



The New York State Council of Health-system Pharmacists

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To: Delegates and Alternate Delegates
2016 House of Delegates

From: Marcia Gutfeld
Chair, House of Delegates

Subject: First House of Delegates Mailing

The Rules and Regulations of the House of Delegates require all proposed amendments to the Constitution and Bylaws be mailed to the delegates and alternate delegates sixty (60) days in advance of the meeting. Proposed changes to the NYSCHP Constitution & Bylaws proposed for the 2016 House will be sent to you by February 28. Please find the following posted on this website:

1. 2016 Roster of Delegates
2. NYSCHP Constitution and Bylaws
3. Minutes of the 2015 House of Delegates
4. Delegate Registration Form
5. Notice of Open Hearing
6. Regulations of the House of Delegates

To complete the delegate kit, a second mailing will be sent by March 23, 2016, thirty (30) days in advance of the meeting as required by the Bylaws.

Enclosures

cc: Local Chapter President
Active Past Presidents
Board of Directors

		2016 House of Delegates April 28 & 30, 2016 Marcia Gutfeld, Chair Shaun Flynn, Secretary Thomas Lombardi, Parliamentarian		
Board of Directors		New York City - 9		<i>Alternative Delegates</i>
Stephanie Seyse	Elizabeth Shlom	Jason Babby (Sat. Only)		Wilson Tam
Joseph Pinto	Philip Manning	Karen Berger		Michael Mazza
Monica Mehta	Heide Christensen	Kanika Ballani		
Marcia Gutfeld	Lisa Voigt	Mary Choy		
William Prescott	Vincent Giambanco	Elizabeth Cobb		
Robert DiGregorio	Catherine Millares-Sipin	Yi Guo		
		Fran Jordan		
		Michele B. Kaufman		
		Amisha Leimbach		
Past Presidents		Leila Tibi-Scherl (Thurs. Only)		
David Adelman	Marvin Lew			
Mary Andritz	Thomas Lombardi	Leatherstocking- 2		<i>Alternative Delegates</i>
David Blanchard	Clifford Lord	Maia Decker		
Michael Blumenfeld	Harvey Maldow			
Leigh Briscoe-Dwyer	John Manzo	Northeastern- 2		<i>Alternative Delegates</i>
Alan Caspi	Ralph McGarrity	Alyssa Shangraw		
Henry Cohen	Joseph Medicis	Jen Hebner		
Wayne Conrad	Roxie Miles			
John Coppola	Timothy Mirando			
Nancy DiLiegro	Thomas O'Brien			
Karen Falk	Fay Peck			
Ted S. Friedman	Bruce Pleskow			
Norman Gallagher	Vickie Powell			
Marcia Gutfeld	Herb Reiman			
Qazi Halim	Rafael Sandusky			
William Hotaling	Harold Silverman			
Dave Howard	Gil Simon			
Susan (Hunt) Hurrell	Patricia Siola			
Marcia Jacinto	Frank Sosnowski			
Louis Jeffrey	Robert Stevens			
Bentley Johnson	Mary Stoikes			
Seymour Katz	Kimberly Zammit			
Jack Kitrenos	Richard Zeitoun			
Kurt Kleinmann				
Elected Delegates				
Central - 2		<i>Alternative Delegates</i>		
Christine Rahme Thurs. Only)				
Alicia Heh				
Christina Phelan				
Lisa Phillips (Sat. Only)				
Western- 4		<i>Alternative Delegates</i>		
Joshua Sawyer		William Loeffler		
Michelle Lewis				
Amy Wojciechowski				
Renee Puleo				

NYSCHP CONSTITUTION

Amended May 3, 2012

Article I. NAME AND OBJECTIVES

- A. Name: This organization shall be known as “The New York State Council of Health-system Pharmacists,” hereafter referred to as the Council.
- B. Objectives: The purposes for which the Council is formed are:
1. To advance public health by promoting the professional interest of pharmacists practicing in hospitals and other organized health care settings through:
 - a. Fostering pharmaceutical services aimed at drug use control and rational drug therapy;
 - b. Developing professional standards for pharmaceutical services;
 - c. Fostering an adequate supply of well-trained, competent pharmacists and associated personnel;
 - d. Developing and conducting programs for maintaining and improving the competence of pharmacists and associated personnel;
 - e. Disseminating information about pharmaceutical services and rational drug use;
 - f. Improving communication among pharmacists, other members of the health care industry and the public;
 - g. Promoting research in the health and pharmaceutical sciences and in pharmaceutical services;
 - h. Promoting the economic welfare of pharmacists and associated personnel;
 2. To foster rational drug use in society through advocating appropriate public policies toward that end.
 3. Encouraging the establishment and growth of affiliated chapters and providing them with guidance and assistance in keeping with the Council’s goals and objectives.
 4. To pursue any other lawful activity that the Board of Directors may authorize.

Article II. MEMBERSHIP The membership of the Council shall consist of active, associate and honorary members as provided in the Bylaws. Active members shall be pharmacists licensed in any state, district or territory of the United States who have paid dues as established by the Council and who support the objectives of the Council as stated in Article I of this Constitution.

- Article III. **OFFICERS** The officers of the Council shall be a President, an Immediate Past President, a President-Elect, a Vice President of Public Policy and a Treasurer. The President-Elect shall be elected annually for a term of one year and shall ascend successively to the Office of President and Immediate Past President, serving one year in each position. The Vice President of Public Policy and the Treasurer shall be elected on alternate years for a two-year term of office.
- Article IV. **BOARD OF DIRECTORS** There shall be a Board of Directors consisting of Officers, Chairman of the House of Delegates and Directors as provided in the Bylaws.
- Article V. **EXECUTIVE DIRECTOR** There shall be an Executive Director of the Council provided by the Bylaws. The Executive Director shall serve as the Chief Executive Officer of the New York State Council of Health-system Pharmacists.
- Article VI. **HOUSE OF DELEGATES** There shall be a House of Delegates of the Council consisting of Affiliated Chapter Delegates, Past Presidents and Board of Directors as provided in the Bylaws.
- Article VII. **AFFILIATED CHAPTERS** Any group of pharmacists in New York State practicing in a hospital or organized health care setting may be an affiliate of the Council under a Constitution as described in the Bylaws and on approval of the Board of Directors.
- Article VIII. **AFFILIATION** The Council shall be affiliated with the American Society of Health-System Pharmacists and may be affiliated with other health care organizations when such affiliation is of benefit to the practice of pharmacy and the health care of the State as provided in the Bylaws.
- Article IX. **AMENDMENTS** Every proposition to alter or amend this Constitution shall be submitted in writing by two or more voting delegates at a meeting of the House of Delegates of the Council and shall be approved by a majority of votes cast. The American Society of Health-System Pharmacists must give approval before it is submitted to the entire active membership for vote by mail ballot.

BYLAWS

CHAPTER I. MEMBERSHIP

- ARTICLE I.** **Members:** The members of the Council shall consist of individuals interested in the objectives of the Council.

- A. Active Members: Active members shall be pharmacists as defined in Article II of the Constitution. Only active members shall be eligible to vote and hold elective office. All active members should be members of the American Society of Health-System Pharmacists.
- B. Associate Members: Associate membership shall consist of supporting members, student members and pharmacy technical personnel. Associate members shall receive publications and general communications of the Council, may attend meetings and may be granted the privilege of the floor, but shall not be entitled to vote or hold elective office. Associate members of the Council need not be members of the American Society of Health-System Pharmacists.
 - 1. Supporting members may be individuals other than those who qualify as active members who by their work in health services, the teaching of prospective hospital pharmacists or otherwise contributing to health-system pharmacy make themselves eligible for membership.
 - 2. Student members shall be individuals enrolled in a registered program in pharmacy in an accredited college of pharmacy.
 - 3. Pharmacy technical personnel are individuals who work under the supervision of a licensed pharmacist and assist in the preparation, distribution or administration of medications.
- C. Honorary Members: Honorary members may be elected from those individuals who are, or have been, especially interested in, or who have made an outstanding contribution to health care. Honorary members shall not pay dues but may vote or hold office if otherwise eligible for active membership.

ARTICLE II. Affiliated Chapter: Each active and associate member shall select membership in an Affiliated Chapter.

ARTICLE III. Dues: Subject to approval or modification by a two-thirds vote of the House of Delegates, the Board of Directors, shall establish dues for active and other categories of members. Such dues' rates shall include the remittance to the Affiliated Chapters.

ARTICLE IV. Applications

- A. Active and Associate Members: Applications for active and associate membership shall be prepared on a standard form and forwarded to the Executive Director. Dues must accompany the application for membership. When an

individual changes his/her vocation as to no longer fit the definition of an active member, he/she shall automatically become an associate member with rights and privileges of associate membership.

