readable coding to verify all medications before administration to a patient.*

*Objective 5.3*

*For routine medication prescribing for inpatients and clinic patients, 70% of hospitals will use computerized prescriber order entry systems that include clinical decision support.\**

*(\* Clinical decision support may include, for example, medication interaction screening, dose checking, allergy checking, i.v. compatibility checking, and expert decision rules)*

*Objective 5.4*

*In 65% of health-systems, pharmacists will use medication-relevant portions of patients' electronic medical records for managing patients' medication therapy.*

*(Note: Managing medication therapy may include initiating, modifying, and monitoring a patient's medication therapy; ordering and performing laboratory and related tests; assessing patient response to therapy; counseling and educating a patient about medications; and administering medications.)*

*Objective 5.5*

*For 70% of patients with complex and high-risk medication regimens pharmacists will be able to access pertinent patient information and communicate across settings of care \* to ensure continuity of pharmaceutical care.*

*(\* For example, among hospitals, clinics, home care operations, and chronic care operations)*

*Goal 6. Increase the extent to which pharmacy departments in health-systems engage in public health initiatives on behalf of their communities.*

*Objective 6.1*

*60% of pharmacies in health-systems will have specific ongoing initiatives that target community health.*

*Objective 6.2*

*50% of pharmacy departments in health-systems will be directly involved in ongoing immunization initiatives in their communities.*

*Objective 6.3*

*85% of hospital pharmacies will participate in ensuring that eligible patients in health-systems receive vaccinations for influenza and pneumococcus.*

*Objective 6.4*

*80% of hospital pharmacies will participate in ensuring that hospitalized patients who smoke receive smoking-cessation counseling.*

*Objective 6.5*

*90% of pharmacy departments in health-systems will have formal, up-to-date emergency preparedness programs integrated with their health-systems' and their communities' preparedness and response programs. (Sunset by the 2012 HOD)*

**(8-07) NYSCHP supports a New York State legislative act which requires health insurers to provide a mechanism of re-imburement for pharmacotherapeutic consultative services.**

Pharmacotherapeutic consultative services are defined as when a pharmacist obtains and maintains: a medication and medical history from the patient, review of symptoms and laboratory parameters; develops a recommendation to a prescribing care giver and patient, and keeps adequate records of such service with the objective of optimizing the use of drugs in any given patient. The prevention and treatment of disease strategies requires optimal use of pharmacotherapeutic agents to delay and or prevent specific complications. The salutatory effects of such pharmacotherapeutic agents have been demonstrated to be cost-effective. The use of drug of choice remains tremendously underutilized. With the ever-evolving progress in pharmaceutical developments so too comes an ever-increasing level of complexity related to drug regimens, as such, many patients require an accurate assessment from a skilled pharmacist in order to avert, delay, and/or prevent specific complications. Pharmacists have successfully demonstrated on numerous occasions the impact of pharmacotherapeutic consultation practices which result in rational prescribing based on the objective of improving patient outcomes. Pharmacists have published more studies demonstrating cost-effectiveness than any other profession. Payment for pharmacotherapeutic consultation services will provide positive clinical and cost-effective outcomes from both the patient and payor perspectives. Pharmacists are depended on by society to be the drug therapy experts optimizing patients' drug regimens and have taken responsibility for such service. Being drug therapy experts, pharmacists offer a perspective on pharmacotherapy distinct from any other professional. The current lack of re-imburement mechanisms for such pharmacotherapeutic consultation services has resulted in a sparse existence of pharmacotherapeutic consultative services, such absence of services relates closely to poor patient outcomes which are frequently secondary to preventable drug related morbidity and mortality at a very high cost to society. Most health care professionals, excluding pharmacists, such as physical therapists, dieticians, social workers, respiratory therapists, nurses, and physicians as well as a small segment of pharmacists serving as diabetes educators, are paid for professional cognitive services. Pharmacists are currently unable to obtain provider numbers from most insurers and therefore are unable to obtain re-imburement for pharmacotherapeutic services.

**(9-07)The New York State Council of Health-system Pharmacists supports that health-system pharmacy leaders establish policies and procedures for health-system pharmacists responding to advanced cardiac life support and pediatric code life support situations.**

The role of the pharmacist for medication order review, preparation and dispensing is an invaluable and required service and institutional resource. The presence and inclusion of a licensed pharmacist to the institutional code team of a hospital responding to a, but not limited to, cardiac arrest, respiratory arrest, trauma, toxicologic, and other emergencies, would improve patient safety and optimize therapy.

**(10-07) The New York State Council of Health-system Pharmacists supports passage into law the bills requiring that in order to do business with health plans in New York State, Pharmacy Benefit Managers (PBMs) be registered with the appropriate regulatory authority or authorities and comply with the requirements and regulations so determined.**

Many hospitals and health-systems in New York State operate outpatient pharmacies and as such are reimbursed directly or indirectly through various health insurers and health plans ("health plans"). Health plans often have contractual arrangements with PBMs for the provision, management or coordination of prescription coverage to members of health plans. Any PBM may do business with health plans in New York State without regard to said PBM's financial viability and accountability. Any PBM doing business with health plans in New York State is not currently required to disclose information regarding the PBM's parent and subsidiary company information, insurance company contracts, agreements with pharmaceutical manufacturers or distributors, and revenue sharing agreements with third parties. PBMs lack of financial viability and accountability may result in patient harm or discriminatory practices against pharmacies participating with said PBMs. PBMs lack of accountability may result in business arrangements and practices which are prohibited under the laws and regulations of New York State. Any PBM doing business with health plans in New York State is not currently required to register with the New York State Department of Health.

**(11-07) The New York State Council of Health-system Pharmacists supports amending the New York State Education Law to create and support a private organization to engage in advertisement, outreach, and counseling of pharmacists who are, or may be, suffering from addictive disease or other problems that may result in the impairment of the ability to safely and effectively practice the profession.**

Pharmacists, like all segments of American society, are subject to addictive disease associated with drug, alcohol, and related afflictions. The public must be protected from practitioners who may be impaired by addictive disease. Addictive disease can result in severe health consequences. Addictive disease may cause significant legal consequences. Addictive disease may result in the loss of license to practice the profession. Available resources for treatment of addictive disease do not adequately penetrate into the pharmacy profession. Many treatment models embodying partnership between government and the private sector exist. There is evidence suggesting that such models are effective at raising awareness about the availability of treatment, providing outreach, and providing intervention when appropriate.

**(12-07) The New York State Council of Health-system Pharmacists supports the development of a campaign to educate pharmacists serving the community in various settings and employ the cooperation of said pharmacists in promoting the medication reconciliation process across the continuum of patient care.**

Hospitals and health-systems throughout New York State are required to comply with quality improvement practice standards established by the Joint Commission. The Joint Commission has established the process of medication reconciliation as one of its National Patient Safety Goals and standards of practice. The process of medication reconciliation will reduce medication errors and improve the quality and continuity of care for any and all patients prescribed or ordered on medications. In order for the process of medication reconciliation to work properly, it requires accurate information about each patient's medication history. Patients, their family members or caregivers are not always able to provide accurate and reliable information regarding a patient's medication history. Pharmacies serving patients in the public community in various settings maintain profiles and medication histories on their respective patients and may serve as a valuable resource of accurate and reliable information to health care providers treating hospitalized patients. Many community and retail pharmacies are not aware of the medication reconciliation process being practiced by hospitals and health-systems throughout New York State.

*Sunset (13-07) NYSCHP strongly advocates for the adoption for use by all health care organizations, a standardized template expressing both medication strengths and IV dosage rates in a format consistent with their descriptions in reference materials, published clinical trials and the health care educational curriculum.*

*The Pharmacy Department is ultimately responsible for developing and implementing practices that ensure the safe prescribing, preparation and administration of medications and the avoidance of potential drug errors. One of the Joint Commission's National Patient Safety Goals acknowledges the need to standardize and limit the number of drug concentrations in an organization because standardization in drug delivery promotes a safer environment. Published clinical trials, abstracts and drug information, referenced by practitioners are often inconsistent in the way they describe medication strengths and IV dosage rates. Medical References similarly lack standardization in the way medication strength and IV dosage rates are described. Health Care and Academic Institutions also lack standardization in the way medication strengths and IV dosage rates are described. Even within the same Health Care and Academic Institution there is a lack of standardization in the way medication strengths and IV dosage rates are described. New infusion pumps with SMART technology often require a standardized template for medication entry and IV dosage rate. Advisory and regulatory agencies that include the JCAHO, IOM, ISMP and NYS Board of Pharmacy are requiring that institutions focus on developing processes to prevent and address potential drug errors. (Sunset at the 2012 HOD)*