- B. Honorary Members: Nominations for honorary membership must be submitted in writing by two or more active members of the Council thirty days prior to a Board of Directors meeting and shall be approved by unanimous vote of the Board of Directors.

ARTICLE V. Period of Membership

- A. Active, Associate and Other Categories of Members: The Board of Directors shall establish membership periods for active and other categories of members.
- B. Honorary Members: Honorary members shall be elected for life.

CHAPTER II. OFFICERS

ARTICLE I. Composition: The officers of the Council shall be the President, Immediate Past President, President-Elect, Vice President of Public Policy and Treasurer.

ARTICLE II. Nomination of the President-Elect: The Committee on Nominations shall present to the House of Delegates the name(s) of the candidate(s) together with a brief review of their professional background for the office of President-Elect.

ARTICLE III. Election of the President-Elect: The Executive Director shall submit by mail, to every active member of the Council, the names of the candidates, together with a brief review of their professional background. The member shall indicate on the ballot his/her choice of a candidate for the office and return it to the Executive Director by mail within thirty days of the date printed on the ballot.

ARTICLE IV. Ballots: The ballots of dues paid active members only, postmarked within thirty days of the date printed on the ballot, shall be submitted by the Executive Director to the Board of Canvassers, who shall count the votes. The Board of Canvassers shall certify to the President and

Executive Director the results of the election. The Executive Director shall notify all candidates of the results of the election. The results shall be published in a publication of the Council to be distributed to the membership.

ARTICLE V. Election of Vice President of Public Policy and Treasurer: The Vice President of Public Policy and Treasurer shall be nominated by the Board of Directors and elected by a majority vote of the members present at a meeting of the House of Delegates on alternate years for a two-year term of office. The election of the Treasurer shall be on alternate years with election of the Vice President of Public Policy.

ARTICLE VI. Installation of Officers: The President-Elect, shall assume a place on the Board of Directors beginning with installation at the Annual Meeting of the Council following election and shall be installed as President at the next Annual Meeting of the Council. The Vice President of Public Policy and Treasurer shall be installed at the meeting at which they are elected by the House of Delegates.

ARTICLE VII. Duties

A. President: The President shall be the principal elected official of the Council and shall be so recognized at all Council programs and activities. With approval of the Board of Directors, the President shall appoint all committee chairpersons. He/she shall appoint additional committees as needed. Except as otherwise provided, he/she shall fill all vacancies by appointment. He/she shall be an ex-officio member of all committees. He/she shall be a member of the Board of Directors and serve as its Chairperson. He/she shall be a member of the Executive Committee and Committee on Finance and shall serve as Chair of the Executive Committee. He/she shall prepare an address for presentation at the Annual Meeting.

B. Immediate Past President: The Immediate Past President shall be a member of the Board of Directors and Executive Committee and Committee on Finance to provide support and advice on Council matters as deemed appropriate by the President. He/she shall serve as Vice Chairperson of the House of Delegates and, in the absence of both the President and President-Elect, shall serve as Chairperson of the Board.

C. President-Elect: The President-Elect shall be a member of the Board of Directors and Executive Committee and Committee on Finance and shall serve as Vice Chair of the Executive Committee. He/she shall perform the duties of the President when the President

is unable to do so. He/she shall assume other responsibilities as directed by the President and shall prepare an address for presentation at the Annual Meeting.

- D. Vice President of Public Policy: The Vice President of Public Policy shall be a member of the Board of Directors and Executive Committee and Committee on Finance and serve as primary liaison for the Council with legislative bodies and regulatory agencies.
- E. Treasurer: The Treasurer shall serve as a custodian of the Council's funds. He/she shall invest and disburse them at the direction of the Board of Directors. The Treasurer shall be a member of the Board of Directors and Executive Committee and Committee on Finance and shall serve as Chair of the Committee on Finance. He/she shall prepare periodic statements on the financial condition of the organization and present a report and financial statement to the House of Delegates at the Annual Meeting.

ARTICLE VIII. Vacancies: The Board of Directors shall fill all vacancies in the list of candidates which may occur by death or resignation after the adjournment of the Annual Meeting of the Council and prior to issuance of ballots. If the President becomes unable to perform the duties of his office, the President-Elect shall immediately ascend to the office of President. If both the President and President-Elect become unable to perform the duties of their offices, the Board of Directors shall appoint, from its membership, a President to serve for the balance of the unexpired term. At the next Annual Meeting of the Council, nominations shall be presented by the Committee on Nominations for the offices of President and President-Elect. They shall be elected according to the provisions of these Bylaws. If the Vice President of Public Policy or the Treasurer becomes unable to perform the duties of the office, the Board of Directors is empowered to fill such vacancy until the next Annual Meeting with nominations made according to the provisions of these Bylaws.

CHAPTER III. DIRECTORS

ARTICLE I. Composition: There shall be six elected Directors. Directors shall serve as members of the Board of Directors.

ARTICLE II. Election: The Committee on Nominations shall present to the House of Delegates at the Annual Meeting of the Council, in alternate years, names of candidates for each of three director positions, one of whom shall be elected to the Board of

Directors for each position. Election shall be in the manner described for the election of the President-Elect, Chapter II, Article III of these Bylaws.

ARTICLE III. Term: Directors shall serve for a term of two years beginning with their installation at the Annual Meeting of the Council following their election. Directors may not serve more than two consecutive terms.

ARTICLE IV. Duties:

A. Education and Workforce Development: The Director of Education and Workforce Development shall be responsible for conducting programs of continuing education including the Annual Assembly and Midyear Clinical Programs; creating, developing and monitoring all educational activities including, but not limited to, competencies and certification of continuing education credit. He/she is also responsible for developing and being sensitive to the educational needs of the membership through the resources of the Council and affiliated chapters and the Director of Chapter Services.

B. Pharmacy Practice: The Director of Pharmacy Practice shall be responsible for reviewing and developing recommendations for the growth of the Council along professional lines. He/she is also responsible for the development of new and maintenance of existing liaisons with other professional organizations involved in the delivery of health care. He/she is also responsible for creating, developing, monitoring and refining the practice and scope of pharmaceutical services.

C. Pharmacy Management: The Director of Pharmacy Management is responsible for reviewing and recommending revision of the functioning of the Council including, but not limited to, planning for growth through reviewing organization and goals, leadership training and providing Constitutional and Bylaws changes.

D. Industry Affairs: The Director of Industry Affairs is responsible for the coordination of issues and activities of the Council in relation to the pharmaceutical industry.

E. Communication Services: The Director of Communication Services is responsible for the promotion of the Council on State and national levels. He/she is responsible for the supervision of all Council publications and public relations media and to monitor all aspects of Council approved activities.

F. Chapter Services: The Director of Chapter Services is responsible for the coordination of issues and information between the Board of Directors and the membership through the affiliated chapters. He/she shall provide the Board of Directors with a summary of the activities of the affiliated chapters. He/she is also responsible for the coordination of activities with Schools of Pharmacy.

ARTICLE V. Committees: The Directors will, with approval of the Board of Directors, appoint as many committee members as may be deemed necessary in order to carry forward the work of the Council, and shall recommend members to be appointed to serve in their areas of responsibility. The Director shall be authorized to fill vacancies on committees within his area of responsibility, subject to approval by the Board of Directors.

ARTICLE VI. Authority: The Board of Directors shall have the authority to assign a specific matter to a Director for consideration. Any matter presented for consideration directly to the Board of Directors may, prior to action by the Board of Directors, be referred for consideration and recommendation to the appropriate Director. In the event the Board of Directors does not act favorably upon a recommendation received from a Director, the matter shall be returned with explanation for further consideration. The Board of Directors shall have final authority over any project requiring the expenditure of Council funds, the recommendations of Directors and the determination of which proposals require approval by the House of Delegates. Directors shall not secure or attempt to secure funds independently from sources outside the Council without prior approval of the Board of Directors. At the time a project is proposed, the Director or individuals originating the proposal shall state the objectives, estimate the cost and manpower requirements, recommend means of liquidating the costs and describe the overall effect on the profession and society. Final approval of such proposals shall be subject to their practicability, budgetary constraints and the priority needs of the Council. Directors shall not independently contact other organizations unless authorized by the Board of Directors or the President.

ARTICLE VII. Involuntary resignation: In the event a member of the Board of Directors fails to perform the responsibilities and duties of the elected office, the President, with a majority vote of the Board of Directors, shall ask for a member's resignation. In the event the member of the Board is not willing to resign, the Chairperson of the Board with the majority vote of the Board may tender the resignation of the member of the Board in the best interest of the Council.