**(1-06) NYSCHP supports repealing the laws and regulations that pharmacists be United States citizens or permanent residents in order to be licensed in New York State.**

There currently exists a shortage of pharmacists in the United States, including New York State and the United States Supreme Court has previously ruled that states could not impose citizenship requirements in order to practice a profession. This requirement appears to be unconstitutional if it were legally challenged in the courts.

**(2-06) NYSCHP supports the replacement of the compounding component of Part III of the NYS Pharmacy Board Exam with a written clinical portion or simulated patient counseling sessions to appropriately assess their readiness for licensure and practice.**

Pharmacy practice has moved into a more direct clinical patient-care role requiring less emphasis on compounding of medications and those pharmacies that engage in compounding are highly specialized and there is no data to support that NYS pharmacists are better qualified because they have successfully completed the compounding portion of the NYS Board Exam and students are leaving the state thereby contributing to the shortage of pharmacists in NYS.

**(3-06) NYSCHP supports educational efforts to promote pharmacy residencies in New York State.**

The experience gained in a residency can be compared to several years of experience in the same practice area and pharmacists continue to evolve into more clinical patient care roles. The importance of having high quality residency training available becomes more apparent and the number of residency seeking pharmacy graduates

exceeds the number of available residency positions and NYS is lagging behind in the number of residencies offered throughout the state.

**(4-06) NYSCHP supports collaborative drug therapy management to aid in the retention of pharmacy school graduates in New York State.**

NYS is experiencing a shortage of pharmacists that is projected to increase by the year 2020 with a projected increase in prescription volume anticipated at 30% from 1992-1999 and continuing to rise at an average of 6% per year to reach 7.2 billion prescriptions by the year 2020 and the growth in the population 65 and older which uses a higher share of prescription drugs and pharmacists add a value to the profession and overall healthcare of the patient as an educator and an advocate. The number of graduates from the 4 pharmacy schools is about 2,000 per year, the retention of these graduates is decreasing and the broadening practice of pharmacy in 42 states has been accepted.

**(5-06) NYSCHP supports the health-system Pharmacist's Role in Automation and Informatics.**

The New York State Council of Health-system Pharmacists believes that pharmacists have the unique knowledge, expertise, and responsibility to assume a leadership role in automation initiatives and clinical informatics in health-systems, further, as health-systems develop plans for the adoption of health information technology and associated automation, pharmacists must integrate their knowledge of information systems and the medication-use process to improve patient care by insuring that new technologies lead to more effective, more efficient and safer medication use, and, health-system pharmacists must advocate for and initiate changes in processes and workflow associated with automated systems and health information technology to maximize the safety and effectiveness of these innovations within all health-system settings.

**(6-06) NYSCHP supports the health-system Pharmacist's Right of Conscience and Patient's Right to Access to Therapy.**

The New York State Council of Health-system Pharmacists recognizes the right of pharmacists and their pharmacy employees to decline to participate in therapies due to moral, religious or ethical reasons; further, supports that pharmacists and other pharmacy employees have a responsibility to inform employers of situations where they would decline to participate in therapies due to moral, religious, or ethical reasons; further supports that employers, once notified of a pharmacist or pharmacy employee's intent to decline participation in therapies due to moral, religious, or ethical reasons, proactively establish systems that protect the patient's right to obtain legally prescribed and medically indicated treatments while reasonably accommodating, in a non-punitive manner, the right of conscience; further, advocates that a pharmacist or pharmacy employee exercising the right of conscience must respect and serve the legitimate health care needs and desires of the patient and just provide a referral without any actions to persuade, coerce, or otherwise impose on the patient the pharmacist's values, beliefs, or objections.