ARTICLE VIII. Vacancies: If the office of a Director becomes vacant, it shall be filled by appointment of the Board of Directors for the balance of the term. At the following Annual meeting of the Council, the Committee on Nominations shall present a slate of candidates to serve a full term as Director.

CHAPTER IV. BOARD OF DIRECTORS

ARTICLE I. Composition: The Board of Directors shall consist of the Officers, Chairperson of the House of Delegates and six Directors and an Executive Director, a non-voting member. No person shall serve in any dual capacity on the Board of Directors.

ARTICLE II. Officers: The President of the Council shall serve as Chairperson of the Board of Directors. The President-Elect shall serve as Vice Chairperson of the Board of Directors. The Executive Director shall serve as Secretary of the Board of Directors.

ARTICLE III. Committees of the Board: The Board of Directors shall designate the following committees to report directly to the Board.

A. Executive Committee: The Executive Committee shall consist of five voting members: the President, the President-Elect, the Immediate Past President, the Vice President of Public Policy and the Treasurer. The President shall serve as Chairperson. The Executive Committee shall meet during intervals between Board of Directors meetings. All actions of the Executive Committee are subject to the approval of the Board of Directors. The Committee shall have authority to make and implement policies and/or procedures of an emergent nature subject to final concurrence by the Board of Directors. The Executive Committee shall be responsible for general supervision and guidance of the Executive Director.

B. Committee on Finance: The Committee on Finance shall consist of five voting members: the President, the President-Elect, the Immediate Past President, the Vice President of Public Policy and the Treasurer. The Treasurer shall serve as Chairperson. The Committee on Finance shall establish an operating bank account in the name of the New York State Council of Health-system Pharmacists, maintaining a general ledger which shall individually record the financial details of the Council's activities. The Committee on Finance shall prepare a budget for the period of January 1 to December 31 of the succeeding year and submit it to the Board of Directors for approval.

- ARTICLE IV. Other Committees: The President shall appoint such additional committees as are deemed necessary in order to carry out the responsibilities and programs of the Council.
- ARTICLE V. Recording of Committee Meetings: If a matter is presented at a committee meeting merely for informational purposes, it shall be acknowledged in the form of an informal statement or suggestion in the records of the meeting. If a matter is considered at a committee meeting which requires no action from higher Council authority, the action shall be expressed as “Voted” in the records of the meeting. If a matter is considered at a committee meeting which requires action from higher Council authority, the action shall be recorded as “Voted to Recommend” in the records of the meeting. It shall be the responsibility of the respective Director or Officer of the Board of Directors to bring the attention of the Board of Directors all “Votes to Recommend,” along with an explanation of the sentiment expressed at the committee meeting. It shall be further responsibility of the Director or officer of the Board of Directors to convey back to the committee the resultant action of the Board of Directors with appropriate explanation.
- ARTICLE VI. Meetings: The Board of Directors shall meet prior to the Annual Meetings of the Council. In addition, it shall meet at the call of the Chairperson, or upon application, in writing, of any three members of the Board. When it is not possible to physically hold a meeting of the Board of Directors, Executive Committee or Committee of Finance, such meetings may be held by telephone conference call, provided that each member of the Board or Committee shall receive notice of such meeting, either in writing or by telephone no less than seven days prior to the meeting. For such meetings, the requirements for a quorum shall be two-thirds of the members of the Board or Committee. No more than one-half of the regularly scheduled meetings may be held by conference call. Written minutes of such telephone conference call shall be distributed to the entire Board of Directors or Committee and shall be subject to review and adoption at the next regular meeting of the board or Committee.
- ARTICLE VII. Quorum: A majority of the Board of Directors shall constitute a quorum.
- ARTICLE VIII. Responsibilities: The Board of Directors shall represent the Council as the official voice for pharmacists practicing in organized health care settings in New York State. The Board of Directors shall have charge of the property of the Council; shall have authority to control and manage the affairs and funds of the Council and shall make decisions regarding the acts of committees and officers. Between sessions of the

House of Delegates, the Board shall act on administrative, fiscal and other matters that are consistent with these Bylaws or any prior action taken by the House of Delegates. It shall report action taken on any major policy matters at the next meeting of the House of Delegates. The Board of Directors shall establish and review long-term objectives of the Council and establish the priority of all programs and activities. The Board of Directors shall create, review and modify the professional policies of the Council and submit those policies to the House of Delegates for action under Chapter VI. The Board of Directors shall approve or disapprove all recommendations of Council committees set forth in Chapter III, Article V and any committee or group created by, or which reports to the Board of Directors. The Board of Directors shall approve all nominations to Council committees as set forth in Chapter III, Article V.

ARTICLE IX. Authority: The Board of Directors shall have authority to assign a specific matter to any officer or committee for its consideration. In the event the Board acts unfavorably to a recommendation received from an officer or committee, the matter shall be returned with explanation for further deliberation. The Board shall have final authority over any matter requiring the expenditure of Council funds, and the determination of proposals which shall be submitted to the House of Delegates for approval. Officers or committees shall not attempt to secure funds independently from sources outside the Council without prior approval of the Board of Directors, or independently contact other organizations unless authorized by the Board of Directors or the President.

CHAPTER V. EXECUTIVE DIRECTOR

ARTICLE I. Appointment: The Executive Director shall be chosen by the Board of Directors. The Board of Directors may, on behalf of NYSCHP, enter into an agreement with the Executive Director with such terms and for such fixed period as the Board of Directors deems reasonable and in the best interest of the New York State Council of Health-system Pharmacists.

ARTICLE II. Responsibilities: The Executive Director shall be responsible for the administrative activities of the New York State Council of Health-system Pharmacists, including the direction of all operations, programs and activities. The Executive Director shall, at all times, support the vision, mission and goals of the New York State Council of Health-system Pharmacists. The Executive Director shall keep and maintain an accurate record of all meetings of the Board of Directors, the House of Delegates and other such activities of the Council. The Executive

Director shall be a nonvoting member of all committees and task forces of the New York State Council of Health-system Pharmacists. The Executive Director may execute on behalf of the New York State Council of Health-system Pharmacists, contracts, leases, debt obligations and all other forms of agreement under the direction of the Board of Directors.

CHAPTER VI. HOUSE OF DELEGATES

ARTICLE I. Composition: There shall be a House of Delegates consisting of Affiliated Chapter Delegates, the Board of Directors and past Council Presidents if active members.

ARTICLE II. Apportionment: The Board of Directors shall apportion delegates among the Affiliated Chapters according to their average active membership during the calendar year preceding the House of Delegates meeting. For the purpose of computing the reapportionment, the average number of active members during the calendar year immediately preceding shall be utilized. The average will be determined by utilizing the number of active members on the last business day of each month, January through December. Each Affiliated Chapter shall have one delegate for every twenty-five active members or any portion thereof. Each chapter shall have at least two delegates and no chapter shall have more than twenty five delegates or twenty five percent of the total number of elected delegates. If a new chapter becomes affiliated with the Council during the interim between reapportionment, it shall be entitled to a number of delegates based on the existing apportionment formula. No active member for the purpose of apportionment can be counted twice.

ARTICLE III. Election: The election of delegates and their alternates from each Affiliated Chapter shall be conducted in accordance with the Bylaws of each Chapter. Only active members of Affiliated Chapters are eligible to be delegates or to vote. The results of the election shall be certified by the Secretary of the Affiliated Chapter and approved by the Board of Directors of the Council. Delegates shall continue in office until the next election and certification.

ARTICLE IV. Meetings: The House of Delegates shall meet during the Annual Meetings of the Council and at such other times and places as it may determine. Meetings of the House of Delegates may also be called by the Chairperson of the House of Delegates or upon written request of a majority of the members of the House of Delegates. At least thirty days notice of the time and place for holding meetings of the House of Delegates shall be given. When it is not possible to

physically hold a meeting of the House of Delegates, such meetings may be held by telephone conference call, provided that each member of the House of Delegates shall receive notice of such meeting, either in writing or by telephone no less than seven days prior to the meeting. Written minutes of such telephone conference call shall be distributed to the entire House of Delegates and shall be subject to review and adoption at the next regular meeting of the House of Delegates.