**(1-05) Penalties for Drug Counterfeiters:**

The NYSCHP proposes:

- An increased Pharmacist and public awareness of drug product counterfeiting;
- That Pharmacists be encouraged to learn how to identify instances of counterfeiting;
- That the patient and prescriber be notified of appropriate treatment and monitoring subsequent to identification of a counterfeiting incident;
- That appropriate local and state regulatory bodies be notified when counterfeit drugs are encountered or suspected;
- That Pharmacists should implement appropriate security measures in the procurement process to avoid counterfeit drugs; and
- That drug counterfeiters should be subjected to the severest penalties and their enforcement.

**(2-05) New York State Council of Health-system Pharmacists Statement on the Comprehensive Role of the Health-system Pharmacist.**

The NYSCHP recognizes and supports the various multidimensional roles of the health-system pharmacist necessary to meet and exceed the demands and expectations of patients and healthcare providers in all types of health-system pharmacy practice settings in the 21<sup>st</sup> century. Further, the NYSCHP advocates that pharmacists with a wide range of education, skill sets, and competencies be required to work collaboratively to provide the full range of services necessary to the provision of direct and indirect patient care services.

**(3-05) New York State Council of Health-system Pharmacists Statement on the Role of the Health-system Pharmacist in Pain Management.**

The New York State Council of Health-system Pharmacists (NYSCHP) strongly believes that pharmacists should assume accountability for professional competency in pain management concepts and therapy options. Further the (NYSCHP) recommends that hospital and health-system pharmacists, in collaboration with other health care providers, perform pain assessments and implement rational and individualized approaches to pain management for their patients. Further, pharmacists are strongly encouraged to be proactive in disseminating pain management information to patients and other health professionals.

**(4-05) New York State Council of Health-system Pharmacists Statement on the Role of the Health-system Pharmacist in Emergency Preparedness.**

The New York State Council of Health-system Pharmacists (NYSCHP) believes that health-system pharmacists must assertively exercise their leadership role and responsibilities in preparing for and responding to large-scale disasters. These include, but are not limited to industrial accidents, airplane or train crashes, explosions, fires, terrorist attacks with weapons of mass destruction, including biological and chemical agents and radiological, nuclear, and explosive devices. Further, health-system leaders must communicate the needs of state and local emergency planning leaders with health-system pharmacists and proactively involve them in establishing policies and procedures for responding to large scale emergency situations. Further, leaders of emergency planning at the state and local levels must call upon pharmacists to participate in the full range of issues related to pharmaceuticals used in large scale emergency situations.

**(5-05) New York State Council of Health-system Pharmacists Statement on the Role of the Health-system Pharmacist in Drug Product Selection.**

The New York State Council of Health-system Pharmacists (NYSCHP) advocates that decisions on the management of a medication formulary system, including but not limited to therapeutic interchange and generic substitution; (1) should be based on clinical, ethical, legal, social, philosophical, quality-of-life, safety, and pharmacoeconomic factors that result in optimal patient care, and (2) must include the active and direct involvement of physicians, pharmacists, and other appropriate health care professionals. Further, the NYSCHP advocates that decisions on the management of a medication formulary system should not be based solely on economic factors."

***Sunset (1-04) NYSCHP Recommends not supporting the Pharmaceutical Market Access Act of 2003. The Pharmaceutical Market Access Act of 2003 compromises the ability of the pharmacist to provide safe medication use and advance patient care. The Pharmaceutical Market Access Act is not supported by the US Food and Drug Administration, the American Medical Association, the American Pharmacists Association or the American Society of Health-System Pharmacists. (Sunset at 2014 HOD)***

***Sunset (2-04) NYSCHP Recommends amending the New York State Public Health Law to permit a faxed prescription and/or electronic submission of controlled substance prescription to serve as a substitute for a written prescription in a manner that is consistent with Federal Law for hospice patients, parental services or Long Term Care Facilities.***

*Federal Law permits faxed prescriptions for Schedule II controlled substances as a substitute for a written prescription for patients in hospice, for patients in Long Term Care Facilities and for parental products. Significant health benefits result from making NYS law consistent with Federal Law. (Sunset at 2009 HOD)*

***Sunset (1-03) NYSCHP Recommends supporting legislation and/or regulatory changes which allow non-acute institutional care facilities to create a sub-stock of pain control medication, dispensed and controlled by a pharmacist, as approved by the facility medical director, to assure continuity of care. When post-op patients are discharged from hospitals to sub-acute facilities for recuperation and/or rehabilitation, it may take several hours to transfer the post-op patient from the hospital to the sub-acute facility, several hours after admission to obtain the order for pain medication, several hours for processing of the order. Current statutes and regulations do not allow for an emergency supply of controlled substances to be stored at the sub-acute facility. Post-op patients would benefit from the hospital pharmacy providing a few doses of pain medication to accompany the patient to the sub-acute facility.***

***Sunset (2-03) NYSCHP Recommends that pharmaceutical manufacturers provide all medications used in health-systems in unit dose packages and that the Food and Drug Administration be urged to support this goal in the interest of public health and patient safety. (Sunset at the 2014 HOD amended and replaced by PS 14-14)***

**(3-03) NYSCHP Recommends that pharmacists seek assurance that entries into all Computerized Prescriber Order Entry systems require pharmacist verification prior to medication administration in inpatient settings, except in those instances when review would cause a medically unacceptable delay.**

The New York State Council of Health-system Pharmacists anticipates increased implementation of Computerized Prescriber Order Entry (CPOE) systems in NYS. Some of the desired goals for implementation of this technology are improved patient safety and decreased medication errors. Past experience shows checks and balances provided by pharmacists are vital to safe medication use and this professional judgment cannot be programmed into a computer.

**Sunset Refer to PS 8-13 (4-03) NYSCHP Recommends registration of all pharmacy technicians in New York State.** *This measure will create a tracking system to evaluate potential employment of individuals as pharmacy technicians.*

*Hospital pharmacists have moved into clinical patient-care roles requiring more freedom from distribution, dispensing and manual tasks thereby increasing the need for pharmacy technicians to perform the work previously done by pharmacists. Pharmacy technicians provide valuable support to the pharmacy team, which enables pharmacists to use their cognitive services for better patient care. The duties performed by technicians are often crucial, involving precision, trust, risk and excellence. Oversight of technicians would be helpful for patient safety and quality of care thereby increasing progress, accountability, efficiency and job satisfaction.*

**Sunset Refer to PS 8-13 (5-03) NYSCHP Recommends the Recognition of Technicians in NYS including Certification.** *The New York State Council of Health-system Pharmacists supports the designation of unlicensed personnel as technicians in NYS. The New York State Council of Health-system Pharmacists recommends requiring certification of technicians via the Pharmacy Technician Certification Board (PTCB). The New York State Council of Health-system Pharmacists recommends evaluating the current rules governing the use of unlicensed pharmacy personnel, including tasks they may perform, in order to develop regulations to maximize the use of pharmacy technicians without compromising patient safety. The New York State Council of Health-system Pharmacists supports changing the current regulation to allow an unlicensed person to assist a pharmacist in the dispensing of drugs by measuring, weighing, compounding or mixing ingredients under the direct supervision of a pharmacist. (Replaced by Position Statement 15-09)*

#### **(1-01) NYSCHP Recommends the Use of Samples under Institution Specific Policy and Procedures.**

Use of medication samples should encourage the appropriate, cost-effective use of drugs in ambulatory settings regardless of formulary status within an institution and provide elements of pharmaceutical care as defined by Strand et. al. Restricted utilization shall be limited to the following: indigent patient populations; patients without prescription coverage; patients who are poorly compliant; disabled patients who are unable to access pharmacy services; psychiatric or mentally disabled patients who are unable to comprehend the necessity of their medication; instances when access to pharmacy services is limited or unavailable. **(Amended 2011 HOD)**

#### **Sunset (2-01) Pharmacists Specialist.**

*A Pharmacist Specialist shall be defined as a Pharmacist registered in NYS who has obtained one or more of the following: doctor of pharmacy degree from an accredited college of pharmacy; a master of science in clinical pharmacy from an accredited college of pharmacy; certification through the Board of Pharmaceutical Specialties; certification as a certified diabetic educator; completion of an accredited pharmacy residency or fellowship. (Sunset at 2006 HOD)*

#### **(3-01) Requirements for Certification as a Pharmacist Immunizer.**

A Pharmacist Immunizer is defined as a Pharmacist registered in NYS who has obtained a Certificate of Administration, having satisfactorily completed both of the following: a Center for Disease Control approved course on administration of immunizations and an American Heart Association course in Basic Cardiopulmonary Resuscitation.