- ARTICLE V. Quorum: A majority of the apportioned total of delegates representing each Affiliated Chapter and the NYSCHP Board of Directors, shall constitute a quorum for meetings of the House of Delegates duly convened. Matters submitted to a vote shall be determined by a majority of total votes cast by Affiliated Chapter Delegates, the Board of Directors and past Council Presidents (if active members) in attendance.
- A. Chairperson: The Chairperson shall be nominated by the Nominations Committee, elected by a majority vote of the House of Delegates in session, installed immediately upon election and serve a two-year term beginning upon completion of the meeting of election. The Chairperson shall serve a maximum of two consecutive terms.
- B. Vice Chairperson: The Immediate Past President shall serve as Vice Chairperson and assume the duties of the Chairperson should he/she be unable to do so.
- C. Secretary: The Executive Director of the Council shall serve as Secretary to the House of Delegates.
- ARTICLE VI. Voting: Each member of the House of Delegates shall have one vote; no member shall have more than one vote by virtue of any dual capacity.
- ARTICLE VII. Responsibilities: Authority to make professional policy shall be vested in the House of Delegates. It shall be responsible for election of the Vice President of Public Policy and the Treasurer of the Council as provided in Chapter II, Article V of the Bylaws and for election of the Chairperson of the House of Delegates as provided in Chapter VI, Article VI of the Bylaws. The House of Delegates shall have authority to establish its own rules and procedures and to approve, modify, or disapprove such recommendations, reports, actions, or resolutions as may be placed before the House by the officers and modifies a recommendation, report, action or resolution of the Board of Directors, it shall be returned to the Board of Directors who shall have authority

to postpone the effectiveness of the action of the House pending study and, if necessary, to resubmit it to the House. Authority to make proposals and recommendations to the Board of Directors shall be vested in the House of Delegates, and such proposals and recommendations shall be referred from the Board of Directors to the appropriate body of the Council for study and recommendations which, if the House so determines, shall again be placed before the House of Delegates for final action. All resolutions or recommendations of the House of Delegates pertaining to the expenditure of monies shall be approved by the Board of Directors before the same shall become effective. The House of Delegates shall have and may exercise all the powers, rights and privileges that are or may lawfully be vested in the members of the Council, except as otherwise specifically provided in these Bylaws.

ARTICLE VIII. Committees of the House of Delegates: The following committees shall be appointed by the Chairperson of the House of Delegates with the approval of the Board of Directors and shall function as Committees of the House of Delegates:

A. Committee on Nominations: The Committee on Nominations shall consist of at least five members whose duty it shall be to nominate candidates for the offices of President-Elect, Directors and Chairperson of the House of Delegates. The report of the Committee on Nominations shall be presented to the House of Delegates.

B. Committee on Resolutions: The Committee on Resolutions shall consist of a Chairperson and one representative from each Affiliated Chapter. The Committee shall be responsible for drafting statements in resolution form which shall reflect the official policy of the Council and for reviewing resolutions submitted to it from the Affiliated Chapters and from individual members of the Council. The report of the Committee on Resolutions shall be presented to the House of Delegates.

C. Article X Annual Reports: Directors and Officers of the Board of Directors shall prepare an annual report covering the period between Annual Meetings which shall record all pertinent activities including those actions approved and authorized by the Board of Directors. These reports shall be presented to the House of Delegates at its Annual Meeting.

CHAPTER VII. REPRESENTATION TO OTHER ORGANIZATIONS A representative of the council appointed to another organization shall not be authorized to commit the Council without prior approval by

the Board of Directors.

CHAPTER VIII. LIAISON COMMITTEES WITH OTHER ORGANIZATIONS
Appointment of representatives of the Council to Liaison Committees with other organizations shall be subject to approval by the Board of Directors. The purpose of a Liaison committee shall be to act as a service agency to its parent organizations and to discuss and recommend solutions to problems of mutual interest. All recommendations of a Liaison Committee shall be subject to regulations, subject to approval by its parent organizations.

CHAPTER IX. AFFILIATED CHAPTERS

ARTICLE I. Definition: Local chapters of pharmacists practicing in a hospital or organized health care setting may be affiliated with the New York State Council of Health-system Pharmacists.

ARTICLE II. Membership: Members in Affiliated Chapters shall be restricted to active associate and honorary members as defined in Chapter I, Article I of these Bylaws. Persons not so classified may attend meetings of the Affiliated Chapters upon invitation. All active members of Affiliated Chapters should be members of the American Society of Health-system Pharmacists. Both active and associate members must be members of the New York State Council of Health-system Pharmacists.

ARTICLE III. Responsibilities: Affiliated Chapters shall foster the objectives of the New York State Council of Health-system Pharmacists. Members of the Affiliated Chapters shall strive to implement the professional policies of the Council among themselves and in the health-system which they serve. By selecting and sending delegates to the Council's House of Delegates, the Affiliated Chapters may report, consolidate and delineate problems, issues and programs which are of general importance to hospital pharmacy, and otherwise, participate in formulating Council policies at meetings of the House of Delegates as defined in Chapter VI, Article VIII of these Bylaws. Actions of the Council shall represent endorsement by the Affiliated Chapters. Affiliated Chapters are privileged to adopt official professional policies of the New York State Council of Health-system Pharmacists. Affiliated Chapters may not adopt, publicize, promote or otherwise convey any policy or principle in the name of the New York State Council of Health-system Pharmacists which has not been officially adopted by the Council. Acts of the Affiliated Chapters shall in no way commit or bind the Council.

- ARTICLE IV. Liaison with Board of Directors: The Director of Chapter Services shall represent and coordinate activities of the membership through the Affiliated Chapters. The election and responsibilities of the Director of Chapter Services are as described in Chapter III, Articles II and IV of these Bylaws.
- ARTICLE V. Organization: Each Affiliated Chapter shall adopt a standardized constitution as attached in Appendix I of these Bylaws. The Constitution and Bylaws of Affiliated Chapters shall be approved by the Board of Directors of the Council. All subsequent changes in the Constitution and Bylaws must be approved by the Board of Directors of the Council.
- ARTICLE VI. Dues: All dues must be paid directly to the Council which will remit a sum to the Affiliated Chapters as described in Chapter I, Article III of these Bylaws.
- ARTICLE VII. Reports: A copy of the minutes of every meeting of Affiliated Chapters should be sent to the Executive Director of the Council and the Director of Chapter Services immediately following such meeting, and not later than ten days following a meeting date. Additions to and changes in the membership and officers of the Chapter are to be included therein.
- ARTICLE VIII. Representation in the House of Delegates: Affiliated Chapters will be entitled to delegates to the House of Delegates of the Council in the number prescribed in Chapter VI, Article II of these Bylaws. The methods of selecting delegates shall be provided for in the Bylaws of Affiliated Chapters.
- CHAPTER X. ANNUAL MEETING The Council shall hold an Annual Meeting which shall include meetings of the House of Delegates, and such meetings of the Board of Directors and Directors with their committees as may be authorized by the Board of Directors, together with the Council's statewide educational program, the Annual Assembly.
- CHAPTER XI. PUBLICATION
Official Publications: The New York State Council of Health-system Pharmacists shall have an official publication.
- CHAPTER XII. AFFILIATION The Council shall be affiliated with the American Society of Health-System Pharmacists as provided in Article VIII of the Constitution. Affiliation agreements with other groups or organizations as provided in the Constitution shall be considered

addenda to these Bylaws when approved by the House of Delegates.

- CHAPTER XIII. OFFICIAL INSIGNIA The Board of Directors will establish an official insignia.
- CHAPTER XIV. LIQUIDATION In the event of the liquidation and dissolution of the Council, any properties, funds or monies, securities or other assets remaining in the treasury of, or to the account of, otherwise belonging to, the Council shall be disposed of as follows:
- ARTICLE I. All liabilities and obligations of the Council shall be paid and discharged, or adequate provision shall be made therefore;
- ARTICLE II. Assets held by the Council subject to legally valid requirements for their return, transfer or conveyance, upon dissolution and liquidation, shall be returned, transferred or conveyed in accordance with such requirements; and
- ARTICLE III. All remaining assets held by the Council shall be transferred or conveyed, without obligation or restriction, to the American Society of Health-System Pharmacists to be used in whatever manner it shall deem appropriate.
- CHAPTER XV. PARLIAMENTARY PROCEDURE Robert's Rules of orders, latest revised edition, shall prevail at all meetings of the Council, except where contrary to this Constitution and Bylaws or any standing rule.
- CHAPTER XVI. AMENDMENTS Every proposition to alter or amend these Bylaws shall be submitted in writing to the Executive Director of the Council by two or more active Council members. All Affiliated Chapters shall be notified of these proposals not less than sixty days prior to the Annual Meeting. At the meeting a two-thirds majority of votes cast in the House of Delegates is required for approval.

Proceedings of the 2015 House of Delegates

April 23, 2015 & April 25, 2015

Dr. Marcia Gutfeld, Chair

Bolton Landing, NY

Shaun Flynn, Executive Secretary

Dr. Thomas Lombardi, Parliamentarian

Call to Order	The first session of the 42nd meeting of the House of Delegates of the New York State Council of Health-system Pharmacists was called to order at 1:00pm on April 23, 2015 by Marcia Gutfeld, Chair. All exits were noted.	
Greetings/Acknowledgements	The Chair introduced the head table.	
Rules of the House <i>Dr Marcia Gutfeld</i>	Chair, Dr. Marcia Gutfeld, reviewed the rules of the House of Delegates.	
Roll Call of Delegates- <i>Mr. Shaun Flynn</i>	The Executive Secretary of the House called the roll of the delegates	<i>A quorum was declared present.</i>
Re-ordering of the Agenda <i>Dr Marcia Gutfeld</i>	Chair, Dr. Marcia Gutfeld, requested to re-order the agenda to move the report of the Treasurer and Director of Chapter Services to the second session of the House.	# 1 APPROVED: To accept the re-ordering of the agenda.
Minutes of the Previous Meeting	The minutes of the 2014 House of Delegates meeting were posted on the official website of the New York State Council of Health-system Pharmacists and the delegates received links to the minutes. These minutes were considered received.	<i>Minutes approved by the House.</i>
Preliminary Report of the Committee On Resolutions Policy <i>Dr. Mark Sinnett</i>	<p>01-15 The New York State Council Of Health-System Pharmacists Supports The Implementation Of Geriatric Medication Therapy Management And Individualized Patient Counseling To Optimize Outcomes By Pharmacists, In Ambulatory Settings.</p> <p>02-15 The New York State Council Of Health-System Pharmacists Supports That Patient Safety Information Listed Within Patient History Information Shall Include The Patient's Fall Risk Status On All Pharmacy Patient Profiles In Both The Inpatient And Outpatient Settings, For Patients In New York State.</p> <p>03-15 The New York State Council Of Health-System Pharmacists Supports The Inclusion Of Pharmacists In The Screening, Documentation, And Clarification Of Drug Allergies In Electronic Medical Records. Thereby, Pharmacists Have A Larger Role In Shaping Appropriate Pharmacotherapy And Documentation Of The Allergy Label.</p> <p>04-15 The New York State Council Of Health-System Pharmacists Advocate That Pharmacy Leaders Throughout The State Advocate For Adoption Of Regional Health Information Organizations (Rhios) Within Their Institutions And For Pharmacists To Have Access And Become Involved In How The Rhio Is Utilized.</p> <p>05-15 The New York State Council Of Health-System Pharmacists Supports The Inclusion Of Pharmacists As Core Healthcare Providers In Accountable Care Organizations In New York State.</p>	<i>Report received by the House.</i>

	<p>Moreover, That The Council Advocates That Pharmacist-Provided Care Is Appropriately Recognized In Reimbursement Models And That Effectiveness Research For Pharmacist Services Is Conducted.</p> <p>06-15 The New York State Council Of Health-System Pharmacists Supports The Implementation Of A Secure Medication Take-Back Program For The Hospital Setting, Which Will Result In A Decrease In Environmental Damage And Prevent Inappropriate Use Of Disposed Medications.</p> <p>07-15 The New York State Council Of Health-System Pharmacists Encourages The New York State Board Of Pharmacy To Publish An Online Newsletter To Promote Voluntary Compliance Of Pharmacy And Drug Law.</p> <p>08-15 The New York State Council Of Health-System Pharmacists Supports The Controlled Expansion Of Pharmacy Schools To Ensure Quality Of New Graduates And Future Balance Between The Supply And Demand For Pharmacists In New York State.</p> <p>09-15 The New York State Council Of Health-System Pharmacists Encourages The FDA To Expedite The Process Of Outsourcing Medically Necessary Drugs From Outside The U.S. To Temporarily Alleviate The Critical Drug Shortage. Drug Shortages Pose A Serious Threat To Patients Until The Resolution Of Shortage By The U.S. Manufacturers, Especially When The Shortage Is Expected To Be Long Term.</p> <p>10-15 The New York State Council Of Health-System Pharmacists Supports The Expansion Of Billing For CDTM Services In New York State By Instituting A Payment Structure Guided By The Level Of Cognitive Services Provided. Reimbursements Will Be Supported By Institutional Incident To Physician Billing Of Third Party Payers, Medicare And New York State Medicaid In The Absence Of Provider Status.</p> <p>11-15 The New York State Council Of Health-System Pharmacists Encourage The New York State Board Of Pharmacy To Create A Provision Within The Rules Of The Board Of Regents, To Mandate The Inclusion Of The Intended Indication Or Target Organ On The Label Of A Prescribed Medication.</p> <p>12-15 The New York State Council Of Health-System Pharmacists Encourage The New York State Board Of Pharmacy To Create A Provision Within The Rules And Regulations Applying To The Practice Of Pharmacy To Allow Pharmacists To Dispense A Limited Supply Of Medication To Patients Who Are Unable To Obtain A Prescription Or Access Their Usual Source Of Supply For The Purpose Of Prescription Medication Therapy Continuity.</p> <p>13-15 The New York State Council Of Health-System Pharmacists Supports Utilization Of A Continuing Professional Development (Cpd) Portfolio As An Alternative Means To Fulfill The Continuing Education Requirements For License Renewal In New York State.</p>	
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Preliminary Report of the Committee on Nominations – Mr. Qazi Halim	The Committee on Nominations announced the offices to be filled: President-elect, Vice President of Public Policy, Director of Pharmacy Practice, Director of Industry Relations, Director of Communications	<i>Report received by the House</i>
Report of the Vice President of Public Policy Mr. Christopher Jadoch	Mr. Jadoch summarized his report.	# 2 APPROVED: To accept the report of the Vice President of Public Policy
Report of the Vice President of Public Policy- Mr. Christopher Jadoch	Mr. Jadoch requested a suspension of the rules.	# 3 APPROVED: To accept the suspension of the rules
Suspension of the rules Mr. James Lytle, Esq.	The rules of the house were suspended to afford Mr. James Lytle, Esq, Lobbyist for NYSCHP the opportunity to address the house.	

Report of the Vice President of Public Policy- <i>Mr. Christopher Jadoch</i>	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 APPROVED: To Sunset 3-10
Report of the Vice President of Public Policy- <i>Mr. Christopher Jadoch</i>	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.	# 5 APPROVED: To re-adopt 5-10
Report of the Vice President of Public Policy- <i>Mr. Christopher Jadoch</i>	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.	# 6 APPROVED: To Sunset 6-10
Report of the Vice President of Public Policy- <i>Mr. Christopher Jadoch</i>	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.	# 7 APPROVED: To Sunset 9-10
Report of the Executive Director- <i>Mr. Shaun Flynn</i>	The Executive Director summarized his report.	# 8 APPROVED: To accept the report of the Executive Director.
Report of the Director of Education and Workforce Development- <i>Mr. Joseph Pinto</i>	Mr. Joseph Pinto summarized the report.	# 9 APPROVED: To accept the report of the Director of Education and Workforce Development.
Report of the Director of Pharmacy Practice-	Dr. DiGregorio summarized the report. The position statements are addressed separately.	#10 APPROVED: To accept the report of the Director of Pharmacy

Dr. Robert DiGregorio		Practice
Report of the Director of Pharmacy Practice- Dr. Robert DiGregorio	(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 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”.	#11 APPROVED: To sunset position Statement 1-10 and replace with New policy statement proposed: The New York State Council of Health-system Pharmacists supports the utilization of pharmacists to the fullest extent of the scope of practice in public emergencies in accord with any executive order created during the public emergency. The scope of practice includes but is not limited to prescribing, dispensing, and administration of certain medications.
Report of the Director of Pharmacy Practice- Dr. Robert DiGregorio	(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.	#12 APPROVED: To sunset Position Statement 3-10
Report of the Director of Pharmacy Practice- Dr. Robert DiGregorio	(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 for 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.	#13 APPROVED: To sunset Position Statement 6-10 and replace with new position statement: The intricate nature of high alert medications and high risk populations 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. Understanding the unique nature of these medications and populations, 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 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 patient care.
Report of the Director of Pharmacy Practice- Dr. Robert DiGregorio	(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 non-punitive 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.	#14 APPROVED To sunset Position Statement 7-10
Report of the Director of Pharmacy Management- Dr. Mark Sinnett	Dr. Sinnett summarized his report.	#15 APPROVED: To accept the report of Pharmacy Management.
Report of the Director of Industry Affairs- Mr. Vincent Giambanco	Mr. Giambanco summarized his report.	#16 APPROVED: To accept the report of the Director of Industry Affairs.
Report of the Director of Communication Services- Dr. Lisa Voigt	Dr. Voigt summarized her report.	# 17 APPROVED: To accept the report of the Director of Communications Services.
Election Dr. Marcia Gutfeld	An election was held for the position of Vice President of Public Policy.	Monica Mehta was elected Vice President of Public Policy.
Close of the First Session of	The Chair of the House of Delegates moved to close the first session of the House of Delegates 42 nd	#18 APPROVED: To close the first