#### **(1-00) Pharmacist Role in Fail Safe Medication Use.**

The New York State Council of Health-system Pharmacists will promote the establishment of a standardized system of reporting medication errors. The New York State Council of Health-system Pharmacists will promote and provide technical assistance required to analyze and to gain knowledge obtained from the reports. The New York State Council of Health-system Pharmacists will promote voluntary reporting of medication errors which is non-punitive, stressing quality improvement and future prevention. The New York State Council of Health-system Pharmacists will promote protection of health care workers who report medication errors and stress that the public interest will be served if liability protection is granted to those who report. The New York State Council of Health-system Pharmacists will promote patient and institution confidentiality. The New York State Council of Health-system Pharmacists will form a committee responsible for disseminating information to the membership regarding bills presented before the US Senate and the US Congress. The New York State Council of Health-system Pharmacists will encourage mandatory reporting of medication errors. The New York State Council of Health-system Pharmacists has a strong commitment to the study and improvement of medication use process.

**(2-00) Supporting Tele-pharmacy.**

The New York State Council of Health-system Pharmacists supports the use of electronic devices and/or communication technology and opposes the use of technologies that discourage traditional relationships between prescriber and patient; that denies appropriate opportunities for pharmacist counseling; that provides patients with outdated, counterfeit or non-FDA approved drugs. The New York State Council of Health-system Pharmacists shall appoint a Task Force to keep the New York State Council of Health-system Pharmacists informed of issues in telecommunication that impact the practice of pharmacy.

**(3-00) ASHP Guidelines for Preventing Medication Errors in Health-Systems.**

The role of the pharmacist is to ensure that patients make the best use of medication and to prevent, detect and resolve drug-related problems that can result in patient harm. Therefore, the New York State Council of Health-system Pharmacists supports and adopts ASHP's guidelines for preventing medication errors in health-systems.

**(1-99) Standardization of New York State Non-traditional PharmD programs.**

The New York State Council of Health-system Pharmacists recommends that for all Colleges of Pharmacy in NYS, all non-traditional Doctor of Pharmacy degree programs fully adhere to all Accreditation Council for Pharmacy Education (ACPE) accreditation standards and guidelines; these programs undergo periodic self-study and program review; graduates of non-traditional programs have at least the same capabilities and outcomes as students enrolled in traditional programs; and curricula offerings allow flexibility in program structure delivery methodologies and credit for prior learning (experience).

**Sunset (2-98) Unit Dose Packaging.**

*The current policy statement implies traditional unit dose dispensing. Currently, the majority of medications are supplied as traditional unit dose by manufacturers. Some automated dispensing equipment cannot dispense traditional unit dose; repackaging then is required by the pharmacy. The policy should be revised to include unit dose packaging for automated dispensing. The New York State Council of Health-system Pharmacists encourages the pharmaceutical manufacturers to provide unit dose packaging, including packaging for automated dispensing devices, throughout their product lines and, be it further resolved, the New York State Council of Health-system Pharmacists recommend to the American Society of Health-system Pharmacists to actively pursue this matter on a national level. (Sunset at the 2014 HOD)*

**Sunset (1-95) Role of the Pharmacist in Assisted Suicide.**

*The New York State Council of Health-system Pharmacists recognizes participation in assisted suicide is fundamentally inconsistent with the professional role of the pharmacist. Assisted suicide occurs when someone aids the patient to induce the patient's own death by using one or more euthanizing agents. If a patient induces death himself/herself using an euthanizing agent without assistance from anyone, it is not considered euthanizing, but suicide. The pharmacist should continually educate physicians, other care providers, the patient and family members about improving quality of life issues. (Sunset at 2006 HOD)*

**(2-95) ASHP Standards of Practice.**

The New York State Council of Health-system Pharmacists accepts and promotes the use of ASHP Standards of Practice as written.

**(3-95) Pharmacist's role in Antimicrobial Management.**

The New York State Council of Health-system Pharmacists believes and supports that the pharmacist should take an active role in antimicrobial management to promote the appropriate use of antimicrobials and to minimize the development of resistant organisms.