the House of Delegates- <i>Dr. Marcia Gutfeld</i>	Meeting.	session of the House of Delegates.
Call to Order 2nd Session	The second session of the 42 nd meeting of the House of Delegates of the New York State Council of Health-system Pharmacists was called to order on April 25 th , 2015.	
Suspension of the Rules John Manzo	The rules of the house were suspended to afford the NYSCHP Research and Education Foundation an opportunity to address the house.	# 19 APPROVED: To accept the suspension of the rules
Report of the Treasurer <i>Mr. Philip Manning</i>	The Treasurer summarized his report.	#20 APPROVED: To accept the report of the Treasurer.
Report of the Director of Chapter Services- <i>Ms. Frances Jordan</i>	Ms. Frances Jordan summarized her report. The dues proposal is addressed separately.	#21 APPROVED: To accept the report of the Director of Chapter Services.
Dues Proposal- <i>Ms. Frances Jordan</i>	<p>Ms. Frances Jordan summarized the dues proposal:</p> <ul style="list-style-type: none"> a) Active Pharmacists + Support levels: <ul style="list-style-type: none"> a. Increase yearly membership to \$225 from \$205 for 2015. b. Recommend Offer automatic renewal yearly if database allows c. Recommend 2016 increase to \$230 as of January 1, 2016 b) Pharmacist pledge levels: Currently have 2 pledge levels as well as active. <ul style="list-style-type: none"> a. Recommend eliminate pledge level 1 for pharmacists b. Set remaining pledge level at \$100/year for 2015. c. Recommend 2016 increase to \$110 as of January 1, 2016. c) Residents: Currently many residents are mixed in with the students so it's hard to identify residents. <ul style="list-style-type: none"> a. Increase membership dues to \$50/year (increase of \$30). 	<p>#22 APPROVED: Dues proposal passed with the following amendments offered:</p> <p>Phillip Manning: Increase chapter dues to \$35 then \$5 per year. - PASSED</p> <p>Ted Friedman: After 2016 increase full membership for \$5 per year.-FAILED</p> <p>Steve Tuckman: Reduce retirees increase to \$75. - PASSED</p>

	<p>d) Faculty/College membership: Currently have 6 schools signed up at \$1000/year/school.</p> <p>a. Increase College membership to \$1500/year/school</p> <p>e) Technician membership: Currently have 2 pledge levels as well as tech level.</p> <p>a. Recommend eliminating 1 pledge level for technicians.</p> <p>b. Increase technician membership to \$50/year for tech, pledge level \$25.</p> <p>f) Retirees: Currently offer at \$50/year</p> <p>a. Recommend increasing to \$100/year</p> <p>g) Students: Membership rates changed in 2013.</p> <p>a. No changes recommended.</p> <p>i. Student 4 year \$50</p> <p>ii. Student 1 year \$20</p> <p>Joint NYSCHP/ASHP 1 year: \$66</p>	
Final Report of the Committee on Resolutions- <i>Dr. Mark Sinnett</i>	01-15 The New York State Council Of Health-System Pharmacists Supports The Implementation Of Geriatric Medication Therapy Management And Individualized Patient Counseling To Optimize Outcomes By Pharmacists, In Ambulatory Settings.	#23 APPROVED: To accept Resolution 1-15
Final Report of the Committee on Resolutions- <i>Dr. Mark Sinnett</i>	02-15 The New York State Council Of Health-System Pharmacists Supports That Patient Safety Information Listed Within Patient History Information Shall Include The Patient's Fall Risk Status On All Pharmacy Patient Profiles In Both The Inpatient And Outpatient Settings, For Patients In New York State.	#24 APPROVED: To accept Resolution 2-15
Final Report of the Committee on Resolutions- <i>Dr. Mark Sinnett</i>	03-15 The New York State Council Of Health-System Pharmacists Supports The Inclusion Of Pharmacists In The Screening, Documentation, And Clarification Of Drug Allergies In Electronic Medical Records. Thereby, Pharmacists Have A Larger Role In Shaping Appropriate Pharmacotherapy And Documentation Of The Allergy Label.	#25 APPROVED: To accept Resolution 3-15
Final Report of the Committee on Resolutions- <i>Dr. Mark Sinnett</i>	04-15 The New York State Council Of Health-System Pharmacists Advocate That Pharmacy Leaders Throughout The State Advocate For Adoption Of Regional Health Information Organizations (Rhios) Within Their Institutions And For Pharmacists To Have Access And Become Involved In How The Rhio Is Utilized.	#26 APPROVED: To accept Resolution 4-15

Final Report of the Committee on Resolutions- <i>Dr. Mark Sinnett</i>	5-15 The New York State Council Of Health-System Pharmacists Supports The Inclusion Of Pharmacists As Core Healthcare Providers In Accountable Care Organizations In New York State. Moreover, That The Council Advocates That Pharmacist-Provided Care Is Appropriately Recognized In Reimbursement Models And That Effectiveness Research For Pharmacist Services Is Conducted.	#27 APPROVED To accept Resolution 5-15
Final Report of the Committee on Resolutions- <i>Dr. Mark Sinnett</i>	06-15 The New York State Council Of Health-System Pharmacists Supports The Implementation Of A Secure Medication Take-Back Program For The Hospital Setting, Which Will Result In A Decrease In Environmental Damage And Prevent Inappropriate Use Of Disposed Medications.	#28 APPROVED Resolution 6-15 Sent back to committee
Final Report of the Committee on Resolutions- <i>Dr. Mark Sinnett</i>	07-15 The New York State Council Of Health-System Pharmacists Encourages The New York State Board Of Pharmacy To Publish An Online Newsletter To Promote Voluntary Compliance Of Pharmacy And Drug Law.	#29 APPROVED To accept Resolution 7-15 with the following amendment: Gina Garrison Amendment - Publish an on-line newsletter regularly
Final Report of the Committee on Resolutions- <i>Dr. Mark Sinnett</i>	08-15 The New York State Council Of Health-System Pharmacists Supports The Controlled Expansion Of Pharmacy Schools To Ensure Quality Of New Graduates And Future Balance Between The Supply And Demand For Pharmacists In New York State.	#30 APPROVED Resolution 8-15 sent to back to committee
Final Report of the Committee on Resolutions- <i>Dr. Mark Sinnett</i>	09-15 The New York State Council Of Health-System Pharmacists Encourages The FDA To Expedite The Process Of Outsourcing Medically Necessary Drugs From Outside The U.S. To Temporarily Alleviate The Critical Drug Shortage. Drug Shortages Pose A Serious Threat To Patients Until The Resolution Of Shortage By The U.S. Manufacturers, Especially When The Shortage Is Expected To Be Long Term.	#31 APPROVED To accept Resolution 9-15
Final Report of the Committee on Resolutions- <i>Dr. Mark Sinnett</i>	10-15 The New York State Council Of Health-System Pharmacists Supports The Expansion Of Billing For CDTM Services In New York State By Instituting A Payment Structure Guided By The Level Of Cognitive Services Provided. Reimbursements Will Be Supported By Institutional Incident To Physician Billing Of Third Party Payers, Medicare And New York State Medicaid In The Absence Of Provider Status.	#32 APPROVED To accept Resolution 10-15 with the following amendment: Bob DiGregorio- Remove the reimbursement based on provider status.
Final Report of the Committee on Resolutions- <i>Dr. Mark Sinnett</i>	11-15 The New York State Council Of Health-System Pharmacists Encourage The New York State Board Of Pharmacy To Create A Provision Within The Rules Of The Board Of Regents, To Mandate The Inclusion Of The Intended Indication Or Target Organ On The Label Of A Prescribed Medication.	#33 NOT APPROVED Resolution 11-15
Final Report of the Committee on Resolutions- <i>Dr. Mark Sinnett</i>	12-15 The New York State Council Of Health-System Pharmacists Encourage The New York State Board Of Pharmacy To Create A Provision Within The Rules And Regulations Applying To The Practice Of Pharmacy To Allow Pharmacists To Dispense A Limited Supply Of Medication To Patients Who Are Unable To Obtain A Prescription Or Access Their Usual Source Of Supply For The Purpose Of Prescription Medication Therapy Continuity.	#34 APPROVED To accept Resolution 12-15
Final Report of the Committee on Resolutions- <i>Dr. Mark Sinnett</i>	13-15 The New York State Council Of Health-System Pharmacists Supports Utilization Of A Continuing Professional Development (Cpd) Portfolio As An Alternative Means To Fulfill The Continuing Education Requirements For License Renewal In New York State.	#35 NOT APPROVED Resolution 13-15
Final Report of the Committee	14-15 The New York State Council Of Health-System Pharmacists amends its constitution and	#36 APPROVED Resolution 14-15

on Resolutions- <i>Dr. Mark Sinnett</i>	by-laws to include an elect voting member of the BODs to represent technicians.	sent back to committee
Final Report of the Committee on Resolutions- <i>Dr. Mark Sinnett</i>	15-15 The New York State Council Of Health-System Pharmacists Petitions That The American Society Of Health-System Pharmacists (ASHP) Publish A Guidance Document For Governing Bodies In The Healthcare Setting (E.G., Tjc, Cms) To Recognize Pharmacists As Their Own Separate Entity And Not As A Heterogeneous Group, Such As Mid-Level Providers, Allied Health Providers, Or Similar Designations.	#37 APPROVED To accept Resolution 15-15
Final Report of the Committee on Resolutions- <i>Dr. Mark Sinnett</i>	16-15 The New York State Council Of Health-System Pharmacists Supports the Utilization of Pharmacists To The Fullest Extent Of The Scope Of Practice In Public Emergencies In Accord With Any Executive Order Created During The Public Emergency. The Scope Of Practice Includes But Is Limited To Prescribing, Dispensing, And Administration Of Certain Medications.	#38 APPROVED To accept Resolution 16-15
Final Report of the Committee on Resolutions- <i>Dr. Mark Sinnett</i>	17-15 NYSCHP Will Focus On Enhancing Professional Knowledge, Promoting Contribution To The Medical And Quality Improvement Literature, As Well As Influence System Designs And Decision Support To Address Specific Needs. NYSCHP Supports Recommendations From Federal, State, And Local Regulatory Agencies, Professional Associations Such As The American Society Of Health System Pharmacists, Health Care Regulatory Agencies Such As Joint Commission On The Accreditation Of Healthcare Organizations, As Well As Professional Patient Advocacy Organizations Such As The Institute For Health Improvement, Who's 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 Patient Care.	#39 APPROVED To accept Resolution 17-15
Final Report of the Committee on Resolutions- <i>Dr. Mark Sinnett</i>	18-15 The New York State Council Of Health-System Pharmacists Supports The Pharmacists Active Participation In The Design, Implementation And Monitoring Of The Medication Reconciliation Process.	#40 APPROVED To accept Resolution 18-15
Report of the Committee on Nominations – <i>Mr. Qazi Halim</i>	The Committee on Nominations announced the nominees for the following offices: President-elect – Christopher Jadoch, Vice President of Public Policy Monica Mehta; Director of Pharmacy Practice Heide Christensen, Director of Industry Relations Ruth Cassidy; Director of Pharmacy Practice Robert Berger/Robert DiGregorio	#41 APPROVED: To accept the report of the Committee on Nominations
Recognition of the Board of Directors- <i>Dr. Marcia Gutfeld</i>	The Chair of the House of Delegates recognized the members of the Board of Directors who have completed their terms in office: Dr. Mark Sinnett, Ms. Francis Jordan, Mr. Christopher Jadoch, Mr. Qazi Halim, Dr. Lisa Voigt. The Chair of the House of Delegates recognized the members of the Board of Directors who will be serving next year: Dr. Stephanie Seyse, Mr. Joseph Pinto, Dr. Elizabeth Shlom, Mr. Phillip Manning, Dr. Robert DiGregorio, Dr. Monica Mehta, Dr. William Prescott, Dr. Lisa Voigt, Ms. Heide Christensen, Mr. Vincent Giambanco and Dr. Catherine Millares.	
Recommendation Kimberly Zammit Past President	Publicize HOD and Annual Assembly Proceedings.	
Recommendation Amisha Arya	Improve Council website membership area.	

New York City		
Recommendation Gina Garrison Northeastern	To re-evaluate having a split HOD at the Annual Assembly instead of two consecutive days.	
Recommendation Christopher Ho Royal Counties	Implement incentives for Chapters to expand membership.	
Recommendation Robert DiGregorio Board of Directors	Require two nominations for each elected position of the Council.	
Recommendation Phillip Manning Treasurer	Whenever possible the Committee on Nominations shall identify and nominate a minimum of two qualified candidates for elected Board positions.	
Recommendation Vito Limoncelli Royal Counties	Adjust HOD web page to include a tab that has all resolutions in one area.	
Recommendation Bill Marsden Westchester	Number the resolutions for the HOD.	
Recommendation Steve Tuckman Westchester	Set up AV screens on both sides of the room.	
Recommendation Steve Tuckman Westchester	Allow electronic registration as proof of attendance at live CE.	
Recommendation Frank Sosnowski Past President	Recommend that NYSCHP attend or seek a seat on the NYS DOH DSRIP committee and educate the membership of NYSCHP on the proceedings.	
Recommendation Stewart Siskin Western	To follow up with graduating student members who stay in new York to become pledge members.	
Recommendation Ted Friedman Past President	Resolutions should be numbered before they are presented for the HOD.	
Recommendation Mark Sinnett Past President	NYSCHP should consider defining and establishing criteria for the credentialing of pharmacists who provide CDTM in NYS.	
Recommendation Mark Sinnett, Robert Digregorio NYSCHP BOD	NYSCHP should consider establishing a portfolio for pharmacists that documents the achievement of the required outcomes outlined in the accreditation standard for ASHP accredited PGY1 residencies.	

Close of the Second Session of the House of Delegates- <i>Dr. Marcia Gutfeld</i>	The second session of the 42 nd meeting of the House of Delegates was adjourned on April 25, 2015.	
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The New York State Council of Health-system Pharmacists

210 Washington Avenue Extension • Albany, NY 12203
(518) 456-8819 • Fax: (518) 456-9319

REGULATIONS OF THE HOUSE OF DELEGATES Amended 5/1/2014

(Adopted 1972; amended 1975, 1980, 1987, 1995, 2005, 2006, 2007, 2014)

The Constitution (Article VI) and Bylaws (Chapter VI, Articles I-X) of the New York State Council of Health-system Pharmacists outline the basic structure and protocol for the House of Delegates.

The following regulations have been adopted to supplement and further define these articles:

1. Establishment of Regulations

The House of Delegates shall be governed by the Council's Constitution and Bylaws and Regulations adopted by a majority of votes cast at a regularly called meeting of the House.

2. Seating of Delegates

At the First Session of the House of Delegates, the Secretary shall recognize the accredited representatives who shall then compose the House of Delegates.

Each delegate or alternate whose credentials have been accepted and whose name has been placed on the roll of the House of Delegates shall remain as a representative until final adjournment of the Session, and his/her place shall not be taken by any other delegate or alternate, except by a majority vote of the House of Delegates. When a delegate advises that a delay in his/her appearance is unavoidable, an alternate delegate will be seated. The secretary shall be authorized to seat in the place of the missing delegate the first alternate from such chapter who shall present himself/herself with proper credentials.

3. Attendance at the Meeting

All sessions of the House of Delegates shall be open sessions unless the House of Delegates votes to go into closed session. When in closed session, the following only shall be admitted to the room in which the meeting is held: voting delegates, officers of the House of Delegates, reporting committee chairperson and the parliamentarian.

4. Privilege of the Floor

The privilege of the floor during a meeting of the House of Delegates may be extended to all members of the New York State Council of Health-system Pharmacists. In addition, the House of Delegates, by a majority vote or common consent, may grant the privilege of the floor to other persons.

5. Rules of Order

The House of Delegates shall be governed by the latest edition of Robert's Rules of Order when they are not in conflict with the Constitution and Bylaws of the New York State Council of Health-system Pharmacists or with the Regulations of the House of Delegates. A parliamentarian shall be appointed by the Chairperson of the House of Delegates in advance of any meeting of the House.

6. Order of Business

The following shall be the order of business – unless otherwise determined:

First Session

1. Call to Order
2. Greetings
3. Roll call of the delegates
4. Minutes of previous meeting

5. Preliminary report of the Committee on Resolutions
6. Preliminary report of the Committee on Nominations
7. Report of the Vice President, Public Policy
8. Report of the Executive Director
9. Report of the Treasurer
10. Report, Director of Chapter Services
11. Report, Director, Education and Workforce Development
12. Report, Director, Pharmacy Practice
13. Report, Director, Pharmacy Management
14. Report, Director, Industry Affairs
15. Report, Director, Communication Services
16. Recommendations of the Delegates
17. Address of the President
18. Announcements
19. End of First Session

Second Session

1. Call to order
2. Roll call of the delegates
3. Report of the Committee on Resolutions
4. Report of the Committee on Nominations
5. Recommendations of the Delegates
6. Election of Officers
7. Unfinished Business
8. New Business
9. Announcements
10. Adjournment

7. Action on Reports, Resolutions and Recommendations

Any report, recommendation or other matter upon which action is taken by the House of Delegates will be presented to delegates in writing and, if practical, in advance of meetings. The Secretary will distribute copies of such materials to members of the House of Delegates. (This provision is designated to assure that delegates will be fully informed on all matters to be considered and to encourage judicious action).