**(4-95) Pharmacist Reimbursement for Cognitive Services.**

The New York State Council of Health-system Pharmacists believes and supports pharmacists being compensated for cognitive services (e.g., medication review, drug monitoring). Cognitive services provided by pharmacists have been shown to improve patient outcomes.

**Sunset (5-95) Role of the Pharmacist in Alternative Medicine.**

*The New York State Council of Health-system Pharmacists supports the documentation by pharmacists and other health care professionals of alternative (unconventional) medicine by the patient. Pharmacists and other health care professionals are encouraged to report misadventures (i.e., side effects, progression of disease/symptoms, drug interactions) with alternative medicines to the FDA or National Council of Health Care Fraud. Such reports must respect patient confidentiality. The New York State Council of Health-system Pharmacists does not promote*

*the use of alternative medicines; rather it recognizes their popularity and the need to identify harmful agents. (Replaced by 7-08)*

**(6-95) Recognition of Pharmacy Specialties and Certification.**

The New York State Council of Health-system Pharmacists does not support Pharmacy General Practice Certification.

**(7-95) Drug Regimen Review.**

The New York State Council of Health-system Pharmacists supports the role of the pharmacist regarding the drug regimen review and OBRA '87 regulation by development of a position statement, grass roots letter writing campaign and legislative action.

**Sunset (1-94) Pharmacist Dispensing Under Protocol.**

*The New York State Council of Health-system Pharmacists believes and supports that it is within the pharmacist's professional role to dispense medications under protocol, which may include initiation and/or modification of medication regimen. (Sunset at the 2104 HOD)*

**(2-94) Pharmacist's Role As Immunization Advocate.** The New York State Council of Health-system Pharmacists believes and supports that the pharmacist should take an active role as primary advocate of immunization practices to promote health and to prevent diseases.

**(1-93) NYSCHP Mission Statement.**

The mission of the New York State Council of Health-system Pharmacists is to represent its members and advance pharmacy as an essential component of health care. The New York State Council of Health-system Pharmacists provides leadership and resources to promote quality pharmaceutical services directed at appropriate medication therapy and positive patient outcomes.

**Sunset (2-93) Pharmaceutical Care.** *The New York State Council of Health-system Pharmacists adopts the ASHP Statements on Pharmaceutical Care. (Sunset at the 2014 HOD)*

**ASHP Statement on Pharmaceutical Care** The purpose of this statement is to assist pharmacists in understanding pharmaceutical care. Such understanding must precede efforts to implement pharmaceutical care, which ASHP believes merits the highest priority in all practice settings. ASHP believes that pharmaceutical care is fundamental to the profession's purpose of helping people make the best use of medications. It is a unifying concept that transcends all types of patients and all categories of pharmacists and pharmacy organizations. Pharmaceutical care is applicable and achievable by pharmacists in all practice settings. The provision of pharmaceutical care is not limited to pharmacists in inpatient, outpatient or community settings, not limited to pharmacists with certain degrees, specialty certifications, residencies or other credentials. It is not limited to those in academic or teaching settings. Pharmaceutical care is not a matter of formal credentials or place of work. Rather, it is a matter of direct personal, professional, responsible relationship with a patient to ensure that the patient's use of medication is optimal and leads to improvements in the patient's quality of life.

**Sunset (1-92) Technician Certification.** *The New York State Council of Health-system Pharmacists affirms the need for a well trained corps of technical support personnel ("pharmacy technician") in various pharmacy practice settings in the state of New York. In view of the variability in technician training, the NYSCHP supports voluntary certification of pharmacy technicians as a basis for ensuring minimum competency. (Sunset at 2006 HOD)*

**(1-86) Clinical Investigations.** The New York State Council of Health-system Pharmacists supports randomized clinical investigations and that age should not be a primary reason for exclusion in clinical trials for drugs for use in the elderly and non-elderly populations and the New York State Council of Health-system Pharmacists supports a systematic surveillance mechanism in clinical investigations to monitor for informed consent and to prevent potential harm and/or misuse of elderly patients in clinical investigation.

**Sunset (1-85) Nurses Acting on Written Clarification of Drug Orders.** *verification by the nurse prior to action. (Sunset at 2006 HOD)*