This shall not preclude consideration, debate and reference to an appropriate body within the Council by the delegates of proposals or recommendations which are presented to the House of Delegates from other sources.

Any amendment that has been presented to the delegates from the floor of the house and will require a change to a report, resolution or recommendation must be submitted in writing to the chair of the house (immediately after presentation) for its consideration.

All NYSCHP Position Statements included in Board Reports being considered for sunset or revision shall be separated from the primary Board Report for separate consideration.

8. Introduction of New Business at Formal Sessions

Majority approval will be required for the introduction of new business at the final session of the House of Delegates, except when presented by the Board of Directors or the Chairperson of any committee authorized to report to the House of Delegates.

9. Motions and Resolutions

All motions and resolutions shall be received for adoption by the majority of votes cast. Secret ballots shall not be permitted in voting. It shall be the prerogative of the Chair of the House of Delegates to use a voice vote or voting card. When voting for the Chair of the House of Delegates, Vice President of Public Policy and Treasurer, it shall be the prerogative of the Chair of the House of Delegates to use a paper ballot or a voice vote.

Resolutions submitted to the Council for consideration by the House of Delegates will be handled in the following manner:

A. The Committee on Resolutions will consider all proposed resolutions from the Board of Directors, Affiliated Chapters and members of the NYSCHP.

1. Resolutions must be received 60 days prior to the meeting of the House of Delegates for review of content and format by the Parliamentarian. This will allow sufficient time for possible revisions prior to the 2nd mailing (30 days prior) to the delegates.
2. Proposed resolutions submitted after a specific date will be considered at the next House of Delegates meeting; except as provided in number three (3) below.
3. Resolutions which because of an emergent nature of their content or intent require immediate action, may be processed provided that approval of a majority of the members of the Committee on Resolutions is obtained, or as required by the Board of Directors of the NYSCHP.
4. Resolutions submitted to the committee on Resolutions must bear the signature of at least two (2) active members of the NYSCHP.
5. All resolutions not voluntarily withdrawn by the originators shall be presented at the first meeting of the House of Delegates and shall be submitted to the delegates as follows:
 1. Recommend Adoption
 2. Not Recommend Adoption
 3. Recommend Referral to a Committee for Further Study
 4. Present with No Recommendations
6. In order for a resolution to be considered by the house, one of the signatories must be present at the house for the resolution to be considered, so that if questions arise to the intent, purpose or direction of the resolution they are present to explain and/or expand upon the information that was presented.

10. Nominations

Nominations for officers may not be made from the floor.

11. Committees

The Committees of the House of Delegates shall be the Committee on Nominations and the Committee on Resolutions. The Chair of the House of Delegates may appoint, in accordance with the NYSCHP Constitution and Bylaws, such other committees as may be necessary.

12. Open Hearings

1. An open hearing shall be held via telecommunications conference call 21 days prior to the 1st Session of the House of Delegates.
2. A second Open Hearing shall be held just prior to the first seating of the House of Delegates.

The Open Hearings are open and available to all members to voice their opinion or question to the Board of Directors.

13. Amendments

Every proposition to amend the Regulations of the House of Delegates shall be submitted in writing at one session of the House of Delegates and may be acted upon at the next session, when upon receiving a majority of votes cast, it shall become part of these regulations.

****Note: pagers, cell phones, or any other electronic device which may interrupt the House, must be in the off position. Thank you.****



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2016 HOUSE OF DELEGATES

April 28 & April 30, 2016

Delegate Registration Form

Please check one of the following:

1. I will be registering for the Full Program of the 2016 Annual Assembly.
2. I will not be registering for the Full Program of the 2016 Annual Assembly.

CHAPTER NAME: _____

DELEGATE NAME: _____

Please return this form to NYSCHP

Attn: Carol Bizan at cbizan@nyschp.org

March 15, 2016

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.¹ 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 5th 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 through 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 21st 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)*



The New York State Council of Health-system Pharmacists

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TO: Delegates, Alternate Delegates and Past Presidents
2016 House of Delegates

FROM: Marcia Gutfeld
Chair, House of Delegates

SUBJECT: Notice of Open Hearing and Open Hearing Conference Call

An open hearing conference call will be held on April 7, 2016 at 12 noon. To participate in this conference call, please call 877-885-3221 and enter Passcode: 7737366. The live open hearing will be held on Thursday, April 28, 2016 from 1:00 PM to 1:45 PM at Saratoga Hilton, Saratoga Springs, NY.

The purpose of the conference call and the meeting is to provide all Council members with the opportunity to discuss any topic related to health-system pharmacies in New York State, the operation and activities of the NYSCHP, and any appropriate matters for consideration by the NYSCHP House of Delegates and NYSCHP Board of Directors.

All delegates are requested to canvass the membership of your chapter and bring forward matters of concern. In addition, members should be encouraged to attend and participate in this session.

If you have any questions, please feel free to contact the Council Office at (518) 456-8819.

Thank you.

Please Note: Pagers, cell phones and any other electronic devices which may interrupt the House must be in the OFF position.

RESOLUTIONS*

Actions of the New York State Council of Health-system Pharmacists are expressed as resolutions submitted in writing according to the Regulations of the NYSCHP House. Resolutions may register an opinion or may recommend action be taken by the NYSCHP. The resolution should be clear, concise and specific. The substance should be well researched, and reflect the character and interests of the NYSCHP and the pharmacy profession.

Each resolution should be written in a common format. Each resolution has three (3) parts: the heading, the preamble and the operative clause. It is one long sentence with commas and semicolons throughout the resolution, with a period at the very end. All operative clauses end with a semicolon except the final clause, which ends in a period.

HEADING

Committee: i.e. the committee in which the resolution is introduced.

Topic: the topic of the resolution

Sponsored by: List the sponsors whose signatures appear at the bottom of the resolution.

PREAMBLE

The purpose of the preamble is to demonstrate that there is a problem that needs to be solved or resolved. The preamble of the resolution does everything but propose the action or make any substantive statement in the topic at hand. Each clause of the preamble begins with “Whereas” followed by a comma and the next word should begin with a capital letter. The preamble, regardless of how many paragraphs should never contain a period. The last paragraph of the preamble should close with a semicolon, after which a connecting expression, such as “therefore, be it: or “now therefore be it” can be added. The statements contained in the “Whereas” clause have no legal effect.

OPERATIVE CLAUSE

Operative clauses are set to achieve the NYSCHP’s main policy or goals on the topic. Each operative clause ends with a semicolon and the final clause ends with a period. Operative clauses should be organized in a logical progression and each clause should contain a single idea or policy proposal. The word resolved is printed in italics and is followed by a comma and the word “That” should begin with a capital “T”. If there is more than one resolving clause, each clause should be in a separate paragraph. Each paragraph begins with the word “*Resolved, That*”. A resolving paragraph should not contain a period within the paragraph.

Whereas, The... [text of the preamble]; now, therefore, be it
Resolved That ... [stating action to be taken].

*The Standard Code of Parliamentary Procedure; Alice Sturgis, The New Robert’s Rules of Order.

Resolution Sample

Committee: Central New York Chapter of Health-system Pharmacists
Topic: Certification of technicians in New York State
Sponsored: Roy Guharoy, Russell Yandon

Registration of Pharmacy Technicians

Whereas, Hospital pharmacists have moved into clinical patient-care roles requiring more freedom from distribution, dispensing and manual tasks, and,

Whereas, Pharmacy technicians are being increasingly used to perform such work, and,

Whereas, There are large numbers of technicians working in hospitals in New York State over the past couple of decades; many in long-term employment, and,

Whereas, Pharmacy technicians give valuable support which enables pharmacists to use their cognitive services for better patient care, and,

Whereas, While not requiring knowledge framework of a pharmacist, the duties performed by technicians are often crucial; involving precision, trust, risk and excellence, and, oversight and regulation would be helpful for patient safety and quality of care, and,

Whereas, More technician participation and recognition should increase progress, accountability, efficiency, and job satisfaction in pharmacy practice, therefore , be it

Resolved That:

The New York State Council of Health-system Pharmacists supports registration of all pharmacy technicians in New York State.

Date: _____

By: _____

Roy Guharoy

Russell Yandon